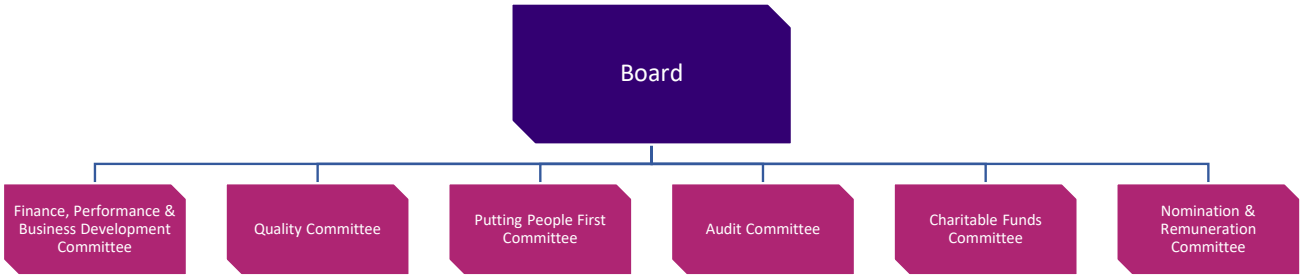
Liverpool Women's NHS Foundation Trust

Trust Board

3 March 2022, 09.30am

Blair Bell Lecture Theatre & Virtual, via Teams



Liverpool Women's NHS Foundation Trust

Trust Board

Location	Blair Bell Lecture Theatre and Virtual Meeting
Date	3 March 2022
Time	9.30am

AGENDA					
Item no. 21/22/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PRELIMINARY BUSINESS					
168	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	0930 (5 mins)
169	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
170	Minutes of the previous meeting held on 3 February 2022	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
171	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
172	Chair's and CEO announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair & Chief Executive	0935 (5 mins)
ITEMS FOR CONSIDERATION					
173	Ockenden One Year On	For assurance	Written	Chief Nurse & Midwife	0940 (15 mins)
174	**Standalone Site - Update on Quality and Safety Risks**	For assurance	Written	Chief Finance Officer	0955 (20 mins)
CONCLUDING BUSINESS					
175	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1015 (5 mins)
176	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
177	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
178	Jargon Buster	For reference purposes	Written	Chair	
Finish Time: 1020					

Date of Next Meeting: 7 April 2022

1020 - 1030	*Questions raised by members of the public*	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair

Liverpool Women's NHS Foundation Trust

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 26th March 2013

Liverpool Women's NHS Foundation Trust

Board of Directors

Minutes of the meeting of the Board of Directors held Virtually via Teams at 09.30am on 3 February 2022

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
Tony Okotie	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
Gillian Walker	Patient Experience Matron (item 157 only)
Dr Ilyas Arshad	Gynaecology Consultant (item 157 only)
Lowri Lloyd-Preston	Interim Head of Therapies (item 157 only)
Claire Fitzpatrick	Head of Midwifery (until item 160d)
Lesley Mahmood	Member of the public
Felicity Dowling	Member of the public
Peter Norris	Public Governor
Kate Hindle	Staff Governor
Mark Grimshaw	Trust Secretary (minutes)

APOLOGIES:

Prof. Louise Kenny	Non-Executive Director

Core members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
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	✓	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	✓	✓		✓		✓	✓	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/	
153	**Introduction, Apologies & Declaration of Interest** The Chair welcomed everyone to the meeting. No declarations of interest were made, and apologies were noted as above.
154	**Meeting guidance notes** The Board received the meeting attendees' guidance notes.
155	**Minutes of the previous meetings held on 6 January 2022** The minutes of the Board of Directors meetings held on 6 January 2022 were agreed as a true and accurate record.
156	**Action Log and matters arising** The Action Log was noted.
157	**Patient Story** Gillian Walker, Patient Experience Matron, Ilyas Arshad, Consultant and Lowri-Lloyd Preston, Interim Head of Therapies attended the meeting to present the story of a patient who had been restricted in their ability for a natural birth due to significant fibroids. The fibroids were also resulting in significant distress for the patient and having a detrimental impact on their standard of living. Mr Arshad explained that the usual procedure for removing fibroids would involve significant surgery with a long recovery time and potential complications. With the use of robotic surgery, minimal incisions were required to remove the fibroids, which led to an improved patient experience and reduced length of stay in recovery. Non-Executive Director, Gloria Hyatt, queried whether there had been any challenges with utilising the new robotic surgery techniques. The Interim Head of Therapies noted that whilst there had not been any drawbacks for patient outcomes or experience, work continued to determine the most appropriate types of surgery to have access to the robot. There was also a need to ensure that adequate training was in place for surgeons and the wider theatre teams. The Medical Director added that there was an opportunity for the Trust to become a major centre for gynaecological robotic surgery and this would involve training surgeons from other hospital sites. The Chair sought assurance that out of the 200 cases who had received robotic surgery, improvements in recovery and outcomes had been consistent. Mr Arshad confirmed that the Trust had accepted a range of cases, some of which highly complex, and outcomes had been positive for all cases. The Interim Head of Therapies acknowledged that more work was required to systematically

	track outcomes such as reductions in length of stay to provide a strong evidence base. The Board agreed that it would be important to develop this evidence base to support any future business cases for additional robots on the Crown Street site. The Chair asked that thanks be extended to the patient for sharing their story and the team who had been involved in supporting her. Mr Arshad continued to provide an update on the Trust's developing endometriosis service. It was noted that the underpinning data demonstrated that the service was progressing well and that it was on track to gain The British Society for Gynaecological Endoscopy (BSGE) Accreditation. It was however, noted that there were opportunities to improve the service. This included improving the availability of colorectal surgery through strengthened partnerships with Liverpool University Hospitals NHS Foundation Trust and St Helens and Knowsley Teaching Hospitals NHS Trust. There were also opportunities to expand the existing service with additional training and to rectify some IT issues. The Chair remarked that there had been historical challenges with the service and that it was highly encouraging to see marked improvements. The Chief Operating Officer acknowledged the barriers to further improvements, particularly relating to joint procedures with other hospital sites and stated that there was a commitment from the Executive Team to work to remove these barriers. Non-Executive Director, Louise Martin, asked how the Trust could ensure support from commissioners for the ambition set out by the service, noting the potential need for a business case. The Chief Finance Officer stated that the commissioning landscape was changing, and this could provide opportunities for discussion. The Chief Nurse & Midwife added that any business case would need to consider the nursing, theatre and AHP staffing requirements also. **Chair's Logs: For the Finance, Performance and Business Development Committee to review the development of a business case for an expanded endometriosis service.** The Chair reiterated the importance of gathering and utilising data on improved patient outcomes to support the business case.
158	**Chair's announcements** The Chair noted that a Council of Governors meeting was scheduled for the 10 February 2022. This would be providing an opportunity for governors to contribute to the Trust's 2022/23 objective setting process and the development of the updated Research and Development Strategy. The Board noted the Chair's update.
159	**Chief Executive's report** The Chief Executive presented the report which detailed local, regional and national developments. The Chief People Officer noted that since the submission of the Vaccine as a Condition of Deployment report to the Board, the Secretary of State for Health and Social Care had announced on 31 January 2022, the government's intention to revoke the regulations making vaccines a condition of deployment for health and social care staff, subject to parliamentary process. Thanks were noted to the Trust staff that had supported making extra vaccine clinics available in recent weeks and it was confirmed that the Trust would continue to actively promote the vaccine for staff whilst awaiting further guidance. The Chief People Officer reported on the impact of the recent Omicron Covid-19 variant wave. It was noted that the Omicron variant had produced the most intense and acute challenge for the Trust throughout the pandemic as average staffing absences as a result of Covid-19 increased from an average of 10 per day to 100 per day. Business continuity processes had been enacted and then

	subsequently stood down in mid-January 2022. During this time, there had been a need to work differently and staff had been flexible and accommodating. The Chief Nurse & Midwife drew attention to a letter dated 25 January 2022 that had been received from NHS Improvement and England. This requested that the Trust discuss progress against the Ockenden Report at a public Board meeting before the end of March 2022. It was noted that a significant update had been provided to the 24 January 2022 Quality Committee, but further consideration would be given to the most appropriate way to communicate the update to the whole Board. The Board of Directors: • noted the Chief Executive update.
160a	Quality & Operational Performance Report The Board considered the Quality and Operational Performance Report. The Chief Operating Officer outlined the Trust's cancer performance which had been challenged during Quarter 2 2021/22.There had been continued improvements during November 2021 and December 2021 with the 31 day measure now close to meeting the target. Reference was made to the Cancer Inequalities in Cheshire and Merseyside report included as an appendix to the CEO Report. It was reported that whilst the Trust was not experiencing inequalities in access to cancer treatment, the data would continue to be analysed to identify any trends or potential concerns. Work continued to ensure that the Trust's 52 week wait position did not deteriorate and a range of actions were in place to reduce waiting times. The Chair remarked that the Board Committees received detailed information on these actions and trajectories on a regular basis. The Chief Nurse & Midwife highlighted that the Trust's infection, prevention, and control performance (IPC) continued to be strong. Attention was drawn to recent fluctuations in VTE performance, and this was being given an enhanced focus to drive improvements. Metrics measuring patient experience remained below target and it was asserted that the main driver for this was dissatisfaction resulting from Covid-19 IPC measures. The Chair questioned whether this assertion could be backed with evidence. The Chief Nurse & Midwife confirmed that the next iteration of the Integrated Governance Report would provide an analysis of complaints. Action: For the next iteration of the Integrated Governance Report to include a detailed analysis of complaints to inform the reasons behind a reduced patient satisfaction position. Non-Executive Director, Zia Chaudhry, referenced the serious incident section of the report and queried if the incident in which a scan had been delayed due to consultant sickness was a regular occurrence. The Medical Director confirmed that it was not, and the scan should not have been delayed and rather reviewed appropriately by a colleague. This was a key lesson to be learned from that incident. Non-Executive Director, Louise Martin, sought an explanation behind the deterioration in the ITU transfers out performance. The Medical Director noted that there had been debate about the efficacy of a target in this area but explained that it was set following an annual audit of the number of appropriate transfers of care. The 'appropriateness' of transfers took into consideration the Trust's position as a standalone site. Chair's Log: For the Quality Committee to receive a detailed explanation behind the Trust's ITU transfers of care performance The Board of Directors: • Received and noted the Quality & Operational Performance Report.
160b	Maternity Incentive Scheme (CNST) Year 4 - Assurance

	The Board received the report which outlined the scheme requirements for compliance required to achieve all ten safety actions and their associated standards for the Maternity Incentive Scheme Year 4 and the governance arrangements put into place following lessons learned from the Year 3 scheme. Also outlined was specific information relating to the Saving Babies Lives Care Bundle 2 (safety action 6) and the perinatal surveillance dashboard. This information was intended to support the Board's discussions on and oversight of maternity safety intelligence. Non-Executive Director, Louise Martin, expressed some concern regarding the Trust's still birth rate and maternity vacancy rate and also asked how the Family Health Division was effectively managing a high volume of regulatory requests for information and compliance. The Chief Nurse & Midwife acknowledged that the requests for maternity compliance information was a challenge, and this had been raised as an issue to the national Chief Midwife. The Division was attempting to triangulate available information and develop an overall maternity dashboard and evidence repository. It was noted that detail relating to the still birth rate was included within item 160d and that further information relating to the maternity vacancy rate was available in item 160c. Non-Executive Director, Louise Martin, queried if there was confidence that all ten safety actions would be achieved. The Chief Nurse & Midwife stated that whilst there were risks to delivery, significant attention and focus was being given to compliance. It was agreed that regular updates on CNST compliance would be received by the Quality Committee. **Chair's Log: Quality Committee to receive regular assurance updates on CNST compliance.** The Board of Directors: • Received and noted assurance regarding CNST compliance
160c	**Birthrate Plus / Maternity Staffing** The Chief Nurse & Midwife outlined the requirements of Maternity Incentive Scheme Safety Action 5 and detailed the current Trust position. Attention was drawn to the final report of the commissioned Birth Rate Plus systematic workforce review and associated action plans. It was noted that these formed the required evidential standard (for Safety Action 5) for submission to the Board. The Chief Nurse & Midwife noted the following key points from the Birth Rate plus review: • The Trust was no longer Birth Rate Plus compliant and there would be a requirement for an additional 24.91 WTE midwives to be appointed. This resulted in a £1.1m cost pressure. • There was a recommendation to increase the overall establishment headroom to 23% (from 21.4%), specifically the training proportion which was currently 1.9% to 3.5% It was noted that the Trust had previously been unable to access funds to support compliance with the Ockenden review recommendations because at the time, the Trust was Birth Rate Plus compliant. The action plan to achieve Birth Rate Plus compliance was referenced. The Chair remarked that the requirements to fully implement the Continuity of Carer model had not been factored into the calculations and noted a concern that this impacted the credibility of the Birth Rate Plus calculations. It was queried if this would be resolved. The Head of Midwifery explained that Birth Rate Plus was the tool available for assessing maternity staffing requirements. The Trust would, however, be overlaying its operational delivery plan onto the Birth Rate Plus outputs and this would help to identify potential staffing gaps. It was likely that this would result in an additional financial requirement. The Chief Finance Officer noted that the additional maternity staffing requirements should be funded by commissioners as compliance against Birth Rate Plus was a 'must do'. Funding requirements for the implementation of the Continuity of Carer model would require additional work. The Chief Executive noted that the Trust was leading on developing midwifery workforce requirements for the Cheshire and Merseyside region.

