

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Council of Governors Meeting

11 February 2021



Meeting of the Council of Governors
Thursday 11 February 2021 at 1730
Virtual Meeting, via Zoom (link: <https://us02web.zoom.us/j/84744095788>)

Item no. 2020/21	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item	CQC Fundamental Standard
45	Welcome & Apologies for absence	Receive apologies	Verbal	Chair	1730 (5mins)	Well led
46	Meeting guidance notes	Receive and note	Written guidance	Chair		Well led
47	Declarations of Interest – Annual Review	Identify and avoid conflicts of interest	Written	Trust Secretary		Well led
48	Minutes of the previous meeting – 12 November 2020	Confirm as an accurate record the minutes of the previous meeting	Written minutes	Chair		Well led
49	Matters arising and action log	Provide an update in respect of any matters arising	Verbal	Chair		Well led
50	Staff Story	To receive a Staff Story	Verbal	Claire Arnold. Neonates	1735 (15 mins)	Well Led
51	<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	Presentation	Chair, CEO & Executive Directors	1750 (15mins)	Well led

MATTERS FOR RECEIPT / APPROVAL						
52	Activity Report from the Governor Group Meetings. <i>1. Finance and Performance Group</i> <i>2. Quality and Patient Experience Group.</i> <i>3. Communications and Membership Engagement Group</i>	Receive activity reports for assurance	Written Written Written	Group Chairs	1805 (15 mins)	All
53	Briefing on timetable for Annual Plan, Budget Setting & Annual Report (inc Quality Report)	For information and selection of Quality Indicator	Presentation	Director of Finance & Trust Secretary	1820 (10 mins)	Well led
54	Ockenden Report	For assurance and information	Written / Workshop	Director of Nursing & Midwifery	1830 (30mins)	All
ITEMS FOR INFORMATION AND DISCUSSION						
55	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1900 (5 mins)	Well Led
56	Any other business	Consider any urgent items of other business	Verbal or written	Chair		Well Led
57	Review of meeting	Review the effectiveness of the meeting	Verbal	Chair / all	Meeting end 1905	Well Led

Date, time and place of next meeting: Thursday 13 May 2021 at 1730, Venue TBC

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

Agenda Item 20/21/47

MEETING	Council of Governors	
PAPER/REPORT TITLE:	Declarations of Interests – Annual Review	
DATE OF MEETING:	Thursday, 11 February 2021	
ACTION REQUIRED	Receive	
EXECUTIVE DIRECTOR:	Mark Grimshaw, Trust Secretary	
AUTHOR(S):	Mark Grimshaw, Trust Secretary	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input type="checkbox"/></p> <p>3. To deliver safe services <input type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>	

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

Report

Introduction

It is recognised good practice for the Council of Governors to formally review its Register of Interests each year. Governors are required to make a Declaration of Interests on election / appointment and to update their entry in the Register as and when interests change. Any new interests should be declared as soon as they arise and within 28 days at the latest. Information on the types of interests which must be declared is included for reference at Annex A to this report.

The current Register of Interests for the Council of Governors is included for reference at Annex B to this report. Governors are requested to review their respective entries and advise of any amendments / changes required at the Council of Governors meeting on 11 February 2021.

Recommendation

The Council of Governors is recommended to:

- Formally note the content of the Council of Governors Register of Interests at Annex B to the report.

DECLARATION OF INTERESTS

1. What do I need to do?

If a governor has a pecuniary (i.e. relating to or in the form of money), personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as they become aware of it. Upon election or appointment all Governors must declare relevant and material interests – or state that they have no interests to declare (a 'nil' return). Details of interests to be declared are:

- Any directorship of a company;
- Any interest held in any firm or company or business which, in connection with the matters, is trading with the Foundation Trust, or is likely to be considered as a potential trading partner with the Foundation Trust;
- Any interest in an organisation whether voluntary or otherwise providing health and social care services to the NHS;
- A position of authority in a charity or voluntary organisation in the field of health and social care;
- Any connection with any organisation, entity or company considering entering into or having entered into a financial arrangement with the Foundation Trust, including but not limited to lenders or banks.

Exceptions are:

- Shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange
- Employment contracts held by staff Governors
- An employment contract with a Local Authority held by a Local Authority Governor
- An employment contract with a University held by a University Governor
- An employment contract with a partnership organisation held by an appointed partnership Governor.

There is no requirement for Governors to declare the interests of spouses or partners.

If you do not have any interests to declare you are required to submit a 'nil' return.

2. What if I am not sure about my interests?

If Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Trust Chair or Trust Secretary.

3. What should I do if I have an interest in a matter the Council of Governors is considering?

It is the responsibility of all Governors to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their official duties.

Where a matter is being considered in which the Governor has or may have an interest, the Governor shall declare the interest, withdraw from the meeting and play no part in the relevant discussion or decision. They shall not vote on the issue and if by inadvertence they do remain and vote, their vote shall not be counted. If there is a dispute as to whether a conflict of interest does exist, a majority will resolve the issue with the Chairman having the casting vote.

4. What happens with the information about Governors' interests?

The Trust will hold a register of Governors' interests which will be published on the Trust's website and regularly reviewed by its Audit Committee. The register will include details of all interests declared together with 'nil' declarations.

5. How is the Register of Interests kept up-to-date?

Governors are responsible for keeping their entry/ies on the register of interests up-to-date by notifying the Trust Secretary and completing an appropriate declaration form. Rather than using a paper form, the Trust has now created an electronic form which can be accessed on the following link:

<https://forms.office.com/Pages/ResponsePage.aspx?id=vXA4RxAgV0q6bdtOR889i6EUNTvYWp1AqJ82tG-A3NJUMzNDVkVFOURUOVIZWDI1MUJZRDA4WVdMVi4u>

The form should be completed each time a new interest arises or there is a change to an existing interest.

6. What are the consequences of not declaring my interests?

Any governor who fails to disclose any interest they are required to declare must permanently vacate their office if required to do so by a majority of the remaining Governors.

