

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Council of Governors Meeting

13 May 2021



Council of Governors - Public

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| Location | Virtual Meeting via Zoom link |
| Date | 13 May 2021 |
| Time | 17:30 hrs |

| AGENDA | | | | | |
|--------------------------------|--|--|--------------------------------|------------------|--------------------|
| Item no. 21/22/ | Title of item | Objectives/desired outcome | Process | Item presenter | Time |
| PRELIMINARY BUSINESS | | | | | |
| 001 | Introduction, Apologies & Declaration of Interest | Receive apologies & declarations of interest | Verbal | Chair | 17.30 (5 mins) |
| 002 | Meeting Guidance Notes | To receive the meeting attendees' guidance notes | Written | Chair | |
| 003 | Minutes of the previous meeting held on 11 February 2021 | Confirm as an accurate record the minutes of the previous meeting(s) | Written | Chair | |
| 004 | Action Log and matters arising - No formal matters arising | Provide an update in respect of on-going and outstanding items to ensure progress | Written | Chair | |
| 005 | Chair's announcements <ul style="list-style-type: none"> To introduce Louise Martin new Non—Executive Director Welcome new Staff Governors <ul style="list-style-type: none"> Nursing - Rebecca Holland – Gynaecology Matron AHP - Maria Culligan – Physiotherapist | Announce items of significance not found elsewhere on the agenda | Verbal | Chair | 17.35 (15 mins) |
| 006 | Chief Executive Report | Report key developments and announce items of significance not found elsewhere on the agenda | Verbal | Chief Executive | 17.50 (5 mins) |
| MATTERS FOR RECEIPT / APPROVAL | | | | | |
| 007 | Activity Report from the Governor Group Meetings. <ul style="list-style-type: none"> Finance and Performance Group Quality and Patient Experience Group. Communications and Membership Engagement Group | Receive activity reports for assurance | Written | Group Chairs | 17.55 (15 mins) |
| 008 | Research and Development Strategy | For assurance | Presentati on / Workshop | Medical Director | 18.10 (35 mins) |

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| 009 | 2020/21 Year-End Update <ul style="list-style-type: none"> Annual Report & Accounts progress Provider Licence – Governor Assurance Financial performance and budget | For noting / approval | Presentati on | Trust Secretary / Director of Finance / NEDs | 18.45 (15 mins) |
| CONCLUDING BUSINESS | | | | | |
| 010 | Review of risk impacts of items discussed | Identify any new risk impacts | Verbal | Chair | 19.00 (5 mins) |
| 011 | Any other business & Review of meeting | Consider any urgent items of other business | Verbal | Chair | |
| Finish Time: 19.05 | | | | | |

Date of Next Meeting: 8 July 2021

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

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COUNCIL OF GOVERNORS

Minutes of a meeting held on Thursday 11 February 2021 at 17:30 held virtually (zoom)

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| Present: | Robert Clarke | Chair (except for item 20/21/52) |
| | Angela Coleman | Appointed Governor (Liverpool Council) |
| | Valerie Fleming | Appointed Governor (University) |
| | Patricia Hardy | Appointed Governor (Sefton Council) |
| | Evie Jefferies | Public Governor (Rest of England & Wales) |
| | Kiran Jilani | Staff Governor (Doctors) |
| | Peter Norris | Public Governor (Central Liverpool) |
| | Sara Miceli-Fagrell | Public Governor (South Liverpool) |
| | Jackie Sudworth | Public Governor (Knowsley) |
| | Denise Richardson | Public Governor (Rest of England & Wales) |
| | Kate Hindle | Staff Governor (Admin & Clerical) |
| | Mary McDonald | Appointed Governor (Community/voluntary/orgs) |
| | Cynthia Dowdle | Appointed Governor (Faith Organisations) |

