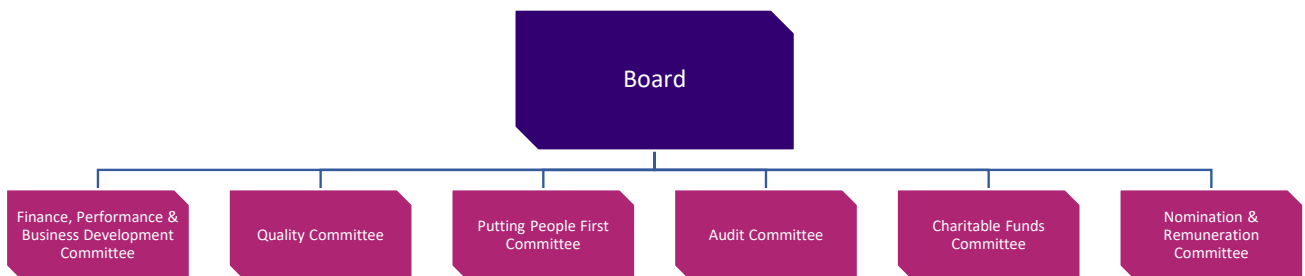




# Trust Board

**6 January 2022, 09.30am**  
**Virtual Meeting, via Teams**



## Trust Board

Location	Virtual Meeting
Date	6 January 2022
Time	9.30am

AGENDA					
Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
21/22/					
PRELIMINARY BUSINESS					
140	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	0930 (5 mins)
141	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
142	Minutes of the previous meeting held on 2 December 2021	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
143	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
144	Chair and CEO announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair and Chief Executive	0935 (5 mins)
QUALITY & OPERATIONAL PERFORMANCE					
145a	Major Incident Update	For assurance	Written	Chief Executive	0940 (15 mins)
145b	Winter 2021 Preparedness: Nursing and Midwifery Safer Staffing	For assurance	Written	Chief Nurse & Midwife	0955 (15 mins)
PEOPLE					
146	Wellbeing Pledge – Action Plan	To approve	Written	Chief People Officer	1010 (10 mins)
FINANCE & FINANCIAL PERFORMANCE					
147a	Approval of Charitable Funds Annual Report and Accounts 2020/21	To approve	Written	Chief Finance Officer	1020 (10 mins)
147b	Community Diagnostic Centre Update & Mobile CT Proposal	To approve	Written	Chief Finance Officer	1030 (10 mins)
GOVERNANCE					

148	Cyber Security Update	To receive	Written	Chief Information Officer	1040 (10 mins)
-----	-----------------------	------------	---------	---------------------------	-------------------

**CONSENT AGENDA (all items 'to note' unless stated otherwise)**

*All these items have been read by Board members and the minutes will reflect recommendations, unless an item has been requested to come off the consent agenda for debate; in this instance, any such items will be made clear at the start of the meeting.*

149	Roles and Responsibilities of the Consultant providing Acute Care in Obstetrics and Gynaecology – Summary of Workforce Report	For assurance	Written	Medical Director	Consent
-----	---	---------------	---------	------------------	---------

**CONCLUDING BUSINESS**

150	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1050 (5 mins)
151	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
152	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	

**Finish Time: 1055**

**Date of Next Meeting: 4 February 2022**

1055 - 1105	<i>Questions raised by members of the public</i>	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
-------------	--	--	--------	-------

## Meeting attendees' guidance

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

- Consider the most appropriate format for your meeting i.e. physical, virtual or hybrid. There are advantages and disadvantages to each format, and some lend themselves to particular meetings better than others. Please seek guidance from the Corporate Governance Team if you are unsure.

General considerations:

- Submit any reports scheduled for consideration at least 8 days before the meeting to the meeting administrator. Remember to try and answer the 'so what' question and avoid unnecessary description. It is also important to ensure that items/papers being taken to the meeting are clear and provide a proposal/recommendation to reduce unnecessary discussion time at the meeting.
- Ensure your apologies are sent if you are unable to attend and \*arrange for a suitable deputy to attend in your absence
- Prepare for the meeting in good time by reviewing all reports
- 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 this is permitted.

### Virtual / Hybrid Meetings via Microsoft Teams and other digital platforms

- For the Chair / Administrators:
  - Ensure that there is a clear agenda with breaks scheduled if necessary
  - Make sure you have a list of all those due to attend the meeting and when they will arrive and leave.
  - Have a paper copy of the agenda to hand, particularly if you are having to host/control the call and refer to the rest of the meeting pack online.
  - If you are the host or leader for the call, open the call 10-15 minutes before the start time to allow everyone to join in an orderly way, in case there are any issues.
  - At the start of the call, welcome everyone and run a roll call/introduction - or ask the meeting administrator to do this. This allows everyone to be aware of who is present.
  - Be clear at the beginning about how long you expect the meeting to last and how you would like participants to communicate with you if they need to leave the meeting at any point before the end.
- General Participants
  - Arrive in good time to set up your laptop/tablet for the virtual meeting
  - Switch mobile phone to silent
  - 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



- Use headphones if preferred
- 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

### General Considerations:

- For the Chair:
  - The chair will assume that all members come prepared to discuss agenda items having read through supporting papers, this obviates the need for leads to take up valuable time presenting their papers.
  - The chair will allow a free ranging debate and steer discussions to keep members on track whilst at the same time not being seen to overly influence the outcome of the debate.
  - The chair will provide a brief summary following presentation and discussion of the paper, confirming any key risks and / or assurances identified and whether there are any matters for the Chair's log.
  - The chair will question leads when reports have not been submitted within the Trust's standard template or within the required timeframe.
  - Ensure that correct people are in the room to 'form the meeting' with other attendees invited to attend only when presenting their item.
- General Participants:
  - Focus on the meeting at hand and not the next activity
  - Actively and constructively participate in the discussion
  - 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 but should be flagged to the Chair at the beginning of the meeting.

### Virtual / Hybrid Meetings via Microsoft Teams and other digital platforms

- For the Chair:
  - Make sure everyone has had a chance to speak, by checking at the end of each item if anyone has any final points. If someone has not said anything you might ask them by name, to ensure they have not dropped off the call or assist them if they have not had a chance to speak. In hybrid meetings, it can be useful to ask the 'virtual' participants to speak first.

- Remember to thank anyone who has presented to the meeting and indicate that they can leave the meeting. It can be easy to forget this if you can't see them.
- General Participants:
  - 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
  - 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

## 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 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 26<sup>th</sup> March 2013

Board of Directors

Minutes of the meeting of the Board of Directors

held in the Blair Bell Lecture Theatre, LWH and Virtually via Teams at 09.30am on 2 December 2021

*PRESENT*

Robert Clarke	Chair
Kathryn Thomson	Chief Executive
Eva Horgan	Chief Finance Officer
Gary Price	Chief Operating Officer
Louise Martin	Non-Executive Director
Dr Lynn Greenhalgh	Medical Director
Dr Susan Milner	Non-Executive Director / SID
Tracy Ellery	Non-Executive Director / Vice-Chair
Gloria Hyatt MBE	Non-Executive Director
Zia Chaudhry MBE	Non-Executive Director
Sarah Walker	Non-Executive Director
Marie Forshaw	Chief Nurse & Midwife
Michelle Turner	Chief People Officer / Deputy Chief Executive

*IN ATTENDANCE*

Matt Connor	Chief Information Officer
Dianne Brown	Interim Associate Director (item 121a only)
Gillian Walker	Patient Experience Matron (item 118 only)
Dr Ilyas Arshad	Gynaecology Consultant (item 118 only)
Denise Carter	Gynaecology Outpatient Nurse Practitioner (item 118 only)
Dr Chris Dewhurst	Clinical Director, Family Health / LNP (item 121c only)
Jennifer Deeney	Head of Nursing, Neonates (item 121c only)
Dr Jo Minford	Surgical Lead, LNP (item 121c only)
Mary Passant	Programme Manager, LNP (item 121c only)
Lesley Mahmood	Member of the public
Felicity Dowling	Member of the public
Niki Sandman	Appointed Governor
Rebecca Lunt	Staff Governor
Peter Norris	Public Governor
Mark Grimshaw	Trust Secretary (minutes)

*APOLOGIES:*

Tony Okotie	Non-Executive Director
Prof. Louise Kenny	Non-Executive Director

<b>Core members</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Robert Clarke - Chair	✓	✓	✓	✓		✓		✓	✓			
Kathryn Thomson - Chief Executive	✓	✓	✓	✓		✓		✓	✓			
Dr Susan Milner - Non-Executive Director / SID	✓	✓	✓	✓		✓		✓	✓			
Jo Moore - Non-Executive Director / Vice Chair	✓	✓	✓	✓		A	Non-member					

Tracy Ellery - Non-Executive Director / Vice-Chair	✓	✓	✓	A		✓		A	✓			
Louise Martin - Non-Executive Director	✓	✓	✓	✓		✓		✓	✓			
Ian Knight - Non-Executive Director	✓	✓	✓	✓		✓	Non-member					
Tony Okotie - Non-Executive Director	A	✓	✓	✓		✓		✓	A			
Prof Louise Kenny - Non-Executive Director	✓		✓	✓		A		✓	A			
Jenny Hannon – Chief Finance Officer	✓	✓	✓	✓		✓	Non-member					
Eva Horgan – Chief Finance Officer	Non-member							✓	✓			
Marie Forshaw – Chief Nurse & Midwife	✓	A	✓	✓		✓		✓	✓			
Gary Price - Chief Operating Officer	✓	✓	✓	✓		✓		✓	✓			
Michelle Turner - Chief People Officer	✓	A	✓	✓		✓		✓	✓			
Dr Lynn Greenhalgh - Medical Director	✓	✓	✓	✓		✓		✓	✓			
Zia Chaudhry – Non-Executive Director	Non-member								✓			
Gloria Hyatt – Non-Executive Director	Non-member								✓			
Sarah Walker – Non-Executive Director	Non-member								✓			
Present (✓)      Apologies (A)      Representative (R)      Non attendance (NA)												

21/22/	
114	<p><b>Introduction, Apologies &amp; Declaration of Interest</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>A moment of reflection was held in relation to the recent major incident. Whilst it was a ‘near miss’, there was still a loss of life, physical injuries and ongoing mental injuries to those involved and first on the scene. Tribute was made to those first responders who acted with bravery and professionalism and thanks were extended to all those who had sent their best wishes to the Trust and its staff. The Chair noted that he was proud of the response shown by the Trust, including that of the Board of Directors.</p> <p>No declarations of interest were made, and apologies were noted as above.</p>
115	<p><b>Meeting guidance notes</b></p> <p>The Board received the meeting attendees’ guidance notes.</p>
116	<p><b>Minutes of the previous meetings held on 4 November 2021</b></p> <p>The minutes of the Board of Directors meetings held on 4 November 2021 were agreed as a true and accurate record.</p>
117	<p><b>Action Log and matters arising</b></p> <p>The Action Log was noted.</p>
118	<p><b>Patient Story</b></p> <p>Gillian Walker, Patient Experience Matron, Ilyas Arshad, Consultant and Denise Carter, Gynaecology Outpatient Nurse Practitioner attended the meeting with a patient and their guide dog. The patient explained that they had lived with endometriosis for a significant part of their life and was therefore required to attend the Crown Street site for clinic appointments. This condition had pre-existed the loss of their site, which had started at the age of 26. It was noted that the Trust, particularly through Denise, had provided good support when at the Trust. Denise provided clear verbal descriptors which made the patient feel comfortable and relaxed and most importantly, like an individual. However, it was noted that on occasion, staff would not speak directly to the patient but rather to Denise. In</p>

	<p>addition, there had been accessibility issues with appointment letters, i.e., not following the Royal National Institute of Blind People guidance.</p> <p>The Chair asked if there was more that the Trust could do in terms of the physical environment of the Trust estate. The patient noted that clean lighting, appropriately visible signage, and audio descriptors of the building would be highly useful. On the latter, attention was drawn to an existing app that could be adapted for the Trust's estate and that it would also assist those who do not have English as a first language.</p> <p>Gillian Walker highlighted that she would continue to work with the patient to identify improvements to the patient experience.</p> <p>The Chief Executive stated that it would be useful for the Board to receive an update on the work being done to develop the Endometriosis Service and the Chair added that an overview of the work of the Patient Experience Matron would also be helpful at a future meeting.</p> <p><b>Action: For the Board to receive an Endometriosis Service update in February 2022.</b></p> <p><b>Action: For the Board to receive an overview of the work being undertaken by the Patient Experience Matron in April 2022.</b></p> <p>The Chair thanked the patient for sharing their story and the team who had been involved in supporting her.</p>
119	<p><b>Chair's announcements</b></p> <p>The Chair noted the following issues:</p> <ul style="list-style-type: none"> <li>• Noted that three Non-Executive Directors had started at the Trust on 1 December 2021</li> <li>• A Council of Governors meeting had been held on 11 November 2021. Issues relating to Trust Strategy and the approach to reducing sickness absence had been discussed. The Governors also gave their approval to the appointment of KPMG as the Trust's external auditors for three years from the 2022/23 financial year.</li> <li>• An incident briefing session had been held for governors on 18 November 2021 and had been well attended.</li> </ul> <p>The Board noted the Chair's update.</p>
120	<p><b>Chief Executive's report</b></p> <p>The Chief Executive presented the report which detailed local, regional and national developments.</p> <p>Whilst there was a detailed paper on the Trust's response to the major incident later in the agenda, the Chief Executive wished to reiterate her thanks to all staff, including the Executive Team and the Non-Executive Directors for their support. Thanks were also extended to external partners such as Merseyside Police, Counter Terrorism, Merseyside Fire &amp; Rescue and North West Ambulance Service for their advice and support during and after the incident. The role of the local community was also recognised. Reference was made to an email that had been received (and detailed in the report) from a patient who was on the maternity ward during the incident. This illustrated the quick thinking and care shown by staff in that area.</p> <p>It was noted that Prof. Jacqueline Dunkley-Bent OBE (Chief Midwifery Officer) had visited the Trust on 30 November 2021. After being part of presenting awards to staff, discussions were held on the Trust's strategic direction which included current challenges and opportunities. The Chief Midwifery Officer had remarked that it was evident that the Trust took the support it provided to staff seriously. The Chief Executive noted that visits from Ruth May (Chief Nursing Officer) and Donna Ockenden were planned for December 2021.</p>

	<p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>noted the Chief Executive update.</li> </ul> <p><i>Dianne Brown joined the meeting</i></p>
121a	<p><b>Major Incident Update</b></p> <p>The Board received an outline of the immediate response that the Trust had taken through the escalation of the Major Incident policy. The ongoing actions taken to mitigate risk, maintain patient safety and access to services and support staff, patients, and visitors were described. It was noted that c. 200 patients had been impacted by activity being paused. All had been re-booked onto a list apart from a couple of patients at the Hewitt Fertility Centre. Five women had been diverted to other maternity services. There had been one incident declared and this would be reviewed through the usual governance processes. Also outlined where the next steps in terms of debrief, restoration, learning and subsequent reporting.</p> <p>Zia Chaudhry, Non-Executive Director, asked if the Trust's PREVENT training was being reviewed. The Interim Associate Director confirmed that training compliance was at over 90% and that content was in line with NHS best practice. However, there were additional packages available which were being explored ahead of a potential January 2022 roll out.</p> <p>Louise Martin, Non-Executive Director, sought further detail on the options appraisal for estates and security resourcing. The Interim Associate Director confirmed that security resourcing on the day of the incident had been adequate, but this was as a result of maintaining the security levels required during the Covid-19 pandemic. Therefore, it was asserted that there would be a need to review the long-term resource deployment of security staff and that advice from the counter-terrorism service would be utilised. Louise Martin, Non-Executive Director, asked if technological innovations would also be considered as part of this review. The Interim Associate Director confirmed this.</p> <p>Susan Milner, Non-Executive Director, stated that the incident presented a system learning opportunity and asked if there was a clear process for this. The Interim Associate Director confirmed that there would be an NHS level review of the incident and that the Trust was identifying the appropriate data and information to support this.</p> <p>The Chair noted that the learning from the incident would be an on-going process and requested that the Finance, Performance and Business Development Committee maintain a regular item on their agenda to provide oversight.</p> <p><b>Chair's Log: For the Finance, Performance and Business Development Committee to maintain a regular item on their agenda to provide oversight on learning from the major incident.</b></p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>received the update</li> <li>noted the actions taken to date in response to the incident, and</li> <li>noted the approach to debrief, learning and reporting</li> </ul> <p><i>Dianne Brown left the meeting</i></p>
121b	<p><b>Quality &amp; Operational Performance Report</b></p> <p>The Board considered the Quality and Operational Performance Report.</p> <p>The Chief Nurse and Midwife noted handheld devices were now available for volunteers to support the collation of Friends and Family feedback and therefore, it was expected that this metric would see improvement.</p>



The Chief Operating Officer outlined the Trust's cancer performance which had been challenged during Quarter 2 2021/22. Whilst 2-week cancer performance remained strong, 31-day performance and 62-day performance had been significantly below target. The Chief Operating Officer explained that the 31-day position was largely within the Trust's control and was predominantly due to reduced theatre capacity during the summer months. A clinically led task and finish group had been formed and the backlog had now been cleared. Whilst the internal capacity issues had impacted 62-day performance, other factors such as access to diagnostics and late referrals had also been significant. In relation to the latter, the work of the NHS Transformation Unit to the review of Cheshire & Merseyside Gynaecological Cancer Services was expected to deliver improved pathways. Information for November 2021 indicated an improvement to performance (80% for 31-day and 65% for 62-day). The challenge going forward would be to sustain the improvement and learn lessons from the deterioration during Quarter 2 2021/22. Attention was drawn to the narrative in the report which outlined the actual number of patients affected by the delays with confirmation that harm reviews had been completed with no issues to escalate.

It was noted that several metrics on p.46 of the pack had yet to be allocated targets as they had been newly added following the recently published Single Oversight Framework. Additionally, on p.48, there was an error in the narrative that stated that 6-week diagnostic performance was at 52.6% when the accurate figure was 85.81%.

The Chair noted that whilst it was encouraging that the Trust had seen an improvement back to 2019/20 performance levels, to clear the backlog, there was a need to overperform and work towards meeting the established targets. It was therefore requested that additional detail be provided to the Quality Committee and the Finance, Performance & Business Development Committee on the trajectories for achieving the access targets and for any blockages to also be reported.

**Chair's Log: For the Quality Committee and Finance, Performance and Business Development Committee to receive trajectories against access targets with blockages against achievement identified.**

The Chief Finance Officer drew attention to the safe staffing section and explained that the low rate of staffing on the Maternity Led Unit was as a result of low patient occupancy. There was agreement that the narrative would be enhanced to ensure that it provided the appropriate context.

**Action: To ensure that the narrative in the Safe Staffing section provides context to explain any potential or perceived anomalies.**

Louise Martin, Non-Executive Director, noted that the safe staffing section referenced that there was an increasing trend for staff asking for early retirement or a reduction in contracted hours. It was queried if there was any pro-active the work the Trust could do in response to this. The Chief Nurse & Midwife noted that this was a national trend and issues such as Continuity of Care were not being cited as a reason. The Trust would maintain a constant and pro-active recruitment campaign for midwives. It was highlighted that the most significant amount of attrition came from midwives who were 5 years post qualification. Specific work was being undertaken with this cohort of staff. The Chief People Officer asserted that the nature of employment was also changing with staff preferring more flexible working arrangements. The NHS, as a whole, had been slow to respond to this trend but the Trust was working as a pilot organisation with NHS Improvement / England.

The Board of Directors:

- Received and noted the Quality & Operational Performance Report.

*Chris Dewhurst, Jennifer Deeney, Jo Minford and Mary Passant joined the meeting*

121c

#### **Liverpool Neonatal Partnership Update**

The Clinical Director, Liverpool Neonatal Partnership (LNP), outlined the vision of the Partnership and highlighted the benefits for vulnerable babies should this be realised. Visuals of the planned new-



	<p>born intensive care unit (NICU) at Alder Hey Hospital were presented, with attention drawn to the innovative layout to support the patient experience.</p> <p>The work undertaken by the LNP to date was explained. This included recruitment and the alignment of appropriate staff and ensuring that the respective governance teams were working together to effectively identify and manage risk. The requirements to move the LNP into 'phase 3' were discussed. The key activity was to consolidate the vision of the LNP across both trusts and for this to happen, commissioner engagement and support would be important. It was highlighted that this was a unique facility in the UK and was therefore attracting national and international attention.</p> <p>The Chief Executive remarked that this work was highly encouraging, with evidence of genuine collaboration. The Chair asked what further support would be required to achieve engagement from commissioners. The Clinical Director, LNP, noted that there had been an element of inertia in the allocation of funding whilst the establishment of the Integrated Commissioning System was finalised. The Medical Director noted that a meeting was scheduled with commissioners in January 2022. The Chief Finance Officer noted the additional investment from commissioners was vital for the long-term sustainability of the LNP. A clear offer and an outline of the expected benefits would aid discussions. The Chief Executive suggested that the LNP give this consideration ahead of the meeting.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Received and noted the LNP Leadership Team Update</li> </ul> <p><i>Chris Dewhurst, Jennifer Deeney, Jo Minford and Mary Passant left the meeting</i></p>
121d	<p><b>Maternity Executive Oversight Update</b></p> <p>The Chief Operating Officer explained that in summer 2021, Maternity services were under considerable pressure due to staffing challenges. As a result, the Executive team provided additional support to Maternity services via the Executive oversight process. This was an established governance process to support services who were experiencing extraordinary multifactorial challenges over and above business as usual.</p> <p>There had been several improvements following this process – including:</p> <ul style="list-style-type: none"> <li>The establishment of the Cheshire and Mersey Maternity Escalation Cell for an enhanced system response to maternity pressures</li> <li>Additional midwifery staff recruited</li> <li>Strengthened leadership arrangements</li> <li>Improvement in patient flow</li> <li>Informatics availability and the use of intelligence to predict and respond.</li> </ul> <p>These improvements had required investment and a significant piece of work would be required to demonstrate value for money and to also understand how best to exit from a reliance on agency staffing.</p> <p>Whilst the acute challenges had been addressed there remained ongoing challenges relating to:</p> <ol style="list-style-type: none"> <li>Ensuring sustainability and consistency in Divisional Management and leadership to return Maternity services to business as usual</li> <li>An increased requirement to focus on improving sickness rates and Mandatory Training rates</li> <li>A focus on Maternity Base as it was an area of high patient throughput</li> </ol> <p>These challenges would now be the focus of Executive oversight of Maternity services moving forward with key performance metrics monitored to drive improvements. It was anticipated that these</p>

	<p>improvements could be in place in Q4 2021/22. For the Executive oversight process to be concluded the Division of Family Health would need to sustain improvements based on the 3 points above.</p> <p>The Chair thanked the Chief Operating Officer for the report, noting that it covered several concerns that had been raised at recent Board Committee meetings. It was queried what the route out of oversight arrangements would be for the Family Health Division. The Chief Operating Officer confirmed that specific Key Performance Indicators would be agreed and tracked.</p> <p>Louise Martin, Non-Executive Director, noted that several of the performance challenges outlined in the paper could be viewed against a declining birth rate and therefore asserted that the Division should be required to justify the additional investment that had been made. The Medical Director acknowledged that there was a need to articulate how the patient population had changed which was having an impact on the complexity and acuity of the patients presenting. The Chief Finance Officer noted that the Family Health Division had been requested to submit a business case for the entirety of the additional investment made into the service.</p> <p>Overall, the direction of travel of the on-going oversight process would be a move from support to a more holding to account approach.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• Noted the assurance regarding the Executive Oversight process</li> <li>• Noted that further work was required to transition the Family Health Division out of enhanced oversight.</li> </ul>
121e	<p><b>Perinatal Quality Assurance</b></p> <p>The Chief Nurse &amp; Midwife reported that in December 2020, following the publication of the Ockenden Report, trusts were mandated to plan and implement a new quality surveillance model.</p> <p>As part of the guidance, the development of a locally agreed dashboard was mandated to include several metrics and measures. This would enable the drawing out of locally collected intelligence to monitor maternity and neonatal safety at Board meetings. The Trust Board has been in receipt of the metrics and measures, mainly through the Integrated Performance Report but it was felt germane to develop a dashboard that would bring these elements into place to aid with improved triangulation.</p> <p>Attention was drawn to the proposed dashboard which had been included within the meeting pack, with comments invited. Dr Susan Milner, Non-Executive Director, welcomed the implementation of the dashboard, noting that presenting the relevant information in one place was helpful to identify key trends. Louise Martin, Non-Executive Director, stated that the dashboard required further refinement and queried who would be co-ordinating the information contained therein. The Chief Nurse &amp; Midwife noted that the Family Health Division would populate and complete the dashboard.</p> <p>The Chief Executive noted that the use of dashboard was also required for the Trust's CNST requirements and suggested that the Board receive an overview of the CNST Year 4 Assurance process at the February 2022 meeting.</p> <p><b>Action: Board to receive an overview of the CNST Year 4 Assurance process at its February 2022 meeting.</b></p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• Received the perinatal surveillance tool.</li> </ul>
121f	<p><b>Integrated Governance Assurance Report 2021/22 – Quarter 2</b></p> <p>The Board received the Integrated Governance Assurance report which covered Quarter 2 of 2021/22. The Chief Nurse &amp; Midwife explained that the report was part of the regular reporting schedule of the Trust to ensure that there was oversight and assurance monitoring of Integrated</p>

