



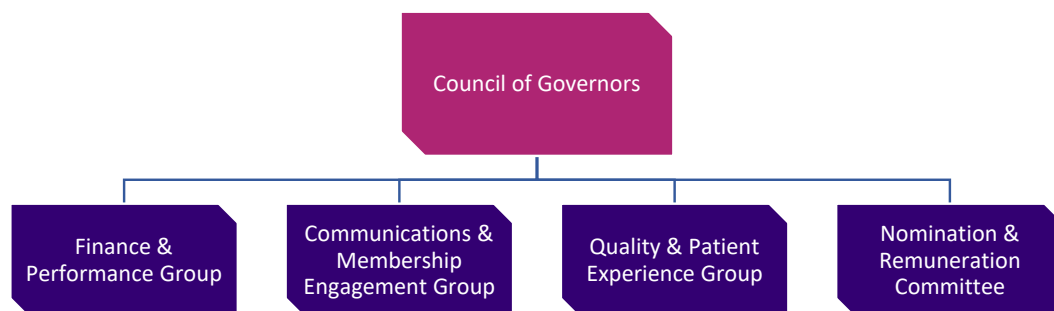
Liverpool Women's
NHS Foundation Trust

Council of Governors

11 November 2021, 5.30pm

Blair Bell Lecture Theatre

Liverpool Women's Hospital



Council of Governors - Public

Location	Blair Bell, Liverpool Women's Hospital & Virtual via Teams
Date	11 November 2021
Time	5.30pm

AGENDA					
Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
20/21/					
PRELIMINARY BUSINESS					
045	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	17.30 (5 mins)
046	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
047	Minutes of the meeting held on 22 nd July 2021	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
048	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
049	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Presentation	Chair	17.35 (10 mins)
050	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Presentation	Chief Executive	17.45 (5 mins)
MATTERS FOR RECEIPT / APPROVAL					
051	Activity Report from the Governor Group Meetings. <ul style="list-style-type: none"> Finance and Performance Group Quality and Patient Experience Group. Communications and Membership Engagement Group 	Receive minutes for assurance	Written	Group Chairs	17.50 (10 mins)
052	Sickness Absence and Supporting Staff Wellbeing	To receive	Written / Presentation	Chief People Officer	18.00 (20 mins)

053	Trust Strategy Update	To receive	Presentation	Trust Secretary	18.20 (25 mins)
CONCLUDING BUSINESS					
054	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	18.45 (5 mins)
055	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
056	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
Finish Time: 18.50					

Date of Next Meeting: 10 February 2022

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

Council of Governors

Minutes of the Council of Governors
held virtually at 1730hrs on Thursday 22 July 2021

PRESENT

Robert Clarke	Chair
Cynthia Dowdle	Appointed Governor (Faith Organisations)
Patricia Hardy	Appointed Governor (Sefton Council)
Pauline Kennedy	Staff Governor (Midwives)
Mary McDonald	Appointed Governor (Community/voluntary/orgs)
Sara Miceli-Fagrell	Public Governor (South Liverpool)
Peter Norris	Public Governor (Central Liverpool)
Denise Richardson	Public Governor (Rest of England & Wales)
Jackie Sudworth	Public Governor (Knowsley)
Yaroslav Zhukovskyy	Public Governor (Sefton)

IN ATTENDANCE

Tracy Ellery	Non-Executive Director
Clare Fitzpatrick	Head of Midwifery (item 21/22/29 only)
Marie Forshaw	Chief Nurse and Midwife
Lynn Greenhalgh	Medical Director
Mark Grimshaw	Trust Secretary
Jenny Hannon	Chief Financial Officer
Louise Hope	Assistant Trust Secretary (minutes)
Susan Milner	Non-Executive Director
Emma Morgan	External Auditor, KPMG (item 21/22/25 only)
Alison Murray	Intrapartum Matron (item 21/22/29 only)
Kathryn Thomson	Chief Executive
Michelle Turner	Chief People Officer

APOLOGIES:

Angela Coleman	Appointed Governor (Liverpool Council)
Maria Culligan	Staff Governor (AHP)
Mary Doddridge	Public Governor (Central Liverpool)
Valerie Fleming	Appointed Governor (University)
Kate Hindle	Staff Governor (Admin & Clerical)
Rebecca Holland	Staff Governor (Nursing)
Evie Jefferies	Public Governor (Rest of England & Wales)
Kiran Jilani	Staff Governor (Doctors)
Louise Kenny	Non-Executive Director
Ian Knight	Non-Executive Director
Louise Martin	Non-Executive Director
Carole McBride	Public Governor (Sefton)
Jo Moore	Non-Executive Director
Tony Okotie	Non-Executive Director
Gary Price	Director of Operations

Core members	May	July	Nov	Feb	Mar
Thania Islam	X	x			
Mary Doddridge	A	A			
Peter Norris	✓	✓			

Carol Darby-Darton	X	X			
Si Jones	X	X			
Sara Miceli-Fagrell	A	✓			
Carole McBride	A	A			
Yaroslav Zhukovskyy	✓	✓			
Rev Anne Lawler	A	A			
Jackie Sudworth	✓	✓			
Denise Richardson	✓	✓			
Evie Jefferies	✓	X			
Kiran Jilani	✓	✓ (private)			
Rebecca Holland	✓	A			
Pauline Kennedy	A	✓			
Maria Culligan	A	A			
Kate Hindle	✓	A			
Cllr Angela Coleman	A	A			
Cllr Patricia Hardy	A	✓			
Rev. Cynthia Dowdle	✓	✓			
Mary McDonald	A	✓			
Valarie Fleming	✓	A			

21/22/	
21	Introduction, Apologies & Declaration of Interest No new declarations received.
22	Meeting Guidance Notes Noted.
23	Minutes of previous meeting held on 13 May 2021 The minutes of the previous meeting were reviewed by the Committee and agreed as an accurate record.
24	Action Log and matters arising The action log was reviewed.
25	<p><i>Emma Morgan joined the meeting at this point.</i></p> <p>Annual Report and Accounts 2020/21 The Council of Governors received the Annual Report and Accounts for the year ended 31 March 2021. This followed external audit review completed by KPMG and subsequent approval by the Board of Directors. It was noted that the report had been submitted to NHS Improvement in June and to Parliament in July 2021.</p> <p>Emma Morgan, External Auditor at KPMG provided a presentation summarising the findings and key issues arising from the external audit and a detailed commentary from the completion of the value for money assessment. She referred the Governors to the Auditor's Annual Report 2020/21 which had been circulated within the pack and advised that this was an important document for the governors to view. This would be published on the Trust website alongside the Trust's annual report and accounts.</p> <p>The External Auditor informed the Governors that they (KPMG):</p> <ul style="list-style-type: none"> • had issued the Trust with an unqualified opinion in 2020/21 in relation to financial statements, which meant that the accounts give a true and fair view of the Trust's performance during the year and of its year-end financial position; • had not identified any significant risks or weaknesses with regards to the Trust's arrangements in relation to value for money; • had issued an unqualified consistency certificate in relation to the Trust's submission to NHS Improvement as part of whole of government accounts, which meant no inconsistencies between the financial statements and the information included in the consolidation schedules;

	<ul style="list-style-type: none"> they confirmed that the Governance Statement had been prepared in line with the Annual Reporting Manual requirements and did not identify any material inconsistencies in relation to the content of the Annual Report. <p>The Governors thanked the External Auditor for the comprehensive explanation of the audit undertaken.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> received the Annual Report and Accounts for the year ended 31 March 2021. <p><i>Emma Morgan left the meeting at this point.</i></p>
26	<p>Chair's announcements</p> <p>The Chair noted the following:</p> <ul style="list-style-type: none"> Governor Elections 2021 – Election process underway, deadline for nominations 4 August 2021. Well-Led External Review – The Trust had undertaken an external review against the NHSI Well Led Framework as required. The final report and action plan had been presented to the Trust Board in July 2021. One recommendation from the external report related to Governors. It was agreed that this recommendation should be considered by the Governor Sub-Groups to agree best way forward. Annual Member's Meeting 2021 – Scheduled for 30 September 2021. Noted that it would be held as a virtual event similar to the previous year's event. Governor Training on Integrated Care Systems – Planning to hold an event with governors from across the region. The Governors agreed that this would be a useful training event. External Auditor Procurement – Governor Task & Finish Group. Volunteers requested to join a task and finish group to progress the procurement exercise and form a recommendation to the Council of Governors. The working group would also include the Audit Committee Chair, Tracy Ellery and the Chief Financial Officer. It was noted that the recommendation for appointment would be required to be presented to the November 2021 Council Meeting to allow for formal approval. Denise Richardson, Peter Norris, and Jackie Sudworth volunteered to join the Task and Finish Group. Nomination & Remuneration Committee Membership – A vacancy for a public governor to join the Committee was open. The Council agreed for Peter Norris, Public Governor (Central) to take on the role. Sub-Group Chairs – it was highlighted that the Chairs of the Governor Sub-Groups would potentially require a review following the election results in September 2021. <p>The Council of Governors:</p> <ul style="list-style-type: none"> Received and noted the briefing from the Chair.
27	<p>Chief Executive Report</p> <p>The Chief executive noted the following:</p> <ul style="list-style-type: none"> Covid-19 update – Continued to present significant challenges including staff fatigue and staffing availability being affected by an increasing requirement to self-isolate as community infections had increased. Be Kind – new initiative to drive forward the Trust Values within the organisation. Executive Team changes – Matt Connor, Chief Operating Officer would be a non-voting member of the Trust Board. New job titles agreed to become the Chief Nurse and Midwife (from Director of Nursing & Midwifery) and Chief Financial Officer (from Director of Finance). The Chief People Officer had been appointed as the Deputy Chief Executive. <p>The Council of Governors:</p> <ul style="list-style-type: none"> Received and noted the briefing from the Chief Executive.

