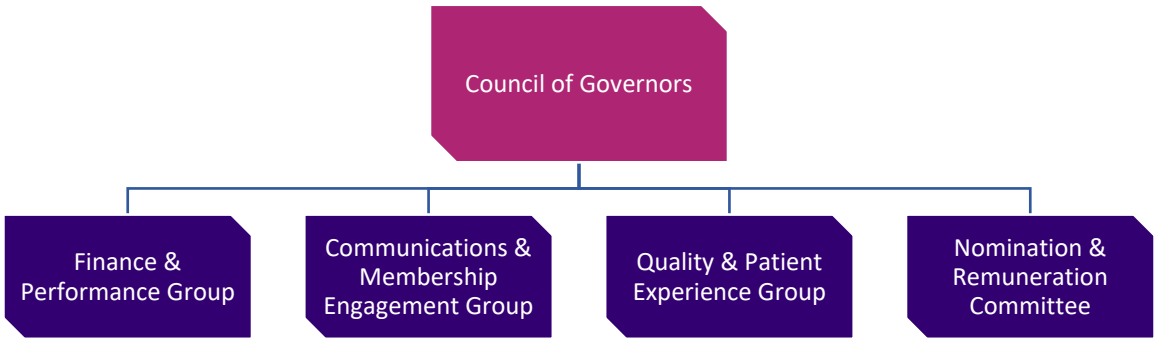
NHS
Liverpool Women's
NHS Foundation Trust

Council of Governors

12 May 2022, 5.30pm
Neonatal Seminar Room &
Virtual Meeting, via Teams



Liverpool Women's NHS Foundation Trust

Council of Governors - Public

Location	Neonatal Seminar Room and Virtual via Teams
Date	12 May 2022
Time	5.30pm

AGENDA					
Item no. 22/23/	**Title of item**	**Objectives/desired outcome**	**Process**	**Item presenter**	**Time**
PRELIMINARY BUSINESS					
001	**Introduction, Apologies & Declaration of Interest**	Receive apologies & declarations of interest	Verbal	Chair	
002	**Meeting Guidance Notes**	To receive the meeting attendees' guidance notes	Written	Chair	
003	**Minutes of the meeting held on 11 November 2021 and 10 February 2022**	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	**17.30 (5 mins)**
004	**Action Log and matters arising**	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
005	**Chair's announcements**	Announce items of significance not found elsewhere on the agenda	Presentation	Chair	**17.35 (5 mins)**
006	**Chief Executive Report**	Report key developments and announce items of significance not found elsewhere on the agenda	Presentation	Chief Executive	**17.40 (5 mins)**
MATTERS FOR CONSIDERATION					
007	**Declarations of Interest – Annual Review**	Identify and avoid conflicts of interest	Written	Trust Secretary	**17.45 (5 mins)**
008	**Draft Minutes from the Governor Group Meetings.** • **Finance and Performance Group** • **Quality and Patient Experience Group.** • **Communications and Membership Engagement Group**	Receive minutes for assurance	Written	Group Chairs	**17.50 (15 mins)**

009	**Ockenden Report – Trust Response**	To discuss	Written / Video https://bit.ly/37RDITo	Chief Nurse & Midwife	**18.05 (35 mins)**
010	**2021/22 Year-End Update and 2022/23 look forward**	To receive	Presentation	Medical Director	**18.40 (15 mins)**
011	**Council of Governor Nomination & Remuneration Committee & Sub-Group Terms of Reference**	To approve	Written	Trust Secretary	**18.55 (5 mins)**
CONCLUDING BUSINESS					
012	**Review of risk impacts of items discussed**	Identify any new risk impacts	Verbal	Chair	**19.00 (5 mins)**
013	**Chair's Log**	Identify any Chair's Logs	Verbal	Chair	
014	**Any other business & Review of meeting**	Consider any urgent items of other business	Verbal	Chair	
015	**Jargon Buster**	For information and reference	Written	Chair	
Finish Time: 19.05					

Date of Next Meeting: 28 July 2022

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

Minutes of the Council of Governors held in the Blair Bell Lecture Theatre and Virtually at 1730hrs on Thursday 11 November 2021

PRESENT

Robert Clarke	Chair
Carol Didlick	Public Governor (South Liverpool)
Patricia Hardy	Appointed Governor (Sefton Council)
Kate Hindle	Staff Governor (Admin & Clerical)
Rebecca Holland	Staff Governor (Nurses)
Rebecca Lunt	Staff Governor (Scientists, Technicians & AHPs)
Sara Miceli-Fagrell	Public Governor (South Liverpool)
Peter Norris	Public Governor (Central Liverpool)
Ruth Parkinson	Public Governor (Central Liverpool)
Olawande Salam	Public Governor (Knowsley)
Niki Sandman	Appointed Governor (University of Liverpool)
Jackie Sudworth	Public Governor (Knowsley)
Yaroslav Zhukovskyy	Public Governor (Sefton)

IN ATTENDANCE

Matt Connor	Chief Information Officer
Marie Forshaw	Chief Nurse and Midwife
Lynn Greenhalgh	Medical Director
Mark Grimshaw	Trust Secretary
Eva Horgan	Chief Finance Officer
Louise Hope	Assistant Trust Secretary (minutes)
Susan Milner	Non-Executive Director
Louise Martin	Non-Executive Director
Tony Okotie	Non-Executive Director
Michelle Turner	Chief People Officer / Deputy Chief Executive
Gary Price	Director of Operations

APOLOGIES:

Iris Cooper	Public Governor (Rest of England and Wales)
Tracy Ellery	Non-Executive Director
Evie Jefferies	Public Governor (Rest of England & Wales)
Kiran Jilani	Staff Governor (Doctors)
Pauline Kennedy	Staff Governor (Midwives)
Louise Kenny	Non-Executive Director
Rhianna Moradi	Appointed Governor (Community & Voluntary Organisations)
Kathryn Thomson	Chief Executive
Miranda Threfall-Holmes	Appointed Governor (Faith Organisations)

Core members	**May**	**July**	**Nov**	**Feb**	**Mar**
Thania Islam	X	x	Non member		
Mary Doddridge	A	A	Non member		
Peter Norris	✓	✓	✓		
Carol Darby-Darton	X	X	x		
Pat Denny	Non member		A		
Ruth Parkinson	Non member		✓		
Si Jones	X	X	Non member		

Sara Miceli-Fagrell	A	✓	✓		
Carol Didlick	Non member		✓		
Carole McBride	A	A	Non member		
Yaroslav Zhukovskyy	✓	✓	✓		
Anne Gorski	Non member		x		
Rev Anne Lawler	A	A	Non member		
Jackie Sudworth	✓	✓	✓		
Olawande Salam	Non member		✓		
Denise Richardson	✓	✓	Non member		
Evie Jefferies	✓	X	x		
Iris Cooper	Non member		x		
Kiran Jilani	✓	✓ (private)	x		
Rebecca Holland	✓	A	✓		
Pauline Kennedy	A	✓	A		
Maria Culligan	A	A	Non member		
Rebecca Lunt	Non member		✓		
Kate Hindle	✓	A	✓		
Cllr Angela Coleman	A	A	Non member		
Cllr Patricia Hardy	A	✓	✓		
Rev. Cynthia Dowdle	✓	✓	Non member		
Mary McDonald	A	✓	Non member		
Valarie Fleming	✓	A	Non member		
Niki Sandman	Non member		✓		
Miranda Threfall-Holmes	Non member		A		
Rhianna Moradi	Non member		A		

21/22/	
45	**Introduction, Apologies & Declaration of Interest** **Apologies**: noted above. **Declaration of Interest:** No new declarations received.
46	**Meeting Guidance Notes** Noted.
47	**Minutes of previous meeting held on 22 July 2021** The minutes of the previous meeting were reviewed by the Committee and agreed as an accurate record.
48	**Action Log and matters arising** The action log was reviewed.
49	**Chair's announcements** The Chair noted the following: • Governor Elections 2021 – newly appointed Governors welcomed to the Council. • Christmas Event with Board – proposed as an opportunity to meet each other and discuss the Trust Strategy to consider key challenges and opportunities. • Council Sub-Groups – noted that new sub-group chairs appointed due to Governor terms of office ending. The Council approved the appointed Sub-Group Chairs. Attendance to the Council Sub-Groups was currently an open invitation. The Council was asked to consider a change to allocated membership to ensure attendance and governor representation. The Council was supportive of an allocated membership approach. • Non-Executive Director (NED) Appointments – NED appointment process undertaken in October 2021. Governors approved the proposal for Tracy Ellery to take on the Vice-Chair role.

	• Integrated Care System (ICS) – The implementation of ICS as of April 2022. A Liverpool wide Governor session on ICS and what it means to a Foundation Trust and Governors would be planned in the New Year. The Council of Governors: • Received and noted the briefing from the Chair.
50	**Chief Executive Report** The Executive Team noted the following: • Finance – Challenging position during the second half of 2021/22 noted. Impact of Covid-19 and backlogs of patient activity causing financial pressures across Cheshire and Merseyside health system. The Trust was working with Cheshire and Merseyside towards a breakeven position. • Recovery – Challenge on Trust to recover clinical services to pre-pandemic levels and reduce the backlog of patients. The Trust faced a challenge in relation to surgical waiting lists due to theatre staffing and anaesthetics. The Trust was actively recruiting to theatre staffing and supported staff to prioritise clinical safety. The number of patients on the 52-week list had plateaued and a reduction of patients waiting for a follow up appointment could also be evidenced. The Trust continued to work with Cheshire and Merseyside within a system approach to reduce the backlog of patients. • Gynaecology Inpatient Survey 2020 - the Trust received an overall rating of 'better' in comparison to other Trusts in 6 of the 9 eligible categories of the survey. This shows Liverpool Women's to have performed among the best trusts in the country across a range of categories. Full details of the Liverpool Women's report was available on the CQC website. • Digital – The Council noted a programme of transformation in terms of clinical systems due to go live during Summer 2022. The importance of clinician support to ensure successful implementation and delivery of digital systems within the clinical setting was noted. Examples of significant roles of the Medical Director as the Senior Clinical Officer and Digital Midwives. The Council of Governors: • Received and noted the briefing from the Chief Executive.
51	**Activity Report from the Governor Group Meetings.** • **Finance and Performance Group held 26 July 2021** Peter Norris, Public Governor reported the following matters to note: o Significant risks to financial planning during H2 (second half of 2021/22) o Audit Reports received o Appointment of the External Auditor process • **Quality and Patient Experience Group (QPEG) held 27 September 2021** Sara Miceli-Fagrell, Public Governor reported the following matters to note: o Continued challenges faced within Maternity in relation to communication, staffing and sickness. Positive action taken in relation to recruitment and process changes were noted. o Organisational sickness absence • **Communications and Membership Engagement Group held 28 October 2021** Jackie Sudworth, Public Governor reported the following matters to note: o Membership Strategy – discussion held on how to engage with external groups and service users. A useful platform would be to invite governors to attend planned engagement events. o Awareness Days 2022 – agreed to identify one or two key themes to build membership engagement activity around for the year. The Council of Governors:

	• Received and noted the reports from the Governor Sub-Group meetings.
52	**Sickness Absence and Supporting Staff Wellbeing** The Council received a presentation led by the Chief People Officer which detailed a proposed change in process to manage sickness. Currently the Trust sickness rate was at 8% across the Trust against a Trust benchmark of 4.5%. During 2020/21 the Trust lost the equivalent of 31,000 FTE days to sickness of which 12,000 had been declared as due to stress. 44% of staff in the NHS reported experiencing stress/anxiety or depression during 2020; at the Trust 40% said the same. The Trust has in place a robust 'gold standard' sickness management policy in place (3 stages to dismissal for short term absence) however the Trust rarely dismiss under the short term absence element of the policy. Staff have reported a negative experience when being managed by the policy and managers have reported the process as time consuming. The Chief People Officer suggested that in light of feedback from both staff and managers, and in relation to worsening sickness rate and the high proportion of absence linked to stress that the Trust should try a different method to tackle sickness absence. The Chief People Officer explained that they would remove the formal management arrangements related to short term sickness from the policy and introduce more focus on a positive wellbeing conversation exploring wider impacting factors to enable signposting to support at an earlier stage. She explained that stress was very rarely solely related to work and investment in wellbeing would be sought. The process would be aligned to the Fair and Just Culture programme and Be Kind messaging already commenced within the Trust. Kate Hindle, Lead Governor queried when the integrated psychological support would commence. The Chief People Officer responded that a recruitment advert was due to be released for a role to be based onsite. Jackie Sudworth, Public Governor supported a change in practice due to the evidence presented and asked how the team planned to engage staff to accept the new initiative. The Chief People Officer agreed that the workforce would need to see the policy in action and reported some concern in relation to loss of control had been raised. It had been decided that relatively few members of the workforce would abuse the policy in either form. The Chairman informed the Council that the Trust Board had been supportive of the approach. Peter Norris, Public Governor thought it a good option to reinforce positive behaviours rather than negative and asked what metrics of success had been put in place and potential risks identified. The Chief People Officer responded that key performance indicators would be used as a benchmark of success which included: levels of sickness absence; levels of absence attributable to stress; increased levels of staff engagement demonstrated within surveys and attendance to Trust events etc, and increased levels of staff feeling supported. The Chief People Officer noted no new risks due to the current position of sickness absence. The Chief People Officer informed the Council that costs attributable to the new process should be accounted by savings of less days lost to sickness. A reduction of sickness absence would have tangible benefits to the financial position and to patient safety. Niki Sandman, Appointed Governor asked for evidence from other organisations that had implemented this approach. The Chief People Officer responded that the Trust would be the first to implement this process and that NHSE/I was keen to track the Trust's implementation as a new model. Susan Milner, Non-Executive noted it was an innovative and brave change as the temptation could be to increase control and tighten the existing process.

	Rebecca Holland, Staff Governor informed the Council that the Wellbeing Volunteers had engaged positively with the ward managers and positive feedback had been received from staff and managers that they felt supported by the newly introduced Wellbeing Volunteers. Olawande Salam suggested that the sickness absence position could impact on the retention and recruitment of the workforce. The Chief Nurse and Midwife informed the Council of a refreshed approach to midwifery recruitment which included: a rolling recruitment programme, pre-engagement meetings with new recruits, 2-week intensive induction programme before commencing role, introduction of a yellow pin badge to visibly declare newly qualified midwives, introduction of roster management meetings and engagement with community networks to consider the Trust as a place to work. Kate Hindle, Lead Governor noted the visible enthusiasm and energy from the new cohort of midwives who had recently completed their 2-week induction programme. The Council noted the current Trust position and the actions being taken by the Board in an attempt to drive improvements. The Council of Governors: • noted the update for information.
53	**Trust Strategy Update** The Council received a presentation led by the Chief Finance Officer which detailed Our Strategy 2021 – 2025 which outlines the Trust's plans for the next five years with a focus on workforce, safety of services and experience of service users. The Chief Finance Officer confirmed that a key aim remained to progress plans to build a new hospital co-located with an adult acute site. The Trust would continue to implement all feasible mitigations to ensure services delivered from the Crown Street site would be as safe as possible. The Chief Finance Officer informed the Council that the Crown Street Enhancement programme enabled works to mitigate risks and described key workstreams related to a new Fetal Medicine Unit, a new Colposcopy Suite, and the introduction of CT Imaging to the Crown Street site. In addition to this work, the Chief Finance Officer informed the Council of the national Community Diagnostic Centre (CDC) Programme to reform diagnostic services across the country. The Trust had been nominated as a CDC site to provide access to coordinated diagnostic testing for patients at a single site, closer to home, leading to faster and earlier diagnosis. Diagnostics to be included would be: Physiological testing – including ECHO, ECG, BP monitoring, spirometry, lung function testing, FeNO, sleep studies and oximetry; Imaging – ultrasound, x-ray, CT and MRI; and Phlebotomy and pathology testing. Hosting a CDC would aid the Trust to mitigate some of the clinical risks related to an isolated site. Access to capital funding to introduce an MRI and additional testing and diagnostic services to Crown Street would reduce pre-operative cancellations and the number of transfers of women and babies across the city. Hosting a CDC would also support local health partners to increase diagnostic capacity and ensure that patients in Liverpool and across the whole of Cheshire and Merseyside access services when they need them, eliminating delays. Peter Norris, Governor asked would the introduction of the CDC require additional staffing. The Chief Finance Officer responded that the Trust was working closely with partner organisations to work in tandem with existing providers and increase the number of trained staff. The Chairman noted that the CDC Programme was a tangible example of system wide working as 90% of the service would be provided for the city and 10% for the Trust. The Council of Governors: • noted the update for information.