	The Board of Directors: • Received the report and noted the Birth rate Plus and one to one care action plans • Noted that further actions would be required to understand the recruitment and financial implications of achieving Birth Rate Plus compliance and the implementation of Continuity of Carer model. *Claire Fitzpatrick left the meeting*
160d	**Learning from Deaths Quarter 2, 2021/22** The Board received the report which presented the mortality data for quarter two and the learning from deaths information for Quarter one (stillbirths and neonatal deaths) and adult deaths (Quarter two). In Quarter two there were the following deaths: • Adult deaths – 2 • Stillbirths 11 (rate 5.3/1000) • Neonatal deaths 11 (7 inborn, 4 transferred in) (rate 3.4/1000 inborn births) All Quarter one deaths had been reviewed using the appropriate review tools and methodology. The review of stillbirths and neonatal deaths were subject to a multidisciplinary review panel meeting with external professionals utilising the Perinatal Mortality Review Tool (PMRT). All cases invited parents to be involved in the review by submitting comments and questions for discussion. An expected adult death was reviewed within an internal mortality review. The unexpected death was being reviewed under the Serious Untoward Incident (SUI) framework. This SUI would be included in the Quarter 3 paper. Attention was drawn to the lessons learnt and actions taken. There were no common themes from the Quarter 1 reviews. It was noted that changes in clinical care due to the Covid-19 pandemic may have played a role in the outcome of one case of stillbirth. There was no impact on any other deaths. Trends on stillbirths were being closely monitored and it was explained that triangulation with other sources of information was required to support the analysis as there were small numbers of cases. The external neonatal review being undertaken by St Mary's Hospital in Manchester was expected to be finalised towards the end of the 2021/22 financial year. Non-Executive Director, Louise Martin, suggested that the presentation of the report could be enhanced using national or statistical neighbour benchmarking. **Action: To include national or statistical neighbour benchmarking in future learning from deaths quarterly reports.** The Board of Directors: • took assurance that there was an adequate process against the requirements laid out by the National Quality Board and that there were effective processes in place to assure the Board regarding governance arrangements in place to drive quality and learning from the deaths of adults in receipt of care at the Trust. • Noted the number of deaths in our care • Noted the number of deaths subject to case record review • Noted the number of deaths investigated under the Serious Incident framework • Noted the number of deaths that were reviewed/investigated and as a result considered due to problems in care • Noted the themes and issues identified from review and investigation • Noted the actions taken in response, actions planned and an assessment of the impact of actions taken.

160e	**Chair's Reports from the Quality Committee** The Board considered the Chair's Reports from the Quality Committee meetings held on 20 December 2021 and 24 January 2022. It was noted that the Committee was positively assured by the Family Health Division Safety Champions Update. Issues raised by the Safety Guardians included: • Issues with K2 Grow Charts and the surveillance of fetal growth in pregnancy • Issues with timely review of clinical incidents • 1:1 Care in Labour • Issues on Maternity Base affecting patient flow, experience, and staff morale • Staff redeployment around the Maternity Division. The Chief Executive noted that Executives had been asked to review the metrics being presented to the Committee to ensure that they were providing a comprehensive view on quality performance. The Board of Directors: • Received and noted the Chair's Reports from the Quality Committee meetings held on 20 December 2021 and 24 January 2022.
	Board Thank you *Claire Scott (Finance), Lauren Williams (Pharmacy – CSS), Lisa Dudley (CSS), Danielle Ahmad (Gynae), Rebecca Holland (Gynae), Toni Gleave (Gynae), Claire Arnold, NICU (FH), Jo Boyd, Maternity (FH), Kate Woodcock, Maternity (FH), Pam Coffey, Maternity (FH), Nicola Brown, Maternity (FH), Helen Hodkinson, Maternity (FH), Louise Jackson, Maternity (FH), Chelsea Darwin, Maternity (FH) joined the meeting.* The Chief Finance Officer presented a 'thank you' to Claire Scott who had been acting Deputy Chief Finance Officer since October 2021. Claire had significantly contributed to the Trust's 2021/22 H2 financial plan and had worked flexibly and skill to support Divisions through a challenging operational and financial landscape. The Chief Operating Officer noted that the Divisions had nominated some key individuals that had supported the Trust with maintaining business as usual through the Omicron Covid-19 wave. Thanks were extended to these individuals who had worked diligently to ensure that patient outcomes and experience was maintained during a highly challenging time.
161a	**Workforce Performance Report** The Board received the Workforce Performance Report. The Chief People Officer noted that the Trust continued to report a significantly challenged position against key workforce metrics. Improvements to the mandatory training rate remained challenging although good progress had been made to improve the accessibility and auto enrolment to e-learning packages. Divisions had been asked to prioritise mandatory training on a risk basis and ensure that resources were being focused on the areas with the greatest clinical risk. There had been a significant increase in short term sickness during January 2022 as a result of the Omicron Covid-19 variant, but this had started to trend downwards at the end of the month. The Chief Nurse & Midwife and Deputy Chief Nurse & Midwife were undertaking regular checks on sickness management processes with service leads. The Board of Directors:

	• Noted the Workforce Report.
161b	**Vaccination as a Condition of Deployment (VCOD)** The Chief People Officer since the submission of the Vaccine as a Condition of Deployment report to the Board, the Secretary of State for Health and Social Care had announced on 31 January 2022, the government's intention to revoke the regulations making vaccines a condition of deployment for health and social care staff, subject to parliamentary process. It was confirmed that the Trust would continue to actively promote the vaccine for staff whilst awaiting further guidance. Non-Executive Director, Gloria Hyatt, queried how the Trust was planning to manage potential patient concerns regarding being treated by non-vaccinated staff. The Chief People Officer confirmed that guidance was awaited from the government. Once received, this would be reviewed at the Putting People First Committee. The Board of Directors noted the report.
161c	**Chair's Report from the Putting People First Committee** The Board considered the Chair's Report from the Putting People First Committee meeting held on 17 January 2022. Non-Executive Director, Susan Milner chaired the meeting and highlighted the following issues: • The Committee had focussed on the Family Health Division, particularly noting ongoing staffing challenges within the maternity service • The Committee had received a report into GP rotational training specifically focussed on clinical supervision and induction. A number of incidents had been raised by GP trainees during the recent rotation and escalated within the GMC survey. The recent rotation had highlighted a significant change in practice in relation to the O&G training programme and experience provided within UK Medical Degrees and the practical experience of GP trainees prior to placement at the Trust due to the pandemic and potentially working in a virtual setting during the past 12 months. The Committee noted an action plan had been put in place to address the risks identified and better support the GP Trainees going forward. The Board of Directors: • Received and noted the Chair's Report from the Putting People First Committee meeting held on 17 January 2022.
162a	**Finance Performance Review Month 9 2021/22** The Chief Finance Officer presented the Month 9 2021/22 finance performance report which detailed the Trust's financial position as of 31 December 2021. At Month 9, the Trust was reporting a £1.7m deficit Year to Date (YTD) against a £0.3m deficit plan, and a breakeven forecast in line with the revised Board approved plan. The YTD trust wide position had worsened in month due to increasing pay cost pressures in relation to agency and other cover for rising sickness and staff absence figures, predominantly due to Covid-19. Whilst the Cost Improvement Programme (CIP) continued to deliver, Elective Recovery Fund (ERF) income was significantly behind plan, with the year-to-date position reflecting the risk relating to Cheshire & Merseyside (C&M) delivery. Capital spend was behind plan but expected to increase. The Chair queried the level of confidence on the CIP programme delivery. The Chief Finance Officer stated that there was confidence that the 2021/22 programme would be delivered. Non-Executive Director, Tracy Ellery, noted that progress had been closely monitored at the Finance, Performance and Business Development (FPBD) Committee. The main area of focus for the Committee had been on the potential impact of the recurrent gap on financial planning for 2022/23.

	As per Trust Standing Financial Instructions, Board approval was required for recommending contract awards with a value over £500k. Attention was drawn to the Award of Linen and Laundry contract and Award of Clinical Waste contract, both of which had been through a full procurement process and were recommended for Board approval. The Chief Finance Officer noted that these had been progressed under regional joint procurement and the timings had not enabled full scrutiny at the FPBD Committee. The Chair accepted the need for increased collaboration on procurement but requested that the FPBD Committee undertake learning on the approval process. **Chair's Log: For the FPBD Committee to undertake a reflective exercise on the regional joint procurement for the Linen and Laundry and Clinical Waste contracts.** The Board of Directors: • Noted and received the Month 9 2021/22 Finance Performance Review • Approved the Award of Linen and Laundry contract and Award of Clinical Waste contract
162b	**Chair's Reports from Finance, Performance and Business Development Committee** The Board considered the Chair's Reports from the Finance, Performance & Business Development Committee meetings held on 20 December 2021 and 24 January 2022. Committee Chair and Non-Executive Director, Louise Martin, noted that in January the Committee had held a comprehensive discussion in relation to the risk score of 'BAF Risk 2.1: Failure to progress our plans to build a new hospital co-located with an adult acute site'. The risk would continue to be reviewed against implementation of site projects as they developed and during the preparation of the counterfactual case which was currently being refreshed and would be taken through Executive Committee and Quality Committee. The Committee recommended the engagement of health economists at this stage. The Committee also received an overview report detailing how the Trust balanced Financial and Quality Risks. It was agreed that the report should be discussed at a Board workshop. With a significant number of issues to oversee, there was agreement to adjust timings of agenda items to provide sufficient time for discussion, challenge and debate. The Board of Directors: • Received and noted the Chair's Reports from the FPBD Committee meetings held on 20 December 2021 and 24 January 2022.
162c	**Chair's Report from the Audit Committee** The Board considered the Chair's Report from the Audit Committee meeting held on 20 January 2022. Committee Chair and Non-Executive Director, Tracy Ellery, noted that the majority of the business in the meeting had been focused on preparations for the 2021/22 year-end process. A deadline of the 22 June 2022 for the submission of the Annual Report and Accounts had been established and consequently an Audit Committee and Board meeting to review documents ahead of final approval had been set for the 16 June 2022. As two of the Audit Committee members would be leaving the Trust later in the year, the three newly appointed Non-Executive Directors attended the meeting as observers to support continuity and succession planning. The Board of Directors: • Received and noted the Chair's Report from the Audit Committee meeting held on 20 January 2022.
162d	**Chair's Report from the Charitable Funds Committee**

	The Board considered the Chair's Report from the Charitable Funds Committee meeting held on 13 December 2021. Committee Chair and Non-Executive Director, Tracy Ellery, noted that the meeting had predominantly considered the 2020/21 Charitable Accounts which had subsequently been approved by the Board in January 2022. The Committee was informed that a number of projects that had received fundraising monies had not been implemented. This could present difficulties to the Charity when applying for grant funding. The matter was escalated to the Executive Committee to review all outstanding charitable fund schemes and ensure Trust support to provide project management at time of implementation. The Board of Directors: • Received and noted the Chair's Report from the Charitable Funds Committee meeting held on 13 December 2021.
163a	Green Plan The Chief Operating Officer explained that the NHS Net Zero ambition set out a challenge for the NHS to significantly reduce its carbon footprint by the year 2045. Individual trusts were required to produce a Green Plan to identify objectives towards supporting this goal. Through Autumn 2021 a Trust task and finish group comprising clinical, operational, and corporate representatives had identified key actions to undertake through 2022/23 and beyond to support our response to the Net Zero Ambition. The appendix in the plan set out those areas of focus and the process by which these initiatives would be monitored which would include the development of benchmarks. The Trust Board was asked to note this approach and would receive updates on progress annually (quarterly updates to the FPBD Committee). The Board noted the Green Plan.
163b	Well-Led Framework – Action Plan The Trust Secretary presented an update on the combined action plan from the internal and external well-led inspections. Areas that remained outstanding were highlighted with proposed actions outlined. Work would continue to close out the outstanding actions by the updated timescales. Grant Thornton had also offered to undertake a follow up visit and discussion with the Board in Spring 2022. This would help to provide assurance on the Trust's progress and also identify areas for continued development. The Trust was required by the NHS Code of Governance to undertake an external well-led review at least every three years. It was also recommended that the Trust undertake an internal annual review against the well-led framework. It was therefore suggested that the Trust begin this process once the 2021/22 year-end undertakings had been completed at the end of June 2022. Whilst part of this would be reviewing and seeking assurance on the 2021/22 action plan, this would also present an opportunity to look ahead and identify updated areas for development. The Board of Directors: • Noted the update on the combined well-led framework action plan. • Agreed that the annual internal well-led review would commence from July 2022.
163c	Board Assurance Framework The Board received the Board Assurance Framework (BAF). The Trust Secretary updated the Board on changes that had been made to the BAF since it had been last discussed in December 2021. These changes had been reported to the aligned Committees during

	January 2022. There had not been any proposed changes to the scoring for any of the BAF risks although it was noted that the risk for BAF 1.2 Failure to recruit and retain key clinical staff, had escalated, mainly as a result of Covid-19 related sickness. The Trust Secretary reported that the BAF had been discussed during a recent CQC relationship management meeting and whilst the feedback had been largely positive about the direction of travel, the need for improvements in relation to the tracking of underpinning actions had been identified. The Trust Secretary was progressing an automated reminder system with the Clinical Governance team. Action: For Executives to review and update the actions contained within their aligned BAF risks. Non-Executive Director, Tracy Ellery, noted that financial pressures and risks attached to decisions around Birth Rate Plus compliance had been identified during the meeting and asserted that this was reflective of a wider issue of the Trust being required to adopt more financial risk in the current operating environment. It was suggested that this required reflection in the BAF for the 2022/23 financial year. The Board of Directors: • Noted the BAF *The following items were received under the 'Consent Agenda'*
164	Guardian of Safe Working Hours Quarterly Report – Q1, 2 and 3 2021/22 The 2016 contract required the Guardian of Safe Working to report to the Trust Board and Putting People First Committee on a quarterly basis, with the following information. • Aggregated exception reports including outcomes • Details of fines levied • Data on rota gaps • Data on locum usage • Other relevant data • Qualitative narrative highlighting areas of good practice or persistent concern The report covered all the above for the reporting period and related to the first three quarters of the year. The Board of Directors noted the report.
165	Review of risk impacts of items discussed The Chair identified the following risk items and positive assurances: Risks: • The need to take a business development approach to the expanding endometriosis service • Staffing pressures • CNST compliance • Birth Rate Plus non-compliance resulting in the need for additional recruitment and additional cost pressures.
166	Chair's Log The following Chair's Logs were noted: • For the Finance, Performance and Business Development Committee to review the development of a business case for an expanded endometriosis service. • For the Quality Committee to receive a detailed explanation behind the Trust's ITU transfers of care performance

	• For the FPBD Committee to undertake a reflective exercise on the regional joint procurement for the Linen and Laundry and Clinical Waste contracts. • Quality Committee to receive regular assurance updates on CNST compliance.
128	**Any other business & Review of meeting** None noted. **Review of meeting** No comments noted.