28

Activity Report from the Governor Group Meetings.

- **Finance and Performance Group held 24 May 2021**

Denise Richardson, Public Governor reported that they had received a presentational update in relation to the national planning process for 2021/22 and noted the difficulties faced by a fluctuating national position. It was confirmed that the Trust had submitted a break even plan for the first half of the year. Significant challenge remained to deliver the plan and negotiate the second half of the year. It was noted that the financial position remained high on the Trust risk registers.

- **Quality and Patient Experience Group (QPEG) held 21 June 2021**

Sara Miceli-Fagrell, Public Governor reported that the group had received information on compliance against the CNST standards, mandatory training compliance and the recent maternity diverts.

Sara Miceli-Fagrell, Public Governor informed the Council of recent patient experiences she had been informed about which related to significant difficulties getting in touch with the Trust on the maternity telephone lines. She advised that difficulties making contact with the Trust by telephone was concerning when in need of clinical advice or reassurance. The Chief Information Officer apologised for the problems caused and reported that a new telephone system had been introduced as of this week which would provide better information to guide patients and provided better data to inform the Trust how best to shape the service moving forward.

The Medical Director referred to a question posed by the Group in relation to the increased stillbirth rate in the Learning from Deaths report presented. She advised that there was a variability on stillbirth rates year on year. The data was collected nationally by CHKS which identified the Trust as within range of its peers and comparable to other units and was not an outlier.

- **Communications and Membership Engagement Group held 24 June 2021**

Cynthia Dowdle, Appointed Governor informed the Council that the Group considered how best to engage with the membership and publicise the Annual Members Meeting. The Group noted the Calendar of Events and it was suggested that a talk on how the Trust supports women with disabilities through care should coincide with the Disability Awareness Day. The Chief People Officer suggested a video piece including consultant, midwife and patient and would pick up the action with the Communications Team.

Pauline Kennedy, Staff Governor raised the issue that the only disabled parking spaces available were at the main entrance which could be a long distance from where you needed to get to. The Chief Financial Officer advised that other disabled spaces were available on site however those entrances were currently closed due to Covid-19 restrictions. The Executives agreed that reasonable adjustments could be made for staff members who were challenged by the location of disabled car parking spaces.

The Council of Governors:

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

Clare Fitzpatrick and Alison Murray joined the meeting at his point.

29

Maternity Services – Current Issues and Future Vision

The Council received a presentation led by the Head of Midwifery and the Intrapartum Matron which detailed an overview of Maternity Services at the Trust. The Intrapartum Matron informed the Council of the operational challenges and response taken in relation to Covid-19, recruitment and retention of registered midwives, the increasing complexity of patients accessing services, and the phased implementation of the continuity of carer

pathway. The Head of Midwifery informed the Council that the Trust had strong working links with the Maternity Voices Partnership and work alongside to co-produce care streams.

A workshop was facilitated which consisted of three groups including Governor and Board members to consider the following three questions:

- How does the Trust make itself the most attractive place for midwives to train and practice?
- How do we become a 'thought leader' in maternity practice?
- What are the most important elements of a maternity service to women and their families?

The following key points were noted against the respective questions:

- Towards becoming an attractive place for midwives to train and practice
 - Promote training opportunities nationally due to the patient mix, e.g. emergency medicine for midwives
 - Promote the opportunities to develop from lower to upper pay bands
 - Aim to recruit international midwives
- Towards becoming a 'thought leader'
 - Midwives should be central to communications
 - A need to pioneering in approach
 - Diversity of the staff to reflect the community
 - A need for midwives to be multiskilled
 - Taking full advantage of digital developments
 - Ensure Quality improvement (Study, Act, Move on) is embedded.
- Most important elements of a maternity service to women and their families
 - Safety fundamental
 - Confidence in service
 - Involvement of wider support network, e.g. family and friends
 - Effective Communication and information
 - Being actively listened to

The Head of Midwifery offered the governors an opportunity to meet with herself and members of the midwifery teams either virtually or on site when possible to discuss further any aspects raised by the presentation.

The Chief Executive thanked the Midwifery Team for going above and beyond to manage rotas and work with consultants to maintain safe services during an extremely busy period.

The Council of Governors:

- noted the update for information and assurance.

Clare Fitzpatrick and Alison Murray left the meeting at his point.

30

Membership Strategy 2021 – 25

The Council received the Membership Strategy 2021/25 to review and approve.

The Trust Secretary informed the Council that a Governor Task and Finish Group had been established to develop the strategy which included officers from the Trust to provide views. He advised that the Group agreed that membership engagement cannot be an isolated task and should be embedded into wider patient / public engagement and involvement activity. There was also an opportunity for membership to play a significant role in helping the Trust to engage with all aspects of the community. Sara Miceli-Fagrell, Public Governor responded that it was a well-structured strategy and the decision to implement against other Trust strategies was logical.

The Trust Secretary informed the Council that underpinning the overall objectives and priorities were annual actions that would be reviewed and updated each year. It was noted that continued oversight of the Strategy and actions would be provided by the Governors'

	<p>Communications & Membership Engagement Group and an annual review would be presented to the Council.</p> <p>The Chairman thanked the Governors who contributed to the development of the Strategy. The Council approved the Membership Strategy 2021/22.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • approved the Membership Strategy 2021/25; • recommend approval to the Board of Directors.
31	<p>Constitution Review</p> <p>The Council received a request to amend the Constitution in relation to paragraph 8 regarding the extension of Non-Executive Director terms of office.</p> <p>Whilst the Trust's Constitution was not specific regarding the length of a third term, the NHS Code of Governance included more detailed guidance of which the Trust had based decisions on in the past to comply. As such it was recommended that the Trust Constitution be amended to align with the NHS Code of Governance.</p> <p>The Council approved the amendment unanimously. The Trust Secretary informed the Council that this would be reported to the Board of Directors in September 2021 for approval and the changes would be finalised and reported to NHS Improvement.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • approved the amendment to paragraph 8 of the Trust Constitution • recommend approval to the Board of Directors
32	<p>Review of risk impacts of items discussed</p> <p>The following risk impacts were noted:</p> <ul style="list-style-type: none"> • pressures in Maternity Services • Financial risks moving into the second half of the year 2021/22 <p>No changes to existing risks were identified as a result of business conducted during the meeting.</p>
33	<p>Chair's Log</p> <p>None</p>
34	<p>Any other business & Review of meeting</p> <p>Any other business: The Chief Nurse and Midwife formally thanked the Director of Nursing colleagues across Cheshire and Merseyside for collaborative work to support the Trust whilst under pressure.</p> <p>Review of meeting: Timely. Good presentations delivered.</p>

Action Log

Council of Governors - Public
November 2021

Key	Complete	On track	Risks identified but on track	Off Track
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Meeting Date	Ref	Agenda Item	Action Point	Owner	Action Deadline	RAG Open/Closed	Comments / Update
13 February 2020	19/20/74	Chief Executive's Update	Council of Governors to receive a presentation on the C-Gull Research Project	Trust Secretary	February 2022	On Track	<p>Trust Secretary has contacted the University of Liverpool regarding the production of publicity material for the C-Gull Project. Informed that this remains in development and will be circulated when available.</p> <p>Council received an update on 13 May 2021, item 21/22/08 noting a pilot study to be launched during Summer 2021 and official launch in April 2022.</p> <p>Agreed in July 2021 to move target date to February 2022.</p>
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	On track	Update being provided to the Trust Board in November 2021. Report to the Council of Governors to be scheduled for February 2022.