Register of Interests of the Council of Governors 2020/21
As of February 2021

Name	Position	Nothing to Declare	Description of interest	Name and address of organisation	Nature of organisation	Start date of interest	End date of interest
Public							
Central							
Doddridge, Mary	Public Governor – Central Liverpool	✓					
Islam, Thania	Public Governor – Central Liverpool	✓					
Norris, Peter	Public Governor – Central Liverpool	✓					
Darby-Darton, Carol	Public Governor – Central Liverpool	✓					
North							
Jones, Simon	Public Governor – North Liverpool	✓					
Vacant	Public Governor – North Liverpool						
South							
Miceli-Fagrell, Sara	Public Governor – South Liverpool	✓					
Vacant	Public Governor – South Liverpool						
Sefton							
McBride, Carol	Public Governor – Sefton	✓					

Name	Position	Nothing to Declare	Description of interest	Name and address of organisation	Nature of organisation	Start date of interest	End date of interest
Zhukovskyy, Yaroslav	Public Governor - Sefton	✓					
Knowsley							
Lawlor, Anne (Rev.)	Public Governor – Knowsley	✓					
Sudworth, Jackie	Public Governor – Knowsley		Daughter: Employee of Liverpool University Foundation Trust	Liverpool University Foundation Trust, Prescott Street, L7 8XP	Healthcare	04 September 2017	Ongoing
Rest of England & Wales							
Jefferies, Evie Katherine	Public Governor – rest of England and Wales	✓					
Richardson, Denise	Public Governor – rest of England and Wales		Temporary assignment as Head of Integrated Governance	North West Boroughs Healthcare NHS Foundation Trust	NHS Foundation Trust	30 August 2019	June 2020
Staff Governor							
Hindle, Kate	Staff Governor – Non-Clinical & Clinical Support	✓					
Jilani, Kiran	Staff Governor – Doctors	✓					
Vacant	Staff Governor – Scientists, allied health						

Name	Position	Nothing to Declare	Description of interest	Name and address of organisation	Nature of organisation	Start date of interest	End date of interest
	professionals & technicians						
Vacant	Staff Governor – Nurses						
Kennedy, Pauline	Staff Governor – Midwives	✓					
Appointed Governor							
Note – each appointed Governor holds a position in a stakeholder organisation in accordance with the requirements of the Trust constitution.							
Vacant	Appointed Governor – University of Liverpool						
Vacant	Appointed Governor – Knowsley Council						
CLlr Coleman, Angela	Appointed Governor – Liverpool City Council	✓					
Dowdle, Cynthia	Appointed Governor – Faith Reverend	✓					
CLlr Hardy, Patricia	Appointed Governor Sefton Borough Council	✓					

Name	Position	Nothing to Declare	Description of interest	Name and address of organisation	Nature of organisation	Start date of interest	End date of interest
McDonald, Mary	Appointed Governor – MRANG Voluntary Group	✓	Daughter: Employee of NHS England	NHS England	Healthcare		Ongoing
			Son-in-law: Employee of DICT8	DICT8	Medical transcription service for which the Trust was a client		Ongoing
Prof Fleming, Valarie	Other Education Institutions John Moores University	✓					

COUNCIL OF GOVERNORS

Minutes of a meeting held on Thursday 12 November 2020 at 17:30 held virtually

Present:	Robert Clarke	Chair
	Peter Norris	Public Governor (Central Liverpool)
	Sara Miceli-Fagrell	Public Governor (South Liverpool)
	Yaroslav Zhukovskyy	Public Governor (Sefton)
	Jackie Sudworth	Public Governor (Knowsley)
	Denise Richardson	Public Governor (Rest of England & Wales)
	Kate Hindle	Staff Governor (Admin & Clerical)
	Kiran Jilani	Staff Governor (Doctors)
	Patricia Hardy	Appointed Governor (Sefton Council)
	Mary McDonald	Appointed Governor (Community/voluntary/orgs)
	Cynthia Dowdle	Appointed Governor (Faith Organisations)
	Valerie Fleming	Appointed Governor (University)

In Attendance:	Janet Brennan	Acting Director of Nursing & Midwifery
	Tracy Ellery	Non-Executive Director
	Mark Grimshaw	Trust Secretary
	Jenny Hannon	Director of Finance
	Jen Huyton	Head of Strategy and Transformation (for item 20/21/37)
	Ian Knight	Non-Executive Director
	Rachel London	Deputy Director of Workforce
	Andrew Loughney	Medical Director
	Susan Milner	Non-Executive Director
	Gary Price	Director of Operations
	Kathryn Thomson	Chief Executive
	Louise Hope	Assistant Trust Secretary (minutes)

Apologies:	Mary Doddridge	Public Governor (Central Liverpool)
	Carole McBride	Public Governor (Sefton)
	Evie Jefferies	Public Governor (Rest of England & Wales)
	Pauline Kennedy	Staff Governor (Midwives)
	Angela Coleman	Appointed Governor (Liverpool Council)
	Michelle Turner	Director of Workforce & Marketing
	Jo Moore	Non-Executive Director

20/21/30 Welcome and Apologies for absence
Apologies as noted.

20/21/31 Meeting guidance notes
Received and noted.

20/21/32 Declarations of Interests
None declared. See Council of Governor Register of Interests.

20/21/33 Minutes of the previous meeting held 30 July 2020

The minutes of the previous meeting held on 30 July 2020 were reviewed and agreed as a true and accurate record.

20/21/34 Matters arising and action log

The Committee received an update in relation to the outstanding action, referenced 19/20/74 Council of Governors to receive a presentation on the C-Gull Research Project. It was noted that the research study had been put on hold due to the Covid-19 pandemic however the aims of the project would be presented to the next Council of Governor meeting in February 2021.

20/21/35 Chair's Announcements and Chief Executive's Update

- Annual Members Meeting 2020 –the AMM had been held virtually on the 8th October 2020 and had been successful.
- Governor Elections 2020 – The Chair welcomed four new governors to the Council who started their term of office in October 2020:
 - Peter Norris
 - Yaroslav Zhukovskyy
 - Carol Darby-Darton
 - Kiran Jilani
- Quality & Patient Experience Sub-Group Chair – The Chair requested a volunteer from the Council to chair the sub-group. Sara Miceli-Fagrell expressed interest in the role and the Council approved.
- Feedback from NHS Providers Governor Conference – The feedback from the conference had been circulated to the Council. Those that attended shared their learning from the event which included access to external provider information, for example NHS Provider Newsletters, the Lead Governor Association and the Governor Advisory Committee; and found the event to be a valuable networking opportunity with other governors. The Council considered methods to connect with each other less formally whilst meeting virtually which had been impacted by not holding meetings onsite.