Liverpool Women's NHS Foundation Trust

Action Log

Trust Board - Public
March 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
3 February 2022	21/22/163c	Board Assurance Framework	For Executives to review and update the actions contained within their aligned BAF risks.	All Execs	April 22	On track	
3 February 2022	21/22/160d	Learning from Deaths Quarter 2, 2021/22	To include national or statistical neighbour benchmarking in future learning from deaths quarterly reports.	Medical Director	April 22	On track	
3 February 2022	21/22/160a	Quality & Operational Performance Report	For the next iteration of the Integrated Governance Report to include a detailed analysis of complaints to inform the reasons behind a reduced patient satisfaction position.	Chief Nurse & Midwife	April 22	On track	
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	April 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	
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	March 22	Complete	On the agenda for the March 22 Board Development Session. Initial report received by January FPBD Committee.

Liverpool Women's NHS Foundation Trust

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	Apr 22	On track	The Trust is involved in a programme with NHSI/E to support this aim. Update to be provide to the March 22 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	~~Sept 21~~ Feb 22	Complete	Proposal for target / method of reporting to be outlined at the February 2022 Board meeting.

Chair's Log

Received / Delegated	Meeting Date	Issue and Lead Officer	Receiving / Delegating Body	Action Deadline	RAG Open/Closed	Comments / Update
Delegated	03.02.22	To undertake a reflective exercise on the regional joint procurement for the Linen and Laundry and Clinical Waste contracts.	FPBD	March 2022	On track	Verbal Update to be provided at the March 2022 FPBD meeting.
Delegated	03.02.22	To receive regular assurance updates on CNST compliance	Quality	March 2022	On track	
Delegated	03.02.22	To receive a detailed explanation behind the Trust's ITU transfers of care performance Lead Officer: MD	Quality	March 2022	On track	
Delegated	03.02.22	To review the development of a business case for an expanded endometriosis service. Lead Officer: CFO	FPBD	October 2022	On track	To be progressed through the Divisional Operational Planning process with an update provided to the FPBD

						Committee as part of the six month review of progress.
Delegated	06.01.22	To explore the potential staffing barriers to implementing obstetric twilight shifts and 24/7 consultant cover. Lead Officer: CPO	PPF	March 2022	On track	
Delegated	06.01.22	To receive an update on the progress with wellbeing actions, particularly those that provide guidance for line managers to support their direct reports. Lead Officer: CPO	PPF	March 2022	On track	
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	April 2022	On track	
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	Complete	Agreed that a quarterly update would be sufficient. Add to the workplan for 2022/23.

Liverpool Women's NHS Foundation Trust

Trust Board

COVER SHEET

Agenda Item (Ref)	*21/22/173*	Date: 03/03/2022		
Report Title	**Ockenden One Year On**			
Prepared by	*Angela Winstanley – Quality & Safety Matron* *Alison Murray – Acting Head of Midwifery* *Dr Alice Bird – Clinical Lead, Maternity*			
Presented by	*Marie Forshaw, Chief Nurse & Midwife*			
Key Issues / Messages	*The paper outlines the current actions and work being undertaken to date, to enable the Trust to provide assurance that the full implementation of the Ockenden Essential and Urgent recommendations is underway. The report is in response to a request from the Chief Nursing Officer to ensure that several issues have been discussed with the Board in public before the end of March 2022.* *The report also provides an opportunity to reflect on the wider issues raised by the Ockenden Report (in addition to the points of compliance) that were identified by the Board in January 2021 and to consider the progress made against these and what future actions may be necessary.*			
Action required	Approve ☐	Receive ☐	Note ☒	Take Assurance ☐
	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 – Y *If no – please outline the reasons for deviation.*			
	To note the progress made by the Trust in response to the Ockenden Report.			
Supporting Executive:	*Marie Forshaw, Chief Nurse and Midwife*			

Equality Impact Assessment *(if there is an impact on E,D & I, an Equality Impact Assessment **MUST** accompany the report)*							
Strategy ☐		Policy ☐		Service Change ☐		Not Applicable ☒	
Strategic Objective(s)							
To develop a well led, capable, motivated and entrepreneurial ***workforce***	☒		To participate in high quality research and to deliver the most ***effective*** Outcomes	☒			
To be ambitious and ***efficient*** and make the best use of available resource	☒		To deliver the best possible ***experience*** for patients and staff	☒			
To deliver ***safe*** services	☒						
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:				

2.2 Failure to develop our model of care to keep pace with developments and respond to a changing environment	
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Trust Board	Feb 21	Chief Nurse & Midwife	Initial paper to the Board following publication of the interim report.
Quality Committee	Feb 21		More detailed paper after that which went to Board.
Quality Committee	Apr 21		Update on progress to the Committee
Quality Committee	Nov 21		Clinical service responses to Ockenden
Quality Committee	Jan 22		The Committee received assurance of action taken in response to the Ockenden recommendations. The Committee commented on the number of national reports requiring a response from the Family Health division in addition to the pandemic.

EXECUTIVE SUMMARY

A request from NHSE/I was made for all trusts to update public boards detailing progress to ensuring full compliance to meet the recommendations of the Ockenden report on the immediate and essential action one year on from publication. This will allow oversight that the service is committed to ensuring progress continues whilst preparing for further reports and publications into maternity services during 2022.

The report also outlines progress from the wider reflections made by the Board on first receipt of the Ockenden Report in January 2021.

MAIN REPORT

Introduction

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

NHS England requested that maternity services implement all 7 Immediate and Essential Actions (IEAs) described in the document, and they identified 12 urgent clinical priorities from these 7 IEAs. All maternity services were asked to provide assurance that they comply with these 12 urgent clinical priorities.

The Trust responded to this request with an immediate report to an Extraordinary Board Meeting in January 2021 (https://www.liverpoolwomens.nhs.uk/media/3678/20210107-extraordinary-public-board.pdf) and then followed this with a more detailed report to the February 2021 Board (https://www.liverpoolwomens.nhs.uk/media/3726/20210204-public-trust-board-version-2.pdf). Progress against the areas of compliance have subsequently been monitored by the Family Health Division with assurance reports provided to the Quality Committee.

On 25 January 2022, the NHS Improvement / England (NHSI/E) Chief Operating Officer and Chief Nursing Officer wrote to trusts requesting that discussions regarding Ockenden progress take place at a public Board before the end of March 2022. The discussion is expected to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans

The letter noted that ensuring local system oversight of maternity services was a key element in the Ockenden review and therefore trusts have been requested to ensure progress is shared and discussed with the Local Maternity System (LMS) and ICS. Progress must also be reported to the regional maternity team by 15 April 2022.

The following report provides information against these points to help to facilitate this discussion. It should be noted that in the January 2021 Board stated that whilst it would be important to monitor the specific compliance points within the action plans, the challenge for the Board would be to consider how to consistently deliver the best maternity services for the communities served by the Trust.

The following key questions were identified:

- How the Board gets assurance that when an incident is raised, the loop is properly closed and evidence provided that practice has changed.
- How the Board gets to hear the 'voice' of the patient and their families regarding their experiences.
- How can the Trust take the lessons from Ockenden and apply across the organisation?

Updates against these key questions will be provided and the Board may wish to reflect on areas of on-going priority and focus throughout 2022/23.

Progress with implementation of the 7 IEAs outlined in the Ockenden report and the action plan to ensure full compliance

In November 2021, the Trust and the Family Health Division received feedback from the Clinical Services Unit (CSU) via the office of the Regional Chief Midwife of the current compliance status against the Ockenden Immediate and Essential Actions.

The table below demonstrates the compliant and non-compliant actions as assessed by the CSU against the evidence submitted to the Ockenden Portal and assessed LWH as the following:

Total Immediate and Essential Actions assessed	122
Compliant Actions	85
Total Non Compliant Actions (Minus Repeated actions x 1)	36

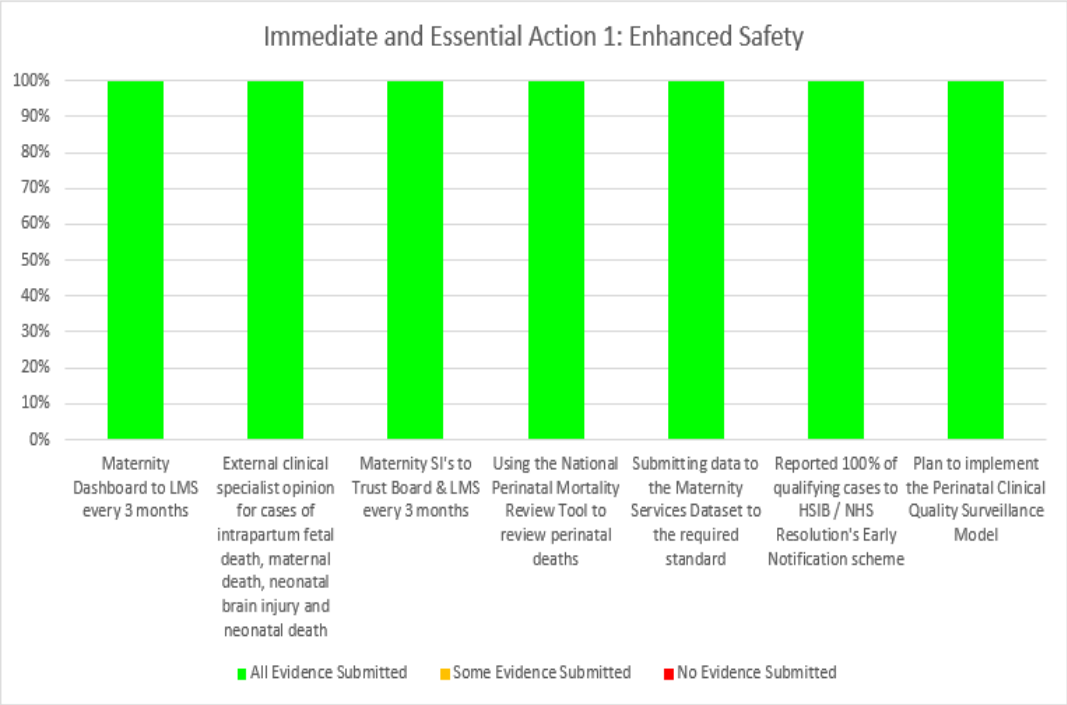
Regional Chief Midwife Team Visit – November 2021
Following publication of this report, shared with the Heads of Midwifery at provider level, a site visit was undertaken by the Regional Chief Midwife, the Deputy Chief Midwife, and the Regional Maternity Transformation Programme Manager. This team met with the Head of Midwifery and the Quality & Safety Matron in November 2021 and together, a review of the CSU report and the evidence submitted to the Ockenden Portal was undertaken to support an appeal against those actions deemed non-compliant.

CSU and Chief Regional Midwife Feedback (Post Appeal) – December 2021
On December 9th 2021 – The Trust were informed of the final compliance status against the IEAs following CSU validation of the appeals lodged. The table below demonstrates the **FINAL, CSU** validated compliance against the Ockenden Immediate and Essential Actions. It demonstrates that the CSU upheld all appeals lodged.

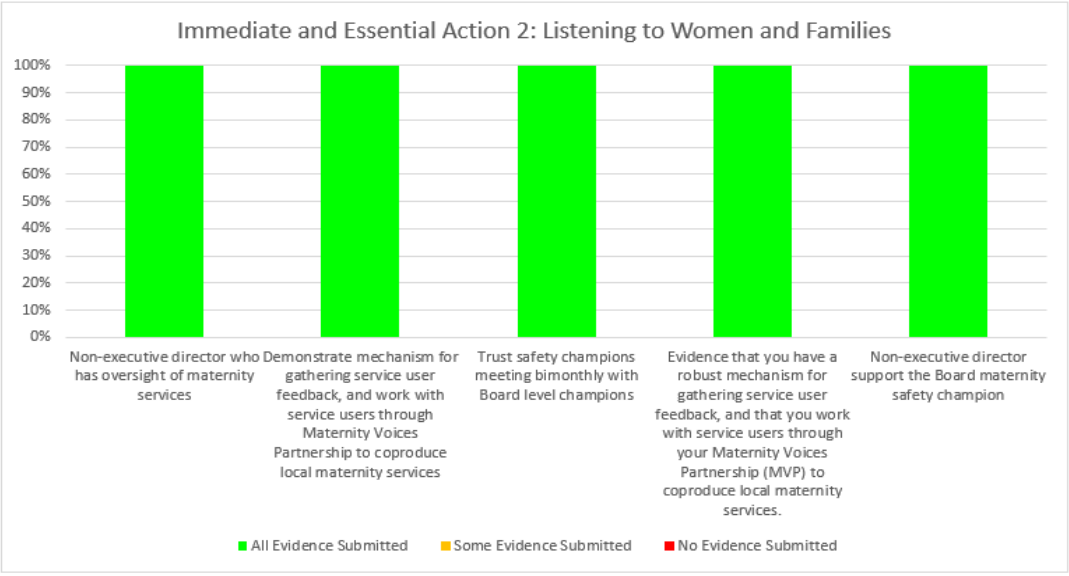
Total Non-Compliant Actions Assessed	36
Actions agreed that require LMS/ICS support to Trust (two duplicate actions)	5
Non-Compliant (Minus LMS related actions)	31
Actions agreed for appeal (Evidence reviewed)	24
FINAL LWH Non-Compliant Actions following CSU validation of appeal evidence	**7**

The following charts demonstrate compliance against each IEAs

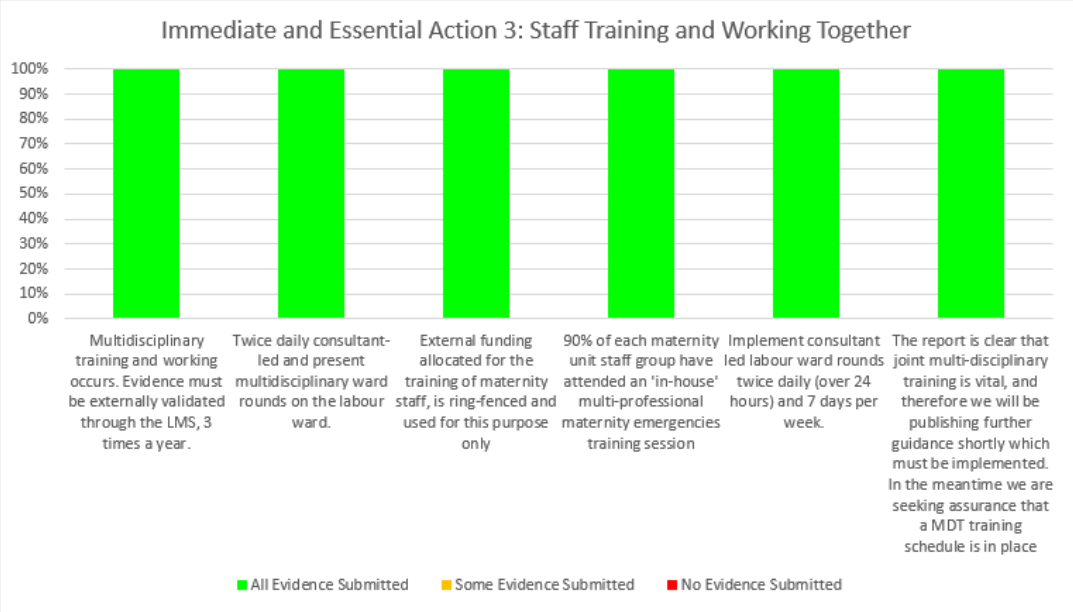
IEA 1: Enhanced Safety.