54	**Review of risk impacts of items discussed** The following risk impacts were noted: • Financial risks moving into the second half of the year 2021/22 • Recovery and restoration of clinical services and risks to achieve • Workforce challenge & sickness absence rates • Strategic short term and long term risks No changes to existing risks were identified as a result of business conducted during the meeting. The following positive impacts were noted: • Positive introduction of new initiatives
55	**Chair's Log** None
56	**Any other business:** In relation to the Governor Sub-Group membership and attendance, the Chairman advised that the groups are designed to be shorter information meetings. The Council agreed that a virtual setting would be preferable for shorter meetings however the option to meet onsite for those that preferred could be arranged. **Review of meeting:** • Good presentations delivered. • Hybrid setting of meeting both onsite and virtual deemed to work well. • New Governors felt that the meeting had been informative and felt more connected being onsite

Liverpool Women's
NHS Foundation Trust

Council of Governors

Minutes of the Council of Governors
held in the Blair Bell Lecture Theatre and Virtually at 1730hrs on Thursday 10 February 2022

PRESENT	
Robert Clarke	Chair
Evie Jefferies	Public Governor (Rest of England & Wales)
Pauline Kennedy	Staff Governor (Midwives)
Rebecca Lunt	Staff Governor (Scientists, Technicians & AHPs)
Sara Miceli-Fagrell	Public Governor (South Liverpool)
Peter Norris	Public Governor (Central Liverpool)
Jane Rooney	Appointed Governor (Education Institutions)
IN ATTENDANCE	
Zia Chaudhry	Non-Executive Director
Matt Connor	Chief Information Officer
Tracy Ellery	Non-Executive Director
Marie Forshaw	Chief Nurse and Midwife
Lynn Greenhalgh	Medical Director
Mark Grimshaw	Trust Secretary
Louise Hardman	Research & Development Manager
Louise Hope	Assistant Trust Secretary (minutes)
Jen Huyton	Head of Strategy & Transformation
Gloria Hyatt	Non-Executive Director
Louise Martin	Non-Executive Director
Michelle Turner	Chief People Officer / Deputy Chief Executive
Gary Price	Director of Operations
Kathryn Thomson	Chief Executive
Mark Turner	Director of Research and Development
Sarah Walker	Non-Executive Director
APOLOGIES:	
Iris Cooper	Public Governor (Rest of England and Wales)
Carol Darby-Darton	Public Governor (Central Liverpool)
Pat Denny	Public Governor (Central Liverpool)
Carol Didlick	Public Governor (South Liverpool)
Annie Gorski	Public Governor (Sefton)
Patricia Hardy	Appointed Governor (Sefton Council)
Cllr Lucille Harvey	Appointed Governor (Liverpool Council)
Kate Hindle	Staff Governor (Admin & Clerical)
Rebecca Holland	Staff Governor (Nurses)
Kiran Jilani	Staff Governor (Doctors)
Rhianna Moradi	Appointed Governor (Community & Voluntary Organisations)
Jackie Sudworth	Public Governor (Knowsley)
Miranda Threfall-Holmes	Appointed Governor (Faith Organisations)
Ruth Parkinson	Public Governor (Central Liverpool)
Niki Sandman	Appointed Governor (University of Liverpool)
Yaroslav Zhukovskyy	Public Governor (Sefton)

Core members	May	July	Nov	Feb	
Thania Islam	X	x	Non member		
Mary Doddridge	A	A	Non member		
Peter Norris	✓	✓	✓	✓	
Carol Darby-Darton	X	X	x	x	
Pat Denny	Non member		A	x	
Ruth Parkinson	Non member		✓	A	
Si Jones	X	X	Non member		
Sara Miceli-Fagrell	A	✓	✓	✓	
Carol Didlick	Non member		✓	x	
Carole McBride	A	A	Non member		
Yaroslav Zhukovskyy	✓	✓	✓	x	
Anne Gorski	Non member		x	x	
Rev Anne Lawler	A	A	Non member		
Jackie Sudworth	✓	✓	✓	A	
Olawande Salam	Non member		✓	Non member	
Denise Richardson	✓	✓	Non member		
Evie Jefferies	✓	X	x	✓	
Iris Cooper	Non member		x	x	
Kiran Jilani	✓	✓ (private)	x	A	
Rebecca Holland	✓	A	✓	x	
Pauline Kennedy	A	✓	A	✓	
Maria Culligan	A	A	Non member		
Rebecca Lunt	Non member		✓	✓	
Kate Hindle	✓	A	✓	A	
Cllr Angela Coleman	A	A	Non member		
Cllr Patricia Hardy	A	✓	✓	x	
Rev. Cynthia Dowdle	✓	✓	Non member		
Mary McDonald	A	✓	Non member		
Valarie Fleming	✓	A	Non member		
Niki Sandman	Non member		✓	A	
Miranda Threfall-Holmes	Non member		A	A	
Rhianna Moradi	Non member		A	x	
Jane Rooney	Non member			✓	
Lucille Harvey	Non member			A	

21/22/	
67	**Introduction, Apologies & Declaration of Interest** **Apologies**: noted above. It was noted that due to attendance the meeting was not quorate, as such no decisions would be formally taken. **Declaration of Interest:** No new declarations received.
68	**Meeting Guidance Notes** Noted.
69	**Minutes of previous meeting held on 11 November 2021** Deferred approval to the next meeting.
70	**Action Log and matters arising** The action log was noted.
71	**Chair's announcements** The Chair noted the following: • NED and Chair appraisal process – window to be brought forward

	• Olawande Salam (Knowsley) – resignation due to change of constituency. Thanks expressed towards Ola. • Sub-Group attendance – email request had been issued and membership developing • Annual Declarations of Interest – email request to be received shortly • Bollywood Charity Event – 26 March 2022 – chance to socialise with the Board The Council of Governors: • Received and noted the briefing from the Chair.
72	**Chief Executive Report** The Chief Executive noted the following: • Significant operational pressures over the Christmas period and during January 2022. The Trust performed well, and the Board had been thanking staff who went above and beyond. Further detail can be found within the sub-group Chair reports. • System discussions continued and Chairs and CEOs from the Liverpool trusts continue to meet to explore the future under the upcoming Integrated Care System arrangement. The Council of Governors: • Received and noted the briefing from the Chief Executive.
73	**Activity Report from the Governor Group Meetings.** • **Finance and Performance Group** • **Quality and Patient Experience Group.** • **Communications and Membership Engagement Group** Chair reports deferred to the next meeting due to low attendance.

74	**Trust Strategy and 2022/23 Corporate Objectives**
	The Council received a presentation led by the Head of Strategy & Transformation in relation to the Trust Strategy and the actions taken to date to achieve the corporate objectives set.
	
	The Council was asked to consider the following questions as a group:
	• How are we doing now?
	  ○ What have we done well?
	  ○ What could we do better?
	• The future…
	  ○ What do you think we should be doing more of?
	  ○ What are the issues and problems we need to solve for our patients and staff?
	
	Sara Miceli-Fagrell, Public Governor, responded in terms of 'what had gone well' that there had a been a supportive sentiment expressed from the local community throughout the pandemic as demonstrated by positive messages in social media. She thought that the risk and mitigations had been suitably explained throughout the period. In addition the Trust response to the major incident had been effectively communicated and the community had supported the Trust with its approach. In terms of 'what could we do better', Sara Miceli-Fagrell informed the Council that she had shadowed a recent maternity patient journey and noted missed opportunities to provide re-assurance. She suggested that the Trust map a typical patient journey across a service and re-assess and match against the strategy. The Chief Nurse and Midwife thanked Sara Miceli-Fagrell for feeding back her comments to the team. The Chief Executive agreed that mapping out a patient journey was a useful exercise and should be repeated. The Chief Nurse and Midwife would pick up the action with the Patient Experience Matron.
	
	Action: Patient journey mapping exercise to be undertaken.

	Rebecca Lunt, Staff Governor, commended the approach undertaken by staff throughout the major incident and noted that the health and wellbeing initiatives throughout the pandemic had been beneficial. In terms of the future, Rebecca Lunt suggested that leadership support should be extended further to existing leaders and managers due to multiple changes and not exclusively to new managers. Peter Norris, Public Governor, noted the importance to consistently manage the brand of the hospital for services users to remain confident of trust services provided. He queried would the newly formed Integrated Care System (ICS) impact on the Trust Strategy. The Chairman responded that partnership working had been included within the Trust Strategy and would be integral to the future direction of the Trust. Jane Rooney, Appointed Governor, informed the Council of positive feedback from students on placement at the Trust from Edge Hill University, including positive supportive experience particularly in response to the major incident. She also reported positive feedback from newly qualified midwives who commended the preceptorship programme. In terms of moving forward Jane Rooney, queried managing changing covid restrictions and how to engage and inform patients, and how to re-establish educational partnerships which had suffered within a virtual setting. The Chief Nurse and Midwife responded that the Trust was linked into Cheshire & Merseyside discussions about how to open up services across the region. The Chief Operating Officer added that staff regularly review the position and that the Trust had the lowest hospital acquired infection rates of Covid-19. In response to the educational partnerships the Chief Nurse and Midwife agreed that face-to-face meetings with educational leaders was desirable and asked to meet with the Appointed Governor to consider how to take forwards. **Action: Chief Nurse and Midwife and Appointed Governor, Education to consider steps to re-establish educational partnerships.** The Chief Information Officer informed the Council that there was more to aspire to from a digital perspective for patients and staff. Sara Miceli-Fagrell, Public Governor, agreed that a Digital First approach would be key to boost engagement and provide a more holistic experience for service users and reduce costs. The Chief Information Officer responded that a workstream had been established by the ICS Digital Board on the digital patient journey aligned to the national priorities. Pauline Kennedy, Staff Governor, queried the disability parking bays which are out of use to accommodate the site building works. The Head of Strategy & Transformation responded that the disabled parking bays had been reallocated at entrances. The Medical Director commented that despite the pandemic and major incident, the Trust had made impressive progress, for example the introduction of surgical robotic surgery which had improved clinical care and supported recruitment. Peter Norris, Public Governor, queried how could the Trust be assured that they would receive a fair share of funding as part of the ICS model. The Chairman responded that the C&M aim to align strategies together towards a streamlined and cohesive decision making process across all the regional trusts. The Council of Governors: • noted the update for information.
75	**Research Strategy** The Trust received a presentation delivered by the Director of Research and Development and the Research & Development Manager. The Council was asked to consider in more detail the fifth research priority in relation to ‘Place’:

	• Patient and public involvement in research design and conduct: What does the Community want? What matters? The Council made the following observations: • the results of the C-Gull would be interesting to the community and Liverpool if demonstrated clusters of health inequalities • queried media engagement with the C-Gull programme to engage applicants • engaged the NEST community team to link with communities that might not usually engage with research studies • outreach into services already accessed by patients, particularly socially deprived groups. Use of social media as a tool to reach socially deprived groups, Facebook, TikTok, Instagram etc. • flexible approach to clinic appointments to increase engagement • use relationships from the Continuity of Carer model to inform about research programmes • engage with the local maternity system and Maternity Voices Partnership to actively engage with the community • multichannel approach would be beneficial - consider target audiences first then consider what platforms they use to target requests for participation based on demographics • the use of text messaging patients was queried. Consideration to capturing prior consent would be needed to use this platform. The Chief People Officer agreed to pick up an action in relation to media engagement and promotion of research. **Action: Chief People Officer, Head of Communications and Research & Development Manager to meet to discuss media engagement and promotion of research.** The Director of Research and Development thanked the Governors for their comments and ideas to support development of the Research Strategy. The Council of Governors: • noted the update for information.
76	**Council of Governor Nomination & Remuneration Committee Terms of Reference** Deferred.
77	**Review of risk impacts of items discussed** No changes to existing risks were identified as a result of business conducted during the meeting.
78	**Chair's Log** None
79	**Any other business:** None. **Review of meeting:** • Not quorate • Good discussions • Thanked governors in attendance for engagement

Liverpool Women's
NHS Foundation Trust

Action Log

Council of Governors - Public
May 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
13 May 2021	21/22/07	Activity Report from the Governor Group Meetings.	Invite LMS Programme Director to attend a future Council meeting to provide an update on wider maternity issues, incorporate Ockenden review, LMS work with LWH.	Trust Secretary	~~February 2021~~ May 2022	On track	LMS programme Director invited to attend May 2022 meeting to participate in Ockenden discussion. LMNS briefing provided in CEO Report as appendix.
10 February 2022	21/22/74	Trust Strategy and 2022/23 Corporate Objectives	Patient journey mapping exercise to be undertaken.	Chief Nurse & Midwife	July 2022	On track	
			Chief Nurse and Midwife and Appointed Governor, Education to consider steps to re-establish face-to-face educational partnerships.	Chief Nurse & Midwife	May 2022	Completed	Meeting dates now in diaries.
10 February 2022	21/22/75	Research Strategy	Chief People Officer, Head of Communications and Research & Development Manager to meet to discuss media engagement and promotion of research.	Chief People Officer	July 2022	On track	

Liverpool Women's
NHS Foundation Trust

Chair's Announcements

Council of Governors – 12 May 2022

Key Announcements

- Key headlines from Trust Board Meeting – 5 May 2022
- National Call with National Chief Midwife – 5 May 2022
- Attended Liverpool against Racism conference 26 April 22
    - Inspiring and thought provoking
    - June 2022 Board development session will have externally facilitated session on how to continue our EDI and cultural development journey
- Potential for briefing session for Governors on progress with Future Generations in the last week of June 2022
- Sub-Group attendance (see next slide)

Key Announcements

Quality and Patient Experience Group - Membership		
Sara Miceli-Fagrell	Public Governor	CHAIR
Kate Hindle	Staff Governor	
Jane Rooney	Appointed Governor	
Ruth Parkinson	Public Governor	
Peter Norris	Public Governor	
Yaroslav Zhukovskyy	Public Governor	

Finance and Operational Performance Group - Membership		
Peter Norris	Public Governor	CHAIR
Kate Hindle	Staff Governor	
Niki Sandman	Appointed Governor	
Rebecca Lunt	Staff Governor	
Jackie Sudworth	Public Governor	
VACANCY		

Communications and Membership Engagement Group - Membership		
Jackie Sudworth	Public Governor	CHAIR
Kate Hindle	Staff Governor	
Evie Jefferies	Staff Governor	
Iris Cooper	Staff Governor	
Jackie Sudworth	Public Govenror	
VACANCY		

LWH Non-Executive Directors

Thank You

Liverpool Women's
NHS Foundation Trust

CEO Announcements

Council of Governors – 12 May 2022

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

Key Announcements

- Tributes being paid to renowned gynaecologist and obstetrician, Bob Atlay who has passed away.

- New Director of Midwifery and Head of Midwifery appointments

- The Trust has been successful in securing a successful bid for Liverpool to host the British Gynaecological Cancer Society Annual Scientific Meeting in 2024. Congratulations to Mr Mohamed Mehasseb and his team for putting together an excellent application.