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| In Attendance: | Sue Cordon | Observer, Well Led Governance Review |
| | Tracy Ellery | Non-Executive Director |
| | Marie Forshaw | Director of Nursing & Midwifery |
| | Lynn Greenhalgh | Medical Director |
| | Mark Grimshaw | Trust Secretary |
| | Jenny Hannon | Director of Finance |
| | Louise Hope | Assistant Trust Secretary (minutes) |
| | Louise Kenny | Non-Executive Director |
| | Ian Knight | Non-Executive Director |
| | Susan Milner | Non-Executive Director |
| | Tony Okotie | Non-Executive Director |
| | Gary Price | Director of Operations |
| | Karen Sutter | Senior Neonatal Nurse (for item 20/21/50) |
| | Michelle Turner | Chief People Officer |
| | Kathryn Thomson | Chief Executive |
| | Sam Wagner | Complex Care Matron (for item 20/21/50) |

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| Apologies: | Mary Doddridge | Public Governor (Central Liverpool) |
| | Phil Huggon | Non-Executive Director |
| | Pauline Kennedy | Staff Governor (Midwives) |
| | Carole McBride | Public Governor (Sefton) |
| | Jo Moore | Non-Executive Director |

20/21/45 Welcome and Apologies for absence
Apologies as noted.

20/21/46 Meeting guidance notes
Received and noted.

20/21/47 Declarations of Interests – Annual Review

Annual submission of declarations 2020/21 had been submitted. The Council approved the register presented and noted that it would be submitted to the Audit Committee for ratification prior to publication on the Trust website.

20/21/48 Minutes of the previous meeting held 12 November 2020

The minutes of the previous meeting held on 12 November 2020 were reviewed and agreed as a true and accurate record.

20/21/49 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 May 2021.

20/21/50 Staff Story

Karen Sutter, Senior Neonatal Nurse and Sam Wagner, Complex Care Matron attended the Council to provide two case studies describing the impact of the pandemic on delivering clinical services.

The Senior Neonatal Nurse described that the end of life pathway had been difficult during the pandemic due to the restricted visiting policy and only recently grandparents had been reintroduced to visiting patients on the end of life care pathway. One of the most challenging aspects was that siblings had not been allowed to visit. Staff had created as much memory making opportunities as possible to share with families. Staff had also trained to conduct baptisms and blessings to support families in the absence of chaplaincy services.

The Complex Care Matron described how the quick implementation to reintroduce partners to visiting had been difficult as individual time slots needed to be allocated to partners and it had been challenging when visitors did not want to leave. She described how the staff had, on occasion, been exposed to frustrated patients when visiting restrictions came back into effect. Patient feedback from the first reintroduction of visitors would be used to support further reintroduction whilst adhering to national guidance. It was noted that there had been no impact on care and positive feedback had been received in relation to patient safety. There had been a mixture of negative and positive feedback in relation to experience and communication during restricted visiting and a majority would have preferred their partner to be present for longer and had found prohibited sibling visiting most difficult. During this time, the staff reported a quieter and calmer ward, improved patient rest time, increased interaction between patients, and increased breastfeeding rates. It was noted that as the pandemic continued patients and partners had become more understanding.

The Council thanked both members of staff for their presentations.

Angela Coleman, Appointed Governor empathised with the palliative care pathway and asked was the Trust in a position to reintroduce sibling visitors. The Senior Neonatal Nurse responded that unfortunately the Trust was not and visiting guidelines were under constant review. She informed the Council that the unit had links with Claire House and had transferred some patients to this facility which allowed extended visitors.

Kiran Jilani, Staff Governor noted that staff trained to perform baptism was a positive support and asked what was available for other faith groups. The Senior Neonatal Nurse responded that the unit had not had a request from any other faith groups during that time and advised that both a Priest and an Iman were now permitted on the unit. She also confirmed that for end of life care a face-to-

face translator was permitted. The Complex Care Matron noted that staff had made reasonable adjustments when possible and reviewed all cases on a separate basis.

The Chief Executive informed the Council that the Trust held weekly command and control meetings to review the rules and noted that some of the most difficult discussions related to the Neonatal pathways which had been emotionally challenging. She encouraged that staff continue to push boundaries if they feel the Trust could do so safely.

Cynthia Dowdle, Appointed Governor asked had any additional support or counselling been offered to staff. The Chief People Officer responded that the Trust was conscious of the additional strain upon the workforce and reported that a number of initiatives had been introduced to recover the workforce, for example: daily debriefs had been promoted, introduction of Schwartz rounds, introduction of staff supporters alongside the mental health first aiders, and the introduction of bubble rooms for staff to step away as additional support mechanisms. The Director of Nursing and Midwifery informed the Council that she had arranged to meet with all Band 7 Ward Managers individually to sense check and would review the handover process.