Liverpool Women's
NHS Foundation Trust

Chair's Announcements

Council of Governors – 11 November
2021

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

Key Announcements

- Governor Elections 2021 and welcome!
- Christmas event with the Board
- Nomination & Remuneration Committee Membership
- Sub-Group Chairs
- Sub-Group attendance
- NED Appointments and Board changes
- ICS discussions / infographic



Governor Elections 2021 and Welcome

Governors appointed to uncontested seats were

- Olawande Salam to the public seat of Knowsley
- Jacqueline Black to the public seat of North Liverpool
- Annie Gorski to the public seat of Sefton
- Carol Didlick to the public seat of South Liverpool
- Kate Hindle to the staff seat of Administrative, clerical...
- Rebecca Lunt to the staff seat of Scientists, Technicians and AHPs

Governors appointed to the contested seats were:

- Pat Denny to the public seat of Central Liverpool
- Ruth Parkinson to the public seat of Central Liverpool
- Iris Cooper to the public seat of Rest of England and Wales

We also welcome Rihanna Moradi (Community organisations), Niki Sandman (University of Liverpool) and Rev Dr Miranda Threlfall-Holmes (Faith organisations) as new appointed governors.

Welcome to the Liverpool Women's NHS Foundation Trust!



Christmas Event with Board

- Looking to plan an event ahead of Christmas for Governors and the Trust Board
- Will be an opportunity for individuals to meet and get to know each other
- Will also be discussing the Trust's strategy and understanding the Board and Governor's views on key challenges and opportunities.
- Thoughts?



Committees and Sub-Groups

Council of Governor Nomination & Remuneration Committee

- Membership changes required due to Governor terms of office ending
- Ask to ratify Peter Norris and Niki Sandman as members of the Committee

Sub-Group Chairs

- Finance and Operational Performance – Peter Norris
- Communications and Membership Engagement – Jackie Sudworth

Sub-Group attendance

- Currently open invitation
- Should we move to allocated membership?



NED Appointments and Board changes

- NED appointment process undertaken in October 2021 – further information in private agenda
- Non-Executive Directors Ian Knight and Jo Moore left the Trust in September 2021
- Jo Moore was Vice-Chair and this role requires re-allocation
- Proposal for this to be Tracy Ellery – Governors requested to approve this decision



Integrated Care System

- Still planning Liverpool wide Governor session in the New Year
- Chair, Executives and other NEDs continue to attend meetings and workshops
- Useful Infographic over the page



Integrated care systems (ICSs)

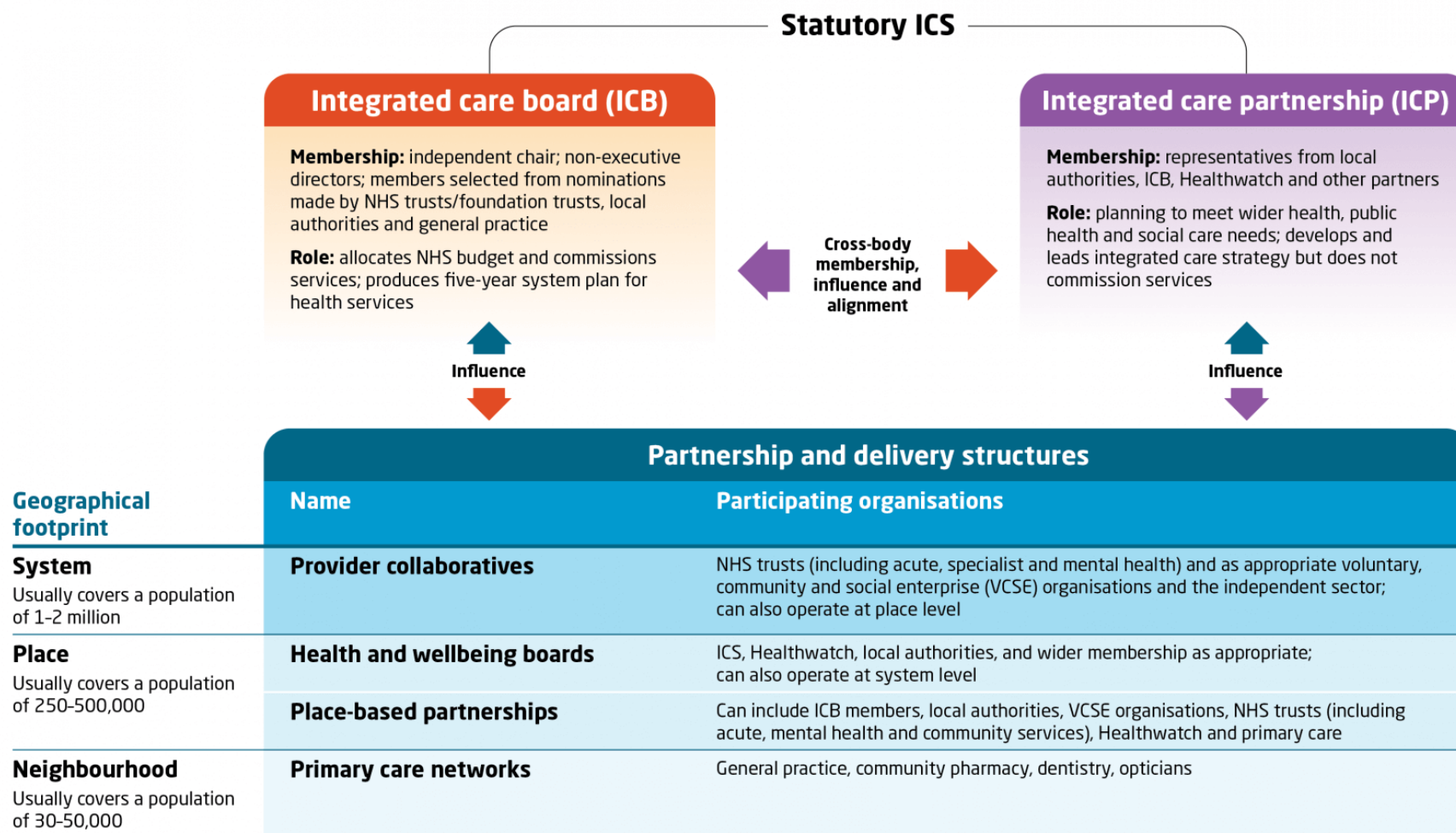
Key planning and partnership bodies from April 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS



TheKingsFund>



Liverpool Women's
NHS Foundation Trust

CEO Announcements

Council of Governors – 11 November
2021

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

Key Announcements

Liverpool Women's among best performing Trusts in Gynaecology inpatients survey

Liverpool Women's Hospital has received its Gynaecology inpatients survey results for 2020, receiving 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.

A National Inpatients Survey is conducted each year looking at the experiences of over 73,000 NHS patients who received care in NHS hospitals between May - November 2020.

Of the 9 categories where an overall rating was published for the Trust, Liverpool Women's overall scores were 'much better' compared to other hospitals in 2 categories and 'better' in a further 4 categories. Across all categories the Trust was rated either better or in line with other NHS hospitals across the country.

Liverpool Women's scored particularly well in a number of areas of feedback including; being admitted into hospital, confidence and trust in doctors, care provided during operations and procedures, the support given when leaving the hospital, and the overall care and treatment provided.

Full details of the Liverpool Women's report are available on the CQC website and additional insight into the Trust's performance was reported to the Board in November 2021.

Black History Month

October was Black History Month and we had a selection of events taking place for all staff to learn more about equality, diversity and inclusion at LWH.

- Local born historian, Laurence Westgraph discussed Liverpool, Philanthropy and Slavery on 15 October to staff in the Blair Bell (also broadcast via Microsoft Teams)
- Laurence also undertook a 'Liverpool and Slavery Walking Tour' on 21 October

You can also watch this short video from Laurence, on Liverpool and Slavery, looking around 19-23 Abercromby Square here: 19 - 23 Abercromby Square –

<https://www.youtube.com/watch?v=pPmvvyk9bJY>



Key Announcements

NHS System Oversight Framework Segmentation

The new NHS System Oversight Framework (SOF), after a period of consultation, has now been implemented. The final SOF can be found here:

<https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/>

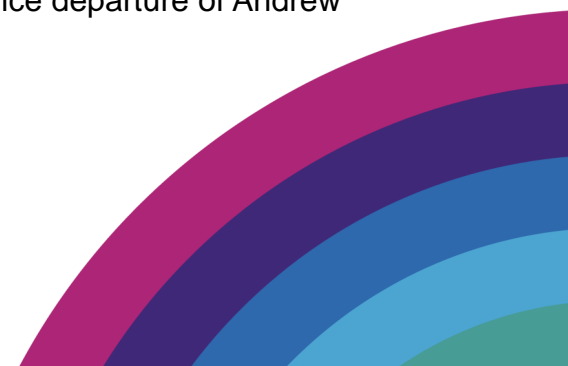
Following consideration by the NHSE/I regional support group and national moderation, it has been agreed that the Trust should be placed into SOF segment 3 and mandated support provided. The drivers behind the segmentation and the implications of this are currently being reviewed and the Board (and its Committees) will kept up to date on progress.