- WRES Report 2021
  - The NHS Workforce Race Equality Standard by WRES has been released. We are proud to be the top performing Trust nationally in 2 of the 9 key indicators and in the top 10 nationally for a further 2 indicators. This is a great demonstration of how Liverpool Women's prides itself on being an organisation of equality. https://drive.google.com/file/d/1mo-uo4nopciSb8d2fz7L1fsytdbH83wI/view?usp=sharing

- Stakeholder newsletter: Women's Health and Maternity (WHaM) Programme for Cheshire and Merseyside
  - Included in Appendix 1 is the first issue of the new quarterly newsletter. WHaM has produced this to keep their partners and stakeholders informed about all the work they are driving forward in women's health and maternity services across Cheshire and Merseyside.

Women's Health and Maternity Matters

Cheshire and Merseyside
Health and Care Partnership

NEWSLETTER APRIL 2022

Welcome to the first issue of our new quarterly newsletter. It aims to keep our partners and stakeholders informed about the Women's Health and Maternity (WhaM) programme of work that we are driving forward on behalf of the system across Cheshire and Merseyside.

Our vision is for all women, babies, and families to have the best start in life and get the support they need to be healthy and live longer. Transforming women's health and gynaecology services is a key priority across the region and the WHaM programme has launched a Gynaecology Network which will identify opportunities to work collaboratively to improve clinical services, provide equitable access to care and support, improve women's health outcomes, including a return to the services we had prior to COVID-19, wherever possible and when safe to do so.

Women's Health and Maternity Services have had significant press attention over the past few weeks with the release of the final Ockenden Report into maternity safety at Shrewsbury and Telford Hospital NHS Trust. We have also had national news reports detailing increasing waits for gynaecology diagnostics, services and treatment. In December we saw the release of the national vision for women's health from NHSE/I, and the promise of a national women's health strategy in the Spring.

The latter is a milestone that we acknowledged at our events on 8 March to celebrate International Women's Day 2022. There, I stated that it is time to re-set the dial on women's health and transform a system which offers equal access to effective care and support, prioritising care on the basis of need, and raising the profile of risk factors and conditions which have not had the focus and recognition they have deserved for many decades.

Our response has been to initiate an exciting programme of work that promotes and proactively supports enhancing the wellbeing, life chances and outcomes for all women, babies and families across Cheshire and Merseyside.

I also emphasise later in this newsletter our commitment to deliver safer, more equitable maternity services and implement all of the Immediate and Essential actions of the Ockenden Report in all seven of our maternity providers. Ensuring that safety and the voices of women and their families is at the heart of all we do.

We have engaged with our community all the way through this journey and listened to their concerns on everything from fertility to mental health care. We note the increasing links between poverty and impoverished health and recognise that as a system we have a responsibility to reduce health inequalities.

As a programme, we are committed to identifying and exploring non-clinical interventions through social prescribing and through partnerships with others. We also have a successful track record on applying social prescribing innovations to reduce health inequalities.

Some of that work is detailed here. Please, read on, and for a newsletter to remain relevant and important, remember we always need your constructive feedback.

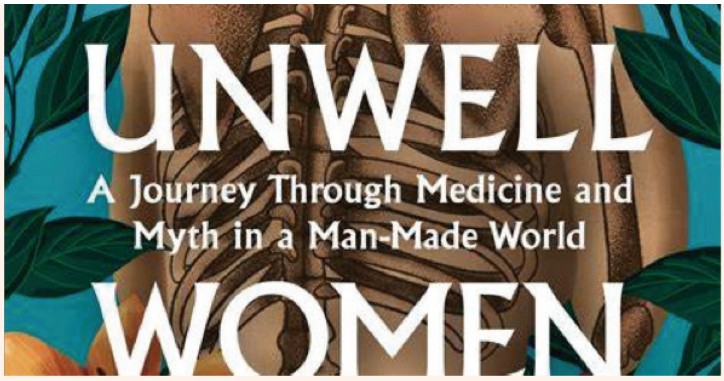
Catherine McClennan
Director for the Cheshire and Merseyside Women's Health and Maternity (WHaM) programme

HEE makes her health, top priority

Health Education England (HEE) brought a novel approach to talking about health on International Women's Day – by featuring medical writer Dr Elinor Cleghorn at an online event.

The author of the celebrated book, "The Unwell Woman" delivered a presentation charting historic misogyny in medicine as she revealed: "As an unwell woman with lupus, I was dismissed, ignored, belittled, I must be hysterical or anxious."

The webinar considered why this 'male by default' is a huge problem for all women and sought solutions. How do we put it right and what needs to happen to build equity?



It also focused on gender, poverty, and health, plus inequalities exacerbated by the COVID-19 pandemic.

WHaM Social Prescribing Lead Jo Ward concluded: "Today is a rallying call to women. Our voices have become stronger and now is the time to shout louder."

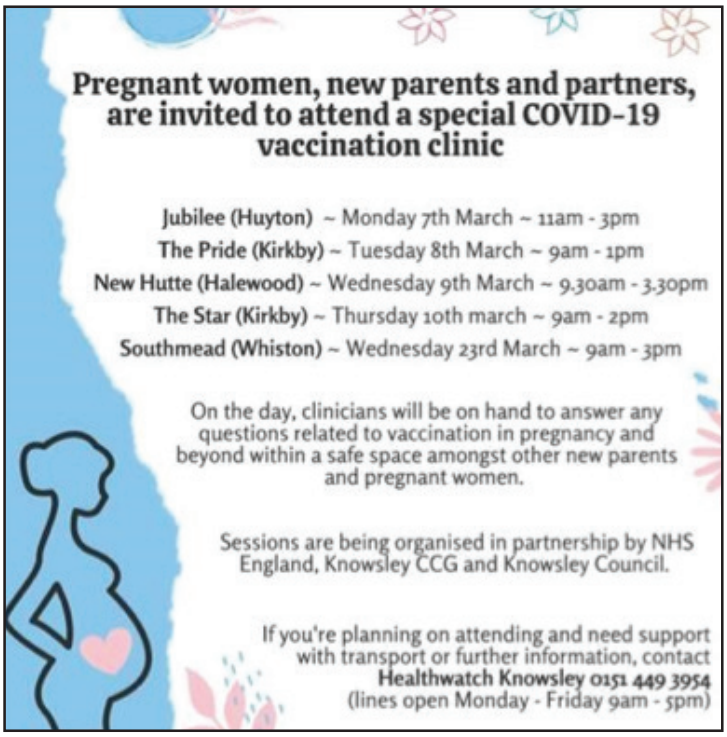
Aiding a sharp rise in vaccinations

A series of clinics backed by our service have helped increase the number of pregnant women receiving a COVID-19 vaccination in Cheshire and Merseyside, to 69%.

Concerns around everything from future fertility to passing the coronavirus onto your unborn child resulted in an initially poor uptake of the vaccine nationally, with a recorded high last October of just 41%.

A pop-up clinic at our International Women's Day event at The PAL Centre in Toxteth, offered women the vaccine and assurances from professionals of its effectiveness and safety.

Dr Devender Roberts Consultant Obstetrician in Fetal Medicine, Liverpool Women's NHS Foundation Trust said: "I am delighted we have made a contribution in reducing fear and scepticism around the vaccine, but the fact that 30% of pregnant women in our region are not protected, means this challenge is far from complete."



Prioritising Ockenden

News headlines have been dominated by the findings, conclusions, and essential actions highlighted in the enquiry into deaths at maternity units in Shrewsbury and Telford.

Those 15 essential actions from the Ockenden Report focus on four themes: safe staffing; training, learning from incidents and listening to families.

As a Local Maternity Neonatal System (LMNS), we have reflected carefully on the report, and urge everyone working within maternity and indeed any health services to do the same (read the full report at https://bit.ly/3xkoiMi) .

We are keen to embed Ockenden into our work and help support improvement in maternity and neonatal services across the Cheshire and Merseyside system.

Our workforce are key players in this process, at what may be a difficult time for them. As one of the main thrusts of the report is enhanced communication, we will continue to listen and learn from those delivering the service on-the-ground. One of the key tools of this engagement process is an online survey, recently distributed to our teams.

The response to Ockenden is very much underway and it is also extremely encouraging to learn that developments are being implemented in the wake of the report, at trusts across our region and beyond.

Silver Birch golden opportunity to tackle trauma

Our specialist midwives are working with Mersey Care NHS Foundation Trust in a unique psychology and midwifery scheme to help women who have suffered trauma/perinatal loss in the maternity and neonatal setting.

A trio of hubs in Wirral, Liverpool and Mid-Mersey (St Helens and Knowsley) have already begun piloting the programme with a dozen women experiencing severe to moderate mental health issues.

Called the Silver Birch Hubs, the clinical priority is to "triage, arrange appointments (consultation) and then to offer a trauma informed birth planning or a grounding and stabilisation group."

One service user said: "I just wanted to thank you setting this up. I really feel better today even after just 1 meeting. It was really interesting, and I enjoyed the session too, thank you."

The Lullaby project - making music together

The Cheshire and Merseyside Women's Health and Maternity (WHaM) programme commissioned the Lullaby project in 2021, after reaching out to Carnegie Hall, New York, and the national charity, Live Music Now, founded by the legendary violinist Sir Yehudi Menuhin and current president Sir Ian Stoutzker.

Working through the WHaM community engagement team with families, the NHS and Live Music Now co-produced a creative intervention to boost wellbeing through an approach that capitalised on 'togetherness' through music.

The Lullaby Project was in part a direct response to the devastating impact of isolation during COVID on both maternal and infant wellbeing but equally in recognition of a pre-existing perinatal mental health crisis amplified by lockdowns. It's based on a simple but effective formula, pairing new mums and 'mums to be' with their own musicians to write and create a very personal lullaby. It has helped women build bonds with their babies and created lasting memories too. It has given women the confidence and inspiration to tune-in and make music and poetry themselves to ensure they stay well.

Delivered by Live Music Now, on behalf of WHaM, the six-session programme sees women create and perform songs for their babies – which are then recorded and performed at a very special concert, the first being held at National Museum Liverpool in December; with others being planned.

One Cheshire mum said: "I think it was really, really special to have something so personal for my son. I just started writing my lullaby and couldn't stop!" Another added: "The whole process and getting to this point was fabulous. I am buzzing."

Lullaby's success was even more remarkable given that it was conducted often online in homes and not face to face – because of lockdown.

Hopes are high that the first face-to-face sessions prove an even bigger hit, with lullabies written and recorded with professional musicians as a keepsake and performed at another grand event this time in collaboration with members of another WHaM creative health project, Holding Time; where women are embracing writing themselves well through poetry and very personal, amazing prose.

This all goes to show women are never just a mum and this is key to wellbeing too. Listen to our Sound Cloud podcast, by visiting https://bit.ly/3KMZrVH

Maternity taskforce long overdue

Cheshire and Merseyside have amongst the poorest health outcomes for mothers and babies in the UK because they are held back by, "environment, life conditions, life chances and access to adequate help and support for our most vulnerable families".

So says Catherine McClennan in a blog for political communications agency, Whitehouse, in which she offers a passionate plea to society to even-up the disparities in health and supports the creation of a new Maternity Disparities Taskforce.

Catherine claimed: "It's taken over 70 years to get women's health on the NHS agenda and yet we have known for a long time that looking after women in pregnancy helps to deliver the best outcomes for babies. But many of the various initiatives and policies to improve maternity services and reduce maternal and infant mortality are not working. This is why our work and focus on health inequalities is so important."

Read the blog at https://bit.ly/3NfiOrW

Singing beginning to Women's Day event

Merseyside and Cheshire women have found out that singing is just what the doctor ordered – literally.

Because they are the first in the country to be given singing lessons on prescription to help assuage mental health issues including depression and isolation.

And guests to our International Women's Day event at the PAL Centre got a taste of the Singing Mama's project before embarking on a day of activity celebrating women healers and highlighting health inequalities.

Meet the team... Saluting SIPs

Welcome to our Smoking in Pregnancy (SIP) team.

Funded by the Cheshire and Merseyside Cancer Alliance (with delivery by the WHaM Programme) as part of their prevention and early diagnosis programme, it aims to increase the quit rates of women smoking in pregnancy and at birth and promote smoke-free pregnancy pathways and supportive interventions.

Some 8.8% of mothers nationally were known to be smokers at the time of delivery (as of Quarter Three, 2021/22), with rates in Cheshire above that, at 10.6%.

This is an exciting opportunity for the LMNS system to work together to tackle the high smoking rates in pregnancy.

The project team consists of Kerry Hogan (Project Manager), Lara Nilssen (Lead Midwife for SIP) and Jo Hunt (Lead Midwife for Health Inequalities). Planning and preparation work is underway, and the team will be inviting several stakeholders including local authority commissioners, CCG commissioners and Stop Smoking Service providers, to come together in the next few weeks to support with the planning and mobilisation of the national delivery model for smoke-free pregnancies.

For further information, please contact Kerry Hogan, Maternal Health Inequalities Project Manager, Women's Health and Maternity (WHaM) Programme kerry.hogan@nhs.net

Want to feature in Meet the Team?
Contact info@improvingme.org.uk

Andrew appointed to ensure equity and excellence in gynaecological services

Eminent Liverpool gynaecologist Professor Andrew Drakeley has been appointed Clinical Lead for Cheshire and Merseyside, Gynaecology Network (CMGN).

Established in November 2021, the CMGN is a key mechanism which focuses on improving access to services and treatment, improving clinical outcomes, and reducing health inequalities in women's health. The network addresses these priorities in collaboration with partners and aligns with work already taking place in the wider system.

Women's Health Project Manager Deb Edwards reported that special interest groups have been established with menopause and endometriosis making headway with collaborative plans to share learning and reduce waiting time for diagnosis and treatment of these debilitating conditions. The remit of these groups will be to look at the equity of services provided throughout our region, skills and competencies of the workforce and ensure that services, pathways and guidelines are standardised across primary, secondary and tertiary care.

Our priorities were established during a call for action to help inform the Government's first Women's Health Strategy. This included a public survey open to all individuals aged 16 plus, evidence from individuals or organisations with expertise in women's health and feedback collated from focus groups.

News in brief

Award scored for sparkling inequalities work

Midwives from the Diamond Team at NHS Mid Cheshire Foundation Trust scooped the Person and Family Care Award 2022 at the Professional Pride awards ceremony.

This rewards excellence in practitioners being advocates for those receiving services and reducing health inequalities. The team's work with diverse communities was commended. Do you have a success story to share with us?
Email info@improvingme.org,uk

Make some news

Our newsletter is just one element of a concerted drive to keep our partners and stakeholders informed about all the work we are driving forward in women's health and maternity services across Cheshire and Merseyside.

We are also committed to showcasing partners, as well as our work.

To join us on that journey and maybe even feature in our next newsletter, please email info@improvingme.org.uk

You can follow us on social media –
https://twitter.com/Improvingme1
https://www.facebook.com/Improvingme1/

Survey underway to allay concerns on inequalities

Research with people whose views are less likely to be heard by professionals is informing a plan to reduce the disparities revealed by COVID-19 in the quality of healthcare. Using online and face-to-face feedback plus a women's health and wellbeing survey, the Equity and Equality plan will be completed by a Task and Finish team in collaboration with leading academics.

Cheshire and Merseyside Women's Health Event

Hold the date – Thursday 7 July 2022, Aintree Racecourse. More details will follow.

Stillbirth study carried out

According to the Office for National Statistics, the UK stillbirth rate reached a record low with the largest decrease recorded since 1927. In 2014, the government announced policies and campaigns to reduce the rate of stillbirths by half in England by 2025 compared with 2010. Our Clinical Lead has been instrumental in national work in this field as well as a recent local review of all stillbirth cases over a two year period in Cheshire and Merseyside. Although this found that we did have lower rates than the national average there were common themes regarding language and additional risk assessments for our most vulnerable women. Further work will be led by Dr Devender Roberts as part of her Quality and Safety remit.