	<p>Governance across the Trust. The layout of the report was under review by the Assoc. Director of Quality and there would be amendments made to the Quarter 3 report.</p> <p>Louise Martin, Non-Executive Director, highlighted the reference in the report to the need to improve the usage of the Trust's Ulysses incident and risk management system. This observation aligned with a recent finding from a Non-Executive Director Quality Visit in which it was found that security staff did not have access to the system – therefore affecting 'real-time' reporting.</p> <p>The Chair queried if sufficient progress was being made to mitigate the risk relating to blood sampling errors. It was stated that this was a multifactorial issue that covered several training and technology challenges.</p> <p><b>Action: For the Board to receive a report on the work to mitigate the blood sampling errors issue.</b></p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>noted the Integrated Governance Assurance Report 2021/22 – Quarter 2.</li> </ul>
121g	<p><b>Chair's Report from the Quality Committee</b></p> <p>The Board considered the Chair's Report from the Quality Committee meeting held on 22 November 2021.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Received and noted the Chair's Report from the Quality Committee meeting held on 22 November 2021.</li> </ul>
122	<p><b>Workforce Performance Report</b></p> <p>The Board received the Workforce Performance Report.</p> <p>The Chief People Officer noted that the Trust continued to report a significantly challenged position against key workforce metrics. Key developments to improve mandatory training access for staff included a) accessing mandatory training from a single point of access on the front page of ESR b) auto enrolment in place so staff could just click 'play'. The HR/OD team had supported managers with additional inputting of local training and there had been several improvements including 100% compliance in theatres.</p> <p>It was noted that due to the Major Incident, the Putting People First Committee scheduled for the 15 November 2021 had been deferred.</p> <p>The Chief People Officer referred that in support of one of the Trust's strategic aims to become one of the most inclusive NHS organisations, the Trust had recently been placed 41<sup>st</sup> in the most inclusive top 50 companies list. The aim was to break into the top 25 for 2022. It was noted that a key theme from the benchmarking process was to ensure that the organisation had robust data to understand the key areas to prioritise. Gloria Hyatt, Non-Executive Director, cautioned on the potential over-reliance on centralised data, asserting that Liverpool as a city had some unique heritage characteristics.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Noted the Workforce Report.</li> </ul>
	<p><b>Board Thank you</b></p> <p><i>Will Cowan (Security), Richie Kavar (Security), Ste Chapman (Security), Kerri Boyd (Infection Control Analyst / Policy Officer), Jane Mentha (Midwife), Cheryl McNamara (Gynaecology Nurse), Linda Martin (Patient Facilities Manager) and Emma Herbert (Midwife) joined the meeting.</i></p>

	<p>The Chief Nurse and Midwife presented a 'thank you' to Emma Herbert for her work in ensuring carbon monoxide checks were performed and followed up when found to be high for a couple who had attended an antenatal clinic, most likely saving the lives of the couple and their unborn child. It was noted that this example demonstrated the importance of performing such checks and to ensure that patients understood the reasons for undertaking them i.e., not solely to monitor smoking.</p> <p>The Chief Operating Officer presented a 'thank you' to all the first responders to the Major Incident, many of whom were present at the Board (in person or virtually). It was noted that it was difficult to articulate the gratitude the Trust had for the individuals but that they should be proud for the bravery and professionalism that they showed in an unprecedented time.</p> <p><i>Will Cowan (Security), Richie Kavar (Security), Ste Chapman (Security), Kerri Boyd (Infection Control Analyst / Policy Officer), Jane Mentha (Midwife), Cheryl McNamara (Gynaecology Nurse), Linda Martin (Patient Facilities Manager) and Emma Herbert (Midwife) left the meeting.</i></p>
123a	<p><b>Finance Performance Review Month 7 2021/22</b></p> <p>The Chief Finance Officer presented the Month 7 2021/22 finance performance report which detailed the Trust's financial position as of 31 October 2021. The Trust had an adjusted breakeven target for H1 2021/22 which had been achieved. However, this had been reliant on non-recurrent items due to shortfalls on the Cost Improvement Programme (CIP) and Elective Recovery Fund (ERF), as well as pay overspends. The agency cap had been breached although no further action was likely as the Trust could justify the usage.</p> <p>It was explained that the mechanism for ERF was changing in H2 2021/22, with a focus on completed referral to treatment (RTT) pathway activity rather than total cost weighted activity which was used in H1. The ERF threshold had been recalculated so that it was on a comparable basis to the 95% threshold for the ERF in Q2. The Trust and Cheshire &amp; Merseyside System as a whole would need to achieve a completed referral to treatment (RTT) pathway activity above a 2019/20 89% threshold to achieve ERF payment. It was noted that there was a risk to this delivery, particularly taking into account winter pressures across the system.</p> <p>It was noted that at Month 7, CIP delivery continued to remain behind the original board approved plan. However, progress had been made to solidify some significant schemes and further detail would be made available to the next Finance, Performance &amp; Business Development Committee.</p> <p>There were several capital projects that required expenditure ahead of the end of the financial year. Progress was being closely monitored with interventions made where necessary to expedite matters where possible. The Chief Executive suggested that it would be useful for the Finance, Performance and Business Development Committee to receive assurance on how this was being mobilised.</p> <p><b>Chair's Log: For the Finance, Performance and Business Development Committee to receive assurance on how capital expenditure was being mobilised.</b></p> <p>The Chair queried whether the change in mechanism for the ERF funding was beneficial for the Trust and whether the risk profile had changed. The Chief Finance Officer stated that the mechanism did not fully take into account levels of complexity which would be potentially negative for the Trust but the lower ask across the system was positive. The overall risk profile for H2 was higher for the system but lower for the Trust as a single organisation.</p> <p>Tracy Ellery, Non-Executive Director, stated her thanks to the finance team for working to deliver a credible and well-evidenced position for the Trust. She continued to note that the underlying financial position remained a considerable concern and required constant monitoring.</p> <p>The Chief Executive suggested that it would be useful to reflect on the spend that had been committed to meet emergent issues and whether this could have been avoided or reduced with</p>

	<p>better financial planning. It was noted that Chief Executives across the Cheshire and Merseyside system were meeting to discuss how to drive improvements to system-wide financial planning</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Noted and received the Month 7 2021/22 Finance Performance Review</li> </ul>
088c	<p><b>Chair's Reports from Finance, Performance and Business Development Committee</b></p> <p>The Board considered the Chair's Report from the Finance, Performance &amp; Business Development Committee meeting held on 22 November 2021. Committee Chair and Non-Executive Director, Louise Martin, noted that the Committee received a deep dive presentation on the Trust's 52 week wait performance which included four scenarios listed from worst case to best case of planned activity by March 2022. Significant improvements in activity delivery during the last 8 weeks was noted and the importance to sustain activity delivery to reach projected forecasts. A continued focus on theatre staff recruitment would be maintained. The Committee was assured by the grip and control demonstrated despite the challenges.</p> <p>Tracy Ellery, Non-Executive Director, reported that the Council of Governors had approved KPMG as the Trust's external auditor for a three-year period commencing from the 2022/23 financial year. KPMG were the current external auditor, but communications had been received that there would be a change of Partner on the account to support the principle of independence.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Received and noted the Chair's Report from the FPBD Committee meeting held on 22 November 2021.</li> </ul>
124a	<p><b>2020/21 Corporate Objectives – six-month review</b></p> <p>The Board noted the report for information and assurance.</p>
124b	<p><b>Board Assurance Framework</b></p> <p>The Board received the Board Assurance Framework (BAF).</p> <p>The Trust Secretary noted that since the report was last circulated and discussed at the Board, there had not been any significant changes to report. However, in discussions at the Quality and FPBD Committees, there was agreement that the following issues would require reflection in the next significant quarterly update:</p> <ul style="list-style-type: none"> <li>CDC funding and delivery risks</li> <li>Half 2 2021/22 financial and operational planning risks</li> <li>Major Incident and learning</li> </ul> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Noted the BAF</li> </ul> <p><i>The following items were received under the 'Consent Agenda'</i></p>
125	<p><b>Emergency Preparedness, Resilience &amp; Response Annual Assurance Report</b></p> <p>The Chair requested that the learning from the recent Major Incident be reviewed against the Trust's Emergency Preparedness, Resilience and Response (EPRR) processes and that this be reported to the Finance, Performance &amp; Business Development Committee.</p> <p><b>Chair's Log: For the Finance, Performance and Business Development Committee to receive a review of the learning from the Major Incident and its implications for the Trust's EPRR arrangements.</b></p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>Emergency Preparedness, Resilience &amp; Response Annual Assurance Report</li> </ul>

126	<p><b>Review of risk impacts of items discussed</b></p> <p>The Chair identified the following risk items and positive assurances:</p> <p>Risks:</p> <ul style="list-style-type: none"> <li>• Lessons to learn from the patient story regarding accessibility</li> <li>• Not adequately learning the identified lessons from the Major Incident</li> <li>• Potential risk of not achieving commissioner support for the LNP</li> <li>• The significant financial risks from the H2, 2021/22 outcome</li> </ul>
127	<p><b>Chair's Log</b></p> <p>The following Chair's Log was noted:</p> <ul style="list-style-type: none"> <li>• For the Finance, Performance and Business Development Committee to maintain a regular item on their agenda to provide oversight on learning from the major incident.</li> <li>• For the Quality Committee and Finance, Performance and Business Development Committee to receive trajectories against access targets with blockages against achievement identified.</li> <li>• For the Finance, Performance and Business Development Committee to receive assurance on how capital expenditure was being mobilised.</li> <li>• For the Finance, Performance and Business Development Committee to receive a review of the learning from the Major Incident and its implications for the Trust's EPRR arrangements.</li> </ul>
128	<p><b>Any other business &amp; Review of meeting</b></p> <p>None noted.</p> <p><b>Review of meeting</b></p> <p>It was remarked that the 'hybrid meeting' arrangements deployed had worked well and would be repeated where appropriate.</p>

## Action Log

Trust Board - Public  
January 2022

Key	Complete	On track	Risks identified but on track	Off Track
-----	----------	----------	-------------------------------	-----------

Meeting Date	Ref	Agenda Item	Action Point	Owner	Action Deadline	RAG Open/Closed	Comments / Update
2 December 2021	21/22/121f	Integrated Governance Assurance Report 2021/22 – Quarter 2	For the Board to receive a report on the work to mitigate the blood sampling errors issue.	Medical Director	Feb 22	On track	
2 December 2021	21/22/121e	Perinatal Quality Assurance	Board to receive an overview of the CNST Year 4 Assurance process at its February 2022 meeting.	Chief Nurse & Midwife	Feb 22	On track	
2 December 2021	21/22/121a	Quality & Operational Performance Report	To ensure that the narrative in the Safe Staffing section provides context to explain any potential or perceived anomalies.	Chief Nurse & Midwife	Feb 22	On track	
2 December 2021	21/22/118	Patient Story	For the Board to receive an overview of the work being undertaken by the Patient Experience Matron in April 2022.	Chief Nurse & Midwife	April 22	On track	
2 December 2021	21/22/118	Patient Story	For the Board to receive an Endometriosis Service update in February 2022.	Medical Director	Feb 22	On track	
4 November 2021	21/22/88c	Chair's Reports from Finance, Performance and Business Development Committee	To hold a Board Development session on the effective and appropriate balance of quality and financial risks in the New Year.	Trust Secretary	Jan 22	Complete	On the agenda for the Jan 22 Board Development Session

4 November 2021	21/22/86c	Cheshire & Merseyside Women's Health & Maternity Services Programme Update	For the April 2022 Board to receive an update on the work undertaken by the Women's Health & Maternity Services Programme to reduce health inequalities.	Chief Operating Officer	Apr 22	On track	
2 September 2021	21/22/72a	Workforce Performance Report	For consideration to be given to how senior leaders provide accountability to the Board regarding flexible working arrangements for staff.	Chief People Officer	Jan 22	On track	The Trust is involved in a programme with NHSI/E to support this aim. Updates to be provide to the PPF Committee.
1 July 2021	21/22/50a	Quality & Operational Performance Report	To seek clarification on the setting of the Trust's complaints target.	Chief Nurse & Midwife	<del>Sept 21</del> Feb 22	On track	Refreshed target to be reviewed alongside SOF update to performance reports.

## Chair's Log

Received / Delegated	Meeting Date	Issue and Lead Officer	Receiving / Delegating Body	Action Deadline	RAG Open/Closed	Comments / Update
Delegated	02.12.21	To receive a review of the learning from the Major Incident and its implications for the Trust's EPRR arrangements. Lead Officer: Chief Operating Officer	FPBD	February 2022	On track	
Delegated	02.12.21	To receive assurance on how capital expenditure was being mobilised.  Lead Officer: Chief Finance Officer	FPBD	January 2022	On track	
Delegated	02.12.21	To receive trajectories against access targets with blockages against achievement identified.	Quality Committee and FPBD	January 2022	On track	



		Lead Officer: Chief Operating Officer				
Delegated	02.12.21	To maintain a regular item on their agenda to provide oversight on learning from the major incident.  Lead Officer: Chief Operating Officer	FPBD	February 2022	On track	
Delegated	04.11.2021	To review a Coroner's report regarding the inappropriate use of Kielland's forceps to identify potential learning opportunities.  Lead Officer: Medical Director	Quality Committee	January 2022	On track	Scheduled for January's QC.



Liverpool Women's  
NHS Foundation Trust

# Major Incident November 2021

## Learning and Ongoing Actions

Update to the Board of Directors – January 2022

Dianne Brown- Interim Associate Director

*The **best people**, giving the **safest care**, providing **outstanding experiences***

# Purpose of presentation

***To provide an update to the Board of Directors in relation to;***

- The ongoing oversight and Governance relating to the Major Incident
- The completed actions taken immediately following the incident to mitigate identified risks through debrief and AAR
- The identified longer term actions that require external support and expertise to inform
- To provide an update in relation to the sharing of learning with system partners and approach to ensuring internal dissemination and the embedding of learning within the Trust



# Important to Note

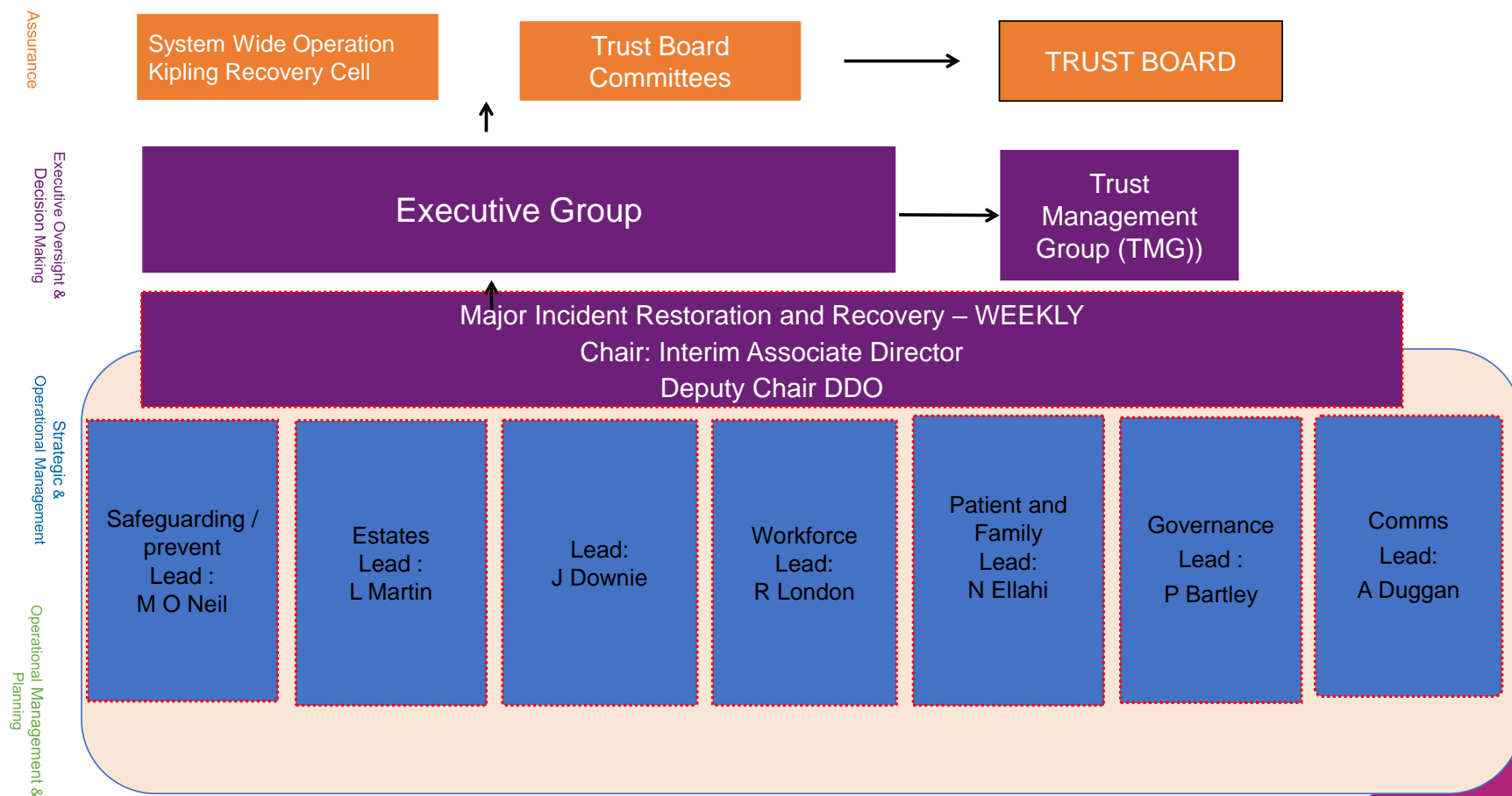
- Significant recognition and praise from all stakeholders in relation to the Trust response to the MI
- Recognition of the success of the business continuity plans resulting in minimal impact operationally on the hospital and wider community
- Praise and support for approach to communications and partnership working across systems to ensure cohesive messaging .This included the tone , approach used and personal messages from the CEO
- Staff praise for their support mechanisms offered by the Trust and the executive visibility during and after the incident
- Strategic Debrief has identified system learning (Gold Command) communication . Awaiting formal report .



## Summary to date

- Major Incident declared 14.11.2021 following explosion at entrance to LWH and remained in escalation for 10 days
- Immediate and ongoing support from system partners, across health, social care, Merseyside Police, Merseyside Fire and Rescue and the Regional Counter Terrorism Unit
- Following de-escalation of the MI, oversight and governance of the incident has been managed through the Restoration and Recovery Group
- Immediate and longer term actions identified through learning events which has engaged with over 60 Trust staff directly involved, and all staff through all staff survey
- No formal complaints received to the Trust from patients or their families. One informal concern addressed by the CNM personally
- The Trust reported into a regional debrief led by the NHSE/I Regional EPPR Lead held on the 13.12.2021

# Ongoing Oversight and Governance – Restoration and Recovery . Reviewed formally 13.01.2022



## Immediate Actions Taken

- Additional security capacity agreed to support operational activity within Trust whilst formal review takes place Enhanced assurances sought regarding induction, support and training of on site guards
- Full chronology completed
- Identification of additional loggist required. Currently scoping appropriate candidates and training delivered.
- Discussions re MI action cards for patient communications and patient experience Currently developing a draft to share with EPRR colleagues
- Lockdown Plan – Action Cards for Switchboard and Security Officer reviewed and enhancements made following feedback
- First Responder Action Card reviewed and updated
- Additional ICC agreed as the Hewitt Centre Seminar Room by EPRR Committee
- The introduction of Action cards for Ward Manager / Shift Leader completed

## Ongoing Action- 3 main areas of focus

### Security

- External review commissioned to understand risk and threat to Trust across all areas, including, estate, infrastructure , capacity . This will include a set of recommendations for the Trust to consider in its response to the MI – **Due end January 2022**

### Communication

- To review current operating model for communication team in terms of resilience and capacity . Consideration of mutual aid and system collaboration . Review will include option appraisal of potential solutions including digital enhancements and improvements – **Due end January 2022**

### MI Policy and testing

- On completion of the security review the MI policy will be reviewed and updated . Scenario testing will be key for all staff to understand their roles within a MI . This will include training for identified staff groups, including the executive team – **Due End March 2022**



## Sharing lessons learnt and embedding change

- Share immediate findings through participation in debrief with local resilience forum and EPPR Groups ( Completed Dec 2021 )
- Reporting findings through to Board of Directors and operational groups
- Sharing of action points to NHSE/I Regional CN Forum – January 2022
- Development of lessons learnt briefing for internal use and sharing at Great Day in Qtr. 4 2022
- Testing of scenarios within MI policy to be undertaken in Qtr4 2022
- Audit of change planned for Qtr. 4 2022



Thank you – Questions



Trust Board

COVER SHEET

Agenda Item (Ref)	2021/22/145b		Date: 06/01/2022	
Report Title	Winter 2021 Preparedness: Nursing and Midwifery Safer Staffing			
Prepared by	Nashaba Ellahi, Deputy Director of Nursing and Midwifery			
Presented by	Nashaba Ellahi, Deputy Director of Nursing and Midwifery			
Key Issues / Messages	The Board of Directors are asked to note the contents of the paper and take assurance of the actions undertaken in respect to the Trusts Winter 2021 Preparedness in respect to Nursing and Midwifery Safer Staffing. The Board of Directors are furthermore asked to note the continuous work to ensure safer staffing which is highlighted within the context of the Trust position (Appendix 5: Assurance framework, nursing, and midwifery staffing).			
Action required	Approve <input type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input checked="" type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): NA			
	For Decisions - in line with Risk Appetite Statement – Y/N If no – please outline the reasons for deviation.			
	The Board is asked to note the assurances within the report.			
Supporting Executive:	Marie Forshaw, Chief Nurse & Midwife			

Equality Impact Assessment (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input checked="" type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input checked="" type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) Copy and paste drop down menu if report links to one or more BAF risks		Comment:	
1.2 Failure to recruit and retain key clinical staff		Scored at 20.	
Link to the Corporate Risk Register (CRR) – CR Number:		Comment:	
The below are service level risks, however for context are highlighted.  <b>FH (Maternity)</b> Risk number: 1705 – midwifery staffing “insufficient midwifery staffing levels as recognised by birth rate plus. Risk score of 20; target 6 <b>Gynaecology</b> Risk number: 2256 – Risk to staff the Telephone Triage Line (GED). Risk score of 8; target 3 Risk number: 2395 - OPD ambulatory staffing Risk score of 8; target 6 Risk number: 2416 - in-patient ward for staffing, risk review due as recently achieved full establishment. Risk score of 8; target 4			

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
N/A			

## EXECUTIVE SUMMARY

On 12<sup>th</sup> November 2021 Provider Chief Nurses and Trust Single Point of Contact (SPOCS) were sent ***BW1068 – Staffing Assurance framework for Winter 2021 preparedness*** to review and consider. The accompanying request was for Trust SPOCS to share the publication with Trust Boards to support Trust Board members in their collective responsibilities for workforce planning, practice, and safeguards.

Emphasised in the document ***BW1068 – Staffing Assurance framework for Winter 2021 preparedness***, safe staffing is multi-factorial and remains a challenge with the potential impact affecting patients. There are however actions and controls organisations can implement that can help mitigate or reduce levels of risk met, with relevant oversight across divisions and Trustwide through to Trust Board. This is reflected in the approach at Liverpool Women's Hospital.

The Deputy Director of Nursing and Midwifery led a review of the publication to enable a comprehensive Trust position to be captured (Appendix 5). This review was supported by the Heads of Nursing, Midwifery and AHP with contribution from Workforce, Risk and Governance, Emergency Planning Manager, Deputy Director of Operations and Trust Secretary.

The actions taken and assurances provided are presented (Appendix 5: Assurance framework: nursing and midwifery staffing) with supporting evidence against the following four key areas of action:

- Staffing Escalation / Surge and Super Surge Plans
- Trust Board of Directors
- Daily Governance via EPRR (Emergency Preparedness, Resilience and Response) route (when/if required)
- Board oversight and Assurance (BAU structures)






Key areas of further development required to strengthen Trust oversight and assurance are:





- Annual review and refresh of Business Continuity Plans in line with cycle of business in emergency planning, including winter plan on staffing in extremis - January 2022 refresh requested by Covid-19 Command and Control oversight group.
- Item 4.6 – ‘*The quality committee receives regular information on the system wide solutions in place to mitigate risks to patients due to staffing challenges*’. This information is not currently reported in Quality Committee; however, information is reported into the C&M Gold cell. In 2022, retrospective quarterly reports will be received in Quality Committee from Emergency Planning & Business Continuity Manager and Risk and Patient Safety Manager. The report will reflect incidents and risks associated with staffing, maternity StEIS reported diverts and mutual aid agreements.






The Trust Board of Directors are asked to recognise that managing nursing and midwifery staffing in line with Winter preparedness is not without risk (as noted on the CRR), however this is effectively managed through a series of actions, escalations, and mitigations to support delivery of safe patient care.

## Appendix 5: Assurance framework – nursing and midwifery staffing

For quality (or other board level) committees and board members to support discussion and challenge surrounding the active staffing challenges faced and the potential impact this may have on patients.