Executive Directors Update

Eva Horgan, previously Deputy Chief Finance Officer was successful in her application to be Chief Finance Officer, replacing Jenny Hannon

Chief Information Officer, Matt Connor is now a member of the Executive Team and a non-voting member of the Board

Michelle Turner has been appointed as Deputy Chief Executive (role vacant since departure of Andrew Loughney, Medical Director)



Quality and Patient Experience Governor Sub-Group

Minutes of the Quality and Patient Experience Governor Sub-Group
held virtually at 1730hrs on Monday 27th September 2021

PRESENT

Sara Miceli-Fagrell (Chair)	Public Governor
Jackie Sudworth	Public Governor
Evie Jeffries	Public Governor

IN ATTENDANCE

Marie Forshaw	Chief Nurse & Midwife
Lisa Gregory	Executive Assistant (Minutes)
Lynn Greenhalgh	Medical Director
Mark Grimshaw	Trust Secretary
Dan Nash	Deputy Director of Operations
Tony Okotie	Non-Executive Director

APOLOGIES:

Robert Clarke	Chair of LWH Board
Kate Hindle	Lead Governor / Staff Governor
Louise Kenny	Non-Executive Director
Ian Knight	Non-Executive Director
Sue Milner	Non-Executive Director
Peter Norris	Public Governor
Loraine Turner	Director of Transformation and Improvement
Michelle Turner	Chief People Officer
Yaroslav Zhukovskyy	Public Governor

21/22/	Items Covered
019	<p>Introduction, Apologies and Declarations of Interest.</p> <p>Sara Miceli-Fagrell (Chair) welcomed everyone to the meeting.</p> <p>Declarations of interest</p> <p>There were no declarations of interest.</p>
020	<p>Meeting Guidance notes</p> <p>Noted.</p>
021	<p>Minutes of the previous meeting held on 21 June 2021</p> <p>The minutes of the meeting held on Monday 21 June 2021 were approved.</p>
022	<p>Action Log and Matters Arising</p> <p>Mark Grimshaw to chase progress on the Fair & Just Culture training due to take place in</p>

	September 2021.
MATTERS FOR RECEIPT / APPROVAL	
023	<p>Quality Committee and Putting People First Committee Reports</p> <p>TO welcomed questions on the 3 reports heard at Quality Committee (July, August, and September).</p> <p>SMF questioned whether the Continuity of Carer (CoC) timeline changes have had an impact? MF stated that there was a national shift last week, so we need to recalculate.</p> <p>Action: Bring back Continuity of Carer update to December 2021 meeting.</p> <p>TO noted in the September 2021 meeting there were new significant issues raised and that there was a good discussion regarding cancer pathways performance which gave a good understanding of where we are and where we need to get to. There was a report and talk from a Consultant regarding Robotics Surgery, including the impact on patient outcomes and experiences.</p> <p>JS requested an update regarding Mandatory Training. MG advised that the Trust was not on target, and it was an ongoing challenge. COVID-19 has had some impact but was not the only contributory factor. MF advised that innovative ways of delivering training are being implemented, e.g. Fire Training via Teams not onsite in BlairBell.</p> <p>SMF noted that further assurance on the work being undertaken to improve staff sickness and wellbeing was required. MG noted that the Putting People First Committee (PPF) had made challenges relating to improvements and continued to receive updates. It was noted that it was likely to be 6-12 months before incremental change was seen.</p> <p>Action: For an update on staff wellbeing and the actions being taken to be received by the Council of Governors in November 2021.</p> <p>Resolved The Committee received and noted the Reports. The Chair thanked the presenters and contributors for their updates.</p>
024	<p>Maternity – Communication</p> <p>DN noted that 30 midwives have been recruited, to commence in post mid-September 2021 and mid-October 2021. There would be additional bank and agency staff to support the existing staff as well as the new recruits as they were newly qualified.</p> <p>Access Centre workforce had reduced from 11 WTE to 4.5 WTE in post. Workforce review of team undertaken and reviewed banding, some were increased where appropriate. 6 WTE have been recruited, 4 already in post, and a Patient Flow Administrator starts in post 28 September. Reallocated Access Team Manager to focus on Maternity Access Team.</p> <p><i>LG joined the meeting.</i></p> <p>Netcall had been introduced monitoring calls into the organisation; volume of calls received</p>

into departments, average length of time to be answered, how many unanswered calls. There had been challenges in the Access Centre regarding allocation and modality of clinics, with some patients booked into the incorrect modality session; telemedicine instead of face to face or vice versa. In response, a new, straightforward model of clinic had been introduced. An immediate reduction in call times had been seen and patient text reminder service had been updated to acknowledge the type of clinic the patient was booked to.

Action: DN to send Netcall response times to MG for next meeting.

JS questioned what the Patient Flow Administrator would do. DN advised they could identify women ready to be sent home and carry out administrative tasks such as chasing up medication reviews in place of midwives who could then focus on their care giving roles.

SMF questioned when the new midwives will be able to take on full responsibilities and if any forecast modelling to see whether there may be any pinch points in coming months. DN advised that it would be a minimum of 3 months. The Estimated Delivery Date (EDD) plotter enabled the Trust to forecast when there were potential peaks in deliveries and could allocate staff levels accordingly.

SMF asked if there are any quick wins from CoC pathway that could be applied to new midwife teams. MF advised the positivity of teamwork and flexibility could be utilised. New working models such as three long days have been scoped out which would go to the workforce via Survey Monkey for feedback on the new model.

MG noted that Marie and Nasha's framework for development of midwives was taken to PPF last week where the importance of retaining existing midwives was noted as being as important as recruiting new staff.

MG gave assurance that while there have been challenges in maternity there had been good outcomes. Patient testimonies received by the PALS team were shared. JS requested that this be shared on the Trust website. SMF stated that powerful stories should also be shared through social media.

SMF asked what the three key areas of focus are within Midwifery until end of calendar year. DN advised it is the new and existing workforce, patient feedback and MF stated the Maternity Services System Learning: Maternity Self-Assessment Tool published 19th July would be used to benchmark the service and fill any required gaps. The service was currently completing self-assessment, this would then go to Execs and a Board Development Session. A visit from Professor Jacqueline Dunkley-Bent (Chief Midwifery Officer) was scheduled for December for regional and national colleagues to talk to Board representatives.

LG advised that Professor Asma Khalil would join the Trust bringing a new skillset to the Fetal Medicine Unit, bringing in new options regarding Fetal Therapy with the ultimate aim of looking at Fetal Surgery. The Trust would be the only centre in the north of England offering these services.

Resolved:

The Committee were assured following the update from DN and MF.

025	<p>CQC Direct Monitoring</p> <p>Request from CQC in August 2021 to undertake completion of template proforma.</p> <p>Concerns had previously been raised regarding patient and staff safety anonymously, MF wrote to staff to speak up and out through different methods available; CQC, formal management or Freedom to Speak Up Guardians (F2SUG). Names were not disclosed to the organisation from the CQC but it was helpful if names were included so that the CQC could go back to the reporter for more detail if required.</p> <p>New process from CQC called Direct Monitoring, started during COVID in emergency departments. Allows anyone to be able to contribute to the document and upload evidence.</p> <p>Document was submitted 2 weeks ago; initial feedback was that it was a comprehensive submission with no gaps. Process now complete, and we are awaiting official response letter.</p> <p>The new approach was planned to feature in the new ways of working. MF working on a presentation for Executive colleagues of what it will look like in future to ensure the organisation is assured regarding standards as business as usual, not just when there was a CQC visit.</p>
CONCLUDING BUSINESS	
026	<p>Review of risk impacts of items discussed</p> <p>MG requested that the existing risk regarding workforce challenges in the organisation - sickness management, mandatory training, health and wellbeing, manager training etc. are noted to go to full council in November on those issues. SMF requested that actions/minutes captured as part of an earlier breakout group from a workshop session be aligned into this work.</p>
027	<p>Any other business and review of meeting</p> <p>No other business matters were noted. An effective and positive meeting.</p>

Date of next meetings:

- The next full Public Board – Thursday, 7th October
- The Council of Governors – Thursday 11th November.