For further information, contact devender.roberts@lwh.nhs.uk

Helping the excluded connect

Language and cultural barriers, plus a lack of access to the internet are creating greater inequalities in women's health, with missed appointments amongst the issues caused. Which is why the Digital Inclusion Project proved such a hit with women in Toxteth, who claimed it enabled them to communicate with confidence.

In fact, so enthused were some delegates that they plan to enrol on further accredited IT courses while another has been offered an apprenticeship!

Liverpool Women's NHS Foundation Trust

Council of Governors

COVER SHEET

Agenda Item (Ref)	***22/22/007***		**Date: 12/05/2022**	
Report Title	**Declarations of Interest – Annual Review**			
Prepared by	***Mark Grimshaw, Trust Secretary***			
Presented by	***Mark Grimshaw, Trust Secretary***			
Key Issues / Messages	***The current Register of Interests for the Council of Governors is included for reference at Annex B to this report. Governors are requested to review their respective entries and advise of any amendments / changes required at the Council of Governors meeting.***			
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.***			
	The Council of Governors is recommended to: • ***Formally note the content of the Council of Governors Register of Interests at Annex B to the report.***			
Supporting Executive:	***Mark Grimshaw, Trust Secretary***			

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* 5.2 Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership	Comment:
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT:

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

EXECUTIVE SUMMARY

Introduction

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

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

Recommendation

The Council of Governors is recommended to:

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

DECLARATION OF INTERESTS

1. What do I need to do?

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

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

Exceptions are:

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

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

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

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

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

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

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

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

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

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

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

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

https://forms.office.com/Pages/ResponsePage.aspx?id=vXA4RxAgV0q6bdtOR889i6EUNTvYWp1AqJ82tG-A3NJUMzNDVkVFOURUOVlZWDI1MUJZRDA4WVdMVi4u

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

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

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

Register of Interests 2021/22 of the Council of Governors as at 01 March 2022

Liverpool Women's NHS Foundation Trust

First name	Last name	Role	Date Interest Declared	Nil to Declare (✓)	Interest Type	Provider	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Annie	Gorski	**Public Governor**	17/02/2022	✓								Y
Carol	Didlick	**Public Governor**	01/03/2022	✓								Y
Carol	Darby-Darton	**Public Governor**										
Evie	Jefferies	**Public Governor**	01/03/2022	✓								Y
Iris	Cooper	**Public Governor**	17/02/2022	✓								**Y**
Jackie	Sudworth	**Public Governor**	02/03/2022	✓								**Y**
Jane	Rooney	**Appointed Governor**	17/02/2022		Non-financial professional interests	Beyond Bea Charity - Baby loss Charity	Trustee - clinical and education lead	January 2022	Ongoing	Declaration as needed at relevant meetings - in relation to baby loss/charity issues, and ensuring no decision making as a governor if any relation to baby loss/charity.	Yes, Phil Crompton Director of Allied Health & Apprenticeships Edge Hill University	**Y**
					Non-financial	Greater Manchester Police	External Advisor	October 2021	Ongoing	Ensuring no involvement in cases from		

First name	Last name	Role	Date Interest Declared	Nil to Declare (✓)	Interest Type	Provider	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
					professional interests		(maternity/perinatal cases)			LWH, and declaration as needed in meetings and when decisions are being made.		
Kate	Hindle	**Staff Governor**	24/02/2022	✓								**Y**
Kiran	Jilani	**Staff Governor**	15/03/2022	✓								**Y**
Lucille	Harvey	**Appointed Governor**	15/03/2022	✓								**Y**
Miranda	Threfall-Holmes	**Appointed Governor**										
Niki	Sandman	**Appointed Governor**	17/02/2022	✓								**Y**
Pat	Denny	**Public Governor**	01/03/2022	✓								**Y**
Patricia	Hardy	**Appointed Governor**										
Pauline	Kennedy	**Staff Governor**	17/02/2022	✓								**Y**
Peter	Norris	**Public Governor**	09/03/2022	✓								**Y**
Rebecca	Holland	**Staff Governor**	14/02/2022	✓								**Y**
Rebecca	Lunt	**Staff Governor**	02/03/2022	✓								**Y**

First name	Last name	Role	Date Interest Declared	Nil to Declare (✓)	Interest Type	Provider	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Ruth	Parkinson	**Public Governor**	01/03/2022	✓								**Y**
Sara	Miceli-Fagrell	**Public Governor**	01/03/2022	✓								**Y**
Yaroslav	Zhukovskyy	**Public Governor**	01/03/2022	✓								**Y**

Liverpool Women's
NHS Foundation Trust

Council of Governors Finance & Operational Performance Group

Minutes of the Council of Governors
Finance and Operational Performance Group
held Microsoft Teams at 5.30pm on Monday, 28th March 2022

PRESENT

Peter Norris	(PN)	Public Governor **(Chair)**
Robert Clarke	(RC)	LWH Trust Board
Jackie Sudworth	(JS)	Public Governor
Niki Sandman	(NS)	Appointed Governor
Pat Denny	(PD)	Public Governor

IN ATTENDANCE

Mark Grimshaw	(MG)	Trust Secretary
Eva Horgan	(EH)	Deputy Director for Finance
Louise Martin	(LM)	Non-Executive Director
Gloria Hyatt	(GH)	Non-Executive Director
Gary Price	(GP)	Chief Operating Officer
Diane Thomson	(DT)	Executive PA (minutes)

APOLOGIES

Tracy Ellery	(TE)	Non-Executive Director
Becky Lunt	(BL)	Public Governor
Valerie Fleming (VF)	Appointed Governor	
Kate Hindle	(KH)	Lead Governor
Rebecca Holland	(RH)	Staff Governor
Ian Knight	(IK)	Non-Executive Director
Denise Richardson	(DR)	Public Governor

21/22/	
029	**Introduction, Apologies & Declaration of Interest** Apologies were received and noted. There were no declarations of interest.
030	**Virtual Meeting Guidance Notes** The meeting guidance notes were reviewed for information.
031	**Minutes from the last meeting held on 22 November 2021** Minutes of the previous meeting were reviewed and agreed as an accurate record.
032	**Action Log and Matters arising** Finance Team will make themselves available for one-to-one training if there was a demand for it. JS attended the Finance and Governance Training session and offered feedback on the training during agenda item 035.

MATTERS FOR RECEIPT / APPROVAL	
033	FPBD Committee and Audit Committee Reports FPBD Committee There were no questions on the FPBD reports, LM gave an update on the meeting held today, 28 March. The month 11 position was received from the Chief Finance Officer and reassurance provided on closing position on 2021/22 financial year. Cost Improvement Programmes and their targets, COVID recovery plans for finance and activity and other indicators of performance such as capital spend have been closely monitored. LM commended the readiness to spend the Capital Funds at short notice. There has been an impact on activity due to the pandemic, the committee is focusing on waiting times as a result. Chief Operating Officer provides a detailed recovery and restoration plan each month which sets out challenges, current waiting times, specifically cancer waiting times as a key indicator, and what the Trust is doing to address those waiting times. At today's meeting the group looked at the financial and operational plans for next year, LWH performance against targets is encouraging. There was a digital update report from the Chief Information Officer following investment to bring the Trust fit for purpose regarding infrastructure and functionality. There were good challenges from the group and the committee were assured projects were progressing well given current circumstances. NS questioned the extent of the financial impact of the incident in November. LM noted there was limited physical damage to the building and no significant financial impact. Access and entry points were provided quickly so activity was only affected the first day (Monday) after the incident. EH advised there was some minor work and extra security costs which has been included in financial position, but LWH is pursuing local authority to recovered funds. PN noted in the last few reports there have been an increase in deficit and questioned if this increased in month 11, and to what extent should this be seen as an issue. LM advised there will be adjustments made in month 12 to account for money coming in to offset deficits. EH advised the deficit has come from of one-off items going through each month and some of the uncertainty around system income. However, an unexpected bonus from CNST Maternity has been received. EH thanked PN for the question and advised she will look at how the reporting strips out underlying elements and one-off items to show true run rate in reports going forward. PN asked for more information on the cancer waiting lists and whether capacity was increasing. GP advised LWH is performing more and gaining ground, a presentation on agenda item 034 will show more detailed information. JS asked about the COVID recovery plan. GP advised that the fourth booster will be available for vulnerable people in Autumn but not offered broadly yet. MG advised FPBD Committee have had a lot of information on COVID recovery and restoration, there has been lots of benchmarking and significant challenge from the FPBD Committee. Audit Committee TE had to give apologies to the meeting, MG gave an update. March Audit Committees are often geared up towards year end and look at the draft head of internal audit opinion. MIAA (Merseyside Internal Audit Agency) internal audit programme is delivered throughout the year which is set by Executives and Non-Executives to identify where

	urgent items are. Those items are reported, and an end of year summary is given to Audit Committee on the audits performed throughout the year. The summary states how assured they have been through those audits and their opinion of the organisation via the control framework. Ahead of year end a substantive assurance was received which is the same as last year and the year before which is positive. There will be more audits before the final sign off, but the position is not expected to change. Integrated Care System and what it means for Governance and Accountability was discussed at the group. There are significant challenges; we're still a Foundation Trust so the Board has a responsibility for delivering objectives of this organisation but will also have system wide objectives that we are contributing to and demonstrate that we're contributing to. There could be an instance where we're asked to deliver something to the system wide objectives which could put a challenge on our Trust. How this would be managed as a Board needs to be devised. This will come into being 1st July; training for Governors will be offered. EH noted that the interim audit has completed, one item flagged for documentation regarding recruitment. The committee agreed to write off debt from the 1:1 midwives. Accounts will be submitted 22 June and there is lots of work to do beforehand.
034	Financial and Operational Planning GP advised the whole NHS has been asked to do an extra 10% of work compared to 2019/20 (the last year unaffected by Covid). For LWH that would be 104% of elective activity to achieve Elective Recovery Funding (ERF) and the Operational Plan currently forecasts 106%. There are new key performance targets for waiting lists; by July 2022 there should be no Referral to Treatment (RTT) patients waiting over 104 weeks, by April 2023 there should be no RTT patients waiting over 78 weeks and by March 2025 there should be no RTT patients waiting more than 52 weeks. The number of patients waiting beyond 62 days for cancer treatment will be reduced by March 2023, and compliance with the Faster Diagnosis Standard (FDS) for cancer patients to be achieved by March 2024. New DM01 diagnostic standard to be met by March 2025. GP advised the numbers of patients waiting over 2 years (104 weeks) is 0 at LWH. Patients waiting a year and half should be 0 by August 2022. There are about 25,000 patients across the country on a 52 week wait list, GP is pushing the teams at LWH to achieve this sooner. LWH is in a strong position as an organisation and trajectory is to halve 52 week waiting times by March 2023, to 210. Working with the Cheshire & Merseyside Cancer Alliance, performing better than their targets. One target is to have the number of patients waiting 62 days under 40, LWH is 24. This will enable us to support other Trusts achieve their targets. Number of patients treated (not always surgery) is below the target as well. Benign patients, those without cancer, to have a diagnostic within 6 weeks. National target is 95% by March 2023 and LWH already performing at 94.1% now. GP advised that in operational roles these long waiting times are not acceptable so there is a constant drive to reduce these long waits. <u>Financial Planning</u> Financial position taken to FPBD today was a £10.6m deficit. The CIP programme at maximum level is 3% of expenditure however the main reasons for the deficit are around income. The system funding will be £19.7m in the current financial year (reduced by £6m on current numbers into the next financial year). Everyone in Cheshire & Merseyside (C&M) has had a reduction, EH is working with C&M on a settlement that more reflects our costs. Working with Specialised Commissioners; they advise we need another £1m from system funding and C&M say the money should come from

	Specialised Commissioners. Clinical Negligence Scheme has gone up by £2.5m, there have been a lot of increases above inflation and our planning followed guidance which advised to follow inflation. There will be investment in the budget; additional spend in maternity has been validated by an external review by Birthrate+, it is proposed to put it into the budget. Initiatives surrounding staying safe on site, theatre investments and corporate support are also included. JS noted it was concerning waiting 2 years for treatment and questioned how women are identified as greatest in need. GP advised that since the pandemic all patients have been triaged based on clinical need and waiting time. Patients triaged now purely on clinical need and urgent cases are seen first. There was a national mandate to step down routine work, we now have 6 months to catch up on that routine work that was deferred. GP noted the Trust wouldn't be in a good position without the previous investment in Theatres and advised further efficiencies can be achieved through investment. RC asked for further background to the deficit to give context around the stark situation. EH advised there is an underlying deficit as we are a small Trust and must have capacity that doesn't always get used (night cover), and overheads for small site. This would be a £25m deficit so planning is based around what we have and have not got control over. EH advised we have got control over expenditure therefore the right level of expenditure is planned through an integrated process. For example, staffing costs are built up from rotas and signed off by a clinical team for an evidence-based audit trail. Expenditure should stay the same with exception of increase in CNST fee and increases in energy prices. Driver of the deficit is the income position; we need to agree something like what we had this year as there is no way to make big scale savings. Still in draft with C&M hoping to negotiate better income, and LWH hasn't signed contracts with commissioners. RC thanked EH for the explanation and reiterated that the deficit is not always something LWH has control over to create a financially balanced plan and commended the level of detail the teams have gone into. EH advised that there is still £200m gap of resource coming into C&M compared to what plans are and the organisations are working together to understand what is driving deficits. PN asked about the patient waiting list numbers; how often are the numbers aggregated and how confident they are the right numbers, is the 106% based on how we work, or do we require further investment? GP advised the data is live and formally reported daily and weekly and goes to CCG and NHS England, data quality audits have also given assurance on validity of data. 106% planning is down to a significant amount of investment but there are still operational efficiencies to be made throughout the year. For example, theatre start times; there are 4 theatres and only 2 pre-op rooms. Through working with estates an additional 2 pre-op rooms could be created to avoid a bottleneck which could lead to 1000 extra day cases over the year. Getting It Right First Time (GIRFT) have a Gynae theatre programme whereby we benchmark against other Trusts, and we had more support staff than needed, these could be utilised in other areas. The GIRFT benchmarks will be reviewed throughout the year.
035	Finance Training Reflections MG advised this was the first-time training had been offered across the system, there were delegates from Clatterbridge and Alder Hey. Company Secretaries have agreed that any Governor training offered will be offered across the system. JS complimented Claire Scott on the training; it was very comprehensive and covered how money flows through the organisation, ICS, safe staffing, and agency staffing. There was a lot of information to take in to process in 90 minutes and would be beneficial to have specific training to

	what Governors discuss in this meeting such as FPBD, by learning more specifically about their role for this meeting able to contribute more. PN advised the next session is 5 April and questioned whether it can be on site or is it virtual like the previous session. MG noted it will be a hybrid session with people onsite and others joining virtually. EH thanked JS for the feedback and advised she will liaise with Claire Scott to improve the training further.
036	Terms of Reference MG stated that the Terms of Reference are due for review, there are some suggested changes such as a designated number of members for a group. It has been agreed that Governors will be designated to certain groups as members of a meeting. There are currently 6 members with 2 vacancies to give a quorum of 3. If these are agreed they will be put forward to May Council of Governor meeting for final sign off. JS questioned whether the Terms of Reference will be the same for every sub-group, MG advised the key aspects will be the same with differences relating to the specific meetings. JS asked whether there was any Governor input into Terms of Reference, MG advised duties were the same as previous iterations. JS asked that 3 Chair's meet to see if any additions are required. Action: MG to set up meeting for the Chairs of sub-groups to meet to discuss Terms of Reference.
	CONCLUDING BUSINESS
037	Review of risk impacts of items discussed A review of risk impacts was discussed, no new risks were identified.
038	Any other business & Review of meeting The meeting was effective, and actions were progressed. The Jargon Buster was a welcome addition and JS asked whether it could be more bespoke and condensed for this forum. JS asked for clarity on the duration for May's meeting; the meeting invite is different from the agenda timings (60 minutes or 90 minutes). MG agreed it should be an hour long and the invites will be updated to reflect this.