Karen Sutter and Sam Wagner left the meeting at this point.

20/21/51 Chair's Announcements and Chief Executive's Update

The Chair noted the following:

- NED Recruitment 2021 process – thanked the governors who had been involved in the recruitment process.
- Integrated Care System Developments - recent government consultation on changes to the structure and legislative framework of the NHS noted. Governors would remain updated as developments progress.

The Chief Executive noted the following:

- Council introduction to the new Medical Director and Director of Nursing and Midwifery.
- Cluster of Covid-19 cases – occurred at an off-site event. Infection prevention and control measures had been implemented and adhered to on site. It was noted that the workforce did not work within 'bubbles' as they followed strict IPC procedures using PPE equipment and social distancing. Regular audits were undertaken to maintain vigilance.
- Staff vaccine programme – current rate of 70% of workforce vaccinated.
- Schwartz Rounds – the introduction of Schwartz rounds and other staff support mechanisms had provided an opportunity for staff to share experiences in a supported and confidential environment.

The Council of Governors:

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

20/21/52 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. Good evidence of assurance from both Committees with additional assurance provided by internal and external auditors had been received. Tracy Ellery, Non-Executive Director highlighted potential resource implications as national timetabling of planning had slipped due to the impact of Covid-19 and the potential for everything to be required simultaneously from the finance team. She advised that the Executive team had supported the finance department to continue working towards original timeframes to circumvent difficulties.

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. The Director of Finance added that bespoke training for LWH governors had been delivered by the finance team in the past and could be delivered again.

2. Quality and Patient Experience Group

Sara Miceli-Fagrell, Public Governor reported that the Group had focussed on the Covid-19 vaccination programme, the Ockenden Report and Safeguarding patients during the pandemic.

3. Communications and Membership Engagement Group

Cynthia Dowdle, Appointed Governor informed the Council that the group had noted the initiation of a task and finish group to develop the new 2021/24 Membership Strategy. The draft strategy would be developed and presented to the Governor Sub-Group for consideration. Cynthia Dowdle informed the Council that 'Behind the Scenes' events had been introduced to improve engagement with members and links with governors.

The Council of Governors:

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

20/21/53 Briefing on timetable for Annual Plan, Budget Setting & Annual Report (inc Quality Report)

The Director of Finance presented a position update of the Annual Report and Accounts 2020/21 and Planning 2021/22. The reporting timetable was shared, noting a changed reporting timeline due to Covid-19. Similarly to last year, there had been a recognition of the pressures that trusts were under and reporting requirements had been streamlined, omitting a detailed performance analysis section and no requirement for a Quality Report to be included with the annual report. Although not mandated the Trust aimed to provide a Quality Report for 2020/21 as a reference document.

The Director of Finance reported that planning had been paused during the latest wave of Covid-19 and that national guidance had not yet been published. The current payment system would continue until June 2021. Angela Coleman, Appointed Governor asked if there was scope to reward staff fiscally for their efforts during the past year. The Chief People Officer replied that nationally they were coming to the end of a three year pay deal and restricted by national mandates but noted different ways to recognise staff contribution, for example additional annual leave, and would be open to suggestions at a local level.

The Council of Governors:

- noted the update.

20/21/54 Ockenden Report

The Council received a report which detailed the background of the Ockenden Interim Report, noted the Board's response to date and outlined the ask of the Council of Governors during intended 'break out' sessions at the meeting.

A workshop was facilitated which consisted of six groups including Governor and Board members to consider three major themes that the Board had identified:

- Ensuring that lessons were learned from incidents and that there was evidence of improve practice

- How to ensure that the (representative) patient voice was heard and utilised to drive change when appropriate
- How to ensure that there was the appropriate culture in the Trust and how assurance could be provided on this.

The following key points were noted against the respective questions:

- Audit
- Improve corporate induction
- Training in listening
- Use external and existing partnerships
- Patient stories
- Governors attend external groups for feedback about Trust services
- Listening to patient dashboard
- Governor engagement with staff, be visible and accessible
- Patient feedback
- Triangulate all information
- Share good practice with other departments

The Council of Governors:

- noted the report for information and assurance.