Ref	Details	Controls	Assurance (positive and Negative)	Residual Risk Score / Risk register reference	Further action needed	Issues currently escalated to Local Resilience Forum / Regional Cell / National Cell	Ongoing Monitoring / Review
	<i>Guidance notes</i>	<i>Outline the current controls (controls are actions that mitigate risk include policies, practice, process and technologies)</i>	<i>Detail both the current positive and negative assurance position to give a balanced view of the current position Assurance is evidence that the control is effective or conversely is evidence that a control is ineffective / there are still gaps Recurrent forms of assurance are audit results, key performance indicators, written reports, intelligence and insight. Effective Assurance should be a triangulated picture of the evidence (staff shortages, sickness absence, pt outcomes, complaints, harm reviews)</i>	<i>What is the remaining risk score (using the trusts existing risk systems and matrix)</i>  <i>Are these risks recorded on the risk register?</i>	<i>Where there are identified gaps in either control or assurance, outline the additional action to be undertaken to mitigate the risk. Where the organisation is unable to mitigate fully, this should be escalated to the LRF/region/ national teams and outlined in the following column</i>	<i>Provide oversight to the board what the current significant gaps are</i>  <i>Outline those risks that are currently not fully mitigated /needing external oversight and support</i>	<i>Due to the likely prevailing nature of these risks, outlines through what operational channels and how are these active risk being monitored (e.g daily silver meetings via safe staffing heatmap)</i>
<b>1. Staffing Escalation / Surge and Super Surge Plans</b>							
1.1	<p>Staffing Escalation plans have been defined to support surge and super surge plans which includes triggers for escalation through the surge levels and the corresponding deployment approaches for staff.</p> <p>Plans are detailed enough to evidence delivery of additional training and competency assessment, and expectations where staffing levels are contrary to required ratios (i.e., intensive care) or as per the NQB safe staffing Guidance</p>	 Organisational NMAHP Staffing Man   17-11-2021 Maternity Escalation (   BCP Maternity February 2020.docx   Gynae Business Continuity plan - Corc   BCP 20-21 V3.0 NICU.docx	<p>Process of reviewing and utilizing staffing in NMAHP and deploying in areas (attached).</p> <p>Minimum twice daily staffing reviews across the organization. This is reported on Power BI twice daily.</p> <p>Maternity escalation guideline (attached) covers management of staffing, covering in-hospital and community/continuity care provision.</p> <p>Divisional Business Continuity Plans in place (attached)</p> <p>Neonates staffing escalation plan (attached).</p>	<p><b>FH (Maternity)</b> Risk number: 1705 – midwifery staffing “insufficient midwifery staffing levels as recognised by birth rate plus “</p> <p><b>Gynaecology</b> Risk number: 2256 – Risk to staff the Telephone Triage Line (GED) Risk number: 2395 - OPD ambulatory staffing Risk number: 2416 - in-patient ward for staffing, risk review due as recently achieved full establishment</p>	Escalation to regional team if BCPs in place do not mitigate risk fully	Participate in weekly Liverpool/Regional system calls	Annual review and refresh of BCPs undertaken in line with cycle of business in emergency planning, including winter plans.

		 Emergency Staffing Plan for NICU.docx					
1.2	Staffing escalation plans have been reviewed and refreshed with learning incorporated into revised version in preparation for winter.	 Organisational NMAHP Staffing Man	Refreshed plans in place as noted above. With NHSP contract recently in place revised staffing escalation through bank and agency agreed	As per Q1.1	As per Q1.1	As per Q1.1	As per Q1.1
1.3	Staffing escalation plans have been widely consulted and agreed with trust staff side committee		Staff side are represented in Procedural Document Group, Putting People First Committee and Covid Oversight and Scrutiny group where escalations of staffing and related issues and plans are widely discussed and/or agreed through policy approval. RCM representative has had involvement with the Family Health staffing escalation plans.	N/A	N/A	N/A	Annually
1.4	Quality impact assessments are undertaken where there are changes in estate or ward function or staff roles (including base staffing levels) and this is signed off by the CN/MD		All QIAs impacting on Quality & Safety is integral to any service redesign or decisions made where services are suspended or altered, and these are signed off by the CN/MD.	N/A	N/A	N/A	Reviewed at time of approval for change
<b>2.0 Operational delivery</b>							
2.1	There are clear processes for review and escalation of an immediate shortfall on a shift basis including a documented risk assessment which includes a potential quality impact  Local leadership is engaged and where possible mitigates the risk.  Staffing challenges are reported at least twice daily via Bronze.		RAG rated staffing matrix in place for Neonatal and Maternity. Acuity and activity review is undertaken at 10am/10pm and 12am/12pm each day with MDT jointly in NNU and Maternity; focusing on staffing, activity, dependency and ability to take women and babies recorded.  Gynaecology RAG rate staffing against SNCT and Theatres adhere to Association for Perioperative Practice (AfPP) guidance.  Twice daily staffing is recorded on Power BI.  Staffing reported to Bronze (staffing meetings) at 08:45 and 15:00 each day. Any mitigation of risk is picked up here. Where risk is not resolved it is escalated to Silver (daily huddle) for resolution.	N/A	N/A	N/A	N/A
2.2	Daily and weekly forecast position is risk assessed and mitigated where possible via silver / gold discussions.  Activation of staffing deployment plans are clearly documented in the incident logs and assurance is gained that this is successful and that safe care is sustained.	 Roster Approval Checklist - LWH v3.doc   104 NEW V7 TRIAL ONLY.docx	Silver (daily huddle) informed of staffing forecasts position as they arise, into the following shift and ahead of a weekend.  Six weekly forward view rosters sign off meetings where roster effectiveness is challenged against roster compliance KPIs. Rosters are signed off by HoN/M/AHP with oversight of DDoNM.  Maternity and NNU are mandated to provide information for staffing on a weekly basis NHS Gold command which discusses staffing.  Weekly forward view of staffing overseen by HoN/M/AHP and	N/A	N/A	N/A	N/A


		 Agenda Gold Command Meeting 01	Matrons.  Twice daily staffing meetings, staffing RAG rated and logged.  Maternity 104 bleep holder complete 4 hourly staffing acuity and acuity reviews and note actions taken.  NNU undertake twice daily RAG rated staffing, acuity and activity reviews. Report status on Cot Bureau – national requirement.				
2.3	The Nurse in charge who is handing over patients are clear in their responsibilities to check that the member of staff receiving the patient is capable of meeting their individual care needs.	 Preceptorship Information for New   Preceptorship Pack Competencies Update   INTRODUCTION TO NEONATAL NURSING   Liverpool Women CSW competencies.docx	There is a dedicated core competency framework, sign off competencies relevant to band and grade and clinical location and Reviewed as required.  We have PEFS in the organization which have increased in numbers to strengthen upskilling in clinical practice at the bedside and ensure clinical competencies are maintained within the NMAHP workforce.  All new starters will also attend the NWNODN 6-month Neonatal Induction Programme, this has a specific competency attached that must be achieved.  HCSW also have specific competencies and study days that they attend. This is supported by the Education team and mentors on the NICU.	N/A	N/A	N/A	N/A
2.4	Staff receiving the patient (s) are clear in their responsibilities to raise concerns they do not have the skills to adequately care for the patients being handed over.		There is a designated nurse or midwife in charge on every shift where concerns can be escalated to initially. If these are unresolved or need a more senior oversight and involvement these are escalated to ward manager/matron for resolution. Ward manager and Matrons have high levels of visibility in clinical practice. Further escalation is to HoN/M/AHP.  Corporate escalation and escalation wider than immediate clinical/divisional teams can be through the following roles/ways: PMA Student PNA MH First aiders FTSU Guardian (2 in post) Use of STOP sign in theatre Well Led Quality Visits – undertaken by NEDs. Chief Nurse/DDoNM – during walkabout or direct contact	N/A	N/A	N/A	N/A


2.5	<p>There is a clear induction policy for agency staff</p> <p>There is documented evidence that agency staff have received a suitable and sufficient local induction to the area and patients that they will be supporting.</p>		<p>Local induction completed for agency workers Trust wide.</p> <p>Completion of core competency framework for Midwives included in agency requirements (NHSP contract).</p> <p>All departments hold local records, including completed agency inductions.</p>	N/A	N/A	N/A	N/A
2.6	<p>The trust has clear and effective mechanisms for reporting staffing concerns or where the patient needs are outside of an individual's scope of practice.</p>		<p>Yes. Daily incident reporting, red flag reporting for delays and omissions of care documented, 72hour review if applicable.</p> <p>Safeguarding, FTSU guardians (2 staff)</p> <p>PMA/PNA &amp; MH First Aiders.</p>	N/A	N/A	N/A	N/A
2.7	<p>The trust can evidence that the mechanisms for raising concerns about staffing levels or scope of practice is used by staff and leaders have taken action to address these risks to minimise the impact on patient care.</p>		<p>This is achieved via the daily incident reporting process which is received and read by all Exec Directors and senior managers. At the daily huddle (silver command) any incidents of concern are highlighted for immediate action by divisions or taken for consideration for a 72hour scope if relevant.</p> <p>All incidents have an appropriate investigation and narrative to support closing of incident and risk score. Any learning/themes shape future actions to reduce impact further.</p> <p>Movement of staff, step down of activity/delayed activity/cancelled activity as actions taken to address potential risks to patients (harms). Divisional BCPs outline actions considered/taken to minimise impact on patient care.</p>	N/A	N/A	N/A	N/A
2.8	<p>The trust can evidence that there are robust mechanisms in place to support staff physical and mental wellbeing.</p> <p>The trust is assured that these mechanisms meet staff needs and are having a positive impact on the workforce and therefore on patient care.</p>		<p>The Trust has a team of mental health first aiders, Professional Midwifery advocates and 'REACT' trained staff and staff supporters who are all trained and available to provide first line listening and signposting to other services. The Cheshire and Merseyside Resilience Hub is well promoted and online courses around mental health and resilience are shared amongst LWH staff. Awareness days such as mental health awareness days are marked with events and information. The Trust commissioned two wellbeing coaching projects (Boo consulting and Inspire Talkz who provided first line support for staff). A staff psychologist is currently out to advert who will start to build and implement our LWH Staff Support Service. This is in addition to core counselling and occupational health provision</p>	N/A	N/A	N/A	N/A



2.9	<p>The trust has robust mechanisms for understanding the current staffing levels and its potential impact on patient care.</p> <p>These mechanisms take into account both those staff who are absent from clinical duties due to required self-isolation, shielding, and those that are off sick.</p> <p>Leaders and board members therefore have a holistic understanding of those staff not able to work clinically not just pure sickness absence.</p>	 Blank staffing reviews v2.docx	<p>Yes. Staffing reviews are undertaken twice yearly pre-budget setting (January) and 6-monthly thereafter across all divisions. The review papers are reported in to PPF Committee and Trust Board.</p> <p>The detailed establishment reviews are undertaken in conjunction with Birth Rate Plus, SNCT Adult in Gynaecology, BAPM in NNU and adherence to AfPP guidance in Theatres.</p> <p>The sickness and absenteeism is reported by HR as covid/non-covid related sickness absence and monitors staff isolating. The Trust Board and senior managers are sighted on the breakdown of staff unable to work clinically for reasons other than pure sickness absence.</p> <p>Early interventions are in place for mental health and MSK absences. Phased returns and alternative duties are actively pursued. Wellbeing conversations have been launched in the Trust and 20 managers have attended a national training programme on wellbeing coaching.</p>	N/A	N/A	N/A	6 monthly
2.10	<p>Staff are encouraged to report incidents in line with the normal trust processes.</p> <p>Due to staffing pressures, the trust considers novel mechanisms outside of incident reporting for capturing potential physical or psychological harm caused by staffing pressures (e.g., use of arrest or peri arrest debriefs, use of outreach team feedback etc.) and learns from this intelligence.</p>		<p>Yes. The Trust holds Swartz rounds monthly that enables psychological support through reflection and understanding the challenges in providing care. There are 13 MH First Aiders in the Trust and PMAs that support staff wellbeing and learning.</p>	N/A	N/A	N/A	N/A
<b>3.0 Daily Governance via EPRR route (when/if required)</b>							

3.1	Where necessary the trust has convened a multidisciplinary clinical and or workforce/wellbeing advisory group that informs the tactical and strategic staffing decisions via Silver and Bronze to provide the safest and sustained care to patients and its decision making is clearly documented in incident logs or notes of meetings.	COVID Oversight Group (fortnightly – changing to monthly from January) – multi-disciplinary representation including MD, DoN and Director of HR – group has ToRs and action/decision log. Risks identified on standard agenda for review and escalation where appropriate  Daily Huddle (Bronze/Silver) – items of concern escalated to COVID Oversight  Safety & Effectiveness Sub-Committee is held monthly  Quality Improvement Group (QIG) is held bi-monthly	LWH is a specialized Trust therefore, traditional silver/gold command does not apply due to LWH specialist status. We use acuity and activity checks which is shared at daily huddle, which captures acuity and dependency, activity, staffing, delayed and cancelled activity and its appropriate referral to First on call into Exec on call (internal escalation) and consideration where appropriate to reporting relevant issues to a system wide call.  The Trust holds a COVID oversight group which currently meets fortnightly to note key workforce developments and/or issues related to staff wellbeing. This will include up to date absence reports and associated actions. Minutes and actions/decisions are logged and documented  During maternity staffing pressures incident July 21, the Trust set up a series of tactical meetings with representation from Medical, Nursing & Midwifery and HR leads. Meetings were led by COO (Accountable Emergency Officer) and included review of staffing levels, activity, acuity and clinical priorities with documented mitigating actions.  LWH COO is the Chair for C&M Gold Command for both Maternity & Neonatal services.  Safety & Effectiveness and QIG have a wide-ranging remit that focuses on safe care and effectiveness & quality. This includes a review of serious incidents, new national initiatives and changes to NICE guidance and also audits, outcomes of clinical and non-clinical audit.	N/A	N/A	N/A	Ongoing review through COVID Oversight Group
3.2	Immediate, and forecast staffing challenges are discussed and documented at least daily via the internal incident structures (bronze, silver, gold).	As 3.1	Yes. Twice daily staffing (Bronze) takes place led by Matrons and Heads of N/M/AHP. Escalation into Silver (daily huddle) of any issues pertaining to staffing occurs with DDONM/DCOO in attendance. First on Call/divisional managers/NMAHP Leads oversee actions to be taken or any further escalation requirements into Gold (Exec on call) for action and resolution. Also includes escalation into COVID Oversight where appropriate and requires sign off	N/A	N/A	N/A	N/A
3.3	The trust ensures system workforce leads and executive leads within the system are sighted on workforce issues and	C&M Maternity/ Neonates Gold, feeds into system gold and	LWH is the system lead for Maternity & Neonatal services. Via the COO workforce issues and risks are raised within the system.  Any issues for maternity and neonatal are raised on a weekly basis	N/A	N/A	Maternity staffing issues across system, escalated for review and oversight where support	C&M Gold group chaired by COO

	risks as necessary.  The trust utilises local/ system reliance forums and regional EPRR escalation routes to raise and resolve staffing challenges to ensure safe care provided to patients.	regional COO's forum - where staffing and site issues can be escalated to provide mutual aid/support.	at NHS Gold command which discusses staffing with attendance of the regional Chief Nurse.  Mutual aid offer; previously LWH took step-downs, breast and colorectal surgery and provision of theatre capacity  As an identified action from maternity staffing pressures incident meetings, the Chief Operating Officer (AEO) and Chief Nurse/Midwife escalated staffing concerns to NHSE/1 NW via Head of Emergency Planning and Chief Midwife (CNM).  Trust staffing pressures identified actions and mutual aid requests which were discussed within the regional meeting.  There are risks recorded on the corporate & divisional risk registers in relation to staffing, recruitment and retention. These are reviewed and updated accordingly.			is required as per control measure	
3.4	The trust has sufficiently granular, timely and reliable staffing data to identify and where possibly mitigate staffing risks to prevent harm to patients.		Yes. Utilise previous intelligence to predict staffing requirements, to include use of modality of service to predict activity, EDD and expected LOS. Detailed staffing data was shared, regularly updated and discussed at Staffing pressures meetings (July 2021).  Refer to responses in 1.1; 1.2; 2.2	N/A	N/A	N/A	N/A
<b>4.0 Board oversight and Assurance (BAU structures)</b>							
4.1	The quality committee (or other relevant designated board committee) receives regular staffing report that evidences the current staffing hotspots, the potential impact on patient care and the short and medium-term solutions to mitigate the risks		Yes. A six-monthly Trustwide combined N&M staffing paper is received at PPF committee (sub-Board meeting) and Trust Board. In addition to this there is a CNST requirement to report Maternity staffing into Trust Board on a 6-month basis.	N/A	N/A	N/A	6-monthly
4.2	Information from the staffing report is considered and triangulated alongside the trusts SI reports, patient outcomes, patient feedback and clinical harms process.	 Blank staffing reviews v2.docx	Yes. This is reviewed during 6-monthly staffing reviews in divisions across relevant specialties.	N/A	N/A	N/A	6-monthly
4.3	The trusts integrated Performance dashboard has been updated to include COVID/winter focused metrics.  COVID/winter related staffing challenges are assessed and reported for their impact on the quality of care alongside staff wellbeing and operational		Uptake of staff flu vaccination and Covid19 vaccination is not identified and monitored via the integrated performance dashboard. It is however reported to divisional boards and via the sub-board Workforce Committee Putting People First.  Previous winter activity has not generally placed significant pressures on patient flow or bed capacity than at any other time of the year.  Covid related staffing challenges would be assessed and reported	N/A	N/A	N/A	N/A

	challenges.		through daily incident reporting and through the proactive management of the rotas, clinical activity review and staff sickness rates review to triangulate data and assess the impact on quality of care and staff wellbeing.				
4.4	The Board (via reports to the quality committee) is sighted on the key staffing issues that are being discussed and actively managed via the incident management structures and are assured that high quality care is at the centre of decision making.	 241121 CC staffing principles Final version	Yes, via a combined Trustwide staffing paper highlights and escalates any issues or concerns to the Trust Board.  A requirement of CNST is for maternity specific elements within the framework that require Board assurance and Board action plan.  A requirement of critical care is to report their bed status and staffing. Attached guidance is followed.	N/A	N/A	N/A	6-monthly
4.5	The quality committee is assured that the decision making via the Incident management structures (bronze, silver, gold) minimises any potential exposure of patients to harm than may occur delivering care through staffing in extremis.		Staffing escalation processes and business continuity plans /maternity escalation policy (included earlier) demonstrate the level of action taken and oversight to minimise poor staffing which adversely affects patient care. CN&M, MD, COO DDoNM and Risk and Governance representation on Covid-19 command and control oversight. Any risks, themes and trends highlighted are escalated into Exec meeting.	N/A	N/A	N/A	N/A
4.6	The quality committee receives regular information on the system wide solutions in place to mitigate risks to patients due to staffing challenges.		PPF Committee receives Staffing paper which alludes to any wider solutions in place if relevant. The staffing paper is additionally presented to Trust Board. Use of the C&M divert policy for Maternity. StEIS reported diverts are reported into C&M Gold cell and neonatal network. Mutual aid is provided in Gynaecology to support system pressures.	N/A	Update into QC relating to EPRR is required ever quarter highlighting risks which is to be incorporated into the performance report	N/A	Quarterly report into QC led by EP&BC Manager and Risk and Patient Safety Manager.
4.7	The Board is fully sighted on the workforce challenges and any potential impact on patient care via the reports from the quality committee.  The Board is further assured that active operational risks are recorded and managed via the trusts risk register process.		Yes, as highlighted previously.  Yes – staffing related to high levels of sickness and vacancy position is noted on divisional risk registers where relevant. This is listed in response to Q1.1	As per Q1.1	As per Q1.1	As per Q1.1	As per Q1.1
4.8	The trust has considered and where necessary, revised its appetite to both workforce and quality risks given the sustained pressures and novel risks caused by the pandemic  The risk appetite is embedded and is lived by local leaders and the Board (i.e., risks outside of the desired appetite are not tolerated without clear discussion and		There has been a Trust decision based on the risks presented for ongoing services with an adaption to core offer and revised models of care in Gynaecology and Theatres. Business as usual was maintained in Neonatal and Maternity. The risk appetite is embedded in the risk registers and BAF with oversight of these from senior leaders and Board members at the Corporate Risk Committee, Board Committees, and the Board itself. The Trust's report template also requests that authors consider whether a proposed decision is in line with the risk appetite and to provide an explanation if there is any deviation.	As per Q4.9	N/A	N/A	N/A

	rationale and are challenged if longstanding)						
4.9	The trust considers the impact of any significant and sustained staffing challenges on their ability to deliver on the strategic objectives and these risks are adequately documented on the Board Assurance Framework		<p>Yes.</p> <p>The Trust decision was to maintain business as usual in Maternity and Neonatal during covid previously.</p> <p>There is a BAF risk that is described as follows: 1.2 Failure to recruit and retain key clinical staff.</p> <p>This is currently rated at '20' and is one of the Trust's highest rated BAF risks. The current rationale is as follows: Whilst the Trust has a significant number of controls and sources of assurance, the Trust does have acute and chronic staffing challenges in several areas and a higher than target sickness rate. The particularly acute issues with maternity staffing are the main driver behind this risk being scored a '5' for likelihood. There are also the following issues to consider: Insufficient numbers of doctors in training; ageing workforce; national shortage of nurses and midwives; isolated site and associated clinical risk impacting on recruitment and retention of specialist consultant staff; pension tax changes impacting on the retention of consultant medical staff (early retirement or reduction in working time).</p> <p>There are examples of positive assurance in how the Trust has responded to the pandemic in relation to staff wellbeing but there remains some significant challenges during the 'recovery stage' and will require Board oversight and attention.</p>	BAF risk 1.2 – Failure to recruit and retain key clinical staff	N/A	N/A	N/A
4.10	Any active significant workforce risks on the Board Assurance Framework inform the board agenda and focus		<p>There was a recognition in June 2021 that whilst workforce issues were implicit in many of the Trust's discussions, there was a need to provide an explicit section of the agenda to review current issues. There is now a designated 'workforce' section on each Board agenda. The Trust also has a Putting People First Committee that meet bi-monthly. This Committee receives reports and presentations on the Trust's most significant workforce risks. During 2021, there has been a specific focus on workforce challenges in the Trust's maternity service.</p>	As per Q4.9	N/A	N/A	N/A
4.11	The Board is assured that where necessary CQC and Regional NHSE/I team are made aware of any fundamental concerns arising from significant and sustained staffing challenges		<p>Yes. This is achieved through monthly engagement meetings and more recently direct monitoring approach implemented.</p> <p>Regional – LWH COO reports into Maternity regional NHSI/E cell. Fundamental concerns raised at this meeting with review of StEIS reported maternity diverts. LWH also report into CCG who report into NHSE/I.</p>	N/A	N/A	C&M Cell review StEIS related risks/maternity diverts	N/A

## Trust Board

### COVER SHEET

<b>Agenda Item (Ref)</b>	<b>2021/22/146</b>		<b>Date: 06/01/2022</b>	
<b>Report Title</b>	Wellbeing Pledge – Action Plan			
<b>Prepared by</b>	Rachel Cowley, Head of Culture and Staff Experience			
<b>Presented by</b>	Michelle Turner, Chief People Officer and Deputy Chief Executive			
<b>Key Issues / Messages</b>	<p>This report is being received by the Board to outline the North West Wellbeing Pledge to shift the wellbeing focus from the 5% sickness to the 95% attendance and to outline LWH's action plan to ensure we achieve the pledge.</p> <p>The report details the actions LWH has taken and plans to take to ensure they achieve the pledge and improve staff health and wellbeing, however there are potential risks and gaps identified within the report for consideration and discussion.</p>			
<b>Action required</b>	<b>Approve <input checked="" type="checkbox"/></b>  <i>To formally receive and discuss a report and approve its recommendations or a particular course of action</i>	<b>Receive <input type="checkbox"/></b>  <i>To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it</i>	<b>Note <input type="checkbox"/></b>  <i>For the intelligence of the Board / Committee without in-depth discussion required</i>	<b>Take Assurance <input type="checkbox"/></b>  <i>To assure the Board / Committee that effective systems of control are in place</i>
	<b>Funding Source (If applicable):</b> n/a			
	<b>For Decisions - in line with Risk Appetite Statement – Y/N</b> If no – please outline the reasons for deviation.			
	<i>The Trust Board is asked to consider the achievements to date and proposals, and whether they believe this would fulfil the action plan requirements for the NHS England North West Wellbeing Pledge.</i>			
	<i>The Trust Board is also asked to give some further consideration and discussion in relation to the potential risks and gaps identified within the report.</i>			
<b>Supporting Executive:</b>	Michelle Turner, Chief People Officer and Deputy Chief Executive			

<b>Equality Impact Assessment</b> (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input checked="" type="checkbox"/>	Policy <input checked="" type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>Strategic Objective(s)</b>			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input checked="" type="checkbox"/>		
<b>Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)</b>			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) <i>Copy and paste drop down menu if report links to one or more BAF risks</i>  3.1 Failure to deliver an excellent patient and family experience to all our service users		Comment: High sickness absence impacts on staffing levels and therefore potentially impacts on patient and family experience.	