Date of Next Meeting: 23 May 2022 at 5.30pm on Microsoft Teams

Minutes of the Quality and Patient Experience Governor Sub-Group held virtually at 17:30hrs on Monday 25th April 2022

PRESENT

Sara Miceli-Fagrell (Chair)	Public Governor
Peter Norris	Public Governor
Jackie Sudworth	Public Governor
Ruth Parkinson	Public Governor
Jane Rooney	Appointed Governor
Pat Deeney	Public Governor
Rebecca Holland	Gynaecology Matron/ Staff Governor

IN ATTENDANCE

Tony Okotie	Non-Executive Director
Robert Clarke	Chair of LWH Board
Michelle Turner	Chief People Officer
Marie Forshaw	Chief Nurse & Midwife
Lynn Greenhalgh	Medical Director
Beverley Ainsworth	Detective Sargent Merseyside Police
Mark Grimshaw	Trust Secretary
Aileen Evans	Executive Assistant/Minute Taker

APOLOGIES:

Evie Jeffers	Public Governor
Gloria Hyatt	Non-Executive Director
Niki Sandman	Appointed Governor
Yaroslav Zhukovskyy	Public Governor
Kate Hindle	Lead Governor / Staff Governor

22/23	Items Covered
001	**Introductions, Apologies & Declarations of Interest** Sara Miceli-Fagrell (Chair) welcomed everyone to the meeting. MG introduced new Governor Jackie Bird and Beverley Ainsworth was introduced as a Detective Sargent with Merseyside Police on a Leadership Training Course. **Declarations of interest** There were no declarations of interest. **Apologies** Noted.
002	**Meeting Guidance notes** Noted.
003	**Minutes of the previous meeting held on 24th January 2022** The minutes of the meeting held on Monday 24th January 2022 were approved.

004	**Action Log and Matters Arising** Action Log updated. MT gave an overview on Fair & Just Culture and training offered.
005	**Quality Improvement Case Study** RH explained that areas of improvement had been identified across patient safety, patient experience and clinical effectiveness by reviewing the ward's key performance indicators and other sources of intelligence including staff and patient feedback. In response, the ward had decided to implement the SAFER patient flow bundle into ward rounds. Key roles had been identified and a model ward round developed. Improvements had been tracked utilising data on the key aspects of the ward round. RH explained that for areas of low compliance and/or performance, the underpinning reasons were being explored and this was being utilised to drive further improvements. It was acknowledged that the key challenge going forward would be to sustain and embed the changes.
006	**Quality Committee and Putting People First Committee - Reports** **Blood Sampling Errors** – LG provided an update on blood sampling, noting that the majority of bloods were taken with no errors. Whilst it was acknowledged that there would always be a degree of human error, plans were in place to reduce errors, and this included exploring the utilisation of digital solutions. An action plan to reduce errors has been put together by the divisions involved. Meditech Expanse (new EPR Programme) would hopefully identify areas for improvement and there was a workplan in place to ensure there was continued progress and assurance. PN queried what the acceptable target would be if not zero. Three types of errors were identified: 1. Blood in incorrect bottle 2. Blood not fit for sampling 3. Mis-identification error It was suggested that further assurance was needed, particularly in providing available benchmarking information. **Netcall Response Times –** two key areas for performance responses. 1. Maternity Assessment Unit 2. Gynae Emergency Dept. At staffing capacity now. Triage needs to be away from the unit and managed effectively. Discussed today at Quality Committee and noted that a task and finish group had been established to make the necessary improvements. Progress would be updated at next meeting in June. **Action: To report on progress on the Trust's telephone triage issues.**

MF agreed that action plans were in place but stated that clear improvement would take years. Clinical staff were in place and there was good oversight of the problems and progress will be fed back to Committee.

The Chair remarked that there seemed to be several competing but equally important priorities for the Trust at the current time (Finance, Staffing, Ockenden etc.) that were also linked with similar themes. It was queried how the NEDs ensured that these issues are viewed 'in the round' and not dealt with in silos.

TO highlighted that the Quality Committee had recognised the challenges particularly on the maternity service in terms of regulatory asks and had always encouraged bringing the various items together into one action plan. Other factors that supported triangulation included:

- A recent board session on the balance between quality and financial risk
- How the Board is set up – i.e. themed with key risks identified at the end
- The use of Chair's Logs across Committees to ensure issues were viewed with different 'lenses'.
- The fact that Ockenden had not been viewed as a 'compliance' exercise but rather as a springboard to wider themes and change – this would encompass finance and staffing considerations, not just quality and patient experience.

MG shared slides of Elective trajectories 2022/23

Elective - activity in 2022/23 compared to 2019/20

	ICS Commissioned - Total			Sum of Acute NHS Provider Plans	
Geography	Elective Ordinary	Elective Day Case	Outpatient Follow Up	RTT Completed Admitted	RTT Completed Not Admitted
England	*102%*	*105%*	*94%*	*101%*	*105%*
East of England	105%	100%	98%	111%	114%
London	107%	100%	95%	101%	104%
Midlands	100%	101%	91%	101%	104%
North East and Yorkshire	103%	126%	87%	104%	106%
North West	103%	102%	97%	97%	100%
South East	98%	101%	97%	97%	99%

Note: this is not ERF performance, it is a comparison of activity, adjusted for working days. This is not cost-weighted, and the effect of pathways avoided by specialist advice is not included.
Activity as a working day adjusted percentage of activity in 2019/20. March-20 counterfactuals used.
Elective ordinary and day case are specific acute hospital activity, outpatient are all TFC, consultant and non-consultant led

NHS England and NHS Improvement

Noted that a significant focus was being provided to recovery and cancer waiting times. There were now a high number of long waiters (over 52 weeks) across the country and the Trust was working to reduce these as much as possible. It was noted that access to diagnostics was a key issue that could delay treatment and reference was made to the Community Diagnostic Centre being established at the Trust that would eventually start to drive numbers waiting down.

LG noted that the Trust was also seeing a high number of referrals from GPs to the 2 week cancer pathway and a number of these had been inappropriate and require triage to

	alternative pathways. The Trust was seeking to provide support to GPs through 'Advice and Guidance'. PN raised issue of risk of theatre staffing fluctuation and how this would impact on our upward recovery trajectory. LG stated that the Trust had been recruiting into theatre staff but Covid had had an effect with sickness in the theatre teams. MT reported that LWH was working as a system to recruit staff in key areas.
007	Ockenden Final Report This report would be discussed at Governors Meeting 12 May 2022. MG had sent a link to video which provided a good overview of the main themes. It was asked what key questions would be discussed at the Governors meeting. PN raised issue of 15 IDAs and suggested a full session to seek assurance on the recommendations and that the Board was responding adequately to the report. Action: MG to resend video link Action: Governors focus session to discuss Ockenden Report.
	CONCLUDING BUSINESS
008	Review of risk impacts of items discussed No new risks noted.
009	Any other business and review of meeting RC provided an update on Trust financial position. Current position remained challenging, and it was likely that the Trust would be setting a deficit budget for the current financial year. Negotiations were going on but possibility of breaking even was small. A full update would be provided at the next full Council meeting.
010	Jargon Buster Noted.

Date of next meetings: 27th June 2022

Liverpool Women's NHS Foundation Trust

Council of Governors Communication and Membership Engagement Group

Minutes of the Council of Governors Communication and Membership Engagement Group held virtually at 1730hrs on Thursday 28 April 2022

PRESENT

Jackie Sudworth	Public Governor
Peter Norris	Public Governor
Rebecca Lunt	Staff Governor
Iris Cooper	Public Governor
Annie Gorski	Public Governor

IN ATTENDANCE

Robert Clarke	Chair of LWH Board
Jackie Bird	Non-Executive Director
Susan Milner	Non-Executive Director
Andrew Duggan	Head of Communications and Marketing
Mark Grimshaw	Trust Secretary (minutes)

APOLOGIES:

Kate Hindle	Lead Governor / Staff Governor

22/23/	Items Covered
001	**Introduction, Apologies and Declarations of Interest.** Jackie Sudworth (Chair) welcomed everyone to the meeting. Jackie Bird introduced herself and noted that she would be one of the Non-Executive Directors aligned to the Group going forward. **Declarations of interest** There were no declarations of interest.
002	**Meeting Guidance notes** Noted.
003	**Minutes of the previous meeting held on 16 December 2021** The minutes of the meeting held on Monday 16 December 2021 were approved.
004	**Action Log and Matters Arising** 21/22/35(a) – Mark Grimshaw noted that limited progress made against this action that more detail would be provided in item 005. 21/22/35(b) - Mark Grimshaw noted that limited progress made against this action that more detail would be provided in item 006. 21/22/16 – Mark Grimshaw noted that preliminary discussions had been held with the appointed governors representing the aligned universities about methods of engagement with students. A further update would be provided to the next meeting.

005	**Feedback on Member's Survey – Reflection** The Trust Secretary explained that on the recommendation of the Sub-Group in December 2021, a survey was developed to seek feedback from both members and the public on areas that they would wish to Trust to engage on / with. This survey was first circulated in early February 2022 via the membership email function and via the Trust's social media platforms. The response to the survey was slow, and therefore this process was repeated several times. The responses to the survey had been disappointing and provided little insight for the use of the Trust and this sub-group. It was asserted that the fact that the response had been poor could be indicative of a wider issue of engagement and lessons could be learned to support future approaches. There were two items of feedback that could be of use to the Group. This was a recommendation that for the Trust to be successful in its engagement, it would be more effective to attend pre-existing community events rather than organise LWH events and hold them at Crown Street. Secondly, it was suggested that an information session on endometriosis would be of value. **Action: To organise a Membership Engagement event on Endometriosis, preferably at a location in the community.** The Group discussed the potential barriers to effective communication. The following points were made: • That separating membership engagement from wider public engagement was inefficient • The Trust needed to engage in conversations about women's health that were already going on • The nomenclature of 'membership' could be problematic as it could suggest a monetary relationship. Whilst this was nationally agreed descriptor, it was agreed that a potential re-branding could be explored. Mark Grimshaw referred to the possibility of a pan-Liverpool membership engagement service and that this was being explored with colleagues from other trusts. Attention was also drawn to an update from Patient Experience Matron that outlined the key themes / lessons learned from patient feedback and the actions being taken in response by the Trust. There was agreement that this report provided robust feedback. The Group noted the update.
006	**Upcoming / Planned Engagement Events inc. Future Generations – Summer of Events** The Group noted the following: *Upcoming events planned for LWH* • Celebration of Nurses, Midwives and AHP's, LWH Blairbell - 6th May • Careers event, LWH - 8th July • Genomics Café - Sept (dates tbc)

	External events, with LWH • Health Event, Grandy Winter Garden, L8 – 10th May Andrew Duggan reported that, in anticipation of potential progress being made with the Trust's aim to move from an isolated site, arrangements were being made to prepare the Trust for a period of public consultation. This was being termed as 'Future Generations – Summer of Listening' and would involve several engagement events taking place across the City. It was noted that governor involvement would be requested for both the planning of these events and in participation to support the gathering of feedback and points of view. Governors made the following observations: • It would be important to ensure that there was a clear message, free from technical and/or clinical jargon • There would be a need to engage effectively with typically 'hard to reach' groups • Important to utilise patient and staff stories including 'close call' situations • Important to ensure that a balanced message was communicated so not to undermine confidence in the care provided at the current Crown Street site. The Group noted the update.
007	**Terms of Reference** Mark Grimshaw introduced the updated Terms of Reference highlighting that the changes made related to the format and the designation of a specific number of members for the Group. Jackie Sudworth suggested that the 'duties' section could be strengthened through adding a reference to utilising governors to engage with members and the local community. The following line was suggested and agreed: "Supporting and facilitating opportunities for governors to engage and communicate with members and local communities" Subject to the amendment above, the Group recommended the approval of the Terms of Reference to the Council of Governors.
008	**Review of risk impacts of items discussed** The risk of ensuring effective communication of the Trust's Future Generations Strategy during the 'summer of listening' was noted.
009	**Any other business & Review of Meeting** No comments made.

Liverpool Women's NHS Foundation Trust

Council of Governors

COVER SHEET

Agenda Item (Ref)	***22/23/009***	**Date: 12/05/2022**		
Report Title	**Ockenden Report – Trust Response**			
Prepared by	Marie Forshaw Chief Nurse & Midwife Angela Winstanley Quality & Safety Matron.			
Presented by	Marie Forshaw – Chief Nurse & Midwife			
Key Issues / Messages	**The report provides an update on the Trust's progress relating to the Ockenden Interim Report and outline the immediate steps taken after the publication of the Ockenden Final Report in March 2022, providing a comparison between the key areas of focus between the Interim and Final Reports. An outline of the process and assurance mechanisms for managing the Trust's response to the Final Report is outlined.**			
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 – N/A ***If no – please outline the reasons for deviation.***			
	The Council of Governors is asked to note the report for assurance.			
Supporting Executive:	***Marie Forshaw Chief Nurse & 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* 3.1 Failure to deliver an excellent patient and family experience to all our service users	Comment:
Link to the Corporate Risk Register (CRR) – CR Number: N/A	Comment:

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Board	March 22	DONM	Assurance provided re progress against Ockenden Interim Report.
Board	May 22	DONM	Assurance provided on overall progress and future steps

EXECUTIVE SUMMARY

The report provides an update on the Trust's progress relating to the Ockenden Interim Report, noting that positive external assurance has been received from a planned visit from the Regional Chief Midwife (RCMW) team and the Cheshire and Mersey Local Maternity System representatives (LMNS).

The report continues to outline the immediate steps taken after the publication of the Ockenden Final Report in March 2022, providing a comparison between the key areas of focus between the Interim and Final Reports. An outline of the process and assurance mechanisms for managing the Trust's response to the Final Report is outlined.

Governors are asked to remind themselves of their two key duties. Governors do not manage the operations of the trusts; rather, they challenge the board of directors and hold the non- executive directors to account for the performance of the Board. Governors also represent the interests and views of our Trust Members. It is within the context of these two duties that governors should consider the findings of the Ockenden Report and seek assurance that a) the Board has been adequately sighted and been given robust assurance on progress made to date and that there are processes in place for onward monitoring and b) provide views on how the Trust can best engage with and listen to the local public and those who use our maternity services.

Rather than explain the full report in the meeting, Governors are requested to watch the video on this link which provides a comprehensive overview of the key elements. This will enable the meeting to focus on the two aspects listed above.

https://bit.ly/37RDlTo

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

MAIN REPORT

Introduction

On the 10 December 2020, Donna Ockenden, Chair of the independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust published an interim report following a clinical review of the first 250 cases where concerns had been raised over the care the patients received from the maternity unit at that Trust[1].

The report described important and emerging findings from the significant concerns raised from these reviews and their associated actions for all Maternity Units in England. The report outlined 7 immediate and essential actions (IEAs), with an associated 12 urgent clinical priorities (UCPs) that all NHS Trusts must implement.

The Board received a detailed report at an Extraordinary Board Meeting on 3 March 2022[2] which outlined the actions and work that had been undertaken at that point to enable the Trust to provide assurance that the full implementation of the Ockenden Essential and Urgent recommendations was underway. The report also provided 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. This report builds upon this assurance and provides an updated position on progress.

On 30 March 2022, Donna Ockenden published the final report detailing the findings, conclusions, and essential actions. This paper will outline the continuing themes between the final and interim report, highlighting any additional items or matters that will require enhanced focus (particularly in relation to public engagement for Governors). The paper will continue to outline the Trust's response to date since the publication of the final report and provide assurance to the Council of Governors that the Board has been monitoring on a regular basis that appropriate processes are being developed and implemented to ensure a robust response.

