



Liverpool Women's
NHS Foundation Trust

Annual Member's Meeting

30 September 2021

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

Welcome and Introduction

- Introductory comments from the Trust Chair, Robert Clarke
- Minutes of the Annual Members' Meeting 2020
- Annual Report and Accounts and reports from the Trust's External Auditor available on the Trust website.





Liverpool Women's
NHS Foundation Trust

Review of the Year 2020/21

Kathy Thomson, Chief Executive

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

Review of the Year 2020/21

Has been a challenging year but the response of our staff has been amazing. We are proud of every member of staff but just to pick out some key highlights:



Interserve hands over new Neonatal Unit at Liverpool Women's Hospital

The new Neonatal Unit at Liverpool Women's NHS Foundation Trust has been handed over by Interserve Construction following a major refurbishment and extension of the existing facility to create the largest unit of its kind in the UK.



Liverpool Women's Hospital and Alder Hey use Telemedicine Robots during COVID-19

Liverpool Women's Hospital and Alder Hey have been using new and innovative telemedicine robots to ensure that babies are provided with the best possible care without the clinician being in the room.



Liverpool Women's Mark Florence Nightingales 200th Birthday
12th May 2020 marks the 200th Birthday of Florence Nightingale, to celebrate this occasion three roses have been planted at Liverpool Women's Hospital.



**DJ Lee Butler raises
over £20,000 for
Liverpool Women's
Hospital Charity**

Reds support new mums at Liverpool Women's Hospital

Liverpool FC donated much needed baby clothes and essential items to Liverpool Women's Hospital to assist new mums and their newborn babies during the COVID-19 outbreak.



**LFC Premier League trophy visits
Liverpool Women's Hospital**
Liverpool FC gave local NHS staff the chance to get their picture taken with the Premier League trophy last week, in appreciation of their hard work and sacrifice throughout the COVID-19 pandemic.

#AskAlice was shortlisted for NHS Communications Initiative of the Year Award at the 2020 HSJ Awards, recognising outstanding contribution to healthcare.



Liverpool Women's Safeguarding Team shortlisted in National Patient Safety Awards



Health Tech Award winners

Communications and Maternity team - winners in the Excellence in Engagement and Communications category for Ask Alice – Keeping pregnant women safe and reassured during Covid-19.

Digital Services Department - winners for Best Digital First Project - using Virtual Reality to support patients, carers and families. They also received highly commended in the Major Project Go Live category with Fortrus for delivering a paper free health record.

Neonatal Team - for Neonatal Telehealth Partnership with Alder Hey receiving highly commended in the category for Tech Project of the Year

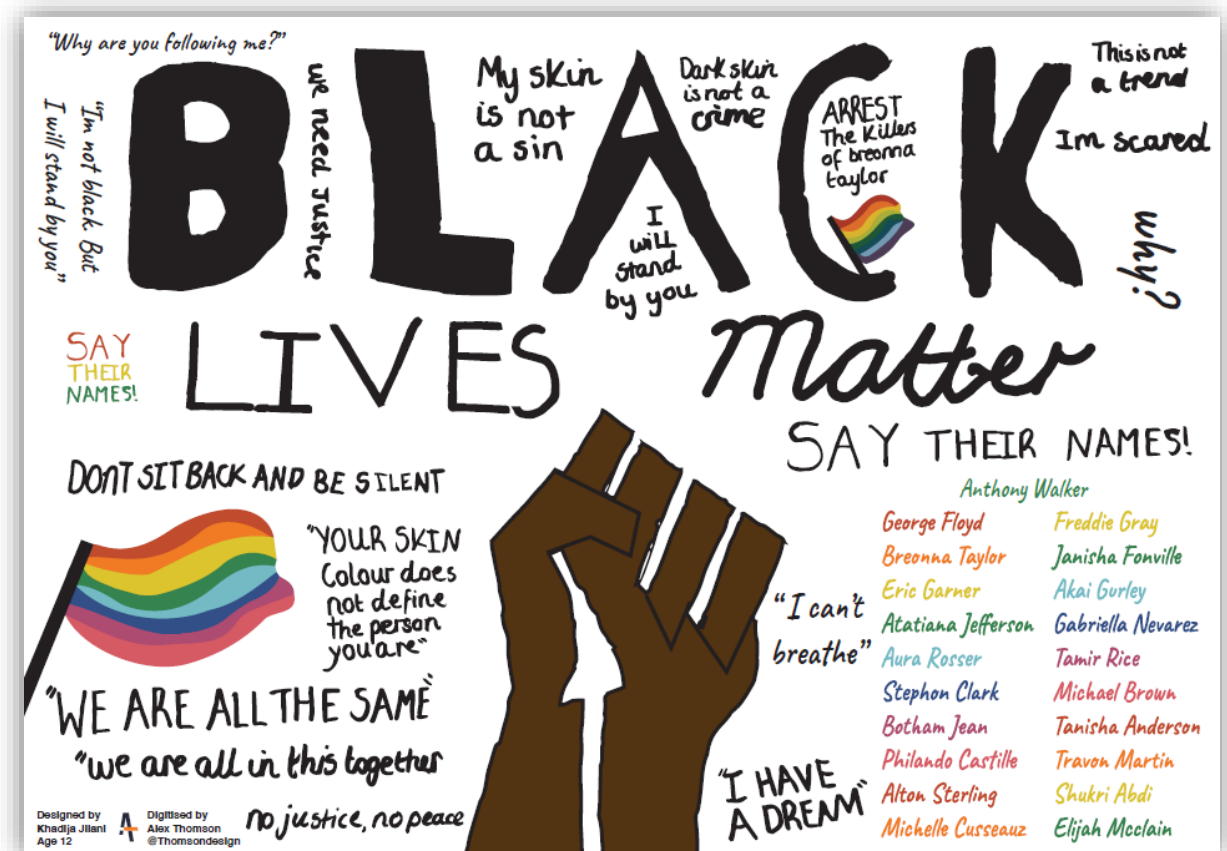
Liverpool Women's using pioneering robotic-assisted surgery to tackle Endometriosis