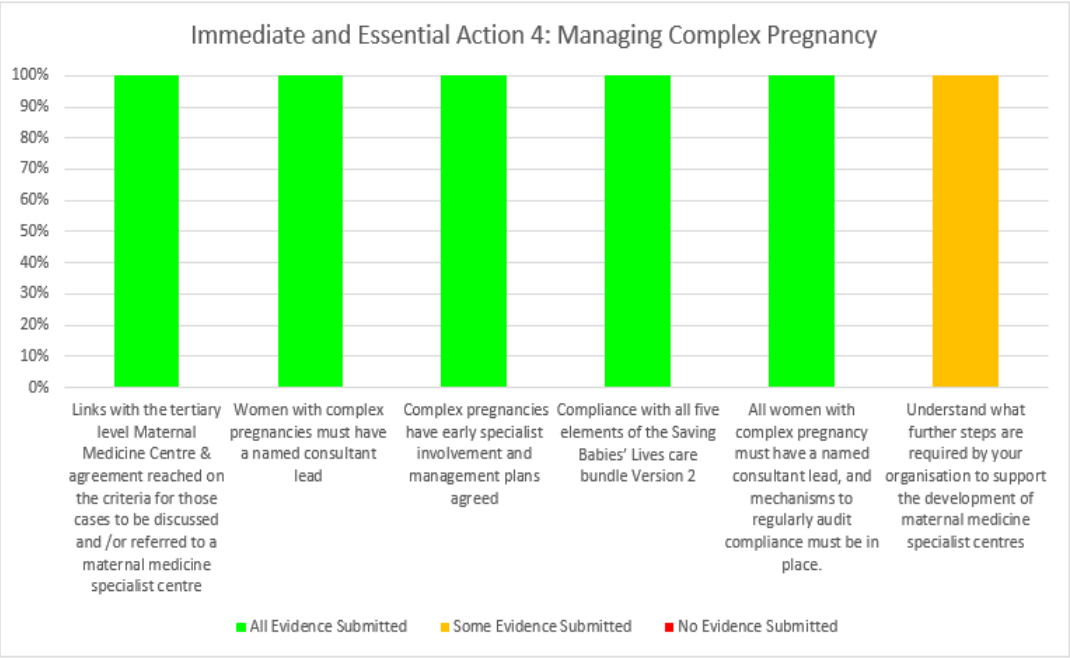
IEA2: Listening to Women and Families



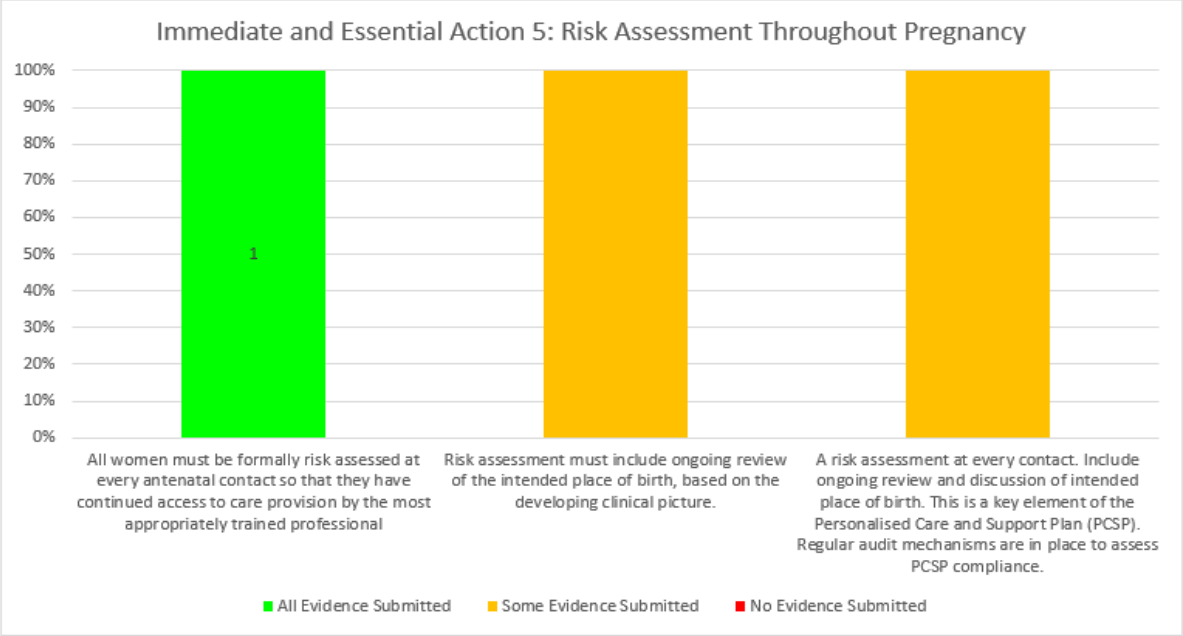
IEA3: Staff Training & Working Together



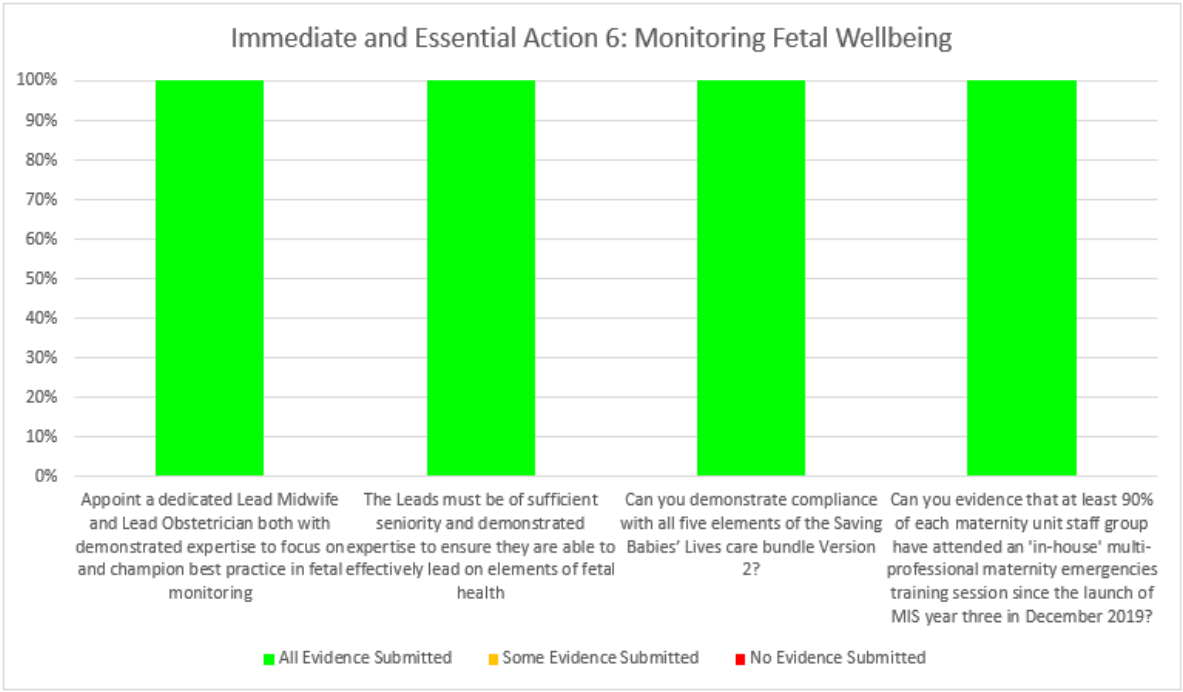
IEA4: Managing Complex Pregnancies



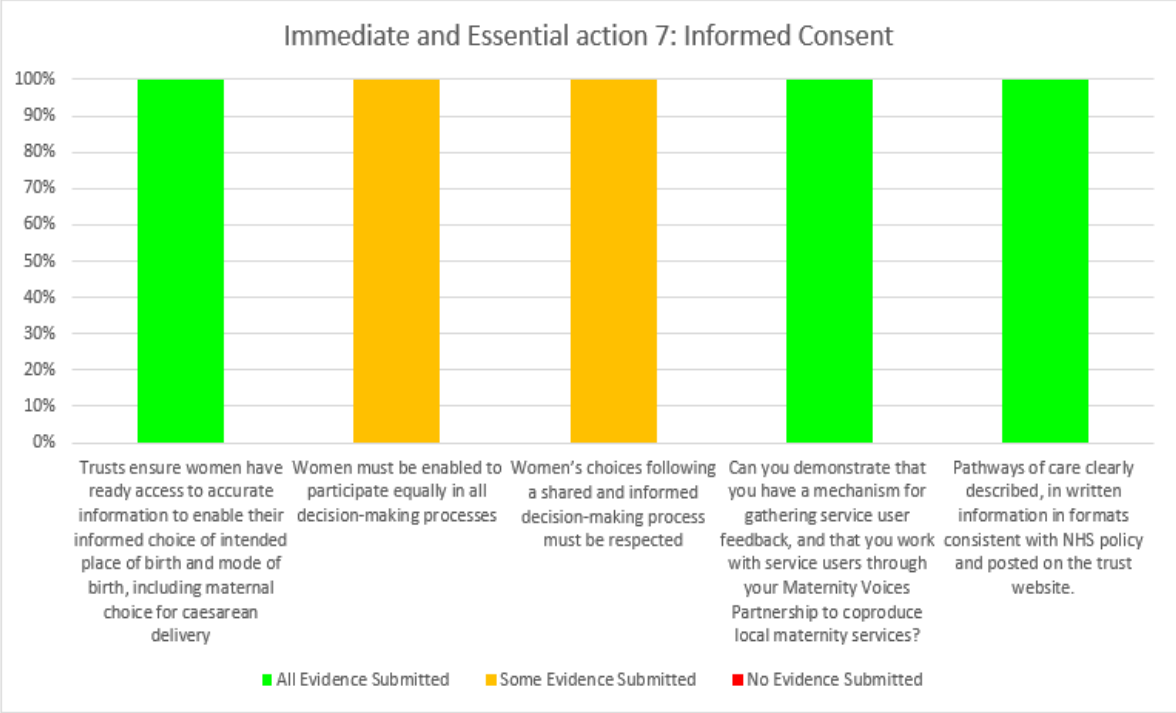
IEA5: Risk Assessment throughout Pregnancy



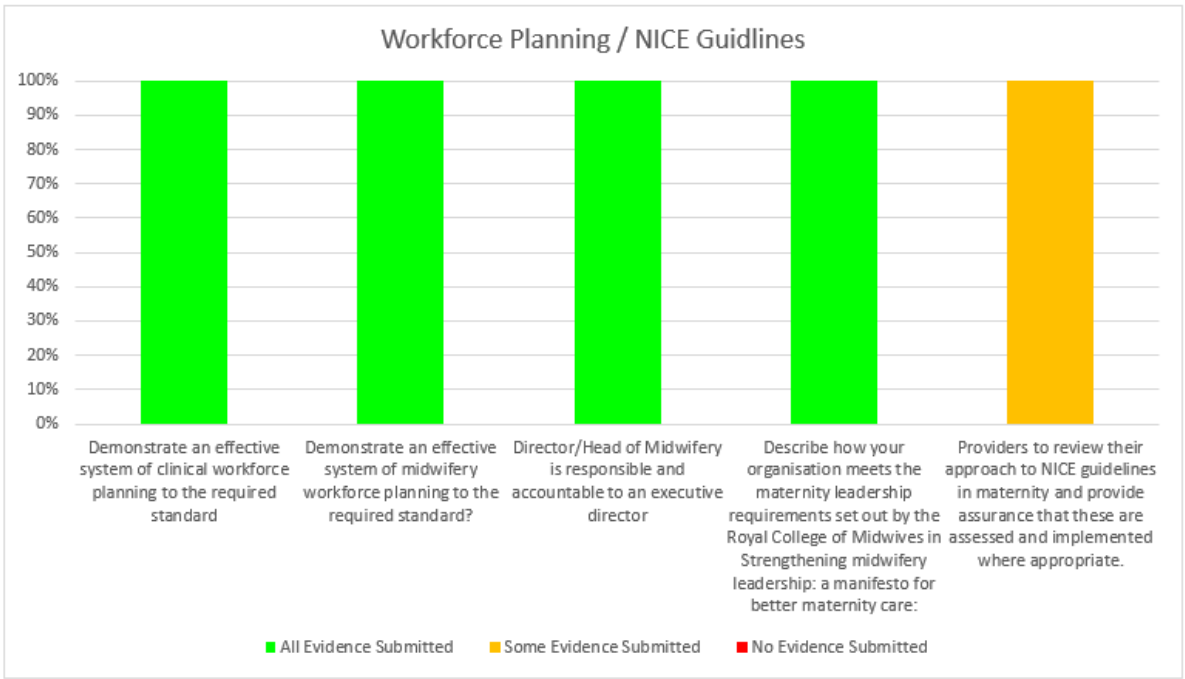
IEA 6 : Monitoring Fetal Wellbeing



IEA 7: Informed Consent



Workforce Planning & NICE Guidelines



Liverpool Women's Hospital NHS Foundation Trust Outstanding Actions.