Link to the Corporate Risk Register (CRR) – CR Number: N/A	Comment:
--	----------

## REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome

## EXECUTIVE SUMMARY

### 1. Define the issue

Following an NHS Employers North West wellbeing workshop on Tuesday 21st September all data recorded from the National Staff Surveys, Performance reports and other avenues was discussed, and consideration given on how Trusts can commit to making changes that significantly impact on this data.

As a result, a North West pledge was made committing to shift the wellbeing focus from the 5% sickness to the 95% attendance. There are three North West themes of enabling work, these include:

- **Well-being services that support the 95%**
- **A new person-centred well-being and attendance management policy framework**
- **Leadership development that supports managers in our new approach**

### 2. Key Findings

LWH current sickness position (as at 30 December 2021) is 10% sickness absence with equal split of covid and non-covid absences. Sickness absence in November 2021 was 7.93% and three main reasons for absence were:

- cold/cough/flu/influenza
- anxiety/stress/depression/other psychiatric illnesses
- gastrointestinal problems

LWH has had a positive focus on staff wellbeing over the past 12 months and there are lots of exciting activities planned in the coming months. The report (analysis section) details the Trusts achievements and successes in relation to staff health and wellbeing, the plans in place and potential opportunities from funding bids that have recently been placed. The details outlined in the report form the LWH actions for the achievement of the wellbeing pledge. There are however some risks and gaps identified for consideration.

### 3. Solutions / Actions

The actions outlined in the report, meet the recommendations that are outlined in the pledge. The analysis section of the report provides details on what the Trust actions are to address the themes of enabling work which are outlined within the Wellbeing pledge.

Assurance on how LWH are responding to the Wellbeing Pledge themes of enabling work are summarised in the table below:

Wellbeing Pledge; theme of enabling work	LWH response
Well-being services that support the 95%	LWH implemented a ' <b>we care</b> ' <b>Health and Wellbeing offer for staff</b> which responded to staff requests to support their wellbeing and focusing on in-house physiological support which would be more accessible. LWH is committed to improving this offer responding to staff requests to upgrade their rest facilities and outside spaces, as well as providing support to them around mental wellness during challenging times at LWH (covid, staffing and following major incident)
A new person-centered well-being and attendance management policy framework	LWH has a new attendance management policy drafted which is person-centered, in line with the Just Culture approach and focuses on supporting attendance
Leadership development that supports managers in our new approach	The Leadership development programme provides a focus on compassionate and inclusive leadership in a Just Culture workplace, with key development sessions which provide development and support to our leaders on health and wellbeing

#### 4. Recommendations

The Trust Board is asked to consider the achievements to date and proposals, and whether they believe this would fulfil the action plan requirements for the NHS England North West Wellbeing Pledge.

The Trust Board is also asked to give some further consideration and discussion in relation to the potential risks and gaps identified within the report.



## MAIN REPORT

### INTRODUCTION

Supporting the Health and Wellbeing of our staff is outlined in LWH's Putting People First Strategy 2019-2024. The Trust has a strategic ambition to ***create a workplace in which staff are healthy, resilient, engaged, motivated and show initiative, and who are actively involved with the Trust. A workplace where physical, mental and emotional health and wellbeing is at the heart of the employment relationship, and everyone is committed and supported to care for themselves and their colleagues.***

Following an NHS Employers North West wellbeing workshop on Tuesday 21st September all data recorded from the National Staff Surveys, Performance reports and other avenues were discussed, and consideration given on how Trusts can commit to making changes that significantly impact on the data.

As a result, a **wellbeing pledge** was made **committing to shift the wellbeing focus from the 5% sickness to the 95% attendance.** The pledge is outlined in Appendix 1.

Timescales require the pledge to be discussed at Board, with an enabling action plan agreed for the Board and sub-committees to monitor on a quarterly basis.

In achieving the wellbeing pledge Trusts are asked to Commit to the three North West themes of enabling work:

- **Well-being services that support the 95%**
- **A new person-centred well-being and attendance management policy framework**
- **Leadership development that supports managers in our new approach**

LWH current sickness position (as at 30 December 2021) is 10% sickness absence with equal split of covid and non-covid absences. Sickness absence in November 2021 was 7.93% and three main reasons for absence were:

- cold/cough/flu/influenza
- anxiety/stress/depression/other psychiatric illnesses
- gastrointestinal problems

### ANALYSIS

LWH has had a positive focus on staff wellbeing over the past 12 months and there are lots of exciting activities planned in the coming months. The following outlines our achievements and successes in relation to staff health and wellbeing over the recent months, the plans in place and funding bids, all of which form the LWH actions in the achievement of the wellbeing pledge.

#### Key achievements in relation to Wellbeing include:

- development of a 'we care' staff health and wellbeing booklet outlining all wellbeing initiatives in place and planned (wellbeing budget).
- distribution of wellbeing bags for all staff with health and wellbeing treats, including free gym/spa passes (wellbeing budget). Verbal feedback was positive and staff welcomed the wellbeing bag and treats.

- mental wellbeing sessions delivered by two wellbeing coaches to staff within clinical areas and on the Great Day in December 2021 (charitable funds) programme was amended in November from formal sessions being delivered for all staff to walk around wellbeing and mental health first aid support to staff and managers following the major incident. Feedback received from teams is positive and there have been areas requesting additional support from the wellbeing coaches.
- advertisement for a Clinical Psychologist employed by LWH for staff wellbeing (Workforce budget). Likely commencement in post will be April 2022.
- secured 1wte Trainee Associate Psychological Practitioners (TAPP) through the HEE programme to support the clinical Psychologist. This post will commence in April 2022.
- drafted a new attendance management policy to focus on achievement of 95% attendance, currently going through approval process.

**Ongoing wellbeing plans and initiatives for implementation over the coming months include:**

- introduction of 3 sleep pods (charitable funds) to be ordered in January 2022.
- development of a wildflower garden (charitable funds) commencing in February 2022.
- introduction of beehives and bee-keeping skills for staff, in conjunction with the local Caribbean Centre (charitable funds) commencing in April 2022.
- development of a zen garden, space for staff to relax and enjoy the outside space (charitable funds) commencing in March 2022.
- new Junior Drs mess and refurbishment of the current bedrooms (funding agreed) to be completed by March 2022.
- conservatory refurbishment (funding agreed) to commence in January/February 2022
- redesign of the space outside of the conservatory (funding yet to be sourced) being costed in January 2022.
- refurbishment of the staff facilities / rest rooms (wellbeing budget) commencing in January 2022.
- A new Leadership development programme has been designed which focuses on compassionate and inclusive leadership in a Just Culture workplace. This will have key sessions which provide development and support to our leaders on how they can look after themselves and their teams health and wellbeing.

**Wellbeing proposals and funding bids include:**

- bid submitted from Maternity Support Workforce Funding for the recruitment of 1.5wte Wellbeing Coaches to lead on staff wellbeing conversations, mental health first aid and mental wellbeing development sessions, this includes sessions for all Maternity staff on resilience, work life balance and managing your emotions. Money will be available from April 2022 if successful in the bid. There are suitable Wellbeing coaches already identified who would be available to commence in post with immediate effect.
- Whilst the funding bid is with Maternity Support Workforce, meaning the wellbeing coaches would be working solely within the Maternity Service, there are aspects of the work that would cross over to support Trust wide in relation to a wellbeing

induction for all new starters, mental health awareness development sessions being available for all staff to attend (in person and virtually), and ongoing training and regular support/leadership for all of our mental health first aiders.

**The following risks and gaps have been identified:**

- following the major incident it is anticipated there will be some need for support from end of December 2021 onwards as staff may experience some distress or PTSD, in particular once the verdict of the inquest is completed.
- lack of support available prior to April 2022, there is a gap in our provision until the Psychology team commence in post. During this time the provision would continue to be through Mersey care.
- Psychology team would need support on maintaining positive mental wellbeing for staff from another source as their work will be focused on supporting staff with timely psychological intervention and counselling.
- With mental health absences featuring as the top three reasons for absence at LWH, if Maternity Support Workforce funding is not granted we would not be able to recruit to and continue to the positively received work of the wellbeing coaches. Even if funding is granted this will mean the wellbeing coaches will work only in Maternity services meaning that other staff at LWH may not be able to access this support.
- potential that other Services within the Trust would benefit from the full Wellbeing Coach roles and some of their time and duties would be limited due to the funding requested being specifically for Maternity Services.

**Summary and Assurance**

The actions outlined in the analysis section above, meet the recommendations that are outlined in the pledge. The analysis section of the report provides details on what the Trust actions are to address the themes of enabling work which are outlined within the Wellbeing pledge.

Assurance on how LWH are responding to the Wellbeing Pledge themes of enabling work are summarised in the table below:

Wellbeing Pledge; theme of enabling work	LWH response
Well-being services that support the 95%	LWH implemented a <b>'we care' Health and Wellbeing offer for staff</b> which responded to staff requests to support their wellbeing and focusing on in-house physiological support which would be more accessible. LWH is committed to improving this offer responding to staff requests to upgrade their rest facilities and outside spaces, as well as providing support to them around mental wellness during challenging times at LWH (covid, staffing and following major incident)
A new person-centered well-being and attendance management policy framework	LWH has a new attendance management policy drafted which is person-centered, in line with the Just Culture approach and focuses on supporting attendance
Leadership development that supports managers in our new approach	The Leadership development programme provides a focus on compassionate and inclusive leadership in a Just Culture workplace, with key development sessions which provide development and support to our leaders on health and wellbeing

## RECOMMENDATION

The Trust Board is asked to consider the achievements to date and proposals, and whether they believe this would fulfil the action plan requirements for the NHS England North West Wellbeing Pledge.

The Trust Board is also asked to give some further consideration and discussion in relation to the potential risks and gaps identified within the report.



**Liverpool Women's**  
NHS Foundation Trust

Appendix 1

# Our pledge for the wellbeing of our NHS people

Insert organisation logo

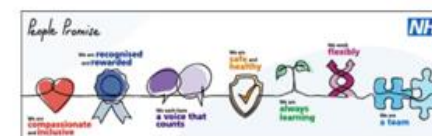
Signed.....

Name.....

**We pledge to shifting the focus from sickness absence (the 5%) to holistic wellbeing for everyone:**

- **preparing our board for the change** to take a more holistic, person-centred individual and flexible approach, which is driven through policy and aligns with embedding a just culture.
- **evidencing that wellbeing is a priority with our board by** understanding the wellbeing of our people, giving them a voice, making sure all decisions have a wellbeing lens applied and addressing any issues.
- **committing to the three North West's themes of enabling work**
  - Holistic wellbeing services that support all of our colleagues
  - a new person-centred wellbeing approach and an attendance management policy framework
  - leadership development that supports managers in our new approach.

 **NHS Employers** in association with



## Trust Board Meeting

### COVER SHEET

Agenda Item (Ref)	2021/22/147a		Date: 06/01/2022	
Report Title	Approval of the Liverpool Women's NHS Foundation Charitable Trust Annual Report and Accounts 2020/21.			
Prepared by	David Dodgson – Financial Controller			
Presented by	Eva Horgan – Chief Finance Officer			
Key Issues / Messages	The Board of Directors on behalf of the Corporate Trustee, Liverpool Women's NHS Foundation Trust, is asked to review and approve the Charities annual report and accounts for 2020/21.			
Action required	Approve <input checked="" type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable):			
	For Decisions - in line with Risk Appetite Statement – Y/N If no – please outline the reasons for deviation.			
	Approval of Liverpool Women's NHS Foundation Charitable Trust annual report and accounts.			
Supporting Executive:	Eva Horgan - Chief Finance Officer			

Equality Impact Assessment (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) Copy and paste drop down menu if report links to one or more BAF risks		Comment:	
Link to the Corporate Risk Register (CRR) – CR Number:		Comment:	

### REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Charitable Funds Committee	13/12/21	Tracy Ellery	Charitable Funds Committee recommended that the Annual Report and Accounts is approved by Trust Board as Corporate Trustee.





## Liverpool Women's NHS Foundation Trust

### EXECUTIVE SUMMARY

Liverpool Women's NHS Foundation Trust Charity Annual Report and Accounts for the 2020/21 financial year was been reviewed by the Charitable Funds Committee on the 13th December 2021.

The Charitable Funds Committee recommended their approval by the Trust Board in its role as Corporate Trustee of the charity.

Following this approval they can then be formally filed with the Charity Commission for England and Wales.

### MAIN REPORT

#### **Charity Corporate Trustee - Background**

The Liverpool Women's NHS Foundation Trust is the sole Corporate Trustee of the Charity. The Corporate Trustee is managed through its Board of Directors (the Board) which consists of executive and non-executive directors. The Board established a committee, known as the Charitable Funds Committee, reporting to the Board on the 8th February 2005.

The role of the Charitable Funds Committee is to oversee the management of the affairs of the Charity. This is a delegated duty carried out on behalf of the Corporate Trustee. The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide information to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

The Chief People Officer & Deputy Chief Executive of Liverpool Women's NHS Foundation Trust, under a scheme of delegated authority approved by the Corporate Trustee, has day to day responsibility for the management of the Charitable Funds and is the principal charitable fund advisor to the Board.

The Chair of the Charitable Funds Committee participates in the induction of new board directors and the Chief People Officer & Deputy Chief Executive ensures that board directors are informed of their responsibilities for charitable funds. The Corporate Trustee is kept informed of the discussions of the Charitable Funds Committee through briefings at its Board meetings.

#### **Charitable Funds Accounts Overview**

Liverpool Women's NHS Foundation Charitable Trust Annual Report and Accounts for the year ended 31<sup>st</sup> March 2021 are presented for review and approval.

Total Incoming resources for the 2020/21 financial year was £352k and total resources expended was £347k. There was also a realised and unrealised gain on investments of £160k, which means that the net movement in funds for 2020/21 was an increase of £165k (2019/20: £260k decrease).



## Liverpool Women's

NHS Foundation Trust

### Key Features: Statement of Financial Activities (SOFA)

	2020/21 £'000	2019/20 £'000
Donations and legacies	328	202
Other trading activities (stall income)	5	23
Investment Income	19	35
<b>Total Incoming Resources</b>	<b>352</b>	<b>260</b>
Expenditure on Raising Funds	118	79
Charitable Activities	229	365
<b>Total Resources Expended</b>	<b>347</b>	<b>444</b>
Realised and unrealised (loss) / gains on investments	160	(76)
<b>Net Movement in Funds</b>	<b>165</b>	<b>(260)</b>

### Key Features: Balance Sheet

	2020/21 £'000	2019/20 £'000
Investments	905	752
<b>Total Fixed Assets</b>	<b>905</b>	<b>752</b>
Debtors	4	6
Short term investments and deposits	4	51
Cash at bank and in hand	1	6
<b>Total Current Assets</b>	<b>9</b>	<b>63</b>
Creditors	(410)	(476)
<b>Net Current Liabilities</b>	<b>(401)</b>	<b>(413)</b>
<b>Total Charity Funds</b>	<b>504</b>	<b>339</b>

- There has been an increase in the Investments value compared to the prior year, which is largely due to the unrealised gain on investments of £141k, which has been recognised in the SOFA.
- The creditor balance is lower than the prior year due to the charity repaying the Trust £390k in 2020/21. Of the £410k creditors figure only £156k of it relates to the interdebtedness with the Trust i.e. payments made on behalf of the charity by the Trust, the other £254k relates to accrued but not yet expensed commitments of the charity.
- The charity is currently in a position of net current liabilities which means that it cannot repay the balance owed to the Trust of £156k without liquidating some investments.
- The net movement in funds in 2020/21 is an increase of £165k, with the closing fund balance being £504k.





## Liverpool Women's NHS Foundation Trust

### Key Features: Expenditure

	2020/21 £'000	2019/20 £'000
Staging fundraising events	10	5
Fundraising managers	100	63
Investment management costs	8	11
<b>Total expenditure on raising funds</b>	<b>118</b>	<b>79</b>
Patient welfare	14	45
Staff welfare	171	0
Equipment	22	286
Research	22	34
<b>Total expenditure on charitable activities</b>	<b>229</b>	<b>365</b>
<b>Total Expenditure</b>	<b>347</b>	<b>444</b>

### Review of the Annual Report & Accounts

The Annual Report and Accounts are given below for Trust Board review. The independent review by the external examiners has been completed. The Annual Report and Accounts has been reviewed by the Charitable Funds Committee on the 13<sup>th</sup> December 2021 and it recommended that they be approved by the Trust Board in its role as Corporate Trustee of the Charity.

There have been minor amendments made to the narrative of the Annual Report and Accounts that were requested by the Charitable Funds Committee and for full transparency these amendments are listed in Appendix One. Please also note that the Independent Examination was not complete at the time of the Charitable Funds Committee; this was subsequently completed with only minor narrative amendments required as detailed in Appendix One. The Annual Report and Accounts document is inclusive of these listed amendments. Following the completion of the Independent Examiners work the Letter of Representation is also attached and should be signed on the same date as the approval of the Annual Report and Accounts by the Trust Board. Once the Independent Examiners are in receipt of the signed Letter of Representation they will issue the signature to be used at the bottom of their Independent Examiners Report.

The Annual Report and Accounts will then be filed with the Charities Commission in advance of the Charity Commission deadline of the 31<sup>st</sup> January 2022.

### Recommendation

The Trust Board is recommended to review and formally approves the 2020/21 Annual Report and Accounts in its role as the Corporate Trustee of the Charity. This follows review and recommendation to approve the Annual Report and Accounts by the Charitable Funds Committee and the completion of the Independent Examination.

The Charitable Funds Annual Report and Accounts will then be filed with the Charity Commission for England and Wales before the deadline of the 31st January 2022.

## Appendix One: Amendments from Charitable Funds Committee

Page	Amendment	
Page 23	"Director of Workforce and Marketing" amended to "Chief People Officer and Deputy Chief Executive"	<i>Requested at Charitable Funds Committee - 13th December 2021</i>
Page 30	Matt Connor removed from listing of Board Members	<i>Requested at Charitable Funds Committee - 13th December 2021</i>
Page 30	Amended wording in relation to Eva Horgan to read "Not In post - was the Deputy Chief Finance Officer during this period"	<i>Requested at Charitable Funds Committee - 13th December 2021</i>
Page 29	Added the details of the new Non Executive Directors Zia Chaudhry, Gloria Hyatt and Sarah Walker started at the Trust on the 1st December	<i>Requested at Charitable Funds Committee - 13th December 2021</i>
Page 32	Changed name of the Independent Examiner to "Andrew McLaren FCA" and also removed the word Draft from the Independent Examiners Report.	<i>Requested by Independent Examiner</i>
Page 13	Amended written narrative in relation to "Our achievements – what has been made possible" to Remove the £169,065 Purchase of Neonatal Equipment which was on a cash purchase not a commitment basis in 20/21 and instead included: <ul style="list-style-type: none"> <li>• £28,360 for staff enhancements to wards, rest areas and amenities</li> <li>• £28,360 for staff enhancements to wards, rest areas and amenities</li> <li>• Also amended the narrative of the Schwatz Rounds stated from £12,500 to £16,000</li> </ul>	<i>Requested by Independent Examiner</i>

# Liverpool Women's NHS Foundation Charitable Trust

Trustees' Annual Report and Financial Statements  
For the year ended 31<sup>st</sup> March 2021



The Liverpool Women's NHS Foundation Charitable Trust  
Registered Charity No. 1048294

## Table of Contents

<b>1. Chair's Statement.....</b>	<b>1</b>
<b>2. Trustee's Annual Report.....</b>	<b>2</b>
<b>3. Statement of Trustee's Responsibilities.....</b>	<b>31</b>
<b>4. Independent Examiners Report to the Trustee's of The Liverpool Women's NHS Foundation Charitable Trust.....</b>	<b>32</b>
<b>5. Statement of Financial Activities .....</b>	<b>33</b>
<b>6. Balance Sheet.....</b>	<b>34</b>
<b>7. Statement of Cash Flows.....</b>	<b>35</b>
<b>8. Notes to the accounts.....</b>	<b>36</b>

Trustee's Annual Report and Accounts for the year ended 31<sup>st</sup>  
March 2021

## Chairs Statement

### Welcome to the Liverpool Women's NHS Foundation Charitable Trust Annual Report and Accounts for the financial year 1st April 2020 to 31st March 2021.

Putting patients first is at the heart of everything we do. Our aim is to support the work of Liverpool Women's NHS Foundation Trust in providing the best possible healthcare for its patients, and to support research that will benefit patients here and elsewhere. Alongside that main aim we also help to fund research and staff welfare initiatives as well as providing greater access to training and development opportunities.

Liverpool Women's NHS Foundation Trust is a specialist trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. It is also the recognised specialist provider in Cheshire and Merseyside of high risk maternity care including fetal medicine, the highest level of neonatal care, complex surgery for gynaecological cancer, reproductive medicine and clinical genetics. It is the largest hospital in Europe to exclusively care for the health needs of women.

Our support for the Liverpool Women's NHS Foundation Trust helps the hospital to deliver best possible services and facilities to our patients, families and our dedicated staff, and as a charity we continue to support a wide range of charitable and health related activities during 2020/21, focussing on four key areas:

- **Patient welfare and amenities** to help improve the experience of patients and their families, including the continued provision of on-site parental accommodation;
- Support for pioneering **research** into seeking new treatment for our patients;
- Investment in new **equipment** to enable the hospital to harness latest technologies; and
- **Staff education and welfare** to provide important support for our hospital's committed staff.

The Charity works hard to raise funds on behalf of the Trust to enhance overall patient experience by providing services and equipment above what is normally funded by the NHS. These enhancements make a big difference to the comfort and well-being of our patients. At the time of writing this report, COVID-19 has again dominated the year but for the year ahead, we hope to implement a range of fundraising activities to support the work of Liverpool Women's NHS Foundation Trust.

On the following pages you will see a selection of highlights and achievements from this past year.

## Trustee's Annual Report

### Liverpool Women's Hospital Charity - Who we are:

Putting patients first is at the heart of everything we do. Liverpool Women's Charity is registered with the Charity Commission for England and Wales – registration number 1048294. The charity works hard to raise funds on behalf of the Trust to enhance overall patient experience by providing services and equipment above what is normally funded by the NHS. These enhancements make a big difference to the comfort and wellbeing of our patients.

Our charitable programmes fully support the entire range of patient services. The aim of the Liverpool Women's Charity is to support the care given to patients and their families. Alongside that main aim we also help to fund research and staff welfare initiatives as well as providing greater access to training and development opportunities.

### How LWH Charity Fundraises

We adhere to the Fundraising code of practice. All campaigns are managed by the Charity's staff and during the year LWH Charity did not receive any complaints about its fundraising approach and processes.

LWH Charity was not involved in any social investment over the past 12 months.

### LWH Charity and grant making

LWH Charity was not involved in making any grants to external organisations over the last 12 months, but it did make grants to internal projects as per our aims and objectives.

### LWH Charity donated goods and services

#### COVID 19 Gifts in Kind

LWH Charity was overwhelmed by the generosity of the community and local corporates at the start of the Covid 19 pandemic. Up until the end of March 2021 we continued to receive donations of toiletries and food and drink, which was distributed to our staff across the site to support staff welfare and wellbeing.

### Public Benefit

Liverpool Women's NHS Foundation Trust is the main beneficiary of the Charity and is a related party by virtue of being a corporate Trustee of the Charity. By working in partnership with the Trust, the charitable funds are used to the best affect for the benefit of the public served by the Trust. When deciding upon the most beneficial way to use the charitable funds, the corporate trustee has to take into regard the main objectives, strategic plans of the Trust, whilst ensuring that the grants reflect the wishes of patients and staff.

## Trustee's Annual Report

### Our Fundraising Highlights 2020 - 2021

Over the past 12 months we have been incredibly grateful to all our supporters, who have committed themselves to fundraising for LWH Charity, helping us to raise funds to make a difference to the women and babies.

#### Key highlights:

- Providing the latest state of the art equipment for our medical teams
- Supporting research education and training and the provision of grants to purchase new equipment, enable attendance at seminars and training
- Staff welfare and wellbeing support

#### How our supporters have helped

##### Everton in the Community and NCS – National Citizen Service

We were absolutely delighted to meet the group from Everton in the Community and NCS - National Citizen Service who responded to our Care Bag Appeal.

The group took part in a 14km sponsored walk to raise funds to purchase items for 12 care boxes for women who have experienced a miscarriage. Thoughtful items such as leggings, toiletries, candles and chocolate along with beautiful hand written notes were included in each care box.

Thank you so much to Everton in the Community and all members of the NCS group involved for your kindness and generosity. Your donations will make a big difference to the experience of women in our care and we are so grateful for your support.



## Trustee's Annual Report

### Keeling Family

On 24th November 2019, Albie was taken to the Liverpool Women's Neonatal Unit. Albie needed surgery to treat a condition called Necrotizing enterocolitis (NEC). Luckily after the care and support and lots of medical intervention from the whole neonatal team, Albie was able to go home on 23rd January 2020., without the need for surgery.

Jemma Keeling and her partner had to use the parent accommodation so that they were as close as possible to Albie. Having first hand experience in using this accommodation they noticed the need to help raise funds to refurbish and improve the accommodation.



Together they raised an amazing £1,347 for our Big Tiny Steps Appeal.

Thank you so much for wanting to support other families that use our services.





## Trustee's Annual Report

### Sarah and Bryn Jones

Massive thank you to Sarah & Bryn Jones, for raising an amazing £6,493 in memory of their beautiful daughter Ela Megan Jones.