Endometriosis is the second most common Gynaecological condition for women in the UK and Liverpool Women's is aiming to provide better treatments and experiences for women with the help of robotic surgery.



Why do Black Lives Matter?

Kiran Jilani is a Consultant Obstetrician at Liverpool Women's, her 12 year old daughter, Khadija created this powerful piece of artwork to communicate the importance of the Black Lives Matter movement. This is now displayed within Liverpool Women's Hospital.



Review of the Year 2020/21

- The effects of the COVID-19 pandemic have been unprecedented and there have been impacts on the Trust's operational performance. The unpredictable sickness absence related to COVID-19 on top of normal absence has been the most significant factor affecting operational performance throughout the whole year.
- Following national guidance, the Trust was also required to step down certain services and prioritise others. Our Chief Operating Officer will outline this in more detail.
- Changes to the NHS financial regime created challenges to the Trust's position and there remains on-going uncertainty – picked up in more detail later in the meeting.
- Trust updated its Corporate Strategy in 2021. Long term focus remains the same but enhanced detail was provided on the Trust's short and medium term goals
- The Trust has also taken steps to learn the lessons from the changes to practice brought about by the pandemic. Not all of these have been negative, and we do not accept that we should only target recovering back to pre-COVID-19 levels e.g. In many ways, the COVID-19 pandemic accelerated and matured existing partnerships and developed some new ones too.





Liverpool Women's
NHS Foundation Trust

Financial Performance 2020/21 & 2021/22

Forecast

Jenny Hannon, Chief Finance Officer

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Financial Performance 2020/21 & 2021/22