The Chief Executive noted the following:

- Director appointments – The Chief Executive announced two new director appointments. Marie Forshaw as Director of Nursing and Midwifery and Lynne Greenhalgh as Medical Director, both commencing post as of 1st January 2021. It was noted that Janet Brennan would be Acting Director of Nursing and Midwifery during the interim. The Chief Executive expressed thanks towards Andrew Loughney, Medical Director.

The Council of Governors:

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

20/21/36 Minutes from the Governor Sub-Group Meetings

1. Finance and Performance Group

Denise Richardson, Public Governor reported that an effective meeting had been held summarising Audit and FPBD Committee business. The Director of Finance confirmed that as of Month 7 the Trust forecast a deficit position of £4.5m by the end of 2020/21 arising from the level of income allocation and reduction in top up payments for the second half of the year. The FPBD Committee remained focussed on grip and control of the financial position. Non-Executive Director Tracy Ellery noted the Audit Committee Effectiveness Review undertaken by the internal auditors had been a useful exercise and provided a good baseline and assurance to the Committee. Denise Richardson informed the Council that both committees demonstrated a satisfactory review of risks against the Board Assurance Framework which provided significant assurance to the Governors.

2. Quality and Patient Experience Group

Mary McDonald, Appointed Governor reported that effective meetings had been held during the Covid-19 pandemic which included regular reviews of the impact of Covid-19 on both patients and staff, assurances of quality of care for patients, and continued progress with the CQC action plans. Mary McDonald noted that attendance of the Governor Representative on the Experience Senate had stopped during the pandemic. The Executive Team would review this position.

3. Communications and Membership Engagement Group

Cynthia Dowdle, Appointed Governor informed the Council that the group had agreed to develop new categories of engagement levels, 'inform' and 'involve' and to cleanse the Trust's membership database and ensure that there was the appropriate contact information for those members who wished to communicate with the Trust on a regular basis. The Group was informed that the creation of 'categories' for membership would require a mailout at an approximate cost of c. £3k. The Group asserted that identifying members that were willing to be 'involved' would underpin other identified actions and it was therefore agreed that the mailout should proceed. It was confirmed that an email address would be the required format for contact to reduce mailout costs.

The Council of Governors:

- Received and noted the reports from the Governor Sub-Group meetings.

20/21/37 Report from the Council of Governors Nomination and Remuneration Committee

The Council received a report from the Governors Nomination and Remuneration Committee held 27 October 2020.

The Chair highlighted three areas from the report that had required Council approval. Firstly, the Chair informed the Council that as part of Governors Nomination and Remuneration Committee terms of reference a Staff Governor was required to be a member and noted that Kiran Jilani had volunteered to join the Committee to represent the Staff Governors. Secondly, the Chair informed the Council that there had been a change to the Senior Independent Director (SID) in advance of the current SID term ending to ensure a smooth transition of roles. Non-Executive Director Susan Milner had undertaken the role as the Senior Independent Director, endorsed by the Board of Directors. Thirdly the Chair informed the Council that the Committee would be undertaking the NED appointment process as three NEDs term of office would end during 2021. The Committee received the views of the Trust Board and agreed that the following skills / experience areas were desirable:

- o quality improvement
- o regulatory compliance
- o finance/audit
- o Strong connection to the local community served by the Trust with a high level of commitment and empathy to vulnerable and disadvantaged groups

The Chair advised if the desired skills/experience listed above were not identified by three candidates they would recruit two candidates and advertise the remaining position at a later date.

The Council of Governors approved:

- The appointment of Kiran Jilani to the Committee membership;
- The appointment of Susan Milner as SID;
- the appointment of two or three NEDS to cover the discussed skill sets.

20/21/38 Council of Governors Effectiveness Survey – reflection on progress

The Trust Secretary referred the Council to table 1 of the report, actions emerging from the workshop session and progress updates, and asked the Council to consider and suggest the best way forward to progress outstanding areas. With regards to training opportunities the Trust Secretary asked the Governors to advise what subject matter would be of most interest.

The Council of Governors:

- noted the update against the identified actions

20/21/39 Trust Covid-19 Response – Patient & Staff Experience

The Council received a report which detailed the impact of Covid-19 on the Trust and resulting pressures on both patient and staff experience and the key actions in place to provide support.

The Council of Governors:

- noted the report for information and assurance.

20/21/40 Quality Report 2019/20

The Council noted that due to the Covid-19 pandemic, NHS foundation trusts were not required to include a Quality Report in their 2019/20 Annual Report. However, primary legislation continues to require providers of NHS services to prepare a quality account for each financial year. It had been recommended that NHS providers publish by a revised deadline of 15 December 2020.

The Draft Quality Report had been provided to stakeholders, including Healthwatch and Clinical Commissioning Groups to allow scrutiny and comment. The Council of Governors were asked to do the same. It was noted that the Governors had been involved in quality priority setting at the Governor workshop held in July 2020.

The Council received a video update outlining the key messages in the Quality Report delivered by the Medical Director to view in advance of the meeting. The Medical Director noted that Governors had provided feedback during earlier meetings. No further comments received.

The Council of Governors:

- reviewed the 2019/20 Quality report noting final approval at the December 2020 Board of Directors

Jen Huyton joined the meeting at this point.

20/21/41 Trust Strategy – Strategic Aims

The Head of Strategy & Transformation delivered a presentation on development of the Trust Strategy 2021/25.

A workshop was facilitated which consisted of four groups including Governor and Board members to consider the following questions against the ambitions (Workforce, Efficient, Safe, Effective, Experience) set within the strategy:

- Have we got the balance right; is there anything missing you would have expected to see?
- Which of these do you think are the most important?
- What would success look like to you?
- What are your hopes for LWH in the future, what changes would you like to see?