"Our daughter Ela Megan Jones was born at 30 weeks, and with a rare but serious condition called Hydrops, which is where fluid builds up within the body. Ela was transferred to the Neonatal Unit in LWH at just one day old. She had the most fantastic care by all the team, and she fought just as hard as every member of staff who looked after her. Unfortunately, she passed away at just one week old despite everyone's best efforts.

The level of care and support that Ela, and we as parents received was truly outstanding. It would mean the world to us as Ela's parents, to be able to give back a small token to the Hospital, to help support the unit that gave us such a precious week with our daughter, so they can continue their care for poorly babies and their families."

Thank you to all who donated in memory of Ela.



## Trustee's Annual Report

### LFC Foundation Liverpool FC

A massive thank you to LFC Foundation Liverpool FC and Joie for the beautiful baby gift packs for our new families staying here with us at Liverpool Women's Hospital.

### Leroy Valentine

Very special thanks to the amazing Leroy Valentine for doing a 20 hour Stairmaster session at PureGym Woking for our Honeysuckle Bereavement Team.

"I am a proud dad of 4 beautiful girls and an angel boy, Percy Anthony Valentine, who sadly fell asleep and grew his wings in my arms in March 2016. I will forever treasure those precious few hours I got to spend with him and often wonder what mischief he's getting up to and whether he's sport crazy like me!

A loss of a child is absolutely devastating and I experienced first hand the emptiness, guilt and helplessness you feel as a parent. I was so lucky to have The Honeysuckle Charity at the Liverpool Women's Hospital who were there offering support every single step of the way. They put their heart and souls into providing support for families who have experienced miscarriages and neonatal deaths."

Leroy raised a fantastic £3,473.

Thank you Leroy for wanting to support our bereaved families that use our Honeysuckle service.





Liverpool Women's NHS Foundation Charitable Trust

## Trustee's Annual Report

### Liverpool Women's Staff – 100km Challenge

Let's hear it for Devender Roberts, Elaine Carden and Kathy Smith for raising an amazing £1,375 for our Oncology Unit.

The three ladies decided to run 100K in 25 days as part of Liverpool Women's Hospital Charity 25 for 25 Challenge.

Thank you, Devender, Elaine and Kathy for this incredible support.



Trustee's Annual Report and Accounts for the year ended 31<sup>st</sup> March 2021

7

## Trustee's Annual Report

### Darren Sumner

A massive thanks to Darren Sumner who raised an amazing £3,681 for our Neonatal Unit.

Darren was more determined than ever to complete his challenge and his fundraising event in memory of his beautiful granddaughter.

"I can't thank the staff of the NICU enough for everything they did for our little angel. She fought with everything she had for 50 days. Sadly, she just didn't have the strength to see the fight through. To that end I'm dedicating my challenge to her memory with renewed determination. Again I thank everyone who has been so generous in these difficult times. Every penny will make a difference to a life that needs it."

Thank you Darren for this incredible support.



### 5K Challenge

We would like to give Carly McDonald a massive thank you for completing a 5K Challenge for our Big Tiny Steps Appeal.

Carly wanted to fundraise for our Neonatal Unit after the fantastic care her baby boy, Conor, received at the Liverpool Women's Hospital. Thank you Carly for the welcomed support.

Liverpool Women's NHS Foundation Charitable Trust

## Trustee's Annual Report

### Emma, Sophie and Tom

We would like to give Emma, Sophie & Tom a very special thank you.

Emma, who is a neonatal nurse here and Sophie, who is a district nurse, wanted to help raise vital funds for our Neonatal Unit in memory of their friend Kayleigh's Baby, Paul.

These three wonderful fundraisers raised a fantastic £5,765.

The money raised will make a significant difference for all families that have to use our neonatal services

Thank you Emma, Sophie and Tom.





## Trustee's Annual Report

### 25 for 25 Challenge

Massive thank you to our amazing 25 for 25 Challenge fundraiser, Jess Taylor, who raised an incredible £1,625 for the Neonatal Unit.

Jess undertook the challenge of walking a whopping 25,000 steps each day for 25 days, whatever the weather, to raise money for the care given to babies and families on the unit.

We've loved watching Jess' journey to smash her fundraising target and are so grateful for her support! If you are thinking of taking part in your own 25 for 25 Challenge, please get in touch and join Jess in raising important funds for the hospital.



## Trustee's Annual Report

### 20 Half Marathons

A very special thankyou to Deepak, who has raised an incredible £1,110 for our Cancer Research Fund through running twenty half marathons in 2020.

We were humbled when Deepak shared his reasons for choosing to support Liverpool Women's. He said, "I believe we learn and explore every day something new in our lives. Everyday life brings a lot of happiness and takes a lot from you. To have a balance between happiness and sadness is a challenge and to face that challenge is enjoying life.

In every stage of our life, one organisation which has helped and cherished us most at all times is Liverpool Women' Hospital. I believe the facilities, staff and helpfulness at Liverpool Women's is the best in the country. And it will be my honour if I can make some contribution with your help in donating to their Cancer Research Fund."

What a wonderful achievement! Thank you Deepak.



### Leanne Wilson

In Memory of Dylan Joshua Wilson

On May 14, Leanne Wilson gave birth to her beautiful son, Dylan Joshua. Despite his bravery, he lived for under 30 minutes.

Leanne was told several times during pregnancy that Dylan was unlikely to make it, but at every turn, every scan, every hospital admission, every time she thought it was all over his incredible heart kept beating. Until it was just too much and he passed away in her arms.

## Trustee's Annual Report

"I am very proud to be his Mummy. To try and make something positive out of his short life, I would like to raise money for Liverpool Women's Hospital. Their kindness and care towards me and Dylan, even during these crazy times, will stay with me forever".

Leanne raised an amazing £1,503 to go to the Honeysuckle bereavement team and the delivery suite.

On behalf of all staff and our families that use our services, thank you Leanne for your kindness and support.

### Lee Butler

Thank you so much Lee Butler - Radio City for your incredible support for our Neonatal Unit.

For 13 weeks Lee was djing and fundraising for the Liverpool Women's Charity

Thank you so much to everyone who supported Lee. This fundraising was for the Big Tiny Steps Appeal.



### How you can get involved

You can get involved with LWH Charity by contacting the team on 0151 702 4044 or email us on [fundraising@lwhcharity.nhs.uk](mailto:fundraising@lwhcharity.nhs.uk)

There are so many things you can do:

- Show your support by making a donation in the post online or by calling the team
- Volunteer - you can help at events, in our little woollens shop and by acting as an ambassador showing people around the hospital.
- Nominate us as your companies charity of the year
- Take on a challenge in aid of LWH Charity
- Hold an event to raise funds.



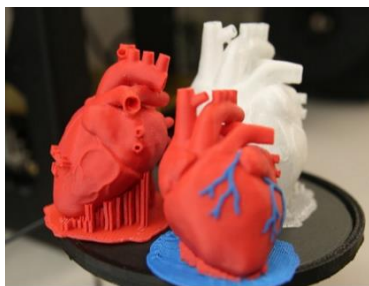
## Trustee's Annual Report

### Our achievements – what has been made possible

- £28,360 for staff enhancements to wards, rest areas and amenities
- £21,800 for staff meals during the pandemic including a Christmas meal
- £16,545 for the ongoing running costs of providing parental accommodation for parents of babies on the Neonatal Unit
- £16,000 for Schwartz Rounds for staff to reflect on the emotional aspects of their work



- £5,521 for the purchase of 3D printed heart models



- £2,228 for the purchase of 6 Venoscope Transilluminator's

## Trustee's Annual Report

### Our Financial Achievements



**£208,000 grants awarded on charitable activities**



**35% increase in Incoming Resources**



**£4,000 Hire of Birthing Pool income generated**



**£5,000 legacy income received**

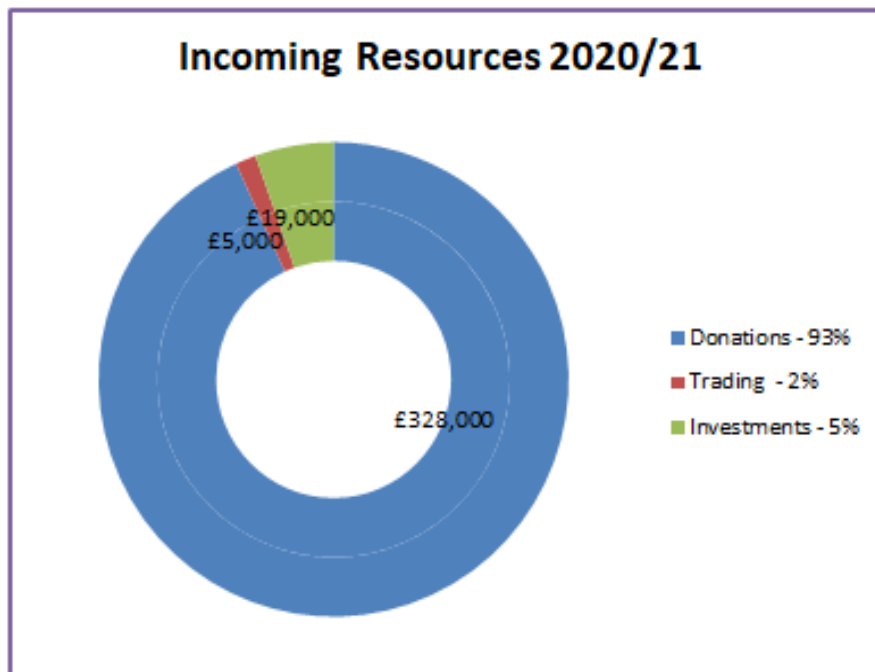


**£165,000 gain on unrealised and realised investment**

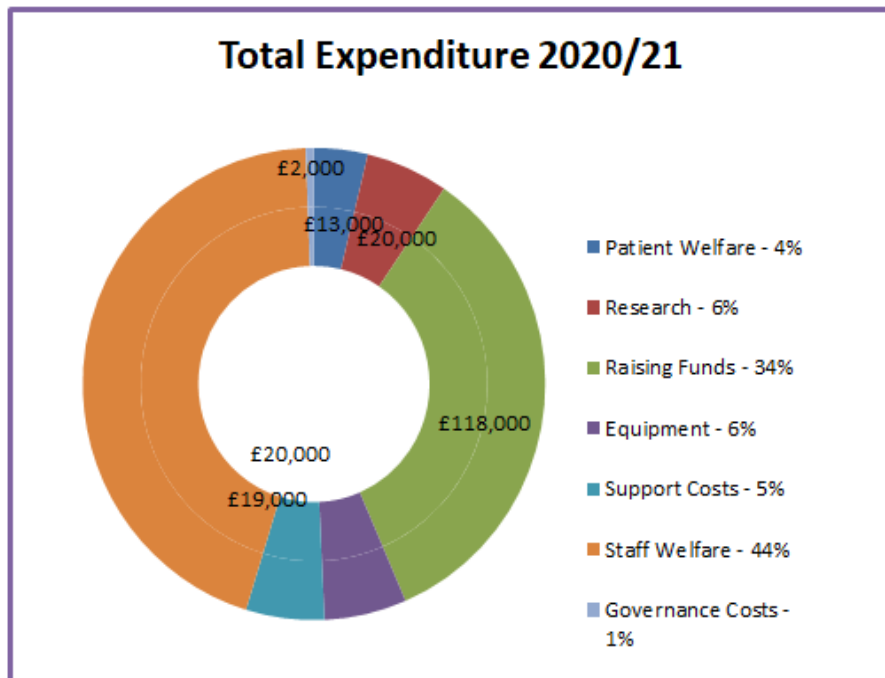
## Trustee's Annual Report

### Our Financial Achievements

Donations and legacies income represents £328,000 and 93% of the total incoming resources enabling us to maintain our charitable activities for the hospital.



Trading activities includes knitting stall income of £1,000 and hire of birthing pools income of £4,000.



Total expenditure of £347,000 during the year included over £208,000 (60%) on charitable activities, which included Staff welfare £155,000, Patient welfare £13,000, Equipment £20,000 and Research £20,000.

## Trustee's Annual Report

### Nominate Liverpool Women's Charity within your company

Many large companies work on a system where employees nominate charities and then the workforce vote as to who will be the winner. If you, or somebody you know, works for a company that chooses a charity of the year, please ask them to nominate Liverpool Women's Charity and help us continue to enhance our patient experience.

### Legacies and in memory offerings



In November 2013 the Charity launched its legacy giving appeal. There has been £5,000 legacy income received in the year. If you are planning to leave a gift to Liverpool Women's Charity in your will, please let us know so we can thank you during your lifetime.

To most people who leave a legacy this will be the largest donation they ever make to a charity, and one that will make a lasting difference to many people, it is indeed your lasting legacies to those you leave behind.

If you would like to know more about leaving a donation in your will please contact Kate Davis on 0151 702 4044 or Nadia Alsafaar on 0151 702 4194 or email [fundraising@lwh.nhs.uk](mailto:fundraising@lwh.nhs.uk). You can also write to Liverpool Women's Charity, Liverpool Women's, Crown Street, Liverpool, L8 7SS.

## Volunteers

[illegible]

- greeting and welcoming patients and their relatives when they arrive at the ward
- assisting staff in ensuring rooms are ready for new patients and during the admittance procedure
- talking to and befriending patients
- making nurses and other staff aware of any patient concerns
- assisting in transferring patients to other departments
- supporting mothers who are having 'skin to skin' contact with their babies
- running the weekly knitting stall

## Donate

Every penny counts and goes towards improving the care provided to patients and their families. By supporting Liverpool Women's Charity, you will help us in a big way and we thank you enormously. Donations give us a reliable and much needed source of funding and help us to prioritise where it is needed the most. There are lots of ways you can donate:

- Online: You can make a secure donation online at 'Just Giving'. Enter your details and the amount you wish to donate and click 'donate'.
- In person: You can visit our Fundraising Office located opposite main reception
- Via the ward or clinic: Official donation envelopes are available from any ward, department or the main reception, 24 hours a day. Simply complete the details on the envelope and hand it to a member of staff to pass on to our finance department.
- By credit/debit card: You can make a donation by credit or debit card by contacting 0151 702 4044
- By cheques: These should be made payable to 'Liverpool Women's Hospital Charity' and can be sent to:

Trustee's Annual Report and Accounts for the year ended 31<sup>st</sup> March 2021

## Trustee's Annual Report

### How to donate

**Via BACS:** If you would like to make a donation via BACS, please contact 0151 702 4044 for Liverpool Women's Charity's bank details.

**By standing order:** If you would like to set up a regular standing order or require any other information regarding charitable funds please contact 0151 702 4044.

Please include the name of your nominated fund with all donations so we can ensure your gift goes towards your chosen cause.

You can also support us by giving your loose change to one of our spinner donation units located in the main reception and restaurant.

The Charity has also set up several SMS text donation services via Just Giving and uses social media to promote this method of donating to the Charity.

The Charity continues to raise money to improve all areas of the hospital.

### Newsletter

The newsletter continues to be popular among our supporters and the staff at the Trust. It is filled with inspirational stories of why the Charity means so much to our followers.

If you wish to receive a copy of the newsletter please do not hesitate to contact our fundraising team.

Also please follow us on Facebook [www.facebook.com/Liverpool-Womens-Charities](https://www.facebook.com/Liverpool-Womens-Charities)

### Our future plans

For the coming year we aim to strengthen our current corporate partnerships whilst pursuing new corporate partnerships.

We are aiming to develop a more active pipeline to Trusts and Foundations applications in order to widen our income sources.

We aim to engage, more proactively, with local community organisations in order to encourage support, whilst also raising awareness of the charity and its brand and continue to engage with grateful patients, families and visitors as well as developing relationships with new supporters.

The Corporate Trustee plans to continue the key activities of the Charity, and seek further opportunities to enhance the support offered to the patients and families of Liverpool Women's NHS Foundation Trust.



**Trustee's Annual Report****BIG thank you**

On behalf of the patients, relatives and staff who have benefitted from improved services due to donations and fundraising, the Corporate Trustee would like to thank all patients and relatives and staff who have made charitable donations or have given your time.

The backing of all of our supporters is fundamental to the success of our charity, and I would like to take this opportunity to thank each and every one of you for your continued support over the last year.

Having read all about us, we invite you to consider supporting the work of our charity. If you would like to know more about how to make a donation please contact either Kate Davis or Nadia Alsafaar, our Charity Fundraisers on 0151 702 4044/4194, and “like” our Facebook page [www.facebook.com/Liverpool-WomensCharities](https://www.facebook.com/Liverpool-WomensCharities) for regular news and updates.

**Tracy Ellery**  
**Chair of the Charitable Funds Committee**

## Trustee's Annual Report

### Structure and governance

The Corporate Trustee presents the Charitable Funds Annual Report together with the Financial Statements for the year ended 31st March 2021.

The Charity's Annual Report and Accounts for the year ended 31st March 2021 have been prepared by the Corporate Trustee in accordance with the accounting policies set out in note 1 to the accounts, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with the Financial Reporting Standard 102. The Charity's report and accounts include all the separately established funds for which Liverpool Women's NHS Foundation Trust is the sole beneficiary.

The Charitable Funds are registered as an umbrella charity, in accordance with the Charities Act 2011 using a model Declaration of Trust as approved by the Commission.

### Reference and administrative details

The Liverpool Women's NHS Foundation Charitable Trust is an independent registered charity, which exists to raise, receive, manage and distribute donations for the benefit of the charitable purposes of the Liverpool Women's NHS Foundation Trust.

As a result of achieving Foundation Trust status in April 2005 the main umbrella charity changed its name from "Liverpool Women's Hospital Charitable Trust" to "The Liverpool Women's NHS Foundation Charitable Trust". This name change was approved by the Corporate Trustee on 2nd September 2005 and subsequently approved by the Charity Commission.

The Charity adopted a working name, "Liverpool Women's Charity", which was approved by the Charity Commission on 16th September 2009.

The Charity has 11 individual subsidiary registered funds as at the 31st March 2021 (2020:11) and the notes to the accounts distinguish the types of fund held and disclose separately all material funds (note 17).

Charitable funds received by the Charity are accepted, held and administered as funds and property held on trust for charitable purposes relating to the health service. The funds are held in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the Corporate Body.

The Liverpool Women's NHS Foundation Trust (the NHS Foundation Trust) is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

### Trustee

The Corporate Trustee of the Charity is the Liverpool Women's NHS Foundation Trust and acts through the members of the Board of Directors. The members of the Board of Directors who served during the financial year and those in post as at the 6th January 2022 are set out on pages 29 and 30.



## Trustee's Annual Report

The Corporate Trustee devolved responsibility for the on-going management of funds to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustee.

This Charitable Funds Committee was formed on 8th February 2005. The names of those people who served as agents for the Corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, are disclosed in the table on pages 29 and 30.

### Principal charitable fund advisor to the Board

The Director of Workforce and Marketing of the Liverpool Women's NHS Foundation Trust, under a scheme of delegated authority approved by the Corporate Trustee, has day to day responsibility for the management of the Charitable Funds.

The Charitable Funds Committee continues to develop the arrangements for delegation to nominated fund holders who manage the funds on an everyday basis.

### Structure

The Charity's unrestricted fund was established using the model declaration of trust, and all funds held on trust as at the date of registration are part of this fund. Subsequent donations and gifts received by the Charity are added to the fund balance. The fund covers a number of designations which have their own objectives and hold donations where a particular area or activity of the hospital was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund and by the use of designated funds the Corporate Trustee respects the wishes of our generous donors.

### Designated funds

A list of designated funds held during 2020/21 is set out overleaf:

## Trustee's Annual Report



### Reserves policy

Charitable reserves are identified as income which becomes available to the Charity and is to be spent at the Corporate Trustee's discretion in furtherance of any of the Charity's objects, but which is not yet spent, committed or designated. At 31 March 2021, the charity held £504,000 (2020: £339,000) in reserves of which £364,000 (2020: £235,000) were held in designated funds leaving £140,000 (2019: £104,000) in free reserves.

The closing charity balances are inclusive of all known and approved commitments, other than the salaried posts of the fundraising team whose costs are currently £100,000 per year. The fundraising costs are apportioned on an average fund basis across all charitable funds and therefore the closing £504,000 balance will cover 5.0 years of these costs. The trustee considers this to be a sufficient to meet fluctuations in donation and expenditure values.

The reserves policy has the objective of ensuring the Charity has sufficient funds available to honour commitments. The Corporate Trustee has a requirement to hold funds in order to support grants which will provide benefits for staff and funding for fixed term salaried posts such as the volunteer manager post.

The Corporate Trustee regularly reviews the level of reserves to ensure that commitments and spending plans are protected against falls in the Charity's income and investment values. The Corporate Trustee is mindful of the duty towards the Charity's current and future beneficiaries, and fulfils this responsibility by careful monitoring of expenditure and accessible money to guarantee day-to-day expenditure and ongoing commitments.

## Trustee's Annual Report

### Grant making policy

All grants are made from the Charity's unrestricted funds – these funds comprise two elements:

The **General Purpose Fund** - this fund is constituted of gifts received by the Charity where no particular preference as to its expenditure has been expressed by donors.

**Designated (Earmarked) Funds** – these usually contain donations where a particular part of the hospital, activity or research was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations.

The designated funds are overseen by fund holders who can make recommendations on how to spend the money within their designated area.

### Governance

The Liverpool Women's NHS Foundation Trust is the sole Corporate Trustee of the Charity. The Corporate Trustee is managed through its Board of Directors (the Board) which consists of executive and non-executive directors. The Board established a committee, known as the Charitable Funds Committee, reporting to the Board. The role of the Committee is to oversee the management of the affairs of the Charitable Fund. This is a delegated duty carried out on behalf of the Corporate Trustee. The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide information to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

The Corporate Trustee executive directors are subject to recruitment by a Remuneration and Nominations Committee whose membership comprises of the Chair, Chief Executive and non-executive directors of the Corporate Trustee. Non-executive directors of the Board are appointed by the Corporate Trustee's Council of Governors.

The Chair of the Charitable Funds Committee participates in the induction of new board directors and the Chief People Officer and Deputy Chief Executive ensures that board directors are informed of their responsibilities for charitable funds. The Corporate Trustee is kept informed of the discussions of the Charitable Funds Committee through briefings at its Board meetings.

In addition, the Board of the Corporate Trustee keeps the skill and development requirements of its individual directors under review and directors attend training events and meetings, hosted by a variety of external organisations, which provide the opportunity to enhance their skills and knowledge.

### Management of funds

Each designated fund has a nominated fund holder(s) who, acting under delegated authority from the Charitable Funds Committee, and supported by detailed procedural instructions, is responsible for ensuring that expenditure is incurred in accordance with the charitable objectives of each fund.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

## Trustee's Annual Report

- Control, manage and monitor the use of the fund's resources including approval of all proposals for expenditure in excess of £40,000 for the General Purpose Fund and £30,000 for other designated funds.
- Provide support, guidance and encouragement for all its income raising activities, whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs and fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the Board of Directors as Corporate Trustee is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Board of Directors fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Liverpool Women's NHS Foundation Trust's finance department. The Charitable Funds Committee meets on a quarterly basis and examines all expenditure approved by fund holders.

### Risk management

The Corporate Trustee has a duty to identify the risks to which the Charity is exposed, to keep these under review and establish systems to mitigate these risks.

The Charitable Funds Committee believes that the internal control systems in place are sufficiently embedded and that managers and staff are aware of their responsibility for internal control as part of their accountability for achieving objectives.

The Charitable Funds Committee has identified the major risks to the Charity's objects, commitments and future spending plans and the most significant risk is considered to be the potential losses arising from a fall in the value of investments.

The Charitable Funds Committee has considered this risk carefully and have established procedures to review the investment portfolio regularly, ensuring that the Charity's investments are spread over a wide and varied portfolio and are not concentrated in one particular investment or commercial sector. The Charitable Funds Committee meets with Investment Managers, monitors performance and receives regular reports on the portfolio.

The Corporate Trustee is mindful of the need to ensure spending plans and firm financial commitments are matched with income.

### Partnership working and networks

The role of the Charity in supporting Liverpool Women's NHS Foundation Trust continues to go from strength to strength and in order to meet our objectives effectively, we have continued to invest in our fundraising activities and our partnerships working with three independent charities. The NHS Foundation Trust is closely associated with two independent charities that are based at the hospital:

- We are grateful for the generous work of the volunteers of the **League of Friends of the Liverpool Women's Hospital (charity registration number 512162)**, who raise funds each year for the Liverpool Women's NHS Foundation Trust. Fundraising activities range from small events, to more substantial fundraising through the shop and trolley service.

## Trustee's Annual Report

- Liverpool Women's NHS Foundation Trust has developed a partnership with a large maternity hospital in Kampala, Uganda with a view to sharing educational resources through exchange visits by medical, nursing and midwifery staff. **The Liverpool Mulago Partnership (charity registration number 1135219).**

### Objectives and strategy

The objectives of the umbrella charity require the Corporate Trustee to hold the fund upon trust and to apply the income and the capital for any charitable purpose or purposes relating to the National Health Service. These wide objectives were agreed with the Charity Commission to give flexibility to allow the Corporate Trustee to use funds without being subject to any specific restriction. In practice, all expenditure has been, and will continue to be, related to services provided by the Liverpool Women's NHS Foundation Trust. Each designated fund has its own charitable objectives in support of the overarching objective of the umbrella charity.