Forecast

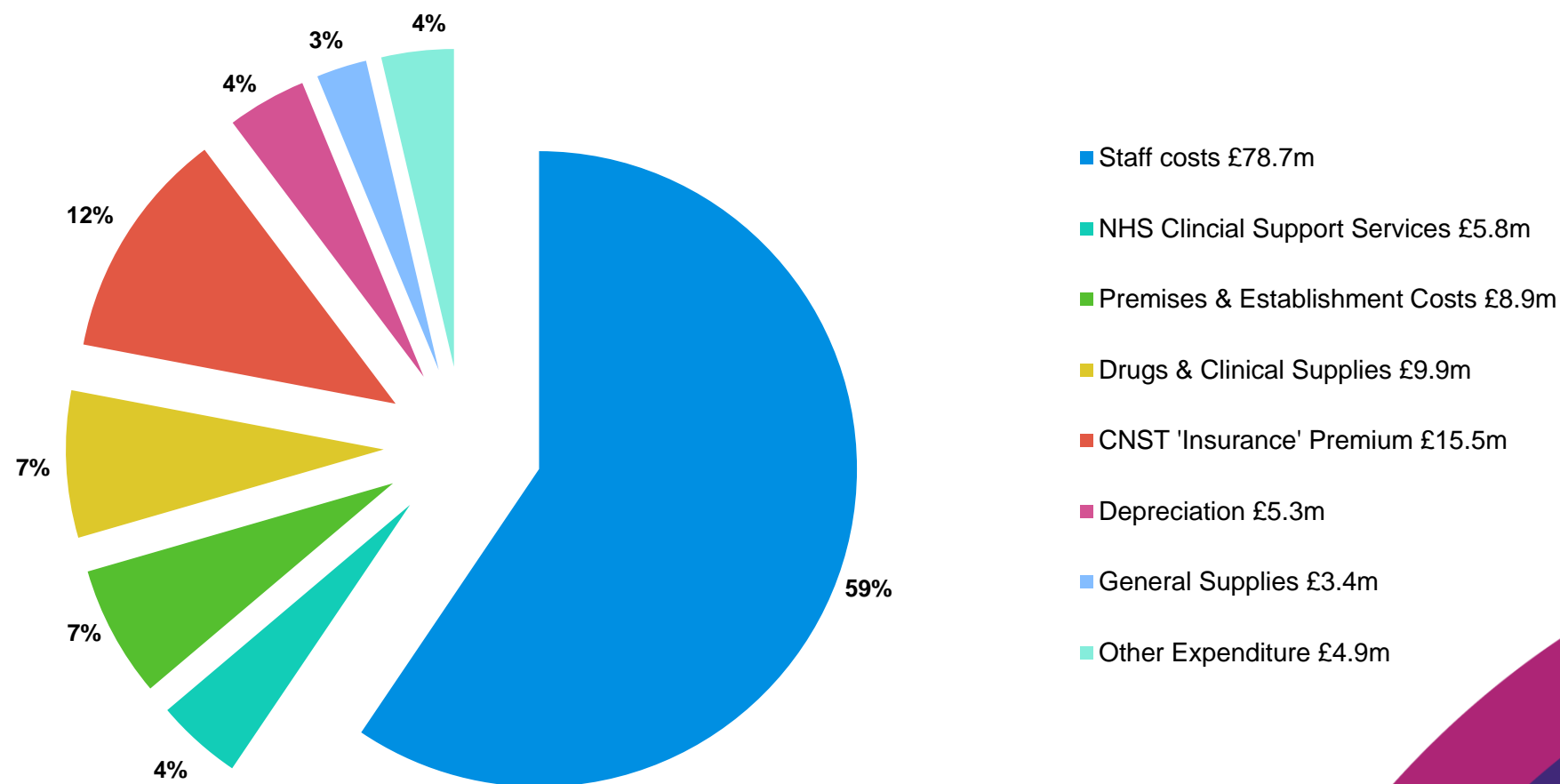
- Overall Income and Expenditure
- Although the Trust was in deficit, this was an improvement against the agreed plan, and was caused by the block contract arrangements introduced not being sufficient to cover the Trust's costs.

	2020/21 £000's	2019/20 £000's
Income	130,500	116,012
Operating expenses	(132,297)	(113,751)
Financing and Public Dividend Capital	(2,195)	(1,989)
Retained (deficit) / surplus	(3,992)	272

Financial Performance 2020/21 & 2021/22 Forecast

How much did it cost to run the Trust?