Progress against the Interim Report

In response to the publication of the Interim report on 10 December 2020, an Extraordinary Board was formed for the 7 January 2021. This meeting was the starting point of the assurance process for the Board. Progress reports continued to provided to the Quality Committee and the Board with the most recent of these updates being provided in March 2022. A detailed timeline of the Trust's activity and assurance processes is provided in Appendix 1.

Subsequently, on the 12 April 2022 the Trust received a planned visit from the Regional Chief Midwife (RCMW) team and the Cheshire and Mersey Local Maternity System representatives (LMNS). LWH was the first of eighteen trusts in the northwest region to welcome the RCMW Team. This 'Insight Visit' was planned to give the organisation an opportunity to showcase the

[1] https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust
[2] https://www.liverpoolwomens.nhs.uk/media/4112/20220303-trust-board-public.pdf

final pieces of evidence and work completed to demonstrate compliance with the Interim Ockenden Report.

The Acting Head of Midwifery (HOM), the Quality & Safety Matron and the Consultant Obstetrician for Risk & Safety provided a presentation demonstrating the final stages of the progress to completion of the outstanding IEAs and UCPs, which was positively received by the Team and LWH Senior Leadership Team. This detailed our self-assessment of full compliance in 11 of the 12 UCPs. The RCMW team spent time discussing and analysis our final evidentiary work and was escorted around the Maternity Unit, where front line clinical staff were able to meet the visiting team. The team interviewed some of the available Family Health Leadership Team as well as other key members of the Maternity Team on the visit including:

- Interim Acting HOM (Deputy HOM Substantiative post)
- Quality & Safety Matron
- Consultant Obstetrician for Risk & Safety
- Governance Manager for Maternity
- Fetal Surveillance Lead MW
- Fetal Surveillance Lead Consultant.
- Educational Lead MW
- Antenatal and Newborn Screening Lead MW
- Maternity Safety Champions

There followed several in-depth discussions that centred around:

- Maternity Staffing – Challenges, the role of the preceptorship and retention programme, sickness and absence pressures relating to COVID-19 and recruitment difficulties.
- Saving Babies Lives Care Bundle Implementation and the challenges faced with some of the associated requirements
- Maternity Training – Core competency framework, LWH agreement to increase head room.
- Senior Leadership Investment with the recent appointment of a HOM and a Director of Midwifery (DOM).
- MVP engagement and the requirement of a rapid but quality appointment to the recently departed MVP Chair

The team gave some initial feedback on the day, which was positive and encouraging in nature. The team commented on the quality and content of the presentation and that the 'bar had been set high' for other organisations within the region to follow. It was noted that the Family Health Division leads had worked to an outstanding level of commitment and with a position of candour and openness where we initially deemed ourselves non-compliant, and subsequently undertaken the work to improve services at LWH. As such, the team commented that the Trust remained potentially overly self-critical in relation to the outstanding UCP of partial-compliance and had self-assessed too harshly. The Team commented on the inquisitive nature of the clinical staff and were pleased to see that staff felt comfortable in approaching them to discuss the findings of the interim report and what had been done locally, as well as the national challenges for front line staff working in Maternity.

A full, detailed response and review of the Insight Visit has now been provided and this gives confirmation of full compliance with all IEAs and UCPs.

Ockenden Final Report

As noted above, the final Ockenden Report was published on 30 March 2022. Everyone connected with maternity care will know that anyone who is receiving or providing maternity care – at Liverpool Women's and elsewhere – will have found reading this report particularly difficult. However difficult to read, the issues raised are vital for improving the safety of maternity care and we thank Donna Ockenden for leading the review but most importantly we thank the families who showed extreme bravery in sharing their experiences and whose contribution will help improve the safety of maternity services in the future.

Recognising that this would be a challenging time for both staff and patients, the Trust took immediate action to produce a staff bulletin and to enhanced senior leadership visibility. Information was also communicated via the Trust's social media channels.

Comparison between the Interim and Final Reports

The Interim Report listed seven essential actions:

1. Enhanced Safety
2. Listening to women and families
3. Staff training and working together
4. Managing complex pregnancy
5. Risk assessment throughout pregnancy
6. Monitoring fetal wellbeing
7. Informed consent

The Final Report includes 15 essential actions:

1. Workforce planning and sustainability
2. Safe staffing
3. Escalation and accountability
4. Clinical governance-leadership
5. Clinical governance – incident investigation and complaints
6. Learning from maternal deaths
7. Multidisciplinary training
8. Complex antenatal care
9. Preterm birth
10. Labour and birth
11. Obstetric anaesthesia
12. Postnatal care
13. Bereavement care
14. Neonatal care
15. Supporting families

The final report builds on the findings of the first Ockenden report reinforcing the importance of establishing and improving critical oversight of patient safety in maternity units. The patterns of poor clinical care identified in the final report mirror issues identified by previous national

reports into maternity care. Themes include failures to follow national guidelines, work collaboratively across disciplines, escalate concerns and delays in transfer. Furthermore, the report highlights significant failings in governance procedures and leadership which resulted in repeated missed opportunities and failures to learn.

The review also acknowledges the huge pressure maternity services and staff continue to face, which have been compounded by the pressures arising from Covid-19. The most significant addition from the interim report, is the focus given to the importance of workforce planning and also the recognition of funding issues impacting workforce challenges, particularly in terms of recruitment and retention of midwives and obstetricians.

Listening to Women and their Families

Whilst it is not an immediate and essential action (IEA) in its own right, a key finding from both the interim and final report is that on numerous occasions the concerns of mothers were not listened to or taken seriously, and attention is drawn to pregnancy as being a catalyst for increasing maternal vulnerability and inequalities. In their role as public representatives, governors are requested to consider this point and contribute to the discussion on how the Trust can work to improve this aspect.

Trust response to Final Report

The final report has extensive published actions that require a detailed response from all Divisions within the Trust, inclusive of Neonatal, Governance, Maternity, Anaesthesia, Operational and Clinical Support Services. The approach that the organisation proposes to take in its strategic and operational response to the Final Report and the 15 essential actions will be comprised of:

- A comprehensive self-assessment and GAP analysis within all Trust Divisions to enable further learning from the final report.
- A formal governance and reporting structure will be established to provide scrutiny and assurance to Quality Committee and Trust Board on the progress against all Ockenden Report requirements. This will be overseen by the Chief Nurse & Midwife.
- Digital solutions to be sought to enable sighting of Ockenden Final Action Plan into the Trust Board Performance Report. As part of this, the Digital Team have been requested to explore the feasibility of creating an Ockenden Dashboard demonstrating evidence of progress against the essential actions.
- Discussion to be held with the Council of Governors on 12 May 2022 to provide assurance and identify key priorities for the communities we serve.
- Identification of leads at Divisional, Operational and Executive Level.
- Third line assurance planned with MIAA to undertake audit in Quarter 4 2022/23 on progress (scope to be agreed).

Other Trust responses led by the Board:

- Appointment of a Director of Midwifery in addition to retaining the Head of Midwifery role (Clinical leadership is a key theme in the report).
- Creation of a 'Maternity' focus section of the Board agenda to ensure that issues are given priority (Internal Oversight is a key theme in the report).

This will be an ongoing journey for all of us. We will be working and closely engaging with our staff, women, families, and partner organisations to make sure that we achieve and deliver on the essential actions in full. We will do this together through collaboration, learning and most importantly by listening to the women and families we care for. An update on progress will be provided to each Board meeting throughout the year, and if necessary, beyond.

RECOMMENDATION

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

Liverpool Women's
NHS Foundation Trust

Appendix 1

Detailed timeline of Ockenden Interim Report Assurance

10 December 2020

Publication of Ockenden Interim Report

18 December 2020

The Trust was supplied with a GAP analysis spreadsheet tool, from the Local Maternity Neonatal System, (LMNS), that allowed a basic review of current compliance against the 7 IEAS and 12 UCPs. Following a review of the available evidence to demonstrate and support compliance, the organisation submitted our self-assessment, utilising the spreadsheet against the 12 UCPs and 7 IEAs the LMNS on Friday 18th December 2020.

21 December 2020

A LMNS facilitated meeting took place on Monday 21st December 2020 where each Trust presented their self-assessment assurance ratings. The Maternity Safety Champions attended this meeting on behalf of the organisation. As a result, and following some concerns raised by Trusts within the region and in relation to compliance status of other providers within the region, all Trusts were asked to review their ratings and re- submit in light of this challenge. This resubmission was then submitted to NHS England/Improvement by the LMNS/Regional Teams. The organisation received positive feedback from the LMNS that LWH had provided thorough and robust evidence to demonstrate their self-assessment of compliance ratings. Out of the 12 UCPS, LWH rated six as partially compliant and six as fully compliant.

Partially compliant areas were:

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

22 December 2020

The Trust also submitted a position statement to the LMS on 22 December 2020 in relation to the Kirkup report, a review into Maternity Care at Morecambe Bay NHS Trust in 2015. (https://www.gov.uk/government/publications/morecambe-bay-investigation-report).

In, 2015 an action plan from the Kirkup Report was created and monitored through the LWH Clinical Governance Committee (CGC) which reported to Governance and Clinical Assurance Committee (now Quality Committee), which is a subcommittee of the Board. It was noted in the minutes of CGC in November 2015 that the organisation did not have any outstanding actions.

Appendix 1

7 January 2021

The Trust Board received an Ockenden Position statement and the completed Board Assurance Assessment Tool (BAAT) on 7th January 2021. Following a review of the BAAT by the Board of Directors it was returned to the LMNS on the 15 January 2022.

At this time LWH self-assessed and rated ourselves once again against the 12 UCPs and 7 IEAs and declared the following:

- Implementation of the Perinatal Quality Clinical Surveillance Model: Partial compliance
- All maternity SIs are shared with Trust Board at least monthly and the LMS, in addition to reporting to HSIB: Partial compliance
- All women with complex pregnancies must have a named consultant lead: Partial compliance
- Risk assessment must be completed and recorded at every contact: Partial Compliance
- Every unit has a lead MW and Obs for Fetal Monitoring: Partial Compliance
- Pathways of care clearly described in written information format on the Trust Website: Partial Compliance

The Trust Board posed a number of questions in response to the BAAT draft presented on the 7 January 2021 and included the following:

1. How does the board get assurance that when an incident is raised, the loop is properly closed and evidence provided that practice has changed (Trust Wide)?
2. How the Board gets to hear the 'voice' of the patient and their families regarding their experiences. There was some doubt as to whether MVP is enough and/or whether the MVP should have a more visible presence at Board and its Committees.
3. How can the Trust take the lessons learned from Ockenden and apply across the organisation?

4 February 2021

Trust Board received a further Ockenden update regarding progress and a narrative supporting a response to the questions posed in relation to the 7 January 2021 BAAT. This paper also contained the finalised maternity workforce gap analysis, requested by the LMNS, which identified that a full Birth Rate Plus Assessment was clearly necessary. Positively, this update paper, identified that the FHD had completed the necessary actions to demonstrate partial compliance with IEA 6 and the fetal surveillance requirements.

Throughout the Ockenden response journey and in order to enable a robust and complete review of the maternity service against the Ockenden report and previous safety investigation (Kirkup) LWH planned to completed the following in order to provide a sustained, assured response to the recommendations:

- Establish a task and finish group to support progression of all 7 IEAs and the 12 UCPs with senior executive oversight.
- Created a standing agenda item on the monthly maternity risk and clinical meetings to review the progress of associated action plans.
- Regular reports to Family Health Divisional Board for oversight and challenge against compliance status.

Appendix 1

- Monthly reports to Quality Committee for assurance, these included consideration of cultural issues and qualitative factors as well as progress against actions.
- Quarterly reports to Safety and Experience Senate for assurance.
- Provide monthly updates to CCG and the CQC for assurance through CQRM meetings, with external attendance of CCG representative at the Task & Finish Group Meetings.
- Work closely with the LMNS to ensure that all actions are robustly in place, embedded and audited for assurance.

April – May 2021

In the months of April and May 2021, the Quality Committee and the Trust Board of Directors received an Ockenden update that detailed, once again our ongoing compliance against each of the 7 IEAs, 12 UCP's, workforce analysis and NICE Guidance implementation. At this time, the paper narrated a self-reported position of:

- IEA 1 - Partial Compliance
- IEA 2 - Full Compliance
- IEA 3 - Full Compliance
- IEA4 – Partial Compliance
- IEA 5 - Partial Compliance
- IEA6 - Full Compliance
- IEA7 - Partial Compliance
- Workforce Analysis – Full Compliance
- NICE - Partial Compliance

At this time, in the Ockenden Journey, the Family Health Division, led by the Maternity Safety Champions, continued to work through the recommendations and actions pertaining to the IEAs and UCPs. Other Divisions within the Trust were tasked with reviewing IEAs and UCP's, by the Medical Director and were asked to provide a report back in six months as to how lessons learned and information within the Ockenden report could be flexed and used to enhance clinical changes and improvements within their Division. The Task and Finish Group chaired by the Chief Nurse & Midwife continued to provide assurance and strengthened leadership around this workstream.

20 May 2021

The Family Heath Division Leads and Maternity Safety Champions participated in a Q & A forum facilitated and Chaired by the LMNS in relation to any further clarity required for evidence and the assessment process. Clarification included audit size samples, data collation and ongoing work by LMNS to support the actions pertinent to them. It was at this time, the Ockenden evidence portal was opened by the National and Regional team via the NHS Future Collaborations project. The FHD Quality & Safety Matron alongside Consultant Obstetrician Lead for Risk and Safety co-ordinated, completed work/audits and led on the gathering of the evidential supporting documentation to demonstrate work completed.

July 2021

The Quality Committee received a verbal update from the Chief Nurse and Midwife on progress in relation to the Ockenden workstream and confirmed that the organisation had received an allocation of funding to support the work, articulating that the sum of money was much lower than the request bid submitted.
November 2021

Appendix 1

Again, in November 2021, the organisations evidence following to the portal, the organisation was scrutinised and audited by the Clinical Support Unit (CSU) supported by NHSE/I. It was at this time, that feedback via the office Regional Chief Midwife the organisation learned of our results of the assessment of current compliance against the IEAs and UCPs. This assessment identified that of the 122 actions required to demonstrate compliance against the IEAs and UCPs, LWH successfully demonstrated 85 compliant actions and 36 non-compliant actions. Upon receipt of this feedback the head of Midwifery and the Quality & Safety Matron undertook a further review of the evidence. Cross checked against the CSU report and prepared for the appeals process led by the Regional Chief Midwife and her team in a scheduled visit to the organisation.

The Chair of the Maternity Voice Partnership was invited to Trust Board in November 2021 to discuss her role and engagement with service users and their families. Due to personal commitments, the MVP Chair was unable to attend in person and produced a pre-recorded brief of her role, her activities, and planned events and workstreams to support LWH families.

22 November 2021

The Quality Committee received a report from the Medical Director in relation to Trust Wide Services For Liverpool Women's, the underlying principles of the report applied to many services provided by the Trust. Each clinical division, in April and May 2021, was asked to look at the 7 IEAs and 12 UCPs and consider how those recommendations may be applied to their service. A further update was scheduled for Safety & Effectiveness Sub-Committee to in April 2022.

December 2021 – January 2022

The Regional Chief Midwife and team visited the organisation, where a full, open and transparent review of the Ockenden Submission evidence was undertaken by the Head of Midwifery and the Quality & Safety Matron. After the RGM Visit and review of the evidence the organisation learned, via the HOM on 9th December 2021 that a successful appeal was granted and that Liverpool Women's successfully appealed against the some non-complaint actions. Confirmation included that Liverpool Women's remained non-compliant against 7 of the 122 actions required. This information was reported to Quality Committee on the 24 January 2022 and included a action plan and details to turn all remaining non-compliant actions to completed status.