As the appeal to the CSU was successful, LWH have seven outstanding actions that require further work to embed the immediate and essential recommendations from the Ockenden Report, these are detailed below with a brief narrative of work completed to date and ongoing as below:

1. Develop criteria for referrals to the Maternal Medicine Centre
   An electronic referral and feedback system has been developed in collaboration with representatives from the Cheshire and Merseyside referring Trusts. This will be ready for the launch date of April 2022.
2. Agree pathways of care into Maternal Medicine Centre
   These will be North West Maternal Medicine Network guidelines in line with the national maternal medicine service specification and ratified by 1st April 2022.

   NHS England » Maternal medicine networks: service specification.

3. Complete an audit of 1% of records that demonstrate that personalised care and support plans (PCSP) are in place.
4. Complete an audit of 5% of records that demonstrate that personalised care and support plans are in place.

   The Long Term Plan technical definitions state that a PCSP can only be counted as a PCSP If it meets the five technical counting criteria:
   1. People are central in developing and agreeing their PCSP, including deciding who is involved in the process.
   2. People have proactive personalised conversations that focus on what matters to them, paying attention to their needs and wider health and wellbeing.
   3. People agree the health and wellbeing outcomes they want to achieve in partnerships with the relevant professionals.
   4. Each person has a sharable PCSP that records what matters to them, their outcomes and how they will be achieved.
   5. People are able to formally and informally review their PCSP.

   Whilst we can demonstrate that PCSP are being supported for women through the MSDSv2 data capture, In order to provide assurance on the quality of the PCSPs an "Annual check – Baseline audit" will be undertaken by the LMS for all providers to complete to ensure they meet the five criteria as outlined in the LTP. As we are still waiting National guidance on what process this will be, C&M LMS have developed their own audit tool, which is going through the appropriate Governance process and should be available before end March 2022.

5. Complete an audit of 1% of notes that demonstrates that women are enabled to participate equally in all decision-making processes.
6. An audit of 5% of notes demonstrating compliance, that women's choices follow a shared and informed decision-making process and must be respected. This should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and a selection of women who request a caesarean section during labour or induction.

   - Ongoing work streams at LWH support the implementation of the above actions (5 and 6):

   - Since December 2021, LWH and Maternity have moved towards the use of the BRAIN (Benefits, Risks, Alternatives, Intuition and Nothing) decision making tool in partnership with the Liverpool Maternity Voice Partnership. The BRAIN Tool provides a logical approach to talking through recommendations and options for care with women and their families. BRAIN can be used in many situations during pregnancy,

in labour and after the birth e.g. screening tests, birth plans, induction of labour. All staff will receive formal training on the use of the tool and audits to evaluate its effectiveness are planned for June 2022.

7. Provide evidence of risk assessment where NICE guidance is not implemented.

   - There is now a process whereby all newly released NICE guidelines for Maternity and the subsequent baseline assessments are discussed at the monthly Maternity Clinical Meeting.
   -
   - Outstanding NICE guidance baseline assessments for Maternity & Obstetric guidelines to be completed by the designated clinical lead for the content of the guideline and shared at Maternity Risk and Clinical Meeting by April 2022.

Local Maternity System/Integrated Case System (LMS/ICS) Actions.
The LMS are required to support the Trust with the full implementation of the perinatal clinical quality surveillance model and are required to:

1. Develop an LMS SOP that describe how this is embedded in the ICS governance structure and signed off by the ICS, this will need to be supported by meetings at the LMS within minutes describing how this is embedded.

2. LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data… and…

3. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.

The Head of Midwifery and the Quality & Safety Matron at LWH have contacted the Lead Consultant Obstetrician, LMS Director and the Regional Quality & Safety Lead Midwife enquiring about timescales for completion of these actions in order for LWH to incorporate how we submit or data and reports to the LMS via our own governance structure.

The Chief Nurse and Midwife has written to the Programme Director at the LMS requesting further updates at to timescales, which has been acknowledged, and a detailed update is expected imminently.

Weekly meetings for the Cheshire and Merseyside LMS have recommenced on the 23rd February in order to support trusts meet compliance of all actions.

Appendix 1 Ockenden Action Plan

<u>Maternity Workforce Plans</u>

A key fundamental of Maternity Safety is ensuring an effective system of clinical workforce planning for both Obstetric and Midwifery Workforce.

In response to the National Maternity Transformation agenda, the Local Maternity System commissioned a workforce analysis for Cheshire and Merseyside Midwifery Services by Birth Rate Plus (BR+). The regional emerging clinical picture from local intelligence and clinical dashboards including midwife to birth ratio and vacancy, suggested that whilst births were reducing, complexity and staffing requirements to align to national safety standards were increasing. The principles underpinning the BR+ methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG. In February 2022 Liverpool Women's received the final report of the BR+ systematic Midwifery workforce review, which in conjunction with an associated action plan was presented at Trust board on February 3rd 2022 as part of a Midwifery Staffing Paper. This demonstrated an overall variance of staff in post vs the BR+ recommendation inclusive of a 23%

headroom of 4.71wte. The Trust will look to national funding opportunities to meet the financial shortfall to meet the staffing requirements. The detailed paper on this issue was presented to the Board in February 2022 – please see link below.

https://www.liverpoolwomens.nhs.uk/media/4085/20220203-public-trust-board-v3.pdf

Concurrently a Medical Workforce Plan was drafted for the Family Health Division encompassing both Obstetric and Neonatal Consultant current service and requirements to address and gaps in medical workforce provision and requirements to meet the evolving clinical service needs over the next five years. However, the RCOG are expected to publish a workforce toolkit for obstetric services in 2022, which will provide staffing models for consultants, and a further review and refresh will be required upon receipt of this document.

This paper has been made available to Board members in the Supporting Documents folder in Teams.

Updates against Board reflections

How the Board gets assurance that when an incident is raised, the loop is properly closed and evidence provided that practice has changed.

Identifying lessons that can be learnt from the experiences we have, either positive or negative, within our working environment, is extremely important in the Trust's goal of becoming the 'recognised leader in healthcare for women, babies and their families'. They help us in preventing unwanted reoccurrences and in continuing to improve the services we provide. This is an area of improvement that the Trust has been aware of and there has been the following item "Ineffective understanding and learning following significant events" on the Trust's Board Assurance Framework (either as a standalone item or strategic threat) for the last couple of years.

There has been evidence of improvement on this issue, the following being key highlights:

- Increased frequency of Serious Incident / Never Event reports to the Quality Committee and the Board
- As part of developments during Covid-19 pandemic, the Risk and Patient Safety manager set up a virtual learning clinic. This was a success and other clinics are being rolled out on a monthly basis.
- The Patient Involvement and Experience Sub-Committee receives quarterly and annual complaints reports detailing complaint themes, recommendations, actions taken, and lessons learned. The Sub-Committee is attended by members of all divisions with the expectation that this information is taken back and shared. All complaint investigations are signed off by the Divisional Managers, so they have sight of all of the recommendations made by the investigator to address the lessons learnt.
- On-going development of the Trust's Quality Improvement methodology and embedding this with staff.
- On-going post implementation and quality reviews for CIP projects and business cases

This clearly remains an area of focus for the Trust and there are on-going efforts to make further improvements such as:

- Strengthening the 'learning' section in the Trust's quarterly mortality reports
- Consistency / Standardisation of approach at divisional level

How the Board gets to hear the 'voice' of the patient and their families regarding their experiences.

Ensuring that the patient voice is heard and that the feedback is used to generate improvements was a key theme from the Ockenden report. Progress has been made in this area and the Patient Involvement and Experience Sub-Committee is an evolving body which is making strides to effectively monitor delivery against the recently finalised Women, babies and their families experience strategy 2021 – 2026. A Patient Experience matron has been appointed and they are helping to improve several issues, including the formalisation of the patient story at Board so that there are clear links with Quality Improvement. The Board also received a presentation from the Chair of the Liverpool Maternity Voices Partnership in November 2021.

This remains an area that requires on-going improvement, as demonstrated by the recent results from the 2021 Maternity Survey. This will be a key area of focus moving into 2022/23.

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

It was recognised in the January 2021 Board that there was an opportunity for the lessons from the Ockenden Report to be expanded across the whole organisation and not limited to solely maternity services.

In response to this, Divisional Reviews against the Ockenden Report were commissioned, with the outputs reporting to the Quality Committee in November 2021. The Committee noted that this demonstrated an effective response beyond the initial ask from maternity. Progress against outstanding actions continue to be monitored through the Safety and Effectiveness Sub Committee.

Corporate Departments were also asked to respond to any relevant issues for their areas in relation to the Ockenden Review. The main recommendation in Ockenden applicable to corporate areas were as follows:

- Immediate and essential action 3: Staff Training and Working Together

Finance response:

- Supporting with ensuring the consultant budgets are in place to support this where possible.
- Work to ensure time to attend MDT training is funded and included in headroom.
- Monitoring and reporting in place for any maternity training funding we have.
- There are some ongoing issues with recording of complexity with the antenatal booking data and finance are supporting the division with this
- Supporting ensuring the correct budgets and funding are in place, supporting recruitment where we can and with birth rate plus

HR response

- Co-ordinating funding though CPD and TNA monies for a sustained programme of Human Factors Training
- Supporting achievement of safe staffing levels through a) effective recruitment b) effective workforce planning in the medium and long term c) securing robust temporary staffing models through NHSP and d) ensuring effective roster planning through roster review meetings
- Supporting development of medical strategic workforce plan and development of terms and conditions to facilitate consultant 24/7 working

Conclusion

As noted at the January 2021 Board, whilst it remains important to monitor the specific compliance points within the action plans, the challenge for the Board is to consider how to consistently deliver the best maternity services for the communities served by the Trust. The Board may wish to reflect on areas of on-going priority and focus throughout 2022/23.

Recommendation

To note the progress made by the Trust in response to the Ockenden Report.

IEA	Ockenden Action	Action	Narrative.	Actions to be completed:	Date	Action Owner
IEA 3	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	**24.02.2022** These will be North West Maternal Medicine Network guidelines in line with the national maternal medicine service specification and ratified by 1st April 2022. NHS England » Maternal medicine networks: service specification.			
		Criteria for referrals to MMC	An electronic referral and feedback system has been developed in collaboration with representatives from the Cheshire and Merseyside referring Trusts. This will be ready for the launch date of April 2022. The referral criteria will reflect the guideline described in the previous action.			
IEA5	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	**Feb 2022: Update received from LMS Lead Midwife**. The Long Term Plan technical definitions state that a PCSP can only be counted as a PCSP If it meets the five technical counting criteria: 1. People are central in developing and agreeing their PCSP, including deciding who is involved in the process. 2. People have proactive personalised conversations that focus on what matters to them, paying attention to their needs and wider health and wellbeing. 3. People agree the health and wellbeing outcomes they want to achieve in partnerships with the relevant professionals. 4. Each person has a sharable PCSP that records what matters to them, their outcomes and how they will be achieved. 5. People are able to formally and informally review their PCSP. In order to provide assurance on the Quality of the PCSPS an "Annual check – Baseline audit" will be undertaken by the LMS for all providers to complete to ensure they meet the five criteria as outlined in the LTP. As we are still waiting National guidance on what process this will be, C&M LMS have developed their own audit tool, which at the minute is	Upon receipt of the "Annual Check – Baseline Audit" from the LMS, audit of 1% of cases (70) to be completed.	June 2022	Digital K2 Midwifery Team

			going through the appropriate Governance process and should be available before end March 2022.			
IEA5	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.	Audit Sample size differs to sample size as above.	Upon receipt of the "Annual Check – Baseline Audit" from the LMS, audit of 5% of cases (345) to be completed.		Digital MW Team
IEA7	Women must be enabled to participate equally in all decision-making processes. Confirmation that trust HAS a method of recording decision making processes that includes women's participation & informed choice	An audit of 1% of notes demonstrating compliance.	**24.02.2022** Since December 2021, Maternity have moved towards the use of the BRAIN (Benefits, Risks, Alternatives, Intuition and Nothing) decision making tool in partnership with the Liverpool Maternity Voices Partnership. The BRAIN Tool provides a logical approach to talking through recommendations and options for care with women and their families. BRAIN can be used in many situations during pregnancy, in labour and after the birth e.g. screening tests, birth plans, induction of labour. All staff will receive formal training on the use of the tool and audits to evaluate its effectiveness will be planned for 2022.	Audit of 1% of 2021 births equal to 70 cases to be completed to evidence of shared decision making. – the use and embedding of the BRAIN decision making tool will also be audited within this audit.	June 2022	Angela Winstanley & Digital MW Team
IEA7	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes or 150 sets of records demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.		Audit of 5% of 2021 births equal to 345 cases, but LWH will audit 150 notes to review the requirement	June 2022	Angela Winstanley & Digital MW Team

IEA7	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Evidence of risk assessment where guidance is not implemented.	**24.02.2022** The Trust has a policy outlining how NICE Guidance are reviewed, benchmarked and implemented. Policy for the Dissemination, Implementation and Monitoring of Best Practice Where baseline assessments of NICE guidance have not provided assurance of compliance, these will be reviewed at Maternity Risk and Clinical Committee and escalated to the Family Health Divisional Board. There are currently several baseline assessments for NICE guidance that have outstanding actions which the FHD are working through and will be monitored through the process outlined above. Future maternity guidelines will include a section clearly outlining any area of non-compliance with NICE and RCOG guidance.	Outstanding NICE guidance baseline assessments for Maternity & Obstetric guidelines to be completed by the designated clinical lead for the content of the guideline and shared at MRC Committee.	April 2022	Rachel McFarland & Clinical Experts

Liverpool Women's NHS Foundation Trust

Trust Board

COVER SHEET

Agenda Item (Ref)	***21/22/174***	**Date: 03/03/2022**		
Report Title	**Standalone Site - Update on Quality and Safety Risks**			
Prepared by	***Jennifer Huyton, Head of Strategy and Transformation*** ***Eva Horgan, Chief Finance Officer***			
Presented by	***Eva Horgan, Chief Finance Officer*** ***Marie Forshaw, Chief Nurse and Midwife***			
Key Issues / Messages	**To update the Trust Board on the actions taken to mitigate quality and safety risks on Crown Street as a standalone site and to note the residual level of risk remaining.**			
Action required	**Approve ☐**	**Receive ☒**	**Note ☐**	**Take Assurance ☐**
	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.***			
	The Board is asked to note the actions taken to mitigate quality and safety risks and to note the residual level of risk which remains. The Board are asked to note the proposed reporting of this going forward to ensure there is clear sight on remaining risks and their impacts.			
Supporting Executive:	**Lynn Greenhalgh, Medical Director** **Marie Forshaw, Chief Nurse and Midwife**			

Equality Impact Assessment *(if there is an impact on E,D & I, an Equality Impact Assessment **MUST** accompany the report)*

Strategy ☐ Policy ☐ Service Change ☐ Not Applicable ☒

Strategic Objective(s)

To develop a well led, capable, motivated and entrepreneurial ***workforce***	☐	To participate in high quality research and to deliver the most ***effective*** Outcomes	☐
To be ambitious and ***efficient*** and make the best use of available resource	☐	To deliver the best possible ***experience*** for patients and staff	☒
To deliver ***safe*** services	☒		

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* 2.3 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	Comment:
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT: N/A

Liverpool Women's
NHS Foundation Trust

EXECUTIVE SUMMARY

Despite investment in mitigations at the Crown Street site, there remain significant structural risks in place meaning that even after all planned mitigations are in place, Liverpool Women's on the current Crown Street site will remain as no longer clinically viable, as formally declared in 2014.