Council of Governors 'Communications and Membership Engagement Group'

Minutes of the Council of Governors 'Communications and Membership Engagement Group'
held virtually at 5.30pm on 28th October 2021

PRESENT

Jackie Sudworth	Public Governor (Chair)
Kate Hindle	Lead Governor
Yaroslav Zhukovskyy	Public Governor
Peter Norris	Public Governor
Rihanna Moradi	Appointed Governor
Ola Salam	Public Governor (from item xx)

IN ATTENDANCE

Robert Clarke	Trust Chair
Andrew Duggan	Head of Communications
Dez Chow	Diversity & Inclusion Lead
Mark Grimshaw	Trust Secretary (Minutes)

APOLOGIES:

Lesleyanne Saville	Corporate Affairs Manager
Susan Milner	Non-Executive Director / SID
Rachel Cowley	Head of Culture and Staff Experience

21/22/	
022	<p>Introduction, Apologies & Declaration of Interest</p> <p>The Chair welcomed all to the meeting and noted apologies as above. No declarations were noted.</p> <p>The Chair noted thanks to the previous Chair of the Group, Cynthia Dowdle, who had left the Trust as her term of office as an appointed governor had ended.</p>
023	<p>Meeting Guidance Notes</p> <p>Noted.</p>
024	<p>Minutes of the Previous Meeting held on 24 June 2021</p> <p>The minutes of the meeting held on 24 June 2021 were agreed as an accurate record.</p>
025	<p>Action Log and matters arising</p> <p>21/22/16 – The Trust Secretary noted that the resource had not been available to pursue engagement activities via Fresher Week events at the universities. There was agreement from the Committee that it would be important to consider methods of engaging with the city's students. It was suggested that contact be made with Brownlow Health and to also approach appointed governors from the universities.</p>
026	<p>Membership Strategy Actions</p> <p>The Trust Secretary noted the Membership Strategy 2021-25 had been approved by both the Council of Governors (July 2021) and the Board of Directors (September 2021). Attention</p>

	<p>was drawn to the underpinning first year actions for each objective within the Strategy. It was noted that these were 'baseline' actions that would establish ways of working and key processes. The Trust Secretary stated that the purpose of highlighting them to the Group was to provide a reminder of the key actions for the year ahead.</p> <p>The Group noted the update.</p>
027	<p>Membership Report</p> <p>The Group received the Membership Report which provided a breakdown of the current Trust membership in terms of constituency, gender, ethnicity, and age. The Trust Secretary noted that the Trust's membership was not representative in several areas and the report provided a steer on where to target recruitment activity.</p> <p>Peter Norris highlighted the low number of members under the age of 29 and queried how the Trust could make membership attractive to this cohort. The Head of Communications noted that engagement with this age group was very active through other means, particularly social media. It was agreed that further consideration would be required as to how to convert this engagement into activity that would support the aims of membership.</p> <p>The Group noted the update.</p>
028	<p>Membership, Patient and Public Experience Update</p> <p>The Trust Secretary noted that the recently approved membership strategy included several actions regarding improving the information presented to the Group. This would support triangulation of the patient and public experience and help governors to identify topics / issues to provide focus on.</p> <p>To this end, the Group received an outline of the main themes from social media, PALS and Complaints and updates from recent inclusion and diversity events. The Diversity and Inclusion Lead noted that work had been undertaken with local communities and had initially focussed on encouraging groups to consider careers in the NHS. The Chair asked if engagement work was planned with primary health partners. It was confirmed that the Trust was working with the Central Primary Care Network and was particularly targeting minority groups to raise awareness and provide information.</p> <p>It was agreed that rather than try to create bespoke membership events, it would be useful for governors to be invited to attend planned engagement events to a) highlight the opportunity to become a member and b) listen to the experiences of the groups involved and feed this back to the Trust. The Chair noted that she would particularly welcome a discussion with the Diversity and Inclusion lead to explore engagement opportunities.</p> <p>Action: For Jackie Sudworth to meet with the Diversity and Inclusion lead to discuss governor involvement in engagement activities.</p> <p>The Group noted the update</p>
029	<p>Awareness Days 2021</p> <p>The Group noted the list of awareness days 2021.</p> <p>The Head of Communications suggested that it would be useful to review a list of awareness days in 2022 and identify one or two key themes to build membership engagement activity around for the year. The Group agreed that this should be the main item at the December 2021 meeting.</p> <p>Action: To review a list of awareness days in 2022 and identify one or two key themes to build membership engagement activity around for the year</p>

	The Group noted the list of awareness days 2021.
030	Review of risk impacts of items discussed None noted.
031	Any other business None noted
032	Review of meeting No comments made.

Date of Next Meeting: 16 December 2021

Council of Governors Finance and Operational Performance Group

**Minutes of the Council of Governors
'Finance and Operational Performance Group'
at 5.30pm on Monday, 26th July 2021**

PRESENT

Denise Richardson (DR)	Public Governor - (Chair)
Jackie Sudworth (JS)	Public Governor
Peter Norris (PN)	Public Governor
Robert Clarke (RC)	LWH Trust Board Chair

IN ATTENDANCE

Tracy Ellery (TE)	Non-Executive Director
Ian Knight (IK)	Non-Executive Director
Jenny Hannon (JH)	Director of Finance
Mark Grimshaw (MG)	Trust Secretary
Jan Owen (JO)	Executive PA
Eva Horgan (EH)	Deputy Director for Finance
Louise Martin (LM)	Non-Executive Director

APOLOGIES:

Gary Price (GP)	Chief Operating Officer
Valerie Fleming (VF)	Appointed Governor
Rebecca Holland (RH)	Staff Governor
Kate Hindle (KH)	Lead Governor

21/22/	
010	Introduction, Apologies & Declaration of Interest The Chair welcomed all to the meeting and noted apologies as above. No declarations were noted.
011	Meeting Guidance Notes Noted.
012	Minutes of the Previous Meeting held on 24 May 2021 The Minutes of the meeting held on 24 May 2021 were agreed as an accurate record.
013	Action Log and matters arising No open actions noted.
014	FPBP Committee and Audit Committee Reports <i>FPBP Committee Chair Reports Feedback</i> Tracy Ellery, Non-Executive Director, introduced the Chair's Reports and referenced previous feedback, given from the May 2021 FBPD Committee meeting, with the relevant report for July 2021 having been embedded in the pack. The Committee noted the uncertainty in the system and the challenges faced with Planning Guidance coming in late. It was also noted that plans for the second half of the year were still to be negotiated. TE confirmed that the FBPD Committee had reviewed

the BAF risks in the new format and advised that this information would go to the September 2021 Board.

It was noted from the Month 3 Finance report, that projections were on track for the first half of the year and that the Trust should break even. TE advised that for the second half of the year, the forecast showed that there could be a deficit of just over £4m which would potentially give the Trust cash flow challenges. TE reported that various options were currently being reviewed to achieve system balance but that there should be sufficient cash in the system to provide for this. It was noted that if assistance were to be required, an emergency fund was available to provide support.

TE highlighted that Planning Guidance and the timetable for the second half of the year would be reviewed later in the agenda. It was noted that there would be no FPBD Committee taking place in August 2021.

Other issues that had been discussed at FPBD Committee included the Treasury Management Report, a 'National Costs Collection' exercise and Performance recovery and restoration trajectories. It was noted that Louise Martin had challenged some of the ongoing Estates issues to provide better visibility to FPBD Committee on progress being made.

TE highlighted that changes to the Continuity of Carer plans, including problems with the shortage of midwives, associated targets for the Trust and resourcing for these developments, had also been discussed at FPBD.

It was noted that a useful update on planning and cost improvements had been provided, together with an update on various capital projects, including the Crown Street enhancements and other bids that have been submitted to raise capital and any progress updates on their approval status.

TE reported that FPBD Committee had been informed about the strategic process underway, related to the bid required to secure capital for the major aim of re-locating LWH.

Positive progress updates were also provided on LWH Digital strategy and services. It was noted that Microsoft Windows 7 was to be withdrawn from the Trust in line with cyber security measures.

TE advised the Group that FPBD Committee had looked at the section of the Well-Led Review aligned to FPBD and reported that more work was required to provide assurance on the evidence submitted, including a review on the accuracy on the status of the ratings agreed previously.