- Operating Expenses in 2020/21 - £132.3m
- Equivalent to £362,000 per day



Financial Performance 2020/21 & 2021/22 Forecast

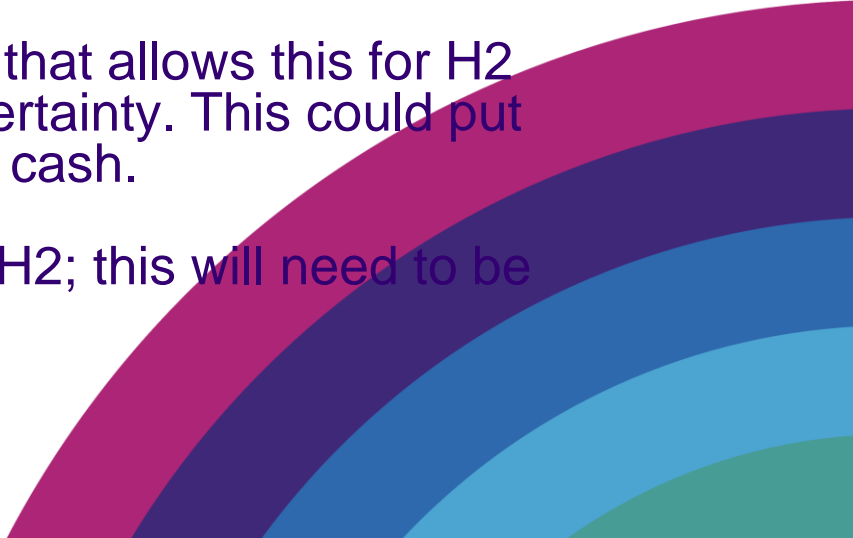
Supporting Service Delivery

- Capital expenditure in 2020/21 comprised of investment in the estate, medical equipment and Digital Services, as well as commencement of a major redevelopment on the Crown Street Site.
- The Trust was successful in being awarded £6.5m of Public Dividend Capital (£4.9m of which was drawn down in 2020/21) in order to acquire a surgical robot (which was purchased in 2020/21) and undertake estates works at the Crown Street site (which commenced in 2020/21 and will be completed in 2021/22).
- In addition, this funding will be used to put in place a Computerised Tomography (CT) scanner and Blood Bank in 2021/22. The Neonatal Redevelopment programme was completed in 2020/21 and the unit is fully in use.



Financial Performance 2020/21 & 2021/22

Forecast

- National planning requirement was for April to September 2021 (H1) only initially. Both the Trust and Cheshire and Merseyside as a whole agreed a breakeven plan.
 - As at Month 5, LWH is forecasting to achieve this, but is expecting to be reliant on £1.7m of non-recurrent benefits to balance under-achievement of elective activity (and therefore reduced Elective Recovery Fund income), reduced Cost Improvement Programme savings, and overspends on pay particularly agency midwives and theatre staff.
 - The second half of the year (H2) will be a real challenge – there is likely to be increased savings requirements and reduced covid funding, although there is likely to be some opportunity to earn Elective Recovery Funding where this is possible.
 - There are also local challenges including investment in quality and safety; this may increase as the Trust reviews the impacts of Continuity of Carer, Birth Rate Plus and Ockenden.
 - For H1, the Trust is reliant both on the non recurrent funding outlined above but also on £8.5m of system funding. The overall envelope is likely to be constrained or reduced so H2 may be a real challenge.
 - As the Trust was in deficit in 2020/21 and is in underlying deficit in 2021/22, this has put pressure on cash. Partners within Cheshire and Merseyside including other providers, C&M HCP and Liverpool CCG have been able to support in the short term.
 - Being able to return to breakeven and achieving an income settlement that allows this for H2 is key. The pre-Covid system is being replaced and there remains uncertainty. This could put pressure both on the Income & Expenditure position and consequently cash.
 - The Trust is working on a planning submission for November 2021 for H2; this will need to be agreed by the HCP, Board and NHSI/E in a very short timeframe.
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Liverpool Women's
NHS Foundation Trust

Quality Performance 2020/21

Marie Forshaw, Chief Nurse & Midwife

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Quality Performance 2020/21

Quality Report for 2020/21 published as part of the Annual Report.

They were published as separate documents last year

Three quality priorities during 2020/21:

Reduce Harm

Safety is of paramount importance to our patients and is the bottom line for Liverpool Women's when it comes to what our services must be delivering.

Reduce Mortality

Effectiveness is providing the highest quality care, with world class outcomes whilst also being efficient and cost effective.

Provide the best Patient Experience

Our patients tell us that the **experience** they have of the treatment and care they receive on their journey through the NHS can be even more important to them than how clinically effective care has been.



Quality Performance 2020/21

Reduce Harm

- One Never Event reported – ensuring learning is embedded has been a key action during the year
- Low numbers of HCAI maintained – MRSA=1, Clostridium difficile = 0, hospital acquired Covid-19 = 0
- Sepsis CQUIN achieved with timely identification and screening and treatment carried out for all patients when sepsis was suspected.



Quality Performance 2020/21

LWH Response to the Ockenden Report

- LWH has collated the available evidence and assessed itself against these urgent clinical priorities and reported to NHSE via the LMS. The Trust has been particularly rigorous in being able to fully demonstrate compliance before signing and has some additional actions and evidence that it wishes to pursue.
- In order to enable a robust and complete review of the maternity service against the Ockenden report and previous reports i.e. Kirkup report and to implement the recommendations we have:
 - Established a task and finish group to support progression of actions with senior executive oversight.
 - Created a standing agenda item on monthly maternity risk meeting to review the progress of action plans.
 - Submitted reports to Family Health Divisional Board for oversight and challenge against compliance.
 - Submitted regular reports to internal meetings (e.g. Quality Committee) and external partners (e.g. CCG and CQC) for assurance.