20/21/55 Review of risk impacts of items discussed

The Council noted the risks associated with:

- Financial planning due to the impact of Covid-19,
- Patient safety
- Reputation

20/21/56 Any other Business

None.

20/21/57 Review of meeting

The Chair noted the benefit of the workshop discussions.

Date, time and place of next meeting

Council of Governors Meeting Thursday 13 May 2021 at 1730

Minutes of the Quality and Patient Experience Governor Sub-Group
held virtually at 1730hrs on Monday 26 April 2021

PRESENT

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| Sara Miceli-Fagrell (Chair) | Public Governor |
| Denise Richardson | Public Governor |
| Jackie Sudworth | Public Governor |
| Cynthia Dowdle | Appointed Governor |
| Kate Hindle | Lead Governor / Staff Governor |
| Kiran Jilani | Staff Governor |
| Yaroslav Zhukovskyy | Public Governor |

IN ATTENDANCE

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| Robert Clarke | Chair of LWH Board |
| Tony Okotie | Non-Executive Director |
| Marie Forshaw | Director of Nursing & Midwifery |
| Michelle Turner | Chief People Officer |
| Louise Kenny | Non-Executive Director |
| Gary Price | Chief Operations Officer |
| Lynn Greenhalgh | Medical Director |
| Jan Owen | Executive Personal Assistant/Minute Taker |
| Louise Florensa | Assistant Trust Secretary |

APOLOGIES:

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| Mark Grimshaw | Trust Secretary |
| Mary McDonald | Appointed Governor |
| Pat Speed | Public Governor |
| Angela Coleman | Appointed Governor |
| Val Fleming | Appointed Governor |
| Pat Hardy | Appointed Governor |
| Jo Moore | Non-Executive Director |

| 21/22/ | Items Covered |
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| 001 | Introduction, Apologies and Declarations of Interest. Sara Miceli-Fagrell (Chair) welcomed everyone to the meeting. Declarations of interest There were no declarations of interest. |
| 002 | Meeting Guidance notes Noted. |
| 003 | Minutes of the previous meeting held on 25 January 2021 The minutes of the meeting held on Monday, 25 January 2021 were approved. |

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| 004 | <p>Action Log and Matters Arising</p> <p>There were two outstanding matters on the Action Log.</p> <p>It was noted that both these items were on track and were being actioned by Mark Grimshaw, with a June deadline for completion.</p> |
| 005 | <p>Quality Committee, Putting People First Committee and Experience Senate reports</p> <p>Quality Committee</p> <p>Tony Okotie updated the Committee on key items covered in recent Quality Committees.</p> <p>It was noted that the Quality Committee had met on four occasions since the last QPEG meeting (February, March and two meetings held in April 2021).</p> <p>It was noted that from those four Chair's reports, there had been several consistent themes that had carried through.</p> <p>These included:-</p> <ul style="list-style-type: none"> • The Ockenden Review – which had been discussed at QPEG previously • The issue of how the Trust learns lessons when things do not go as well as had been planned and anticipated <p>Tony Okotie reported that the additional Quality Committee that had been held in April had focussed specifically on three key issues including mortality, never events in Theatres and blood sampling, to enable members to understand more fully what had occurred in those areas.</p> <p>The Chair of the meeting asked how the review of the Theatre Never Events had progressed since the last QPEG meeting. Marie Forshaw informed the Committee that the paper that had been submitted to the additional Quality Committee, held in April, had been written by the Divisional Management Team and thus positively demonstrated strong ownership of their planned actions and successful outcomes achieved.</p> <p>It was noted that Quality Committee had received strong assurance, particularly around Gynaecology Theatres and Obstetric Theatres, that the plan of action and learnings identified retrospectively by the team had now been put in place.</p> <p>Marie Forshaw reported that the solid evidence presented, clearly demonstrated that lessons learnt had now been fully embedded. She commented on the positive culture now evident in Gynaecology Theatres, with clear lines of responsibility, command, and communication in place and a real sense of pride and motivation observed in the team.</p> <p>Marie Forshaw highlighted interesting feedback identified in relation to Obstetric Theatres, received from the Medical Director, through the Safety Champions for Maternity. It was noted that this was perceived as a particularly different environment for staff, in that although an element of the work was planned, as for Gynaecology Theatres, in Obstetric Theatres there was often an element of emergency surgery taking place, which could be quite challenging.</p> <p>Marie Forshaw reported that a decision had been taken to ask the Family Division to write a similar paper, demonstrating assurance on the actions and embedding of the learning</p> |

around Obstetric Theatres. She advised the Group that this paper would be submitted to Quality Committee in the next few months.