We seek to use the charitable funds to improve the vital care and support we give to our patients and their families. This enables our staff to gain access to training and development activities, to conduct appropriate research and to augment staff welfare, focusing on areas not covered or fully supported by central NHS funds.

Making our vision happen involves all our partners, the Liverpool Women's Hospital League of Friends staff, patients, carers and the community.

### Public benefit

The Corporate Trustee has a duty to comply with Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit. The Corporate Trustee can confirm that it has fulfilled the public benefit requirement and that this requirement is strongly embedded within the procedures for approving grants and spending plans.

The Charitable Funds Committee, on behalf of the Corporate Trustee, ensures that all grants and spending plans contain identifiable public benefits that are clear and meet the objects of the Charity funds. This is achieved by the Corporate Trustee keeping spending plans under review throughout the year.

### A Review of our finances and performance

The net funds held, after taking account of current assets and liabilities, at 31st March 2021 were £504,000 (2020: £339,000). This represents an overall net increase of £165,000 (2020 decrease: £260,000). This arises from an excess of income over expenditure of £5,000 (2020: £184,000 net expenditure) with net gains on investments of £165,000 (2020: £76,000 investment losses).

The net gain on investments of £165,000 (2020: £76,000 investment loss) are comprised of unrealised gains of £141,000 (2020: unrealised loss of £156,000) and realised gains of £19,000 (2020 £80,000).

### Review of income

The Charity relies on donations, fundraising events and investment income as the main sources of income. Total incoming resources of £352,000 were higher than those of 2020 (£260,000).

## Trustee's Annual Report

Donations totalling £323,000 (2020: £171,000) were received from grateful patients, their families, friends and other supporters in acknowledgement of the high standard of care provided. Trading activities income of £5,000 (2020: £23,000) includes income from the knitting stall of £1,000 (2020: £14,000)

The Corporate Trustee recognises the importance of the care provided throughout the NHS Foundation Trust and appreciates the donations and kind words from donors.

### Legacy income

There was £5,000 of legacy income during the year (2020: £31,000). Legacy income is only accrued when there is a reasonable certainty of receipt. This is based on notifications provided by the representatives of the estates concerned. The Charity's officers liaise with solicitors to ensure that specific wishes are carried out.

### Review of expenditure

From the total resources expended of £347,000 (2020: £444,000), charitable expenditure on direct charitable activity, was £208,000 (2020: £344,000) across a range of programmes.

### Fund balances

Fund balances at 31st March 2021 were £504,000 (2020: £339,000).

### Gift aid

Gift aid provides a great opportunity for donors to increase the value of their donation to our Charity. Provided the donor is a taxpayer, our Charity can claim from HM Revenue & Customs the basic rate tax paid on the gift. This increases donations by approximately 25%, so a gift of £10.00 is worth £12.50 to our charity.

### Investments

For investment purposes the Charity 'pools' its individual sub funds available, to maximise the returns on investments, whilst operating in accordance with the Board's agreed risk appetite. The funds are operated as a single investment fund under an official pooling scheme which was registered with the Charity Commission on 1<sup>st</sup> January 1999.

Investments are managed by Investec Wealth and Management on behalf of the Charity through an approved investment policy which includes an ethical restriction on investments in tobacco. The funds of the Charity are invested in a wide range of investments with the objective of maximising long term returns within a medium risk profile including UK equities and fixed interest securities, overseas equities held via collectives and cash.

## Trustee's Annual Report

The performance of the fund is reported by Investec Wealth and Management on a quarterly and annual basis against the benchmark set by the Corporate Trustee, the WM Unconstrained Universe, which is widely used by the charity sector. The members of the Charitable Funds Committee meet annually with the Investment Manager to discuss performance and to review the investment strategy. The investment markets remain volatile and the Charity's investments continue to be actively managed

During the year the Charity's investment moved to a fund value of £905,000 as at 31<sup>st</sup> March 2021 from £752,000 at 31<sup>st</sup> March 2020. During the year, there were also disposals of investments at carrying value of £295k (2020: £349,000).

## Trustee's Annual Report

### Administrative Details

#### Name of Charity

The Liverpool Women's NHS Foundation Charitable Trust  
Registered charity number 1048294

#### Internal Auditors

Merseyside Internal Audit Agency  
Regatta Place,  
Brunswick Business Park,  
Summers Road,  
Liverpool L3 4BL



#### Principal Office

Financial Accountant,  
Finance Department,  
Liverpool Women's NHS  
Foundation Trust  
Crown Street  
Liverpool  
L8 7SS  
**Tel: 0151-708-9988**



#### Independent Examiners

Beever and Struthers  
St Georges House  
215-219 Chester Road  
Manchester  
M15 4JE



#### Fundraising

Fundraising Office  
Email: [fundraising@lwh.nhs.uk](mailto:fundraising@lwh.nhs.uk)  
**Tel: 0151-702-4044**

#### Solicitors

Hill Dickinson  
No. 1, St. Paul's Square,  
Liverpool  
L3 9SJ



#### Bankers

Barclays Bank PLC  
48b & 50 Lord Street  
Liverpool  
L2 1TD



#### Investment Fund Managers

Investec Wealth and Management  
2 Gresham Street  
London  
EC2V 7QN





## Trustee's Annual Report

## Corporate Trustee Board of Directors – Non-Executive Directors

Name	Position held	Member of Charitable Funds Committee	1 <sup>st</sup> April 2020 to 31 <sup>st</sup> March 2021	As at 6 <sup>th</sup> January 2022
<b>Non-Executive Directors</b>				
Robert Clarke	Chair	No	In post	In post
Phil Huggon	Non-Executive Director, Chair of Charitable Funds Committee to the 31 <sup>st</sup> March 2021	Yes	In post	Not in post
Tony Okotie	Non-Executive Director, Senior Independent Director	Yes	In post	In post
Jo Moore	Non-Executive Director, Interim Chair of Charitable Funds Committee from 1 <sup>st</sup> April 2021 to the 8 <sup>th</sup> September 2021	Yes	In post	Not in post - left on the 8 <sup>th</sup> September 2021
Ian Knight	Non-Executive Director	No	In post	Not in post
Susan Milner	Non-Executive Director	No	In post	In post
Tracy Ellery	Non-Executive Director, Chair of Charitable Funds Committee from the 9 <sup>th</sup> September 2021	No	In post	In post
Louise Martin	Non-Executive Director	No	In post	In post
Zia Chaudhry	Non-Executive Director	Yes	Not in post	In post from the 1 <sup>st</sup> December 2021
Gloria Hyatt	Non-Executive Director	Yes	Not in post	In post from the 1 <sup>st</sup> December 2021
Sarah Walker	Non-Executive Director	Yes	Not in post	In post from the 1 <sup>st</sup> December 2021

Trustee's Annual Report and Accounts for the year ended 31<sup>st</sup> March 2021

## Trustee's Annual Report

### Corporate Trustee Board of Directors – Executive Directors

Name	Position held	Member of Charitable Funds Committee	1 <sup>ST</sup> April 2020 to 31 <sup>st</sup> March 2021	As at 6 <sup>th</sup> January 2022
<b>Executive Directors</b>				
Kathryn Thomson	Chief Executive	No	In post	In post
Michelle Turner	Chief People Officer & Deputy Chief Executive	Yes	In post	In post – also became Deputy Chief Executive on the 1st July 2021
Andrew Loughney	Medical Director and Deputy Chief Executive	No	In post to the 31st December 2020	Not In post
Lynn Greenhalgh	Medical Director	No	In post from 4 <sup>th</sup> January 2021	In post
Gaynor Thomason	Interim Director of Nursing and Midwifery	Yes	In post from the 31 <sup>st</sup> March 2020 to the 12th November 2020	Not In post
Janet Brennan	Acting Director of Nursing and Midwifery	Yes	In post from the 13th November 2020 to the 31st December 2020	Not In post
Marie Forshaw	Director of Nursing and Midwifery	Yes	In post from the from the 4th January 2021	In post
Gary Price	Director of Operations	No	In post	In post
Jennifer Hannon	Chief Finance Officer	No	In post	Not In post – left on the 30 <sup>th</sup> September 2021
Eva Horgan	Chief Finance Officer	Yes	Not In post - was the Deputy Chief Finance Officer during this period	In post from the 1st October 2021

## Statement of Trustee's responsibilities

The Corporate Trustee is responsible for preparing a Trustee's Annual Report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102)

The law applicable to charities in England and Wales requires the Charity Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of its incoming resources and application of resources, of the Charity for that period.

In preparing the financial statements, the Trustee is required to:

- a. select suitable accounting policies and then apply them consistently;
- b. observe the methods and principles of the Charity SORP;
- c. make judgements and accounting estimates that are reasonable and prudent;
- d. state whether applicable United Kingdom accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- e. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue to operate.

The Corporate Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations, and the provisions of the Trust Deed. It is also responsible for safeguarding the assets of the Charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Corporate Trustee is responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the Corporate Trustee on the XXXX and signed on its behalf by:

Name: Tracy Ellery

## Independent Examiners Report

I report on the accounts of the charity for the 12 months ended 31 March 2021 which are set out on pages 33 to 50.

### Respective responsibilities of trustee's and examiner

The charity's trustee is responsible for the preparation of the accounts. The charity's trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and state whether particular matters have come to my attention.

### Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

### Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the Act. I confirm that I am qualified to undertake the examination because I am member of the Institute of Chartered Certified Accountants which is one of the listed bodies.

In connection with my examination, no matter has come to my attention:

- 1 which gives me reasonable cause to believe that, in any material respect, the requirements:
  - to keep accounting records in accordance with section 130 of the 2011 Act; and
  - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Act
 have not been met; or
- 2 to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Andrew McLaren FCA  
Independent Examiner  
Beever and Struthers  
St George's House  
215-219 Chester Road  
Manchester  
M15 4JE

Statement of Financial Activities for the year ended 31<sup>st</sup> March 2021

	Note	Unrestricted Funds 2021 £000	Restricted Funds 2021 £000	Total Funds 2021 £000	Total Funds 2020 £000
<b>Incoming resources:</b>	<b>4</b>				
<b>Income and endowments from:</b>					
Donations and legacies		328	0	<b>328</b>	202
Other trading activities		5	0	<b>5</b>	23
Investments	<b>13</b>	19	0	<b>19</b>	35
Other income		0	0	<b>0</b>	0
<b>Total incoming resources</b>		<b>352</b>	<b>0</b>	<b>352</b>	260
<b>Resources expended:</b>	<b>7</b>				
<b>Expenditure on:</b>					
Raising funds		118	0	<b>118</b>	79
Charitable activities		229	0	<b>229</b>	365
<b>Total resources expended</b>		<b>347</b>	<b>0</b>	<b>347</b>	444
<b>Net expenditure before investment gains</b>		<b>5</b>	<b>0</b>	<b>5</b>	(184)
Net (loss) / gain on investments - unrealised	<b>12</b>	141	0	<b>141</b>	(156)
Net gains on investments - realised		19	0	<b>19</b>	80
<b>Net (expenditure)/income</b>		<b>165</b>	<b>0</b>	<b>165</b>	(260)
<b>Net movement in funds</b>		<b>165</b>	<b>0</b>	<b>165</b>	(260)
<b>Reconciliation of Funds:</b>					
Fund balances brought forward 1 <sup>st</sup> April		339	0	<b>339</b>	599
<b>Fund balances carried forward 31<sup>st</sup> March</b>		<b>504</b>	<b>0</b>	<b>504</b>	339

**Balance Sheet as at 31st March 2021**

	Note	Unrestricted Funds 2021 £000	Total Funds 2021 £000	Total Funds 2020 £000
<b>Fixed assets:</b>				
Investments	12	905	905	752
<b>Total fixed assets</b>		<b>905</b>	<b>905</b>	752
<b>Current assets:</b>				
Debtors	14	4	4	6
Cash at bank and in hand	15	5	5	57
<b>Total current assets</b>		<b>9</b>	<b>9</b>	63
<b>Liabilities:</b>				
Creditors and commitments falling due within one year	16	(350)	(350)	(416)
Creditors and commitments due greater than one year		(60)	(60)	(60)
<b>Total current liabilities</b>		<b>(410)</b>	<b>(410)</b>	(476)
<b>Net current assets/(liabilities)</b>		<b>(401)</b>	<b>(401)</b>	(413)
<b>Total assets less current liabilities</b>		<b>504</b>	<b>504</b>	339
<b>The funds of the charity:</b>				
Unrestricted funds	17	504	504	339
<b>Total charity funds</b>		<b>504</b>	<b>504</b>	339

The notes following the primary statements, numbered 1 to 21 form part of these accounts.

The financial statements contained within these accounts were approved by the Board of Directors on the XXXX and signed on its behalf by:

**Name:** Tracy Ellery

**Position:** Chair of Charitable Funds Committee

## Statement of Cash Flows for the year ended 31st March 2021

	Note	Total Funds 2021 £000	Total Funds 2020 £000
<b>Cash flows from operating activities:</b>			
<b>Net cash provided by operating activities</b>	<b>18</b>	<b>(78)</b>	<b>(394)</b>
<b>Cash flows from investing activities:</b>			
Dividends and interest from investments	4	19	35
Proceeds from sale of investments		314	429
Purchase of investments	12	(308)	(59)
<b>Net cash provided by/(used in) investing activities</b>		<b>25</b>	<b>405</b>
Change in cash and cash equivalents in the reporting period		(53)	11
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>66</b>	<b>55</b>
<b>Total cash and cash equivalents at the end of the reporting period</b>	<b>19</b>	<b>13</b>	<b>66</b>

## Notes to the accounts

### 1. Accounting Policies

#### 1.1 Legal Status

The Liverpool Women's NHS Foundation Charitable Trust is an unincorporated charity registered with the charity commission. The address is Crown Street, Liverpool, L8 7SS.

#### 1.2 Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on July 2014, and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The trustee's consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts. As a result of the COVID-19 pandemic there was a downturn in the financial markets and the Charity incurred an unrealised loss on investments of £156k in the 2019/20 financial year. However, the financial markets have since bounced back and the Charity incurred an unrealised gain on investments in 2020/21 of £141k. The Charity has recently reviewed its Investment policy thoroughly with its Investment advisors Investec Wealth and Management and will continue to monitor and react accordingly to the changes in the financial markets. There was a net increase in the closing fund balance in 2020/21 of £165k from £339k at the 1<sup>st</sup> April 2020 to £504k at the 31<sup>st</sup> March 2021.

The Charity constitutes a public benefit entity as defined by FRS 102. The financial statements are prepared in sterling which is the functional currency of the entity.

#### 1.3 Funds structure

Unrestricted funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Restricted funds comprise those funds where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The funds held are disclosed in note 17.

#### 1.4 Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

#### 1.5 Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable. Receipt is probable when:

- Confirmation has been received from the representatives of the estate that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy, and
- All conditions attached to the legacy have been fulfilled or are within the charity's control



## Notes to the accounts continued

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

### 1.6 Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely that not... that a transfer of benefits (usually a cash benefit) will be required in settlement
- The amount of the obligation can be measured or estimated reliably

Grants payable are payments made to the Liverpool Women's NHS Foundation Trust which is classed as a related party, in furtherance of the charitable objectives of the funds held on trust. In the case of an unconditional grant offer this is accrued once the recipient has been notified of the grant award. The notification gives the recipient a reasonable expectation that they will receive the one-year or multi-year grant.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

### 1.7 Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration and independent examination costs. The analysis of support costs and the bases of apportionment applied are shown in note 7.

### 1.8 Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objectives. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to related party, Liverpool Women's NHS Foundation Trust, which is used to cover the costs of the hospital's fundraising office salaries and overheads.

### 1.9 Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs comprise direct costs and an apportionment of overhead and support costs as shown in note 7.

### 1.10 Governance costs

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to the independent accounts examination.

### 1.11 Fixed asset investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair (market value) as at the balance sheet date. The statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current market value quoted by the investment analyst.

## Notes to the accounts continued

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in settlement concerning equities and within particular sectors or sub sectors. Further information on the investments can be found in note 12.

### 1.12 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later).

### 1.13 Pensions

The Charity is a grant making charity and has no employees.

### 1.14 Debtors

Debtors are amounts owed to the charity. They are measured at transaction price, less any impairment.

### 1.15 Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

### 1.16 Creditors

Amounts owed to group companies due within one year are measured at the undiscounted amount of the cash or other consideration expected to be paid. All other creditors are measured at transaction price.

### 1.17 Financial instruments

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the Statement of Financial Activities.

## Notes to the accounts continued

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in the Statement of Financial Activities immediately.

Any reversals of impairment are recognised in the Statement of Financial Activities immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

### 2. Related party transactions

The Corporate Trustee of the Liverpool Women's NHS Foundation Charitable Trust (the Charity) is the Liverpool Women's NHS Foundation Trust (the Trust). The Charity delivers its charitable objectives by making grants to the Trust. Grants made to the Trust in the year were £208,000 (2020: £344,000).

The amount owed to the Trust as at 31 March 2021 was £159,000 (2020: £124,000) (see note 16). During the year the Charity made a payment of £390,000 (2020: £375,000) to the Trust.

None of the members of the Trust Board, Charitable Funds Committee, senior Trust staff, or parties related to them were beneficiaries of the Charity, and none of these individuals have undertaken any transactions with the Charity during the year.

The Charity employed no direct employees during the year to 31st March 2021 (2020: none). During the year the Trust recharged £100,000 fundraising salary costs (2020: £63,000) to the Charity.

## Notes to the accounts continued

### 3. Purposes of unrestricted and material designated funds

The purposes of unrestricted and material designated funds are:

Fund	Purpose
<b>The Women's Hospital General Purpose Fund</b>	Any charitable purpose(s) relating to the NHS wholly or mainly for the Liverpool Women's Hospital.
<b>Liverpool Women's Cancer Charity</b>	To further the advancement of scientific and medical education and research into topics related to cancer research.
<b>Community Midwifery</b>	Promoting the efficient performance of their duties by the midwives of the NHS Foundation Trust.
<b>Reproductive Medicine Fund</b>	To further the advancement of scientific and medical education and research into topics related to infertility, miscarriage and menopause.
<b>Medical Education Fund</b>	To further the advancement of scientific and medical education and research into topics related to the field of obstetrics and gynaecology.
<b>Fetal Centre Research and Development</b>	The investigation into causes of sickness in the unborn child and the prevention, treatment, cure and defeat of this sickness.
<b>Neonatal Fund</b>	The investigation into the causes of sickness in the newborn child and the prevention, treatment, cure and defeat of this sickness and to further the cause of premature newborn babies at the NHS Foundation Trust and to further the advancement of scientific and medical education and research into topics related to sickness in the newborn child.

Other Funds:

Fund	Purpose
<b>Women's Hospital Staff Welfare Fund</b>	For the relief of sickness by promoting the efficient performance of their duties by the staff of the Liverpool Women's Hospital.
<b>Training and Development Fund</b>	To further the advancement of scientific and medical education and research into topics relating to pregnancy and problems associated with giving birth and gynaecological problems.
<b>Women's Assisted Conception Fund</b>	To further the advancement of scientific and medical education into topics related to infertility in women.
<b>Cytogenetics Fund</b>	To further the advancement of scientific and medical education and research into topics related to cytogenetics.

## Notes to the accounts continued

### 4. Analysis of income

	2021 Unrestricted Funds £000	2021 Restricted Funds £000	2021 Total Funds £000	2020 Total Funds £000
<b>Donations and legacies:</b>				
Donations and gifts	323	0	323	171
Legacies	5	0	5	31
<b>Total donations and legacies</b>	<b>328</b>	<b>0</b>	<b>328</b>	<b>202</b>
<b>Other trading activities:</b>				
Stall income	1	0	1	14
Hire of birthing pools	4	0	4	4
Fundraising events	0	0	0	5
<b>Total other trading activities</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>23</b>
<b>Income from investments:</b>				
Dividend income	19	0	19	35
<b>Total income from investments</b>	<b>19</b>	<b>0</b>	<b>19</b>	<b>35</b>
<b>Other income:</b>	0	0	0	0
<b>Total other income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Income</b>	<b>352</b>	<b>0</b>	<b>352</b>	<b>260</b>

### 5. Donated Goods

All income in the prior year was unrestricted

	2021 Unrestricted Funds £000	2021 Restricted Funds £000	2021 Total Funds £000	2020 Total Funds £000
<b>Included within other trading activities:</b>				
Sale of donated items	1	0	1	14
<b>Total stall income included within other trading activities</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>14</b>

Donated knitted items for resale are not recognised on receipt. Instead the value to the charity of the donated goods sold is recognised as income when sold. The proceeds of sale are categorised as "Income from other trading activities" in the Statement of Financial Activities and included within the stall income of £1,000.

## Notes to the accounts continued

### 6. Role of volunteers

The Charity is reliant on a team of volunteers who perform two main roles:

- **Knitting** – there are approximately 300 volunteer knitters who donate their time to knit baby items which are then sold a weekly knitting stall in the main reception of the Liverpool Women's Hospital which is also run by volunteers. During the year the knitting stall raised £1,000 for the Hospital's Neonatal unit (2020: £14,000).
- **Fundraisers** – the Charity has many local volunteers who actively fundraise by hosting events such as garden parties, charity nights, participating in local and national events and being involved with bucket collections.

### 7. Allocation of support costs and overheads

All financial services costs provided by the Liverpool Women's NHS Foundation Trust have been treated as support costs and Independent examination fees have been treated as governance costs. Both support costs and governance costs have been apportioned across charitable activities expenditure proportionate to the expenditure level.

#### 7.1 Support & Governance Costs

	2021 Unrestricted Funds £000	2021 Restricted Funds £000	2021 Total Funds £000	2020 Total Funds £000
<b>Support Costs:</b> Financial Services provided by Liverpool Women's NHS Foundation Trust	19	0	19	19
<b>Governance Costs:</b> Independent Examination Fees	2	0	2	2
<b>Total</b>	<b>21</b>	<b>0</b>	<b>21</b>	<b>21</b>

The Trustee does not receive any remuneration nor were any expenses paid to the Trustee in the year ending 31 March 2021 or the preceding financial year.

#### 7.2 Apportionment of Support & Governance Costs across Charitable Activities

	2021 Patient welfare £000	2021 Staff welfare £000	2021 Equipment £000	2021 Research £000	2021 Total £000	2020 Total £000
<b>Support Costs:</b> Financial Services provided by Liverpool Women's NHS Foundation Trust	1	14	2	2	19	19
<b>Governance Costs:</b> Independent Examination Fees	0	2	0	0	2	2
<b>Total</b>	<b>1</b>	<b>16</b>	<b>2</b>	<b>2</b>	<b>21</b>	<b>21</b>

## Notes to the accounts continued

## 7.3 Analysis of expenditure

	2021 Unrestricted Funds	2021 Unrestricted Funds Support & Governance Costs	2021 Restricted Funds	2021 Total	2020 Total
	£000	£000	£000	£000	£000
<b>Expenditure on raising funds:</b>					
Staging fundraising events	10	0	0	10	5
Fundraising managers	100	0	0	100	63
Investment management costs	8	0	0	8	11
<b>Total expenditure on raising funds</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>118</b>	<b>79</b>
<b>Expenditure on charitable activities:</b>					
Patient welfare	13	1	0	14	45
Staff welfare	155	16	0	171	0
Equipment	20	2	0	22	286
Research	20	2	0	22	34
<b>Total expenditure on charitable activities</b>	<b>208</b>	<b>21</b>	<b>0</b>	<b>229</b>	<b>365</b>
<b>Total Expenditure</b>	<b>326</b>	<b>21</b>	<b>0</b>	<b>347</b>	<b>444</b>

Overhead and support costs including governance costs, volunteer costs, fundraising costs, finance and independent examination fees have been apportioned across charitable activities on the basis of the value of the fund. The expenditure above includes released commitments, which has thereby reduced current year expenditure in comparison with the prior year in the following categories; fundraising managers £4k, Patient Welfare £17k, Staff welfare £1k, Equipment £7k and Research £8k.



## Notes to the accounts continued

### 8. Independent examination and audit fees

	2021 Unrestricted Funds £000	2021 Restricted Funds £000	2021 Total £000	2020 Total £000
<b>Fees for examination of the accounts:</b>				
Independent examiner's fees	2	-	2	2
<b>Total fees</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>

The Independent examination fee is shown in the above note excluding VAT in accordance with guidance, however, the VAT element is not recoverable making the overall Governance costs £2k as shown in note 7.1.

### 9. Analysis of staff costs

The Charity did not directly employ any staff during 2020/21 (2019/20: nil).

The Charity instead received services from the Liverpool Women's NHS Foundation Trust, for example financial services and fundraising for which a recharge is made by the Trust to the Charity.

### 10. Analysis of grants

The Charity does not make grants to individuals or third parties. All grants are made to the Liverpool Women's NHS Foundation Trust to provide for the care of our NHS patients in the furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities. The standing orders and standing financial instructions of the NHS Foundation Trust include the directions of the Trustee for the management of charitable funds and recognise that management processes may overlap with those of the NHS Foundation Trust.

The Trustee operates a scheme of delegation for the majority of charitable funds, under which fund holders manage the day to day disbursements on their projects in accordance with the standing orders and standing financial instructions of the NHS Foundation Trust. Please refer to the Trustee's Annual report to the Account for additional information on the grant making activities performed during the year to 31st March 2021.