The Head of Strategy and Transformation took the feedback from each focus group advising that it would be used to inform strategy development. The following key points were noted against the respective questions:

- Workforce: considered to be a key pillar, and if not achieved would impact on achieving the other ambitions.
- Efficient: language difficult to interpret for a patient. Important to consider what did this mean to LWH as an organisation. Co-operation with external partners and the importance to maintain ambition whilst also balancing the budget was considered.
- Safe: considered as a priority.
- Effective: governors would like the Trust to be a true leader and an exemplar for future service delivery.
- Experience: prioritise representation and inclusion. Diversity needs to be more obvious. Culture was identified as a key element and might need reinvigorating as part of delivering this ambition.

The Governors were asked to reflect on the workshop and provide any further comments back to the Head of Strategy and Transformation.

Jen Huyton left the meeting at this point.

20/21/42 Review of risk impacts of items discussed

The Council noted the risks associated on financial and operational performance due to the impact of Covid-19.

20/21/43 Any other Business

None.

20/21/44 Review of meeting

The Chair noted the benefit of the workshop discussions related to the Trust Strategy. The length of the agenda and timings was noted as potentially too much for one meeting.

Date, time and place of next meeting

Council of Governors Meeting Thursday 11 February 2021 at 1730

Council of Governors
11 February 2021
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	Trust Secretary	November 2020 Overdue	<p>Trust Secretary has contacted the University of Liverpool regarding the production of publicity material for the C-Gull Project. Informed that this remains in development and will be circulated when available.</p> <p>The Trust is currently undertaking a review of its Research & Development Strategy and governors may wish to consider receiving an overview of this issue at a future meeting.</p>

	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

Council of Governors Finance and Performance Group
Tuesday 26th January 2021 at 17:30 hrs
Microsoft Teams Meeting

21	<p>Governors Present: Denise Richardson – Public Governor (Chair) Jackie Sudworth – Public Governor Yaroslav Zhukovskyy – Public Governor</p> <p>Directors & Managers Present: Robert Clarke - Trust Chair Tracy Ellery – Non-Executive Director Jenny Hannon - Director of Finance Mark Grimshaw – Trust Secretary Gary Price – Chief Operations Officer Phil Huggon – Non-Executive Director</p> <p>In Attendance: Elaine Carden – Executive PA (Minute Taker)</p> <p>Apologies for Absence: No apologies were received</p>
22	<p>Meeting guidance notes Meeting guidance notes were received and noted.</p>
23	<p>Declarations of Interest None</p>
24	<p>Minutes of Meeting All Group members agreed that the minutes of the meeting held on 29th October were a true and accurate record.</p>
25	<p>Matters Arising</p>
26	<p>Finance Performance update; Director of Finance highlighted the key points of the Trust’s financial position and reported:</p> <ul style="list-style-type: none"> • That the Trust was on plan to deliver a revised £4.6m adjusted deficit as submitted and approved by the Cheshire & Merseyside Health and Care Partnership • Increasing risk to deliver CIP targets in 2021/22, noting that the required delivery against CIP schemes had been paused nationally. • Following the confirmation that the emergency capital bid was approved, work continued to ensure the £4.9m of capital for the Crown Street enhancements would be spent during 2020/21. This would be a challenge, but it had been made clear that unspent funds could not be carried over, therefore, work was focused on achieving this. Progress with the projects were overseen by a Programme Board with assurance provided to the FPBD Committee. • Implementation of K2 – an IT solution that supported the Maternity Service • 2021/22 planning guidance expected to be received March/ April <p>Resolved The Group received the update and noted the assurances outlined.</p>

27	<p>Operational Performance update including Covid-19 response</p> <p>The group received an update from the Chief Operations Officer who reported</p> <ul style="list-style-type: none"> • Performance targets remained a challenge. There continued to be a direct impact of Covid-19 on performance measures including sickness absence, mandatory training, and the 62-day target • Increasing backlog of long waiters due to Covid-19 as essential services only were being delivered within national command and control arrangements. Routine surgery had been paused, however, this would be kept under close review. The Trust continued to prioritise oncology services. • The Committee was advised that the Trust had had a positive start to the vaccination programme, with over 70% of staff having had their first vaccination. It was however, noted that a more proactive approach may be required with staff who had chosen not to have the vaccine • An increase in the Trust's sickness rate largely due to effects of the Covid-19 pandemic. This was producing operational challenges and the position was being closely monitored. The HR and OD teams were constantly looking at how they could support staff and reduce fatigue across the Trust. A range of support had been developed and communicated to all staff • The Trust continued to offer mutual aid to Liverpool University Hospital providing support for breast and colorectal patients • Robotic surgery training was progressing well and had attracted new Consultants; Chief Operating Officer also reported of a full cohort of Oncologists in post <p>Resolved</p> <p>The Group received the update and noted the assurances outlined.</p>
28	<p>Chair's Report from the:</p> <p>Finance Performance and Business Development Committee</p> <p>Phil Huggon updated the group following the FPBD Committee held earlier in the day; though also noted the embedded Chair's report from the October and December 2020 Committees. Key Highlights included:</p> <ul style="list-style-type: none"> • The Trust was facing a deficit plan for the remainder of the financial year despite demonstrating sound grip and control across expenditure. The Trust was considering the impact this could have on financial stability in 2021/22. • Following the confirmation that the emergency capital bid was approved, work continued to ensure the £4.9m phased into 2020/21 for the Crown Street enhancements would be spent. • Noted positive progress within all four projects currently overseen by the Programme Board: construction, CT Imaging, 24/7 Transfusion and Robotic Assisted Surgery • Noted a positive introduction of the new Digital Generations Strategy since its official launch in September 2020 • Recommend Board approval to purchase CT Scanner <p>Audit Committee</p> <p>Tracey Ellery updated the Group on business conducted by the Audit Committee earlier that afternoon and also noted the embedded Chair's report from the October 2020 meeting. It was noted that the meeting had been observed by Sue Cordon Grant Thornton who was leading the Well Led Review. Key highlights included:</p> <ul style="list-style-type: none"> • The Committee received the audit plan from the External Auditor. There was confidence that the audit would progress without significant issues although it was noted that the Finance Team might