TE highlighted that the offer to provide 1:1 support on Trust financial matters to members of the COG FOPG was available, if required.

Peter Norris raised a query in relation to the Continuity of Carer developments not being funded currently and asked what level of risk this would pose for the Trust.

TE responded that one of the key issues this highlighted related to how the Trust would be funded going into the future – moving away from payment by results to block contracts, and the need to gain more understanding on what the remuneration processes would be and how these new maternity services would be costed and funded.

Jenny Hannon agreed that there was wider uncertainty around funding, with a baseline figure from 2019/20 having been used. She explained that an overlay of other issues including Birth Rate Plus (BRP) and the Ockenden Report, that had been published with recommendations, contributed to a complex context with a number of initiatives emerging together. It was noted that these changes would be a challenge on financial resources as well as on the workforce, who would be tasked to implement these initiatives.

Denise Richardson queried how the Trust was placed, compared to other trusts, in

terms of the different funding tariffs available, based on the complexity of Maternity cases (e.g. the more complex the birth, the higher the tariff).

Jenny Hannon advised the Group that the Trust does not receive any additional funding or tariff for the work and services delivered. It was noted that it had been heartening over the last few years to see that the increases in the Trust's high legal bill (Clinical Negligence Scheme for Trusts (CNST)) had been funded centrally.

Eva Horgan explained that Birth Rate Plus (BRP) was an assessment done on the requisite staffing level required for the activity undertaken and acuity and that this informed the Trust how many staff were needed to provide safe services with regard to the amount of work and the complexity undertaken. It was noted that BRP has now been used to inform some of the Trust's funding levels and for this financial year a Transformation Fund had been invested to help Trusts achieve the Birth Rate Plus level of safe staffing so this may set a precedent going forward.

Audit Committee Feedback.

Tracy Ellery, Non-Executive Director, reported that the Audit Committee had been held during the previous week and that seven Audit reports had been discussed.

These included:-

1. Learning from Serious Incidents – Moderate Assurance.
2. Critical applications review on the K2 Athena report – Moderate Assurance
3. Checking against CQC Action Plan – Further evidence required to close actions. Of the 34 actions, 11 outstanding.
Quality Committee to monitor these actions and the quality of evidence received.
4. Consultants Appraisals, Mandatory Training and Facilities Management reports. Actions to be completed.
5. Anti-Fraud – all initiatives on-going and positive progress being made.
6. Waivers – less waivers this year. Positive action had been achieved to drive down.
7. Whistle Blowers & Freedom to Speak Up Annual report

It was noted that the Update Report on Family Health Division had been deferred and would be considered at October's Committee. TE reported that this Division was currently experiencing some system pressures and was also undertaking a focused piece of improvement work in relation to the Family Health Management Team.

The Committee noted that the appointment and recruitment process for the post of External Auditor was ongoing, with a Panel to be set up over the next few weeks to be ready to convene by September 2021.

Denise Richardson queried the quality of the evidence of assurance provided in the 'Learning from Serious Incidents' paper. TE responded that the assurance provided was moderate, and not substantial, and that there were more actions to now be addressed. It was noted that these recommendations would be acted upon and areas of weakness would be strengthened.

The Group noted the assurances provided by the Non-Executive Director in terms of the activity being undertaken by the Board's Committees.

015 Financial & Operational Planning – H2 2021/22

Eva Horgan, Deputy Director of Finance, provided a brief presentation on planning for H2.

She explained that the current plans for the financial year had been split into two halves for planning purposes. It had previously been agreed nationally that a plan would be put in place for the first half of the year (April – September 2021 – H1) with Cheshire and Merseyside and with NHSI/E covering the key areas of finance, activity and workforce.

EH explained that this plan was reliant on system funding of £8.4m from Cheshire and Merseyside, elective recovery funding of £1.6m and cost improvement savings of £0.7m.

It was noted that it would be important that system funding and some level of elective recovery funding would be available in H2 if the Trust was to achieve breakeven.

EH reported that Trust activity was somewhat delayed against the original planned projections, due to staff shortages and other pressures, including supporting patients with more complex clinical needs. She advised the Group that activity was monitored on a weekly basis by the Operational and Clinical teams.

It was noted that Workforce plans had been hindered due to sickness and other absences and difficulty recruiting staff, particularly Anaesthetists. EH explained that this had led to financial pressures on maternity staffing budgets and that this would need to be reset for the second half of the year.

EH outlined the timetable for key planning events - shown below:

Key events	Possible timings
H2 2021/22 settlement confirmed	Sept 2021
H2 2021/22 planning	Sept – Nov 2021
2022/23 preparatory work: • Review NHS block payments and system top-up baselines	By Nov 2021
Spending review outcome	Dec 2021
2022/23 planning	Jan – Mar 2022

Eva Horgan reported that the allocation of funding made to Cheshire & Merseyside (C&M) as a system would be split between the organisations within the system. It was noted that LWH would need to consider staffing, activity and other metrics to ascertain what changes would be needed to current budgets and plans. Eva Horgan explained that the revised plan would need to be agreed by the LWH Board and the C&M system.

It was noted that the Trust would need to have a clear understanding of the costs required to ensure the right level of funding for next year, particularly given the introduction of the new arrangements in relation to Integrated Care Arrangements (ICS). The Group noted that there would also be other opportunities to secure additional investment.

Peter Norris queried whether current reduced Maternity staffing levels were having an impact on what services could be delivered electively. He asked whether the Trust had a plan to balance elective activity/capacity effectively and what processes the Trust uses to monitor the trajectory and the workforce pipeline.

Eva Horgan responded that although activity plans needed to be in line with the Trust's financial plans, an understanding of those changing factors that occur day by day, including, for example, theatre requirements and staffing needs, meant that this must be monitored and reviewed regularly.

Jenny Hannon reported that a positive and pro-active recruitment drive for midwives was currently happening to ensure that the Trust would be in the best position to provide those services. She confirmed that a sub-group of the Putting People First (PPF) Committee would monitor ongoing recruitment and that a clear method of presenting this data would be developed to feedback to this group.

016 NHS Providers Finance Training Feedback.

Peter Norris advised the Group that he had recently attended a Training seminar on Finance and Business Services, presented by NHS Providers.

He reported that there had been 16 attendees on the course and that it had been particularly informative in relation to the role of Governors. It was noted that helpful case studies had also been debated and that the course had been valuable and instructive.

	<p><u>Actions:</u> It was agreed that the slide-pack from the NHS Providers Finance Course would be circulated to all Governors.</p> <p>(Mark Grimshaw/Louise Florensa)</p> <p>It was agreed that it would also be helpful to arrange for the Finance Training pack to be reviewed by the Finance Team and for all relevant, key learnings to be condensed into a one-hour training opportunity for delivery to Governors.</p> <p>(Eva Horgan/LWH Finance Team)</p>
017	<p>Reflection on 2021/22 Annual Report & Accounts</p> <p>Mark Grimshaw advised the Group that the Auditor had recently presented the Annual Report and Accounts to the Trust and asked if there were any questions or queries in relation to this matter. No issues were raised.</p>
CONCLUDING BUSINESS	
018	<p>Review of risk impacts of items discussed</p> <p>No issues were raised.</p>
019	<p>Any other Business & Review of meeting</p> <p>Jackie Sudworth advised the Group that she would value some individual 1:1 support from the Finance Team to provide some more knowledge and understanding of LWH Finance issues.</p> <p><u>Action:</u> It was agreed that 1:1 support would be arranged for Jackie Sudworth by Eva Horgan and/or one of her Finance Team.</p> <p>Peter Norris raised a question in relation to whether recent challenges in Maternity had meant that LWH would be penalised financially.</p> <p>Jenny Hannon explained that the system was currently set up to enable mutual aid so that no cross-charging took place.</p> <p>Robert Clarke reminded colleagues that during the next round of Council of Governors sub-group meetings, there would be a discussion on how governors would like to interact with non-executive directors and to explore people's perceptions around the effectiveness of Council of Governor sub-groups.</p> <p>Robert Clarke highlighted that it would be important to consider what agenda items and issues Governors would like to see reinvigorated as the Trust comes out of restrictions. In particular, this related to making future meeting plans and arranging face-to-face meetings and visits to services in the hospital, as soon as the Trust's IPC guidance allowed for this. He encouraged colleagues to forward any thoughts and/or ideas on this matter to him or to Mark Grimshaw.</p> <p>Mark Grimshaw thanked the Governors and Non-Executive Directors for their attendance and commitment.</p> <p>The Group expressed their thanks and good wishes to Jenny Hannon on her appointment to a new role as Chief Finance Officer at South Cumbria and Lancashire NHS Foundation Trust, as this was the last CoG sub-group meeting prior to her departure.</p>
	<p>Date of Next Meeting: Monday, 22 November 2021 at 5.30pm</p>

Council of Governors

COVER SHEET

Agenda Item (Ref)	2021/22/52		Date: 11/11/2021	
Report Title	Sickness Absence and Supporting Staff Wellbeing			
Prepared by	Rachel London, Deputy Director of Workforce			
Presented by	Michelle Turner, Chief People Officer and Deputy Chief Executive			
Key Issues / Messages	The report outlines the Trust's sickness absence challenges and outlines the action being taken to attempt to drive improvements.			
Action required	Approve <input type="checkbox"/>	Receive <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Take Assurance <input type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): N/A			
	For Decisions - in line with Risk Appetite Statement – Y If no – please outline the reasons for deviation.			
	The Council of Governors is asked to note the report.			
Supporting Executive:	Michelle Turner, Chief People Officer and Deputy Chief Executive			

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

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Issue discussed at Putting People First Committee and Board.			