### 11. Transfers between funds

There were no transfers between funds during 2020/21 (2019/20: £nil).

## Notes to the accounts continued

## 12. Fixed asset investments

	2021 Total £000	2020 Total £000
<b>Movement in fixed asset investment</b>		
Market Value brought forward	743	1,189
Add: additions to investment at cost	308	59
Less: disposals at carrying value	(295)	(349)
Add: net (loss) / gain on revaluation - unrealised	141	(156)
<b>Market Value as at 31 March</b>	<b>897</b>	<b>743</b>
Cash held as part of investment portfolio	8	9
<b>Total investment value as at 31 March</b>	<b>905</b>	<b>752</b>
Historic Cost as at 31 March	649	638
<b>Fixed asset investments by type</b>	<b>2021 Total £000</b>	<b>2020 Total £000</b>
Investments listed on a recognised Stock Exchange:		
UK Equities	343	331
European equities	35	25
North American equities	207	121
Japanese equities	16	17
Far East and Australasian equities	30	19
Emerging economies	21	7
International equities	13	8
Property	43	53
Alternative Assets	51	31
Other investments:		
UK fixed interest	121	131
Overseas Fixed Interest	17	0
Cash held as part of the investment portfolio	8	9
<b>Total fixed asset investments</b>	<b>905</b>	<b>752</b>

## Notes to the accounts continued

### 13. Total gross income from investments and cash on deposit

	2021 Total	2020 Total
	£000	£000
Investments listed on a recognised Stock Exchange:		
UK Equities	15	22
European equities	0	1
Overseas and emerging equities	1	2
Other investments:		
UK fixed interest	2	6
UK Property	0	3
Alternative Assets	1	1
<b>Total</b>	<b>19</b>	<b>35</b>

### 14. Analysis of current assets

	2021 Total	2020 Total
	£000	£000
<b>Debtors under one year</b>		
Investment income receivable	4	6
<b>Total</b>	<b>4</b>	<b>6</b>

### 15. Analysis of cash and deposits

	2021 Total	2020 Total
	£000	£000
Short term investments and deposits	4	51
Cash at bank and in hand	1	6
<b>Total</b>	<b>5</b>	<b>57</b>

## Notes to the accounts continued

## 16. Analysis of liabilities and commitments

	2021 Total £000	2020 Total £000
<b>Creditors &amp; commitments under one year</b>		
Amounts due to Liverpool Women's NHS Foundation Trust	156	122
Commitments	192	292
Other accruals	2	2
<b>Total</b>	<b>350</b>	<b>416</b>
	2021 Total £000	2020 Total £000
<b>Creditors &amp; commitments over one year</b>		
Commitments	60	60
<b>Total</b>	<b>60</b>	<b>60</b>

Amounts owed to Liverpool Women's NHS Foundation Trust relates to grants paid out by the Trust on behalf of the Charity.

## Movements in funding commitments during the period

	2021 Total £000	2020 Total £000
Balance at the start of the reporting period	352	342
Amounts added in current period	242	383
Amounts charged against commitments in the current period	(305)	(320)
Unused amounts reversed during the period	(37)	(53)
<b>Balance at the end of the reporting period</b>	<b>252</b>	<b>352</b>

## Notes to the accounts continued

## 17. Unrestricted funds

Analysis of unrestricted and material designated funds	Funds brought forward at 01-Apr-20	Incoming resources	Resources expended	Gain on investments	Funds carried forward at 31-Mar-21
	£000	£000	£000	£000	£000
General Purpose	104	42	(49)	43	140
Liverpool Women's Cancer Charity	62	6	(17)	23	74
Community Midwifery	25	6	(8)	11	34
Reproductive Medicine Fund	2	0	(1)	1	2
Medical Education	47	2	(14)	16	51
Fetal Centre Research & Development Fund	41	3	(10)	16	50
Neonatal Fund	33	139	(89)	39	122
Other Funds	25	154	(159)	11	31
<b>Total</b>	<b>339</b>	<b>352</b>	<b>(347)</b>	<b>160</b>	<b>504</b>

Analysis of unrestricted and material designated funds	Funds brought forward at 01-Apr-19	Incoming resources	Resources expended	Loss on investments	Funds carried forward at 31-Mar-20
	£000	£000	£000	£000	£000
General Purpose	105	85	(64)	(22)	104
Liverpool Women's Cancer Charity	88	7	(20)	(13)	62
Community Midwifery	33	6	(9)	(5)	25
Reproductive Medicine Fund	5	0	(2)	(1)	2
Medical Education	67	5	(14)	(11)	47
Fetal Centre Research & Development Fund	53	20	(23)	(9)	41
Neonatal Fund	231	109	(300)	(7)	33
Other Funds	17	28	(12)	(8)	25
<b>Total</b>	<b>599</b>	<b>260</b>	<b>(444)</b>	<b>(76)</b>	<b>339</b>

The purposes of the funds are given in note 3.

## Notes to the accounts continued

## 18. Reconciliation of net movement in funds to net cash flow from operating activities

	2021 Total £000	2020 Total £000
Net movement in funds	5	(184)
<b>Adjustments for:</b>		
Dividends and interest on investments	(19)	(35)
(Increase) / decrease in debtors	2	1
Increase / (decrease) in creditors	(66)	(176)
<b>Total</b>	<b>(78)</b>	<b>(394)</b>

## 19. Analysis of cash and cash equivalents

	2021 Total £000	2020 Total £000
<b>Cash and deposits:</b>		
Short term investments and deposits	4	51
Cash in hand	1	6
	5	57
Cash held as part of the investment portfolio	8	9
	13	66

## 20. Net Debt

2020/21:	At 1 April 2020 £000	Cashflows £000	At 31 March 2021 £000
Cash and deposits	66	(53)	13
Loans due within one year	(122)	(34)	(156)
<b>Total</b>	<b>(56)</b>	<b>(87)</b>	<b>(143)</b>

2019/20:	At 1 April 2019 £000	Cashflows £000	At 31 March 2020 £000
Cash and deposits	55	11	66
Loans due within one year	(306)	184	(122)
<b>Total</b>	<b>(251)</b>	<b>195</b>	<b>(56)</b>

## Notes to the accounts continued

## 21. Statement of Financial Activities for the year ended 31st March 2020

The below is the prior years' Statement of Financial Activities for the year ended 31st March 2020, which is shown for comparative purposes:

	Unrestricted Funds 2020 £0	Restricted Funds 2020 £0	Total Funds 2020 £0	Total Funds 2019 £0
<b>Incoming resources:</b>				
<b>Income and endowments from:</b>				
Donations and legacies	202	0	202	174
Other trading activities	23	0	23	45
Investments	35	0	35	36
Other income	0	0	0	-
<b>Total incoming resources</b>	<b>260</b>	<b>0</b>	<b>260</b>	<b>255</b>
<b>Resources expended:</b>				
<b>Expenditure on:</b>				
Raising funds	79	0	79	165
Charitable activities	365	0	365	221
<b>Total resources expended</b>	<b>444</b>	<b>0</b>	<b>444</b>	<b>386</b>
<b>Net expenditure before investment gains</b>	<b>(184)</b>	<b>0</b>	<b>(184)</b>	<b>(131)</b>
Net gains on investments - unrealised	(156)	0	(156)	24
Net gains on investments - realised	80	0	80	31
<b>Net (expenditure)/income</b>	<b>(260)</b>	<b>0</b>	<b>(260)</b>	<b>(76)</b>
Extraordinary items	0	0	0	0
<b>Net movement in funds</b>	<b>(260)</b>	<b>0</b>	<b>(260)</b>	<b>(76)</b>
<b>Reconciliation of Funds:</b>				
Fund balances brought forward 1 <sup>st</sup> April	599	0	599	675
<b>Fund balances carried forward 31<sup>st</sup> March</b>	<b>339</b>	<b>0</b>	<b>339</b>	<b>599</b>



**Liverpool Women's NHS Foundation Charitable Trust**

To: Beever and Struthers

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your report on the charity's financial statements for the year ended 31 March 2021. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

**GENERAL**

1. We acknowledge that the work performed by you is substantially less in scope than an audit performed in accordance with International Standards on Auditing (UK and Ireland) and that you do not express an audit opinion.
2. We confirm that the charity was entitled to exemption under [section 144 of the Charities Act 2011 the requirement to have its financial statements for the financial year ended 31 March 2021 audited.
3. We have fulfilled our responsibilities as trustees as set out in the terms of your engagement letter dated 25 October 2021 under Charities Act 2011 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (UK Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view.
4. All the transactions undertaken by the charity have been properly reflected and recorded in the accounting records.
5. All the accounting records and related financial information, including minutes of all management and trustee meetings and correspondence with The Charity Commission have been made available to you for the purpose of your work.

**ASSETS AND LIABILITIES**

6. The charity has satisfactory title to all assets and there are no liens or encumbrances on the charity's assets, except for those that are disclosed as applicable in the notes to the financial statements.
7. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as applicable.
8. We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

**LOANS AND ARRANGEMENTS**

9. The charity has not granted any advances or credits to, or made guarantees on behalf of trustee other than those disclosed in the financial statements.

**LEGAL CLAIMS**

10. We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for and disclosed as applicable in the financial statements.

**LAWS AND REGULATIONS**

11. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

**RELATED PARTIES**

12. Related party relationships and transactions have been appropriately accounted for and disclosed as applicable in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with the requirements of charity law or accounting standards.

**SUBSEQUENT EVENTS**

13. All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed as applicable.

**GOING CONCERN**

14. We believe that the charity's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the charity's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the charity's ability to continue as a going concern need to be made in the financial statements.

**GRANTS AND DONATIONS**

15. All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

**RESTRICTED GRANTS AND DONATIONS**

16. Restricted grants and donations are as follows / listed overleaf:

Yours faithfully

.....

Signed on behalf of the board of trustees

Date:

# Trust Board

## COVER SHEET

Agenda Item (Ref)	2021/22/147b	Date: 06/01/2022		
Report Title	Community Diagnostic Centre Update & Mobile CT Proposal			
Prepared by	Lynda Ferron, CDC Programme Manager Jennifer Huyton, Head of Strategy and Transformation			
Presented by	Eva Horgan, Chief Finance Officer			
Key Issues / Messages	To support the procurement of a mobile CT scanner for the Community Diagnostic Centre (CDC) and the design of the MRI build noting the process followed, and brief update on CDC programme.			
Action required	Approve x	Receive <input type="checkbox"/>	Note x	Take Assurance <input type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): N/A			
	For Decisions - in line with Risk Appetite Statement – If no – please outline the reasons for deviation.			
	The Trust Board is asked to approve the financial envelope to enable hiring of a mobile CT scanner, subject to conditions outlined in the paper, and note progress with respect to establishing the CDC.			
Supporting Executive:	Eva Horgan, Chief Finance Officer			

<b>Equality Impact Assessment</b> (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
<b>Strategic Objective(s)</b>			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input checked="" type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input checked="" type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input checked="" type="checkbox"/>		
<b>Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)</b>			

<p>Link to the BAF (positive/negative assurance or identification of a control / gap in control) <i>Copy and paste drop down menu if report links to one or more BAF risks</i></p> <p>4.1 Failure to ensure our services are financially sustainable in the long term</p>	<p>Comment:</p>
<p>2.3 Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system</p> <p>4.2 Failure to expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS</p> <p>2.2 Failure to develop our model of care to keep pace with developments and respond to a changing environment</p> <p>Link to the Corporate Risk Register (CRR) – CR Number: N/A</p>	<p>Comment:</p>

## REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
N/A			

## EXECUTIVE SUMMARY

This paper provides a general update on progress in implementing the Community Diagnostic Centre (CDC), a proposal regarding provision of mobile CT imaging on site between February and December 2022 (in order to partially mitigate delay in completion of the permanent CT imaging facility), and finalisation of the MRI build design.

Completion of the planned CT imaging suite was originally anticipated in May 2022, as part of the Crown Street Enhancements Programme. Following approval of CDC capital funding, it was necessary to incorporate construction of an MRI suite into the Crown Street Enhancements build programme due to a shared plant room. This caused the implementation and go live date for the CT scanner to be pushed back to December 2022, in alignment with MRI.

This delay will consequently impact on delivery of activity levels submitted in the CDC business case and therefore it would be beneficial to the CDC Programme and both LWH and CDC patients if CT scanning was made available earlier on site. As a result, provision of mobile CT on site has been explored. Activity demand has been confirmed with Liverpool University Hospitals NHS FT and Liverpool Heart and Chest Hospitals NHS FT, and the Trust Estates team has confirmed availability of space and required connections to utilities. The Trust will shortly be in a position to proceed with implementing mobile CT on site, if approved.

## MAIN REPORT

### 1. CDC Programme Update

Key areas of recent progress in establishing the CDC to highlight are as follows:

- Agreement reached on build requirements for MRI/CT areas (see below for further detail).
- Specification agreed for MRI with input from colleagues at Liverpool University Hospitals, Cheshire and Mersey Radiology Imaging Network and medical physics specialists.
- Revised activity forecasts have been submitted to and accepted by NHSE.
- Trust Estates team have identified space for mobile CT scanner and portacabins. Site visit has taken place to confirm utilities and revised specification submitted. Revised quotations are due prior to 10 January 2022.
- CDC working groups, reporting into the CDC Oversight Group, have been established and will commence from early January.
- Physiology services are currently being assessed for demand/sustainable activity across the region.

Significant work and engagement have been undertaken to agree the MRI build design. The following groups have provided input into this process:

- Partner organisations (Liverpool University Hospitals NHS FT And Liverpool Heart and Chest Hospital NHS FT)
- CAMRIN (Cheshire and Merseyside Radiology Imaging Network)
- Medical physicist
- Trust clinicians and operational management colleagues
- Trust estates team
- Architects (Gilling Dod)
- Contractors (Tilbury Douglas).

This culminated in a meeting on 16 December 2021 which discussed the following:

- Impact of design on patient flow within the wider Imaging Department.
- Patient experience.
- Improvement and limitation of any detriment to current Imaging Department.
- Storage and office space.
- Future proofing core diagnostic services.

The Trust's Imaging Team have provided good feedback and input into the design process and agreement was reached for the proposed design, which can be seen in Appendix 1. The current iteration of design does represent a small additional cost; however, it was recommended that this was approved, given wide agreement and support for the design from all parties and the significant improvement to the overall facility from a small additional investment.

Both design and cost were formally approved at an additional meeting of the Crown Street Enhancements Board on 30<sup>th</sup> December 2021.

### 2. Mobile CT Proposal

One aspect of the CDC business case and associated funding approved for Liverpool Women's Hospital is to provide CT scanning at the Crown Street site. The original CDC business case proposed that 7,500 CT scans would be provided per year, with the CT scanner originally expected to be operational from May 2022. This is now expected to be December 2022, due to the requirement to integrate construction of an MR imaging suite within the overall construction programme.

Therefore, in order to bridge the gap in respect of activity and to provide a service for patients it is proposed that the Trust brings a mobile unit on to site and commences CT scans as soon as possible.

The following key areas have been explored:

- **Activity/Demand** - Discussion regarding demand and diagnostic backlog has taken place with partners Liverpool Heart and Chest Hospital NHSFT (LHCH), as well as Liverpool University Hospitals NHSFT (LUHFT). Both organisations have confirmed that they have waiting lists and are willing and able to refer patients for CT at the CDC site, therefore assisting with existing waiting lists and new patients if applicable.
- **Supplier** – the Trust procurement team have reviewed a number of potential framework suppliers. Ability to commence service provision swiftly will form a key criterion in supplier selection.
- **Operating Model** – Currently both 5- and 7-day operating models are under consideration and costs for each model have been requested (see below). The 5-day model will deliver 100 scans per week and the 7-day model will deliver 140 scans per week. Whether a 5- or 7-day model is utilised will be dependent on patient flow from partners to ensure the unit's capacity is fully utilised. It is proposed that the mobile CT will be in place from February 2022 for a 9-month period.
- **Reporting** – It is expected that reporting of images will be carried out by referring organisations. This has been discussed with both LUHFT and LHCH with formal confirmation expected shortly.
- **Workforce** - In light of radiographer workforce challenges across the system it is envisaged the mobile unit will be staffed by the relevant selected supplier, therefore having no impact on current staffing at the Trust or partner organisations. Plans to recruit workforce for the permanent CT service will continue to be worked up in partnership with both LUHFT and LHCH.
- **Estates** – A suitable location has been identified within the Trust car park, near the main entrance. The Estates team have confirmed that utilities are in place, however this will mean loss of several parking spaces.
- **Finance** – Initial quotes have been obtained by the Procurement team to cover the proposed 9-month period of operation. Prices range from £546k to £643k for a 5 day model and £607k to £846k for a 7 day a week model.

Quotes have been obtained utilising the NHS Supply Chain: Large Diagnostic Capital Equipment including Mobile and Services framework and indicate a wide range of costs. Following a site visit in late December, a revised specification has been submitted and refreshed quotes are expected by 10 January 2022. Given that all suppliers are registered on the framework, a direct award can be made. The primary factors in selecting a supplier will be cost and ability to mobilise quickly. To date, one supplier has confirmed they will be able to commence operation from Mid-February, and another have confirmed they would be able to commence from mid-March or April, depending on the equipment model selected.

The total number of scans which could be undertaken equates to a maximum of 640 per month. This would equate to a cost of £130 per scan, which benchmarks as high. The Cheshire and Mersey CDC project team are aware of this, and it should be noted that other CDCs are facing similar issues due to the timescales involved and pressure to mobilise activity quickly. It should be noted that the Trust risks losing available funding if it cannot be utilised in year.

As previously reported, it is difficult for the Trust to obtain certainty regarding activity demand for diagnostics across the system. The Trust does not have its own diagnostic backlog for CT imaging and is therefore reliant on referrals from partner organisations. However, the use of mobile CT has been advised to the CDC regional team and partners are confident there is sufficient backlog of patients in the acute sector to utilise this capacity. The Trust will gain further assurance regarding demand prior to making a decision regarding a 5 or 7 day operational model for the service.

It should be noted that implementation of a mobile CT on site will not mitigate the risk to those Liverpool Women's patients who require imaging out of hours; this will only be fully mitigated once the permanent facility is established.

### 3. Conclusion and Recommendation

The Trust Board is asked to note the overall progress in delivering the CDC, including the work which has taken place to finalise the MRI design.

It is recommended that a fixed-term mobile CT scanning facility is implemented at Crown Street as part of the overall implementation of the CDC.

The Board is asked to note the risks in respect of agreeing pathways and referrals and the dependency on partner organisations to ensure capacity is fully utilised. The Board is also asked to note the relatively high cost in the short term.

The Trust Board is asked to approve a cost envelope of up to £850k to enable hiring a mobile CT scanner in February/March 2022 for a 9-month period. The final decision to progress with the mobile CT will be taken by the CDC Oversight Group on 14 January 2022, subject to the following:

- Successful confirmation of appropriate reporting arrangements and sufficient demand from referring organisations, and;
- Receipt of refreshed quotations in line with or lower than those outlined within this paper.



# Trust Board

## COVER SHEET

Agenda Item (Ref)	2021/22/148		Date: 06/01/2022	
Report Title	Cyber Security Update			
Prepared by	Matt Connor, Chief Information Officer NHSX communications			
Presented by	Matt Connor, Chief Information Officer			
Key Issues / Messages	To take assurance on the activities underway to remediate the Cyber Threat known as Log4J – Care CERT (CC) 3989.			
Action required	Approve <input type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input checked="" type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): N/A			
	For Decisions - in line with Risk Appetite Statement – If no – please outline the reasons for deviation.			
	Trust Board is asked to take assurance on the remediation approach and steps taken by the Trust.			
Supporting Executive:	Matt Connor, Chief Information Officer			

Equality Impact Assessment (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input checked="" type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input checked="" type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input checked="" type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) Copy and paste drop down menu if report links to one or more BAF risks  2.4: Major and sustained failure of essential IT systems due to a cyber attack		Comment:	
Link to the Corporate Risk Register (CRR) – CR Number: N/A		Comment:	

## REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
N/A			

## EXECUTIVE SUMMARY

The purpose of this briefing is to provide the Trust Board with information and assurance regarding the recently identified high severity cyber security known as Apache Foundation Log4j 2 vulnerability (CVE-2021-44228 / CC-3989).

### What is the issue?

A vulnerability has been found within "Log4j". Log4j is used by software developers as they create applications. It is used to process logs of activity on systems. It is embedded into many systems that may have been developed internally by local and national NHS organisations as well as systems developed by many different suppliers. It may have been embedded so deeply that it is hard to find.

This is a **global vulnerability** that will be present in applications and organisations around the world.

### What is happening?

This vulnerability is already being exploited by some cyber attackers internationally, though not yet here in the UK.

Threat actors are actively scanning for this vulnerability on systems worldwide and in the UK. Scanning has been detected on some NHS systems and Network Firewalls. This activity is reconnaissance at this stage, either by security researchers and bounty hunters seeking to help; or by actors looking for targets they may wish to come back to. We are not seeing cyber-attacks on NHS systems at this point, although this vulnerability is creating considerable concern within the global cybersecurity community.

On the evening of Friday 10<sup>th</sup> December, the UK National Cyber Security Centre (NCSC) issued an alert. On Saturday 11<sup>th</sup> December the Government Security Group initiated work across government and sectoral cyber teams to understand potential risks and exposure.

Cheshire and Merseyside Health Care Partnership (HCP) Cyber Core Group initiated communications (supplementing national CareCERT communication) immediately to all HCP partner organisations highlighting the severity of the threat and relaying the local organisation requests from NHS Digital to acknowledge the threat on the NHS Cyber Security Portal and to commence local investigations.

### Why is this vulnerability a concern?

This vulnerability could be exploited in many different ways. It could allow takeover of a server to provide administrator-level access to networks and systems. It could then be used to enable attackers to move across an organisation's network (referred to as "lateral movement"). Attackers could also use that administrator-level access to undertake other attacks, such as ransomware or to automatically spread malicious software (malware) across an organisation's systems and applications.

So far NHS Digital have not seen it used against any NHS organisations, but there is a likelihood that the vulnerability will be present in most if not all organisations and across many suppliers including those involved in critical national services. So, it needs to be found and then patched so the systems are made safe.

### What action have we taken?

Teams across all national organisations took immediate action and will continue to work hard over the coming weeks at both national and local levels to try to get ahead of this threat as quickly as possible.

### Local organisations action

NHS X informed Ministers and TOTO at 22:19, 10/12/2021 that NHS Digital had issued a High Severity Alert in relation to this latest critical cyber vulnerability. That alert went to NHS organisations and ALBs. Most organisations have now confirmed that they have the alert and are acting upon it.

Local organisations were asked to:

- Confirm receipt of the high severity alert immediately
- Confirm whether the High Severity alert is applicable to their organisation or any organisations that it provides IT support services to, (i.e., Log4j is in use on any of their systems) - this allows us to assess the spread of usage across the NHS
- Confirm the intended action to remediate or mitigate for the high severity alert
- Confirm the intended timescale for action to be undertaken/completed
- State what mitigation is already in place to address the risk posed by the high severity such that no additional action will be taken by the organisation
- Provide regular and timely updates on progress via the Respond to and NHS Cyber Alert portal

The Trust has followed the above instructions and is making good progress with the investigation and remediation of local systems. Crucially, the Network Firewall has been updated with the latest security protection which includes behavioural signatures relating to the vulnerability. This means the Trust's Firewall can detect not only the suspicious source network addresses (known as IP addresses) but is also able to detect and block the attempted threat attack behaviour.

The NHS England Emergency Preparedness and Resilience and Response Teams (EPRR) were engaged from 16:15 11/12. NHSE EPRR teams are making sure local organisations understand the risk and are acting on this vulnerability. They have prioritised ambulance trusts and major trauma centres, which have all now been contacted.

The NHS EPRR structures are also ready and in place should any organisation be impacted (or should any critical local or national systems need to be taken offline so they can be patched). This is a precautionary measure and NHSX / England may be able to stand down those structures once the level of exposure is clearer.

### National organisations and systems

National organisations, and arm's length bodies that provide national services and systems to the NHS, are looking at the applications they provide and carrying out work to check those applications are safe. Those organisations include but are not limited to NHS Digital; NHS England; NHSX; NHS Blood and Transplant (NHSBT); NHS Business Services Authority (BSA); NHS Shared Business Services (SBS); and the UK Health Security Agency (UKHSA). NHS Digital are coordinating much of this work.

### Supply chain

In addition to the work to check all the known suppliers of national systems, Crown Commercial Service have contacted suppliers on CCS procurement frameworks to seek assurance. NHSX are following suit working with commercial teams to seek similar assurance for suppliers across a range of NHS specific frameworks. They have asked NHS organisations to provide details of suppliers to the centre and will start to contact those suppliers as we receive the information. C&M HCP Core Cyber Group has requested that local organisations share their correspondence (and subsequent assurance) with the HCP so that a collective view can be established.

Suppliers have started to issue patches for their software and systems that contain this vulnerability. As these are released, where we know that many NHS organisations use the systems in question, we will invoke our established HSA process to distribute specific alerts and mitigation instructions to NHS Organisations.