Lynn Greenhalgh reported that the same paper had also been submitted to the Safety and Effectiveness Sub-Committee recently. She advised the Group that she had received positive and reassuring feedback from the Leads for Safety for Maternity and Gynaecology on this work who confirmed that those environments now felt much calmer and that the levels of staff satisfaction and transparency around raising concerns were much higher.

Denise Richardson asked whether the NEDS on the Quality Committee had found the format of the second Quality Committee session helpful in exploring how the Trust would maintain and sustain on-going progress in embedding lessons learnt. Tony Okotie confirmed that this process had helped the Trust to better understand what had happened and to have a stronger assurance that those lessons would continue to be implanted and translated into excellent and safe practice, with work still underway across the organisation.

Putting People First Committee

Robert Clarke updated the Committee on key items covered in recent Putting People First Committees.

He advised the Group that the themes that had been raised recently for discussion both nationally and regionally, corresponded with a number of the issues that the Trust had already been pursuing with its People Strategy – including workplace culture, Fair and Just Programmes and approaches towards team working and wellbeing. Robert reported that it had been helpful to be able to focus on the work that the Trust had already been doing to support and drive the cultural changes and workforce improvements required, as highlighted in the Ockenden Review.

Robert Clarke advised the Group that the Committee had also considered items related to:-

- Deep dive into Medical Anaesthetics workforce issues, including the background to ongoing sickness rates and the challenges of ongoing recruitment of Anaesthetic staff
- A review of the 'Freedom to Speak Up Guardian' Survey and an update on the recent Trust appointment of Marianne Hamer, (Lead Imaging Consultant) as a second Freedom to Speak Up Guardian
- An analysis of the Trust's Staff Survey Results (taken in Summer 2020)

Sara Miceli-Fagrell asked whether the problems of staff sickness, absence rates and missed opportunities for mandatory training posed any risks to patient safety and care. Michelle Turner advised the Group that the Trust had seen sickness rates reduce recently as a number of shielders had returned to work. It was noted that the Trust had a current sickness absence rate of 4.9%, split almost equally between COVID and Non-COVID related absence.

Michelle reported that some Divisions had traditionally higher rates of sickness than others prior to Covid-19. She informed the Group that the Family Health Division were currently undergoing increased performance management with Executive oversight to monitor and provide challenge and support in those areas.

It was noted that the Trust had a large mandatory training programme and that COVID had impacted the ability to release staff from the front-line to undergo training. Michelle

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| | <p>advised that the Divisions were prioritising mandatory training from a clinical risk perspective and highlighted that further improvements in figures were anticipated, supported by an increased use of online course delivery. Robert Clarke added that the Committee had received a Staff Experience report which confirmed that the delivery of training had been re-organised and adapted to improve compliance.</p> <p>Resolved The Committee received and noted the Reports. The Chair thanked the presenters and contributors for their updates.</p> |
| 006 | <p>Continuity of Carer Update The Chair introduced the agenda item and advised the Group that there had been a newly strengthened emphasis on patient experience and the need to continue to develop a patient-first culture, through the Ockendon Review.</p> <p>The Chair highlighted that the contribution of a Continuity of carer model to high quality maternity care would be central to good patient experience and that staff engagement would be fundamental to achieving the goals in those areas. She outlined that it would be important to understand how the feedback given in the Staff Survey, especially on issues such as making a difference, feeling supported, and health and well-being might feed into improving sickness absence.</p> <p>Gary Price updated the Group on the Continuity of Carer developments in relation to the national target numbers and the current performance of the Trust. It was noted that the national Continuity of Carer target was 35% by March 2021 and 51% by March 2022. He advised the Group that the Trust had reached 20% as of February 2021.</p> <p>It was noted that evidence currently shows that women who know their midwife, or Midwifery team, have better outcomes in their maternity experience and that this was a target that the Trust would strongly want to support.</p> <p>Gary Price advised the Committee that the Trust faced challenge last year to move the teams towards this model during COVID, whilst also experiencing significant sickness absence levels.</p> <p>He explained that in order to reach the national target of 35%, the Trust would need 10 Continuity of Carer Teams, with each team comprising of about 8 or 9 midwives and in order to reach the national target of 51%, the Trust would need about 15 teams.</p> <p>As of April 2021, the Trust currently had 5 teams in place, and this would need to be increased to 10 and then 15 teams over the coming months.</p> <p>Gary Price reported that the Trust had committed to have a period of formal consultation with the midwifery workforce during June and July 2021, through the Family Health Division, in order to better understand and address their concerns and to enable them to move to this new model of care in a way that works well for staff, as well as for families.</p> <p>Marie Forshaw acknowledged and thanked Gary Price for the work delivered to date on the Continuity of Carer Plans. It was noted that Marie would take over as lead executive for Continuity of Carer as of June 2021.</p> |