	<p>be required to undertake the 2021/22 planning process at the same time as the audit, potentially resulting in resource implications.</p> <ul style="list-style-type: none"> • The Committee noted a continued reduction in the number of outstanding internal audit recommendations. • Whilst some internal audits had been delayed due to Covid-19, the Committee was assured that MIAA were on track to provide their Head of Internal Audit Opinion • Good progress had been made with the Anti-Fraud programme and the Committee was assured that anti-fraud training was being provided via the Trust's on-line induction. Deputy Director of Finance was appointed Champion of the Programme. • The Committee requested that MIAA undertake an audit on the Trust's CQC action plan. • The Committee received divisional representation as previously agreed by the Audit committee to discuss their governance arrangements and would continue to invite the Divisions on a rotational basis. It was explained that the Trust's divisional governance arrangements remained in development and the Committee received the item to gain assurance that this element of the Trust's internal control framework was progressing as expected.
29	<p>Any Other Business</p> <p>Jackie Sudworth – Public Governor noted that she felt occasionally limited in her contributions to the meeting when technical items were being discussed or reported. The Trust secretary advised that he was aware that Governor training had been reduced this year due to Covid 19, and further advised that he could arrange group or 1-1 sessions if requested, to help improve understanding of issues.</p> <p>The Chair noted that NHS Providers was a good source of support for Governors, highlighting the following link - https://nhsproviders.org/training-events/governor-support/support-and-guidance</p> <p>Director of Finance reported that the independent review into the One to One Midwifery Investigation remained on-going. The Trust had submitted all the clinical evidence as requested.</p>
30	<p>Review of meeting</p> <p>All group members agreed that the meeting had been very informative and effective.</p>
	<p>Date, time and place of next meeting:</p> <p>Monday 24th May 2021 at 1730.</p>

Council of Governors Quality and Patient Experience Group
Monday, 25th January 2021 at 1730hrs
Via Microsoft Teams, Liverpool Women's NHS Foundation Trust

	Items Covered
Attendance:	Mary McDonald, Jackie Sudworth, Sara Miceli-Fagrell (Chair of meeting), Cynthia Dowdle, Yaroslav Zuckovskyy.
Board:	Robert Clarke (Trust Chair), Tony Okotie (NED), Lynn Greenhalgh (Medical Director), Marie Forshaw, (Director of Nursing & Midwifery), Mark Grimshaw (Trust Secretary), Michelle Turner (Chief People Officer), Louise Kenny (NED).
Present:	Lisa Gregory (Executive Personal Assistant/Minute Taker).
023	Apologies for absence Kate Hindle, Carol McBride, Denise Richardson & Jo Moore (NED)
024	Meeting Guidance notes Noted.
025	Declarations of interest There were no declarations of interest.
026	Minutes of Meeting The minutes of the meeting of the Group held on Monday, 21 st September 2020 were approved.
027	Matters Arising There were no outstanding matters on the Action Log.
028	<p>Covid-19 Vaccination Programme The Director of Nursing and Midwifery introduced herself to the Committee.</p> <p>The Committee was advised that the Trust had had a positive start to the vaccination programme, with over 70% of staff having had their first vaccination. The Group noted that the vaccination clinics would be reduced to one per week and that they would be stepped back up on 19th March 2021 to allow for second vaccinations.</p> <p>It was noted that the Chief People Office was taking a paper to the Covid-19 Oversight meeting of Tuesday 26th January 2021 to seek approval of the vaccination arrangements going forward.</p> <p>The Committee was advised that the Trust had worked positively to track which staff had received the vaccination. It was noted that a more proactive approach may be required with staff who had chosen not to have the vaccine.</p> <p>Jackie Sudworth and Cynthia Dowdle were both in agreement that the content of the video shared around the vaccination programme had been informative and reassuring.</p> <p>Marie Forshaw updated the Committee on the timeframe between vaccinations, advising that there would be 10 weeks between the first and second vaccinations.</p>

	<p>Resolved The Committee received and noted the Update.</p>
029	<p>Ockenden Report</p> <p>Marie Forshaw updated the Committee that the initial response deadline had been 15th December 2020 and that a comprehensive analysis had been undertaken with the Trust declaring partial compliance in six out of 12 themes (full compliance in the other six). The Committee noted that the response deadline had been extended to 7th February 2021.</p> <p>The Committee noted that an extraordinary Board session had taken place in January 2021 to review the Trust's response.</p> <p>Marie Forshaw updated the Committee on the Task & Finish Group which had been set up in order to provide direct Executive support to the Family Health division to oversee the issues arising from the report. It was noted that regular update reports would be tabled to the Quality Committee before going to Board. The Committee was asked to note that the Ockenden report and its implications would be an on-going area of review rather than a 'one-off' compliance exercise.</p> <p>Mark Grimshaw stated that he would look into arranging a workshop for Governors around the Ockenden report. Governors were asked to think about themes; Voice of the People, Lessons Learnt and any other key issues that they would like to discuss.</p> <p>Marie Forshaw updated the Committee that the Board were keen to look at culture within the Trust. Cynthia Dowdle stated that it was difficult to change culture; that the Trust may benefit from an external person coming onsite to assess the culture of the organisation. Mary McDonald stated that culture was something that needed constant monitoring; that we needed compassion for both patients and staff; that the Trust needed to ensure it never slipped back into old ways. Marie Forshaw updated the Committee that the six areas of partial compliance had not included culture, that having Governors look at the culture aspect would be of benefit.</p> <p><i>Louise Kenny (NED) joined the meeting.</i></p> <p>Resolved: The Committee received and noted the update.</p>
030	<p>Safeguarding patients during pandemic</p> <p>Marie Forshaw updated the Committee on the national increase in safeguarding issues, stating that children not being able to attend school; families in lockdown together; and higher alcohol consumption had all lead to increases in domestic abuse. Marie stated that she was assured by the Safeguarding team at the Trust, noting that Liverpool Women's was one of the only trusts to continue to offer level 3 adult safeguarding training.</p> <p>Mark Grimshaw asked Marie what was in place to ensure safeguarding of patients against infection. Marie updated on the strong measures in place with regards to PPE; that one area had been thoroughly checked following a concern raised by a Governor. It was noted that the 'Hands, Face, Space' message had been reinforced across the Trust.</p>