Quality Performance 2020/21

Reduce Mortality

- **Maternal** - There were 0 direct maternal deaths recorded in 2020-21.
- **Gynaecology** - There was 5 expected oncology deaths in hospital in 2020-21 and 2 unexpected deaths
- **Neonatal** – 47 deaths (<of 15 from 2019-20) were infants who died as a result of their prematurity and/or complexity of their clinical condition
- The Trust will continue to benchmark against national data from the Office of National Statistics, annual data from Vermont-Oxford Network and MBRRACE-UK.
- The Trust recognises that the current Neonatal Mortality rate is above our goal and following internal reviews and a review by Birmingham Women's Hospital Neonatal Team an external review was commissioned via the North West Neonatal Operational Delivery Network to undertake a Independent Mortality review
- The Trust will continue to undertake review internally of all neonatal death and provides a quarterly report to the Quality committee and Trust Board as part of the Trust Learning from Deaths Policy.



Quality Performance 2020/21

Provide best patient experience

- No statistically significant changes in staff survey results from 2019 to 2020.
- Since 2016 the engagement trend has been positive and this did continue into 2020.
- Low numbers of Formal Complaints – demonstrating an effective PALs and PALs+ process.



Quality Performance 2020/21

Looking Forward 2021/22

- New Clinical and Quality Strategy being implemented
 - Increased focus on embedding Quality Improvement
 - Increase in Home Birth Rates
 - Continued Increase in Breastfeeding rates
 - Increase in compliance with Public Health indicators (Trust wide)
 - Continued progress with NatSIPP's and LocSIPP's
 - Continuity of Carer in Maternity
 - Continued partnership working
 - Robotic Surgery for Gynaecology
 - On site CT and Blood Bank Development commenced
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- A decorative graphic in the bottom right corner consisting of several concentric, curved bands of color. The colors transition from a deep magenta/purple at the top, through dark blue, to a lighter blue, and finally to a greenish-blue at the bottom. The bands are curved, following the arc of the bottom right corner of the slide.



Liverpool Women's
NHS Foundation Trust

Covid-19 – Response and Recovery

Gary Price, Chief Operating Officer

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Covid-19 – Response and Recovery

In March 2020, a global pandemic was declared in relation to Novel Coronavirus (Covid-19), which has had significant effect on most aspects of life in the UK and all aspects of healthcare. Some key aspects are highlighted below:

Mandated suspension versus continuation of workstreams

LWH has a limited clinical portfolio but provides tertiary level care in each of its specialties. The suspension or continuation of services has been mandated by NHSE on a specialty by specialty basis since the pandemic's arrival in the UK.

Suspended work streams – vigilance for harm

The key areas requiring vigilance for harm have been those subject to suspension. To maintain safety a number of new measures were introduced.

Performance

The Trust continued to monitor all key aspects of its performance despite the suspension of some of its services.



Covid-19 – Response and Recovery

Covid-19 Infection Prevention and Control (IPC) Assurance Framework

An NHSE IPC Covid-19 board assurance framework (BAF) was completed by the Trust on several occasions and updates provided to NHSE/I and the CCG.

Workforce Issues

The national response to Covid-19 generated multiple workforce issues including the need:

- to risk assess staff who may be at increased risk of contracting the disease
- to risk assess staff who are more likely to have a poor outcome if they become infected
- to offer swab testing for symptomatic staff and their household members
- to offer swab testing for asymptomatic staff as a screening tool
- to minimise the risk of staff contracting the disease
- to respond in line with all national directives.

Governance

A governance structure was created in the Trust at the outset of the pandemic to ensure that an optimal response was provided to the challenges ahead.

Listening to Patient and Families during Covid-19

During Covid-19 in 2020 LWH gathered feedback during Covid 19 from patient and families by using social media; overall the feedback was positive. Main concerns related to patient visiting. Important to strike balance between providing a positive patient experience and maintaining patient safety.