EXECUTIVE SUMMARY

The Council of Governors will be aware that sickness absence remains a critical issue for the Trust. When discussing Trust performance and in particular, the recent challenges in maternity (as was done in the June 2021 Council of Governors meeting), it is often cited as an underpinning reason. This was raised again at a recent Quality and Patient Experience Sub-Group meeting and there was agreement that it would be important for the Council of Governors to seek assurance on the actions that the Board is taking in response.

The report outlines the current LWH position and the actions being taken by the Board in an attempt to drive improvements. This includes an alternative approach to short term sickness management, several wellbeing initiatives and a Board backed 'Wellbeing Pledge'.

MAIN REPORT

1. Introduction

The Council of Governors will be aware that sickness absence remains a critical issue for the Trust. When discussing Trust performance and in particular, the recent challenges in maternity (as was done in the June 2021 Council of Governors meeting), it is often cited as an underpinning reason. This was raised again at a recent Quality and Patient Experience Sub-Group meeting and there was agreement that it would be important for the Council of Governors to seek assurance on the actions that the Board is taking in response.

2. Current position regarding sickness absence at LWH

For the last 5 years, the sickness target of 4.5% at LWH has not been achieved. This is despite extensive management and adherence to policy and is suggestive of wider issues of leadership, engagement and culture.

There are currently 15 cases of long-term sickness in Family Health Division and 7 across CSS and gynaecology. In August 2021, the majority sickness within maternity was short term which is unusual and was potentially linked to the wider staffing / morale issues within the service (77%). Trust wide, 72% of sickness is attributable to absence of over 28 days.

The main reasons for sickness absence alternate between cough/cold/flu and anxiety/stress/depression.

Consistently throughout the Covid-19 pandemic, LWH has been identified as one of the trusts in the Cheshire & Merseyside region and North West with higher rates of Covid-19 related absence (both sickness and special leave due to childcare etc) with a predominantly female population, higher special leave could be anticipated but there is less of a clear explanation for Covid-19 related sickness absence.

3. Benchmarking against Best Practice

In February 2021, NHSI/E undertook a 'deep-dive' analysis into sickness absence in the North West, in recognition that the North West has the highest rate of non-covid absence in the country. Data was assessed from a cohort of Trusts with 10 lowest and the 10 highest rates of sickness absence.

Whilst there was great variation between organisation, some themes of best practice were identified

Themes identified in Trusts with lower sickness absence	Position at LWH
<i>HR Staffing</i> Lower absence Trusts have higher numbers of HR staff focused on sickness absence	NHSI corporate benchmarking consistently shows that the HR Department at LWH has fewer staff than comparator Trusts or other corporate services. From within existing budget, an additional HR Business Partner is currently out to advert and a business case will be submitted for an additional OD facilitator to

	focus on supporting line managers to enhance leadership skills.
<i>Occupational Health</i> Lower absence Trusts are more likely to have outsourced Occupational Health departments which are performing within KPIS such as lower time from referral to appointment.	LWH has an outsourced OH department which generally performs to agreed KPIS. The department was undoubtedly stretched during Covid and discussions are ongoing to explore how the performance of the contract can be further enhanced.
<i>Absence Management Systems</i> Lower absence Trusts were <i>less</i> likely to use automated absence management systems	Whilst this has been considered at LWH, the costs of such systems were not felt to be justified for the scale of absence at LWH and absence is managed pro-actively by the HR Advisors.
<i>Staff Survey</i> Lower absence Trusts score above average for their engagement score	LWH is the lowest out of the specialist Trusts in C&M for the staff survey engagement score (though at the national average for acute Trusts) reinforcing the link between absence levels and a motivated, engaged workforce.
<i>Absence Reasons</i> Lower absence Trusts have a lower proportion of sickness absence attributable to anxiety / stress / depression	At LWH anxiety / stress / depression is the main reason for absence
<i>Temporary Staffing</i> Lower absence Trusts fill more shifts with bank rather than agency	At LWH use of agency staffing has historically been low but has increased significantly in the last 12 months due to covid and wider staffing challenges within maternity.
<i>Vacancy rate</i> Lower absence Trusts have lower vacancy rates	At LWH historically and overall, we have lower rates of vacancies than most acute Trusts (5% for registered nurses and 10% for HCAS) but there are currently higher than normal vacancies within midwifery
<i>Turnover</i> Lower absence Trusts (conversely?) have higher turnover rates	At LWH turnover is generally below target of 13% (this month 11%) but with pockets of higher turnover such as admin and theatres, which also have higher absence rates so this point is not really in line with the regional findings.
<i>Policy</i> Lower absence Trusts have the following similarities within their policies <ul style="list-style-type: none"> • Less complex policies applied organisation wide • Fewer days absence (not episodes) as a trigger for intervention • Longer monitoring periods 	At LWH all of these factors are in place in the current policy with the exception of a very structured framework for management of LTS absence.

<ul style="list-style-type: none"> • Shorter periods of absence classed as 'long term' • Clearly defined LTS framework with specified meetings • Regular audit of policy 	
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4. Action taken by the Board and the Putting People First Committee

Proposal to suspend the short-term stages of the LWH Attendance Policy for a period of 12 months

Currently the Short-Term sickness policy is in line with most other NHS Trusts in that it has three formal stages with trigger points within it, comprised of a number of days and number of episodes of sickness absence.

The trigger points are managed and monitored by the department manager and their HR advisor with formal meetings equating to formal warnings held at stage 1,2 and 3 with stage 3 having the potential for termination of contract.

In the last 3 years, no staff have had their contracts terminated as a result of short-term sickness and rates of absence have remained consistently above Trust target suggesting that the policy is not acting as a deterrent or delivering any sustained change.

The time taken to manage short term absence is significant, both for managers and the HR team. The most common reason for short term absence is cough / cold. It can be argued that such absence is in some proportion, unavoidable, and in part linked to low levels of motivation / engagement. Meaningful, consistently undertaken return to work interviews are more likely to have a beneficial effect on absence than staged meetings and are proposed to be a better use of managers' time.

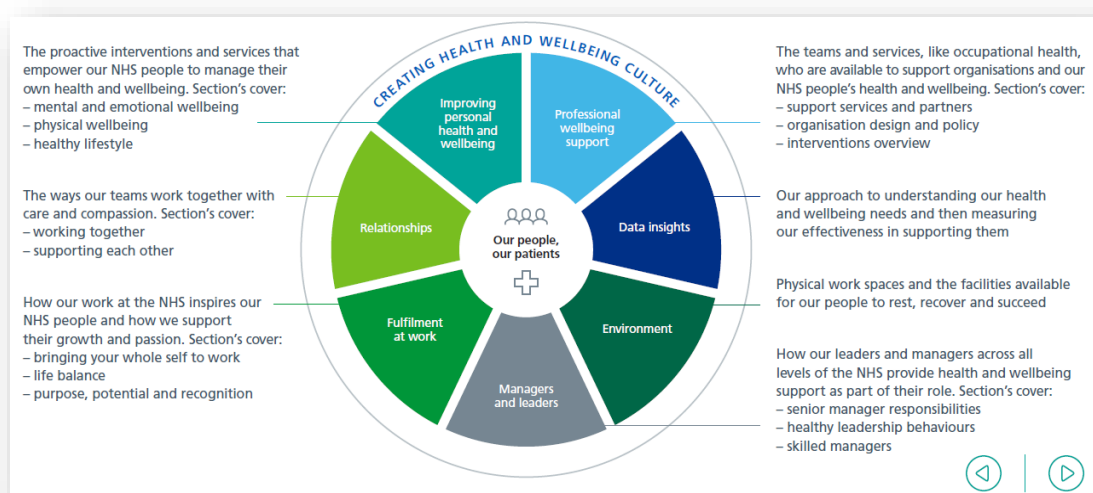
As per the findings from the regional audit, what would be introduced is a more structured and prescriptive approach to LTS management where the frequency of the meetings is currently determined by the line manager / employee.