Marie Forshaw confirmed that, in her professional view, moving towards the Continuity of Carer Model would be the right and positive direction for the Trust. She advised the Group that midwives, who may be reluctant to volunteer to step forward into a continuity of care model, might have professional concerns as it was a change of practice. She highlighted that this process of meaningful formal consultation and engagement with staff would be very important to help understand and address their concerns and to inform the development of the model and its implementation.

The Chair asked what the 'biggest learning' had been so far in relation to the new Continuity of Carer teams. Marie Forshaw highlighted that the most significant positive benefit was the job satisfaction shown by midwives and the pride experienced in their profession to be able to see a woman through from booking-in to delivery. She explained that other 'learnings' included the style of team working, travel, IT connection issues, space in primary care centres during COVID etc.

Jackie Sudworth asked how midwives would be recruited into these new teams. Marie Forshaw advised that the first few teams had been recruited through a volunteer process, who had mainly come from the acute base site. She explained that it was timely that this process of consultation would now reach all midwives and that it would be important to utilise the positive stories and experiences of the midwives, as well as the voices of service users themselves.

Kiran Jilani reported that although a number of midwives had initially shared their fears and concerns about this model with her during the pilot phase, in her role as an Obstetrician, her experience and perceptions of those same Midwifery staff working in Delivery Suite had been that they were calm, relaxed, efficient and had adapted well to this different approach.

Kiran highlighted that women attending the Mental Health Clinic, who had been recipients of continuity of care throughout their maternity services, had shared how much of a real difference this had made to their experience. Kiran praised the hard work and dedication of the Head of Midwifery, Sue Roberts and Marie Forshaw also recognised and acknowledged the commitment and input of Sue Orchard, who had supported this work.

A breakout session took place to review two key questions following the update provided on continuity of carer and workforce issues:

Group 1 - to discuss the potential barriers which might prevent the Trust from achieving its intended trajectory, by the Autumn 2021, and to explore how the Trust could ensure that any lessons learnt would be implemented quickly;

Group 2 - to discuss what the drivers of staff well-being may be, and to explore how that might impact on the levels of sickness/absence and to find out what could be done to overcome this and to improve those metrics.

Gary Price presented the feedback from the discussion held in **Group 1**.

This discussion had highlighted that one of the biggest barriers to successful implementation of the Continuity of Carer model may be the impact of negative experiences shared by staff – whether real or not. It was agreed that leaders needed to change the narrative by effectively sharing positive stories that could engage and mobilise others to action.

The Group had put forward a number of suggestions about engaging in activities ahead of the consultation, possibly organising some pre-consultation focus groups, to help understand and myth-bust any negative experiences, to explore how to allay any anxieties and to ensure that positive stories were disseminated.

Louise Kenny shared about the need to 'look around corners' to enable problems or barriers to be anticipated in advance. Kate Hindle had suggested that it might be useful to conduct a campaign to focus on positive stories and to review all the tangible evidence available, prior to the formal consultation taking place.