Covid-19 – Response and Recovery

Recovery

The following provides the headlines from work underway to progress the recovery and restoration of services:

- IPC Measures remain in place for staff and patients in all LWH services
- Command and Control in place with Executive Oversight
- June 21 - new NHS Oversight Framework published with key priorities for year ahead
- Maternity: Establishment of regional C&M Maternity Cell (Chaired by LWH), review and update of regional escalation policy
- Gynaecology : Elective services restored with a challenge of backlog (8.5k patients- 10.5k patients through pandemic), patients clinically reviewed and prioritised. National ask to eliminate long (>52 week waiters) • June 2021 - a challenge with elective care due to increased sickness absence
- Inpatient elective activity overperforming year to date
- Day case activity behind plan with a focus on increasing throughput through Ambulatory day case a priority
- Oncology has seen a sustained increased in referrals (120%) vs 19/20 for past 6 months. National ask to get back to pre pandemic performance by Q3 2021/22





Liverpool Women's
NHS Foundation Trust

Membership & the Council of Governors

Robert Clarke, Trust Chair

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Membership & the Council of Governors

Council of Governors

Two main areas of responsibility

- engagement with the membership and representing the interests of the members and the public
- seek assurance from the Board on Trust quality of care afforded to patients and the Trust's performance



Membership & the Council of Governors

Membership

As at 31 March 2021 the Trust had 10,843 members:

Public	Number
Central Liverpool	2,734
Knowsley	1,099
North Liverpool	1,536
Sefton	1,212
South Liverpool	1,308
Rest of England	1,403
Total public membership	9,292
Staff	Number
Doctors	101
Nurses	417
Midwives	331
Scientists, technicians and allied healthcare professionals	330
Administrative, clerical, managers, ancillary and other support staff	372
Total staff membership	1551

There has been a slight decreasing trend in Trust membership over recent years. The key focus is increasing recruitment with under-represented groups and ensuring effective engagement with existing members.



Membership & the Council of Governors

Membership

- New Membership Strategy 2021-25 developed and agreed
- The Strategy is clear that membership engagement cannot be an isolated task and should be embedded into wider patient / public engagement and involvement activity. There is also an opportunity for the membership to play a significant role in helping the Trust to engage with all aspects of the community.
- Underpinning the overall objectives and priorities are annual actions that will be reviewed and updated each year. The first year's actions are very much focused on providing a 'baseline' whether that be through establishing effective reporting and intelligence gathering mechanisms or building relationships and partnerships with key organisations.



Membership & the Council of Governors

Governor Activities

Meet formally four times a year as a full Council

Council of Governors Nomination & Remuneration Committee oversees the process for appraising the Non-Executive Directors and the Chair

Council of Governors Sub-Groups

The three Groups are:

- Quality and patient experience Group
- Financial & Performance Group
- Communications and Membership Engagement Group

Each Group has a membership comprising of Governors and are supported by both Executive and Non-Executive Directors.



Membership & the Council of Governors

Elections and Appointments

There were ten governor seats up for election this year.

Six have been filled as uncontested seats and three were contested (Central Liverpool (x2) and Rest of England)

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 our new governors!

There is one public seat (North Liverpool) unfilled. These will be vacant until the 2022 elections are held.



Membership & the Council of Governors

Farewell to Governors

Farewell to the following governors who leave us today as their terms of office conclude. We would like to thank them for their service and support to the Trust.

Thania Islam – Public (Central Liverpool)

Mary Doddridge – Public (Central Liverpool)

Si Jones – Public (North Liverpool)

Carole McBride – Public (Sefton)

Rev Anne Lawler – Public (Knowsley)

Denise Richardson – Public (England and North Wales)

Maria Culligan – Staff (Scientists and AHPs)

Thank you also to Mary McDonald (Community & Voluntary Organisations) and Rev. Cynthia Dowdle (Faith Organisations) whose term of office as appointed governors comes to an end.



Membership & the Council of Governors

Constitution Amendment

During a recent discussion regarding the extension of Non-Executive Director terms of office, it was noted that the Constitution currently contains the following provision (ANNEX 6 – ADDITIONAL PROVISIONS – BOARD OF DIRECTORS):

8. The Chair and the non-executive Directors are to be appointed for a period of office not exceeding three years and in accordance with the terms and conditions of office, including remuneration and allowances, decided by the Council of Governors at a General Meeting. Any re-appointment of a non-executive Director by the Council of Governors shall be subject to a satisfactory appraisal carried out in accordance with procedures which the Board of Directors have approved. Re-appointment will be for a further term of up to three years. The Council of Governors may determine, in exceptional circumstances, that a non-executive Director may be re-appointed for a third term.