This proposal was considered by the Putting People First Committee in September 2021 and then subsequently at a Board Development Session in October 2021. It was noted that the approach would be unusual and whilst it was being considered in some other NHS Trusts, no Trusts had yet implemented this approach. There was acknowledgement that there is a potential for misuse however it is felt that there are only a small cohort of employees who 'play' the current system and it would be this group who would seek to manipulate the proposed new system rather than the wider staff group as whole. The concept has been tested via staff side and through the nursing meetings including professional forum and the matrons meeting and no objections have been raised. Therefore, it was agreed to implement the new approach from 1st November for a period of 12 months with careful monitoring of improvements undertaken by the Putting People First Committee.

Link between wellbeing and sickness absence

Whilst it is difficult to establish a causal link between wellbeing and sickness, the last 12 months has seen more focus than ever on staff wellbeing at LWH.

The NHS has developed a **Health and Wellbeing checklist** based on the evidence and insights gathered on staff health and wellbeing since the start of the COVID-19 pandemic in early 2020. LWH has been benchmarked against the recommendations and is on track to address them all. Progress against our ambitions will be monitored via a detailed Wellbeing action plan, regularly reviewed and tested by the Putting People First Committee.



Health and wellbeing organisational checklist

Environment	LWH Response
<ul style="list-style-type: none"> • Appropriate and accessible rest spaces • Access to appropriate PPE at all times • Accessible water points • Accessible toilet and changing facilities 	<ul style="list-style-type: none"> • Water fountains to be installed in all clinical areas • Staff rooms in process of being upgraded • PPE all in place • Planned improvements to lockers • Green space (zen garden) & quiet staff only space provision (conservatory) • Rest pods in clinical areas • Improving healthy food offer (including out of hours)
Managers and leaders	

<ul style="list-style-type: none"> Wellbeing Guardian appointed and helping to set HWB agenda by understanding Organisational priorities, informed by Model Health System Health and wellbeing conversations promoted and encouraged Role-modelling of high-quality wellbeing conversations 	<ul style="list-style-type: none"> Wellbeing Guardian was appointed, recent change to Board Member Wellbeing Conversations commenced
Relationships	
<ul style="list-style-type: none"> Development of wellbeing champions and opportunities to access proactive wellbeing activities and support 	<ul style="list-style-type: none"> Established Health and Wellbeing Committee, divisional representation recently been refreshed, chaired by Consultant Obstetrician Refresh of organisational values & associated behaviours under the BE KIND banner
Improving personal health and wellbeing	
<ul style="list-style-type: none"> Signposting to available HWB offers at local (e.g Occupational Health), ICS, regional (e.g. Mental Health Hubs) and national level (e.g access to financial support) Active promotion of local Mental Health Hub Emotional support that is culturally sensitive and meets the diverse needs of the workforce 	<ul style="list-style-type: none"> In place, C&M Resilience Hub have offered to do some team interventions Development of psychological support offer ongoing
Professional wellbeing support	
<ul style="list-style-type: none"> Annual leave policy ensures staff have regular time off for rest Staff are encouraged to participate in health and wellbeing training and development opportunities, for individuals and for teams, and given the time to do so A communications plan for HWB is in place, which includes regular information on the support available and progress being made Effective and compassionate risk assessments for at risk staff (such as those who are clinically extremely vulnerable) Occupational Health Service provider sharing how it can support teams and individuals Support following distressing incidents/interactions e.g. through Compassionate Conversations 	<ul style="list-style-type: none"> Annual leave and e-roster policies support appropriate rest 20 Ward Managers are currently being trained in wellbeing coaching WE CARE branded programme of HWB activities and offer circulated to all staff with the 'Wellbeing Bags' All staff risk assessed; ongoing risk assessment compliance being audited; wellbeing conversation to include identification of risk & response Just Culture methodology being integrated into SI and de-briefing processes Psychologist will also provide training and support

	following incidents	distressing
Data insights		
<ul style="list-style-type: none"> Engaging with staff to understand other support needed - e.g. childcare support and support for working carers 	<ul style="list-style-type: none"> Staff with caring responsibilities recorded on ESR LWH engaged in national Flex for the Future programme looking at promoting even more opportunities for flexible working Wellbeing conversation to identify non work factors impacting on health, performance, attendance 	

The establishment of a £100k Health and Wellbeing Budget (partly funded by charitable monies) has been instrumental in delivering some key wellbeing activities

- 15 days of 'Inspire Talkz', Rugby Players delivering face to face training and coaching around resilience which is already gaining positive feedback from 'hard to reach' groups including Delivery Suite
- Purchase of 3 sleep pods to aid rest and relaxation in the midst of busy clinical areas
- Upgrade of staff room facilities in clinical areas Trust wide
- Distribution of 'Wellbeing Bags' to every member of staff
- Promotion of wellbeing awareness days including talks with front line members of staff about mental health for mental health awareness day and talks, stands, promotions and events for Men's Health Week and Menopause Awareness Day.
- Refurbishment of conservatory and development of wildflower and zen gardens

It should be noted that such assessments do not take into account 'hygiene factors' of sufficient staff who are deployed efficiently. Without this, improvements in staff wellbeing will not be achieved. As a Trust, we are actively over-recruiting in key clinical services to take into account attrition, maternity leave, retirement intentions; the Trust is exploring international recruitment and undertaking a review of recruitment practice as a whole, including onboarding and testing experience at key points in an employee cycle.

Wellbeing Pledge

Trust boards in the North West have been asked to sign up to a pledge of commitment in relation to employee wellbeing. The stated aim of the pledge is to 'shift the focus around health and wellbeing from the (approximately) 5% of staff in the North West who are off sick, to the 95% who are in work and contributing'.

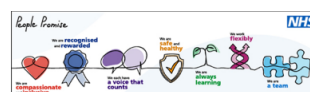


Liverpool Women's
NHS Foundation Trust

Our pledge for the wellbeing of our NHS people

We pledge to commit to shifting the wellbeing focus from the 5% to the 95% by:

- **preparing our board for the change** to take a more holistic, person-centred individual and flexible approach, which is driven through policy and aligns with embedding a just culture.
- **evidencing that wellbeing is a priority with our board by** understanding the wellbeing of our people, giving them a voice, making sure all decisions have a wellbeing lens applied and addressing any issues.
- **committing to the three North West's themes of enabling work**
 - wellbeing services that support the 95%
 - a new person-centred wellbeing approach and an attendance management policy framework
 - leadership development that supports managers in our new approach.



Preparing our Board for the change:

- Why presenteeism is of at least equal importance to sickness absence **At LWH we are starting to change the language, less focus on talking about absence and more about staff who are here and contributing, celebrating contribution & achievement.**
- Significant policy shift - from a focus on sickness absence to holistic well-being and from rigid attendance management to a more person centred & flexible approach **At LWH our updated sickness policy is to be launched in November including a move away from short term sickness stages to holistic wellbeing conversation to support staff**
- Considerations for ethics, equality, diversity and inclusion - moving away from treating everyone the same to more individualised and person-centred approaches
- How the approach aligns with embedding a just culture **At LWH, Wellbeing is overseen by the Head of Culture and Staff Experience who has a responsibility to co-ordinate both work plans**

Evidencing that well-being is a priority at our Trust Board by:

- Understanding the well-being of our people and how we are meeting their needs, giving staff a safe voice
- Showing how a well-being lens is applied to all decisions

- Understanding our organisation's culture, including what has been normalised, taking positive action to address the issues and support our People

Committing to the three NW themes of enabling work:

- Well-being services that support the 95%
- A new person-centred well-being and attendance management policy framework **As above the new Attendance Policy will be significantly different in tone and content.**
- Leadership development that supports managers in our new approach **LWH is part of a regional programme of wellbeing coaching for ward managers along with 2 other Trusts.**

5. Conclusion

Sickness absence continues to be a significant challenge to the Trust and one for there is no 'quick fix'. Improvements will require a culture shift that is likely to take time. The Council of Governors is asked to consider the actions being taken by the Board and to seek further assurance if necessary.

6. Recommendation

The Council of Governors is asked to note the report.