### **NHSX Cyber Security Webinar Briefing on the 15<sup>th</sup> December 2021**

Following on from the initial response and activities, NHSX provided a summary briefing for CIOs and Cyber Security Leads. This was presented through a 30-minute Microsoft Teams presentation. The key points summarised are as follows:

- The Log4j vulnerability is not a cyber incident at this point, no compromises have been spotted in the NHS so far.
- The vulnerability is being exploited by ransomware gangs elsewhere.
- Mitigation efforts should be planned for the long term, as this vulnerability is likely to offer an attack vector for the next 12 months.
- Updating to the latest version of Log4j (v2.16) should be done where possible, but this action itself will not eliminate the vulnerability.
- The advice of NHSD currently is to follow vendor best practice and update systems to their latest versions.
- A dedicated area has been set up on the Cyber Associates Network (CAN) platform: <https://future.nhs.uk/cybersecurity/view?objectId=32272688>, where a daily sitrep will be published at 5pm.
- All formal NHSD comms on Log4j will be via the CAN and the existing CareCERT High Severity Alert process.
- A recording of the session will be posted in the CAN.

### **Other actions**

NHS Digital is looking at other technical means through which we might provide additional tools or defences to the system over the coming days to help local organisations to better protect against this threat.

Within Cheshire and Merseyside Health Care Partnership, we have established a collaborative approach led by the HCP Cyber Core Group in terms of regional asks in accordance with the national directives.

### **Conclusion**

NHSX have prioritised addressing some of the most critical organisations, systems and services over the weekend. Further work will be conducted to distribute alert information and mitigation advice to wider parts of the sector including Adult Social Care and primary care.

Ministers and the senior leadership will be updated if the situation changes or escalates.

Remediation of this threat is expected to continue for several months, the Trust has investigated the local impact and commenced with the required remediation steps, working with vendors and suppliers as necessary. The Trust is complying with the national Cyber CareCERT requirements regarding monitoring and remediation assurance. Good progress has been made so far.

Trust Board is asked to take assurance on the remediation approach and steps taken by the Trust.

## Trust Board

### COVER SHEET

Agenda Item (Ref)	2021/22/149		Date: 06/01/2022	
Report Title	Roles and Responsibilities of the Consultant providing Acute Care in Obstetrics and Gynaecology – Summary of Workforce Report			
Prepared by	Dr Alice Bird - Consultant Obstetrician and Clinical Lead for Maternity			
Presented by	Dr Lynn Greenhalgh, Medical Director			
Key Issues / Messages	This paper aims to summarise the obstetric elements of the consultant workforce report published by the Royal College of Obstetricians & Gynaecologists (RCOG) in June 2021.			
Action required	Approve <input type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input checked="" type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): N/A			
	For Decisions - in line with Risk Appetite Statement – N/A If no – please outline the reasons for deviation.			
	The Board is asked to note the report for assurance			
Supporting Executive:	Dr Lynn Greenhalgh, Medical Director			

Equality Impact Assessment (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input checked="" type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input checked="" type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input checked="" type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) Copy and paste drop down menu if report links to one or more BAF risks  1.2 Failure to recruit and retain key clinical staff		Comment:	
Link to the Corporate Risk Register (CRR) – CR Number: N/A		Comment:	

### REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
N/A			

**Liverpool Women's**

NHS Foundation Trust

**EXECUTIVE SUMMARY**

This paper aims to summarise the obstetric elements of the consultant workforce report published by the Royal College of Obstetricians & Gynaecologists (RCOG) in June 2021. The report details the wide-ranging roles and responsibilities of the obstetrics and gynaecology consultant. It acknowledges that consultants and their teams are often working to the best of their ability in extremely testing circumstances and under increasing scrutiny. Organisational support is required to provide structures and facilities to support consultants.

In relation to the measurable recommendations in this report, the Family Health Division (FHD) are working towards full compliance, and this will be supported by the introduction of twilight shifts from April 2021. 24/7 resident obstetric consultant cover would further bolster this. The Division of Family Health will require wider support to implement some of the other recommendations from the report.

Safety Action 4 of the NHS Resolution Maternity Incentive Scheme (Year 4) requires the obstetric consultant and maternity senior management teams to acknowledge and commit to incorporating the principles outlined in the RCOG workforce report into the service.

The Trust Board are requested to acknowledge engagement with this document. It also requires compliance of consultant attendance for the clinical situations listed in the document to be monitored, and shared with the Trust Board, the Board-level safety champions and the LMS at least every 6 months. An action plan will be generated in response to the review of non-attendances to the clinical situations listed in the document.



# Roles and Responsibilities of the Consultant providing Acute Care in Obstetrics and Gynaecology – Summary of Workforce Report

Family Health Division

***Alice Bird***

Consultant Obstetrician and Clinical Lead for Maternity

29<sup>th</sup> December 2021





## Executive Summary

This paper aims to summarise the obstetric elements of the consultant workforce report published by the Royal College of Obstetricians & Gynaecologists (RCOG) in June 2021. The report details the wide-ranging roles and responsibilities of the obstetrics and gynaecology consultant. It acknowledges that consultants and their teams are often working to the best of their ability in extremely testing circumstances and under increasing scrutiny. Organisational support is required to provide structures and facilities to support consultants.

In relation to the measurable recommendations in this report, the Family Health Division (FHD) are working towards full compliance, and this will be supported by the introduction of twilight shifts from April 2021. 24/7 resident obstetric consultant cover would further bolster this. The Division of Family Health will require wider support to implement some of the other recommendations from the report.

Safety Action 4 of the NHS Resolution Maternity Incentive Scheme (Year 4) requires the obstetric consultant and maternity senior management teams to acknowledge and commit to incorporating the principles outlined in the RCOG workforce report into the service. The Trust Board are requested to acknowledge engagement with this document. It also requires compliance of consultant attendance for the clinical situations listed in the document to be monitored, and shared with the Trust Board, the Board-level safety champions and the LMS at least every 6 months. An action plan will be generated in response to the review of non-attendances to the clinical situations listed in the document.

## Introduction

The RCOG published the workforce report 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' in June 2021. This replaces the previous RCOG Good Practice Paper 'Responsibility of Consultant On-Call', that was published in 2009. The guiding principle is to ensure that, when required, consultant leadership is present and visible to ensure that there are adequate numbers of staff with appropriate competencies available at all times.

## Roles and Responsibilities

The core roles and responsibilities of the Obstetrics & Gynaecology (O&G) consultant are broadly summarised in Figure 1 below:

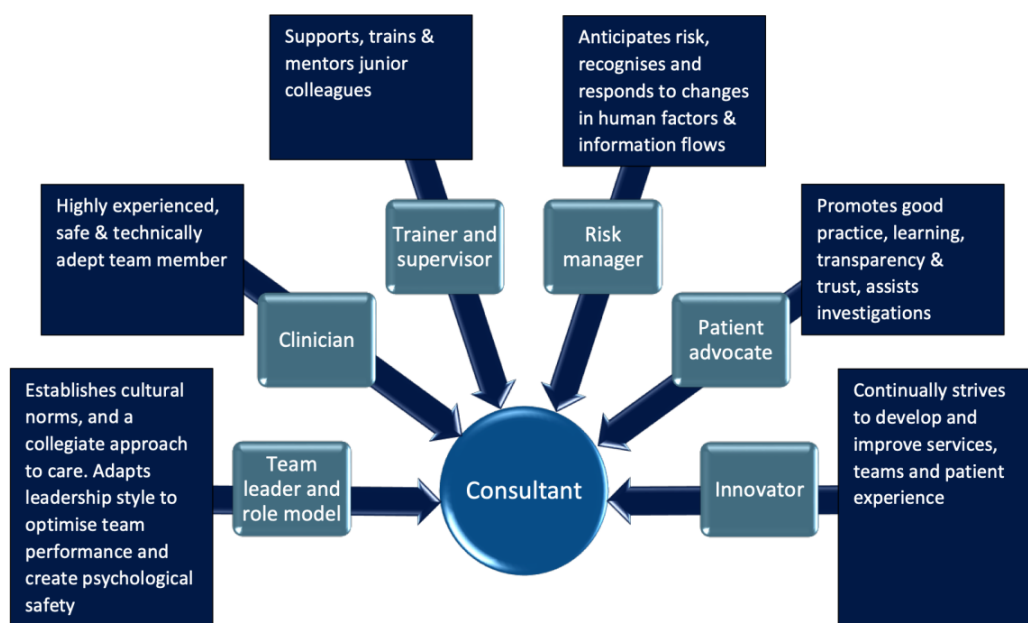


Figure 1. Roles and responsibilities of an O&G consultant

### Team Leader and Role Model: Key Messages

- The leadership style and behaviours that consultants role model are fundamental to setting the culture within Obstetrics and Gynaecology units. Consultants should learn to adapt their leadership style according to the situation.
- Consultants have a responsibility to build positive, cohesive relationships with the multi- disciplinary team and with other specialties to ensure seamless, person-centred care.
- Consultants should facilitate shallow authority gradients as these promote psychological safety and are key to staff feeling able to raise concerns and learn from events. This, in turn, improves patient safety and reduces the risk of adverse events.

### Clinician: Key Messages

- Consultants providing on-call cover in Obstetrics and Gynaecology must ensure that they maintain their skill set post-CCT, particularly for more complex obstetric scenarios.
- When on-call, consultants must not be engaged in other activities such as theatre, clinics or off- site work which could delay attendance.
- Ward rounds and huddles are important to ensure situational awareness is maintained by the whole multidisciplinary team, appropriate plans and decisions are made

regarding patient care and that women have the opportunity to receive information and ask questions.

- Ward rounds should be conducted by consultants twice daily on labour ward, with one of these occurring in the evening.
- *(Consultant-led gynaecology ward rounds should also take place. Units should ensure that they meet the standard that all patients are reviewed by a consultant within 14 hours of admission. Non-maternity.)*
- Developing a standardised handover model helps improve communication and reduce omissions and errors.
- Consultants must be involved in the care given to women who have prolonged admissions, recurrent attendances or those in whom there is not a clearly established diagnosis.
- The report defines clinical scenarios and situations when consultants should be informed and when they should attend (see [Appendix 1](#)). This list has expanded from previous recommendations and whilst LWH are largely compliant, there are some additions/amendments required to the local 'Obstetrician Staffing Levels Guideline' to ensure full compliance.

### **Trainer and Supervisor: Key Messages**

- Inclusive team working, positive feedback and debriefing following difficult situations are key to more junior staff feeling well supported.
- Shallow authority gradients and all members of the multidisciplinary team feeling able to escalate concerns and ask for help are key to patient safety.
- A "shallow" rather than a "flat" gradient is desired so that there is an understood chain of communication escalation when a response is required.
- As well as technical proficiency, there should be an emphasis on teaching leadership and communication skills, particularly during high-pressured situations.
- Juniors should know who is supervising them and how to contact them. Conversely, consultants should be aware of the level of competency of those they are supervising.
- Mentorship, in both clinical and non-clinical skills is important at all career stages, but particularly for new consultants.

### **Risk Manager: Key Messages**

- O&G consultants are well placed to adopt the helicopter view required to maintain situational awareness and anticipate risk to women as well as provide a fresh pair of eyes to help decision-making and provide support.

- Consultants should adopt an approach of active enquiry to ensure they maintain an overview of workload and potential risks in a timely manner. This is important to prevent complex situations or concerns going unrecognised particularly during periods of heightened activity.

### **Patient Advocate: Key Messages**

- Consultants must respect the diversity of women, their individual risks and opinions thus promoting personalised care within a standardised framework.
- The consultant's role to investigate clinical incidents should focus on social and participative learning and systems adaptations which aim to continually improve patient experience and outcomes.

### **Innovator: Key Messages**

- Consultants are experienced clinicians, skilled in anticipating and managing risk and listening to and learning from women. They hold a unique position in being able to evaluate the care given to women and find new and innovative ways of working to develop services and improve patient care and experience.
- Consultants should engage junior colleagues and the wider multidisciplinary team to initiate and embed improvements.
- Innovation also requires consultants to regularly reflect upon their own practice and to support junior colleagues to develop their reflective practice skills.

## **Organisational Support and Structure**

Whilst O&G consultants have a responsibility to role-model effective leadership, organisations also have a duty to consistently demonstrate a values framework which underpins how colleagues and women should be treated. In obstetrics and gynaecology, there is a clear and present need to improve organisational support for consultants. Fundamentally, organisations must recognise and meet the basic physical and psychological needs of doctors while also ensuring they provide opportunities for self-actualisation. In recent times, Covid-19 has highlighted and augmented what is required. This includes provision of adequate staffing, compensatory rest following on-call duties, ongoing professional development opportunities, simulation training, adequate equipment, mentorship, and pastoral care.

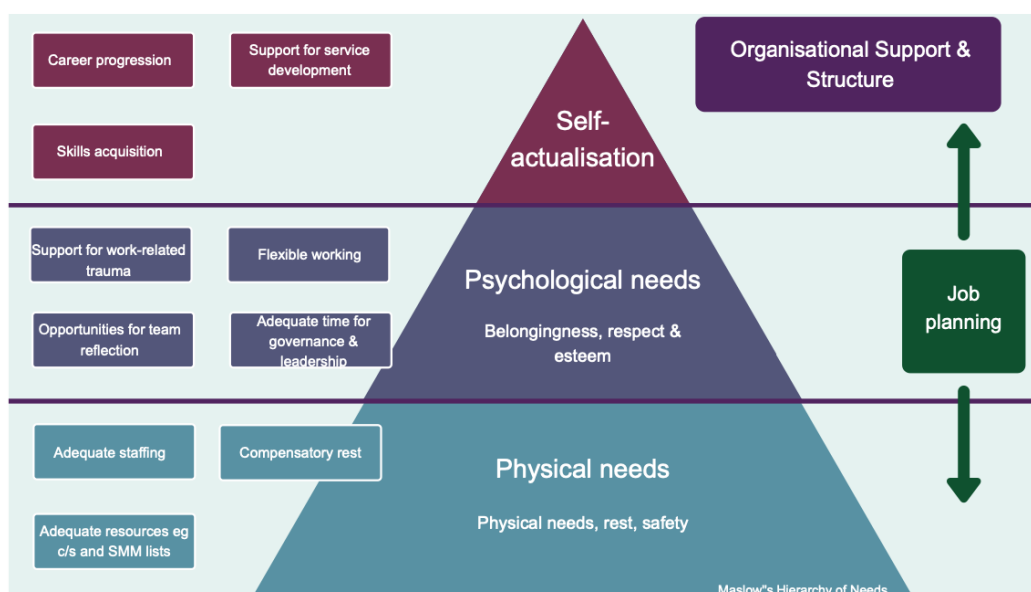


Figure 8. Organisational Support and Structure according to Maslow's Hierarchy of Needs

### Adequate Staffing: Key Messages

- Levels of activity have been recognised as an important determinant of patient safety. 83% of O&G middle grade rotas have gaps (Blotkamp 2019). Organisations have a responsibility to prioritise recruitment and retention of staff to reduce burnout, safeguard staff morale and wellbeing and deliver safe, person-centred care.
- While inadequate activity may hamper training opportunities and hence the ability to maintain technical proficiency, excessive levels of activity may increase likelihood of errors or impair patient experience.
- If organisations wish to deliver resident obstetric cover, they must recognise the need to increase staff numbers to ensure that such roles deliver a predictable work pattern, acceptable work-life balance and opportunities for individuals to fulfil their career aspirations while meeting the needs of the service.
- The percentage of O&G trainees training less-than-full-time has increased from 11.3% in 2013 to 22.8% in 2020 (HEE training data – unpublished). Many consultants are also now expressing a wish to work fewer than 10 PA job plans. Workforce models need to recognise this and factor it into future predictions for required workforce numbers.

### Compensatory Rest: Key Messages

- There is a need for compensatory rest for consultants following overnight on-calls due to the acuity of the role. This is to protect women the following day because fatigue and tiredness following a busy night on call can affect performance and decision

making. It is therefore not recommended that the decision to take rest is left to the individual consultant.

- The British Medical Association's compensatory rest guidance recommends that consultants who are unable to take 11 hours of consecutive rest per day should be entitled to take compensatory rest (BMA 2019). This reflects both in person attendance and telephone calls disrupting sleep. This is to protect patient safety and clinician wellbeing because fatigue and tiredness following a busy night on-call can affect performance and decision making (CAP 737 2016). The RCOG has also published formal guidance regarding compensatory rest (RCOG 2021).
- If consultants are required to 'act down' during on-call shifts, it is essential that they have compensatory rest the following day and are appropriately remunerated.

### **Job Planning: Key Messages**

- There is a growing need to adopt a new approach to consultant job planning which recognises the need for flexible working patterns in order to improve sustainability and workforce recruitment and retention at all career stages.
- Organisations should consider facilitating sabbaticals for consultants to address burnout and to support professional development and skills acquisition.
- Organisations must allow adequate time and resources to support consultants in investigating adverse incidents and consequent improvement activity eg. PMRT and HSIB. to truly move forward, time and resources must be allocated to the collection, local interpretation, and consequent improvement activity.
- Organisations must dedicate adequate time, resources and support for consultants undertaking leadership roles to ensure adequate staff and patient engagement when developing services.
- Organisations must recognise the need for adequate administration time to support clinical activities. The RCOG currently recommend that consultant job plans should dedicate a minimum of 10% of DCC time to clinical administration. Adequate administrative and IT support should also be provided to aid the delivery of patient care.

### **Continuing Professional Development: Key Messages**

- Organisations must ensure adequate SPA time is included in job plans so that consultants can maintain and develop their skillsets. RCOG guidance recommends that SPA time must be a minimum of 15% of the total PAs, including at least 1 SPA for mandatory training, appraisal, audit and CPD. Trusts may wish to allocate further SPA time for education, research or other activities.

- The AoMRC recommends that new consultant posts should be advertised with a job plan which typically includes 2.5 SPAs, with an expectation of annual review.

### **Conflict with Scheduled Activities: Key Messages**

- It is recommended that maternity units have a separate multi-professional team to provide elective caesarean births rather than relying on those on-call for labour ward to provide this service. The RCOG is working with the Royal College of Midwives, the Obstetric Anaesthetists Association and the Royal College of Anaesthetists to produce a best practice paper to further elucidate these requirements.
- *(It is recommended that there should be a dedicated theatre list with a named consultant for women requiring surgical management of miscarriage and other urgent minor gynaecological procedures. Non-maternity.)*

### **Prioritising wellbeing: Key Messages**

- Organisations need to recognise the potential for work-related trauma in Obstetrics and Gynaecology and ensure adequate support and pastoral care are provided to consultants and other doctors. The INDIGO study demonstrated that 18% of O&G doctors experience post-traumatic stress disorder after traumatic events at work (Slade 2020).
- Social spaces where staff can learn, reflect, get to know their team, and debrief after difficult events are essential.
- Schwartz Rounds and Balint Groups are examples of how teams can reflect together to strengthen team working and develop empathy.

## **Recommendations**

- Review of the 'Obstetricians Staffing Levels Guideline' to ensure compliance with RCOG report; this guideline needs to be agreed by the obstetric consultant team. *Owner: Kate Alldred (Delivery Suite Lead Consultant).*
- Communication regarding change in guideline to obstetric consultants, obstetric trainees, midwifery shift leaders and theatre teams. *Owner: Kate Alldred (Delivery Suite Lead Consultant).*
- Develop process with the Information Team for monthly monitoring of consultant attendance in accordance with this guideline; an action plan will be developed to review any areas of non-attendance. *Owners: Alice Bird (Clinical Lead for Maternity) and Richard Strover (Head of Information).*

- Report to evidence position regarding consultant attendance to be shared with the Trust Board level safety champions and submitted to the Trust Board and LMS at least every 6 months; next planned July 2021. *Owner: Alice Bird (Clinical Lead for Maternity).*
- Development of a matrix of middle grades' competencies for the clinical scenarios outlined in the RCOG report. *Owner: Linda Watkins (Director of Medical Education) and College Tutors (TBC).*
- Make progress with the QI project re implementation of Safety Huddles and MDT ward rounds. *Owner: Alice Bird (Clinical Lead for Maternity).*
- Explore resources available within the RCOG/RCM/Civility Saves Lives Workplace Behaviour Toolkit to promote a positive working environment for all. *Owner: Alice Bird (Clinical Lead for Maternity).*
- Engage with the Digital team to explore options for tools to improve handover/huddle processes. *Owner: Kate Alldred (Delivery Suite Lead Consultant).*
- Use the Cappuccini Test (Modified) audit tool to review supervision arrangements/processes. *Owner: Senior Obstetric Trainee, TBC.*
- Await publication of the Certificate of Eligibility for Locums, which will provide a standardised competency matrix which will allow roles to be matched against technical proficiency for short-term locums (less than 2 weeks). *Owner: Rachel Reeves, HR FHD Business Partner.*
- Implementation of twilight consultant rota in April 2021; this will ensure compliance with the BMA and RCOG guidance for compensatory rest. *Owners: Dr Alice Bird (Clinical Lead for Maternity) and Dr Chris Dewhurst (Clinical Director for Family Health Division).*
- Actions that would benefit from Trust-wide approach and that the FHD would commit to:
  - Human factors training – this must be multi-professional and include all grades of staff.
  - Formal mentorship arrangements, particularly for new consultants.

## Conclusions

The obstetric consultant and maternity senior management teams acknowledge and commit to incorporating the principles outlined in the RCOG workforce report into the service. In relation to the measurable recommendations in this report, LWH are working towards full compliance and this will be supported by the introduction of twilight shifts from April 2021. 24/7 resident obstetric consultant cover would further bolster this. The FHD require support from the Information and Digital teams with implementation of some recommendations and would



welcome further discussion regarding plans for the Trust-wide human factors training programme and mentorship arrangements.

## Appendix 1

Situations in which the consultant MUST ATTEND
<b>GENERAL</b>
In the event of high levels of activity e.g a second theatre being opened, unit closure due to high levels of activity requiring obstetrician input
Any return to theatre for obstetrics or gynaecology
Team debrief requested
If requested to do so
<b>OBSTETRICS</b>
Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary
Caesarean birth for major placenta praevia / abnormally invasive placenta
Caesarean birth for women with a BMI >50
Caesarean birth <28/40
Premature twins (<30/40)
4th degree perineal tear repair
Unexpected intrapartum stillbirth
Eclampsia
Maternal collapse e.g septic shock, massive abruption
PPH >2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated
<b>GYNAECOLOGY</b>
Any laparotomy

Figure 5. Situations when the on-call consultant must attend

<b>Situations in which the consultant must ATTEND unless the most senior doctor present has documented evidence as being signed off as competent. In these situations, the senior doctor and the consultant should decide in advance if the consultant should be INFORMED prior to the senior doctor undertaking the procedure.</b>
<b>GENERAL</b>
Any patient in obstetrics OR gynaecology with an EBL >1.5litres and ongoing bleeding <sup>#</sup>
<b>OBSTETRICS</b>
Trial of instrumental birth
Vaginal twin birth
Caesarean birth at full dilatation
Caesarean birth for women with a BMI >40
Caesarean birth for transverse lie
Caesarean birth at <32/40
Vaginal breech birth
3rd degree perineal tear repair
<b>GYNAECOLOGY</b>
Diagnostic laparoscopy
Laparoscopic management of ectopic pregnancy

Figure 6. Situations when the on-call consultant must attend unless the most senior doctor present is signed off as competent.

<sup>#</sup> This includes women in early pregnancy. Consultants should be informed earlier than 1.5 litres if the woman is haemodynamically unstable, has a low body weight, has a low starting haemoglobin, if there is a rapid rate of bleeding or if there are other complexities regarding her care. Should the consultant choose not to attend in person, there should be a full discussion regarding resuscitation of the patient and ongoing management. This should be documented along with the reasons why the consultant has not attended.

## References

Barber JS et al. *Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology*. London: RCOG, 2021.

<https://www.rcog.org.uk/globalassets/documents/careers-and-training/workplace-and-workforce-issues/roles-and-responsibilities-of-the-consultant-workforce-report-june-2021.pdf>

Blotkamp A, NMPA Project Team. *National Maternity and Perinatal Audit: Organisational Report 2019*. London: RCOG; 2019.

*Compensatory Rest Guidance*. London: British Medical Association, 2019.

<https://www.bma.org.uk/media/2372/bma-compensatory-rest-guidance-aug-19-v2.pdf>

CAP 737. *Sleep and fatigue*. Flight Crew Human Factors Handbook. Civil Aviation Authority 2016. Chapter 11: pp109-117

*Guidance on appropriate standards for compensatory rest for consultants and senior SAS doctors following non-resident on-call activity*. London: RCOG, 2021

<https://www.rcog.org.uk/globalassets/documents/careers-and-training/workplace-and-workforce-issues/safe-staffing/rcog-guidance-on-compensatory-rest.pdf>

Slade P et al. *Work-related Post-traumatic Stress Symptoms in Obstetricians and Gynaecologists: Findings From INDIGO, a Mixed-methods Study with a Cross-sectional Survey and In-depth Interviews*. BJOG 2020 Vol 127 Issue 5 Pg 600-608.

This report will be shared with the following:

- FHD Senior Leadership Team
- Obstetric consultants
- Senior midwifery team
- Maternity Education Team – medical/midwifery
- Gynaecology Clinical Director
- Information Team (Richard Strover)
- Digital Team (Matt Connor, Genevieve Cousineau & Amy Ford)
- Human Resources team (Rachel Reeves & Rachel London)

December 2021

12