Whilst the Trust's Constitution is not specific regarding the length of a third term, the NHS Code of Governance states that extensions beyond six years "should be subject to annual re-appointment"

Whilst not specifically stated in the Constitution, the Trust has taken decisions in the past to comply with this provision. It is recommended that paragraph 8 of the Constitution is amended to the following to align with the NHS Code of Governance (amended section highlighted):

8. The Chair and the non-executive Directors are to be appointed for a period of office not exceeding three years and in accordance with the terms and conditions of office, including remuneration and allowances, decided by the Council of Governors at a General Meeting. Any re-appointment of a non-executive Director by the Council of Governors shall be subject to a satisfactory appraisal carried out in accordance with procedures which the Board of Directors have approved. Re-appointment will be for a further term of up to three years. The Council of Governors may determine, in exceptional circumstances, that where a non-executive has served six years, they may be subject to annual re-appointment up to a maximum of nine years in total served.

This amendment has been approved by both the Council of Governors and Board of Directors. However, as this relates to the powers of the Council of Governors, final amendment is subject to approval at the Annual Member's Meeting.





Liverpool Women's
NHS Foundation Trust

Our Strategy

Dr Lynn Greenhalgh, Medical Director

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



Liverpool Women's
NHS Foundation Trust

Our Strategy 2021–2025

Our Strategy



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

Our Strategy 2021–2025

Our Strategy 2021–2025 outlines the Trust's plans for the next five years which focus on our people, the safety of our services and the experience of those who use our services.

Our vision is to be the recognised leader in healthcare for women, babies and their families and we want to be the provider that sets the standards that others follow.

We want to lead the way in shaping health and care services, working with our partners to improve economic, environmental and social wellbeing across Liverpool and beyond.

Our focus for the next five years




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

Our supporting strategies and plans



People

We will be an outstanding employer

- Be recognised as the most inclusive organisation in the NHS with Zero discrimination for staff and patients
 - Treble number of staff from ethnic minority backgrounds in leadership roles
 - Be in the top 10% of NHS organisations for staff engagement as evidenced by the Annual National NHS Staff Survey
 - Grow the consultant workforce to achieve 24/7 consultant cover
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Experience

Every patient will have an outstanding experience

- Deliver an excellent patient and family experience to all our service users
- Pro-actively seek the views of diverse communities to inform the design of our services for the future, ensuring we champion the voices of our future service users
- Achieve Bliss baby charter accreditation
- Achieve the Unicef Baby Friendly Initiative



Safety

Our services will be the safest in the country

- Implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible
 - Provide our hospital with the best digital capabilities and embed a digital first culture
 - Develop our facilities for the benefit of our patients as well as those across the system
 - Progress our plans to build a new hospital co-located with an adult acute site
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Future Generations Strategy

*Making our services fit for future generations
of women, babies, and families*



Future Generations

What is Future Generations?