	Resolved: The Committee received and noted the update.
031	<p>(1) Chairs Report from Quality Committees held on 21st December 2020 and 25th January 2021</p> <p>Tony Okotie updated the Committee on the items covered in the meeting of 21st December 2020. This included discussion on issues related to the deep dives that had taken place across three areas of the Trust.</p> <ul style="list-style-type: none"> Falls – Melanie Pickering (HoN for Gynae) had presented a monitoring performance report to the Committee to review incidents. Continuity of Carer trajectory – request for further assurance; work to be completed around the scale of the roll out. Ockenden Report – to ensure culture is right in all areas of the organisation. <p>Tony Okotie updated the Committee on items covered in the meeting of 25th January 2021. This included discussion on issues related to-</p> <ul style="list-style-type: none"> Committee structures - how sub-Committees report into the Quality Committee. Performance Reports. <p>The Chair of the meeting asked how Serious Incidents were classed. Mark Grimshaw updated the Committee on an action for Board to review the thresholds. Marie Forshaw advised that the Trust follows national guidance on what constitutes a serious incident; it was noted that these could include serious harm or a never event. Marie updated the Committee on the scoping panel who decide the classification of an incident. Louise Kenny updated the Committee on documentation relating to how serious incidents were determined and listed.</p>
031	<p>(2) Chairs Report from the Putting People First Committee held on 25th January 2021</p> <p>Mark Grimshaw and Michelle Turner updated the Committee on the items covered in the meeting of 25th January 2021. These included issues related to-</p> <ul style="list-style-type: none"> Deep dive into sickness rates – assurance given on actions to mitigate this with work taking place to support staff. BAF Risk – Committee noted that whilst there were sufficient staff to provide safe services; there was a recommendation from the Committee to increase the BAF risk to 20 due to on-going pressures. This would go to Board for final sign off. GMC survey – general assurance gained; training opportunities had been limited; Committee requested further assurance on what the Trust was doing to support this. <p>Michelle Turner updated on the first Schwartz rounds which had taken place; it was noted that the rounds provided a safe place for staff to talk in confidence.</p> <p>The Committee noted that HCA funding had been secured for the new health rostering system.</p>
032	Governor Representation Report from the Experience Senate of 8th December 2020

	<p>Mary McDonald updated the Committee on the items covered in the meeting of 8th December 2021. These included issues related to-</p> <ul style="list-style-type: none"> • Maternity survey pilot – the Committee noted that the pilot had taken place; that a full national survey would follow later in 2021. • PALs – the Committee was advised that the rate of complaints had been very low; it was noted that there was new guidance with regards to friends and families. • Analgesics – the Committee was updated on a piece of work which had taken place, looking at how patients coped with pain once they had been discharged from hospital.
033	<p>Any Other Business There were no other items of business.</p>
	<p>Review of meeting Good discussion and meeting kept to time.</p> <p>Jackie Sudworth questioned whether the Board of Directors had received training in Interpreter of Language and Fair & Just Culture. Michelle Turner confirmed that the Board of Directors had received training. It was noted that Michelle would liaise with Mark to discuss whether this was something that could be rolled out to Governors.</p> <p>Cynthia Dowdle congratulated Sara Miceli-Fagrell on chairing the meeting well.</p>
	<p>Date of next meeting:</p> <p>The date of the next meeting was confirmed as 26th April 2021 at 17:30</p>

Council of Governors Communication and Membership Engagement Group
Thursday 17th December 2020 at 1730hrs
Virtual Meeting via Microsoft Teams

Present: Cynthia Dowdle (CD) (Chair of meeting), Robert Clarke (RC), Susan Milner (SM), Jackie Sudworth (JS), Sara Miceli-Fagrell (SMF), Evie Jeffries (EJ), Yaroslav Zhukovskyy (YZ), Peter Norris (PN), (Lesleyanne Saville (LAS) (Corporate Affairs Manager), Anne Bridson (AB) (Learning & Development Facilitator), Mark Grimshaw (MG) (Trust Secretary – minute taker).

Apologies from: Michelle Turner (MT) (Chief People Officer)

20/21/20	Apologies for absence As above.						
20/21/21	Meeting guidance notes Noted.						
20/21/22	Declarations of interest None declared.						
20/21/23	Minutes from the meeting of the Communications and Membership Engagement Group held on Thursday 24th September 2020 The minutes of meeting were approved.						
20/21/24	Matters arising and action points No overdue actions noted.						
20/21/25	Membership Strategy Addendum – Actions Update MG noted that several actions had been identified as part of the Membership Strategy Addendum, approved by the full Council of Governors in July 2020. Each action was discussed with updates noted as below: <table><tr><th colspan="2">Year Four, 2020 - 2021</th><th>Update</th></tr><tr><td>10</td><td>Develop new categories of engagement level – ‘inform’ and ‘involve’.<ul style="list-style-type: none">Inform - receive information and updates from us about important changes to healthcareInvolve - receive information, and be involved, from time to time, in activities, such as focus groups, surveys, consultations and be invited to attend health eventsTo 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</td><td>This required a mailout to members, at a cost of c.£4500. Timescale for roll out is 10 working days for full dispatch. Due to commence in January 2021. The Chair noted that there was an opportunity to explore including further Trust relate literature in the mailout and suggested discussing with the Communications and/or fundraising team. Action: To explore whether the membership mailout can be</td></tr></table>	Year Four, 2020 - 2021		Update	10	Develop new categories of engagement level – ‘inform’ and ‘involve’. <ul style="list-style-type: none">Inform - receive information and updates from us about important changes to healthcareInvolve - 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	This required a mailout to members, at a cost of c.£4500. Timescale for roll out is 10 working days for full dispatch. Due to commence in January 2021. The Chair noted that there was an opportunity to explore including further Trust relate literature in the mailout and suggested discussing with the Communications and/or fundraising team. Action: To explore whether the membership mailout can be
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		have the appropriate contact information for those members who wish to communicate with the Trust on a regular basis.	expanded to include additional trust material.
		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)	The Membership Charter would be explained and included within the mailout noted above. The Trust website was to be updated also.
		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.	The Communications Team have approached the Gynaecology, Endometriosis, Da Vinci Robotic Surgery and Neonatal areas. Interest has been gained and Events will be held in February, March and April 2021, dates to follow.
		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	Approaches to be made with groups with particular connections to:
		Purpose: Improve the representation of several areas of the membership demographic through targeted recruitment	<ul style="list-style-type: none"> • Women's health • Underrepresented groups • Young People (16-24)
		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.	Discussion held with representatives from AHH. They suggested that the Trust attempt to find out how young people would want to engage with the Trust. Work is progressing with the Deputy Head of Patient Experience on how to effectively capture this intelligence and will be sharing a list of all suitable groups.
		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	Discussion with Anne Bridson, Learning & Development Facilitator on the agenda to gain intelligence for access to education contacts to assist with engaging with young people.
	15	Improve connection and accountability between governors and members	Noted that the Chair and Trust Secretary were discussing the most effective way to communicate the business of the Council to 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.			
	The Committee noted the report.		
20/21/26	Discussion with Learning & Development Facilitator AB outlined the function of the widening participation team, noting that a number of programmes were in place to encourage individuals into working for the Trust and the NHS more generally. This included work experience, pre-employment scheme, career events with schools and work with the Kickstart fund for 16-19 year olds. AB highlighted opportunities to promote membership as part of these programmes e.g. link to membership form on work experience literature, attending career events etc. CD queried how the team promoted opportunities with 'hard to reach' groups. AB noted that the team was working with organisations that would help to create and maintain these links but further work was required. RC noted an opportunity to engage with individuals who take part in the widening participation programmes and to seek their views on the Trust and its services. AB agreed that more could be done to be pro-active and to build evidence gathering processes into interactions. Action: For the Trust Secretary and the Learning & Development Facilitator to explore how to progress the ideas of the Committee, reporting back to the next meeting. The Committee noted the update.		