The Board should be clearly sighted on these risks, and what management is doing to mitigate them where this is possible. In particular, a Partnership Board is now in place with Liverpool University Hospitals NHS FT, as recommended by the Single Issue Quality Surveillance Group (SIQSG) as part of the 2020 action plan.

This paper sets out the key risks and mitigations, the residual risk, and the changes to reporting that is planned going forward to ensure that Quality Committee and the Board are very clearly sighted on the ongoing impacts of this position.

The key risks are as follows

Risk	Status
Lack of ITU	This risk cannot be mitigated and remains high.
Lack of Onsite 24/7 Transfusion Laboratory and Other Laboratory Diagnostics	This risk can be partially mitigated in an efficient way, but cannot be fully mitigated. The risk is currently high and will remain significant after mitigations.
Lack of access to diagnostic imaging	Current risk remains high but will be largley (but not fully) mitigated once the CDC is fully operational. There will be a significant remaining risk re workforce.
Lack of access to diagnsotics - pre-operative testing, peri-operative medicine, pre-hab.	This risk can be partially mitigated in an inefficient way, but cannot be fully mitigated. The risk is currently high and will remain significant after mitigations. There will be a significant remaining risk re workforce.
Lack of access to other adult acute specialties and lack of access to urgent/acute clinical support, including cardiac arrest team and medical and surgical on call.	This risk cannot be fully mitigated and remains high.
Lack of access to clinical support services	The risk cannot be fully mitigated and remains significant
Lack of access to obstetric, gynaecological and maternity care for women on non-LWH sites	This risk cannot be fully mitigated and remains high.

This situation leads to transfers being required between sites as well as surgery or other interventions having to be undertaken in at a site (either LWH or at LUHFT) without the full range of required services being in one place.

The Board is asked to note the risks that remain and key data in relation to the impacts of the standalone status of the Trust.

MAIN REPORT

1. Introduction and Context

Liverpool Women's declared in 2014 that it was no longer clinically or financially viable. Since that point, the Trust has tried all available avenues to secure the capital funding required to build and move to a new hospital co-located with an adult acute site. As part of these processes, the Trust had its assessment confirmed by an independent clinical senate (North East Clinical Senate)[1] in 2017. This clinical review is being undertaken again as part of the refresh of the Business Case that is currently underway.

Some of the risks identified in 2014 and in the 2017 Clinical Senate review have either been mitigated or are planned to be mitigated through investment at Crown Street. However, there are risks that can never be mitigated on the Crown Street site.

There are plans to amend reporting through to Quality Committee on a monthly basis and Board quarterly to reflect these remaining risks and their impacts, including risks related to Liverpool Women's isolated site status at other hospital sites, particularly at LUHFT sites.

2. Update on Risks, Mitigations in Place and Planned, and Residual Risk

The table below summarises the original identified risks, mitigations (actual and planned) and the residual risk. Transfers and the risk associated with them are common to a number of the risks.

[1] https://www.nesenate.nhs.uk/media/case%20studies/cs8/NE-Clinical-Senate-Liverpool-Womens-Hospital-Final-Report-website.pdf

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
Lack of ITU	Suboptimal care for women who become severely ill acutely and unpredictably. Transfer required, delay due to transfer (sometimes for excessive periods), no intensivist input or ability to support renal function prior to transfer. Separation of mother and baby as baby cannot be transferred to site without paediatric presence. Limitations on ability to operate on complex gynaecology/gynaecology oncology cases due to inability to provide post-operative intensive care. Some patients receive suboptimal treatment on LWH site, some patients treated on LUHFT sites without on-site gynaecology nursing support during recovery, some patients transferred to Manchester.	Expanded role of obstetric anaesthetist at LWH to provide support for severely unwell patients and patients in HDU on site. Anaesthetic joint roles in place with LUHFT, facilitating better recruitment and close working between anaesthetic departments. Acute site operating sessions planned for complex patients likely to require L2-3 care. Upskilling of staff on the gynaecological HDU.	In-reach critical care support utilising telemedicine is under consideration. Potential to purchase dedicated ambulance to expedite transfers. Likely to be inefficient, costly, and difficult to secure staffing.	The CCN have confirmed that it is not and will never be feasible to establish an ICU at Crown Street. **This risk cannot be mitigated and remains high.**
Lack of Onsite 24/7 Transfusion Laboratory and Other Laboratory Diagnostics	Clinical audit across 166 Trusts shown that surgery and obstetrics are the two biggest causes of major haemorrhage- the risk at LWH is high. Disproportionately high numbers of women at LWH experience delay in receiving transfusion; the same audit	Use of cell salvage, ROTEM. Out of hours transfusion lab provided off-site by LCL. Innovative use of bedside blood clotting analysis and administration of fibrinogen concentrates to counteract	Remote-issue blood fridges to be implemented in Q4 2021/22, to reduce delay in issuing cross-matched blood. Project to establish 24/7 transfusion laboratory is	Successful implementation of transfusion laboratory will reduce risk in relation to unpredictable major haemorrhage. However, due to national and local staff shortages, the stability of this service will be at risk.

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
	showed that LWH is a significant outlier in terms of time to receive transfusion. It also demonstrated that LWH is one of only 2 of the 166 Trusts who do not have a 24-hour laboratory on site. Elevated incidence of women receiving 0-negative blood in place of cross matched blood following major haemorrhage, due to inability to obtain cross matched blood in a timely manner (suboptimal treatment). It is not good practice to give more than 2 units of O-negative blood; there have been incidents at LWH where patients have required up to 6, due to delay in receiving cross matched. 2020 audit of LWH incidents demonstrated that if there was an onsite laboratory, O negative blood use could have been avoided in 71% of cases. 80% of incidents where patients received O-negative not cross-matched blood occurred out of hours. Limitations on ability to plan care for women with known high risk of bleeding (e.g. placenta accreta). Higher risks for women who have unpredictable haemorrhage.	life-threatening massive haemorrhage. Early order of blood product when acute event is anticipated. New courier protocols implemented in 2021 to reduce delays.	underway with expected delivery during 2022. Recruitment of staff is a challenge due to national shortages and long-term risk to staffing remains. Establishing lab will be costly and is against national direction of travel for consolidation of facilities, however the laboratory development should provide access to other limited but important blood science diagnostics which are lacking at Crown Street.	It is not possible to have direct access to on-site haematologists for patients who experience major haemorrhage. **This risk can be partially mitigated in an inefficient way, but cannot be fully mitigated.** **The risk is currently high and will remain significant after mitigations.**

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
	High levels of blood product wastage; blood products are ordered when an acute event is anticipated but is often not required. Lack of co-location with 24/7 laboratory can lead to delays in receiving results for other laboratory diagnostics, leading to delays in delivering care. Additionally, lack of on-site pathology can result in tissue specimens deteriorating due to the delay in transporting between sites and therefore not being fit for examination by pathology.			
Lack of access to diagnostics (imaging): • **CT** • **MR** • **IR**	Women who require urgent imaging must be transferred in an ambulance to another acute site, often leading to separation of mothers and babies. These patients are often acutely unwell. Imaging is often delayed due to time taken to co-ordinate and agree scan with other acute sites and wait for ambulance transfer. NWAS consider LWH a 'place of safety' and calls are not prioritised. Ambulance delays exacerbated by COVID-19.	Patients are transferred by ambulance to receive urgent imaging.	A project is underway to establish CT & MR imaging at Crown Street, with construction due to complete in December 2022. Costs of the service will be in part offset by the Community Diagnostic Centre (CDC) development. Staffing an out of hours on call rota will be challenging due to workforce constraints, as well as costly.	Following implementation of CT & MR services, the numbers of acutely unwell women transferred for imaging will be significantly reduced, if not eliminated. However, due to national and local staff shortages, the stability of this service will be at risk. Images will still need to be reported offsite, with urgent reporting arranged and agreed

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
	Further delays can be experienced in communicating reporting of images from other acute sites. When patients are transferred for imaging, LWH staff must accompany them. This negatively impacts staffing ratios at LWH.		The Trust has included giving consideration to developing an IR service in it's Clinical and Quality Strategy.	between referring and receiving clinicians. There is likely to be some element of delay remaining. **Current risk remains high but will be largely (but not fully) mitigated once the CDC is fully operational.** **There will be a significant remaining risk re workforce.**
Lack of access to diagnostics (pre-operative testing, peri-operative medicine, pre-hab): • **ECHO** • **ECG** • **Respiratory**	LWH patients receive a range of pre-operative tests at other acute sites. There are significant backlogs across the system, exacerbated by COVID. Inability to access timely pre-op diagnostics impacts theatre list planning (and has led to on the day cancellations), ultimately resulting in delayed access to treatment. Patients' health may deteriorate while they are waiting for surgery, meaning they require repeat diagnostics. Access is limited (as above) leading to exacerbated delays.	Pre-operative diagnostics provided off-site by LUHFT and LHCH.	LWH has secured funding to establish a CDC, working in partnership with LHCH. This will improve access to a range of diagnostics for LWH patients, as well as increase system-wide capacity, reducing delays. Once services are established, it will be possible to arrange urgent access to prevent on the day cancellations.	Sustainability of the CDC services is again dependent on workforce availability – there are national shortages of the required senior physiologist roles. **Current risk is significant but will be mitigated once the CDC is fully operational.** **There will be a significant remaining risk re workforce.**
Lack of access to other adult acute specialties and lack of access to	Patients at LWH regularly require the input of other adult acute specialists (e.g. colorectal surgery, vascular surgery and cardiology) for the management of	Joint clinics implemented across maternity and gynaecology to deliver outpatient care.	Formalisation of existing referral pathways for access to other specialties, to take place under LUH/LWH	Despite the wide range of actions implemented to reduce this risk, it is not possible to achieve timely at

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
urgent/acute clinical support, including: • **Cardiac arrest team** • **Medical on-call** • **Surgical on-call**	their conditions. When predictable medical conditions are being tackled, these requirements are met by effective cross-site working, however in many cases, clinical deterioration may be unpredictable and rapid. In this situation, patients can experience significant delay or receive suboptimal treatment due to lack of specialist input. This risk is exacerbated by the age profile of the consultant workforce. Changes in the way medical training is delivered means that consultants with a more general training, who are used to working with clinical workarounds, are becoming fewer in number. The current system generates an increasing number of consultants with narrow fields of experience and expertise, who are trained to work in multidisciplinary teams with ease of access to other specialties. This issue worsens with each year.	Informal arrangements are in place to request input from other adult acute specialties when urgently required. This is often complex to arrange and can result in delays or not receiving input from a clinician with appropriate seniority/experience. Some joint theatre lists agreed at LUHFT sites, to facilitate planned care for predictable medical conditions. Partnership Board has been established with LUHFT to oversee formalisation of pathways. Appointment of Resuscitation Officers at LWH, improved resuscitation training, upgrading of resuscitation trolleys and provision of automated defibrillators at Crown Street. LWH anaesthetists (expanded role) provide acute response	Partnership Board, with specific workstreams (e.g. complex gynae, provision of shared care for maternity patients on both sites (LUHFT/LWH)). Expansion of telemedicine service. Partnership Board will support LWH to secure lists at LUHFT. Potential to purchase a second robot following success of the first, with options to develop shared robotic procedures with LUHFT. Maternal medicine centre is under development, with an obstetric physician in training, and other, future candidates identified. Placenta accreta service under development in partnership with LUHFT, to reduce risks for women with	bedside input from other adult acute specialties (new service specifications state bedside access in 30 minutes, which cannot be achieved without co-location). This will continue to result in delayed access to appropriate treatment and risk remains. Access to lists at LUHFT will remain vulnerable to acute pressures. **This risk cannot be fully mitigated and remains high.**

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
		to clinical and non-clinical areas. Major ongoing programme of consultant expansion in obstetrics (twilight cover in place from April 22, working towards 24/7 in 2023), anaesthetics (aspiration for 24/7, however significant workforce constraints). Increased access to colorectal surgeons for women with gynaecological cancers and complex gynae on LUH sites. Purchase of a theatre robot to enable greater numbers of higher risk women to be treated on Crown Street site, avoiding risks of open surgery, and improving oncology recruitment and retention. Purchase of sentinel node biopsy (oncology) and 3D laparoscopic kit for gynaecological surgery.	known abnormally invasive placenta.	