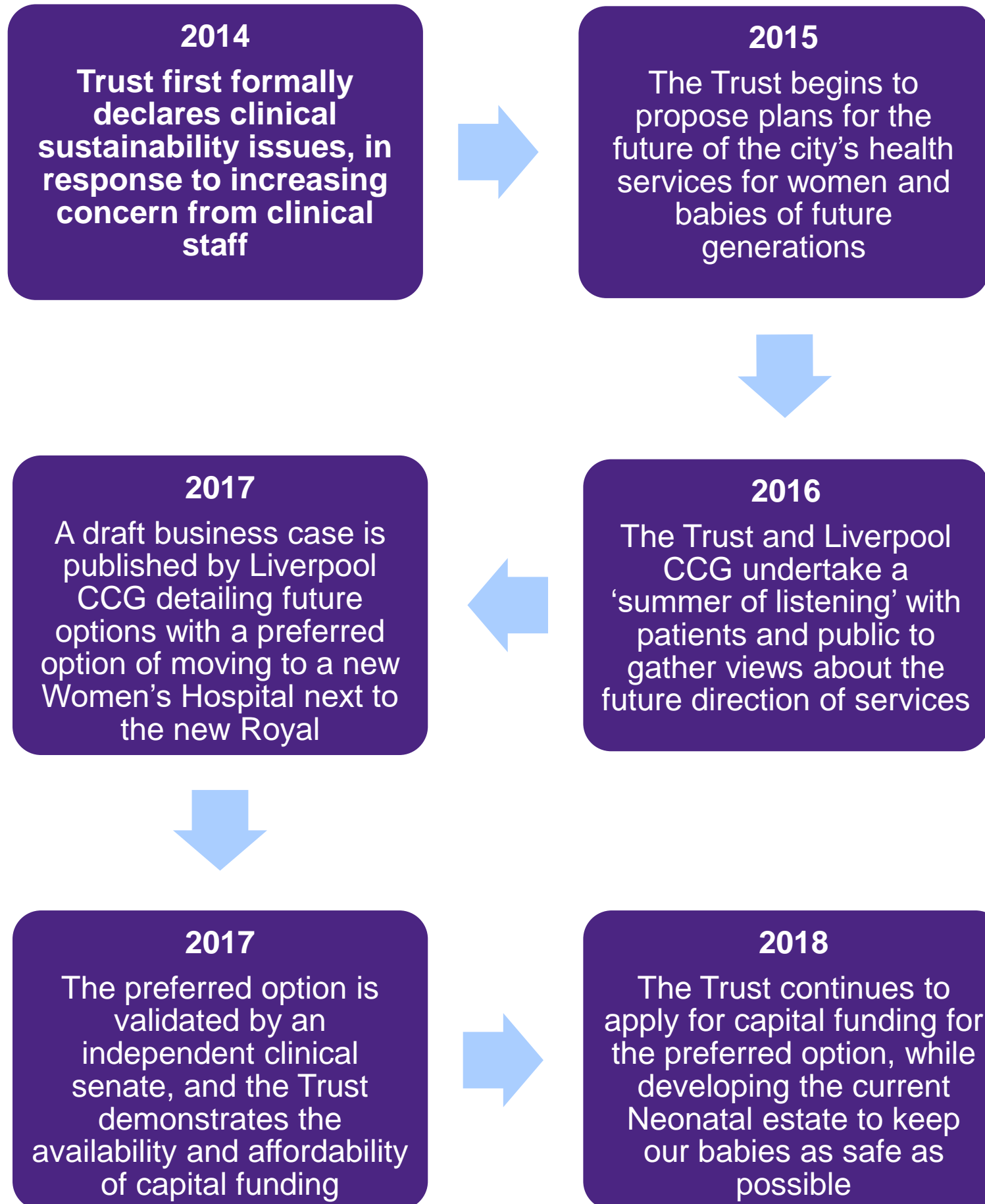
- Future Generations has been a Trust Board priority since 2016 and is focussed on making our services safer and better for the future
- Our preferred plan for the future is to move to a new Liverpool Women's Hospital, co-located with other adult acute services in the city
- Our plans have been developed over the last 7 years through close discussions with our own clinical experts and our local partner organisations
- The case for change focusses on the increased risks to our patients on an isolated site
- Being co-located with other adult acute services would give us access to other services, facilities and specialists that we will never be able to access on our current site, regardless of how much we invest or develop the hospital



What is Future Generations?

- Future Generations is about ensuring that Liverpool Women's continues to provide the best and safest care to our patients for many years to come
- Any proposed changes would take a number of years to happen and would need to go through a public consultation process first. Therefore we will be at Crown Street for a number of years yet
- In the meantime we are minimising the current risks on our site by investing in our facilities and services including our Crown Street Enhancements Programme and the recent completion of our refurbished Neonatal Unit





Our Journey so Far



2019

The Trust holds a clinical summit with NHS system partners to look at ways we can reduce clinical risks, while still working on securing the preferred option



2019

NHS England convene an urgent process with system partners to agree ways to reduce clinical risk while the preferred option is progressed



2020

Plans to refresh the Future Generations business case are put on hold due to the COVID-19 pandemic. The government announce plans to build 8 new hospitals.



2020

The Trust applies for capital funding to further reduce risk on site by bringing a CT scanner, robotic surgery and a blood bank to Crown Street



2021

Work begins on the Crown Street Enhancements Programme
The postponed refresh of the Future Generations business case is re-started



2021

The government share details of the opportunity to bid for new hospital funding – the Trust submits an Expression of Interest

**Our
Journey
so Far**



What Next?

- We are refreshing our clinical case for change, taking account of all the changes that have happened
- We are working together with partners across Cheshire and Merseyside to develop our model of care for the future
- We will continue to pursue capital funding through the government's New Hospital Building Programme
- We are thinking about the future of Crown Street and how we best use it to provide NHS services for the benefit of the people of Liverpool





Liverpool Women's
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Annual Members' Meeting Q&A

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Closing Remarks

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