March 2022

The Trust Board of Directors received an update, from the FHD in March 2022 in response to a request from NHSE/I for all Trusts to discuss their current Ockenden compliance status and progress report. This report, titled 'Ockenden One Year On', reflected progress on the implementation of the IEAs and UCPs, actions plan and workstreams detailed to close down the remaining non-compliance actions and reflected on wider implications for the Trust. It further answered the question posed by the Trust Board of Directors, referenced earlier in this paper, made on first receipt of the Ockenden Report in January 2021.

April 2022

Ockenden 'Insight Visit' undertaken by the Regional Chief Midwife and team

Liverpool Women's
NHS Foundation Trust

2021/22 Year-End Update and 2022/23 look forward

Council of Governors 12 May 2022

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

Introduction

There are several financial year-end requirements that NHS Foundation Trusts must adhere to. The aim of this presentation is to provide an update on the following elements:

- **Annual Report & Accounts**
- **Quality Account**
- **Provider Licence**

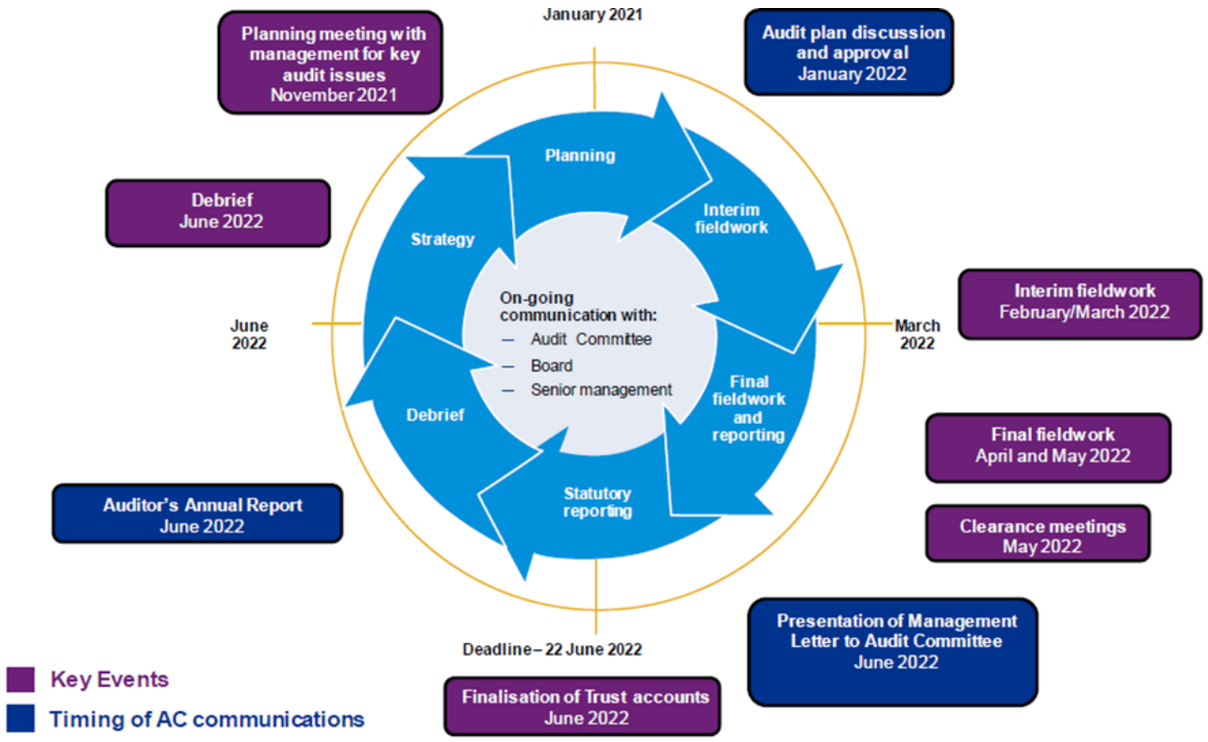
The presentation will also provide an overview of the Trust's financial performance for 2021/22 and an update on the forward look for 2022/23.

Annual Report & Accounts

- Over the past two annual reports, there have been amendments to the process resulting from the pandemic – some of these requirements have been reinstated for this year.
- Deadline for submitting audited Annual Accounts and Reports to NHSI/E is later than usual (22 June 2022) – but consistent with the deadlines for the previous two years
- Changes to the requirements in the Annual Report
  - Performance analysis section has been reinstated
  - No need to include a Quality Report (and this will not be audited)
- Like in 2020/21, a decision has been taken to include a Quality Report section for the following reasons:
  - Provides an opportunity for the Trust to formally record quality improvements made, particularly in response to the pandemic
  - There is still a legal requirement for the Trust to publish a Quality Report by 30 June 2022.
- Progress made to date:
  - The Trust is working to a 16th June 2022 deadline for sign off – this will provide time (if necessary) for any 'last minute' amendments ahead of the deadline.

Annual Report & Accounts

KPMG are undertaking the external audit of the Annual Report and Accounts



Materiality was set at £2.5 million which is approximately 1.85% of total revenue.

Upon completion of their work, KPMG will issue an Audit Certificate, stating their opinion as to whether the Annual Report and Accounts:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2022; and
- have been properly prepared in accordance with the Department of Health Group

Accounting Manual 2021/22

Annual Report & Accounts

It is the usual process that NHS foundation trusts are required to lay their annual report and accounts before Parliament before the summer recess begins to enable parliamentary scrutiny.

The annual report and accounts and auditor's report on the accounts must also be presented at a meeting of the Council of Governors. This cannot, however, take place until they have been put before parliament. It is planned that this will take place at the July 2022 Council of Governors meeting.

Provider Licence

What is it?

The Provider License is the main tool through which providers are regulated and sets out a number of obligations.

What does the Board need to do?

The Trust needs to self-certify against three licence conditions; 1) it has taken all precautions to comply with the licence (condition number G6) 2) complied with the required governance arrangements (FT4) 3) we have resources to continue to deliver a commissioner requested service (CoS7)

What is the Board's position?

To self-certify compliance (expected to be undertaken at a meeting on 16 June 2022)

In reaching this view the Board has considered its risk management and assurance mechanisms and processes. The Draft Head of Internal Audit provided a rating of 'substantial assurance' on the Trust's systems of internal control.

Provider Licence

How does this relate to the Council of Governors?

The Board must declare that it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Assurance to the Council of Governors

Opportunities for training have been limited by the pandemic but the following training has been offered and attended by governors during the year:

- NHS Providers Governor Focus Conference
- NHS Providers GovernWell NHS Finance and Business Skills training
- NHS Providers Governor Virtual Workshop
- GovernWell: Recruitment - The governor role in non-executive appointments, November 2021
- Virtual induction day
- Pan-Liverpool Governors Development Day 16 Feb 2022
- Internal Finance training session for Governors

The Trust is also now participating in a pan-Liverpool approach to governor training in which opportunities are being made available with partner trusts.

The Council of Governors is requested to provide a view that training has been made available during 2021/22 to supports the Board's eventual declaration

Financial Position 2021/22

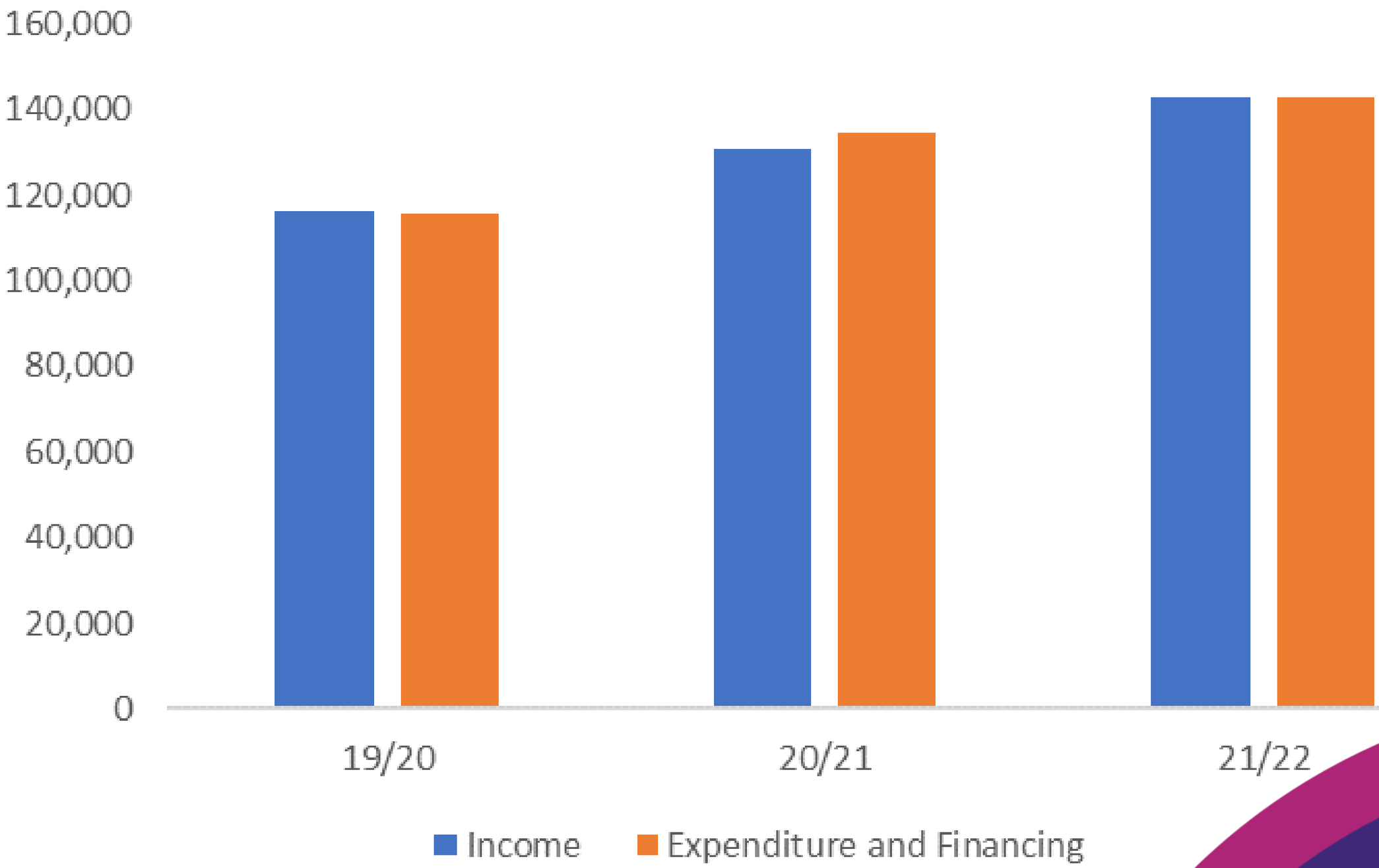
- Subject to Audit, the Trust achieved a small surplus in 2021/22.
- The Trust also achieved its key financial targets.

	Plan	Actual	Difference	
Surplus/(Deficit) - £000	-£17	£42	£59	✓
CIP Achievement - £000	£1,952	£2,331	£379	✓
Use of Resources Rating	3	3	0	✓
Year End Cash - £000	£4,500	£11,192	£6,692	✓
Capital Spend	£13,197	£11,722	£1,475	✓

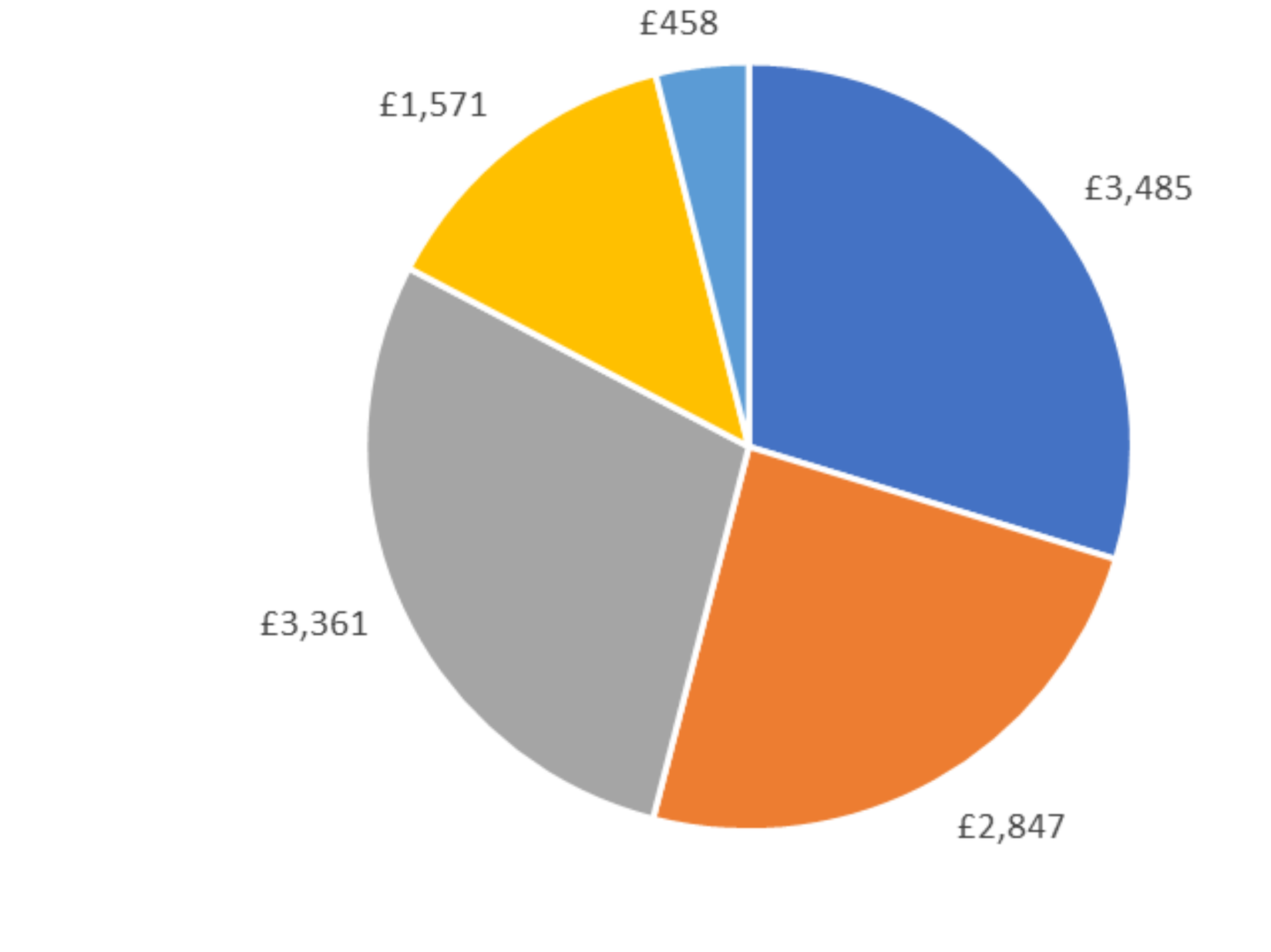
Financial Position 2021/22

	2021/22 (pre audit) £000's	2020/21 £000's
Income	142,953	130,500
Operating expenses	-140,486	-132,297
Financing and Public Dividend Capital	-2,425	-2,195
Retained (deficit) / surplus	42	-3,992

Financial Position 2021/22 £000



Capital Investment 2021/22 £000



Outlook 2022/23

•The financial position for 2022/23 is more challenged.

• Cheshire and Merseyside has seen a reduction in funding and had a “convergence factor” of 0.9% applied as **funding is to be reduced over time**.

•The overall ask of the system is effectively efficiency/cost reduction in **excess of 4.5%.**

• There is a total deficit of **£148m** planned across Cheshire & Merseyside (2.6% of turnover), with most (11/17) providers in deficit.

• LWH has a **deficit plan of £5m** which has been reviewed and approved by the Trust Board.