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
		Transfer of some gynae oncology patients to the Christie Hospital in Manchester, where LUH lists cannot be secured (note – this is likely to cease due to capacity issues at the Christie).		
Lack of access to clinical support services: • **OT** • **Respiratory Physio** • **Dietetics** • **SALT** • **Pain service** • **Psychology**	Service level agreements are in place (e.g. respiratory physiotherapy, dietetics) for some clinical support services, however services often do not have capacity to respond and attend at LWH particularly at weekends. Consequently, surgeons at LWH try to avoid listing patients for surgery on a Friday that are likely to require a HDU bed, and therefore respiratory physiotherapy support, over the weekend. This limits the Trust's ability to operate for any major cases and therefore treatment can be delayed for some women. Women with hyperemesis and malnourished cancer patients may receive sub-optimal care because there is no specialist dietetic input or a nutrition team on site; in some cases, women deteriorate such that they have to be transferred to other sites for care.	Service level agreements are in place for clinical support services with LUHFT. Provision of pain service from LWH anaesthetists (expanded role). Additional pain service provided by Walton Centre, with psychologist input. LWH has employed a clinical psychologist who works with specific services.	Service provision specified under SLAs will be reviewed under Partnership Board arrangements with LUHFT to ensure fit for purpose. Increases to provision may be necessary – arrangements are already inefficient due to split site, therefore any increased input is likely to be costly.	Services will remain based off-site, leading to continued delays in accessing care. **This risk cannot be fully mitigated and remains significant.**

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
	The Trust does not have access to psychology input for all its services, meaning that this is not accessible for all patient groups when required.			
Lack of access to obstetric, gynaecological and maternity care for women on non-LWH sites	An average of 35 pregnant women present at LUHFT A&Es each month, for non-pregnancy related conditions (such as COVID-19, heart conditions and broken bones). These women do not have ready access to midwifery, gynaecology or obstetric care. This results in LWH teams attending to provide urgent care on LUHFT sites, adversely impacting remaining staffing ratios at Crown Street, and can lead to suboptimal care and a delay in treatment for patients. LWH teams have in the past experienced delays in travelling to other sites (particularly Aintree) due to traffic, leading to additional delay. Alternatively, pregnant women are transferred to other sites as clinical teams do not feel equipped to manage them. This again leads to risks associated with transfer and can mean women receive suboptimal care (e.g. pregnant women transferred from major trauma at Aintree due to requirement for maternity care).	Outreach midwife service provided to support inpatients who are pregnant at other Trusts in the City. Ante-natal and gynaecology service at Aintree can provide support when required but this is not available during weekends and out of hours and may be delayed. A telemedicine pilot has been implemented (Telemat pilot) to improve access to obstetric input for pregnant patients in ITU at the Royal site. Consultants attend to provide ad hoc ward consultations for inpatients. Protocols in place to request input from LWH services. Second on-call consultant for gynaecology will respond to	Partnership Board is overseeing work to clarify, formalise and improve the pathways for planned and unplanned care for women accessing other adult services in the city.	Despite the range of actions implemented to reduce this risk, it is not possible to achieve timely access to gynaecology and maternity care without co-location. This will continue to result in delayed access to appropriate treatment and risk remains. The arrangements currently in place are inefficient and costly. **This risk cannot be fully mitigated and remains high.**

Deficiencies Relating to Configuration of Services (Isolated Site)	Impact of Deficiency	Current Clinical 'Workarounds' Implemented to Reduce Risk	Future Clinical 'Workarounds' with Potential to Reduce Risk	Residual Risk
	Rarely, women may deliver at sites outside of LWH. In these cases, LWH teams will travel to the other site, however the baby is then transferred to LWH if neonatal care is required, as there is no access to neonatal care, leading to separation of mothers and babies. Women with gynaecological issues may attend or be brought by ambulance to LUHFT A&Es. They will then require subsequent transfer to LWH, leading to delay in treatment. Women undergoing surgery to identify causes of acute abdominal pain (following attendance at LUHFT A&E) who are found to require gynaecological input, are likely to experience delays as attendance from the on-call gynaecologist is requested and arranged. Women who are inpatient at LUHFT (planned and unplanned) do not have ready access to midwifery or gynaecological nursing care, or consultant gynaecology or obstetric input, leading to potential for suboptimal care and delay in treatment.	calls for support at other sites when required.		

As can be seen above, LWH with the support of partner organisations has put in place a number of workarounds and mitigations. This has led to significant capital and revenue investment in recent years. Some of the workarounds are inherently inefficient and carry the risk of difficulty in securing staff.

At this stage, once the Community Diagnostic Centre is open, it is judged that **all possible structural mitigations will have been put in place or are planned at Crown Street**. There is always further work that can be undertaken to improve partnership working and recruitment and retention, but there are no significant developments that will manage the risks above that are not already in train.

4. SI Reporting

A review of all serious incidents for the 2021 calendar year has been undertaken. Of the 20 total SUI's in that time period, two were linked to the standalone status of the Trust. In both cases, "Single site maternity provider not collocated with specialist services" was cited as a care and service delivery problem, with lack of echo on site also listed as a care and service delivery problem on one of them.

In addition, the following issues were noted as contributory factors in one or both cases:

- Single site with lack of onsite provision for senior surgical review.
- Uncertainty about process of review when patient transferred for imaging.
- Prolonged period of acute illness without transfer.
- Availability of ambulance to facilitate transfer promptly.

5. Partnership Board and Impact on Other Sites

A Partnership Board has now been established with LUHFT, as recommended as part of the Single Issue Quality Surveillance Group action plan 2020. It has an agreed Terms of Reference, led by the Medical Directors of both organisations, with other executive level input. These which will happen bimonthly. Clinical Reliability Groups will feed into the Partnership Board, along with other working groups. These will cover Complex Gynaecology, Maternity, Anaesthetics, Genomics and Digital. A Memorandum of Understanding and a number of SLA agreements are in place with LUHFT. Complex gynae and maternity will have a remit of shared care across LWH and LUHFT.

There will be a strong focus on gathering data and ensuring both organisations have clear sight of the risks and impacts. The numbers of patients and the incidents and risks around the CRG areas will be reported, as will activity associated with the 24 hour blood transfusion laboratory and transfers. This data will help both organisations to ensure risk is managed as well as possible.

6. Management of Risk by LWH Clinicians

Whilst risk is generally managed well, Liverpool Women's clinicians are asked to manage a level of risk that no other clinical teams in the NHS are asked to do, due to the standalone nature of the LWH site. This situation will have an impact on recruitment and retention of staff.

Jonathan Walker, the Critical Care Network Clinical Lead, noted through the Clinical Advisory Group meeting recently that

From a CCN perspective, that there is risk of serious harm with the isolation of the LWH HDU step-up unit, and it is a tribute to the clinical and support staff at the Trust that there hasn't been any, or many, serious harms so far, whilst the HDU remains isolated.

Whilst the known or planned risks are generally managed well, it should be noted that half of severely ill women at LWH develop problems acutely and unpredictably from previously low risk populations.

7. Key Statistics and Reporting

The Board should note the following key statistics:[2]

- Over 400 pregnant women present at the Royal and Aintree A&Es every year, combined (i.e., at least 1 per day).
- Around 100 women per year who present at the Royal and Aintree A&Es are referred to the Gynaecology Emergency Department at LWH.
- Around 90 pregnant women, admitted to nearby hospitals, are supported by the outreach midwife each year.
- There are 140 transfers per year to the Royal from LWH on average, of which around half are classed as "life threatening" or "emergency".
- Of these, 17 transfers were for critical care in 2019.
- There are c 200 transfer/year from the Royal and Aintree to LWH, nearly 30% of which are classified as "life threatening" or "emergency".

In addition it should be noted that complexity and acuity of patients has been increasing, e.g. the proportion of women classified as intensive rather than intermediate on antenatal pathways has increased 14% in three years.

The current situation also means that some planned gynaecology oncology surgery has to be undertaken at LUHFT.

As part of the remit of the Partnership Board, the Business Intelligence and Clinical teams are working together to produce a dashboard so that both Trusts can clearly see, for example, the number of pregnant women at the Royal or Aintree, transfers, blood transfusion data, and other data pertinent to each CRG.

It is proposed that going forward of the data noted above, i.e.

- Number of pregnant women at the Royal or Aintree
- Number of transfers between sites
- Number of blood transfusions
- Any SI's related to the standalone site status
- Any incidents with standalone site as the main or partial cause of an incident (note this requires amendments to data recording on Ulysses).

Is reported to Quality Committee each month as part of the performance reports, with regular updates to Board as required.

Note that a counterfactual case for the business case for co-location is currently being refreshed and updated, this sets out the expected impacts of continuing without any intervention (e.g. moving to co-location with an adult acute site).

8. Conclusions and Next Steps

The Board is asked to note the significant progress that has been made and is planned in relation to reducing risk on the LWH site. This includes the CDC and diagnostics including MRI and CT that is planned, a blood bank and investments to support recruitment and retention of staff.

[2] Data sources: transfer data from NWAS, other data collected by clinical teams.

However even once these are all in place, there will still remain an unacceptable level of clinical and quality risk remaining due to the isolated nature of the Crown Street site.

Whilst clinicians are doing a great job to manage this as well as possible, the infrastructure needed to provide care to all patients, particularly access to adult ITU and a range of specialities and clinical services outside those provided at LWH, is not available. This necessitates transfers and sub-optimal care for many patients.

The Board is asked to note the risks that remain and key data in relation to the impacts of the standalone status of the Trust.

Liverpool Women's NHS Foundation Trust

Jargon Buster

We know that the language used in healthcare can sometimes be quite confusing, especially when acronyms are concerned. To make life a little easier, we will try to ensure that we spell out acronyms in full at first mention and then put the abbreviation in brackets, for example, Strategic Clinical Network (SCN) in our reports and minutes.

We've also put together a list of acronyms that you might see throughout our documentation. If you spot a gap, please email our Trust Secretary on mark.grimshaw@lwh.nhs.uk.

The following webpage might also be useful - https://www.england.nhs.uk/participation/nhs/

A		
A&E	Accident & Emergency	hospital department specialising in the acute care of patients who arrive without a prior appointment with urgent or emergency trauma
AC	Audit Committee	a committee of the board – helps the board assure itself on issues of finance, governance and probity
AGM	Annual General Meeting	a meeting to present and agree the trust annual report and accounts
AGS	Annual Governance Statement	a document which identifies the internal controls in place and their effectiveness in delivering effective governance
AHP	Allied Health Professionals	health care professions distinct from dentistry, optometry, nursing, medicine and pharmacy e.g. physiotherapists, radiographers, speech therapists and podiatrists
AHSC	Academic Health Science Centre	a partnership between a healthcare provider and one or more universities
AHSN	Academic Health Science Network	locally owned and run partnership organisations to lead and support innovation and improvement in healthcare
ALOS	Average Length of Stay	the average amount of time patients stay in hospital
AMM	Annual Members Meeting	a meeting that is held every year to give members the opportunity to hear about what the trust has done in the past year; could be part of the AGM
AO	Accountable Officer	senior person responsible and accountable for funds entrusted to their trust; for NHS provider organisations this person will be the chief executive
ALB(s)	Arms Length Bodies	an organisation that delivers a public service but is not a ministerial government department; these include HEE, HSCIC, HRA, HTA, NHSE, NICE, Monitor, NHSBSA, NHSBT, NHSI, NHSLA, MHPRA, CQC, PHE (See individual entries)
	Agenda for Change	the NHS-wide grading and pay system for NHS staff, with the exception of medical and dental staff and some senior managers; each relevant job role in the NHS is matched to a band on the Agenda for Change pay scale

B		
BAF	Board Assurance Framework	the key document used to record and report an organisation's key strategic objectives, risks, controls and assurances to the board
BCF	Better Care Fund	this fund creates a local single pooled budget to incentivise the NHS and local government to work more closely together in local areas
BMA	British Medical Association	trade union and professional body for doctors
BAME	Black Asian Minority Ethnic	terminology normally used in the UK to describe people of non-white descent
BoD	Board of Directors	executive directors and non-executive directors who have collective responsibility for leading and directing the trust
	Benchmarking	method of gauging performance by comparison with other organisations

C		
CAMHS	Child and Adolescent Mental Health Services	specialise in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties
CapEx	Capital Expenditure	an amount spent to acquire or improve a long-term asset such as equipment or buildings. Typically, capital is raised via a loan, but it can come from reserves and is paid back/written off over a number of years from revenue income. This is a contrast with revenue spend which is always from in-year income
CBA	Cost Benefit Analysis	a process for calculating and comparing the costs and benefits of a project
CBT	Cognitive Behavioural Therapy	a form of psychological therapy used mostly in depression but increasingly shown to be a useful part of the treatment for schizophrenia
CCG	Clinical Commissioning Group	groups of GPs, clinicians and managers who are responsible for commissioning local health services in England (all GP practices must belong to a CCG)
CDiff	Clostridium difficile	a bacterial infection that most commonly affects people staying in hospital
CE / CEO	Chief Executive Officer	leads the day-to-day management of a foundation trust, is a board member and the accountable officer for the trust.
CF	Cash Flow	the money moving in and out of an organisation
CFR	Community First Responders	a volunteer who is trained by the ambulance service to attend emergency calls in the area where they live or work
CHC	Continuing Healthcare	Whereby those with long-term or complex healthcare needs qualify for social care arranged for and funded by the NHS
CIP	Cost Improvement Plan	an internal business planning tool outlining the Trust's efficiency strategy
CMHT	Community Mental Health Team	A team of mental health professionals such as psychiatrists,

		psychologists, social workers, community psychiatric nurses and occupational therapists, who work together to help people manage and recover from mental illness.
CoG	Council of Governors	the governing body that holds the non-executive directors on the board to account for the performance of the board in managing the trust, and represents the interests of members and of the public
COO	Chief Operating Officer	a senior manager who is responsible for managing a trust's day-to-day operations and reports to the CEO
CPD	Continuing Professional Development	continued learning to help professionals maintain their skills, knowledge and professional registration
CPN	Community Psychiatric Nurse	a registered nurse with specialist training in mental health working outside a hospital in the community
CQC	Care Quality Commission	The independent regulator of all health and social care services in England
CQUIN	Commissioning for Quality and Innovation	a sum of money that is given to providers by commissioners on the achievement of locally and nationally agreed quality and improvement goals
CSR	Corporate Social Responsibility	A business practice which incorporates sustainable goals, usually positive impacts on environmental, economic and social factors, into a business model
CT	Computed Tomography	A medical imaging technique
CFO	Chief Finance Officer	the executive director leading on finance issues in the trust
	Caldicott Guardian	A board level executive director responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian

D		
DBS	Disclosure and barring service	conducts criminal record and background checks for employers
DBT	Dialectical behavioural therapy	A type of psycho-therapy, or talk therapy, which has been developed from CBT to help those experiencing borderline personality disorder
DGH	District General Hospital	major secondary care facility which provides an array of treatment, diagnostic and therapeutic services, including A&E
DHSC	Department of Health and Social Care	the ministerial department which leads, shapes and funds health and care in England
DN	Director of Nursing	The executive director who has professional responsibility for services provided by nursing personnel in a trust
DNA	Did Not Attend	a patient who missed an appointment
DNAR	Do Not Attempt Resuscitation	A form issued and signed by a doctor, which tells a medical team not to attempt CPR
DPA	Data Protection Act	the law controlling how personal data is collected and used
DPH	Director of Public Health	a senior leadership role responsible for the oversight and care of matters relating to public health
DTOCs	Delayed Transfers of Care	this refers to patients who are medically fit but waiting for care

		arrangements to be put in place so therefore cannot be discharged
	Duty of Candour	a legal duty on hospital, community, ambulance and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm

E		
E&D	Equality and Diversity	The current term used for 'equal opportunities' whereby members of the workforce should not be discriminated against because of their characteristics. This is promoted by valuing diverse characteristics in a workplace.
ED(s)	Executive Directors *or* Emergency Department	senior management employees who sit on the trust board *or* alternative name for Accident & Emergency department
EHR	Electronic Health Record	health information about a patient collected in digital format which can theoretically be shared across different healthcare settings
EOLC	End of Life Care	support for patients reaching the end of their life
EPR	Electronic Patient Record	a collation of patient data stored using computer software
ESR	Electronic staff record	A collation of personal data about staff stored using computer software

F		
FFT	Friends and Family Test	a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care
FOI	Freedom of Information	the right to ask any public sector organisation for the recorded information they have on any subject
FT	Foundation Trust	a public benefit corporation, which is a legal body established to deliver healthcare to patients / service users and has earned a degree of operational and financial independence
FTE	Full Time Equivalent	a measurement of an employees workload against that of someone employed full time e.g. 0.5 FTE would be someone who worked half the full time hours
FTSU	Freedom to speak up	An initiative developed by NHS Improvement to encourage NHS workers to speak up about any issues to patient care, quality or safety
	Francis Report	the final report, published in 2013, of the public inquiry into care provided by Mid Staffordshire NHS FT chaired by Sir Robert Francis QC

G		
GMC	General Medical Council	the independent regulator for doctors in the UK
GDP	Gross Domestic Product	the value of a country's overall output of goods and services
GDPR	General Data Protection Regulations	The legal framework which sets the guidelines for collecting and processing personal information from individuals living in the European Union

H		
HCAI	Healthcare Associated Infection	these are infections that are acquired in hospitals or as a result of healthcare interventions; MRSA and Clostridium difficile can be classed as HCAIs if caught whilst in a healthcare setting
HCA	Health Care Assistant	staff working within a hospital or community setting under the guidance of a qualified healthcare professional
HDU	High Dependency Unit	an area in a hospital, usually located close to the ICU, where patients can be cared for more extensively than on a normal ward, but not to the point of intensive care, e.g. patients who have had major surgery
HEE	Health Education England	the body responsible for the education, training and personal development of NHS staff
HR	Human Resources	the department which focusses on the workforce of an organisation including pay, recruitment and conduct
HRA	Health Research Authority	protects and promotes the interests of patients and the public in health research
HSCA 2012	Health & Social Care Act 2012	an Act of Parliament providing the most extensive reorganisation of the NHS since it was established, including extending the roles and responsibilities of governors
HSCIC	Health and Social Care Information Centre	the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care
HTA	Human Tissue Authority	regulates the removal, storage, use and disposal of human bodies, organs and tissue for a number of scheduled purposes such as research, transplantation, and education and training
HWB / HWBB	Health& Wellbeing Board	a local forum to bring together partners from across the NHS, local government, the third sector and the independent sector, led by local authorities
	Health Watch	A body created under the Health and Social Care Act 2012 which aims to understand the needs and experiences of NHS service users and speak on their behalf.

I		
IAPT	Improved Access to Psychological	an NHS programme rolling out services across England

	Therapies	offering interventions approved by the National Institute of Health and Care Excellence for treating people with depression and anxiety disorders
IG	Information Governance	ensures necessary safeguards for, and appropriate use of, patient and personal information. Key areas are information policy for health and social care, IG standards for systems and development of guidance for NHS and partner organisations
ICP	Integrated Care Pathway	a multidisciplinary outline of care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through diagnosis and treatment to positive outcomes
ICS	Integrated Care system	Groups of NHS providers, commissioners and local authorities working together to improve health and care in the local area
ICT	Information Communications Technology	an umbrella term that includes any communication device or application, encompassing: radio, television, cellular phones, computer and network hardware and software, satellite systems, as well as the various services and applications associated with them
ICU *or* ITU	Intensive Care Unit Intensive therapy unit	specialist unit for patients with severe and life threatening illnesses
IP	Inpatient	a patient who is hospitalised for more than 24 hours
IT	Information Technology	systems (especially computers and telecommunications) for storing, retrieving, and sending information
IV	Intravenous	treatment which is administered by injection into a vein

K		
KLOE(s)	Key Line of Enquiries	detailed questions asked by CQC inspectors which help to answer the five key questions to assess services: are they safe, effective, caring, responsive and well-led?
KPIs	Key Performance Indicators	indicators that help an organisation define and measure progress towards a goal
	King's Fund	independent charity working to improve health and health care in England

L		
LD	Learning Disability	a disability which affects the way a person understands information and how they communicate

LGA	Local Government Association	the national voice of local government in England and Wales. It seeks to promote better local government and maintains communication between officers in different local authorities to develop best practice
LOS	Length of Stay	a term commonly used to measure the duration of a single episode of hospitalisation

M		
M&A	Mergers & Acquisitions	mergers bring together two or more bodies to form a new legal entity and disband the merging bodies. acquisitions are take-overs of one body by another
MD	Medical Director	a member of the board who has a clinical background and has professional responsibilities for doctors and dentists in the trust
MHPRA	Medicines and Healthcare Products Regulatory Agency	an executive agency of DHSC which is responsible for ensuring that medicines and medical devices work and are acceptably safe
MIU	Minor Injuries Unit	A unit which treats injuries or health conditions which are less serious and do not require the A&E service
MoU	Memorandum of Understanding	describes an agreement between two or more parties
MRI	Magnetic Resonance Imaging	a medical imaging technique
MRSA	Methicillin-Resistant Staphylococcus Aureus	a bacterium responsible for several difficult-to-treat infections in humans
MSA	Mixed Sex Accommodation	wards with beds for both male and female patients

N		
NAO	National Audit Office	an independent Parliamentary body in the United Kingdom which is responsible for auditing central government departments, government agencies and non-departmental public bodies. The NAO also carries out Value for Money audits into the administration of public policy
NED	Non Executive Director	directors who are appointed, but not employed by the trust; they have no executive responsibilities and are responsible for vetting strategy, providing challenge in the board room and

		holding the executive directors to account
NHSBSA	NHS Business Services Authority	a Special Health Authority of DHSC which provides a range of services to NHS organisations including: NHS Prescription Services, NHS Pensions, Help With Health Costs, Student Services, NHS Dental Services, European Health Insurance Card, Supplier Management (including NHS Supply Chain) and NHS Protect
NHSBT	NHS Blood and Transplant	a Special Health Authority of DHSC responsible for providing a reliable, efficient supply of blood, organs and associated services to the NHS
NHSE	NHS England	an executive non-departmental public body with a mandate from the Secretary of State to improve health outcomes for people within England
NHSI	NHS Improvement	The Independent regulator of NHS Foundation Trusts
NHSLA	NHS Leadership Academy	national body supporting leadership development in health and NHS funded services
NHSP	NHS Professionals	provides bank (locum) healthcare staff to NHS organisations
NHSX		A unit designed to drive the transformation of digital technology in the NHS
NICE	National Institute for Health and Care Excellence	provides national evidence-based guidance and advice to improve health and social care
NIHR	National Institution for Health Research	The largest funder of health and social care research in the UK, primarily funded by the Department of Health and Social Care
NMC	Nursing and Midwifery Council	nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
	Never Event	serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. NHS England defines the list of never events every year
	NHS Digital	The information and technology partner to the NHS which aims to introduce new technology into services
	NHS Providers	NHS Providers is the membership organisation for NHS public provider trusts. We represent every variety of trust, from large acute and specialist hospitals through to community, ambulance and mental health trusts.

	Nolan Principles	key principles of how individuals and organisations in the public sector should conduct themselves comprising of: selflessness, integrity, objectivity, accountability, openness, honesty, leadership. Set by the Committee for Standards in Public Life, an independent advisory non-departmental public body set up to advise the prime minister on ethical standards
	NHS Resolution	not-for-profit part of the NHS which manages negligence and other claims against the NHS in England on behalf of their member organisations. Also, an insurer for NHS bodies
	Nuffield Trust	independent source of evidence-based research and policy analysis for improving health care in the UK, also a charity

O

OD	Organisational Development *or* Outpatients Department	a systematic approach to improving organisational effectiveness *or* a hospital department where healthcare professionals see outpatients (patients which do not occupy a bed)
OOH	Out of Hours	services which operate outside of normal working hours
OP	Outpatients	a patient who is not hospitalized for 24 hours or more but who visits a hospital, clinic, or associated facility for diagnosis or treatment
OPMH	Older People's Mental Health	mental health services for people over 65 years of age
OSCs	Overview and Scrutiny Committees	established in local authorities by the Local Government Act 2000 to review and scrutinise the performance of public services including health services
OT	Occupational Therapy	assessment and treatment of physical and psychiatric conditions using specific activity to prevent disability and promote independent function in all aspects of daily life

P

PALS	Patient Advice & Liaison Service	offers confidential advice, support and information on health-related matters to patients, their families, and their carers within trusts

PAS	Patient Administration System	the automation of administrative paperwork in healthcare organisations, particularly hospitals. It records the patient's demographics (e.g. name, home address, date of birth) and details all patient contact with the hospital, both outpatient and inpatient
PbR	Payment by Results or 'tariff'	a way of paying for health services that gives a unit price to a procedure
PCN	Primary care network	A key part of the NHS long term plan, whereby general practices are brought together to work at scale
PDSA	Plan, do, study, act	A model of improvement which develops, tests and implements changes based on the scientific method
PFI	Private Finance Initiative	a scheme where private finance is sought to supply public sector services over a period of up to 60 years
PHE	Public Health England	a body with the mission to protect and improve the nation's health and wellbeing and reduce health inequalities
PHSO	Parliamentary and Health Service Ombudsman	an organisation which investigates complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England
PICU	Psychiatric Intensive Care Unit *or* Paediatric Intensive Care Unit	a type of psychiatric in-patient ward with higher staff to patient ratios than on a normal acute admission ward *or* an inpatient unit specialising in the care of critically ill infants, children, and teenagers
PLACE	Patient-Led	Surveys inviting local people going into hospitals as
	Assessments of the Care Environment	part of a team to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance
PPI	Patient and Public Involvement	mechanisms that ensure that members of the community --- whether they are service users, patients or those who live nearby – are at the centre of the delivery of health and social care services
PTS	Patient Transport Services	free transport to and from hospital for non-emergency patients who have a medical need
	Primary Care	the first point of contact with the NHS for most people and is delivered by a wide range of independent contractors, including GPs, dentists, pharmacists and optometrists, it also includes NHS walk-in centres and the NHS 111 telephone service

Q		
QA	Quality assurance	monitoring and checking outputs to make sure they meet certain standards
QI	Quality improvement	A continuous improvement process focusing on processes and systems
QIA	Quality Impact Assessment	A process within NHS trusts which ensures the quality of service is systematically considered in decision- making on service changes
QUI	Qualities and Outcomes Framework	The system for performance management and payment of GP's in the NHS

R		
R&D	Research & Development	work directed towards the innovation, introduction, and improvement of products and processes
RAG	Red, Amber, Green classifications	a system of performance measurement indicating whether something is on or better than target (green), below target but within an acceptable tolerance level (amber), or below target and below an acceptable tolerance level (red)
RGN	Registered General Nurse	a nurse who is fully qualified and is registered with the Nursing and Midwifery Council as fit to practise
RoI	Return on Investment	the benefit to the investor resulting from an investment of some resource. A high RoI means the investment gains compare favourably to investment cost. As a performance measure, RoI is used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments.
RTT	Referral to Treatment Time	the waiting time between a patient being referred by a GP and receiving treatment

S		
SALT	Speech and Language Therapist	assesses and treats speech, language and communication problems in people of all ages to help them better communicate
SFI	Standing Financial Instructions	Policy used for the regulation of the conduct of an NHS trust in relation to all financial matters
SHMI	Summary Hospital Level Mortality Indicator	reports mortality at trust level across the NHS in England using standard and transparent methodology
SID	Senior independent Director	a non-executive director who sits on the board and plays a key role in supporting the chair; the SID carries out the annual appraisal of the chair, and is available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair
SIRO	Senior Information Risk Officer	a senior manager who will take overall ownership of the organisation's information risk policy
SITREP	Situation Report	a report compiled to describe the detail surrounding a situation, event, or incident
SLA	Service Level Agreement	an agreement of services between service providers and users or commissioners
SoS	Secretary of State	the minister who is accountable to Parliament for delivery of health policy within England, and for the performance of the NHS
SRO	Senior Responsible officer	A leadership role which is accountable for the delivery and outcome of a specific project
STP	Sustainability and Transformation Partnership	Partnerships formed between local councils and NHS services to help plan and run services, and agree system-wide priorities
SUI	Series Untoward Incident / Serious Incident	A serious incident which resulted in one or more of the following: unexpected or avoidable death, a never event, a prevention of organisation's ability to continue to deliver healthcare services, abuse, or loss of confidence in a service
SWOT	Strengths, Weaknesses, Opportunities, Threats	a structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project or in a business venture
	Secondary Care	NHS health service provided through hospitals and in the community

T		
TTO	To Take Out	medicines to be taken away by patients on discharge

	Tertiary Care	healthcare provided in specialist centres, usually on referral from primary or secondary care professionals

V

VTE	Venous Thromboembolism	a condition where a blood clot forms in a vein. This is most common in a leg vein, where it's known as deep vein thrombosis (DVT). A blood clot in the lungs is called pulmonary embolism (PE)
VfM	Value for Money	used to assess whether or not an organisation has obtained the maximum benefit from the goods and services it both acquires and provides, within the resources available to it

W

WLF	Well Led Framework	a set of indicators that seek to identify how well led an organisation is, also used as a framework for board governance reviews
WRES	Workforce Race Equality Standard	a metric to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of black and minority ethnic (BME) board representation
WTE	Whole-time equivalent	See FTE

Y

YTD	Year to Date	a period, starting from the beginning of the current year, and continuing up to the present day. The year usually starts on 1st April for financial performance indicators