The Group had considered the lessons learnt from previous change programmes in the past and acknowledged that education, support and additional training for all staff would be needed to adapt to the new way of working and to prepare staff to work differently (e.g. changes to guidelines and practice, skills updates, etc). Robert Clarke highlighted that it would be important to start this training work early and to 'get ahead of the curve' across the whole of the workforce, rather than just to deliver training to those staff who are currently engaged in this work.

Cynthia Dowdle recommended that, as well as having the opportunity to hear helpful feedback from Midwifery staff, it would be crucially important to capture the views and experiences of those women and their families, cared for under the continuity of carer model, in order to understand and share more fully what matters to them. Kiran Jilani added that, in the past, it had helped to facilitate discussion forum and to invite patients and staff in to discuss their lived experiences to promote learning and development. She suggested that it would also be beneficial to showcase and advertise how much work had been done in relation to health and well-being and to be able to share those resources more widely for staff.

Michelle Turner pointed out that this issue should form part of the yearly performance review with each member of staff and highlighted that line managers were being asked to have one-to-one conversations around well-being. Michelle advised the Group that the Trust were about to launch a Staff App that would enable staff to download it onto their phone and be able to access the full menu-offer of resources available.

Sara Miceli-Fagrell highlighted another interesting suggestion that had been put forward by Cynthia, of utilising a mentoring or buddying scheme to support the cultural change process by matching staff who were ready and excited about change, with those staff who may be hesitant or resistant to change.

Marie Forshaw presented the feedback from the discussion held in **Group 2**.

She reported that the Group had agreed that the most important issues for staff well-being were meaningful job satisfaction, being respected and feeling valued in their profession, being able to influence the outcomes for their service users and patients, feeling truly supported in work and working in a team and feeling engaged.

The Group had highlighted that it would be very important to put the right people in the right roles so that they could get the maximum satisfaction from their jobs – that is, not putting 'square pegs in round holes'.

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| | <p>Marie shared that the Group had stressed the importance for leaders to act as supportive role models for frontline staff, ensuring that managers demonstrate high energy levels, focus and motivation, and use positive language, encouraging every individual to be the best that they could be. It was noted that a supportive management style would also mean having constructive conversations with individuals, understanding their strengths and drivers in order to maximise the skills and expertise of each member of staff within their teams.</p> <p>Marie reported that the Group had recognised there were a number of dynamic variables that would all contribute to making this organisational change a reality. The challenge was highlighted as one of understanding the importance of cultural change and having insight into what might influence which aspects of performance, enabling staff to feel confident to do things differently.</p> <p>Jackie Sudworth asked how student midwives would be recruited and engaged in the change process. Marie Forshaw explained that she was currently reaching out to universities that provide the Trust with newly qualified midwives and students. She advised that many universities were now moving their curriculum towards the midwives being trained in the Continuity of Carer model - as opposed to the traditional model.</p> <p>The Chair thanked everyone for their contributions.</p> |
| 007 | <p>Important Updates</p> <ul style="list-style-type: none"> • Blood sampling errors <p>Lynn Greenhalgh provided the Committee with an update on Blood Sampling errors.</p> <p>She advised the Committee that blood sampling errors occur across the NHS and that the issue for the Trust was ascertaining what percentage of blood samples taken, have errors. For example, blood transfusion errors on a stand-alone site, are particularly important as these may need to be taken accurately at short notice in an emergency. Lynn reported that the national average for errors for blood transfusions was about 3% and that the Trust's performance was currently lower than that but was not the lowest in the region.</p> <p>She advised that the Trust has recently employed a Blood Transfusion Practitioner, whose role included providing support and training for staff where improvements were required in their blood sampling practice. It was anticipated that this new role would have an impact on practice and on improving the sampling error rates.</p> <p>Lynn explained that for non-blood transfusion errors, these were split into Neonates and non-Neonates. For Neonates, samples can often be difficult to obtain and experience a higher number of errors. Improvements need to be made for patient safety, so that patients get the right results at the right time to aid their treatment and would be better for efficiency, making pathways flow more effectively and for patient experience.</p> <p>Lynn reported that a Service Evaluation design was currently underway to look at errors across the patch, to look at where the errors were most frequently occurring and to decide on what interventions could be put in place, that would include the start of a Phlebotomy Service, which LWH does not currently have.</p> <p>The Chair asked 'what would good look like' in terms of the potential improvements to be</p> |

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| | <p>made to the error rate for LWH and what reduction would be expected. Lynn advised that the Trust would be aiming for a reduction of about a third overall within a 12-month period.</p> <ul style="list-style-type: none"> • Vaccination rollout <p>Michelle Turner provided the Committee with an update on the Vaccination rollout.</p> <p>It was noted that the Trust was now well advanced into the second vaccination rollout phase and that the uptake across the whole workforce was currently about 86.2%. Within that figure, the Trust had sought to reach those harder to reach groups, for example, uptake within the ethnic minority group of staff had been 87.2%. Michelle reported that a significant amount of work had gone on in the background to ensure that staff had the relevant support and advice available. Uptake of the second vaccine had not been affected despite the recent media attention on AstraZeneca. It was noted that clinics would continue on site until 28th May 2021 and that consultation with the Regional Centre was currently being sought to agree on what would happen after that. Michelle advised the Group that for new staff joining the organisation who may not have been vaccinated, they would have to go to one of the large vaccination centres and should booster sessions be required in the Autumn, the Trust's programme would be stepped up again.</p> <p>Michelle congratulated the Vaccination team for all their hard work and enthusiasm and acknowledged the commitment and energy that had been demonstrated in making this programme a success.</p> <p>Resolved: The Committee received and noted both the updates and were assured by the information provided.</p> |
| 008 | <p>Review of risk impacts of items discussed. No additional risks were noted.</p> |
| 009 | <p>Any other business and review of meeting No other business matters were noted.</p> <p>The Chair advised the Group that if anyone wanted to share their thoughts or ideas on how future sessions could be shaped, they should send their comments to her or to Mark Grimshaw.</p> <p>An effective and positive meeting. Robert Clarke thanked the Chair for an excellent meeting.</p> |
| | <p>Date of next meetings:</p> <ul style="list-style-type: none"> • The next full Public Board – Thursday, 6th May • The Council of Governors QPEG - Monday 21st June at 5.30pm via Teams |

Council of Governors Communication and Membership Engagement Group
Thursday 29th December 2021 at 1730hrs
Virtual Meeting via Microsoft Teams

Present: Cynthia Dowdle (CD) (Chair of meeting), Robert Clarke (RC), Susan Milner (SM), Jackie Sudworth (JS), Yaroslav Zhukovskyy (YZ), Jo Moore (JM), Louise Martin (LM), (Lesleyanne Saville (LAS) (Corporate Affairs Manager) - minute taker).

Apologies from: Michelle Turner (MT) (Chief People Officer), Mark Grimshaw (MG) (Trust Secretary), Kate Hindle (KH), Angela Coleman (AC)

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| 21/22/01 | Introduction, Apologies & Declaration of interest |
| 21/22/02 | Meeting guidance notes Noted. |
| 21/22/03 | Minutes from the meeting of the Communications and Membership Engagement Group held on Thursday 17th December 2020 The minutes of meeting were approved. |
| 21/22/04 | Matters arising and action points No overdue actions noted. |
| 21/22/05 | Membership Strategy Addendum – Actions Update LAS informed the group of the lack of member response to date on the recent mail out requesting members update their details, it was explained that whilst numbers were low this is an on-going process and will continue to be pushed through ongoing communication with members. Each action was discussed with updates noted within the addendum |
| 21/22/06 | Draft Membership Strategy 2021-2025 The group agreed the strategy read well. It was agreed that the strategy would be circulated to members, patients and groups to gain their opinion in order to ensure we get to hear what members want to know about. Action: Current Members and groups to be issued with the draft membership strategy |
| 21/22/07 | Calendar of Events The calendar was well received. In addition it was suggested and agreed that further events/dates are sourced to resonate with other groups such as young people for further and much needed engagement. JS informed of a date to be added 'International Disability Awareness day' on 5 th September. |
| 21/22/08 | Review of risk impacts of items discussed 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. Discussion took place around the words and phrases that can be used on Ethnic minorities and ethnic groups and link to website was supplied to all. |
| 21/22/09 | Any Other Business None. |

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| 21/22/10 | Date, time and place of next meeting: Thursday 24 th June 2021 at 1730, location TBC |