• The reason for this deficit is

- Full funding for the CNST cost pressure has not been available via a reduction in system funding.
- A shortfall of £1m of Ockenden 1 funding against costs of implementation.

Outlook 2022/23

- There is likely to be a **further submission** of the plan.
- The Trust along with others is looking at areas to improve including
  - Any additional **non recurrent measures** that can be taken
  - Additional income particularly relating to **Elective Recovery**
- Due to high levels of CIP in the plans already, no further CIP is being looked at (although delivery against current plans will be key).
- With 17 providers and a significantly reduced allocation, negotiation and agreement has been a challenge.
- Work on understanding the drivers for the deficit, underlying positions and new contractual models including Aligned Payment and Incentive contracts is ongoing.
- Further regional and national scrutiny is expected, particularly looking at productivity and reasons for cost increases.

Council of Governors

COVER SHEET

Agenda Item (Ref)	***22/23/011***		**Date: 12/05/2022**	
Report Title	**Council of Governor Nomination & Remuneration Committee & Sub-Group Terms of Reference**			
Prepared by	***Mark Grimshaw, Trust Secretary***			
Presented by	***Mark Grimshaw, Trust Secretary***			
Key Issues / Messages	***The report presents the Nomination & Remuneration Committee and Sub-Group Terms of Reference for approval following a recommendation from the Committee and the three respective sub-groups.***			
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 Council of Governors is requested to review the Terms of Reference at Annex A, B, C and D of the report, taking into account the Issues for Consideration detailed, and the recommendation for approval from the Committee, ahead of providing approval.			
Supporting Executive:	***Mark Grimshaw, Trust Secretary***			

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* 5.2 Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership	Comment:
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome

NARC	Dec 21	Trust Secretary	Recommended for approval.
Governor Sub-Groups	Jan – Apr 22	Trust Secretary	Recommended for approval.

EXECUTIVE SUMMARY

The report presents the Nomination & Remuneration Committee and three respective sub-group Terms of Reference for review and if deemed appropriate, approval.

MAIN REPORT

INTRODUCTION

The Terms of Reference for the Nomination & Remuneration Committee were last reviewed and approved by the Council of Governors on 13 February 2020. Section 11 of the current Terms of Reference states that "***The terms of reference of the committee shall be reviewed by the council of governors at least every two years".*** Consequently, the Terms of Reference are due for review.

It is good practice for the Council to review the Terms of Reference for its Sub-Groups on an annual basis.

ISSUES FOR CONSIDERATION

Nomination & Remuneration Committee – Annex A
It is asserted that the Committee has continued to undertake the duties as set out in its Terms of Reference and no issues have been identified to date that would require an amendment.

Other than moving the Terms of Reference onto the agreed Corporate Trust template, no other amendments are proposed.

The updated terms of reference were reviewed by the Council of Governors Nomination & Remuneration Committee on 14 December 2021 and were recommended for approval by the Council of Governors.

Finance and Operational Performance Group – Annex B
Terms of Reference moved onto the agreed Corporate Trust template.

The Sub-Group noted that there would be one change with regards to the membership limit, that there would be at least six Governors going forward; that three out of the six Governors would need to be present for each meeting for a quorum.

Quality and Patient Experience Group – Annex C
Terms of Reference moved onto the agreed Corporate Trust template.

The Sub-Group noted that there would be one change with regards to the membership limit, that there would be at least six Governors going forward; that three out of the six Governors would need to be present for each meeting for a quorum.

Communications and Membership Engagement Group – Annex D
Terms of Reference moved onto the agreed Corporate Trust template.

The Sub-Group noted that there would be one change with regards to the membership limit, that there would be at least six Governors going forward; that three out of the six Governors would need to be present for each meeting for a quorum.

Sub-Group Chair suggested that the ‘duties’ section could be strengthened through adding a reference to utilising governors to engage with members and the local community. The following line was suggested and agreed:

“Supporting and facilitating opportunities for governors to engage and communicate with members and local communities”

RECOMMENDATION

The Council of Governors is requested to review the Terms of Reference at Annex A, B, C and D of the report, taking into account the Issues for Consideration detailed, and the recommendation for approval from the Committee, ahead of providing approval.

Liverpool Women's
NHS Foundation Trust

Annex A

COUNCIL OF GOVERNORS
NOMINATION AND REMUNERATION COMMITTEE
TERMS OF REFERENCE

Constitution:	The council of governors' nomination and remuneration committee (the committee) is constituted as a standing committee of the council of governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future meetings of the council of governors. The committee is authorised by the council of governors to act within its terms of reference. All members of staff are requested to co-operate with any request made by the committee. The committee is authorised by the council of governors, subject to funding approval by the board of directors, to request professional advice and request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions. The committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.
Duties:	**1. NOMINATION ROLE** The committee will: 1.1 Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the board of directors and relevant guidance on board composition, make recommendations to the council of governors with regard to the outcome of the review. 1.2 Review the results of the board of directors' performance evaluation process that relate to the composition of the board of directors. 1.3 Review annually the time commitment requirement for non-executive directors. 1.4 Give consideration to succession planning for non-executive directors, taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the board of directors in the future. 1.5 Make recommendations to the council of governors concerning

plans for succession, particularly for the key role of chair.

1.6 Keep the leadership needs of the trust under review at non-executive level to ensure the continued ability of the trust to operate effectively in the health economy.

1.7 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the trust and the environment in which it operates.

1.8 Agree with the council of governors a clear process for the nomination of a non-executive director.

1.9 Take into account the views of the board of directors on the qualifications, skills and experience required for each position.

1.10 For each appointment of a non-executive director, prepare a description of the role and capabilities and expected time commitment required.

1.11 Identify and nominate suitable candidates to fill vacant posts within the committee's remit, for appointment by the council of governors.

1.12 Ensure that a proposed non-executive director's other significant commitments are disclosed to the council of governors before appointment and that any changes to their commitments are reported to the council of governors as they arise.

1.13 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.

1.14 Ensure that on appointment non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of director meetings.

1.15 Advise the council of governors in respect of the re-appointment of any non-executive director. Any term beyond six years must be subject to a particularly rigorous review.

1.16 Advise the council of governors in regard to any matters relating to the removal of office of a non-executive director.

1.17 Make recommendations to the council of governors on the membership of committees as appropriate, in consultation with the chairs of those committees.

2. REMUNERATION ROLE

Annex A

	The committee will: 2.1 Recommend to the council of governors a remuneration and terms of service policy for non-executive directors, taking into account the views of the chair (except in respect of his own remuneration and terms of service) and the chief executive and any external advisers. 2.2 In accordance with all relevant laws and regulations, recommend to the council of governors the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors. 2.3 Receive and evaluate reports about the performance of individual non-executive directors and consider this evaluation output when reviewing remuneration levels. 2.4 In adhering to all relevant laws and regulations establish levels of remuneration which: 2.4.1 are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the trust; 2.4.2 reflect the time commitment and responsibilities of the roles; 2.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and 2.4.4 are sensitive to pay and employment conditions elsewhere in the trust. 2.5 Oversee other related arrangements for non-executive directors.
Membership:	The membership of the committee shall consist of: • The chair of the trust and; the following, appointed by the council of governors for a maximum term of three years (subject to individuals maintaining governor status): • two public governors • one staff governor • one appointed governor • the lead governor The committee will be chaired by the chair of the trust. Where the chair has a conflict of interest, for example when the committee is considering the chair's re-appointment, remuneration or performance, the committee will be chaired by the senior independent director (SID) or failing the SID the vice chair.

Annex A

	Any non-executive director present at committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of service.
Quorum:	A quorum shall be three members.
Voting:	Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.
Attendance:	Only members of the committee have the right to attend committee meetings. At the invitation of the committee, meetings shall normally be attended by the Chief Executive and Chief People Officer. Other persons may be invited by the committee to attend a meeting so as to assist in deliberations.
Frequency:	Meetings shall be held as required, but at least once in each financial year.
Authority:	The Committee is authorised by the Council of Governors to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
Accountability and reporting arrangements:	The Committee will be accountable to the Council of Governors. Formal minutes shall be taken of all committee meetings and once approved by the committee, circulated to all members of the council of governors unless a conflict of interest or matter of confidentiality exists. The committee will report to the council of governors after each meeting.
Reporting Committees/Groups	N/A
Monitoring effectiveness:	The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	The terms of reference of the committee shall be reviewed by the council of governors at least every two years.
Reviewed by Committee	14/12/2021
Approved by Council of Governors	TBC
Review date:	12/23
Document owner:	Mark Grimshaw, Trust Secretary

Annex A

	Email: mark.grimshaw@lwh.nhs.uk Tel: 0151 702 4033

Liverpool Women's
NHS Foundation Trust

Council of Governors 'Finance and Operational Performance Group' TERMS OF REFERENCE

Constitution:	The Council of Governors 'Finance and Operational Performance Group' is established by the Council of Governors and will be known as the Council of Governors 'Finance and Operational Performance Group' (the Group).
Duties:	The purpose of the Group is to assist the Council of Governors in the performance of its duties in the provision of assurance of the Trust's financial and operational performance. In carrying out its functions, to assure the Council of Governors that there is a comprehensive and thorough approach to monitor the financial and operational performance of the Trust. • To receive the Chairs Report from the Board committees: Finance, Performance and Business Development Committee; and the Audit Committee • To understand and obtain assurance from the Trust's quarterly and year-end financial and performance reporting requirements to NHS Improvement. • To receive the Trust annual report and accounts prior to reporting to the Council of Governors and members at the Trust Annual Members Meeting. • To receive assurance surrounding any other financial and performance compliance matters that may arise.
Membership:	The Group shall be made up of elected and appointed Governors. The membership of the Group would not be subject to a maximum but shall be not less than six. Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum The Council of Governors will appoint a member of the Group as Chair of the Group.
Quorum:	A quorum shall be 3 members.
Voting:	Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.
Attendance:	**a. Members** Members will be required to attend a minimum of 75% of all meetings.

	b. Officers The Trust Secretary shall normally attend meetings. Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of operation or responsibility is being discussed. Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.
Frequency:	Meetings shall be held four times per year. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	The Group is authorised by the Council of Governors to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Group
Accountability and reporting arrangements:	The Group will be accountable to the Council of Governors. The minutes of Group will be formally recorded and submitted to the Council of Governors. The Chair of the Group shall draw to the attention of the Council of Governors any issues that require disclosure to it, or require executive action.
Reporting Committees/Groups	N/A
Monitoring effectiveness:	The Group will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least biennially by the Group
Reviewed by Group:	28/03/2022
Approved by Council of Governors:	TBC
Review date:	March 2024
Document owner:	Mark Grimshaw, Trust Secretary Email: mark.grimshaw@lwh.nhs.uk Tel: 0151 702 4033

Liverpool Women's
NHS Foundation Trust

Council of Governors 'Quality & Patient Experience Group'
TERMS OF REFERENCE

Constitution:	The Council of Governors 'Quality & Patient Experience Group' is established by the Council of Governors and will be known as the Council of Governors 'Quality & Patient Experience Group' (the Group).
Duties:	The purpose of the Group is to assist the Council of Governors in the performance of its duties in the provision of assurance concerning the delivery of quality and safe healthcare; by gaining greater understanding of the influences that impact on the provision of care and services in support of getting the best outcomes and experience for patients. In carrying out its functions, to assure the Council of Governors that there is a comprehensive and thorough approach to monitor the quality and safe care provided to patients and staff of the Trust. • To receive the Chairs Report from the Board committees: Putting People First Committee; and the Quality Committee. • To review the outcome of the Annual Staff Survey and to receive an update on what actions have been taken by the Trust with regard to such outcomes. • To co-ordinate with the Communications and Membership Group the engagement of the membership and public on matters relating to the quality and safety of care and priority setting. • To receive reports from the governor representatives on the Trust's Experience Senate • To provide the Council of Governors with a vehicle for the education of Governors with regard to patient and staff care.
Membership:	The Group shall be made up of elected and appointed Governors. The membership of the Group would not be subject to a maximum but shall be not less than six. Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum The Council of Governors will appoint a member of the Group as Chair of the Group.
Quorum:	A quorum shall be 3 members.
Voting:	Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.

Attendance:	**a. Members** Members will be required to attend a minimum of 75% of all meetings. **b. Officers** The Trust Secretary shall normally attend meetings. Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of operation or responsibility is being discussed. Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.
Frequency:	Meetings shall be held four times per year. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	The Group is authorised by the Council of Governors to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Group
Accountability and reporting arrangements:	The Group will be accountable to the Council of Governors. The minutes of Group will be formally recorded and submitted to the Council of Governors. The Chair of the Group shall draw to the attention of the Council of Governors any issues that require disclosure to it, or require executive action.
Reporting Committees/Groups	N/A
Monitoring effectiveness:	The Group will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least biennially by the Group
Reviewed by Group:	24/01/2022
Approved by Council of Governors:	TBC
Review date:	January 2024
Document owner:	Mark Grimshaw, Trust Secretary Email: mark.grimshaw@lwh.nhs.uk Tel: 0151 702 4033

Liverpool Women's
NHS Foundation Trust

Council of Governors 'Communications and Membership Engagement Group'

TERMS OF REFERENCE

Constitution:	The Council of Governors 'Communications and Membership Engagement Group' is established by the Council of Governors and will be known as the Council of Governors 'Communications and Membership Engagement Group' (the Group).
Duties:	The purpose of the Group is to assist the Council of Governors' in the performance of its duties, including recommending objectives and strategy in the development of Communications and Membership matters, having regard to the interests of its Public & Staff members, its patients and other stakeholders. In carrying out its functions, to assure the Council of Governors that there is a comprehensive and thorough approach to membership engagement the group's duties include: • Devising the Membership Strategy and Plan on a three-yearly basis and oversee implementation. • Annual review and evaluation of the Membership Strategy and Plan. • Regular analysis of the Trust's members is undertaken in order to inform recruitment of new members, ensuring that the membership remains representative of the communities served by the Trust. • Devising systems of effective communication with the Trust's members so that members are actively engaged • Facilitating engagement with other organisations such as community and voluntary groups in respect of women's health, including in respect of public health issues • Ensuring the membership activities of the Trust are aligned with its work in respect of corporate social responsibility, patient and public involvement, patient experience, equality and diversity and corporate social responsibility. • Supporting and facilitating opportunities for governors to engage and communicate with members and local communities • Arranging on behalf of the Council, with the Trust Communications Team and Trust Secretary, the Annual Members Meeting of the Trust. • Reviewing the Effectiveness reviews of the Council of Governors and identify appropriate action plans.
Membership:	The Group shall be made up of elected and appointed Governors. The membership of the Group would not be subject to a maximum but shall be not less than six.

	Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum The Council of Governors will appoint a member of the Group as Chair of the Group.
Quorum:	A quorum shall be 3 members.
Voting:	Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.
Attendance:	**a. Members** Members will be required to attend a minimum of 75% of all meetings. **b. Officers** The Trust Secretary shall normally attend meetings. Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of operation or responsibility is being discussed. Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.
Frequency:	Meetings shall be held four times per year. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	The Group is authorised by the Council of Governors to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Group
Accountability and reporting arrangements:	The Group will be accountable to the Council of Governors. The minutes of Group will be formally recorded and submitted to the Council of Governors. The Chair of the Group shall draw to the attention of the Council of Governors any issues that require disclosure to it, or require executive action.
Reporting Committees/Groups	N/A
Monitoring effectiveness:	The Group will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least biennially by the Group

Liverpool Women's
NHS Foundation Trust

Reviewed by Group:	28/04/2022
Approved by Council of Governors:	TBC
Review date:	April 2024
Document owner:	Mark Grimshaw, Trust Secretary Email: mark.grimshaw@lwh.nhs.uk Tel: 0151 702 4033

NHS
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	thevalueofacountry'soveralloutputofgoodsand 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 experiencesofNHSserviceusersandspeakontheir 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 boardroom 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 details 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