20/21/27	<p>Membership Strategy – Task and Finish Group Update</p> <p>MG reported that the task and finish group had been established to explore the most effective direction of travel for the new 2021-2024 Membership Strategy and this process included ensuring that it was aligned with the overall strategic direction of the Trust. To date there had been two sessions of the task group. The first two sessions explored how the membership strategy fitted into a) the overall strategic direction of the Trust and b) the emerging priorities in the patient experience strategy (being updated in early 2021). The final session (scheduled for 11 January 2021) was intended to consider whether the Trust's current membership database and engagement tools were fit for purpose to meet the aims being identified.</p> <p>It was then expected that a draft strategy would be developed and brought to the next Committee meeting for consideration.</p> <p>The Committee noted the update.</p>
20/21/29	<p>Any Other Business</p> <p>None.</p>
20/21/30	<p>Review of meeting</p> <p>The group agreed that the meeting had been productive with a number of good ideas shared and discussed. Those who attended were thanked for their contribution and time by CD.</p>
20/21/31	<p>Date, time and place of next meeting:</p> <p>Thursday 29 April 2021 at 1730, location TBC</p>

Agenda Item 20/21/54

MEETING	Council of Governors	
PAPER/REPORT TITLE:	Ockenden Report	
DATE OF MEETING:	Thursday, 11 February 2021	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Marie Forshaw, Director of Nursing & Midwifery	
AUTHOR(S):	Mark Grimshaw, Trust Secretary	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial workforce <input type="checkbox"/> To be ambitious and efficient and make the best use of available resource <input type="checkbox"/> To deliver safe services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/> To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/> 	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/> Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/> The Trusts current clinical records system (paper and electronic) are sub-optimal..... <input type="checkbox"/> Major and sustained failure of essential IT systems due to a cyber attack <input type="checkbox"/> 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 <input type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p>	

	WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/>	
	ALL DOMAINS <input checked="" type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/>
	2. Operational Plan <input 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):	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 Council of Governors is asked to note the report for information and assurance and consider the content ahead of 'breakout group' discussions at the meeting.	
PREVIOUSLY CONSIDERED BY:	Committee name	N/A
	Date of meeting	N/A

Executive Summary

This report explains the background of the Ockenden Interim Report, notes the Board's response to date and outlines the ask of the Council of Governors during intended 'break out' sessions at the meeting.

Report

Introduction

In the summer of 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust. Donna Ockenden was appointed to lead this review.

On 10 December 2020 an interim report from Donna Ockenden was published following clinical review of the first 250 cases where concerns had been raised over the care the patients received from the maternity unit at The Shrewsbury and Telford Hospital NHS Trust. (<https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust>). The report describes important findings from the significant concerns raised from these reviews and their associated actions for all Maternity Units in England.

The report states: 'After reviewing 250 cases and listening to many more families, this first report identifies themes and recommendations for immediate action and change, both at The Shrewsbury and Telford Hospital NHS Trust and across every maternity service in England' (p vi).

Whilst the report is not lengthy, governors may find the covering letter to the report (p.4 on the link above) to be a useful summary of the key issues.

Requirements of Maternity Providers

NHS England requested that maternity services implement all seven Immediate and Essential Actions (IEAs) described in the interim report and they also identified 12 urgent clinical priorities from these seven IEAs. All maternity services were asked to provide assurance that they comply with these 12 urgent clinical priorities.

Following a review of evidence of the Trust's compliance with the 12 urgent clinical priorities assurance was submitted to the Local Maternity System (LMS) on Friday 18 December 2020. A meeting took place on Monday 21 December 2020 where each Trust presented their assurance ratings to the LMS. Following this meeting all Trusts were asked to review their ratings and re-submit in light of this challenge. This was then submitted to NHSE/I. Feedback from the LMS was that the Trust had provided thorough and robust evidence to demonstrate their self-assessment of ratings. Out of the 12 urgent clinical priorities the Trust rated six as partially compliant and six as fully compliant.

Partially compliant areas were:

- A plan to implement the Perinatal Clinical Quality Surveillance Model
- All Maternity SI's are shared with Trust Boards at least monthly and the LMS, in addition to reporting as required to HSIB (Healthcare Safety Investigation Branch)
- All women with complex pregnancy must have a named Consultant lead, and mechanisms to regularly audit compliance must be in place
- A risk assessment must be completed and recorded at every contact
- A Lead Midwife and Consultant Obstetrician for Fetal wellbeing
- All pathways of care clearly described in written formats on the trust website.

In addition, there were a number of further requirements with evidence of implementation to be provided to the LMS by 15 January 2021. These reflect the following:

- Review of the Ockenden report and the seven IEA's using the Board assurance assessment tool (BAAT). It is a requirement that the Ockenden report is reviewed at public board using this assessment tool.
- NICE Guidance relating to maternity
- Compliance against the CNST safety actions
- Current workforce gap analysis

At an Extraordinary Board meeting held on 7 January 2021, the Board considered a response to the BAAT ahead of the 15 January submission date. Since this submission, all NHS maternity providers via their CEO received a letter outlining a revised submission date of the BAAT. The revised date of submission to the NHS England & NHS Improvement Regional team is now 15th February 2021 with the LMS requiring oversight of the Trust response by the 8th February 2021. This extension was announced in light of the sustained pressures that organisations are facing due to staff sickness, shielding and its disruption and impact on service provision.

This revised date, enabled the Trust to review and further update its response to the BAAT and this was considered at the Board meeting on 4 February 2021 (papers can be found on the following link: <https://www.liverpoolwomens.nhs.uk/media/3726/20210204-public-trust-board-version-2.pdf>).

Board response to the Ockenden Report

At the 7 January 2021 meeting, the Board noted that whilst it would be important to monitor the specific compliance points within the action plans, the challenge for the Board would be to consider how to consistently deliver the best maternity services for the communities served by the Trust. It was recognised that the Quality Committee would have an important role to play in a) monitoring compliance with the action points and b) ensuring that an accurate

view on the patient experience was being received. It was also noted that the Putting People First Committee would be integral to reviewing the culture and workforce issues identified in the report.

The following key areas were identified by the Board on 7 January 2021. Responses to these comments were formulated by the Head of Governance, Head of Midwifery and Family Health Division Ockenden Leads and any actions from these are to be embedded in the Family Health Divisional Action Plan.

How the Board gets assurance that when an incident is raised, the loop is properly closed and evidence provided that practice has changed (recognised that this isn't just a concern re: maternity but Trust wide)

The Quarterly Serious Incident report is moving to monthly schedule and has been redesigned to provide the Quality Committee and the Trust Board with further detailed assurance as to how lessons will be learnt and are implemented. This monthly report will identify to the Trust Board when an Action Plan associated with a serious incident is completed. It will detail how this action plan has supported change and how the changes have and will continue to be evidenced. This process has not been undertaken in previous reports and heralds the start of change to disseminating how as a Trust we learn from incidents, change clinical practice and support quality improvement. The actions required to support this process will be included in the Ockenden Action Plan and further with the Trust Serious Incident SOP update. Further detail and actions outlining the improvements to be made with regards to lessons learnt is provided in the assurance tool.

How the Board gets to hear the 'voice' of the patient and their families regarding their experiences. There was some doubt as to whether MVP is enough and/or whether the MVP should have a more visible presence at Board and its Committees.

To formalise this further, the Family Health Division will also strengthen the links between the Maternity Voices Partnership and the Board Level Safety Champion. This may include the attendance of the Board Level Safety Champion at formal MVP meetings, where escalation to the Board can be supported. In particular views will be sought of young people who use the services of the Trust. The MVP chair has undertaken listening events with vulnerable service users who find some of our services hard to reach and BAME women. This work will continue throughout 2021.

The introduction of the planned independent advocate role (EA2) would further support how the Board hears the voices of Women and Families. We currently wait further guidance in relation to this from NHSE. The introduction of the planned senior independent advocate role (EA2) would further support how the Board hears the voices of Women and Families, and whilst we await further guidance on this from NHSE, we remain positive that Women's voices are heard, listened to and acted upon by the other pathways and processes in place.

How the Trust can take the lessons from Ockenden and apply across the organisation?

The Ockenden report has been disseminated across the organisation through the Safety Senate. The Safety Leads for each Division and their departments have been asked to consider how the report is applicable to their service. Divisional safety leads should engage with the Family Health Division to ensure quality improvements, enhanced clinical care and support can be put in place to support a Trust wide response. The Medical Director should ensure that the C.S.S and Gynaecology Divisions and their departments can provide assurance to the Safety Senate that they have taken forward any applicable lessons from the Ockenden report.

At its February 2021 meeting, the Board was informed that the actions required in order to meet Immediate and Essential Action 6 (Fetal Wellbeing) had been completed, following the appointment of a Named Consultant Obstetrician to compliment the role of the Fetal Surveillance Midwife. This had been marked as 'partial compliance' in the January 2021 update. The Board was assured by the establishment of an Ockenden governance framework to

ensure that the actions from the report will be actioned and embedded in the Trust. The Board was also encouraged to hear that this framework would be used to revisit and test that the Kirkup¹ recommendations remain actioned and embedded within current services. On this latter point, the Board emphasised that the findings in the Ockenden Report were not 'novel' and indeed should be recognised as 'business as usual' practice and linked to existing improvement work.

The Board was assured that the MVP Chair would be further involved in the Trust's listening processes and suggested that they attend a Board meeting in the near future.

Request of the Council of Governors

The purpose of this report, in part, is to provide the Council of Governors with assurance that the Board is taking the findings of the Ockenden Report seriously and work is underway to meet the compliance requirements. As stated however, the Board views the Ockenden Report not as a 'tick box' governance requirement but rather as an opportunity to explore some wider themes to ensure that the Trust is consistently delivering the best maternity services for the communities served by the Trust. There are three major themes that the Board has identified, and it is the intention to utilise 'break out' groups of governors and Board members to explore these further and to gain the views of the Council. These themes are as follows:

- Ensuring that lessons are learned from incidents and that there is evidence of improve practice
- How to ensure that the (representative) patient voice is heard and utilised to drive change when appropriate
- How to ensure that there is the appropriate culture in the Trust and how assurance can be provided on this.

To support the discussions, governors are requested to review the Ockenden Report and/or its Executive Summary ahead of the meeting.

Recommendation

The Council of Governors is asked to note the report for information and assurance and consider the content ahead of 'breakout group' discussions at the meeting.

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf