



Liverpool Women's
NHS Foundation Trust

Liverpool Women's NHS Foundation Trust Annual Report and Accounts 2021–2022



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

ANNUAL REPORT & ACCOUNTS 2021/22

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the National Health Service Act 2006**

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1. Foreword from the Chair & Chief Executive

We are pleased to introduce the Annual Report and Accounts for Liverpool Women's NHS Foundation Trust covering the period 1 April 2021 to 31 March 2022.

As has been the case in the last two annual reports, our activity this year has been delivered against the backdrop of COVID-19 and other significant events specific to the Trust. It has been another challenging year as we navigate our way out of the pandemic.

We pride ourselves in leading an organisation where we have the best people, providing the safest care, resulting in outstanding experiences for the women, babies, and other patients we care for. Our staff have yet again gone above and beyond this year in challenging circumstances and achieving what we have has only been possible through their dedication and by working together. Despite these challenges there is much to celebrate and much to focus on and look forward to in the years ahead. We continue to invest in our staff and support our vision of outstanding care and outcomes, with leadership and development training and clear career progression opportunities. While the recruitment to many staff groups can be challenging, we have seen this year some key exciting appointments which will bring internationally renowned people to Liverpool supporting innovation and excellence in women's services.

Whilst there have been continued restrictions that have been felt by COVID-19 we haven't stood still in this time. Our Crown Street Enhancements Programme has continued to progress with our new Fetal Medicine Unit (FMU) opening and a new mobile CT scanner now being in place. We have introduced robotic surgery within the Trust to provide better treatments, better outcomes and better experiences for women and we have increased elective procedures and improved our cancer performance.

We have secured funding for and are pressing on with the creation of a Community Diagnostics Centre which will see a permanent CT, MRI and a wide range of diagnostic activity accessible to all patients across the city as well as giving Liverpool Women's patients access to timely and more convenient diagnosis in emergency situations. Investments of this type help us to keep our services safe while we operate from a clinically isolated site as we continue to drive forward to seek relocation as a long-term permanent solution.

We have also achieved national recognition as a top performing Trust within the NHS Workforce Race and Equality Standard, as well as being among the top performing Trusts in the country for our Gynaecology Inpatient Survey results. These are just some examples of what we have achieved this year and there are many more examples throughout this report. We know there is always more to do but it is great to see positive steps in the right direction.

One thing all those involved in health and care have learnt over the last two pandemic years has been the reliance on working together in a coordinated way, doing the right

thing for the benefit of all our patients. At Liverpool Women's we are determined not to lose the benefits of better ways of working and we are committed to working with all the providers of health and care services to ensure the Women of Liverpool and their families get access to all the services they need in the most effective and straightforward way.

Towards the very end of the year, we also saw the publication of the final Ockenden Report. We have taken time since publication of the final report to digest the contents and to ensure we are doing everything possible to make immediate improvements where they are required for the benefit our women, babies and families. We issued an initial Trust response following publication of the report with a commitment to immediately work towards delivering against the 15 immediate and essential actions for all maternity care providers. We are already delivering against many of these actions, and it will be a priority for us in the year ahead to meet all the actions fully.

Finally, it is important to acknowledge the events of November 2021 which many of you will be aware of. Everyone connected to Liverpool Women's will have been impacted by the terrorist incident which took place, not just our patients and staff but our wider communities. We were overwhelmed by the support and togetherness that was demonstrated during and following the incident and we thank everyone in our local communities and beyond for this.

Fortunately, events like these are rare and although clinical activity and access to our services was only minimally affected it has taken some time for the Trust to fully recover from those events. We can now focus on a more positive and prosperous year ahead as we see a return to as close to normal life as possible with national COVID-19 restrictions being lifted.

We are hopeful that the information provided in this Annual Report document will provide readers with a good appreciation and understanding of the Trust's overall performance and progress during 2021/22.



Robert Clarke
Chair
20 June 2022



Kathryn Thomson
Chief Executive
20 June 2022

2. Performance Report

2i. Overview of performance

The purpose of the Overview is to give the reader a summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to achievement of its objectives and how it has performed during the year.

Brief History of Liverpool Women's NHS Foundation Trust

Liverpool Women's NHS Foundation Trust was authorised as a foundation trust on 1 April 2005. Before this date, the Trust operated as Liverpool Women's NHS Hospital Trust. That Trust was created in 1995 when all services for women and babies in Liverpool came together under one roof at Liverpool Women's Hospital on Crown Street in Toxteth, Liverpool, a purpose-built hospital designed for providing care in the twenty-first century. We also began providing services at the Aintree Centre for Women's Health in 2000, which provides care to women from north Liverpool, Sefton and Knowsley.

The Trust is a specialist trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. It is also the recognised specialist provider in Cheshire and Merseyside of high-risk maternity care including fetal medicine, the highest level of neonatal care, complex surgery for gynaecological cancer, reproductive medicine and laboratory and medical genetics. During 2019/20, the Trust transferred its Genetic Laboratory services to Manchester University Hospitals NHS Foundation Trust as part of a national programme for the consolidation of services into seven Genomic Laboratory Hubs across England. The Trust remains a partner and stakeholder and continues to provide Clinical Genetic services.

Divisional Structure

Individual services are delivered through our Divisions which are led by a Divisional Manager with the support of a Senior Leadership Team including a Divisional Clinical Director and a Divisional Head of Nursing/Midwifery. Our divisional arrangements were subject to a fundamental review in 2018/19 with a revised divisional structure implemented from 1 April 2019. Oversight of divisional performance is provided by the Executive Team. There is an 'earned autonomy' model of performance management in place (first initiated during 2020/21) with a 'sliding scale' of Executive intervention when required, most notably through weekly oversight meetings. This 'earned autonomy' model was formalised during 2021/22 with the implementation of a 'Governance and Performance Framework'.

Our Divisions are supported by a full range of in-house corporate services which include Finance & Procurement, Workforce & Organisational Development, Corporate Nursing, Information Management Technology and Estates & Facilities.

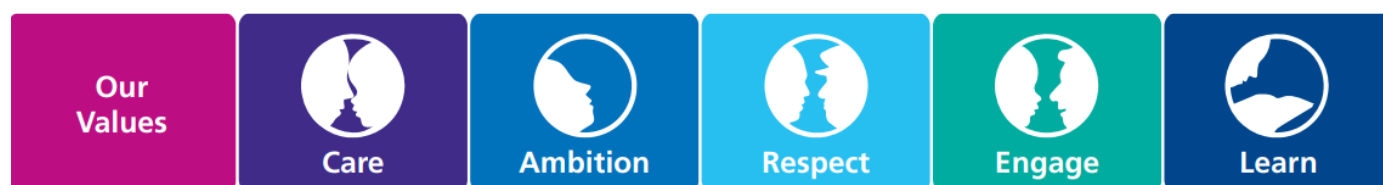
Business Model

The Trust's business model is that of an NHS Foundation Trust. NHS Foundation Trusts are legal entities in the form of public benefit corporations and operate under a licence which is issued by NHS Improvement / England, the sector regulator for health services in England. The model has a framework of local accountability through a unitary Board of Directors, members and a Council of Governors, which replaced central control from the Secretary of State for Health.

Our vision, aims and values:

To be the recognised leader in healthcare for women, babies and their families

Our shared vision at Liverpool Women's is simple and has withstood the test of time. It is underpinned by a shared set of values based around the needs of our people. We encourage these behaviours in all our staff, partners and volunteers to make sure our values are delivered in the same way, every day, to every person we care for.



We have a set of five strategic aims which are central to all of our strategies and plans, and through working with patients, staff, governors and our partners we have developed a series of ambitions to push those aims one step further, helping us create the mind-set we need to achieve our vision and be outstanding in everything we do:



Our partnerships with other providers and organisations across the city are central to delivering our aims; we know we need to work together to make this happen. We are a member of the Liverpool Integrated Partnership Board and Cheshire & Merseyside Acute and Specialist Provider Collaborative.

Chief Executive Overview of Performance and Key Risks

Last year we wrote that the COVID-19 pandemic was presenting an unquantifiable challenge to the delivery of health and care services. Whilst the most acute issues experienced during 2020/21 abated to some extent, the challenges presented by the pandemic have continued during 2021/22. These challenges manifested most intensely during the Omicron wave over the winter period, particularly in relation to the availability of our staff.

The NHS now faces a unique challenge of recovering its services back to pre-pandemic levels whilst managing significant backlogs that have built up over the last couple of years. As COVID-19 restrictions were lifted and the public gained greater confidence and assurance in accessing healthcare services, this also led to significant increases in referrals to clinical services, further adding to the number of patients requiring to be seen who had suffered a delay in care because of the pandemic.

For these reasons, the Trust has presented a mixed picture of performance during the year, with the most challenged areas reflecting long existing pressures in the wider health system around Referral to Treatment and Cancer. The Trust has been responsive to these concerns and took the following key actions:

- Established a Cancer Improvement Task & Finish group helped to resolve a number of these issues leading to significant improvements in performance during Quarter 3 and Quarter 4
- Ensured that there are robust processes for harm reviews for long waiting patients
- Took part in a Cancer Alliance Gynaecology Pathway review
- Recruited additional Consultants
- Actively engaged with the internal auditors to provide robust assurance regarding the Waiting List Management processes and any recommendations made have been actively implemented and will continue to do so during 2022/23.

In November 2021 the Trust was the target of a Major Incident which had the potential to significantly de-stabilise the delivery of clinical services, prevent patients from accessing care required as well as compliance against key performance standards. However, whilst there was an initial impact the day after the incident, the Trust was able to maintain most services by flexibly utilising its Aintree estate to temporarily move some services away from the Crown Street site. The ability to operate dynamically in a challenging environment ensured that minimal numbers of patients had their appointments/procedures cancelled.

It is often said that the NHS is at its very best during a crisis and this aphorism was confirmed during what was one of the darkest chapters in the Trust's history. The response of our staff to the Major Incident and their determination to keep patients and colleagues safe was amazing and we are truly proud of every single one of them. We pride ourselves in leading an organisation where our people have a clear focus on providing safe and effective healthcare, delivered in a friendly and caring environment and this focus has not been dimmed despite some extensive obstacles presented by both the pandemic and Major Incident.

There have however been significant staffing and workforce challenges throughout 2021/22, with the most significant impact being in maternity. The Trust's Staff Survey results highlight that being a member of staff at Liverpool Women's has been particularly challenging over the last 12 months. However there remain areas of good practice and it is encouraging to see positive results in neonatal and some improvements across gynaecology and theatres, pointing to the impact and influence of effective leadership. We recognise maternity is a particularly challenging and complex environment and sustained support will continue to improve engagement and involvement in this area.

This focus will be particularly important considering the publication of the Ockenden Interim Report and Ockenden Final Report. The Trust has made good progress against the recommendations in the Interim Report but it is clear that responding effectively to the overall findings will be an ongoing journey for all of us. We will be working and closely engaging with our staff, women, families, and partner organisations to make sure that we achieve and deliver on the essential actions in full. We will do this together through collaboration, learning and most importantly by listening to the women and families we care for. An update on progress will be provided to each Board meeting throughout 2022/23, and if necessary, beyond.

If we want to achieve our quality and performance aims, it is vitally important that we achieve our financial targets. The Trust managed to deliver a breakeven position during 2021/22 which was a significant achievement considering it was done so in the context of on-going uncertainty around the financial regime.

Summary of key risks

During the year, the risk of the Trust not delivering a breakeven position or having sufficient cash resources and achieving long-term sustainability has been one of the highest scoring risks on the Trust's Board Assurance Framework. Other risks on the Board Assurance Framework rated within the 'extreme' category were as follows:

- Failure to recruit and retain key clinical staff
- Failure to progress our plans to build a new hospital co-located with an adult acute site
- Failure to develop our model of care to keep pace with developments and respond to a changing environment
- Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system
- Major and sustained failure of essential IT systems due to a cyber attack

Whilst there are day-to-day operational issues that underpin these risks and mitigations that remain within the control of the Trust, the underlying connection between all areas is the fact that the Trust remains on a single isolated site. Whilst there are well documented clinical risks caused by our isolated location, remaining on a

single site also impacts the Trust's financial sustainability and our ability to recruit staff, particularly in high-risk specialties.

The Trust is making good progress on available mitigations on the Crown Street site, most notably in 2021/22 with the development and delivery of a Clinical Diagnostic Centre. More detail on which can be found in the Director's Report. However, the Trust remains committed to moving services closer to an adult acute site to reduce these risks to an acceptable level. The Trust continues to refresh the 'Future Generations Strategy' and progress made during 2021/22 is outlined in the 'Strategy' section below.

Further information on the Trust's risk management arrangements is detailed in the Annual Governance Statement 2021/22 which can be found in section 3vii of the report.

In summary, the COVID-19 pandemic, and the associated demands, and the staffing capacity and demand in Maternity services have continued to create a difficult environment for the Trust in 2021/22 along with the unprecedented challenges the Trust faced with the Major Incident at the hospital in November 2021. Despite these challenges, the Trust has continued to deliver safe and effective care and has had many successes – some examples of which are listed below:

Achievements against the Trust's *WE SEE* strategic aims during 2021/22

WORKFORCE

- Sarah Martin (Baby Loss Support Worker) won the 'Exceptional Support Worker of the Year' award at Skills for Health's National Our Heroes Awards
- The Trust was ranked in the Top 50 most inclusive employers list by Inclusive Companies
- Top performing Trust nationally in two of the nine indicators and in the top ten for a further two within the NHS Workforce Race Equality Standard.

EFFICIENT

- The Trust has worked with commissioners and other local providers to develop plans to deliver long term clinical and financial benefits
- Since the beginning of the pandemic Liverpool Women's Charity has awarded over £540,000 to the Trust to support patients, families and staff.
- Continued the development of our Liverpool Neonatal Partnership with Alder Hey to provide better care and experiences for premature and sick babies and their families by working more closely together.
- Awarded over £5m in central capital funding for a new Community Diagnostic Centre (CDC) on the Liverpool Women's Hospital site to provide earlier diagnosis through faster and easier diagnostic tests.

SAFE

- Continued our Crown Street Enhancements Programme, opening our new Fetal Medicine Unit (FMU) and implementing a mobile CT scanner on site.
- Maintained HFEA Accreditation for our Hewitt Fertility Centre.
- Launched a 7-day pharmacy service.
- Issued our initial response to the final Ockenden Report with a commitment to prioritise full delivery of the 15 essential actions included in the recommendations.
- Established a dedicated midwife led vaccination clinic to provide Covid-19 vaccines for pregnant women.

EFFECTIVE

- Increased elective procedures and improved our cancer performance.
- Introduced robotic surgery to provide better treatments and experience for women including procedures to treat Endometriosis.
- Started hosting and supporting the C-Gull research programme which is focused on improving the health and wellbeing of children and families in the Liverpool City Region.
- Implemented the Cheshire & Merseyside Neonatal and Paediatric Unit with Alder Hey.

EXPERIENCE

- Among the best performing Trusts in the country within the Gynaecology Inpatients Survey, receiving an overall rating of 'better' compared to other Trusts in six of the nine eligible categories.
- Continued the use of Telemedicine robots for neonatal babies with Alder Hey to allow ward rounds and other medical advice to be possible even without clinicians being present.

Headlines 2021/22

In 2021/22 the Trust:

- Delivered 7,770 babies (2020/21, 7,569) – an average of 21 babies born at Liverpool Women's every day (2020/21, 21)
- Undertook gynaecological inpatient procedures on 3,399 women (2020/21, 2,794) and 24,207 gynaecological outpatient procedures (2020/21, 19,648)
- Cared for 1,235 babies in our neonatal intensive and high dependency care units (2020/21, 1,191)
- Performed 1206 cycles of in vitro fertilisation (IVF) (2020/21, 968).

Strategy

We launched our new 5-year plan for Liverpool Women's Hospital at the start of 2021/22. To create the plan, we asked our women, babies and families, our staff and our community what was most important to them, what they most valued about Liverpool Women's, and what they thought our priorities for the future should be. Combining this important feedback with the expertise of our clinicians, national,

regional, and local plans, as well as our work with our partners across Liverpool and beyond, helped us to formulate our plan for the next 5 years. We called this plan **Our Strategy**.

The core focus of Our Strategy is making sure we have *the **best people**, giving the **safest care**, providing **outstanding experiences***. Our core strategic objectives are outlined below:

People

- Be recognised as one of the most inclusive organisation in the NHS with Zero discrimination for staff and patients (zero complaints from patients, zero investigations)
- Recruit and retain key clinical staff

Safety

- Progress our plans to build a new hospital co-located with an adult acute site
- Develop our model of care to keep pace with developments and respond to a changing environment
- Implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

Experience

- Deliver an excellent patient and family experience to all our service users.

Throughout 2021/22, we have focused on communicating the core focus of Our Strategy and embedding delivery of our strategic objectives into our planning and everyday activities. Our three clinical divisions have each created '5 Year Service Transformation Plans', to ensure each division has a clear understanding of their role in delivering Our Strategy and its underpinning enabling strategies, as well as to guide decision making and help agree where we need to focus our efforts over the next year. These 5 Year Transformation Plans set out clear requirements for our corporate teams, to make sure they are meeting the needs of our clinical services and providing them with the facilities they need to deliver their best for our patients. This process means the whole Trust is working together to deliver Our Strategy.

Despite the significant challenges we have faced during the last year, including managing the impact of COVID-19, elective recovery and the major incident which affected our organisation in November 2021, our approach to planning and embedding delivery of strategy into our everyday activities means that we are well on our way to delivering our strategic objectives. We are working with our teams to celebrate our successes and the many brilliant things we have achieved together this year.

We have been working hard to improve recruitment and retention of key clinical staff and become the most inclusive organisation in the NHS. Some of our achievements include:

- We have launched our Talent Management Strategy and pilot programme to develop staff at band 7 and above
- We have implemented a new support package for new leaders in their first 12 months with the organisation
- We have run a development programme for all of our divisions, called 'Reach for the Stars', to help them work together effectively and achieve their best
- We provided a comprehensive offer of support to all staff affected by the major incident
- We have improved and increased our Health and Wellbeing offer to all staff
- We have significantly increased the number of staff from ethnic minority backgrounds in senior leadership roles.
- We have made several successful appointments to key clinical roles, including key consultant posts, the Director of Midwifery, Head of Midwifery, Head of Imaging and Director of our Fetal Medicine Unit.

Much of our focus this year has been on reducing the clinical risk caused by our isolated location. At Liverpool Women's, we recognise that to deliver outstanding, safe and effective care for our women, babies and families, we must work collaboratively across our health and care system with our partners. We have expanded our partnership working this year, strengthening existing partnerships and building new ones to benefit patients across the system. Some of the things we are working on and have delivered include:

- Establishing a Partnership Board and underpinning clinical workstreams with Liverpool University Hospitals, to formalise pathways where we deliver care across organisations, making our patients' journeys as smooth and joined up as possible.
- Under the Crown Street Enhancements Programme we have completed and opened a brand new Fetal Medicine Unit, and are due to complete a new Colposcopy Suite in June 2022, followed by brand new CT and MR Imaging facilities in December 2022. These facilities will reduce the need for our patients to be transferred to other hospitals in emergency situations.
- Making good progress towards establishing a 24/7 transfusion laboratory onsite, in partnership with Liverpool Clinical Laboratories. which will include remote issue blood fridges. Once established, this will significantly reduce delays for women who require blood transfusion.
- Implementing telemedicine technology across a number of our services to better facilitate input to and from clinicians at other sites.
- Successfully opening a Community Diagnostic Centre at Crown Street, in partnership with Liverpool Heart and Chest Hospital and Liverpool University Hospitals. We are now providing CT imaging for patients from across the region, helping to reduce the backlog built up during COVID. The range of diagnostics offered by the centre will increase over the next year, to help reduce risk and delay for our patients who currently need to be referred to other

hospitals for tests, as well as reducing waiting list for patients from across the region.

We are also focused on securing a solution to these issues and ensuring that we can provide safe and sustainable services for women, babies and families in Liverpool in the long term. This work takes place under our long-established Future Generations Programme, and this year we have:

- Established a clinical advisory group with partners and stakeholders from across the system, to refresh our case for change, map out the consequences if we cannot co-locate our services with an adult acute site and formulate and appraise options for the future.
- Started to refresh the business case needed to secure a long-term solution, informed by our clinical advisory group.
- Worked with our system and regional partners to pursue capital funding options.

Finally, we continue to champion and prioritise delivering an excellent patient experience to all our service users, recently completing and launching a new Patient Experience Framework, which sets out our ambitions and plans for improving patient experience over the next 5 years.

Modern Slavery Act 2015

The Trust's Modern Slavery Act 2015 statement can be found on the following link:

<https://www.liverpoolwomens.nhs.uk/media/4067/modern-slavery-act-statement-2021.pdf>

Going concern disclosure

The financial statements are prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case for the following reasons:

- In 2021/22 the Trust achieved a surplus financial position.
- In 2021/22 the Trust did not require any additional revenue support loans to support the cash position. The Trust is no longer in receipt of distressed financing and none is planned for 2022/23.
- During the prior 2020/21 financial year, the Trust's Neonatal Loans were extinguished per the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement's announcement on 2 April 2020 regarding reforms to the NHS cash regime. As a result of these reforms, during 2020/21 the Trusts' Neonatal Capital Loans of £14.6m were repaid to the DHSC and the Trust was issued with a corresponding £14.6m of Public Dividend Capital (PDC) to allow the repayment.

- In 2021/22 the Trust continued to repay the yearly £0.6m principal balance of its Capital ITFF loan in accordance with the payment terms
- In developing the 2022/23 plan the Trust has worked closely with the Cheshire and Merseyside Health and Care Partnership to achieve financial sustainability.
- The Trust continues to maintain effective relationships with commissioners and with other local Trusts to support a balanced financial position across the Cheshire and Merseyside region.

The Trust's expectation is that services will continue to be provided from the existing hospital sites in the short term.

In addition to the matters referred to above, the Trust has not been informed by NHSI that there is any prospect of its dissolution within the next twelve months, and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

2.ii Performance Analysis

Operational Performance

During the year, the Trust strengthened its approach to performance reporting. Key to this was creating a consistent template that it used at Divisional Board Meetings, Divisional Performance Reviews and at key assurance meetings such as the Board, its Committees and Sub-Committees. The performance reports have been redeveloped to include more succinct information in a clearer format. Statistical Process Control (SPC) has been used across appropriate metrics to focus on both performance against a target and variation in performance over time.

The performance reports are 'integrated' in nature and provide reporting across the Trust's five strategic aims. This supports and enables triangulation of key issues. Metrics reported to Board focus on the relevant System Oversight metrics and more detailed underpinning Key Performance Indicators are reported to the subsidiary meetings. Further work is planned during 2022/23 to enhance the narrative provided to explain SPC deviation and/or missed targets on an exception basis.

Performance against key national targets during 2021/22 was as follows:

Indicator Name	Target	Performance 2021/22	Achieved/Not Achieved
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	95%	95.8%	Achieved
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation (accumulated figure)	90%	21%	Not Achieved
Cancer 31 day wait for second or subsequent treatment – surgery (accumulated figure)	94%	61%	Not Achieved
Cancer 31 day wait from diagnosis to first treatment (accumulated figure)	96%	76%	Not Achieved
Cancer 2 week (all cancers) (accumulated figure)	93%	92.3%	Not Achieved
Clostridium difficile due to lapses in care (accumulated figure)	0	0	Achieved
Never Events	0	1	Not Achieved
Incidence of MRSA bacterium	0	0	Achieved

Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	58.5%	Not Achieved
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation (accumulated figure)	85%	26.5%	Not Achieved
Maximum 6-week wait for diagnostic procedures	99%	86.42%	Not Achieved

Delivering high quality, timely and safe care are the key priorities for the organisation and there has been no doubt that the COVID-19 pandemic has continued to provide unprecedented and significant challenges for the organisation in maintaining these standards. These challenges continued into 2021/22 with the emergence of further COVID-19 variants and the pressure this placed on staffing, patient availability and the ability to recover from the significant reduction in services in 2020/21.

The unpredictable sickness absence related to COVID-19 on top of 'normal' absence has continued to be one of the most significant factors affecting operational performance throughout the whole year. As COVID-19 restrictions were lifted and the public gained greater confidence and assurance in accessing healthcare services, this led to significant increases in referrals to clinical services, particularly General Gynaecology and Gynae-Oncology. This resulted in increases of 15-20% on referrals previously seen prior to the pandemic, further adding to the number of patients requiring to be seen who had suffered a delay in care because of the pandemic.

From the outset of the pandemic, the Trust enacted business continuity measures in response to the major incident and was also placed into 'command and control' arrangement by NHS Improvement / England (NHSI/E). The Trust continued to deliver this model during 2021/22, responding to new variants and increased challenges seen as a result i.e., Omicron variant, and the challenges this posed for the workforce.

In November 2021 the Trust was the target of a Major Incident which had the potential to significantly de-stabilise the delivery of clinical services, prevent patients from accessing care required as well as compliance against key performance standards. However, whilst there was an initial impact the day after the incident, the Trust was able to maintain most services by flexibly utilising its Aintree estate to temporarily move some services away from the Crown Street site. The ability to operate dynamically in a challenging environment ensured that minimal numbers of patients had their appointments/procedures cancelled.

Cancer

Cancer performance levels were challenged during 2021/22 mainly due to increases in referrals, resulting from the pandemic. National and Regional advice on Cancer referral presentation predicted that once COVID-19 restrictions were lifted, larger

numbers of patients would present later in their pathway due to the reluctance to access healthcare services during the pandemic. Significant increases were seen in Quarter 4 2020/21 and Quarter 1 2021/22 which led to a deterioration in performance in the first half of 2021/22, particularly with 31 day and 62-day performance. The establishment of a Cancer Improvement Task & Finish group helped to resolve a number of these issues leading to significant improvements in performance during Quarter 3 and Quarter 4.

Two Week Waits (2WW) referrals continued to have strong performance during Quarter 1 to Quarter 3 although there were challenges in Quarter 4. 31 Day Delay to Treatment (DTT) saw significant improvement with compliance achieving above 80% monthly from November 2021 onwards. The number of patients waiting over 62 days reduced to 24 in March 2022, levels not seen since before the pandemic, demonstrating the work ongoing to improve performance.

In 2022/23 it is expected that we will start to see further improvements with the recruitment of new Consultants as well as the development of partnerships with other Trusts i.e., Liverpool University Hospitals NHS Foundation Trust (LUHFT). Oncology Inpatient activity delivery saw a significant increase in 2021/22, supported using the Da Vinci robot as well as the prioritisation of Priority Level 2 patients in line with national guidance. Based on advice from the Cheshire & Merseyside Cancer Alliance, referrals will continue to be above pre-pandemic levels which will create further pressure for the Trust. There has been a Cancer Alliance Gynaecology Pathway review which took place during 2021/22 and the results of this will be presented in Quarter 1 2022/23.

The Trust, as the biggest provider of Gynae-Oncology in the region, will play a significant part in the delivery of any outputs of this review and the Trust will need to consider any potential long-term implications.

A&E

Amongst a challenging background for Urgent & Emergency Services across the region, the Trust continued to deliver strong performance against the national AED Standards including the 4-hour wait. Although challenged towards the end of the year, the Trust was able to achieve the 95% standard overall. This in part was achieved by continuing to deliver a hybrid model of care, introduced during the pandemic, utilising virtual/telephone services as well as face-to-face to triage patients effectively, minimising impact to the on-site department. The Trust actively engaged with the Emergency Care Intensive Support Team during 2021/22, to proactively identify areas where further improvements could be made, and recommendations will continue to be explored and developed in 2022/23 and beyond to ensure continued compliance.

Referral to Treatment (RTT)

For Referral to Treatment, including diagnostics, the Trust has worked hard to ensure that longest waiting patients are cared for appropriately to mitigate risk of harm where standards are not achieved, and we have worked productively throughout the year with commissioners and partners to effect improvements in performance. However, this has been significantly challenged as the full impact of elective backlog has been felt during 2021/22 as workforce challenges continued yet referrals started to significantly increase, at levels significantly higher than pre-pandemic.

Eighteen-week referral to treatment performance has deteriorated during 2021/22. The number of patients waiting 52 weeks has increased as the impact of stepping down and / or reduction of services has been seen alongside aforementioned increase in referrals and continued challenges with the clinical workforce. However, whilst the numbers of 52-week patients have increased, the Trust is expecting zero 104+ week patients and a minimal number of 78+ week patients, with a trajectory to eliminate those small numbers by Quarter 3 2022/23. A range of interventions and actions are in place to support the elective recovery programme, and this will be a key focus for the Trust during 2022/23 and beyond.

There has been a recovery in performance in areas such as Genetics and Fertility services which had previously been affected by step down of services in 2020/21. The Trust has actively engaged its internal auditors to provide robust assurance regarding the Waiting List Management processes and any recommendations made have been actively implemented and will continue to do so during 2022/23.

Working across the local health system and with partners to reduce waiting times will continue to be a key focus for the Trust in 2022/23. During 2021/22, the Trust actively supported other organisations across the system with mutual aid, particularly in areas such as Cancer and Fetal Medicine to ensure that both RTT and quality performance standards were met.

Neonatal Service performance remained consistent throughout the year as did maternity services despite continued significant staffing challenges. Deliveries in 2021/22 increased by 3.3% on 2020/21 from 7440, to 7683. Throughout 2021/22, the Trust has continued working towards a target of 35% for the number of women on a Continuity of Carer maternity pathway. Progress against this target has been slower than anticipated, although significant progress has been made towards addressing health inequalities and the number of BAME women on the pathway. The Trust has appointed a Cultural Liaison midwife who will support this agenda in 2022/23 however in line with the Ockenden Final report, further rollout will be paused as the Trust awaits further guidance.

Diagnostics

The Trust has seen significant improvement in compliance against the national 6-week diagnostics standard in 2021/22. Performance by February 2022 had improved to 94.39%, ahead of trajectory. The Clinical Support Services Division will continue to work on improving performance throughout 2022/23 to meet the Trusts target of 95% achievement by March 2023.

During 2021/22, Theatre improvement initiatives took place to maximise productivity and efficiency e.g., Perfect Week, and during 2022/23 the establishment of a Theatres Improvement Group will take forward identified recommendations and outputs, alongside the previous improvement plan established in 2021/22. The use of national products such as Model Hospital and 'Getting it Right First Time (GIRFT)' data will support the Trust's Elective Recovery programme,

The Trust continued to achieve and maintain positive numbers of virtual services, achieving circa 20% on average of the number of Outpatient appointments delivered virtually in 2021/22. The establishment of an Outpatient Improvement Group during 2022/23 will further enhance the development of virtual services, maximising opportunities for delivery to ensure that on site services are utilised as effectively as possible. Initiatives such as Patient Initiated Follow Up (PIFU) have been established in 2021/22 and will continue to be driven forward in 2022/23 to reduce the number of unnecessary outpatient appointments, further supporting the Trust's intention to recover elective services back to pre-pandemic performance levels.

Financial Performance

The Trust is reporting a surplus of £0.04m for the financial year, compared to a deficit of £4.0m in 2020/21.

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

The Trust received fixed block income values for the year, along with system funding payments and elective recovery funding.

The Trust delivered an overall Use of Resources (UoR) rating of 3 as in 2020/21. The UoR rating measures a provider's financial sustainability, financial efficiency and

financial controls. A breakdown of the Trust's UoR ratings is provided in section 3v Oversight Framework.

Capital expenditure in 2021/22 comprised of investment in the estate, medical equipment and digital services, as well as the continuation of the Crown Street enhancements programme which is a major redevelopment on the Crown Street site. The Trust received £7.8m of Public Dividend Capital. Of this £1.6m related to the Crown Street enhancements build project, £2.9m related to the new community diagnostic centre build project and equipment costs with the residual £3.3m being related to various digital service projects. The Trust's land and buildings were revalued resulting in a £5.2m increase in the value of the estate and a corresponding increase in the revaluation reserve. This largely related to an increase in the indexation factors used nationally by valuers reflecting an increase in the cost of raw materials for building projects.

Capital expenditure	2021/22 £000s	2020/21 £000s
Buildings	4,929	3,452
Furniture and Fittings	55	152
Information Technology	3,612	1,869
Medical Equipment	3,160	4,314
Total	11,756	9,787

Due to effective cash management, the Trust did not require any revenue support during 2021/22.

Significant movement has been made on aged debt with several longstanding debts cleared.

The Trust has one remaining capital loan with £1.5m outstanding. This will be fully repaid in September 2024.

Full details of the Trust's financial performance in 2021/22 can be found in the Annual Accounts section within this report.

Workforce

The Trust employed 1,567 people as of 31 March 2022. Supporting and developing our workforce remains our top priority and despite some significant challenges during the last 12 months, our staff have continued to go above and beyond to deliver outstanding patient care. Sickness absence levels, exacerbated by covid, have had an impact on morale and engagement which is reflected in a slight decline in response rate received (53% compared to 55% the previous year) and a decline in the number

of staff who would recommend the Trust as a place to work (57% compared to 66% the previous year).

We continue to focus on our culture change and staff experience programme. This means continuing to train and engage our staff in our journey to become a more 'Just Culture'. Listening Events continue on a bi-monthly basis and colleagues are able to engage on a range of topics. Leadership Forums bring senior managers together with the Executive Team to engage in joint development, staff have a voice via the monthly 'Great Place to Work' group and the local 'Let's talk' surveys. the organisation. Executive Directors continue to regularly visit departments for 'walkarounds' in partnership with Staff Side Colleagues.

Our leadership programme is now well embedded and has focused in the first instance on developing talent within the nursing, midwifery and allied health workforce. A supportive approach to attendance management, investment in wellbeing coaches and roll out of wellbeing, stay and career conversations are some of the ways in which we are supporting the health and wellbeing of our workforce. Recruitment and retention to ensure workforce supply remains critical. An enhanced onboarding process and additional preceptorship support has resulted in a great experience for our newly qualified midwifery recruits. New roles and new ways of working continue to be deployed to mitigate fluctuations in our junior doctor workforce with advanced practitioners now embedded within maternity as well as neonatal. Working collaboratively with the system, we are engaged in nursing and midwifery international recruitment to deliver sustainable, safe staffing levels.

Further information on a wide range of workforce-related activities can be found at section 3iii Staff Report.

Equality of Service Delivery

The Trust is very aware of the Public Sector Equality Duties outlined in the Equality Act (2010) section 149 and has recruited to specialist roles within the organisation to ensure we are adhering to this and working toward being the most inclusive NHS organisation for both staff and patients. The Trust is working with its staff from protected characteristic groups to listen to the lived experience stories and learn from these, to ensure we can eliminate discrimination for both staff and patients. In addition to this the Trust is building positive working relationships with local community groups to engage better and learn more from our community, particular recent examples of this include initiatives with the local Pakistani centre, Al Ghalazi centre, Deaf Society and Brain Society.

The Trust recognises that we are on a journey of improvement and consider all elements of staff and patient views to learn how we can improve and achieve the public sector equality duties to; eliminate discrimination and harassment, advance equality of opportunity, and foster positive relationships with those from a protected characteristic group.

The Trust collects Patient Friends and Family Test (FFT) data on a quarterly basis, and this is broken down into protected characteristic groups. The FFT ask patients some equality monitoring questions to enable us to monitor if any of these characteristics are having a detrimental impact on their experience by comparing both overall experience and recommendation scores. These are reviewed under three categories:

- Age
- Ethnicity
- Disability

The Trust also assesses the FFT responses that record a disability in response to the question “Do you feel your views were considered within the decision-making process / care plan?” This is to assure the Trust that patients with disabilities continue to be included in decisions about themselves.

All information collected in from the FFT is made available daily via Power BI. This contains full details of all the positive and negative comments from the respondents along with suggestions for improvements they would like to see. There is an ability by divisional and departmental leaders to record in Power BI the actions they have taken in response to the individual comments left.

Performance against equality of service delivery KPIs and metrics is included within the Equality Delivery System (EDS) 2 Report. This is published on the Trust website - <https://www.liverpoolwomens.nhs.uk/about-us/diversity-inclusion-human-rights/equality-delivery-system/>

The Trust is reviewing the Equality Impact Assessment (EIA) process to ensure that EIAs are completed at the beginning of project planning phases and are more meaningful. In addition, the Trust has commenced reciprocal mentoring programme with staff from ethnic backgrounds and the Executive leadership team so we can learn from each other and improve our strategic ambitions for both staff and patients.

The Trust is considering how we can support leaders to ensure understanding and application of policies are fair and consistently applied, there are several new HR policies currently being reviewed (attendance management, grievance, disciplinary to name a few) which will have a Just Culture and inclusive and compassionate leadership approach. During 2022/23 there will be an enhanced Diversity and Inclusion training programme, Just Culture training for leaders and HR drop-in sessions to ensure positive application and effectiveness.

Quality (including quality governance data quality)

Further information on the Trust’s 2021/22 quality performance can be found in the Quality Report and the Annual Governance Statement.

Corporate Objectives

Performance across all domains is driven by a series of Corporate Objectives agreed on an annual basis by the Board of Directors. Each Corporate Objective supports achievement of a Strategic Objective and progress in delivery was reviewed at three months and six months by the Board of Directors, as well at year-end. A total of 38 Corporate Objectives were identified for 2021/22 with outcomes for the year reported to the Board of Directors on 7 April 2022.

Emergency preparedness, resilience, and response (EPRR)

The Trust has a duty under the Civil Contingencies Act 2004 to prepare for emergency and business continuity incidents and to ensure the capability to provide an effective response to emergency situations.

The Trust aims to meet its duties within a framework that is safe, effective, caring, responsive and well-led. The Trust EPRR agenda is led by the EPRR Accountable Emergency Officer (Chief Operating Officer) supported by the Emergency Planning & Business Continuity Manager. In order to meet its legal duties, the Trust holds a portfolio of emergency and business continuity plans which have been developed in consultation with divisional teams and relevant corporate leads.

The Trust is required to work in cooperation with other Category 1 Responders including other NHS Trusts and the emergency services, in relation to emergency planning processes and incident response. The Trust is represented at the Merseyside Local Health Resilience Partnership at both strategic and operational level. The partnership led by NHSE/I aims to coordinate and direct cooperative working including in relation to risk management and shared learning from exercises and incident response.

The Trust Incident Control Centre (ICC) led by the Chief Operating Officer continued to operate throughout 2021/22, including via virtual mode, in response to the COVID-19 pandemic. Trust incident response arrangements were aligned to national operating principles, directives and guidance. The virtual ICC continued to monitor work streams including; review of clinical services, infection, prevention and control measures including social distancing, PPE procurement, utilisation and mask fit testing, controlled site access, safe staffing and risk assessment procedures, staff and patient testing and vaccination programme, clinical guidance and visiting arrangements. The Trust Covid 19 Inquiry Working Group is currently led by the Trust Secretary.

The Trust Incident Control Centre was activated 19 July 2021 in response to maternity capacity issues experienced across Cheshire & Merseyside and impacting on Trust services. Following dynamic risk assessment, the Trust declared a major incident due to increased maternity capacity demand at a time of reduced staffing levels linked in part to COVID-19. The incident was managed via a series of meetings led by Trust

Strategic Command which remained focused on delivering safe and effective services and supporting staff. The Trust was in direct communication with NHSE/I North who were monitoring and managing the wider response. Following incident stand-down and based on shared learning the Trust contributed to the review of the Cheshire & Merseyside Capacity Escalation Policy the Trust was designated Chair of Cheshire & Merseyside Strategic Command Maternity Services Escalation meetings.

The Trust incident control centre was activated 14 November 2021 in relation to a major incident involving a vehicle explosion outside the hospital main reception. The incident was confirmed to be terrorism related and required a multi-agency response. The Trust incident response was led by strategic command with support of tactical command roles and under the direction of Merseyside Police and Counter Terrorism where appropriate. The Trust response aimed to maintain safety and security of staff, patients and visitors to the hospital including implementing hospital lockdown and operating controlled access in consultation with Merseyside police. The incident was complex and required a coordinated response. Multi-disciplinary debrief procedures were led by the designated Associate Director with identified learning and actions organised into service led work-streams.

The Trust plans to share and rehearse actions within emergency planning exercises to be scheduled for May & June 2022 and delivered in collaboration with NHSE/I NW (Cheshire & Merseyside) EPRR Team. Identified good practice and lessons learned from both the incident and the exercises will also be shared with local NHS Trusts via the Local Health Resilience Partnership.

In October 2021 the Trust was required by NHS England to self-assess compliance against a range of criteria. The Trust achieved substantial compliance within this process. EPRR work programmes continue to ensure this standard is maintained and to implement continuing improvements.

Security Management

NHS Protect's Security Management Standards were developed as a national strategy to provide a safe and secure environment for patients, staff, visitors, and to protect NHS property and assets. There are four key areas within these standards: Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account.

The Trust's Security Management arrangements returned 'in house' in January 2022 and to ensure that security measures are embedded across all levels within the Trust, the Security Management Director (SMD) is responsible for the provision of strategy management and support and overall scrutiny for all security management work within the organisation. The SMD (Chief Operational Officer) is supported in security matters by the Local Security Management Specialist (LSMS) to oversee and undertake the delivery of a full range of security management work.

The Trust's arrangements have been reviewed by the LSMS alongside the workstream that was identified by the Trust's Restoration and Recovery Group following the major

incident in November 2021. Certain gaps have been identified following a Trust commissioned review of Security within the Trust.

The Trust has self-assessed as 'amber' for its overall risk level for 2021/22 and has developed a Security Work Plan for 2022/23 to close out gaps and work towards 'green' risk assessments.

Countering fraud and corruption

The Trust is committed to countering fraud and corruption. It engaged the services of a registered counter fraud specialist and is compliant with the requirements of the counter fraud manual. The Trust fully cooperates with NHS Counter Fraud Authority and responds to the national proactive reviews. The Trust's work in respect of countering fraud and corruption is overseen by the Audit Committee.

There is clear strategic support for anti-fraud and bribery work at the Trust. The Mersey Internal Audit Local Counter Fraud Service is actively supported by the Chief Finance Officer and the Audit Committee. A counter fraud work plan is agreed with the Chief Finance Officer at the start of each year and provided to the Audit Committee for approval. The work plan outlines the core activities to be undertaken during the financial year and allocates resource against each NHS Counter Fraud Authority standard for providers which enable all activities to be delivered. Counter fraud policies are set out in the Trust's Standing Financial Instructions which form a part of our corporate governance manual, reviewed annually. The Trust also has in place a whistle-blowing policy. The Trust's accountable officer for fraud is the Chief Finance Officer and the Deputy Chief Finance Officer is the nominated Fraud Champion. This role initiated during 2020/21 by the NHS Counter Fraud Authority involves:

- Promoting awareness of fraud, bribery and corruption within the organisation
- Understanding the threat posed by fraud, bribery and corruption and,
- Understanding best practice on counter fraud.

Environmental Matters

The NHS Net Zero ambition sets out a challenge for the NHS to significantly reduce its carbon footprint by the year 2045. Individual trusts are required to produce a Green Plan to identify objectives towards supporting this goal.

In Autumn 2021 a multidisciplinary task and finish group comprising staff from all areas of the Trust formed to identify schemes that aim to improve the Trust green footprint and contribute towards carbon reduction. The Trust sought external facilitation in developing this plan through support of the 2030 hub, this is a Local United Nations (UN) hub with a focus on UN sustainability goals. The areas of focus identified are:

- Communications, workforce, and system leadership
- Sustainable models of care
- Informatics

- Travel and Transport
- Estates and facilities
- Medicines
- Supply chain and procurement
- Food and Nutrition

The key areas of work identified are included within Appendix 1 of the Green Plan (<https://www.liverpoolwomens.nhs.uk/media/4095/our-green-plan.pdf>). They will be overseen via a Green Plan steering group that will produce a quarterly summary of progress. One of the first key areas will be to complete the annual Sustainability and Development Assessment Tool (SDAT) to benchmark our Carbon footprint then review annually against progress of the areas identified.

Key Issues and Risks

The Board of Directors has identified its strategic objectives and associated principal risks, and these are detailed in a Board Assurance Framework which is subject to regular monitoring and review by both the Board and the Board Committees. The Trust continuously reviews all potential significant risk exposures in the future and content of the Board Assurance Framework is updated where appropriate to ensure effective oversight of mitigating actions and controls. The Trust's approach to risk management and tolerance of risk is informed by a Risk Appetite Statement approved each year by the Board of Directors.

The principal risks to achievement of the Trust's strategic objectives included in the Board Assurance Framework in 2021/22 were (ordered by risk rating):

BAF Risk 2.3: Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

Risk score at the beginning of the year – 20 (4 (likelihood) x 5 (consequence))

Risk score at the end of the year – 20 (4 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation and to patient safety. Good progress is being made on mitigating measures to make the Crown Street site safer with a number of significant capital projects either completed, underway or planned. It should be acknowledged that the impact of this risk cannot be fully mitigated whilst the Trust operates on an isolated site.

BAF Risk 1.2: Failure to recruit and retain key clinical staff

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

Whilst the Trust has a significant number of controls and sources of assurance, the Trust does have acute and chronic staffing challenges in several areas and a higher than target sickness rate. Whilst the severity of this issue is not sufficient to rate this risk at '25', the Board has been cognisant throughout 2021/22 that this risk presents one of the most acute challenges to the organisation and this will continue to be the case into 2022/23.

BAF Risk 4.1: Failure to ensure our services are financially sustainable in the long term

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

The Trust has a well-defined and evidence backed case that whilst it remains on a single site, long-term financial sustainability will be compromised. Progress has been made to identify strategic solutions to this issue, but these remain unresolved. It is fully expected that the 2022/23 financial position will remain challenged and that the possibility for improving the Trust's underlying financial position is limited.

BAF Risk 2.2: Failure to develop our model of care to keep pace with developments and respond to a changing environment

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 16 (4 (likelihood) x 4 (consequence))

This risk was escalated in year as whilst the Trust could demonstrate evidence of being open and responsive to change in service development and delivery, it was agreed that the opening risk score did not adequately reflect the significant risk to the organisation of a lack of an EPR (and as a corollary, having in place a disparate number of systems).

This will remain a significant risk moving into 2022/23 but there is evidence of proactive mitigating controls and progress being made in the procurement and subsequent implementation of an integrated Meditech EPR system. Work is also being undertaken to strengthen the approach to horizon scanning and longer term, strategic planning at a Divisional level which will support the Trust in responding to a changing environment effectively.

BAF Risk 2.1: Failure to progress our plans to build a new hospital co-located with an adult acute site

Risk score at the beginning of the year – 15 (3 (likelihood) x 5 (consequence))

Risk score at the end of the year – 15 (3 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation. The Trust can demonstrate strong controls in relation to developing the clinical evidence base for the move and has

achieved buy in from significant stakeholders. There remains however, a lack of definitive commitment to secure the capital required and this will remain a key area of focus in 2022/23. Should the case move forward with regulators, there will also be a need to ensure that it is effectively communicated with the local community to receive buy-in to move the project forward.

BAF Risk 2.4: Major and sustained failure of essential IT systems due to a cyber attack

Risk score at the beginning of the year – N/A

Risk score at the end of the year – 15 (3 (likelihood) x 5 (consequence))

A cyber-risk did not form part of the updated BAF at the beginning of the year. The rationale for this was that it was deemed to not be a threat to the Trust's strategic objectives but rather be better monitored as part of the Trust's Corporate Risk Register. However, following the input of the Trust's Chief Information Officer, the significant impact on the Trust and in particular, patient safety was acknowledged. A specific BAF risk was therefore added in Quarter 2 of 2021/22. It is likely that this issue will remain a significant risk during 2022/23 as the geopolitical uncertainty heightens the possibility of a cyber-attack.

BAF Risk 1.1: Failure to be recognised as one of the most inclusive organisations in the NHS with zero discrimination for staff and patients (zero complaints from patients, zero investigations)

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has several strong controls in place against this risk and can demonstrate effective performance in comparison with other NHS trusts (see 2021 WRES report for example). The Trust also recently benchmarked within the top 50 inclusive places to work. However, this is an ambitious aim within the Trust's 2021-25 strategy and will require significant cultural change to achieve together with a continued and unrelenting focus.

BAF Risk 3.1: Failure to deliver an excellent patient and family experience to all our service users

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has strong evidence in relation to its response to the COVID-19 pandemic and continues to receive positive feedback from significant patient surveys. To improve further, it is imperative that the organisation ensures that it can listen to patient voices and the local community and ensure that services are responsive and can cater to differing needs. The evidence for how effective the organisation is undertaking this

can be strengthened from the current position and will be a key focus for the Trust in 2022/23.

BAF Risk 5.2: Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has a current rating of 'requires improvement' for well-led from the most recent CQC inspection and received a warning notice regarding medicine management. Good assurance is in place regarding the Trust's response (detailed above). Further work is required in 2022/23 to refine process and to ensure that the Trust remains 'inspection ready' is required (again detailed earlier in the Annual Governance Statement).

BAF Risk 5.1: Failure to progress our research strategy and foster innovation within the Trust

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has a well-established and successful research process and has been particularly active in the support provided to the wider system during COVID-19. To strengthen this area and further mitigate this risk, the Trust will look to widen participation in research across the organisation making links explicit with quality improvement activity. There is also an opportunity to further enhance the Trust's research profile in the local system but also nationally and internationally.

BAF Risk 4.2: Failure to expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS

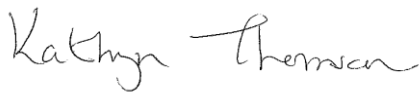
Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has well defined partnerships and relationships with several key stakeholders. These have been strengthened and added to during the COVID-19 pandemic response. The regulatory and system landscape remains uncertain, and the Board will be looking for additional clarity on future arrangements (and the Trust's assured role in this) in order to mitigate this risk and work towards the target score and improve the overall assurance rating on the controls. It has also been agreed to provide enhanced reporting on partnership arrangements (and their efficacy) during 2022/23 through the FPBD Committee and the Board.

The underlying connection between all risk areas is the fact that the Trust remains isolated on a single site. Whilst there well documented clinical risks caused by our isolated location, remaining on a single site also impacts the Trust's financial sustainability and our ability to recruit staff, particularly in high-risk specialties. It is not anticipated that the risk profile for the Trust will change significantly from 2021/22 to 2022/23.

Further information on the Trust's risk management arrangements is detailed in the Annual Governance Statement 2021/22 which can be found in section 3vii of the report.

A handwritten signature in cursive script that reads "Kathryn Thomson".

Kathryn Thomson
Chief Executive
20 June 2022

• Accountability Report

3i(a) Directors' report

The Board of Directors

During the period 1 April 2021 to 31 March 2022, the following were members of the Board of Directors:

Non-Executive Directors

Robert Clarke	Chair
Tony Okotie	Non-Executive
Jo Moore	Non-Executive Director & Vice Chair (until September 2021)
Ian Knight	Non-Executive Director (until September 2021)
Dr Susan Milner	Non-Executive Director & Senior Independent Director
Tracy Ellery	Non-Executive Director & Vice Chair (Vice-Chair from November 2021)
Prof. Louise Kenny CBE	Non-Executive Director
Louise Martin	Non-Executive Director
Zia Chaudhry MBE	Non-Executive Director (from 1 December 2021)
Gloria Hyatt MBE	Non-Executive Director (from 1 December 2021)
Sarah Walker	Non-Executive Director (from 1 December 2021)

Executive Directors

Kathryn Thomson	Chief Executive	
Michelle Turner	Chief People Officer	
Jennifer Hannon	Chief Finance Officer	to 30 September 2021
Gary Price	Chief Operating Officer	
Marie Forshaw	Chief Nurse & Midwife	
Dr Lynn Greenhalgh	Medical Director	
Eva Horgan	Chief Finance Officer	from 1 October 2021
Matt Connor (1)	Chief Information Officer	from 1 July 2021

Notes:

(1) Matt Connor is a non-voting member of the Board.

Directors' responsibility for preparing the financial statements

The Directors are responsible for preparing the Annual Report and Accounts and consider that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Statement of disclosure to auditors

In accordance with the requirements of the Companies (Audit, Investigations and Community Enterprise) Act 2004, the Trust confirms that for each individual who was a Director at the time that the Director's Report was approved, that:

- ❖ so far as each of the Trust Directors is aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- ❖ each Director has taken all steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

For the purposes of this declaration:

- ❖ relevant audit information means information needed by the Trust's auditor in connection with preparing their report; and
- ❖ that each Director has made such enquiries of his/her fellow Directors and taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the Trust to exercise reasonable care, skill and diligence.

Compliance with the Code of Governance

The Trust's response to this requirement can be found in Section 3iv, Disclosures set out in the NHS Foundation Trust Code of Governance.

The Code also requires the directors to make specified information available in the annual report, or to provide certain descriptions of governance arrangements. The annual report addresses these requirements, placing much of the information and appropriate statements in the content of the report.

Board meetings and attendance

The Board of Directors met on a total of 13 occasions during 2021/22. And the record of member attendance at both Board of Directors meetings and Committee meetings is included below. The Board also held development workshops in June 2021, October 2021, January 2022 and March 2022.

	BOARD OF DIRECTORS	AUDIT COMMITTEE	QUALITY COMMITTEE	PUTTING PEOPLE FIRST COMMITTEE	FINANCE PERFORMANCE AND BUSINESS DEVELOPMENT COMMITTEE	CHARITABLE FUNDS COMMITTEE
Robert Clarke*	13 of 13					
Tony Okotie	10 of 13	1 of 2	10 of 13		5 of 7	3 of 4
Ian Knight	7 of 8	1 of 2	6 of 6		4 of 4	
Jo Moore	6 of 8			1 of 2	2 of 4	1 of 1
Dr Susan Milner	13 of 13	4 of 5	11 of 13	4 of 5		
Tracy Ellery	13 of 13	5 of 5		4 of 5	9 of 11	3 of 3
Prof Louise Kenny CBE	8 of 13		8 of 13			
Louise Martin	13 of 13			4 of 4	9 of 9	3 of 4
Kathryn Thomson	13 of 13				9 of 11	
Jennifer Hannon (to 30 Sept 2021)	7 of 8		5 of 7		5 of 5	0 of 2
Michelle Turner	11 of 13		10 of 13	5 of 5		3 of 4
Dr Lynn Greenhalgh	13 of 13		11 of 13			

Marie Forshaw	12 of 13		10 of 13	5 of 5	8 of 11	3 of 4
Gary Price	13 of 13		11 of 13	5 of 5	10 of 11	
Eva Horgan (from 01 October 2021)	6 of 6		6 of 6		6 of 6	2 of 2
Matt Connor** (from 1 July 2021)	8 of 10					
Gloria Hyatt MBE (from 01 December 2021)	4 of 4					
Zia Chaudhry MBE (from 01 December 2021)	4 of 4	0 of 1				
Sarah Walker (from 01 December 2021)	4 of 4					

* Robert Clarke, Chair, attends Board Committee meetings on an ad hoc basis. His attendance is not included in the table as he is not an actual member of any of the Committees.

**Matt Connor is a non-voting member of the Board

How the Board operates

For most of the year under review, the Board comprised of eight independent non-executive directors, including the chair and senior independent director, and seven executive directors (one non-voting), including the Chief Executive. Between September and December 2021, there were only six non-executive directors due to resignations and then from December 2021 onwards there were nine non-executive directors. This will reduce back down to eight non-executive directors after the first quarter of 2022/23.

The Trust is committed to having a diverse board in terms of gender and diversity of experience, skill, knowledge, and background. The biographical details of the directors, together with details of the vice chair and senior independent director can be found in section 3i(c) Board of Directors pen portraits. All Board and Board Committee meetings held during the year were quorate except for the Quality Committee which was quorate for eleven out of the twelve meetings. This was due to the non-availability of assigned Non-Executive Directors during September 2021 due to vacancies. The high level of attendance and quoracy seen throughout 2021/22 was supported using virtual meeting platforms in response to the on-going COVID-19 pandemic. All decisions made by the Board and its Committees were approved unanimously and recorded appropriately.

The Non-Executive Directors bring a wealth of experience at Board level and complement the Executive Director representation on the Board in the provision of challenge and scrutiny on operational and strategic matters. Further details on the appointment of Executive and Non-Executive Directors can be found in section 3ii Remuneration Report.

The Board has a collective responsibility for setting the strategic direction for the Trust, and the effective stewardship of the Trust's affairs, ensuring compliance with its provider licence, constitution, mandatory guidance and contractual and statutory duties. The Board provides effective and proactive leadership of the Trust within a robust governance framework of clearly defined internal controls and risk management processes and approves the Trust's financial and operational plans, taking into account the views of governors. The Board sets the Trust's vision, values and

standards of conduct and behaviour, ensuring that its obligations to stakeholders, including patients and members are met; ensures the quality and safety of services, research and education and application of clinical governance standards including those set by NHSI, the Care Quality Commission, NHS Resolution and other relevant bodies. The Board has a formal schedule of matters reserved for Board decisions; these are included in the Trust's scheme of reservation and delegation.

The unitary nature of the Board means that Non-Executive Directors and Executive Directors have equal responsibility to challenge Board decisions and for development of Trust operations and strategy. The Board delegates operational management and the execution of strategy to the Executive Team and has established an integrated governance committee structure to provide it with assurances that it is discharging its responsibilities.

All directors have full and timely access to relevant information to enable them to discharge their responsibilities and during 2021/22 the Trust continued to utilise an electronic system for the production and circulation of Board packs. This was supplemented using Microsoft Teams to share relevant documentation and to communicate on key issues. At each of its meetings the Board reviews the Trust's key performance information, including reports on quality and safety, patient experience and care, operational activity, financial analyses, and strategic matters. The proceedings at all Board and committee meetings are documented through a process that allows any director's concerns to be recorded in the minutes and assurances provided. The Board meetings are held in public and associated papers are published on the Trust's website in advance of meetings.

Directors can seek individual professional advice or training at the Trust's expense in the furtherance of their duties. The directors and governors have direct access to advice from the Trust Secretary who ensures that procedures for Board meetings, Council of Governors meetings and Committee meetings are followed and that arrangements are compliant with any applicable regulations.

Balance, completeness, and appropriateness

There is a clear division of responsibilities between the Chair and Chief Executive, which has been agreed by both parties and the Board. Further clarity on this division is provided through the adoption of the Board Terms of Reference (first adopted in May 2020 and reviewed annually). The Chair is responsible for leadership of both the Board of Directors and the Council of Governors, ensuring their effectiveness individually, collectively and mutually. The Chair is also responsible for ensuring that members of the Board and Council receive accurate, timely and clear information appropriate for their respective duties and for effective communication with patients, members, clients, staff and other stakeholders. It is the Chair's role to facilitate the effective contribution of all directors and ensuring that constructive relationships exist between the Board and the Council of Governors. The Chief Executive is responsible for the performance of the Executive Directors, the day-to-day management of the Trust and the implementation and delivery of the Trust's approved strategy and policies.

In accordance with the requirements of the NHS Foundation Trust Code of Governance, all our Non-Executive Directors, including the Chair, are considered to be independent. The biographical details set out in section 3i(c) Board of Directors pen portraits, demonstrate the wide range of skills and experience that they bring to the Board and each of our Non-Executive Directors have signed a letter of appointment to formalise their terms of appointment. The Non-Executive Directors also complete a certification of continuing independence on an annual basis.

Performance evaluation of the Board, its Committees and individual Directors is undertaken in a number of ways including; annual review of its work plan; annual review of Committee Terms of Reference and annual reports detailing achievements during the year from each of its Committees. At the conclusion of each meeting the Board and its Committees assess the effectiveness of the meeting.

The Board believes that its members have a good balance of skills, experience and length of service, but also recognises the value of effective and timely succession planning. All Directors participate in an annual appraisal process which includes evaluation of their performance against objectives agreed at the beginning of each year. The Chair appraises all Non-Executive Directors, and the Senior Independent Director appraises the Chair, taking into account the views of other Board members, members of the Council of Governors and external stakeholders (e.g., Chair's from system partners) as part of this process. The outcomes from appraisals of the Chair and Non-Executive Directors are reported to the Council of Governors. The Chief Executive appraises Executive Directors, and the Chair appraises the Chief Executive. A report on outcomes of these appraisals is presented to the Nomination and Remuneration Committee of the Board of Directors.

The Chair's other significant commitments, and those of other Directors, are detailed in section 3i(c) Board of Directors pen portraits and are recorded in the Board of Directors' Register of Interests. Members of the public can find the register of interests at www.liverpoolwomens.nhs.uk.

Directors can be contacted by email via the 'contact' link on the Trust's website at [www.liverpoolwomens.nhs.uk/Contact Us/](http://www.liverpoolwomens.nhs.uk/Contact_Us/) or via the Trust Secretary.

Understanding the views of the governors, members and the public

The Board recognises the value and importance of effective engagement with Governors to ensure that Governors can properly fulfil their role as a conduit between the Board and the Trust's members, the public and other stakeholders.

The Board of Directors and Council of Governors enjoy a good working relationship, and each body is kept advised of the other's progress through the Chair. The agenda for both Board of Directors and Council of Governors meetings includes a standing item for the Chair to share any views or issues raised by directors, governors, and members. Members of the Board routinely attend both Council of Governors meetings and the Council's Group meetings (see section 3i(d) for more information).

Members of the Council of Governors have access to Board meeting agendas and papers and, along with other members of the public, are welcome to attend and observe meetings of the Board held in public to gain an understanding and appreciation of the business being conducted by the Board of Directors. Governors are encouraged to attend the Board meetings to observe the participation of the Non-Executive Directors in their scrutiny and challenge of reports presented by the Executive Directors. This helps the governors to discharge their duty of holding the Non-Executive Directors to account, individually and collectively, for the performance of the Board. As Board meetings have been held virtually due to the pandemic, Governors were facilitated in attending by being able to access the on-line meeting platform to observe proceedings.

Non-Executive Directors attend Council of Governor meetings and Governor Group meetings where they report on matters discussed by the Board of Directors and Board Committees and explain how they have obtained assurance on specific matters. This provides Governors with the opportunity to put questions to Non-Executive Directors and seek clarification on any matters that may have arisen at Board or Board Committee meetings.

Patient care and Stakeholder Relations

Community Diagnostics Centre

Liverpool Women's Hospital was chosen as one of three sites for the newly formed Community Diagnostic Hubs across Cheshire and Merseyside (CDC) launching in 2021/2022.

The centres will help to achieve:

- earlier diagnoses for patients through easier, faster, and more direct access to the full range of diagnostic tests needed to understand patients' symptoms.
- a reduction in hospital visits which will help to reduce the risk of COVID-19 transmission
- a reduction in waits by diverting patients away from hospitals, allowing them to treat urgent patients, while the community diagnostic centres focus on tackling the backlog a contribution to the NHS's net zero ambitions by providing multiple tests at one visit, reducing the number of patient journeys, and helping to cut carbon emissions and air pollution.

GPs will be able to refer patients to the CDC's so they can access lifesaving checks closer to home and be diagnosed for a range of conditions, rather than travelling to hospital. This will be more convenient for patients, more efficient and more resilient to the risk of cancelled tests in hospitals due to COVID-19. The centres will be staffed by a multi-disciplinary team of staff including nurses and radiographers and are open 7 days a week.

In addition to the above aims the CDC will expand existing diagnostic services for the wider system it will bring new diagnostics to LWH which will go some way to mitigate existing clinical risk due the Trust's standalone status.

The CDC at located LWH has been developed in partnership with Liverpool Heart and Chest Hospital (LHCH) and in collaboration with LUHFT with a feasibility assessment conducted of the diagnostic services which could be accommodated. Recruitment is planned to be undertaken collaboratively with LHCH and LUHFT.

Consultations

No formal public consultations in respect of proposed changes to the Trust's services were carried out during the year but plans continue in respect of consulting our patients, staff and stakeholders in respect of the proposed future strategic direction for women's health services.

Register of interests

A register of significant interests of directors and governors which may conflict with their responsibilities is available from the Trust Secretary and on our internet site www.liverpoolwomens.nhs.uk.

Board committees

The Board has three statutory committees: the Charitable Funds Committee and the Audit Committee, both chaired by an independent Non-Executive Director; and the Nominations and Remuneration Committee, chaired by the Trust Chair. There are three additional committees; the Quality Committee; Putting People First Committee; and Finance Performance and Business Development Committee. Each works closely with the Audit Committee but report directly to the Board by way of Committee Chair reporting. Urgent matters are escalated by the Committee Chair to the Board through the Chair's Reports as deemed appropriate. Throughout the year, a 'Chair's Log' process has been in place which formalises the delegation of actions between Committees and the Board. Each Committee is chaired by an independent Non-Executive Director with exception of the Nominations and Remuneration Committee which is chaired by the Trust Chair.

Further details on the work of the Committees can be found at:

- Audit Committee - section 3i(b);
- Nominations Committee and Remuneration Committee - section 3ii Remuneration report;
- Quality committee, the Putting People First committee and the Finance Performance and Business Development committee - section 3vii Annual Governance Statement.

NHS Improvement's well-led framework

NHS Improvement published its Well-Led Framework in June 2017. The Framework provides a means for trusts to undertake developmental reviews to assess their arrangements for effective leadership and governance. The Framework is based on eight Key Lines of Enquiry (KLOE), consistent with those used by the Care Quality

Commission for inspection purposes, and outcomes of periodic reviews inform the content of Board-owned development plans to enhance practice, as appropriate, across the range of KLOE subject areas. There is an expectation that trusts will undertake annual development review activities, with the scope determined by the Board of Directors, with an independent external validation being undertaken every three years.

The Trust last undertook a self-assessment during the period January - March 2020 and outcomes were subsequently adopted by the Board in April 2020. The Board actively monitored progress against the resulting development plan and an external review was commissioned, commencing in January 2021 by Grant Thornton. Grant Thornton was appointed following a tender exercise and were fully independent from the Trust. Feedback was provided to a Board development session in April 2021 and the final report was received by the Board in July 2021.

The independent review confirmed that there were no material governance concerns and several areas of good practice were noted, particularly:

- The Trust is focussed on quality and sustainability and this features in meetings throughout the levels of the organisation
- The data and information available to Divisions is of good quality and used to guide operational performance conversations at Divisional meetings and performance reviews, providing a 'golden thread' between Divisions and the Board
- The Trust has many examples of how it has worked extensively with its partners on the delivery of its services

Some areas for further work and opportunities for improvement were also highlighted, which the Board of Directors has acknowledged, and these have been the subject of an action plan that has been monitored throughout 2021/22. Examples include:

- Ensuring that best practice is shared between the respective Divisions to work towards a maturity level parity.
- The need to ensure that a documented Quality Improvement Methodology is in place
- Learning from serious incidents is an area that requires strengthening.

The Trust will be embarking on an annual development review in July 2022, and this will focus on any outstanding areas from the external review and also be testing the Trust's approach to being a 'good partner' as Integrated Care Systems develop during 2022/23.

There are no material inconsistencies between the Annual Governance Statement, the Corporate Governance Statement, and the Annual Report.

Care Quality Commission

Liverpool Women's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions".

During December 2019 and January 2020, the Trust was formally inspected under the CQC Inspection framework, with the final report published by the CQC on 23 April 2020. The Trust was pleased to announce that it had been given an overall rating of 'good'.

In September 2021, alongside several other trusts in the North West region, the Trust was requested to submit answers to a Direct Monitoring request from the CQC relating to maternity services. The Direct Monitoring Approach was a tool CQC used during the pandemic to monitor services as part of their regulatory approach. This submission was made and no further action was required. The Trust continues to maintain positive relationships with the CQC and participates in monthly relationship management meetings. During the year, the Trust also took action to review the latest CQC Insight Tool at the Quality Committee to ensure that areas requiring improvement were clearly identified and that assurance could be provided on the mitigating / rectifying actions.

Better payment practice code

The Better Payment Practice Code requires that 95% of undisputed invoices relating to trade creditors are paid within 30 days of receipt. The Trust's performance during 2021/22 and 2020/21 is shown below:

	2021/22	2021/22	2020/21	2020/21
Description	Number	Value in £000's	Number	Value in £000's
Non-NHS				
Total Non-NHS bills paid in the year	14,600	60,594	13,224	53,279
Total Non-NHS bills paid within target	11,869	53,576	10,747	47,317
Percentage of Non-NHS bills paid within target	81%	88%	81%	89%
NHS				
Total NHS bills paid in the year	1,088	33,036	1,475	29,467
Total NHS bills paid within target	345	26,155	619	24,412
Percentage of NHS bills paid within target	32%	79%	42%	83%
Total				
Total bills paid in the year	15,688	93,630	14,699	82,746
Total bills paid within target	12,214	79,730	11,366	71,730
Percentage of Total bills paid within target	78%	85%	77%	87%

No interest was paid to suppliers under the Late Payments of Commercial Debts (Interest) Act 1998.

Cost Allocation and Charging Guidance issued by HM Treasury

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Income disclosure required by Section 43(2A) of the NHS Act 2006

During the year Liverpool Women's NHS Foundation Trust generated income due to the provision of private patient services in fertility services. The income received from this source in 2021/22 was £3,855k (2020/21, £3,028k) which was 2.7% (2020/21, 2.3%) of all Trust income.

This satisfies the requirements of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) where the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Any profits arising from the provision of private patient services are reinvested into patient care at the hospital. The directors consider that the income received otherwise than from the provision of goods and services for the purposes of the health service in England has not had an impact on the provision of goods and services for those purposes.

Additional reporting information

Additional information or statements which fall into other sections within the annual report and accounts are signposted below:

- ❖ The Trust has not made any political donations during the year.
- ❖ A statement on accounting policies for pensions and other retirement benefits are set out in note 9 to the accounts and details of senior employees' remuneration can be found in the section 3ii Remuneration Report.
- ❖ Trust policies on employment and training of disabled persons can be found in the Staff Report section 3iii.
- ❖ Details of sickness absence data can be found in the Staff Report section 3iii.
- ❖ Details of the Trust's approach to communications with its employees can be found in the Staff Report section 3iii.
- ❖ Details of the Trust's financial risk management objectives and policies and exposure to price, credit, liquidity and cash flow risk can be found in note 27 of the annual accounts.

Related Party Transactions

The Trust has several significant contractual relationships with other NHS organisations which are essential to its business. A list of the organisations with which the Trust holds the largest contracts is included in note 29 to the accounts.

Appointment of External Auditors

External Audit services were provided throughout 2021/22 by KPMG LLP following appointment as the Trust's External Audit provider by the Council of Governors at its meeting on 30 July 2020 in which the optional extension of two years (2020/21 and 2021/22) was approved. Further information on the appointment of external auditors for subsequent years can be found in section 3i(b) – Audit Committee Report.

Kathryn Thomson

Kathryn Thomson
Chief Executive
20 June 2022

3i(b) Audit Committee report

The Audit Committee comprises solely of independent Non-Executive Directors. The Chair of the Committee was Tracy Ellery. The other members of the committee during the year under review were Ian Knight, Tony Okotie (from September 2020 until March 2021), Susan Milner (from September 2020) and Zia Chaudhry (from March 2021). Attendance at meetings held during is shown in 3i(a) Directors Report. Tracy Ellery has recent and relevant financial experience in accordance with NHSI's Code of Governance (provision C3.1).

The Chief Finance Officer, Deputy Chief Finance Officer, Trust Secretary, Financial Controller and external and internal auditors are usually in attendance at meetings of the Committee. Executive directors and other managers are required to attend for specific items, as is the local counter fraud specialist.

The Committee is responsible on behalf of the Board of Directors for independently reviewing the Trust's systems of governance, control, risk management and assurance. The Committee's activities cover the whole of the organisation's governance agenda, and not just finance. The Committee also has a duty to monitor the integrity of the financial statements and related reporting. The latest Terms of Reference for the Committee were approved by the Board in April 2022 and are available on request from the Trust Secretary.

The Committee has reviewed relevant disclosure statements for 2021/22, in particular the annual governance statement, internal audit board assurance framework opinion which when combined together with receipt of the head of internal audit opinion, external audit opinion and other appropriate independent assurances provides assurances on the Trust's internal control and risk management processes.

Action plans in response internal audits were overseen by the Committee with independent assurance provided by follow up by internal audit. There were no limited assurance reports received during 2021/22 and therefore no significant internal control issues or gaps in control identified. Action plans have been prepared in respect of the audits where recommendations were made.

With regards to discussion of key matters, during the year the Committee has:

- Reviewed amendments to the Trust's Corporate Governance Manual
- Received a report which detailed the range of governance processes in place to provide assurance on the effectiveness of internal control arrangements.
- Reviewed governance arrangements in response to the COVID-19 pandemic
- Reviewed the potential governance implications for the Board and Audit Committee ahead of the implementation of Integrated care Systems
- Considered the Clinical Audit Annual Report and Forward Plan

- Received a report seeking approval for the write-off of aged debt. The Committee was assured on the reasons why the various debts were deemed to be unrecoverable and approved the write-off.
- Received a report on the Trust's approach to managing conflicts of interest.
- Concluded the first round of reviews in which each division were asked to present on the work being undertaken to enhance the maturity of their governance arrangements

At the January 2022 meeting, the Committee received a report from the external auditor on the external audit plan for the annual report and accounts 2021/22. This included an analysis of the external auditor's assessment of significant audit risks (valuation of land and buildings and fraudulent expenditure recognition), the proposed audit strategy, audit and reporting timetable and other matters. The Committee discussed and approved the proposed plan recognising that the approach would be responsive to the many changes affecting the Trust.

The Committee reviewed the accounting policies and annual financial statements prior to submission to the Board and considered these to be accurate. It has ensured that all external audit recommendations had been addressed.

The going concern statement was presented to Audit Committee at the Committee meeting on 16 June 2022 where it was discussed and approved for recommendation to the Board of Directors.

Internal Audit

Internal Audit Services, which include an Anti-Fraud service, have been provided by Mersey Internal Audit Agency (MIAA) during 2021/22. The main purpose of the Internal Audit Service is:

- To provide an independent and objective opinion to the Accountable Officer, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives; and
- The provision of an independent and objective consultancy service specifically to assist the Trust's management to improve the organisation's risk management, control and governance arrangements.

MIAA deliver a risk-assessed audit plan, which is approved each year by the Audit Committee. This is delivered by appropriately qualified and trained Internal Auditors led by a nominated Audit Manager. Owing to the challenges resulting from pandemic, there was a need to be flexible with progressing the elements within the 2021/22 Internal Audit Plan. Nevertheless, the plan in its entirety was delivered (considering approved plan variations), except for a consultant job planning audit that will complete in Quarter 1 2022/23. This position has been reported within the progress reports

across the financial year. The total cost for the service during 2021/22 was £67,525 (£54,663 related to Internal Audit and £12,862 to Counter Fraud).

Countering Fraud and Corruption

Counter Fraud services are provided by MIAA. The Trust's Anti-Fraud Specialist (AFS) regularly attends the Committee to update on anti-fraud activity, ongoing cases and progress against the work plan agreed by the Committee. The Anti-Fraud Services Annual Report was considered by the Committee in June 2022. The annual declaration which was based on the self-assessment of compliance against the Protect Standards was considered with overall performance assessed as 'green'. This indicates a high level of compliance with the specified standards with areas for improvement relating to ensuring staff awareness of fraud prevention policy guidance.

External Audit

External Audit services were provided throughout 2021/22 by KPMG LLP following appointment as the Trust's External Audit provider by the Council of Governors at its meeting on 30 July 2020 in which the optional extension of two years (2020/21 and 2021/22) was approved.

During the year, an External Audit Procurement Panel, comprised of two Governor representatives, the Chair of the Audit Committee, the Chief Finance Officer, the Trust Secretary and the Head of Procurement and Contracts, was formed to provide advice and opinion to Council of Governors around procurement options for the provision of external audit, required by the Trust when the current 5-year contract with KPMG expired after the 2021/22 external audit. The Council of Governors were recommended to and subsequently approved the award to KPMG for three years under a framework for the provision of external audit services to the Trust.

No issues regarding the performance of KPMG LLP were highlighted to the Council of Governors in the recommendation from the Audit Committee. KPMG LLP did not provide non-audit services to the Trust during 2021/22. A policy is in place to outline how auditor objectivity and independence would be safeguarded if such work was performed.

The fees for the 2021/22 annual audit were £80,040 plus VAT (2020/21 - £76,000).

Work planned for 2022/23

The transition to a statutory integrated care system (ICS) is laden with complexity. With substantial guidance still to come, taking stock and anticipating the challenges of effecting robust governance is time well spent. It will be important for the Trust to respond effectively to the most significant change in focus (towards collaboration and away from competition) for more than a couple of decades. The Audit Committee has

a key role to play to monitor and seek assurance that the Trust is working well in the new arrangements and that it is shifting the focus of its systems of internal control. The ICS is yet to come into force and the transition is likely to be an iterative process during the majority of 2022/23.

Whilst the Committee has begun to seek assurance on the maturity of governance structures and processes within each Division, this will continue to be an area of focus during 2022/23.

3i(c) Board of directors - pen portraits

Non-Executive Directors

Robert Clarke – Chair

Robert joined the Board of Liverpool Women's in March 2016. He has a wide range of Board experience having spent seven years as a non-executive Director at Lancashire Teaching Hospital NHS Foundation Trust, where he held a number of positions culminating in the role of vice chairman.

Robert is the managing partner of a family dairy farm and has also had experience of a small start-up business, collecting agricultural plastics for recycling, through to large National businesses in the agricultural cooperative sector. He has held directorate roles at Zenith Milk Ltd, the Royal Association of British Dairy Farmers and Dairy Farmers of Britain Ltd in addition to his NHS roles.

Dr Susan Milner - Non-Executive Director & Senior Independent Director

Susan joined the Board of Liverpool Women's in June 2016. She has held senior roles in the NHS, academia and local government for the past 20 years. She lives in Liverpool and has worked within commissioning of health services in Liverpool & Halton. Susan continues to work within public health undertaking interim work as Director of Public Health (DPH) in a number of high-profile Local Authority Councils. Whilst working at Liverpool PCT, Susan had responsibility for commissioning services for women and babies.

Susan is a trained nurse and a registered public health specialist and demonstrates a breadth and depth of experience which has taken her from dealing with individual patients in a hospital ward to a population-wide strategic leadership role across the health and social care economy.

Tracy Ellery (Appointed Vice-Chair from 11 November 2021)

Tracy joined the board of Liverpool Women's on 1 March 2019 from the North West Ambulance Service (NWAS) where she retired as Director of Finance on 31 January 2019. In addition to Finance her remit at NWAS covered responsibility for Patient Transport Services, Fleet, Estates, IT, Procurement and Contracting.

Tracy began her NHS career in 1982 in East Cheshire and is a professionally qualified accountant (FCCA) with a business degree. Her previous roles included being Deputy Chief Executive/Director of Finance at Manchester Mental Health and Social Care Trust, a post she held for 10 years. She brings over 16 years' experience at Board level and has been a Director of Finance in five NHS organisations spanning mental health, learning disabilities, community, primary care, commissioning and acute organisations.

Tony Okotie – Non-Executive Director

Tony joined the Board of Liverpool Women's in July 2015. He has a wide-ranging background, having worked in retail banking and then the regional newspaper business before changing direction in 2002 to work in the voluntary sector, undertaking a variety of roles. He was Chief Executive of Liverpool Charity and Voluntary Service until December 2016 and is now currently working for BBC Children in Need. Prior to his appointment at Liverpool Women's, Tony was a Non-Executive Director and Vice-Chair with Derbyshire Community Health Services NHS Trust, one of the first Community Foundation Trusts in the country. Tony has a BSc in Social Policy, an MSc in Voluntary Sector Management and is a qualified coach.

Prof Louise Kenny CBE – Non-Executive Director

Louise joined the board of Liverpool Women's on 1 March 2019. Louise is the Pro Vice Chancellor of the Faculty of Health and Life Sciences at the University of Liverpool; Professor of Maternal and Foetal Health. She is a Founding Director of the Science Foundation Ireland (SFI) funded Irish Centre for Foetal and Neonatal Translational Research and was until December 2017 Professor of Obstetrics and Gynaecology at Cork University Maternity Hospital where she worked as a Consultant Obstetrician and Gynaecologist from 2006-2018.

Louise has a longstanding clinical and research interest in hypertensive disorders of pregnancy. Her research group is supported by more than €30 million of peer reviewed funding and has resulted in >200 peer reviewed original papers, reviews and book chapters. She has received numerous awards for her work, most recently the prestigious title of Researcher of the Year by SFI (2015) and 2015 Irish Tatler magazine Woman of the Year Award for STEM.

Louise Martin – Non-Executive Director

Louise joined the Liverpool Women's Hospital board in April 2021. She worked in the NHS for fifteen years in various clinical and management roles, before moving to specialise in asset management for international investment companies where she led large multidisciplinary consortia in the development and delivery of complex infrastructure projects.

Louise has served as a non-executive director in NHS organisations for over twenty years and is currently Chair of PropCare Limited, a wholly-owned company of the Clatterbridge NHS Foundation Trust, which oversaw the construction and delivery of the new Liverpool Cancer Centre in 2020.

A resident of Liverpool and user of the Trust's services, Louise is committed to the delivery of the highest levels of patient satisfaction, staff engagement and service quality.

Gloria Hyatt MBE – Non-Executive Director (from 1 December 2021)

Gloria joined Liverpool Women's in December 2021. She has a wide ranging background, having worked as a Head Teacher in the secondary education and adult learners sector before changing direction in 2005 becoming Founding Director of

Teach Consultancy. Her work has involved undertaking consultancy roles for The Office of Deputy Prime Minister and The General Teaching Council for England. She has worked on behalf of a significant number of LA's, City Council's, and organisations across the country and sectors, consulting and delivering on education, change management, business, research, race equality and community engagement commissions.

She has held Board and Chair positions at Liverpool John Moores University, The General Teaching Council for England and a number of charitable organisations. She is currently Chair of The Liverpool City Regions Race Equality Business Support Working Group and a Board Member of Liverpool City Region, Local Enterprise Partnership. Gloria was a recipient of a MBE for services to education in 2003, and has numerous other awards. She is Liverpool's first Black Head Teacher, a qualified Teacher, Trainer and Corporate and Executive Coach.

Zia Chaudhry MBE – Non-Executive Director (from 1 December 2021)

Zia joined the Board of LWH in December 2021 having spent 27 years as a barrister specialising in criminal law.

Aside from his legal work he has been involved in interfaith work for over twenty years and in 2013 wrote Just Your Average Muslim. In 2015 he was awarded an MBE for services to interfaith relations and in 2017 was conferred with an Honorary Fellowship by Liverpool John Moores University for his services to community relations.

In 2018 he left the Bar in order to head up LJMU's civic engagement work. Since then he has founded Premier Advocacy which helps organisations seeking training in presentational skills as well as improving their diversity awareness. In 2019 Zia was appointed a Deputy Lieutenant of Merseyside and in 2020 joined the Education Improvement Board. He remains keen on outreach work and using his story to inspire others, particularly those from minority backgrounds.

Sarah Walker – Non-Executive Director (from 1 December 2021)

Sarah joined the Liverpool Women's Hospital board in December 2021. She worked for BT for 24 years across a variety of roles, and is currently the Enterprise Director for the North of England. She is also the Chair of the Board of Trustees for Greater Manchester Communication Academy.

Sarah has worked with a number of charitable organisations to raise awareness of Baby and Infant loss and is an avid ambassador for Mental Health & Wellbeing.

Ian Knight - Non-Executive Director (until 2 September 2021)

Ian joined the Board of Liverpool Women's in April 2016. He had a career as a finance professional from 1974 to 2001, working for nationalised industries, Slough Estates, Nicholas Kiwi, Sara Lee Corporation and finally as Group Treasurer of Yorkshire Water. In 2001 he retired from full time employment and became a non-executive

director, starting with QDS, a privately-owned UK company, and then with Mouchel and Morson (both UK PLCs).

Ian has a BA (Hon) in Business Studies and was a Member and subsequently a Fellow of the Association of Corporate Treasurers.

Jo Moore - Non-Executive Director & Vice Chair (until 8 September 2021)

Jo joined the Board of Liverpool Women's in April 2016 and was appointed vice chair in 2018. She is a qualified FCMA and has a breadth of experience within Finance and Change Management. Jo has previously held senior level roles within the financial services sector, including Global CFO (technology & operations) at JPMorgan and COO for a Hedge Fund. Jo is currently Managing Partner at Optimus 5, which is a consulting firm specialising in transformation, regulation and remediation. She also works with a number of local organisations dedicated to improving the lives of children, these include AYFA sports and the Rotund charity. Jo is a qualified executive coach and a Lean Reengineering Master Black Belt.

Executive Directors

Kathryn Thomson – Chief Executive

Kathryn joined the board of Liverpool Women's in September 2008 from the University Hospital of South Manchester NHS Foundation Trust (UHSM), where she was an Executive Director for six years. During that time, she supported the Trust through a major financial and performance recovery plan and subsequent achievement of Foundation Trust status. UHSM had a substantial service and research portfolio and investments were made in significantly improving both services and research in a number of areas including the Medicines Evaluation Unit and breast cancer, through alignment into the state of the art Genesis Centre and investment in a Cardiac Centre including the North West Heart Transplant Centre.

Kathryn's professional background is Human Resources and Organisational Development, and she continues to maintain a focus in these areas. For some years she chaired the Cheshire and Merseyside Local Workforce and Education Group, and she is a Board member of Liverpool Health Partners. Kathryn is the Senior Responsible Officer for the Cheshire and Mersey for the Local Maternity and Neonatal System and also workforce lead for the Cheshire and Mersey Acute and Specialist Trusts Provider Collaborative.

Michelle Turner – Chief People Officer & Deputy Chief Executive

Michelle joined the board of Liverpool Women's in April 2010. Committed to creating great places to work, Michelle is responsible for ensuring the Trust has a competent, engaged and truly motivated workforce focused on delivering the best possible patient experience. She is also responsible for the Trust's communications and marketing functions.

A member of the Chartered Institute of Personnel and Development, Michelle has a long a varied NHS career, working in patient-facing roles early in her career and undertaking senior human resources roles more recently.

Gary Price – Chief Operating Officer

Gary joined the Trust in 2019. His role is to support our clinical teams to deliver the best possible care for our patients and improve performance. He has overall responsibility for the day to day running of Trust operations.

Gary has worked in the NHS for over 20 years. He has a clinical background then moved to hold senior management roles working across all areas of healthcare including Primary, Community, Mental Health, Secondary and Tertiary Care. He has extensive experience managing Women's and Neonatal services.

Dr Lynn Greenhalgh – Medical Director

Lynn first joined Liverpool Women's in October 2002 as a Consultant Clinical Geneticist and joined the Board of Directors in January 2021. She has held various leadership positions within the Trust including being Clinical Director of the Cheshire and Merseyside Regional Genetics Service. Prior to joining the Trust Board, Lynn was appointed as the Medical Director of the North West Genomics Laboratory Hub which is hosted by Manchester Foundation Trust and provides genomics services for the North West.

Lynn trained as a doctor at St Bartholomew's Medical College in London and completed junior doctor jobs in the Midlands, North West and London. After completing a master's degree in Clinical Genetics at Great Ormond Street Hospital she moved to Bristol to complete her specialist training in Clinical Genetics.

Marie Forshaw – Chief Nurse & Midwife

Marie joined the Board of Liverpool Women's in January 2021 as Director of Nursing and Midwifery. Marie is a registered general nurse, midwife, and health visitor.

Marie has a master's degree in General Practice, specialising in community, commissioning organisations, integrated organisations, acute, community and specialist trusts. Marie is driven to providing high quality, safe and effective services, where patients and service users have a positive experience. Marie is committed to leading the midwives, nurses and AHP workforce to be the best that they can be.

Eva Horgan – Chief Finance Officer (from October 2021)

Eva joined the Trust in July 2018 as Deputy Director of Finance and was appointed as Chief Finance Officer in October 2021. Her role includes ensuring the Trust's resources are used as effectively as possible, as well as responsibility for strategy and procurement. Eva started her career on the NHS Graduate Training scheme in 2004 and has worked in senior finance roles at a number of NHS organisations across community, mental health, acute and commissioning sectors.

Eva is a Chartered Management Accountant (CIMA) and has a BA (Hons) in Mathematics and Philosophy.

Jennifer Hannon – Chief Finance Officer (until October 2021)

Jenny first joined Liverpool Women's in 2012, and after a short spell at NHS England, returned to the Trust in 2014 as Deputy Director of Finance. She joined the Board of Directors in October 2017, undertaking the role of Director of Strategy and Planning on an interim basis, before taking up the post of Director of Finance in February 2018. Jenny trained with professional services firm EY and is a Chartered Accountant and Fellow of the Institute of Chartered Accountants in England and Wales. She has held a number of senior finance roles across a range of organisations and has long standing ties with Liverpool as well as experience of working on national and international projects.

Non-voting Board Members

Matt Connor – Chief Information Officer

Matt joined the Trust in December 2019. Committed to Digital excellence, he is responsible for a diverse Digital Services department encompassing Information, & Digital Systems, Information Technology, Digital Projects, Information Governance, Clinical Coding and Patient Records.

Since 1999, Matt has worked within various Digital Services roles across Cheshire and Merseyside NHS organisations and has held a number of senior roles most recently at Mid-Mersey Digital Alliance and Southport and Ormskirk Hospital NHS Trust.

He is the Cyber Security Digital Lead and Chair for the Cheshire and Merseyside ICS.

3i(d) Council of Governors & Members

Council of Governors

The Council of Governors (Council) ensures that the interests of the community served by the Trust are appropriately represented.

The Council is made up of the following representative constituencies:

14 Public Governors - elected by the Trust's public membership who represents the local community, as follows:

- ❖ Central Liverpool – four Public governors
- ❖ North Liverpool - two Public governors
- ❖ South Liverpool - two Public governors
- ❖ Sefton – two Public governors
- ❖ Knowsley – two Public governors
- ❖ The rest of England and Wales – two Public governors

5 Staff Governors - elected by the Trust's staff members, who they represent, as follows:

- ❖ Doctors – one Staff governor
- ❖ Nurses – one Staff governor
- ❖ Midwives – one Staff governor
- ❖ Scientists, technicians and allied health professionals – one Staff governor
- ❖ Administrative, clerical, managers, ancillary and other support staff – one Staff governor.

8 Appointed Governors - nominated by partner organisations who work closely with the Trust, as follows:

- ❖ Liverpool City Council – one Appointed Governor
- ❖ Sefton Borough Council – one Appointed Governor
- ❖ Knowsley Borough Council – one Appointed Governor
- ❖ University of Liverpool – one Appointed Governor
- ❖ Faith Organisations – one Appointed Governor
- ❖ Community & Voluntary Organisations – one Appointed Governor
- ❖ Liverpool Hope University/ Liverpool John Moores University/ Edge Hill University - one Appointed Governor
- ❖ University of Liverpool/ Liverpool Hope University/ Liverpool John Moores University/ Edge Hill University – one student Appointed Governor

The names of the Governors and the constituencies they represent are set out below. The term of office for governors begins and ends at the annual members' meeting of

the Trust held in September / October each year. The terms of office have been rounded to the nearest year.

Council of Governors Meetings

Each year the Council of Governors meets on at least three occasions, in public. Between April 2021 and March 2022, the Council met on four occasions in public. Governors also participate in meetings of the Council's four sub-groups/committees, details of which are provided below. Details of governor attendance at the full council meetings are set out in the table below.

Public Governor (Elected)	Term in Office	From	To	Council of Governors meetings attended, April 2021 - March 2022
Central Liverpool				
Carol Darby-Darton	3 Years	2020	2023	0 of 4
Peter Norris	3 Years	2020	2023	4 of 4
Thania Islam	3 Years	2018	2021	0 of 2
Mary Doddridge	3 Years	2018	2021	0 of 2
Pat Denny	3 Years	2021	2024	0 of 2
Ruth Parkinson	3 Years	2021	2024	1 of 2
North Liverpool				
Si Jones	3 Years	2018	2021	0 of 2
South Liverpool				
Sara Miceli-Fagrell	3 Years	2019	2022	3 of 4
Carol Didlick	3 Years	2021	2024	1 of 2
Sefton				
Carole McBride	6 Years	2015	2021	0 of 1
Yaroslav Zhukovskyy	3 Years	2020	2023	3 of 4
Annie Gorski	3 years	2021	2024	0 of 2
Knowsley				
Rev Anne Lawler	3 Years	2018	2021	0 of 1
Jackie Sudworth	3 Years	2019	2022	3 of 4
Olawande Salam	3 Years	2021	2024	1 of 1

Rest of England and Wales				
Denise Richardson	3 Years	2018	2021	2 of 2
Evie Jefferies	3 Years	2019	2022	2 of 4
Iris Cooper	3 Years	2021	2024	0 of 2

Staff Governor (Elected)	Term in Office	From	To	Council of Governors meetings attended, April 2021 - March 2022
Doctors				
Dr Kiran Jilani	3 Years	2020	2023	2 of 4
Nurses				
Rebecca Holland	2 Years	2021	2023	2 of 4
Midwives				
Pauline Kennedy	6 Years	2016	2022	2 of 4
Scientists, technicians and allied health professionals				
Maria Culligan	2 Years	2021	2023	0 of 2
Rebecca Lunt	3 Years	2021	2024	2 of 2
Administrative, clerical, managers, ancillary and other support staff				
Kate Hindle	6 Years	2018	2024	2 of 4

Appointed Governor (Elected)	Organisation	Council of Governors meetings attended, April 2021 - March 2022
Cllr Angela Coleman	Liverpool City Council	0 of 1
Cllr Lucille Harvey	Liverpool City Council	0 of 1
Cllr Patricia Hardy	Sefton Borough Council	2 of 4
Vacant	Knowsley Borough Council	
Niki Sandman	University of Liverpool	1 of 2
Rev. Cynthia Dowdle	Faith Organisations	2 of 2

Rev Dr Miranda Threfall-Holmes	Faith Organisations	0 of 2
Mary McDonald	Community & Voluntary Organisations	1 of 2
Rhianna Moradi	Community & Voluntary Organisations	0 of 2
Valarie Fleming	Education Institutions	1 of 2
Jane Rooney	Education Institutions	1 of 1
Vacant	Education Institutions – Student Representative	

Governor elections 2021/22

Governor elections are carried out by Civica (formerly Electoral Reform Services) and the returning officer was Ciara Norris. Elections were carried out between July 2021 and September 2021 with ten governor seats available:

Six were 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

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

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

Lead governor

Kate Hindle, Staff Governor, has been lead governor throughout 2021/22. The Lead Governor is the point of contact between NHS Improvement (NHSI) and the Council,

in circumstances only where it would be inappropriate for NHSI to contact the Trust Chair.

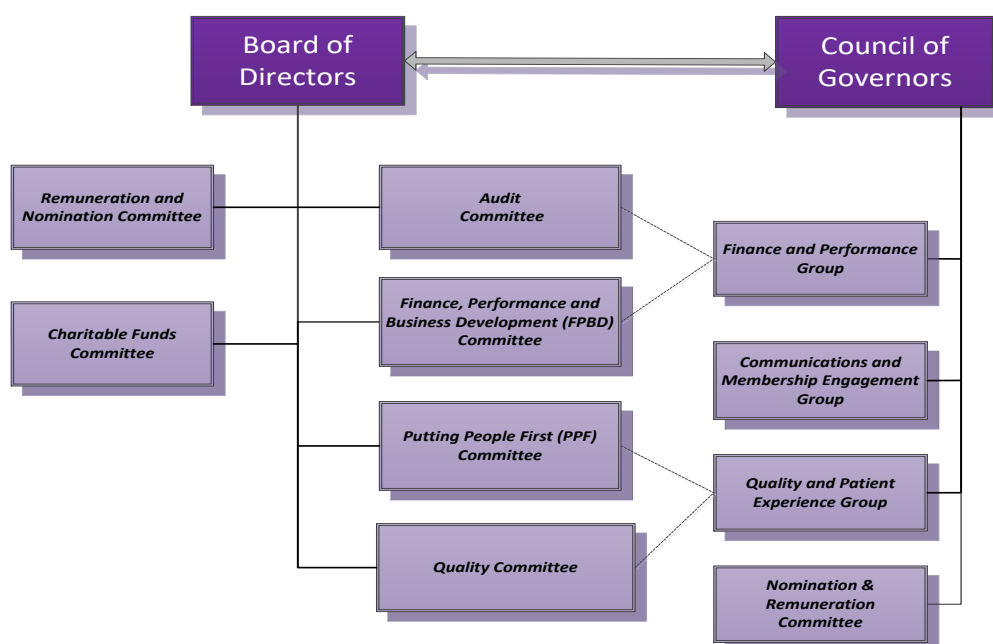
Role of the Council of Governors

The Council has responsibility for representing the interests of the members, partner organisations and members of the public in discharging its statutory duties which include:

- holding the Non-Executive Directors to account individually and collectively for the performance of the Board
- the appointment and, if appropriate, removal the Chair
- the appointment and, if appropriate, remove the other Non-Executive Directors
- approve the remuneration and allowances, and other terms and conditions of office of the chair and other Non-Executive Directors
- approve the appointment of the Chief Executive on recommendation from the Board Nominations and Remuneration Committee
- appoint, re-appoint and, if appropriate, remove the auditor
- receive the annual report and accounts and any report on these provided by the auditor
- approve any 'significant transactions' as defined within the Trust's constitution
- approve an application by the Trust to enter into a merger, acquisition, separation or dissolution
- decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions, and
- approve amendments to the Trust's constitution.

Council of Governors Group Structure

Since 2017 there has been an assurance sub-group structure in place. The sub-groups mirror the Board Committee structure (see diagram below) and supports the governors in obtaining assurance on the operation of the Trust. The 'sub-group' structure for the Council of Governors comprises of a Communications and Membership Engagement Group; a Quality and Patient Experience Group; and a Finance and Performance Group. Each sub-group has their own terms of reference and are chaired by a Governor and supported by Non-Executive Directors and Executive Directors/Managers. This provides the governors with additional opportunity to address any concerns they may have with Non-Executive Directors that may have arisen during a Board meeting or within the Trust.



Communications and Membership Engagement Group: The purpose of the Group is to assist the Council in the performance of its duties, including recommending objectives and strategy in the development of Communications and Membership matters, having regard to the interests of its Public & Staff members, its patients and other stakeholders.

Quality and Patient Experience Group: The purpose of the Group is to assist the Council in the performance of its duties in the provision of assurance concerning the delivery of quality and safe healthcare; by gaining greater understanding of the influences that impact on the provision of care and services in support of getting the best outcomes and experience for patients.

Finance and Performance Group: The purpose of the Group is to assist the Council in the performance of its duties in the provision of assurance of the Trust's financial and operational performance

Nomination and Remuneration Committee: The work of the Council's Nomination and Remuneration Committee is outlined in section 3ii Remuneration Report.

Each of the Council's sub-groups reports to the Council and makes recommendations for its consideration appropriate to their terms of reference.

There continues to be a positive and constructive working relationship between the Council and the Board of Directors, and this has continued throughout the pandemic through maximizing the use of online platforms. Governors effectively fulfil their statutory duties, and the Council provides both constructive challenge and support to the Board. Executive and Non-Executive Directors regularly attend meetings of the Council and governor groups to understand governors' views and concerns and all

directors receive agenda for the Council's meetings. The Board has a standing invitation to attend all meetings of the Council.

During the financial year, the Governors have not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006.

On 10 February 2022, the Council of Governors received an overview of the Trust's planning assumptions and approach for 2022/23 and were able to provide views and comments.

Governors' attendance at organised and supported events

Alongside the formal meetings and sub-groups/committees, briefing sessions and communications have taken place to both inform the governors of Trust initiatives and work programs and gain their views and support.

Throughout 2021/22, work was undertaken to ensure that the Council of Governors have been kept updated with the Trust's approach to managing the COVID-19 pandemic and the period of recovery and restoration. Regular bespoke bulletins have been shared together with video messages from the Chair.

An additional briefing was also provided to Governors to provide information and assurance on the Trust's response to the Major Incident that occurred on the 14 November 2021.

A new initiative put into place during 2021/22 has been the sharing of governors training and briefing opportunities with partner NHS organisations in the Liverpool City region. This has been in recognition that governors across the city are often dealing with the same issues, and this has only increased as the NHS continues to move towards more collaborative ways of working under the developing Integrated Care System model. Examples of this included financial awareness sessions, Equality, Diversity & Inclusion, and general governor training on roles and responsibilities. This is something that will continue to grow into 2022/23 and beyond.

Governors are not remunerated but they are entitled to claim expenses in connection with their duties.

A governors' register of interests is maintained. Members of the public can find the register of interests at www.liverpoolwomens.nhs.uk.

All Directors invited to attend meetings of the Council held during 2021/22 is set out below:

		Quarterly Meetings attended April 2021 to March 2022
Non-Executive Directors		
Robert Clarke	Non-Executive Chair ⁽¹⁾	4 of 4
Tony Okotie	Non-Executive Director	2 of 4
Ian Knight	Non-Executive Director	1 of 2

Dr Susan Milner	Non-Executive Director & Senior Independent Director	3 of 4
Jo Moore	Non-Executive Director	1 of 2
Prof Louise Kenny CBE	Non-Executive Director	0 of 4
Tracy Ellery	Non-Executive Director	2 of 4
Gloria Hyatt MBE	Non-Executive Director	1 of 1
Zia Chaudhry MBE	Non-Executive Director	1 of 1
Sarah Walker	Non-Executive Director	1 of 1
Louise Martin	Non-Executive Director	3 of 4
Executive Directors		
Kathryn Thomson	Chief Executive	3 of 4
Michelle Turner	Chief People Officer	4 of 4
Jennifer Hannon	Chief Finance Officer	2 of 2
Gary Price	Chief Operating Officer	3 of 4
Marie Forshaw	Chief Nurse & Midwife	4 of 4
Dr Lynn Greenhalgh	Medical Director	4 of 4
Matt Connor	Chief Information Officer	3 of 3
Eva Horgan	Chief Finance Officer	1 of 2

(1) Robert Clarke is chair of the Board of Directors and the Council of Governors and attends the Council of Governors as a member with full voting rights.

Members

Any member of the public over the age of 12 years who lives in England and Wales can be a member of the Trust. Most members come from the areas where the Trust provides clinical services: the local authority areas of Central Liverpool, North Liverpool, South Liverpool, Knowsley and Sefton.

Membership of the Trust is made available to all Trust staff automatically where they have a permanent contract of employment or have worked for the Trust for at least 12 months. Members of staff are able to opt out of being a member if they wish.

As at 31 March 2022 the Trust had 10,758 members:

Public	Number
Central Liverpool	2,698
Knowsley	1,084
North Liverpool	1,521
Sefton	1,196
South Liverpool	1,292
Rest of England	1,400
Total public membership	9,191
Staff	Number
Doctors	109
Nurses	415
Midwives	324
Scientists, technicians and allied healthcare professionals	84
Administrative, clerical, managers, ancillary and other support staff	635
Total staff membership	1567

Led by its Communications and Membership Engagement Group, the Trust's Council developed and approved a new Membership Strategy 2021-25. 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 2021/22 actions were 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.

In addition to pan-Liverpool Governor training being developed, there has also been a commitment from Liverpool based NHS Foundation Trusts to share and offer access to membership engagement events. This has enabled a wider offer of NHS based activity to our members. Specific Liverpool Women's events organised for members during 2021/22 have included:

- 'Fundraising and Volunteers' hosted by Kate Davis Head of Fundraising. This gave an update on Charity progress and future plans along with Gina Barr, our Voluntary Services Manager who presented on volunteering opportunities at the hospital and how to 'Get Involved'.
- Meal Tasting Event hosted by the Trust catering contractors OCS arranged with one of their suppliers. Representatives of the public, patients and stakeholders were invited to attend to provide their views on food provision for patients and visitors.

Members can contact governors at the Trust by:

- ❖ Post – trust offices, Liverpool Women's NHS Foundation Trust, Crown Street, Liverpool L8 7SS;
- ❖ Telephone – 0151 702 4018;
- ❖ Email – communications@lwh.nhs.uk

3ii Remuneration report

Chair's annual statement on remuneration

This report includes details of the activity of the Board of Director's Nominations and Remuneration Committee and the Council of Governor's Nominations and Remunerations Committee.

For the purposes of the remuneration report the term senior managers relates to those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust and covers the Chair, the Executive and Non-Executive Directors of the Trust.

The Board of Directors delegates the responsibility to a Board Nominations and Remuneration Committee (Committee) to make decisions regarding the nomination, appointment, remuneration and conditions of service for Executive Directors including the Chief Executive. The membership of the Committee is constituted from the Non-Executive Directors only. This Committee has general oversight of the Trust's pay policies, but only determines the reward package for directors and staff not covered by agenda for change.

The Committee made several decisions during the year relating to the Executive Directors including: the appointment of the Chief Finance Officer, a review of performance of executive directors, and the decision to create a Director of Midwifery post. For further details see the paragraph 'Annual Report on Remuneration'.

Senior Managers' Remuneration Policy

The Trust does not apply performance related pay conditions linked to Executive Directors' or Non-Executive Directors' remuneration and no formal policy exists in setting the remuneration of either Executive Directors or Non-Executive Directors. The Trust is required to report what constitutes the senior managers' remuneration in tabular format set out below:

Components of Remuneration Package of Executive and Non-Executive Directors	Basic pay in accordance with their contract of employment (executive) and letters of appointment (non-executive)
Components of Remuneration that is relevance to the short and long term Strategic Objectives of the Trust	The directors do not receive any remuneration tailored towards the achievement of Strategic Objectives.
Explanation of how the Components of Remuneration operate	<p>Basic pay of the executive directors is determined by the Board nominations and remuneration committee, taking into account past performance, future objectives, market conditions and comparable remuneration information from trusts within the locality. Executive directors receive pay increases each year linked to pay increases for staff under agenda for change.</p> <p>Basic pay of the non-executive directors is determined by the Governor nominations and remuneration committee.</p>
Maximum amount that could be paid in respect of the component	Maximum payable is the director's annual salaries as determined by the relevant nominations and remuneration committees.

Explanation of any provisions for recovery	If an individual is overpaid in error, there is a contracted right to recover overpayment.

The Trust is committed to increasing the diversity of its workforce at all levels of the organisation. It has been an objective of the WRES action plan over the last few years to increase the numbers of non-clinical staff at management level (bands 6-9). Due to limited progress with this objective, despite targeting colleagues in the organisation with leadership and promotional opportunities, the Trust reaffirmed a commitment to the aim through establishing this as a strategic objective in the Trust's 2021-25 Corporate Strategy.

During the year, there has been a steady trend of increase, and this continues to be supported by career conversations, reciprocal mentoring and general mentoring and coaching opportunities. Training and support are in place for managers to identify opportunities for development. There has also been promotion of the Trust as an inclusive employer through recruitment branding and attendance at range of careers and community events.

The Trust was also successful during the year in increasing the diversity of the Board by specifically inviting applications from individuals with protected characteristics and from under-represented socio-economic groups in the recent recruitment for NED positions.

The Trust's Executive Directors are not employed under fixed term contractual arrangements and are required to give and receive six-months' notice under the terms of their contract of employment.

During 2020/21, the Committee had previously recommended that the two Executive Directors with extended notice periods should revert to six months to achieve consistency across the team. Both Executive Directors were subsequently asked to consider a variation to their contract to bring their notice periods down to six months. The Chief People Officer agreed the variation to her contract with effect from 15 February 2021 and the Chief Executive agreed to accept the variation to her contract with effect from 1 July 2021. It was also agreed that going forward all Executive Directors would be on six months contractual notice with effect from 1 July 2021.

Compensation payments payable to Executive Directors are in accordance with their contract, which entitles them six months' pay on termination by the Trust. Both the employee and employer contribute to the NHS pension scheme and note 1.3 of the annual accounts provides an explanation of how pension liabilities are treated in the accounts.

The Chair and Non-Executive Directors are appointed by the Council of Governors for fixed terms of office, usually for an initial term of office of three years, following which

they may be appointed for an additional term of three years, with annual extensions thereafter up to a maximum of nine years in total. The Chair and Non-Executive Directors have a notice period of three months and are not entitled to compensation for loss of office.

The term of office of the current Chair and Non-Executive Directors are listed below:

	Commencement date	Term of Office expiry date
Robert Clarke	01 March 2016	28 February 2023*
Tony Okotie	01 July 2015	30 June 2022
Louise Martin	01 April 2021	31 March 2024
Dr Susan Milner	01 June 2016	31 May 2022
Prof. Louise Kenny CBE	01 March 2019	28 February 2025
Tracy Ellery	01 March 2019	28 February 2025
Gloria Hyatt MBE	01 December 2021	30 November 2024
Zia Chaudhry MBE	01 December 2021	30 November 2024
Sarah Walker	01 December 2021	30 November 2024
Jackie Bird MBE	01 April 2022	31 March 2025

*Please see section on Council of Governors Nomination & Remuneration Committee for further detail.

Civil Service Remuneration Threshold

In 2021/22 one (2020/21: one) Executive Director was paid more than the £150,000 threshold level which the Civil Service use as a threshold for approval by the Chief Secretary to the Treasury as set out in guidance issued by the Cabinet Office. The Trust has satisfied itself that this level of remuneration is reasonable by comparison to remuneration in previous years and benchmarking against executive pay in other foundation trusts and the wider NHS. Details of the payments can be found in the tables below.

Annual report on remuneration

The Nominations and Remuneration Committee of the Board of Directors determines the remuneration, terms and conditions of the Trust's Chief Executive and Executive Directors. During 2020/21, a Working Group was formed to develop updated Executive pay ranges and underpinning principles for remuneration. An approach was agreed by the Committee in October 2020 that would ensure that the Trust was able to:

- recruit and retain high calibre individuals
- remain competitive within its peer group

- evidence value for money in our approach to executive pay.

The principles agreed included continuing to apply a Specialist Trust 15% Premium to published NHSI/E pay ranges, defining the Trust's comparator peer group as 'Small Acute Foundation Trusts (excluding London)' and for an option for pay progression to accommodate experience, development and growth within an existing role and for this to be supported by appraisal outcomes.

In July 2021, the Committee considered Executives' annual appraisals / PDRs. Each Executive Director has objectives set at the beginning of the financial year which are drawn from the Trust's agreed corporate objectives. Performance against these objectives is reviewed annually by the Chief Executive and details shared with the Board's Nomination and Remuneration Committee. The Chair appraises the Chief Executive who in turn appraises Executive Directors.

The outcomes of the appraisals helped to inform the Committee's decisions regarding amendments to Executive remuneration. Also considered in this decision making was reviewing pay ranges against benchmark information and ensuring that remuneration levels were commensurate with the established principles set out above.

The Committee also agreed to adjust the starting point of the Very Senior Manager (VSM) pay range to a level of £105,000 which equates to the top of a Band 9 Agenda for Change role.

The membership of the Board's Nomination and Remuneration Committee comprised the Trust's Chair and the Non-Executive Directors. The Trust Secretary is secretary to the Committee. At the Committee's invitation and in accordance with its terms of reference, the Chief Executive (for the remuneration part of the meeting) and Chief People Officer attend the meeting. The Committee met in July 2021 and October 2021 with attendance as follows:

	Number of meetings
Robert Clarke, Chair	2 of 2
Tony Okotie, Non-Executive Director	2 of 2
Dr Susan Milner, Non-Executive Director	2 of 2
Jo Moore, Non-Executive Director	0 of 1
Ian Knight, Non-Executive Director	1 of 1
Prof Louise Kenny CBE, Non-Executive Director	1 of 2
Tracy Ellery, Non-Executive Director	1 of 2
Louise Martin, Non-Executive Director	2 of 2
Gloria Hyatt MBE, Non-Executive Director	0 of 0
Zia Chaudhry MBE, Non-Executive Director	0 of 0
Sarah Walker, Non-Executive Director	0 of 0

A summary of the key discussions and decisions made by the Committee are as follows:

Change of Job Titles: Following a national desire to achieve standardisation in job titles, it was agreed that the following job titles were changed:

- Director of Finance to Chief Financial Officer
- Director of Nursing & Midwifery to Chief Nurse & Midwife

Change to the Executive Team – Chief Information Officer: The Committee acknowledged that the Digital agenda is becoming increasingly important to the delivery of safe and effective healthcare. The Trust had a Chief Information Officer who sat at deputy level within the organisation reporting into the Chief Finance Officer.

It was therefore proposed and agreed that Matt Connor, Chief Information officer, join the Executive Team as an Executive Director, retaining the title of Chief Information Officer, with effect from 5 July 2021. The CIO is now accountable directly to the Chief Executive. The role is a non-voting Executive Director of the Board.

Appointment of a Director of Midwifery: The Committee was informed that the Royal College of Midwives had recommended that trusts with maternity services appoint to such a role, and this was subsequently strengthened by the Ockenden report which called for organisations to describe how they were meeting their maternity leadership requirements.

Whilst the Trust had a Head of Midwifery, there was agreement that there was a requirement for a strategic leadership role within Liverpool Women's who could focus on the workstreams in relation to Maternity Transformation, People Development, Research and Development (from a nursing, midwifery and allied health professional perspective) and leading and influencing national maternity standards and guidance.

High level Succession Plan Executive Team: In July 2021, the Chief Executive explained that there had been significant turnover in the Executive Team in the last two years. The Committee received an initial presentation that set out a high-level overview of the talent pipeline and resilience within Executive portfolios. It identified clear gaps and areas of risk in certain portfolios with some of the gaps emerging due to internal promotion. This was followed by a more detailed 'role by role' outline by each Executive director in respect of their portfolios in October 2021.

Clinical Excellence Awards: The Committee received a report which had been submitted following an action to review whether there was a potential gender disparity for Clinical Excellence Awards (CEAs) and if so, whether there were any actions the Trust could look to take to address this. Information from the 2020/21 Gender Pay Gap report was included and the approach to local CEAs in light of the pandemic was outlined.

It was noted that the Trust was obliged to review the allocation of CEAs each year and this function was undertaken by the Putting People First Committee.

Chief Finance Officer Appointment: The Committee oversaw and approved the recruitment for the above-named position. Eva Horgan, Chief Finance Officer, assumed the role from 1 October 2021.

Appointment of Deputy Chief Executive: The Committee supported the CEO's decision to appoint Michelle Turner to the post of Deputy Chief Executive in July 2021.

Remuneration: The Committee noted the letter from the Chief People Officer for the NHS which outlined that Ministers had confirmed that there would be no increase to the 2021/22 pay award for VSM.

Council of Governors Nomination and Remuneration Committee

The Nomination and Remuneration Committee of the Trust's Council of Governors oversees the appointment of the Non-Executive Chair and Non-Executive Directors to the Board; reviews the annual appraisal of the Chair and Non-Executive Directors; and determines their remuneration and terms and conditions. Recommendations on these matters are made to the full Council of Governors where consideration and approval is provided. The Committee is chaired by the Trust's Chair and its members during the year were: public – Kate Hindle (Lead Governor), Mary Doddridge (until October 2021), Denise Richardson (until October 2021), Peter Norris (from October 2021); Staff – Kiran Jilani and appointed - Mary McDonald (until October 2021), Niki Sandman (from October 2021).

The Committee met formally four times during the year to: review the performance appraisal of the Chair and Non-Executive Directors, determining any increase or changes to their remuneration and terms and conditions, and to oversee the recruitment process for Non-Executive Directors.

Appraisal process

The Committee received outputs from the non-Executive appraisal process which was overseen by the Chair. The process had included seeking feedback from Executive directors and from governors, either verbally or via an online survey. It was recommended to the Council of Governors that there was no justification for adjustment to the remuneration levels for the Non-Executive Directors as the current level was in line with guidance published by NHS England / NHS Improvement published in November 2019.

For the Chair appraisal process, the Committee utilised the Chair Role Description to align with the guidance provided in the Framework for Development of NHS Provider Chairs. This process was overseen by the Senior Independent Director and involved seeking feedback from Governors, Executive Directors, Non-Executive Directors and

Chairs from system partners. It was also noted that the Chair's Term of Office was scheduled to end in February 2022. Previous discussions had been held regarding offering a year extension, but this had been subject to a satisfactory appraisal process. Following the outputs of the appraisal, a recommendation was made and agreed by the full Council of Governors to extend the Chair's Term of Office until 28 February 2023.

The guidance from NHS England / NHS Improvement had recommended that by 1 April 2022, minimum remuneration for any Chair should be consistent with the median value associated with the relevant range (£43,000 for small trusts). It was therefore recommended the remuneration of the Chair be increased to £43,000 from the previous value of £40,000. The Council of Governors agreed this position and it came into effect from 1 August 2021.

Non-Executive Director Recruitment

The NED recruitment process (held during 2020/21) was managed internally and the main reason for this was to try and ensure that adverts were targeted effectively to local community groups. Whilst largely effective, this was a time consuming, and resource intensive process and assurances had also been received from an external recruitment agency that they would have sufficient reach into local communities and underrepresented groups. It was therefore agreed that a recruitment agency with experience of the Trust and its requirements, would manage the recruitment process for the two NED vacancies during 2021/22.

Reflecting on the most recent recruitment process, it was recognised that the following two identified skill gaps remained, and that these should remain the focus of the job descriptions / person specification for the recruitment campaign:

- Community Engagement
- Quality Improvement

During the recruitment process, Non-Executive Director and Vice Chair, Jo Moore, tendered her resignation (8th September 2021). This resulted in a need to recruit an additional Non-Executive Director, and for this individual to have commercial experience to fill the skill gap created. The recruitment process therefore continued with an intention to recruit three Non-Executive Directors.

There was agreement that there had been several strong candidates identified through the process and it was noted that one candidate was unable to join the Trust until approximately April 2022. Looking ahead at the terms of office of the current Non-Executive Directors, it was agreed that there was an opportunity to appoint four candidates, with one starting in Spring 2022 to fill an upcoming vacancy in June 2022.

After careful deliberation, taking into account the above and all information at its disposal together with the responses it received during the interview; the Committee agreed that Gloria Hyatt MBE, Zia Chaudhry MBE, Sarah Walker be recommended to be appointed to the posts of Non-Executive Directors of the Trust for an initial period of three years from 1 December 2021. Jackie Bird would start at the Trust from 1 April 2022, again, for a period of three years.

Senior Managers Remuneration and Pension

The audited remuneration and pension benefits of senior managers are disclosed in this report and can be found below. Accounting policies for pensions are set out in note 9. There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally, there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

Salary Entitlements of Senior Managers
2021/22

		Salary and Fees	All Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonuses	All Pension-Related Benefits	Total	Expenses
Name	Position Held	(in bands of £5,000)	(total to the nearest £100)	(in bands of £5,000)	(in bands of £5,000)	(in bands of £2,500)	(in bands of £5,000)	(in bands of £100)
Kathryn Thomson	Chief Executive (1)	180 - 185	24,300	-	-	-	205 - 210	-
Lynn Greenhalgh	Medical Director (2)	145 - 150	-	25 - 30	-	277.5 - 280	450 - 455	-
Jennifer Hannon	Chief Finance Officer - to the 30th September 2021	65 - 70	-	-	-	45 - 47.5	110 - 115	-
Eva Horgan	Chief Finance Officer - from the 1st October 2021	60 - 65	-	-	-	67.5 - 70	130 - 135	-
Gary Price	Chief Operating Officer	125 - 130	-	-	-	47.5 - 50	170 - 175	-
Michelle Turner	Chief People Officer & Deputy Chief Executive (1) & (3)	135 - 140	18,900	-	-	-	150 - 155	-
Marie Forshaw	Chief Nurse & Midwife	125 - 130	-	-	-	5 - 7.5	130 - 135	-
Robert Clarke	Chair	35 - 40	-	-	-	-	35 - 40	13 - 14

Ian Knight	Non-Executive Director - to the 2nd September 2021	5 - 10	-	-	-	-	5 - 10	-
Tony O'Kotie	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Susan Milner	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Joanne Moore	Non-Executive Director - to the 8th September 2021	5 - 10	-	-	-	-	5 - 10	-
Tracy Ellery	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Zia Chaudhry	Non-Executive Director - from the 1st December 2021	0 - 5	-	-	-	-	0 - 5	-
Gloria Hyatt	Non-Executive Director - from the 1st December 2021	0 - 5	-	-	-	-	0 - 5	-
Sarah Walker	Non-Executive Director - from the 1st December 2021	0 - 5	-	-	-	-	0 - 5	-
Louise Martin	Non-Executive Director - from the 1st April 2021	10 - 15	-	-	-	-	10 - 15	0 - 1
Louise Kenny	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
	Band of Highest Paid Director's Remuneration (in band of £5,000)	180 - 185						
	Median Total Remuneration (£)	34,395						
	Ratio	5.31						

(1) There are no Pension related Benefits figures for Kathryn Thomson (Chief Executive) and Michelle Turner (Chief People Officer & Deputy Chief Executive) as they both opted out of the pension scheme in March 2019 and now take part in the Trust's Pension Contribution Alternative Award Scheme, that went live in April 2019. The figures in their taxable benefits relates to the respective Pensions Restructuring Payments from the scheme that they have received in the 2021/22 financial year.

(2) The remuneration of Lynn Greenhalgh includes an Annual Performance Related Bonus in relation to Clinical Excellence Awards she received in relation her clinical role.

(3) Michelle Turner (Chief People Officer) also became the Deputy Chief Executive on the 1st of July 2021.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Salary Entitlements of Senior Managers 2020/21

		Salary and Fees	All Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonuses	All Pension-Related Benefits	Total	Expenses
Name	Position Held	(in bands of £5,000)	(total to the nearest £100)	(in bands of £5,000)	(in bands of £5,000)	(in bands of £2,500)	(in bands of £5,000)	(in bands of £100)
Kathryn Thomson	Chief Executive (1)	170 - 175	24,600	-	-	-	195 - 200	-
Andrew Loughney	Medical Director & Deputy Chief Executive - to the 31st December 2020 (2)	105 - 110	1,200	5 - 10	15 - 20	82.5 - 85	215 - 220	-
Lynn Greenhalgh	Medical Director - from the 4th January 2021 (2)	30 - 35	-	10 - 15	-	50 - 52.5	90 - 95	-
Jennifer Hannon	Chief Finance Officer	130 - 135	-	-	-	32.5 - 35	165 - 170	-
Gary Price	Chief Operating Officer	115 - 120	2,500	-	-	105 - 107.5	225 - 230	-
Michelle Turner	Chief People Officer (1)	130 - 135	18,300	-	-	-	145 - 150	-
Gaynor Thomason	Interim Director of Nursing & Midwifery - from the 31st March 2020 to the 12th November 2021 (3)	120 - 125	-	-	-	-	120 - 125	-

Janet Brennan	Acting Director of Nursing & Midwifery - from the 13th November 2020 to the 31st December 2020	10 - 15	-	-	-	55 - 57.5	65 - 70	-
Marie Forshaw	Director of Nursing & Midwifery - from the 1st January 2021	30 - 35	-	-	-	177.5 - 180	205 - 210	-
Robert Clarke	Chair	35 - 40	-	-	-	-	35 - 40	8 - 9
Ian Knight	Non Executive Director	10 - 15	-	-	-	-	10 - 15	6 - 7
Tony O'Kotie	Non Executive Director	10 - 15	-	-	-	-	10 - 15	2 - 3
Phil Huggon	Non Executive Director - to the 31st March 2021	10 - 15	-	-	-	-	10 - 15	7 - 8
Susan Milner	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
Joanne Moore	Non Executive Director	10 - 15	-	-	-	-	10 - 15	2 - 3
Tracy Ellery	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
Louise Kenny	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
	Band of Highest Paid Director's Remuneration (in band of £5,000)	170 - 175						
	Median Total Remuneration (£)	33,779						
	Ratio	5.11						

(1) There are no Pension related Benefits figures for Kathryn Thomson (Chief Executive) and Michelle Turner (Chief People Officer) as they both opted out of the pension scheme in March 2019 and now take part in the Trust's Pension Contribution Alternative Award Scheme, that went live in April 2019. The figures in their taxable benefits relates to the respective Pensions Restructuring Payments from the scheme that they have received in the 2020/21 financial year.

(2) The remuneration of Andrew Loughney and Lynn Greenhalgh both include Annual Performance Related Bonuses in relation to Clinical Excellence Awards they received in relation to their work in clinical roles.

(3) There is not a pension related benefits figure for Gaynor Thomason (Interim Director of Nursing & Midwifery) as she is not a member of the pension scheme.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Pension Benefits

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally, there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

Name	Position Held	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022
		£000	£000	£000	£000	£000	£000	£000
Kathryn Thomson	Chief Executive (1)	0	0	0	0	0	0	0
Lynn Greenhalgh	Medical Director	12.5 - 15	30 - 32.5	55 - 60	125 - 130	886	297	1,188
Jennifer Hannon	Chief Finance Officer - to the 30th September 2021	0 - 2.5	0	20 - 25	0	221	18	258
Eva Horgan	Chief Finance Officer - from the 1st October 2021	0 - 2.5	0 - 2.5	30 - 35	45 - 50	343	25	395
Gary Price	Chief Operating Officer	2.5 - 5	0 - 2.5	25 - 30	45 - 50	356	47	405
Michelle Turner	Chief People Officer & Deputy Chief Executive (1) & (2)	0	0	0	0	0	0	0
Marie Forshaw	Chief Nurse & Midwife	0 - 2.5	0	50 - 55	150 - 155	1,105	37	1,147

(1) There are no current or prior year pension figures for Kathryn Thomson (Chief Executive) and Michelle Turner (Chief People Officer & Deputy Chief Executive) as they are not members of the pension scheme.

(2) Michelle Turner (Chief People Officer) also became the Deputy Chief Executive on the 1st of July 2021.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer and uses movements in the Consumer Prices Index for the start and end of the period. The rate of inflation for 2021/22 is 0.5%.

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally, there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

Note: Any negative pension figures have been removed and made nil as per guidance in the Department of Health and Social Care Group Accounting Manual.

Fair pay multiples

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Liverpool Women's NHS Foundation Trust in the financial year 2021/22 was £182,500 (2020/21, £172,500). This is a change between years of + 5.8% as represented in the table below. The banded remuneration of the highest paid director was 5.31 times (2020/21, 5.11) the median remuneration of the workforce, which was £34,395 (2020/21, £33,779). The highest-paid director did not receive any performance pay or bonuses in the 2021/22 or 2020/21 financial years and so the percentage change is listed as not applicable in the table below:

	Salary and allowances	Performance pay and bonuses
Percentage change from the previous financial year in respect of the highest paid director	+ 5.8%	Not Applicable
Average percentage change from the previous financial year in respect of employees of the entity, taken as a whole (1)	+ 5.4%	- 37.0%

For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £305 to £405,911 (2020/21, £667 to £215,653). The percentage change in average employee remuneration (based on total for all employees on an annualised basis, excluding the highest paid director, divided by full time equivalent number of employees) between years is + 5.4%. In 2021/22, 6 (2020/21, 1) employees received remuneration in excess of the highest-paid director and their remuneration ranged from £213,655 to £439,450 (2020/21, was £215,653).

(1) As the calculation for the average percentage change is on an annualised basis, the large percentage reduction of 37.0% from the prior year is due to the comparatively large amount of Clinical Excellence Award payments paid in the final month of the 2020/21 financial year as compared with the final month of the 2021/22 financial year.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

	25th Percentile	Median	75th Percentile
Salary component of pay (£)	£23,909	£34,395	£45,243
Total pay and benefits excluding pension benefits (£)	£23,127	£32,777	£44,466
Pay and benefits excluding pension: pay ratio for highest paid director	7.89	5.57	4.10

Payments for loss of office

No individual who was a senior manager received a payment for loss of office during the financial year (2020/21, £nil).

There were no other payments made to the individual in connection with termination of services as a senior manager, including outstanding long-term bonuses that vest on or following termination.

Payments to past managers

No individual had received any payments of money or other assets who had not been a senior manager during the financial year but had previously been a senior manager at the trust (2020/21, £nil).

Governors' expenses

There was a total of 34 governors in post during 2021/22 (2020/21, 27). No governors claimed expenses during the financial year (2020/21, £nil).



Kathryn Thomson

Chief Executive

20 June 2022

3iii Staff report

Analysis of Average Staff Numbers and Costs

We are committed to supporting and investing in our staff to deliver services that are safe, effective and efficient and achieve the best possible experience for patients and their families.

The table below details the average number of staff engaged with the Trust for the period 2021/22. For clarity, there are no staff engaged overseas.

The following chart shows the average number of employees on a whole-time equivalent basis

Average number of employees (WTE basis)

	Permanent Number	Other Number	2021/22 Total Number	2020/21 Total Number
Medical and dental	93	17	110	104
Ambulance staff	-	-	-	-
Administration and estates	323	18	341	323
Healthcare assistants and other support staff	189	9	198	193
Nursing, midwifery and health visiting staff	631	76	707	680
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	100	3	103	95
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	2	2	7
Total average numbers	1,336	125	1,461	1,402

Of which:

Number of employees (WTE) engaged on capital projects	23	-	23	25
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Breakdown of year end numbers of male/female staff

The Trust workforce profile as of 31st March 2022 shows that 90.23% of staff employed at the Trust are female and the remainder 9.77 % are male. This gender split is broken down as below:

Group	Female	Male	Total Headcount
Executive Director	4	2	6
Chair & Non-Executive Director	6	3	9
Medical	71	38	109
Senior Manager	35	9	44
Staff	1298	101	1399
Grand Total	1414	153	1567

The Trust's gender pay gap report for 2020 can be found on the following link: [gender-pay-gap-report-31march-2020-data.pdf \(liverpoolwomens.nhs.uk\)](https://liverpoolwomens.nhs.uk/gender-pay-gap-report-31march-2020-data.pdf)

Staff Costs

			2021/22	2020/21
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	62,487	4,077	66,564	63,650
Social security costs	5,733	-	5,733	5,364
Apprenticeship levy	292	-	292	293
Employer's contributions to NHS pension scheme	10,154	-	10,154	9,551
Pension cost - other	36	-	36	29
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	38	-	38	145
Temporary staff	-	3,465	3,465	755
Total gross staff costs	78,740	7,542	86,282	79,787
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	78,740	7,542	86,282	79,787
Of which				
Costs capitalised as part of assets	1,054	16	1,070	1,273

Sickness Absence Data

The sickness absence rate of staff within the organisation over the last 3 years is detailed below:

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum Year End
19 - 20 Sickness	5.48%	5.07%	4.27%	4.97%	5.92%	5.22%	6.24%	5.76%	6.21%	6.23%	5.79%	7.75%	5.79%
20 - 21 Sickness	7.92%	5.61%	5.21%	5.56%	4.98%	6.28%	8.16%	7.24%	6.92%	8.32%	7.08%	5.63%	6.41%
21 - 22 Sickness	5.41%	5.72%	6.21%	7.67%	7.99%	8.35%	8.03%	7.93%	10.26%	10.99%	7.64%	9.18%	8.10%
Trust Target	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%

The above table shows that cumulative year end sickness figure increased from 5.79% in 19/20 to 8.10% in 21/22. We recognise that underlying levels of sickness exceeded the Trust target of 4.50% and the overall sickness figure was then exacerbated by COVID absence. Special Leave (largely due to COVID isolation) has reduced significantly from 3.79% in 20/21 to 0.76% in year 21/22.

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum Year End
20 - 21 Special Leave	7.57%	6.09%	5.20%	5.14%	1.58%	1.94%	2.68%	3.48%	1.67%	4.25%	3.55%	3.57%	3.89%
21 - 22 Special Leave	0.69%	0.68%	1.19%	1.97%	0.88%	0.52%	0.39%	0.40%	0.66%	0.66%	0.53%	0.55%	0.76%

The three main reasons for sickness absence in the last three financial years are outlined below. Staff identified as having COVID related symptoms were categorised within the Cold, Cough, Flu bracket, which continues to be the main reason for absence in 21/22

Financial Year	Reason 1	Reason 2	Reason 3
2019/2020	Cold, Cough, Flu - Influenza 20.99%	Gastrointestinal problems 20.08%	Anxiety/stress/depression 13.81%
2020/2021	Cold, Cough, Flu - Influenza 38.28%	Anxiety/stress/depression 15.20%	Gastrointestinal problems 10.96%
2021/2022	Cold, Cough, Flu - Influenza 34.06%	Anxiety/stress/depression 19.07%	Gastrointestinal problems 11.72%

Staff Turnover

The last year has seen an increase in turnover from 9% to 13%. Turnover has increased within Nursing and Midwifery, with a combination of covid and changes to the NHS Pension scheme contributing to an increased number of retirements. Whilst still within the Trust target of 13%, a reduction in turnover to below Trust target is anticipated.

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19 - 20 Turnover	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	9.00%	9.00%	9.00%	8.00%	8.00%	9.00%
20 - 21 Turnover	9.00%	9.00%	9.00%	8.00%	9.00%	8.00%	8.00%	8.00%	9.00%	9.00%	9.00%	9.00%
21 - 22 Turnover	9.00%	9.00%	10.00%	11.00%	11.00%	11.00%	13.00%	12.00%	12.00%	13.00%	13.00%	13.00%
Target	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%

Engagement, Culture and Inclusion

Embedding the Trust values and behaviours and 'Just Culture' has continued in 2021/22, with the launch of the 'Be Kind' branding. A 'Great Place to Work' group has been established as a forum to gain employee feedback directly and discuss proposed actions and interventions to make LWH an even better place to work. The roll out of training for managers on *Just Culture* continues, supported by the roll out of 'Patient Safety & Human Factors Training' to ensure that LWH has a culture where we learn from mistakes and staff are encouraged to speak out openly.

The Trust has placed equality, diversity and inclusion at the heart of the Trust strategy, and has made progress against the three objectives of:

Being recognised as the most inclusive organisation in the NHS with Zero discrimination for staff and patients (zero complaints from patients, zero investigations)'

Trebling the number of staff from ethnic minority backgrounds in leadership roles (Band 7 and above) by 2022. In March 2020 there were 14 BAME staff in clinical roles and 2 BAME staff in non-clinical roles. In March 2021 there were 17 BAME staff in

clinical roles and 3 BAME staff in non-clinical roles. In March 2022 there were 18 BAME staff in clinical roles and 5 BAME staff in non-clinical roles.

Ensure our workforce matches the ward of Riverside in terms of % of staff from ethnic minority backgrounds by 2025. LWH continues to work closely with partner organisations including local schools, colleges, community groups and Liverpool City Council.

The 2021 **Workforce Race Equality Standard (WRES)** national report placed Liverpool Women's in the top 10 best performing Trusts nationally in 4 out of the 8 indicators. For the indicators 4 (*Relative likelihood of white staff accessing non-mandatory training and continuing professional development compared to BME staff*) and 5 (*Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*) LWH was the best scoring Trust in England.

Key achievements across the inclusion agenda in 2021/22 include:

- **Performance Development Review (PDR) policy** ensures staff from diverse backgrounds are not discriminated against and Talent Management Strategy includes colleagues from diverse backgrounds ensuring additional bespoke support and **career conversations** to enable them to overcome any barriers.
- Implemented **diverse interview panels for senior roles** and plans in place to develop staff with disability and BAME staff in recruitment processes so we can extend this offer.
- New **Leadership development programme** implemented in 2021/22 with a dedicated session on **inclusive and compassionate leadership**.
- The Trust has **worked in partnership with the local constabulary** to promote awareness of **domestic violence and hate crime**. This was aimed at staff, patients and the public and generated a positive response.
- **Supporting Patients with Additional Needs strategy** has recently been developed with clear actions on how we learn from our patients and improve moving forward.
- **EDI is a standard agenda item** at all Senior and Executive Leadership meetings, with more formal reporting into Trust Board and sub-board Putting People First Committee. Agenda items include listening to and learning from staff and patient EDI stories and experiences.
- In June 2021 LWH **devoted a full day to the theme of ED&I at the 'Great Day'** an education day for medical and clinical staff. We welcomed an external medical consultant to provide training on topics such as microaggressions, improving patient experience for diverse groups. Lived experiences were shared from our staff networks, and John Barnes MBE was a popular speaker sharing his own lived experiences.

The Trust engages in a range of Widening Participation projects with the objective of engaging and involving the community in the work of the hospital, and providing opportunities of education, training and employment. In the last 12 months this has included

- Provision of careers advice for students removed from mainstream schools.
- Engagement in the Kickstart Scheme where 6 16–25-year-olds completed 6-month placements in a range of departments in the Trust, gaining valuable work experience.
- ACORN/ Cadet programme in partnership with Southport College, offering work placements across all clinical areas for students who also undertake a 2-year BTEC Level 3 in Healthcare.
- The Trust is working in partnership with Southport College to offer our staff of all ages and levels functional skills qualifications supporting them to develop and demonstrate the practical skills needed in Maths and English. These qualifications will support our staff development and potentially enable progression internally within their chosen career path and onto other widening participation programmes such as apprenticeships.
- Apprenticeship programmes can help upskill and retain existing employees enabling them to gain formal qualifications in specialist areas. In addition, apprenticeship opportunities can help an organisation to recruit people into development roles that suit the learning and development needs of the organisation. The Trust currently has 39 staff enrolled onto apprenticeship programme to develop their skills and knowledge in their desired field of study.
- The **Veterans and Armed Forces covenant** was signed in September 2021, a public acknowledgement of the Trust commitment to our armed forces and veterans and in December 2021, the Trust was awarded the bronze certificate in national recognition of our commitment to the Armed Forces. Job opportunities and time off for training are two aspects of the covenant.

Policies

During the last financial year there have been 18 ratified new or revised policies. An ongoing policy review group with staff side partners continues to ensure that Staff Side are able to input into policies at an early stage. A new Attendance Management Policy was launched in Quarter 4, placing increased focus on employee wellbeing, and creating a positive attendance culture. This has been supported by several wellbeing activities and interventions including the deployment of Wellbeing Coaches and the recruitment of a Consultant Psychologist for staff.

The HR team continue to provide advice and training on how to deliver reasonable adjustments and this is being supported by input from the Disability Staff Network. The Recruitment & Selection policy supports all staff, including disabled employees in relation to promotion opportunities. In relation to career development and training the

PDR policy and Study Leave policy also ensure that staff with a disability are not discriminated against. As part of our WRES and WDES action plans, regular audit and scrutiny of staff survey results and recruitment and training data ensure we are treating all staff fairly. As part of the LWH talent management strategy, colleagues from diverse backgrounds are receiving additional bespoke support and career conversations to enable them to overcome any barriers.

In addition to training and support on reasonable adjustments, there are a wealth of policies in relation to diversity and inclusion, this includes the Trust's Equality and Human Rights, Policy for Use of Interpreters and Transitioning at Work Policy. These policies are currently being reviewed to ensure they can help to improve diversity and inclusiveness of the workforce to help the Trust to achieve its aim to be more representative of the Riverside population.

The Trust Strategy outlines its ambition to treble the number of staff from ethnic minority backgrounds in leadership roles (Band 7 and above) by 2022, In 2021-22 there has been an increase from 16 to 23 ethnic minority background staff (band 7 and above), which is a 45% increase. The Trust's diversity policies along with ensuring all staff from ethnic minority backgrounds have a career conversation as part of their PDR will help in continuing to increase our numbers to help achievement of the strategic ambition.

The Trust Strategy states we will ensure our workforce matches the ward of Riverside in terms of % of staff from ethnic minority backgrounds by 2025. Riverside ethnicity as detailed in a CCG report 2018 is *estimated that 23.4% of the population are not white British/Irish, the fourth highest level in the city and 4.4% are 'other ethnic group (including Arab)' ethnicity*. We are currently at 11% of our workforce being from an ethnic minority background, therefore we will work in partnership with health, education, local authority, and community partners to increase the number of employees from an ethnic minority background by 5% year on year to ensure we achieve Riverside representation by 2025.

There are several Trust policies in place that provide employees with information on how raise matters of concern. These include Grievance Policy, Whistleblowing Policy, Dignity at Work Policy, Duty of Candour Policy and Disciplinary Policy. There is regular communication sent to all staff on policy updates and this is publicised via the work of the two Freedom to Speak up Guardians.

The Trust continues to engage more formally with its staff and its recognised staff side organisations through the Partnership Forum and the Joint Local Negotiating Committee (JLNC). The Trust is proud of its excellent working relationships with its staff side organisations and continues to work productively with the Staff Side Chair who is a midwife.

The Trust has established a very successful programme of 'Listening Events' which take place on a bi-monthly basis and invite staff and partners from all levels of the organisation including Non-Executive Directors to participate in facilitated discussion on a range of key topics enabling two-way feedback at all levels and a rapid improvement approach to delivering actions and change. 'Schwartz Rounds' are now well embedded at the Trust and are a recognised forum for multidisciplinary staff support.

During the year, the Trust's Health and Safety Manager continued to develop, review and implement health and safety policies and procedures to meet both internal and external requirements in order to keep our patients, staff and visitors safe. Following the introduction of the Alcumus Sypol COSHH (control of substances hazardous to health) risk management software in mid-2021, the Trust has maintained 100% compliance. Further investment has been made to introduce the Ulysses Risk Management module across the organisation. The module will act as a repository for health and safety related workplace risk assessments, action plans and audits and will enable assurance and effective compliance monitoring across the Trust.

Monitoring of health and safety related non-clinical incidents was carried out throughout the year; identifiable trends and RIDDORs have been investigated and acted upon. The Health and Safety Group and supporting risk management working groups aim to identify and mitigate risk through lessons learned to reduce accidents and incidents, improve health and safety awareness, provide a broad base of expertise and experience for solving problems and in engaging staff, so that concerns can be raised and addressed, as appropriate.

Occupational Health services continue to be provided by LUHFT with Staff Counselling services provided by Merseycare and we continue to receive a responsive service. The flu campaign 2021 did not meet expected targets with 57% of frontline staff vaccinated. For 2022, we will revert to delivering the vaccine programme in house and will move away from the approach of delivering the flu vaccine and covid vaccine concurrently. In line with Ockenden recommendations, the newly appointed Consultant Psychologist will commence in Quarter 1 2022/23 with a focus on supporting teams and preventative work around post-traumatic stress

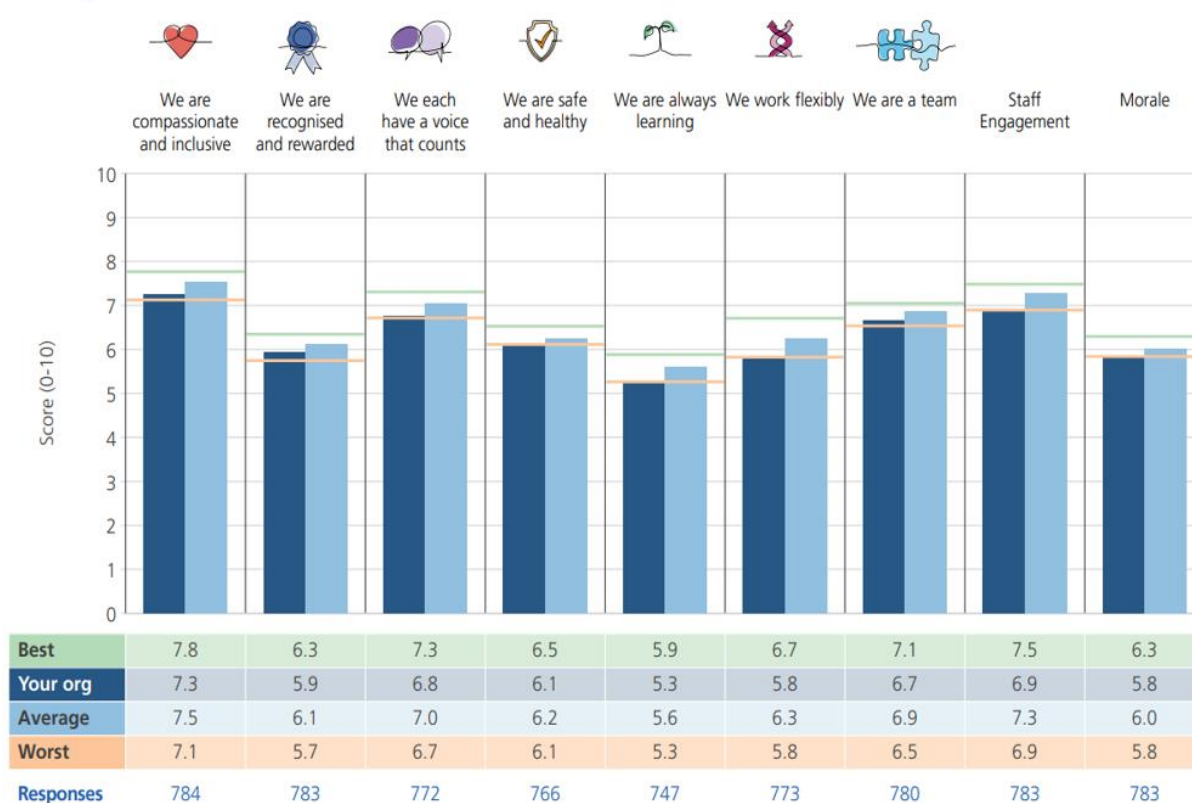
There are several staff policies which support Fraud Prevention, including Disciplinary, Job Planning for Consultant Medical Staff, Job Planning for SAS Doctors, Recruitment & Selection policy. The Whistleblowing Policy also references mechanisms whereby staff can raise concerns around fraud issues both internally and externally. The Trust's counter-fraud team also contribute to the Trust Induction programme to ensure all new starters are aware of their responsibilities and how to raise such concerns. Fraud prevention is also a focus of three risks on the HR risk register.

Staff Survey Results 2021

The NHS Staff Survey is the national annual survey carried out across the whole of the NHS. It is a key indicator in terms of staff engagement, both in gauging the views and opinions of our staff and being able to compare our performance against similar Trusts throughout the country. The results are used to identify any potential causes for concern and help formulate any necessary remedial actions, but also to celebrate and share good practice.

The table below shows the Trust scores across the ten key themes within the survey against our benchmarking group of other Specialist Acute Trusts. Given the changes to the themes within the 2021 Staff Survey, it is not possible to directly compare all themes to previous years.

People Promise and Theme Results



As in previous years, we chose to survey all our staff, not just the sample required by the national survey, and we continued to use a mixed approach of paper and electronic questionnaires, targeted in terms of what would be most effective in different areas. For the last 2 years we have seen a decline in our response rate, in 2021 it was 53% compared to 55% in 2020. The median response rate for acute specialist Trusts was 54%, nonetheless, the level of responses provides valuable data.

In analysing the results, the areas where there has been a statistically significant change (+/- 5%) have been focused on.

There were 22 questions where there was a statistically significant decline in the score and six questions where there had been a statistically significant improvement in the score.

Our overall '**staff engagement**' score has reduced from **7.1** in 2020 to **6.9** in 2021, following a pattern of gradual increase over the previous years.

Responses for other questions remained comparable to with the 2020 results.

As the questions have been grouped under the People Promise themes for the first time in 2021, direct comparison with the theme scores in 2020 is not possible. It is however, evident that LWH scores below the average score (for the 13 comparator Trusts) across all nine themes.

The table below shows the Trust scores and benchmarking scores for ten themed scores from the survey in 2019 and 2020.

	2020/21		2019/20	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
Equality, Diversity and Inclusion	9.5	9.1	9.4	9.1
Health and Wellbeing	6.5	6.5	6.3	6.2
Immediate Managers	6.8	7.1	6.9	7.1
Morale	6.3	6.4	6.3	6.3
Quality of Appraisals	Question not asked in 2020 survey		5.2	5.8
Quality of Care	7.5	7.8	7.6	7.8
Safe environment – bullying and harassment	8.7	8.4	8.6	8.3
Safe environment - violence	9.8	9.7	9.8	9.8
Safety culture	7	7.1	7	7.1
Staff Engagement	7.1	7.4	7.2	7.4
Teamwork	6.8	6.8	6.7	6.8

The COVID-19 pandemic has undoubtedly increased pressure on staff and the Trust has experienced staff shortages to unprecedented degrees during 2021/22, as has

every NHS organisation. However, there remain several ongoing themes that have been present consistently over a longer time frame.

- **Getting the basics right** - We recognise that in some areas, improvements are needed in respect of medium-term workforce and succession planning. At a local level there are variable practices around recruitment, roster management and establishment planning. Over the last 12 months, investment in posts such as the Deputy Chief Operating Officer, embedding of the divisional team structures through the 'Reach for the Stars Programme' (development programme for the senior divisional teams), nursing and midwifery senior leadership presence including additional scrutiny of rosters and sharing of good practice have all led to some improvements which should be reflected in future surveys
- **Management and Leadership Vacancies** - in some key operational and Nursing and Midwifery posts have created leadership gaps and pressures on more junior staff in some areas. These issues have largely been resolved. Several positive programmes have launched this year including the Leadership Programme and Coaching and Mentoring programmes.
- **Culture** - the continued roll out and embedding of the Fair & Just Culture, captured under the Be Kind banner has continued in 2021 and 2022/23 will see the roll out of manager training to over 200 managers.
- **Employee offer** - there has been focused work in 2021 to communicate the Trust strategy and ensure that there are clear objectives flowing from the executive team through all levels of the organisation. The LWH employee brand and employment offer will be further developed in 2022/23.

In response to the 2021 survey, Divisions have focused their specific people actions through their Divisional People Plans which are currently being reviewed, these plans will outline the key priorities for addressing areas of concern and will be relaunched following engagement with staff groups.

We continue to listen and learn to our staff by monitoring progress through our quarterly Let's Talk Survey, quarterly Listening events. The Trust launched a Great Place to Work Group in 2021 and will utilise this group and staff feedback machines to improve staff feedback and address areas of concern.

Trade Union Facility Time

Table 1 – Relevant Union Officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
4	3.52

Table 2 – Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	0
1 – 50%	4
51 – 99%	0
100%	0

Table 3 – Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£16,882.14
Provide the total pay bill	£83,004,548
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.020%

Table 4 – Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	25.077%
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Expenditure of Consultancy

Consultancy costs for the financial year 2021/22 were £332K (2020/21, £293K).

Off-Payroll Arrangements

The use of off-payroll arrangements is covered by the Trust's Temporary Staffing Policy which details the controls that the Trust has in place. These controls include that all bookings must be made through approved routes and agency requests can only be taken forward using the Trust's list of approved suppliers.

Additional checks are in place in respect of contracts with highly paid staff which meet the threshold used by HM Treasury. The Trust ensures that there are contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations. Assurance is also requested to ensure compliance for a sample of off-payroll arrangements as stipulated in the guidance.

Below are details of off-payroll engagements made by the trust during the year. The disclosures relate to public sector appointees not on the Trust's payroll.

Off-payroll engagements as of 31 March 2022, for more than £245 per day and that last for longer than six months:

	2021/22 Number of engagements
Number of existing engagements as of 31 March 2022	12
Of which:	
Number that have existed for less than one year at time of reporting	6
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	2
Number that have existed for between three and four years at time of reporting	1
Number that have existed for four or more years at time of reporting	3

All existing off-payroll engagements, outlined above, have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax; and where necessary that assurance has been sought.

For all new off-payroll engagements, or those that reached six months in duration,

between 1 April 2021 and 31 March 2022, for more than £245 per day and that last for longer than six months.

	2021/22 Number of engagements
Number of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	6
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	6
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022:

	Number of engagements
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and / or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	7

Reporting of compensation schemes - exit packages 2021/22

The table below discloses the compulsory redundancies and other departures, highlighting the staff numbers that fall within the differing cost ranges in the 2021/22 financial year.

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	1	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-

Total number of exit packages by type

Total cost (£)

-	1	1
£0	£38,000	£38,000

In the 2021/22 financial year, there were no other departures under the Mutually Agreed Resignation Scheme (MARS) (2020/21 – there were 0 departures).

3iv Disclosures set out in the NHS Foundation Trust Code of Governance

Meeting the code of governance

Liverpool Women's NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board of Directors is committed to achieving the highest standards of governance within the Trust and has established processes to enable it to comply with the Code of Governance.

The Trust's Audit Committee receives a full analysis regarding compliance each year. The Code requires NHS foundation trusts to make a full disclosure on their governance arrangements for the financial year 2021/22. The Code also requires the Board to explain how the main principles and supporting principles of the Code have been applied. Information that satisfies this requirement can be found throughout the Annual Report and Accounts document. Furthermore, the Trust is required to provide a statement either confirming compliance with the provisions of the Code or where appropriate, an explanation in each case why the Trust has departed from the Code.

The table below sets out NHS Improvement's Code of Governance where the Trust is required to provide supporting explanations.

Whilst not disclosed in the Annual Report, provision B.1.2 states that "At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent"

This has been marked as 'explain' rather than compliant. For most of the year under review, the Board comprised of eight independent non-executive directors, including the chair and senior independent director, and seven executive directors (one non-voting), including the Chief Executive. However, between September and December 2021, there were only six non-executive directors due to resignations and then from December 2021 onwards there were nine non-executive directors. This will reduce back down to eight non-executive directors after the first quarter of 2022/23. No action further action required but for a short period during 2021/22, the Trust was not fully compliant with this provision. There were no items considered by the Board during this period that required a vote to be held. If this had been the case, an Executive Director would have removed themselves from the vote.

With the exception of B.1.2, for the year 2021/22 the Trust can confirm that it complies with the provisions of the Code.

Whilst not identified as non-compliance, an additional note has also been provided for **Code Provision B.1.1**: *The board of directors should identify in the annual report each non-executive director it considers to be independent.*

The Council of Governors undertook a recruitment process in early 2021 for three NED vacancies. A recommendation was approved to appoint to two of the three vacant positions and was asked to further consider the vacant position. The Council of Governors agreed that they should not re-advertise the role at this point as it was unlikely to achieve a new cohort of applicants. The Committee also considered the knowledge base of the current Board noting four new appointments during early 2021: that of the Chief Nurse & Midwife, Medical Director and two Non-executive Directors, and the subsequent impact of membership and effectiveness on Board Committees. As such the Committee recommended providing Non-Executive Director Tony Okotie a 12-month extension to his term of office and to re-advertise the role as part of the 2022 NED recruitment process. Tony Okotie's term of office is due to end on 30 June 2022.

The Council of Governors also considered and agreed an annual extension to the Chair's term of office (six years due to be completed on 28 February 2022). The following key reasons were accepted as a rationale whilst acknowledging guidance that a tenure beyond a six-year period for a non-executive director can impact on independence:

- The NHS is going through a period of significant change in terms of organisational form and legislative reform. The Chair has well-established relationships and links with system leaders which would provide the Trust added stability.
- There are a number of newly appointed NEDs and changing the Chair during this time would add to the risk of Board de-stabilisation.

To ensure that extensions for Non-Executive Directors beyond a six-year period receive adequate scrutiny, the Trust amended its Constitution in 2021/22 to specify that only annual extensions can be agreed up to a maximum of nine years.

The following provisions of the code are required to be recorded in the annual report:

Code provision	Trust position	Comply or explain?
A.1.1 The Board of Directors (Board) should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule should include a clear statement detailing the roles and responsibilities of the Council of Governors (Council). This statement should also describe how any disagreements between the Council and Board will be resolved. The annual report should include this schedule of matters or a summary statement of how	<p>In 2021/22 the board of directors met formally on 13 occasions and met as a workshop on 4 occasions. Matters reserved for the Board, including the types of decisions it takes and which are delegated to committees and executive management, are included in the Trust's Corporate Governance Manual and summarised in the 3i Director's report and 3vii Annual Governance Statement.</p> <p>The general duties of governors are stated in the Trust's constitution. Matters for which the Council of Governors is responsible and makes decisions on is outlined in the 3i(d) Council of Governors & Members.</p> <p>A general statement on the handling of disputes is contained in the Trust's constitution.</p>	Comply

Code provision	Trust position	Comply or explain?
the Board and Council operate, including a summary of the types of decisions to be taken by each and which are delegated to the executive management of the Board. These arrangements should be kept under review at least annually.		
A.1.2 The annual report should identify the Chair, Deputy Chair, Chief Executive, Senior Independent Director (SID) and the Chair and members of the Nominations, Audit and Remuneration Committees. It should also set out the number of meetings of the Board and those committees and individual attendance by directors.	This information is provided in the following sections: 3i(a) Director's report 3i(b) Audit Committee report 3i(c) Board of Directors pen portraits 3ii Remuneration report 3vii Annual Governance Statement.	Comply
A.5.3 The annual report should identify the members of the Council, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the Council and the attendance of individual Governors and it should be made available to members on request.	Full details of Governors and their terms of appointment is given in section 3i(d) Council of Governors & Members. The Lead Governor over the period was Kate Hindle, Staff Governor.	Comply
B.1.1 The Board should identify in the annual report each Non-Executive Director (NED) it considers to be independent. The Board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The Board should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination.	The independence of each NED is reviewed on appointment and reassessed annually. All NEDs are required to annually submit a self-declaration and provide details of any conflict of interest. See 'Meeting the code of governance' narrative for further detail.	Comply
B.1.4 The Board should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear	Section 3i (a) Directors' Report Section 3i(c) Board of Directors pen portraits.	Comply

Code provision	Trust position	Comply or explain?
statement about its own balance, completeness and appropriateness to the requirements of the Trust. Both statements should also be available on the Trust's website.		
B.2.10 A separate section of the annual report should describe the work of the nominations committee/s, including the process it has used in relation to Board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	Section 3ii Remuneration report The Committees' terms of reference are available on request from Trust Secretary at communications@lwh.nhs.uk .	Comply
B.3.1 For the appointment of a Chair, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A Chair's other significant commitments should be disclosed to the Council before appointment and included in the annual report. Changes to such commitments should be reported to the Council as they arise, and included in the next annual report. No individual, simultaneously whilst being a Chair of a Foundation Trust, should be the substantive Chair of another Foundation Trust.	There is a current Role Description for the Chair which has been approved by the Council of Governors (most recently updated in January 2020). Future appointment would require the approval of the Council of Governors on recommendation of the Governor Nomination and Remuneration Committee. The significant commitments of those recommended for appointment as Chair are disclosed to the Council before appointment. Disclosure of Chair's (and other Directors) other significant commitments is recorded on register of interests and can be reviewed on the Trust's website. The Annual Report references how the public can gain access to the Register of Interests, and this meets the requirement of the FT Annual Reporting Manual. The Chair serving during the year has not been the substantive Chair of another Foundation Trust during his tenure.	Comply
B.5.6 Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Section 3i (d) Council of Governors & Members.	Comply
B.6.1 The Board should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chair, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the Trust adopted a	3i(a) Director's report 3i(b) Audit Committee report 3ii Remuneration report 3vii Annual Governance Statement.	Comply

Code provision	Trust position	Comply or explain?
particular method of performance evaluation.		
B.6.2 Evaluation of the Board should be externally facilitated at least every three years. The evaluation needs to be carried out against the Board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the Trust.	The Trust engaged with Grant Thornton who undertook an external well-led review against the NHSI Framework during January – April 2021. Further detail is included in the Accountability Report and Annual Governance Statement.	Comply
C.1.1 The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	3i(a) Director's report 3i(b) Auditors report 3vii Annual Governance Statement	Comply
C.2.1 The Board should maintain continuous oversight of the effectiveness of the Trust's risk management and internal control systems and should report to members and governors that they have done so. A regular review should cover all material controls, including financial, operational and compliance controls.	An annual review of the system of internal control is conducted on the instruction of the Trust's Audit Committee by internal auditors. 3i(b) Audit Committee report 3vii Annual Governance Statement.	Comply
C.2.2 A Trust should disclose in the annual report if it has an internal audit function, how the function is structured and what role it performs or if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	3i(b) Audit Committee report 3vii Annual Governance Statement	Comply

Code provision	Trust position	Comply or explain?
C.3.5 If the Council does not accept the Audit Committee's recommendation, the Board should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council has taken a different position. <i>[external auditor appointment]</i>	3i(b) Audit Committee report	Comply
C.3.9 A separate section of the annual report should describe the work of the committee in discharging its responsibilities.	3i(b) Audit Committee report	Comply
D.1.3 Where a Trust releases an executive director, for example to serve as a NED elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	3ii Remuneration report	Comply
E.1.4 The Board should ensure that the Trust provides effective mechanisms for communication between Governors and members from its constituencies. Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the Trust's website and in the annual report.	Section 3i(d) Council of Governors & Members.	Comply
E.1.5 The Board should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the NEDs, develop an understanding of the views of governors and members about the Trust.	Section 3i(a) Director's report Section 3i (d) Council of Governors & Members.	Comply
E.1.6 The Board should monitor how representative the Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Information about the Trust's membership strategy is reviewed and developed by the Council's Communication and Membership Engagement Group and is available to the Board. Section 3i (d) Council of Governors & Members.	Comply

3v NHS System Oversight Framework

NHS England and NHS Improvement's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability.

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

NHS Improvement has placed the Trust in segment 3. On the 8 April 2016 NHS Improvement took action to ensure that the Trust deals with the continuing issues it faces, and the Trust entered into an enforcement undertaking which required specific actions to be taken. In August 2021, a letter was received from Graham Unwin, Regional Director of Performance and Improvement NHS England and NHS Improvement – North West stating that “there are no longer reasonable grounds to suspect that the Trust is in breach of licence.”

This segmentation information is the Trust's position as at 31 March 2022. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

3vi Statement of the Chief Executive's responsibilities as the accounting officer of Liverpool Women's NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Liverpool Women's NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Liverpool Women's NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in cursive script, reading "Kathryn Thomson", followed by a vertical line.

Kathryn Thomson
Chief Executive
20 June 2022

3vii Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Liverpool Women's NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Liverpool Women's NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's risk management strategy sets out the responsibility and role of the Chief Executive in relation to risk management which, as Accounting Officer, I have overall responsibility for. I have delegated the following responsibilities to Executive Directors:

- ❖ The Chief Finance Officer has responsibility for financial governance and associated financial risk;
- ❖ The Chief Nurse & Midwife has joint authority for clinical governance with the Medical Director and absolute delegated authority from the Chief Executive for quality, improvement, risk management and complaints, and is executive lead for safeguarding and infection control;
- ❖ The Medical Director is responsible for all aspects of clinical risk management and clinical governance and has responsibility for the Trust's Quality Report;
- ❖ The Chief Operating Officer is responsible for emergency planning and is executive lead for health and safety;
- ❖ The Trust Secretary is responsible for maintaining the Board Assurance Framework;
- ❖ All Executive directors have responsibility for the management of strategic and operational risks within individual portfolios. These responsibilities include the maintenance of the corporate risk register and the promotion of risk management to staff within their areas of accountability. Executive directors have responsibility

for monitoring their own systems to ensure they are robust, for accountability, critical challenge and oversight of risk.

The Trust fully implemented a divisional structure from 1 April 2019. This resulted in Maternity, Neonatal, Gynaecology, Theatres, Fertility, Genetics, and all other clinical support services being restructured within three main clinical divisions. The key objective of the structure is to: maintain and improve safety, experience and effectiveness for our patients; create simplified structures where accountability and responsibility is clear; strengthen divisional management teams with medical, operational and nursing/midwifery leaders having clear, shared objectives; simplify divisional reporting and meeting requirements in response to staff feedback regarding the demands of servicing the current organisational structure; and improve divisional governance processes, ensuring a clear line of sight from 'ward to Board'.

The three clinical divisions are: Division of Family Health - Comprising the Maternity and Neonatal directorates; Division of Gynaecology - Comprising the Gynaecology and Hewitt Fertility Centre directorates; and Division of Clinical Support Services - Comprising Pharmacy, Therapies, Theatres, Genetics, all other clinical support services, as well as the Administration and Access Centre. Each Division is led by a Divisional Manager with support from a Clinical Director(s) and Head of Nursing/Midwifery and report to the Executive Team.

The Audit Committee has overarching responsibility for the oversight of risk systems and processes within the organisation. The Trust's other assurance committees: Quality Committee; Finance, Performance and Business Development Committee; and Putting People First Committee monitor the Trust's Board Assurance Framework (BAF) and have oversight of progress against actions prepared in respect of the key strategic risks. Each Committee reports directly to the Board. The Board reviews the BAF as a minimum quarterly and receives escalated reporting of changes to the risks from its assurance committees as required. These are reported to the Board through a bespoke report and via chairs report produced by the Non-Executive Director chair of each Committee.

Risk Management Training

The risk management strategy identifies the Chief Executive as providing leadership and accountability to the Trust for risk management and quality improvement. Senior managers and all staff receive basic risk management training via the Trust's mandatory training programme. In addition, specific staff are trained to a higher level in risk management techniques such as root cause analysis or IOSH (Institution of Occupational Safety and Health) working and managing safely, as identified through the training needs analysis process. Training on use of the Trust's risk software is also provided across the Trust. The Trust's annual appraisal process is used to identify where and if additional, enhanced risk management training is required. Taken together these arrangements ensure staff are trained or equipped to manage risk in a way appropriate to their authority and duties.

Developing a risk aware and risk sensitive culture remains an on-going aim for the Trust. This is to enable risk management and risk management decisions to occur as near as practicable to the source of the risk. It is also to facilitate appropriate escalation of those risks that cannot be dealt with at the local level.

The risk and control framework

A framework for managing risks across the Trust is provided through the risk management strategy. It provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels across the organisation. This document is reviewed on an annual basis with the latest version approved by the Board in May 2022.

The Trust operates a principle whereby risks are identified early and are resolved as close as possible to where the risk originated. A dynamic risk register process is in place which is actively monitored by senior managers linking in with clinical and corporate departments which is monitored at the Corporate Risk Committee. The risk register operates as part of a coordinated process which is based around a Standard Operating Procedure introduced in March 2019 and provides a defined process for risk assessment. The key aspects of the Standard Operating Procedure are outlined below:

- *Identification of a Risk and Initial Management of a Risk*
 - Once a risk is identified then a full and comprehensive risk assessment, using the Trust standard template, is completed. At this stage, if the actions identified can be completed in a timely manner and this resolves the risk, then no further action is required, and all evidence is filed.
 - If the risk cannot be resolved at the assessment stage then the completed risk assessment is presented at an appropriate service/department meeting for discussion as to the risk, its action and whether the risk needs to be included on a risk register.
- *Inclusion of a Risk on a Risk Register*
 - Once it is identified that the risk then needs to be placed onto a risk register at service level then the risk is recorded using the Trust Ulysses Risk Management System.
 - Each risk also has a designated risk owner/manager who ensures actions are completed and that the risk is reviewed within the required timeframe and if there are any concerns as to progress that this is escalated appropriately.
- *Management of Risk on Risk Registers at All Levels*
 - Risk registers are used as a system to assist in the management and monitoring of risks with the aim to resolve them or mitigate them to the lowest level of likelihood and harm as is possible.
 - There are two types of review which are required in the risk register system:

- *Review of the actual risk* – this is completed in line with the chosen timeframe when adding the risk to the system or if it has been changed during a previous review.
- The target risk score is based on SMART¹ principles and is not just an arbitrary figure. All risk scores are identified using the National Patient Safety Agency (NPSA) Risk Matrix ensuring that the correct domain for the risk is used, therefore identifying an appropriate target risk score.
- *Review of Actions* – When a risk has individual actions in place, then these are clearly articulated with target dates for completion or review.
- *Gatekeeping* – Prior to any risk being added to any risk register a comprehensive risk assessment is completed which is then reviewed and discussed either at an appropriate meeting or with a senior member of the divisional team where authorisation for inclusion on a risk register is provided.
- *Escalation and De-escalation* – Once on a risk register a risk can be escalated or de-escalated depending on a number of factors both internal and external.
- *Removal of Risk from Risk Registers* - Once all actions have been completed and the risk score has reduced to its lowest level possible then a review is to be undertaken by the risk manager and the managing group as to whether it is appropriate for the risk to be removed from the register. It is then the risk can be closed on the Ulysses system, with all accompanying evidence of risk reduction loaded into the evidence section to support future audit. Where a risk score has been reduced to its lowest level through actions and controls but is considered to still be an ongoing risk then this remains on a risk register with the review period being set to annual. This allows for ongoing sight of the risk, but with no need for regular updating unless there is a change to the risk or any controls.

A committee structure supports the Trust's integrated governance processes and facilitates the appropriate identification of risk ensuring it is properly mitigated, monitored and reported. As Chief Executive, I chair the Corporate Risk Committee which coordinates and prioritises all categories of risk management. In fulfilling its role, the Committee meets at least six times a year to review all significant corporate risks and considers whether any risks need to be escalated to a relevant committee, sub-committee or group. The Committee is also responsible for ensuring that any lessons learned arising from the corporate risk register are communicated across the Trust. Following the changes to the organisational structure, the membership of the Corporate Risk Committee was amended to ensure representation from the three clinical divisions. The Corporate Risk Committee reports to the Quality Committee of the Board of Directors.

¹ Objectives are 'SMART' if they are specific, measurable, achievable, realistic and, timely (or time-bound)

Risk Appetite

The Trust's Risk Management Strategy determines that on an annual basis the Trust will publish its risk appetite statement as a separate document. The Risk Management Strategy describes the process as follows:

"The risk appetite of the Trust is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame". In practice, the Trust's risk appetite should address several dimensions:

- The nature of the risks to be assumed.
- The amount of risk to be taken on.
- The desired balance of risk versus reward.

Risks throughout the organisation should be managed within the Trust's risk appetite, or where this is exceeded, action taken to reduce the risk. The Trust's risk appetite statement will be communicated to relevant staff involved in the management of risk.

Each strategic aim is allocated to a Board Committee and each respective Committee provides a recommendation to the Board on the proposed level of risk tolerance. A paper is collated, and the Board is requested to approve the overall risk appetite statement. This was most recently undertaken in the April 2022 Board meeting. The risk appetite forms part of the BAF and is used to inform discussions around strategic risk. Board and Committee paper cover sheets also ask report authors to indicate if the decision they are seeking is deviating away from the risk appetite statement and to provide a justification if this is the case.

Quality Governance Arrangements

During 2021/22 the Trust continued to operate a model of integrated governance. This best practice model is defined by having in place effective systems, processes and behaviours governing quality assurance and operating within transparency that encourages challenge. There are defined clinical and patient safety performance metrics within the Trust's broad governance work-streams which are monitored through the Trust's internal control systems (clinical governance) and external assurance(s), accreditation and regulation including NHS Improvement, the Care Quality Commission and the Human fertility and Embryology Authority (HfEA).

As we progress towards a potential date for inspection, the Trust has begun work to assess the current position with regards to being 'CQC inspection ready' during 2022/23. This is being carried out in collaboration with the Senior Leadership Teams for services within the Trust. The approach is set out below

- Completion of legacy action plans from previous CQC inspections
 - With the support of MIAA (Mersey Internal Audit Agency), each division within the Trust devised a CQC action plan following their CQC inspections. The agreed actions have been monitored through the Trust Quality Committee, overseen by the Deputy Director of Nursing &

Midwifery and the Risk & Patient Safety Manager. The vast majority of the 'Must do' and 'should do' actions have now been completed and closed. Work is on-going to ensure this work is completed.

- The Senior Leadership Teams within each division have been asked to review these action plans as part of the Divisional Self-Assessment and outlined below.
- Divisional Self-Assessments and Ward Accreditation Process
 - Each division will be required to assesses themselves against the CQC Key Lines of Enquiry (KLOE's). Following this assessment, divisions will rate where they believe their service is at for each key question. The options are outstanding, good, requires improvement or inadequate. Each Senior Leadership Team will then present its findings to Executives and produce an associated action plan thereafter. This process will be completed twice annually for each division.
 - This will be supported by a ward accreditation process for each clinical area that will also be undertaken twice a year.
 - Alongside quality dashboards and the information from the CQC's Insight reports, this should significantly strengthen the opportunity for assurance and regulatory scrutiny.
- Data Requests
 - To respond to the changing regulatory approach of the CQC (more data driven and targeted towards areas of risk), CQC channels for each division will be created within Microsoft teams. This will enable the divisions to update its evidence for each of the key questions CQC will ask in real time, thus minimising the burden on staff teams when such request for data is received.
- Supporting the "Well-Led" domain and inspection preparation
 - To support executive oversight of delivery against the fundamental standards, each executive has been aligned to fundamental standards that match with their portfolio. The allocation of leads and responsible groups is the first step towards embedding a culture of compliance.
 - As part of the process for preparing senior leaders across the Trust for the level of regulatory scrutiny they can expect, a series of mock interviews will be undertaken in September 2022. Feedback will be given, and this exercise will be repeated later in the year to assess progress. The well-led review will also include a formative risk assessment against the key lines of enquiry.

Further detail on the steps which have been put in place to assure the Board that there are appropriate controls in place to ensure the accuracy of quality data is included within the 'Data Quality and Governance section' below.

Management of Serious Incidents

The Trust follows NHS England's guidance in reporting Serious Incidents and carrying out investigations. This includes uploading all Serious Incidents onto StEIS (Strategic

Executive Information System) for external review. Both our local commissioners and our regulators are informed of the Trust's Serious Incidents and monitor the outcomes. The current approach is changing following the publication in July 2019 of a new National Patient Strategy, which identified the need to restructure the national approach to patient safety and ensure there was a national framework for all organisations to follow. Part of the new strategy was the updating of the current National Serious Incident Framework which is to become the Patient Safety Incident Response Framework. The new approach will see a move away from Root Cause Analysis into system analysis and failures with the approach of investigating themes. The approach is also about a more compassionate approach to investigating incidents and supporting staff involved in incidents. The early adopters are currently piloting the new framework with a planned national rollout in 2022.

The Trust engages in open and honest discussions to agree the appropriate and proportionate response with executive directors, senior managers and clinicians including at time advice from the CCG. Both NHS England and our local commissioners recognise that the best position is for us to discuss openly, to investigate proportionately. It is nationally accepted that organisations that report more incidents usually have a better and more effective safety culture.

As part of the current Trust policy for the Management of Incidents and Serious Incidents, all incidents which are reported as serious incidents have a 72hr review completed which aims to identify if there are any immediate actions required to keep our patients safe whilst the investigation is being completed. These are clearly documented and submitted to the CCG and CQC for assurance.

CQC Registration Requirements

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust underwent a CQC inspection during December 2019 and January 2020 and was rated 'good' in relation to its services. The CQC was told by patients and families during their inspection of positive examples of caring, compassionate care and patients gave the CQC positive feedback about the care they received.

However, in relation to the well-led element, the CQC rated the Trust as 'requiring improvement'. An action plan was developed to ensure that the areas of improvement identified from the inspection were taken forward within the appropriate timescales. The most significant of these recommendations related to a warning notice which stated that there had been a failure to ensure that systems and processes were effectively established to ensure the proper and safe management of medicines. The CQC confirmed with the Trust in September 2020 that the warning notice had been lifted.

The action plan for the other CQC recommendations was reported through each respective Division, the Trust's Safety & Effectiveness Sub-Committee, the Quality Committee and the Trust Board on a regular basis. In December 2020, the Board of

Directors received assurance that there were only two outstanding actions relating to the Trust wide CQC Action plan (Paediatric Nurse appointment to support the under 18's pathway and RTT 52 weeks).

To seek third line assurance on the completion of the CQC Trust wide action plan, MIAA (internal auditor) were commissioned early in 2021 to undertake a review of progress on the Trust wide CQC Action Plan to seek evidence to confirm that the RAG rated 'Green' actions within the CQC action plan were fully implemented. MIAA sought evidence for 34 sub-elements within the 31 main actions (i.e., those items RAG rated 'Green' that did not relate to Medicines Management because MIAA had done separate audit work on Medicines Management).

The results of the MIAA review submitted in draft to the Trust in March 2021 highlighted that there was evidence of full implementation for 23 actions with a further 11 actions being partially compliant. MIAA proposed 9 main recommendations to clear these 11 actions. Assurance was provided throughout 2021/22 on the full close out of these recommendations, confirmed via a 'follow-up' process by MIAA that reported to the Audit Committee.

In September 2021, the Trust was requested to submit answers to a Direct Monitoring request from the CQC relating to maternity services. This submission was made and no further action was required.

During the pandemic, the Trust provided mutual aid for the wider system. Part of this included the provision of breast surgery on the Crown Street site. Whenever an offer of mutual support was made by the Trust and this was outside of the existing 'Statement of Purpose', approval was sought from the CQC.

A review of the current Statement of Purpose against the services provided at the Trust in March 2022. It was identified that the current Statement of Purpose needed to be updated and submitted the Care Quality Commission (CQC) as per legal requirements.

The following additions or amendments were made to the Statement of Purpose to reflect the most up to date position for the trust and the services provided.

1. Aims, objectives and core focus to reflect LWH Strategy for 2021-25
2. Neonatal services – to reflect the services provided in respect of the regulatory activities for surgery and treatment of disease, disorder & injury
3. Genomic medicine – to reflect the changes Genomic Medicine Services for Cheshire and Merseyside
4. Fetal Medicine Unit – new services provided since the last submission of the Statement of Purpose
5. Service provider details in respect of the correct contact details for CQC

Trust's Key Risks

With the Trust updating its Corporate Strategy in the early part of 2021 and agreeing ten 'strategic aims' as part of this, an opportunity was taken during 2021/22 to reframe the Board Assurance Framework (BAF) to reflect the risks to these strategic aims. Part of this re-framing was intended to separate the BAF from the risk escalation process so that it is not considered as a risk register for the most serious risks but rather as a tool to assist the Board in understanding the most significant risks to its strategic aims. This was a subtle and nuanced change to the previous format but one that has helped to continue to strengthen the BAF to align with best practice.

Progress has continued to be made throughout 2021/22 to utilise the BAF as a dynamic tool to inform the agendas and areas of focus by the Board and its Committees. Positive assurances regarding the BAF and its underlying processes have also been provided by a recent MIAA review.

Outlined below is brief description of the organisation's major risks, including significant clinical risks. In-year and future risks have been separated and descriptions given as to how they are/will be managed and mitigated and how outcomes are/will be assessed.

The BAF risks throughout 2021/22 were as follows (ordered by risk rating):

BAF Risk 2.3: Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

Risk score at the beginning of the year – 20 (4 (likelihood) x 5 (consequence))

Risk score at the end of the year – 20 (4 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation and to patient safety. Good progress is being made on mitigating measures to make the Crown Street site safer with a number of significant capital projects either completed, underway or planned. It should be acknowledged that the impact of this risk cannot be fully mitigated whilst the Trust operates on an isolated site.

BAF Risk 1.2: Failure to recruit and retain key clinical staff

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

Whilst the Trust has a significant number of controls and sources of assurance, the Trust does have acute and chronic staffing challenges in several areas and a higher than target sickness rate. The particularly acute issues with maternity staffing are the main driver behind this risk being scored a '5' for likelihood. In the short term, this issue has been exacerbated by significant absences as a result of the Omicron COVID-19 variant.

Looking ahead, the following issues will need to be considered: insufficient numbers of doctors in training; ageing workforce; national shortage of nurses and midwives;

isolated site and associated clinical risk impacting on recruitment and retention of specialist consultant staff; pension tax changes impacting on the retention of consultant medical staff (early retirement or reduction in working time). The recent Ockenden Report has also identified significant challenges in relation to maternity staffing and the Board will be monitoring progress against these recommendations and taking action to ensure that adequate and safe staffing levels are in place. Whilst the Trust remains on a single site, this will continue to present recruitment challenges as clinicians in particular, are reluctant to accept a growing level of risk.

Whilst the severity of this issue is not sufficient to rate this risk at '25', the Board has been cognisant throughout 2021/22 that this risk presents one of the most acute challenges to the organisation and this will continue to be the case into 2022/23.

BAF Risk 4.1: Failure to ensure our services are financially sustainable in the long term

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

The Trust has a well-defined and evidence backed case that whilst it remains on a single site, long-term financial sustainability will be compromised. Progress has been made to identify strategic solutions to this issue, but these remain unresolved. Whilst plans are in place, there also remains significant on-going uncertainty regarding the financial regime, introduction of Integrated Care Systems and consequent change in commissioning landscape and the impact of changing clinical requirements with resource implications. The Trust can demonstrate robust short-term and 'business as usual' financial controls – evidenced by feedback from internal and external audit. However, a number of cost increases have been approved in relation to quality and safety (including maintaining safety on site and the Clinical Case for Change, investment in maternity services, and service developments such as Robotic Surgery). The Trust has also delivered lower levels of recurrent CIP in 2020/21 and 2021/22 than in previous years. The underlying financial position therefore deteriorated during 2021/22.

As noted above, the Ockenden Final Report has made several recommendations regarding adequate staffing for maternity services, and it is likely that this result in further financial pressures for the Trust in 2022/23. It is fully expected that the 2022/23 financial position will remain challenged.

BAF Risk 2.2: Failure to develop our model of care to keep pace with developments and respond to a changing environment

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 16 (4 (likelihood) x 4 (consequence))

This risk was escalated in year as whilst the Trust could demonstrate evidence of being open and responsive to change in service development and delivery, it was agreed that the opening risk score did not adequately reflect the significant risk to the organisation of a lack of an EPR (and as a corollary, having in place a disparate number of systems).

This will remain a significant risk moving into 2022/23 but there is evidence of proactive mitigating controls and progress being made in the procurement and subsequent implementation of an integrated Meditech EPR system. Work is also being undertaken to strengthen the approach to horizon scanning and longer term, strategic planning at a Divisional level which will support the Trust in responding to a changing environment effectively.

BAF Risk 2.1: Failure to progress our plans to build a new hospital co-located with an adult acute site

Risk score at the beginning of the year – 15 (3 (likelihood) x 5 (consequence))

Risk score at the end of the year – 15 (3 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation. The Trust can demonstrate strong controls in relation to developing the clinical evidence base for the move and has achieved buy in from significant stakeholders. There remains however, a lack of definitive commitment to secure the capital required and this will remain a key area of focus in 2022/23. Should the case move forward with regulators, there will also be a need to ensure that it is effectively communicated with the local community to receive buy-in to move the project forward.

BAF Risk 2.4: Major and sustained failure of essential IT systems due to a cyber attack

Risk score at the beginning of the year – N/A

Risk score at the end of the year – 15 (3 (likelihood) x 5 (consequence))

A cyber-risk did not form part of the updated BAF at the beginning of the year. The rationale for this was that it was deemed to not be a threat to the Trust's strategic objectives but rather be better monitored as part of the Trust's Corporate Risk Register. However, following the input of the Trust's Chief Information Officer, the significant impact on the Trust and in particular, patient safety was acknowledged. A specific BAF risk was therefore added in Quarter 2 of 2021/22. The Digital Services department continue to strengthen controls through process refinement and the introduction of security technologies. However, it is likely that this issue will remain a significant risk during 2022/23 as the geopolitical uncertainty heightens the possibility of a cyber-attack.

BAF Risk 1.1: Failure to be recognised as one of the most inclusive organisations in the NHS with zero discrimination for staff and patients (zero complaints from patients, zero investigations)

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has several strong controls in place against this risk and can demonstrate effective performance in comparison with other NHS trusts (see 2021 WRES report for example). The Trust also recently benchmarked within the top 50 inclusive places to work. However, this is an ambitious aim within the Trust's 2021-25 strategy and will require significant cultural change to achieve together with a continued and unrelenting focus.

BAF Risk 3.1: Failure to deliver an excellent patient and family experience to all our service users

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has strong evidence in relation to its response to the COVID-19 pandemic and continues to receive positive feedback from significant patient surveys. To improve further, it is imperative that the organisation ensures that it can listen to patient voices and the local community and ensure that services are responsive and can cater to differing needs. The evidence for how effective the organisation is undertaking this can be strengthened from the current position and will be a key focus for the Trust in 2022/23.

BAF Risk 5.2: Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has a current rating of 'requires improvement' for well-led from the most recent CQC inspection and received a warning notice regarding medicine management. Good assurance is in place regarding the Trust's response (detailed above). Further work is required in 2022/23 to refine process and to ensure that the Trust remains 'inspection ready' is required (again detailed earlier in the Annual Governance Statement).

The Trust was subject to an external well-led review and themes relating to effective lesson learning and establishing a quality improvement methodology were identified, mirroring findings from the CQC inspection and feedback from commissioners. Progress has been made in relation to both of these areas, but this needs to go further to achieve the target score in 2022/23.

BAF Risk 5.1: Failure to progress our research strategy and foster innovation within the Trust

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has a well-established and successful research process and has been particularly active in the support provided to the wider system during COVID-19. To strengthen this area and further mitigate this risk, the Trust will look to widen participation in research across the organisation making links explicit with quality improvement activity. There is also an opportunity to further enhance the Trust's research profile in the local system but also nationally and internationally.

BAF Risk 4.2: Failure to expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has well defined partnerships and relationships with several key stakeholders. These have been strengthened and added to during the COVID-19 pandemic response. The regulatory and system landscape remains uncertain, and the Board will be looking for additional clarity on future arrangements (and the Trust's assured role in this) in order to mitigate this risk and work towards the target score and improve the overall assurance rating on the controls. It has also been agreed to provide enhanced reporting on partnership arrangements (and their efficacy) during 2022/23 through the FPBD Committee and the Board.

COVID-19 Governance

In the context of COVID-19 pandemic the governance of the organisation has needed to be agile. Over the past two years it has been important to ensure clarity on 'changed' roles and responsibilities, decision making, communication and record keeping. In essence, who needs to be involved in what, how this can be done efficiently and effectively and how best to communicate and maintain records.

Strategic governance

The Trust has continued to maintain 'business as usual' practice in relation to Board meetings. Attempts have been made to reinstate 'face to face' meetings but this has strictly followed IPC guidance. There is a recognition that 'hybrid' meetings will be the way that future Board meetings will operate and technological responses to this are being explored.

Members of the public (and governors) have continued to attend virtually. There have been no changes to the Scheme of Reservation and Delegation (SoRD) required.

A key challenge since the beginning of the pandemic was the collation and socialisation of a significant amount of information and guidance from various sources.

Several additional operational meetings were put into place at the beginning of the pandemic and the frequency of these meetings has flexed as required during 2021/22. The most significant of these has been the COVID-19 Oversight and Scrutiny Group which receives information from daily operational updates but also considers other strategic matters.

During 2021/22, the Trust established processes to support the organisation's future response to the COVID-19 Inquiry.

Clinical Governance

The Trust has continued to closely monitor performance reports, despite the information not being externally reported at various times. This was to identify whether 'business as usual' performance was deviating from expected standards. Other key regulatory requirements such as 7-day services and CNST were tracked and reported despite external requirements being deferred or 'paused' in some instances.

Financial Governance

The Trust closely monitored expenditure related to the pandemic and ensured that this was presented separately to the Finance, Performance & Business Development Committee and Board for tracking and oversight. CIP reporting continued as per the pre-pandemic arrangements.

Human Resources Governance

The Trust's pre-COVID-19 workforce processes were maintained.

The uncertainties of the COVID-19 situation continued to present a number of challenges for the workforce and staff in all areas, clinical and non-clinical, have responded positively to these challenges and provided high standards of care to the women and families of Liverpool and beyond.

Keeping staff protected and well was the organisation's priority with advice and guidance regularly updated regarding testing and vaccine clinics made available throughout the year. A robust programme of fit mask testing has continued.

System working and partnerships

Whilst Cheshire and Merseyside Command and Control arrangements were stepped down during 2021/22, the Trust continued to play an active role in the Cheshire and Mersey Hospital Cell system recovery and reset work with appropriate offers of support to the system. One aspect of this was through regional support to Gynaecology Oncology and taking a leadership role in decisions affecting women's services for the region. The Trust is the identified as Gynaecology Oncology Hub for Cheshire and Mersey. The Trust also chairs the Maternity Gold Command call on a weekly basis where staffing and acuity issues are discussed. If a provider is challenged to staff their unit, then proactive help to distribute elective work can be discussed to hopefully prevent a divert of services. If a divert is required, then the providers can discuss who is in a position to help.

Towards the end of 2022, the Trust also opened a mobile CT Scanner on the Crown Street site which is helping to increase the local diagnostic offer for the system. This was part of funding secured to open a Community Diagnostic Centre (CDC) on the Crown Street site. A permanent CT and MRI scanner will be in place during 2022/23.

Support was also provided to Liverpool University Hospitals NHS Foundation Trust (LUHFT) to provide colorectal surgery and by taking over Non-Obstetric Ultrasound scanning activity. The partnership with LUHFT has been strengthened through 2021/22 and a 'Partnership Board', first established before the start of the pandemic but then subsequently paused, has re-started with a refreshed membership and Terms of Reference. This refresh has resulted in a bimonthly meeting pattern and working groups for complex gynae, shared maternity care and anaesthetics are now in place.

Other long-standing partnerships continued throughout the year. This included the Liverpool Neonatal Partnership (LNP) with Alder Hey NHS Foundation Trust. Assurance was provided to the Board throughout the year on the progress that the LNP is making, and it is fully expected that this will continue to go from strength to strength in 2022/23, particularly with the building of a new state-of-the-art Surgical Neonatal Intensive Care Unit (NICU) on the site of Alder Hey Children's NHS Foundation Trust.

At the beginning of 2021/22, the Trust took over the hosting of the Cheshire and Merseyside Local Maternity and Neonatal System (LMNS), an organisation that I was already the Senior Responsible Officer for. Whilst not operationally responsible for the LMNS, the hosting arrangement has enabled the Trust to develop closer relationships – something that will become increasingly important in the successful delivery of the Ockenden recommendations.

The Trust sees itself as a key partner in progressing a Cheshire and Merseyside Integrated Care System with the Chair and senior Executives involved in developing models of governance and service delivery. I have been nominated as the workforce lead in the development Cheshire and Merseyside Acute and Specialist Trust (CMASST) Provider Collaborative. The people who work in the NHS are its greatest asset although it is well known that there is more to do to create a happier workforce with greater levels of purpose and job satisfaction. I am confident that the Trust can help to support the development of whole system plans to address workforce shortages and maximise collaborative workforce opportunities.

Data Security Risks

Risks to data security are managed and controlled as part of our risk and control framework. The Trust is ISO 27001 certified which brings our information and data security under explicit management control. The Chief Finance Officer, as Senior Information Risk Owner, is responsible for information governance, performance against which is monitored through the Finance Performance and Business

Development Committee, which receives regular updates from the Trust's Information Governance Sub-Committee.

Well-led Framework

The Trust last undertook a self-assessment during the period January - March 2020 and outcomes were subsequently adopted by the Board in April 2020. The Board actively monitored progress against the resulting development plan and an external review was commissioned, commencing in January 2021 by Grant Thornton. Grant Thornton was appointed following a tender exercise and were fully independent from the Trust. Feedback was provided to a Board development session in April 2021 and the final report was received by the Board in July 2021.

The independent review confirmed that there were no material governance concerns and several areas of good practice were noted, particularly:

- The Trust is focussed on quality and sustainability and this features in meetings throughout the levels of the organisation
- The data and information available to Divisions is of good quality and used to guide operational performance conversations at Divisional meetings and performance reviews, providing a 'golden thread' between Divisions and the Board
- The Trust has many examples of how it has worked extensively with its partners on the delivery of its services

Some areas for further work and opportunities for improvement were also highlighted, which the Board of Directors has acknowledged, and these have been the subject of an Action Plan that has been monitored throughout 2021/22. Examples include:

- Ensuring that best practice is shared between the respective Divisions to work towards a maturity level parity.
 - This is now being supported by a consistent approach to performance management meetings and weekly operations meetings in which issues can be shared across the Divisional Manager cohort.
- The need to ensure that a documented Quality Improvement Methodology is in place
 - The Quality Improvement Framework was approved by the Quality Committee in February 2022
- Learning from serious incidents is an area that requires strengthening.
 - The Quality Committee met twice during the year to give specific focus to the theme of effective lesson learning. This continues to be an area of focus for 2022/23.

The Trust will be embarking on an annual development review in July 2022 and this will focus on any outstanding areas from the external review and also be testing the Trust's approach to being a 'good partner' as Integrated Care Systems develop during 2022/23.

Compliance with the NHS foundation trust condition 4 (FT governance)

The Trust has in place a governance structure to support compliance with the NHS foundation trust condition 4(8)(b) (Foundation Trust governance). For most of the year under review, the Board comprised of eight independent non-executive directors, including the chair and senior independent director, and seven executive directors (one non-voting), including the Chief Executive. Details of the composition of the Board and changes made during the year can be found in section 3i – Accountability Report, Directors Report.

The Board has not identified any significant risks to compliance with provider licence condition FT4. This condition covers the effectiveness of governance structures, the responsibilities of directors and committees, the reporting lines and accountabilities between the Board, its Committees and the Executive Team. The Board is satisfied with the timeliness and accuracy of information to assess risks to compliance with the foundation trust's licence and the degree of rigour of oversight it has over performance.

The Board of Directors is responsible for determining the Trust's strategy and business plans, budget, policies, accountability, audit and monitoring arrangements, regulation and control arrangements, senior appointments and dismissal arrangements and approval of the Trust's annual report and accounts. It acts in accordance with the requirements of its terms of its provider license as a Foundation Trust.

Assurance committees:

- ❖ The Audit Committee is responsible for providing assurance to the Board of Directors in respect of the process for the Trust's system of internal control by means of independent and objective review of corporate governance and risk management arrangements, including compliance with laws, guidance and regulations governing the NHS. In addition, it has responsibility to maintain an oversight of the Trust's general risk management structures, processes and responsibilities.
- ❖ The Finance, Performance and Business Development Committee is responsible for providing information and making recommendations to the Board of Directors in respect of financial and operational performance issues and for providing assurance that these are being managed safely. The Committee maintains an overview of the strategic business environment in which the Trust is operating and identifies strategic business and financial risks and opportunities. The Committee considers any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.
- ❖ The Quality Committee is responsible for providing the Board of Directors with assurance on aspects of quality in respect of clinical care and research and development issues, and for regulatory standards of quality and safety. The committee considers any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of

the reporting requirements. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.

- ❖ The Putting People First Committee is responsible for providing the Board of Directors with assurance on all aspects of governance systems and risks related to the Trust's workforce, and regulatory standards for human resources. The committee considers any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.
- ❖ The Nomination and Remuneration Committee has two responsibilities: it oversees the recruitment and selection of the Chief Executive and executive directors and reviews the structure, size and composition of the executive management team on the Board of Directors; and determines the remuneration, terms of service and other contractual arrangements relating to the Chief Executive and executive directors. The Committee is also responsible for succession planning in respect of executive appointments and for any disciplinary or termination matters relating to the executive management team.

Each assurance committee is chaired by a Non-Executive Director and has terms of reference setting out its duties and authority, including matters delegated to it by the Board of Directors. Membership of the Audit Committee and Nomination and Remuneration Committee comprise solely of Non-Executive Directors.

The Board reviews its effectiveness at each meeting and on an annual basis. Each assurance committee reviews its effectiveness at the conclusion of each year and prepares an annual report setting out how it has fulfilled its terms of reference. Committee annual reports are submitted to the Board for review and approval. The Audit Committee reviews its effectiveness with input from the Trust's internal and external auditors. Each assurance committee routinely receives Chair's Reports of meetings held by its subordinate committees / groups.

Directors' responsibilities are set out in their job descriptions in which reporting lines and accountabilities are identified. The Chair leads the Board of Directors and Council of Governors and ensures the Board develops vision, strategies and clear objectives whilst ensuring it understands its own accountability for governing the Trust. The Chair provides visible leadership in developing a healthy culture for the organisation and ensures this is reflected and modelled in the individual directors own and the Board's behaviour and decision making.

Non-executive directors are responsible for bringing independence, external perspective, skills and challenge to strategy development. They hold the executive directors to account for the delivery of the Trust's strategy, offer purposeful, constructive scrutiny and challenge, and chair or participate as members of the assurance committees that support accountability. Non-executive directors are held to account individually and collectively by the Council of Governors for the effectiveness of the collective board. They seek to actively support and promote a healthy culture for the organisation and reflect this in their own behaviour whilst

providing visible leadership in developing a healthy culture so that staff believe they provide a safe point of access to the Board for raising concerns.

The Chief Executive is responsible for leading the strategy development process and delivery of the strategy and acts as the Trust's accountable officer in the establishment of effective performance management arrangements and controls. As Chief Executive I seek to provide visible leadership in developing a healthy culture for the organisation and ensure that this is reflected in my own and the executive directors' behaviour and decision making. The executive directors take a lead role in developing strategic proposals, leading the implementation of strategy within functional areas and managing performance within their areas of responsibility. They seek to actively support and promote a positive culture for the organisation and reflect this in their own behaviours. Executive directors seek to nurture good leadership at all levels. All directors (executive and non-executive) operate as members of the unitary Board.

To assure itself of the validity of its annual governance statement required under NHS FT Condition 4 the Board of Directors receives the annual Corporate Governance Statement aligned with the year-end sign off process.

The Board receives the latest up to date information in respect of the Trust's performance. Reports focus on exceptions to target performance and executive directors outline improvement plans and mitigating actions. Three of the Board's committees (Finance, Performance and Business Development Committee, Quality Committee, and Putting People First Committee) routinely review aspects of the Trust's performance in accordance with the terms of reference approved by the Board.

The Trust is able to assure itself of the validity of its Annual Governance Statement by referring to the Board's self-assessment against the NHSI Well-Led Framework (and the findings from the external review), the annual reports of assurance committees, reports of its internal and external auditors and reviews of the Trust's performance and compliance against national and local standards.

Embedding Risk Management

Risk management is embedded in the activity of the Trust in a variety of ways. The agenda for all meetings, from the Board through its integrated governance structure, include an item to consider whether any new risks have been identified during discussions. Where new risks are identified, mitigation is considered and agreed and where appropriate an entry is made to the Trust's risk register. Each meeting would also consider whether a known risk had changed in any way and the risk register or Board Assurance Framework would then be updated accordingly.

As noted above, the Trust's CIP includes a process of quality impact assessment (QIA) and equality impact assessment (EIA). These assessments must be jointly approved by the Medical Director and Chief Nurse & Midwife (input also provided by the Chief Operating Officer) with a confirmation that the CIP scheme will not have a negative impact on patient safety and quality. The Trust also performs post-implementation reviews of CIP schemes in accordance with best practice, the results of which are

reported to Finance, Performance and Business Development Committee. All Trust policy documents go through a streamlined and robust approvals process which ensures appropriate standardisation of documentation, including completion of equality impact assessments.

Involvement of public stakeholders

Public stakeholders are involved in managing risks which impact on them in a number of ways. Liverpool Clinical Commissioning Group (CCG) is involved through the monthly clinical performance and quality review meeting held with them and which is chaired by the CCG. This meeting is used to discuss the Trust's contract and quality performance and to identify any concerns which may become risks. The Trust also makes the CCG aware of risks during this meeting. Our local Healthwatch is involved by alerting the Trust to issues of concern put to them by their members relating to our services, which we consider and define as risks where appropriate. Other local NHS providers are also involved through a mutual exchange of intelligence and a commitment to addressing risks, for example through the development of patient pathways. Our Council of Governors plays an active role in representing the interests of those the Trust serves and holding the non-executive directors and therefore the Board to account for the services provided by the Trust.

Patients continue to be involved in the risk management process in several ways. A patient story is told at the beginning of each meeting of the Board of Directors, sometimes: by the patient in person; via a video; audio recording; or on the patients' behalf by the Chief Nurse & Midwife or a clinical member of Trust staff. Organisational learning from each story told is identified and actions taken are reported to the Board to disseminate across the Trust for learning.

The Trust also considers complaints, litigation, and PALS (Patient Advice and Liaison Service) feedback as important indicators of quality. The Board committees receive reports detailing this feedback. Members of the public have been supported in virtually attending the Trust's Board meetings in which questions could be directed to Board members.

During the year the Trust held a series of 'walkrounds' where staff could meet and speak in person with an Executive Director. Where possible (in line with Infection, Prevention and Control guidance), a programme of Non-Executive Director Quality Visits was re-started. These have enabled staff to raise any key issues and/or concerns.

Workforce Strategies

The Trust has in place an overarching people strategy – "Putting People First" - driving focus and delivery in several areas - workforce planning, retention, equality, diversity and inclusion, health and wellbeing and leadership and succession planning. The successful delivery of these plans is critical to ensuring the mitigation of its workforce risks, particularly in relation to attracting, developing and retaining the best staff, especially in relation to the impact of national shortages of key staffing groups.

The Trust has adopted principles within National Quality Board (2016), NICE Guidance (2014;2015) and Delivering Workforce Safeguards (2018) to support workforce planning, care hours per patient per day (CHPPD) requirements and the operational oversight of staffing and acuity-based care is embedded in the Trust.

Workforce planning is an annual process undertaken in partnership with divisional leads, finance and workforce, reviewing current establishments and incorporating any known changes. Adhering to the principles of safe staffing, as defined in 'Developing workforce safeguards' a combination of evidence-based tools and professional judgement are used to develop the workforce plan using a 'bottom up' approach to develop rosters in clinical areas. E-rostering is embedded within nursing and midwifery and e-rostering and job planning software has been rolled out to the junior doctor and consultant medical workforce. The annual workforce plan is approved by the Executive Team and is incorporated into the regional workforce plan produced by NHSI/HEE. The Board is informed and assured of progress and change throughout the year by regular Board level reporting. Development of new roles, joint working with other organisations and international recruitment are all being undertaken to address supply issues within certain specialities.

Policies and processes are in place to allow any concerns in relation to safe staffing to be raised, including the exception reporting process for junior doctors, grievance processes and via Freedom to Speak Up Guardians if necessary.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation meets its obligations in respect of equality, diversity and human rights legislation

Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Sustainable Development

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. Please see the Performance Analysis section for further detail on the Trust's Green Plan.

Review of economy, efficiency, and effectiveness of the use of resources

As Accounting Officer, I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources.

For 2021/22, Operational and Financial Plans were separated into two halves – Half One (H1) running from April 2021 to September 2021 and Half Two (H2) running from October 2021 to March 2022. Allocations and funding have been channelled through Integrated Care Systems (ICS's), although these were not currently legally constituted, so Liverpool CCG acted as the host organisation for distribution and payments. With seventeen providers and nine CCGs in Cheshire & Merseyside (C&M), reaching agreement has, on occasion, been challenging.

Nevertheless, the Trust achieved a breakeven position for H1, although there was a reliance on £1.7m of non-recurrent benefits as well as the £8.5m of system funding provided by C&M and £1.2m of Elective Recovery Fund income. For H2, the Trust submitted a £0.1m deficit plan and this was also achieved. This was supported by the revised Cost Improvement Programme target being achieved. This performance, together with the fact that the external auditors did not identify any significant risks as part of its Value for Money assessment, provides me with assurance that the organisation has arrangements in place for securing value for money in the use of its resources.

The financial regime in relation to the developing ICS continues to mature and there have been challenges in the agreement of financial allocations to providers for 2022/23. It is expected that delivering against budget for 2022/23 will be a significant area of focus for the Trust.

The Audit Committee commissions reports on specific issues relating to economy, efficiency and effectiveness through the internal audit plan. Implementation of recommendations is overseen by the Audit Committee and executive directors.

The Board and the FPBD Committee review the financial position of the Trust through its financial performance report. This provides integrated information on financial performance, including the achievement of efficiency targets and other performance measures. There is a scheme of delegation in place.

The Trust has in place a number of arrangements with third party providers, most notably Liverpool University Hospitals NHS Foundation Trust (LUHFT). LUHFT provide services including clinical support such as pathology and blood products and also non-clinical services including recruitment. The Trust's payroll is provided by St Helen's & Knowsley NHS Trust. Other services are provided by Alder Hey NHS Foundation Trust and other organisations. These relationships are managed through regular meetings and contract management processes. However, there are currently some gaps in assurance in this area, particularly in relation to ensuring that Service Level Agreements are in place and up to date. In some cases, engagement with suppliers is challenging, particularly in relation to local NHS organisations. Work is ongoing to improve the situation and a risk has been held on the risk register in relation to this. The risk is monitored by the FPBD Committee on a quarterly basis, and this will continue into 2022/23.

Information Governance

As well as affecting the operations of the Trust, the COVID-19 pandemic has also changed some of the external reporting requirements to which the Trust must operate, which was most evident in the relaxing of some reporting deadlines. Ordinarily, all trusts are required to submit their end of year Data Security and Protection (DSP) Toolkit position at the end of March each year, but the effects of COVID-19 have meant that the normal end of year deadline was moved from the end of March 2022 to the end of June 2022 (similar to the 2021/22 year). Because of this, at the time of writing, the Trust did not have an end of year DSP Toolkit submitted position. The Trust though is, as always, operating with an expectation that the submitted position that will be made in June 2022, will be “Standards Met”.

The Trust made its submission to the Data Security Protection Toolkit (DSPT) in accordance with the national submission deadline of the 30 June 2021. The position that was submitted was “Standards Met”. Because the Trust held Cyber Essential Plus certification and submitted a position of “Standards Met”, this was automatically re-assigned by NHS Digital to “Standards Exceeded”, which was the Trust’s end of year official position for 2020/2021.

During 2021/2022 there was one ICO reportable incident. This was logged with the ICO in February 2022. The matter is subject to ongoing liaison with the ICO by the Data Protection Officer, but it is not expected that this incident will ultimately be a significant data breach. The IG committee operates on a bi-monthly basis. It met 6 times during 2021-2022.

Data quality and governance

The Trust has the following existing processes for reporting and monitoring data quality:

- Overarching data quality policy
- Data quality strategies
- Data quality sub-committee oversight
- Data quality reports
- Regular benchmarking
- Weekly Information Team meetings
- SOPs
- Clinical system training
- Internal audit
 - MIAA waiting list audit in 2021
- External audit
- Annual RTT submission audit
- Clinical Coding Audits

Challenges

The Trust currently uses MEDITECH Magic, which is an old PAS resulting in challenges for data quality and information reporting. The current programme to implement MEDITECH Expanse will see significant benefits to data capture and

simplified reporting with administrative and clinical staff being able to utilise the system itself to manage waiting lists and worklists.

The risk around multiple systems brings its own unique challenges to data quality. Data must be linked between these systems to facilitate reporting which increase the risk around data quality issues. The implementation of MEDITECH Expanse will again significantly reduce this risk with a reduction in clinical systems and better integration between those that remain.

The Trust has seen several incidents relating to data quality during 2021/22 relating to waiting list production. These have been reviewed individually and thematically to ensure we have learned from these and required actions completed.

Ongoing Improvements

The process for assuring data quality and information reporting is continually reviewed. The effectiveness of reporting and monitoring data quality is key in ensuring oversight of the Trust's data quality. The following developments have been recently implemented or planned during 2022.23 which are outlined in detail in the data quality strategy.

- Updated data quality strategy – providing a framework for data quality and management before implementation of MEDITECH Expanse
- Monthly data quality reporting through divisional boards – ensuring visibility across divisions and removing the need for separate meetings
- Data quality kite mark for performance reports – each KPI is being scored based on five criteria relating to data quality and completeness
- Improvement of availability of clinical system training material including e-learning packages
- A peer review with another MEDITECH site prior to implementation of MEDITECH Expanse
- Increased focus on benchmarking reports including utilisation of these for all key datasets submitted externally
- Data quality maturity index for specific datasets now reported through divisional boards with challenging targets agreed

Review of effectiveness of internal control

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee; the Quality Committee; the Safety and Effectiveness Sub-Committee, the Patient Involvement & Experience Sub-Committee and the Corporate Risk Sub-Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

For this aspect, I have taken assurance from the adoption of a Governance and Performance Framework during 2021/22; the main aim of which is to provide enhanced clarity across the organisation regarding the Trust's performance and control systems and processes. Improvement remains an iterative and continuous process, and I expect that quality governance arrangements in particular will continue to strengthen during 2022/23 to support the work of the Quality Committee.

The Head of Internal Audit has provided me with a positive opinion on the overall adequacy and effectiveness of the organisation's system of internal control. The assurance framework in place provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives has been reviewed. The Head of Internal Audit has stated that in his opinion, that substantial assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The overall opinion is underpinned by the work conducted through the risk based internal audit plan.

All recommendations from internal audit, external audit and the Local Counter Fraud Service are monitored by the Audit Committee. Tracking software is used to inform progress / outcomes and assurance reports to the Committee.

My review of effectiveness is also informed by reports and minutes from the Audit Committee, Quality Committee, Finance, Performance and Business Development Committee, Putting People First Committee, Safety and Effectiveness Sub-Committee, Patient Involvement & Experience Sub-Committee, Corporate Risk Sub-Committee, Emergency Preparedness, Resilience and Response Committee and Infection Prevention and Control Committee. Other relevant assessments to which the Trust responds includes relevant CQC reviews, national confidential inquiries, reports from the Centre for Maternal and Child Enquiries and Ombudsman's reports.

In reviewing the system of internal control, I am fully aware of the roles and responsibilities of the following:

- ❖ The Board of Directors whose role is to provide active and visible leadership of the Trust within a framework of prudent and effective controls that enable risk to be assessed and effectively managed. The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.
- ❖ The Audit Committee which, as part of our governance structure, is pivotal in advising the Board on the effectiveness of the system of internal control. This includes tracking the Trust's response to internal control weaknesses identified by internal audit.
- ❖ The Board's assurance committees namely the Quality Committee, Finance, Performance and Business Development Committee and Putting People First Committee, each of which provides strategic direction and assurance to the Board in respect of risk management.

- ❖ The Safety and Effectiveness Sub-Committee, Patient Involvement & Experience Sub-Committee and Quality Committee that are instrumental in monitoring performance against agreed quality indicators.
- ❖ The programme of clinical audit in place which is designed to support the Trust's drive to improve quality. The programme is monitored by the Safety and Effectiveness Sub-Committee which reports to the Quality Committee.
- ❖ Internal audit provides regular reports to the Audit Committee as well as full reports to the Director of Finance and Executive Team. The Audit Committee also monitors action taken in respect of audit recommendations and the Chief Finance Officer and Deputy Chief Finance Officer meet regularly with the internal audit manager.
- ❖ External audit provides an annual audit letter and progress reports through the year to the Audit Committee.

NHS Improvement Enforcement Undertaking

In April 2016, the Trust signed Enforcement Undertakings with Monitor, and these had never officially been lifted despite regular discussions with NHS Improvement. In August 2021, a letter was received from Graham Unwin, Regional Director of Performance and Improvement NHS England and NHS Improvement – North West stating that “there are no longer reasonable grounds to suspect that the Trust is in breach of licence.”

The Trust acknowledged the letter, noting that no further action or monitoring would take place in respect of the Enforcement Undertakings, and that further detail was awaited regarding the segmentation relating to the new System Operating Framework.

Board Leadership

There were two changes to the Executive Team during 2021/22.

Firstly, it was agreed by the Nomination & Remuneration Committee that Matt Connor, Chief Information officer, join the Executive Team as an Executive Director, retaining the title of Chief Information Officer, with effect from 5 July 2021. This role is a non-voting Executive Director of the Board. There was acceptance of the rationale that given the intrinsic nature of the digital agenda to healthcare the Executive Team would be strengthened by the addition of the Chief Information Officer.

Secondly, Eva Horgan, previously Deputy Chief Finance Officer was appointed as Chief Finance Officer, with effect from 1 October 2021. Eva replaced Jennifer Hannon.

Four Non-Executive Directors were appointed during the year – Louise Martin (with effect from 1 April 2021), Zia Chaudhry MBE, Gloria Hyatt MBE and Sarah Walker (all with effect from 1 December 2021). Ian Knight left the Trust on 2 September 2021 after coming to the end of his agreed extension period. Jo Moore resigned from the Trust, effective from 8 September 2021.

The Trust undertakes an annual assessment of all directors to ensure that they continue to meet the requirement of the fit and proper person's regulation. This is in addition to the checks undertaken during the selection process.

Conclusion

The Board is committed to continuous improvement and the development of systems of internal control and the Trust has continued to make significant improvements to the system of internal control; the internal auditor's opinion provides that assurance. There are no significant control issues that have been identified.

A handwritten signature in dark ink, reading "Kathryn Thomson", is positioned to the left of a vertical line.

Kathryn Thomson
Chief Executive
20 June 2022

4. Quality Report

Why publish a Quality Report?

The purpose of a Quality Report is to inform you, the public, about the quality of services delivered by Liverpool Women's NHS Foundation Trust. All providers of NHS Services in England are required to report annually on quality; the Quality Report enables us to demonstrate our commitment to continuous, evidence based quality improvement and to explain our progress to the public. The Quality Report forms an important part of the Trust's Annual Report. This is the Trust's 11th Quality Report.



Part 1 Statement on Quality from the Chief Executive



Welcome to Liverpool Women's NHS Foundation Trust's 11th annual Quality Report. This provides an opportunity for us to report on the quality of healthcare provided during 2021/2022, celebrate our achievements and to share with you the Trust's key priorities for quality in the next reporting year of 2022/23. This is a critically important document for us as it highlights our commitment to putting quality at the heart of everything we do.

Towards the end of 2020, the Trust published its Clinical and Quality Strategy for 2021-25. Our vision as an organisation is to become the leading provider of healthcare for women, babies and their families. We have created a strategic framework, within which there are several aligned strategies and plans, mapping out the future direction for our organisation and the steps we need to take to realise our vision. This Clinical and Quality Strategy forms a pivotal part of that framework and is a key driver in shaping the overall direction for the Trust.

The Strategy sets out our ambitious three Zeros - zero stillbirths, zero deaths, and zero never events. This challenging and ambitious strategy reporting to you annually through Quality Report, we demonstrate how has performed towards these goals. reporting on performance in the Quality Report also identifies our for the coming year.

Whilst the impact of COVID-19 has acute than in 2020/21, our activity has continued to be delivered the backdrop of the pandemic. Our staff have once again gone above and beyond in working to deliver our quality priorities and achieving what we have has only been possible through their dedication and by working together and with our partners.

Whilst acknowledging the continuing challenges brought about by the pandemic, we do not accept that we should only target recovering back to pre-COVID-19 levels. During the year, the Trust has approved a Quality Improvement (QI) framework and has continued to strengthen its approach in this area. Details of this and some of the projects undertaken during the year are outlined in the report.

I would also like to take this opportunity to discuss some of our quality highlights of 2021/22. Each of them is an initiative or piece of work that we have either led or been involved with over the past 12 months that will change the lives of patients and their families for the better:

- The Trust invested in 2021/22 in a Robotic Surgery Programme for Gynaecology. We are the only dedicated Women's Trust in the UK with a Robotic Gynaecology Programme. We have 6 surgeons trained and theatre teams and in the first year performed nearly 300 procedures using this technology. As well as attracting and retaining surgeons at LWH the programme has seen significant quality outcomes including reducing length of stay and post operative complications. A mid-year review conducted in 2021/22 identified that for those patients who



goal of the maternal is a and by our the Trust As well as 2021/22, priorities

been less this year against

were suitable for and had been treated through robotic assisted surgery, their outcomes in relation to complications, length of stay and readmissions were considerably better than with other methods. A further 12-month review is scheduled to take place through Q1 22/23.

- The neonatal unit introduced Europe's first neonatal telemedicine service. This allowed Neonatologists and specialists to be at the cot side of any baby cared for within the neonatal partnership within 5 minutes. This service has been recognised nationally and internationally. The system is now being used by our maternity teams to attend pregnant women being cared for in intensive care units in other hospitals
- The Fetal Medicine Unit has moved its estate and expanded its service during 2021/22 and is led by Professor Asma Khalil. The Fetal Medicine Unit provides a specialist commissioned tertiary and quaternary level service to Cheshire and Merseyside, Isle of Man, and North Wales. The Fetal Medicine unit now provides a Twin-to-Twin laser service and has treated four cases and this will further increase throughout 2022/23.

Following our CQC inspection in December 2019 and the Well Led element in February 2020 (the Trust was rated 'Good' overall), the Trust has continued to seek assurance throughout 2021/22 that the necessary actions have been implemented and embedded to ensure that improvements have been sustainable. This involved undertaking an internal audit on the status of the action tracker and following up on identified further work.

We continue to work hard to develop plans for the long-term future of our services and whilst remaining on a single isolated site remains the most significant risk to the safety and sustainability of our services, our Crown Street Enhancements Programme has made important strides during 2021/22. As noted above, our new Fetal Medicine Unit (FMU) opened, and a new CT scanner is now in place. We have secured funding for the creation of a Community Diagnostic Centre (CDC). Scheduled to open in 2023, the CDC will see a permanent CT, MRI and a wide range of diagnostic activity accessible to all patients across the city as well as giving Liverpool Women's patients access to timely and more convenient diagnosis in emergency situations.

A significant quality issue during 2021/22 has been the response to the Interim Ockenden Report. The Trust has made good progress during the year against the Immediate and Essential Actions and positive external assurance has been received from a planned visit from the Regional Chief Midwife (RCMW) team and the Cheshire and Mersey Local Maternity System representatives (LMNS).

The Final Ockenden Report was published on 30 March 2021. Everyone connected with maternity care will know that anyone who is receiving or providing maternity care – at Liverpool Women's and elsewhere – will have found reading this report particularly difficult. However difficult to read, the issues raised are vital for improving the safety of maternity care and we thank Donna Ockenden for leading the review but most importantly we thank the families who showed extreme bravery in sharing their experiences and whose contribution will help improve the safety of maternity services in the future. This will be an ongoing journey for all of us. We will be working and closely engaging with our staff, women, families, and partner organisations to make sure that we achieve and deliver on the essential actions in full. We will do this together through collaboration, learning and most importantly by listening to the women and families we care for.

I encourage you to read this report in full and to see the range of measures that are in place to continually improve and sustain quality by reducing harm, reducing mortality and improving the experiences of our patients and families.

In making this statement I can confirm that, to the best of my knowledge, the information contained in this Quality Report is accurate and there are no concerns regarding the quality of relevant health services that we provide or sub-contract.

Kathryn Thomson

Kathryn Thomson
Chief Executive





Part 2 Priorities for improvement and statements of assurance from the Board



Global Coronavirus (Covid-19) Pandemic: Implications on Quality of Care

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.

On 12 January 2020, it was announced that a novel coronavirus had been identified in samples obtained from cases. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19.

The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January 2020, and a pandemic on 11 March 2020.

The first case in the UK was confirmed on 31st January 2020 and between then and the end of March 2022 the UK recorded over 21 million cases and approximately 170,000 deaths.

LWH has managed 280 inpatients with Covid-19 infection since the commencement of the pandemic, 199 of these in 2021-22. The majority of patients have been maternity patients. There were a further 241 patients identified by screening prior to planned surgery or procedures.






The Infection Prevention & Control Team (IPC Team) has been instrumental to devising pathways and safe systems to allow the Trust to provide services to its priority patients and mutual aid to other local organisations. In addition to the workload generated by Covid-19 the IPCT has continued to oversee education, guidelines as the Trust transitions to the Governments 'Living with Covid Strategy'

There was one nosocomial (healthcare acquired) case of COVID-19 in 2021-22.

All other patients with COVID-19 cared for at LWH were community onset cases determined pre-admission or on admission. There have been no patient COVID-19 infection outbreaks. Throughout the pandemic the Trust has implemented national guidance both on PPE (to ensure the safety of staff) and infection control to reduce the risk of transmission in the hospital. The IPC team worked closely with other stakeholders to devise pathways for the safe placement of patients.

Priorities for Improvement in 2021/22

At Liverpool Women's (LWH), our vision is to become the recognised leader in healthcare for women, babies, and their families. We believe that to achieve quality in the services we provide, we must focus on achieving excellence in four key areas: Patient Safety, Clinical Effectiveness, Patient Experience, and Staff experience (our quadruple aim). These components formed the foundations for our ambitions for quality, which are outlined in our Clinical Quality Strategy. Our ambitions set the long-term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we do

Our Values	 Care	 Ambition	 Respect	 Engage	 Learn
Our Aims	To develop a well led, capable, motivated and entrepreneurial workforce.	To be ambitious and efficient and make best use of available resources.	To deliver safe services.	To participate in high quality research to deliver the most effective outcomes.	To deliver the best possible experience for patients and staff.
Our Ambitions	We will be an outstanding employer.	We will deliver maximum efficiency in our services.	Our services will be the safest in the country.	Outcomes will be best in class.	Every patient will have an outstanding experience.
Our Quality Improvement Priorities	Create a fair and just culture. Deliver comprehensive Human Factors training.	Adopt relevant tested interventions. Deliver national targets in context of COVID-19 recovery.	Create a culture of safety. Deliver outstanding medicines safety, maternity and neonatal safety.	Outcomes will be best in class.	Improve adult mortality and extended perinatal mortality. Deliver all NICE quality standards.
Our supporting strategies and plans	Patient Experience Communications, Marketing and Engagement	Long Term Financial Model Risk Management Research & Development	Leadership and Talent Digital Generations Operational Plan	Putting People First Nursing, Midwifery and AHPs Quality Improvement	

Our Ambitions for Quality Improvement

In keeping with the wider NHS, we use a three-part definition of quality, described in the 2008 Darzi NHS Next Stage Review (Department of Health 2008) as:

- Patient Safety, Clinical Effectiveness and Patient Experience.

Three of our Trust aims map directly to our definition of quality; however, we also recognise that work streams within each of our five aims have an impact on quality and our ability to improve quality within our clinical services.

At LWH our vision is to become the recognised leader in healthcare for women, babies and their families. We have developed a set of ambitions aligned to our aims, which set the long term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we do. Our ambitions help create an environment where we are constantly reaching for excellence and where continuous improvement in quality is always at the top of our agenda.



STILLBIRTHS | MATERNAL DEATHS | NEVER EVENTS

Clinical and Quality Strategy Aims and Priorities for 2020-2025

LWH has a proud history of providing world-leading clinical care to women, babies and their families dating back to 1796, when a dedicated group of local people set up the 'Ladies Charity' to help care for women in the city who were giving birth.

Over the years we have delivered our unique set of services from a variety of locations across the city, coming together under one roof in our current location on Crown Street in 1995. From here we now provide care to thousands of people from Liverpool and beyond every year, as the country's only standalone specialist Trust for women and their babies.

Since 1995 Liverpool Women's Hospital has:



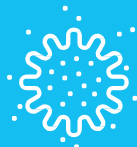
accompanied 200,000 women safely through their pregnancy and birthing experiences whatever their challenges;



cared for 25,000 babies in need of highly specialised medical care often in the most extreme of circumstances;



built a world-recognised fetal medicines service which is run by some of the best clinical specialists in the country;



undertaken 225,000 gynaecological procedures to alleviate a full range of highly debilitating diseases and cancers;



established one of the largest and most successful NHS fertility services in the country;



created a leading genomics centre which supports multiple other strands of medical care using ground breaking technologies.

Quality Improvement Framework

Following the outcomes of the previous CQC inspection, the trust has reviewed its existing quality improvement processes and developed a strategy and framework for improvement. A formal programme of expert support to refresh, train, embed and sustain effective Quality Improvement (QI) arrangements and culture throughout the Trust is currently underway.

Our Quality Improvement Framework has been published. This underpins the Trusts strategy across all areas of the organisation and not just clinical services. This has been co-produced and co-designed by engaging with people who work at the trust, prior to approval from the Trust Quality Committee.

Quality Improvement is the term used to describe a process of using a specific set of tools such as Plan, Do, Study, Act (PDSA) cycle, Driver diagram and SWOT Analysis (Strength, Weaknesses, Opportunities, Threats Analysis) to better understand what is going on, identify problems and opportunities, then plan and test small changes to lead us to improvement. There are different models that are used for Quality Improvement such as Six Sigma, Lean and The Model for Improvement, which is our chosen model for Quality Improvement

Our Quality Improvement Framework sets out our commitments and aims to develop and sustain a culture of continuous improvement that drives quality in everything we do and is evident from the experience of our patients. This framework allows us to outline the actions the Trust will take to make this happen and communicates the methodologies we use in the QI work we carry out across our Trust. It is one of many strategies that we have developed to meet our organisational strategic aims.

Quality Priorities

Priority 1 - Create a fair and just culture. Deliver comprehensive Human Factors training

The Fair and Just Culture Programme commenced in April 2018 and a short while later the Trust identified the Fair and Just Culture model advocated by David Marx, an author and CEO of Outcome Engenuity, as the preferred model for the Trust.

Phase 1 commenced in 2018-19 and focused on planning and data gathering, phase 2 in 2019-20 successfully developed and tested the model, phase 3 was planned for 2020-21 to review, embed and engage. Unfortunately, due to Covid-19 the Fair and Just Culture work was paused and phase 3 was not able to be fully completed and this work continues into 2022-23.

In April 2021 a new role of Head of Culture and Staff Experience was developed and the Fair and Just Culture Programme work recommenced with the support of a cohort of leaders who have been developed in the Fair and Just Culture approach. In 2021-22 the Trust has launched positive behaviours aligned to Trust Values. The Trust increased the number of Fair and Just Leaders, whose role will be to support as a Trust as we implement and embed the culture across the organisation.

In 2022-23 all managers and leaders within the Trust will complete training in the Fair and Just Culture approach, policies and serious incident processes will be reviewed to reflect a Fair and Just Culture and increased communication with staff about the implementation and embedding will be shared through various internal communication platforms and engagement groups.

Human Factors Training will be part of the patient safety training (levels 1-3) that is to be rolled out over the coming months. We are currently reviewing costings with a view to start rolling out the training for circa 1100 staff.

Priority 2 - Adopt relevant tested interventions. Deliver national targets in context of COVID-19 recovery.

Delivering high quality, timely and safe care are the key priorities for the organisation and there has been no doubt that the COVID-19 pandemic has continued to provide unprecedented and significant challenges for the organisation in maintaining these standards. These challenges continued into 2021/22 with the emergence of further COVID-19 variants and the pressure this placed on staffing, patient availability and the ability to recover from the significant reduction in services in 20/21.

The unpredictable sickness absence related to COVID-19 on top of 'normal' absence has continued to be one of the most significant factors affecting operational performance throughout the whole year. As COVID-19 restrictions were lifted and the public gained greater confidence and assurance in accessing healthcare services, this led to significant increases in referrals to clinical services, particularly General Gynaecology and Gynae-Oncology. This resulted in increases of 15-20% on referrals previously seen prior to the pandemic, further adding to the number of patients requiring to be seen who had suffered a delay in care because of the pandemic.

From the outset of the pandemic, the Trust enacted business continuity measures in response to the major incident and was also placed into 'command and control' arrangement by NHS Improvement / England (NHSI/E). The Trust continued to deliver this model during 2021/22, responding to new variants and increased challenges seen as a result i.e., Omicron variant, and the challenges this posed for the workforce.

Priority 3 - Create a Culture of safety. Deliver outstanding medicines safety, maternity, and neonatal safety

Neonates

We pride ourselves in a strong reporting culture on the unit and report at the national average of 4% of our unit admissions. We have introduced twice monthly incident review meetings where staff are invited along to discuss how they have investigated and closed incidents. We have also introduced monthly Safety drop ins where staff are encouraged to escalate concerns to the medical and nursing safety champions.

Medication errors continue to be our highest rate of incidents. There is a monthly neonatal medicines meeting where patterns of incidents are discussed and plans made to reduce them with emphasis on the systems around people to help to reduce errors. They have introduced locked filing cabinets in all of the rooms with prescribing stickers available for practitioners to use to prescribe from to

standardise prescriptions and therefore reduce errors. There is also a programme of work to keep introducing ready made infusions to help nurses reduce errors. The neonatal unit rolled out telemedicine so that during the COVID-19 pandemic surgeons from Alder Hey could continue to carry out ward rounds at LWH without having to step onto the unit and similarly the LWH neonatal consultants could carry out ward rounds at the Alder Hey surgical site. This saved travel time and the movement of individuals between units and aided in reducing footfall between the units which was an important safety consideration during the height of the pandemic.

Maternity

Telemedicine: Implementation of the Robot for review of maternity patients admitted to ITU. This allows timely review of patients and a full MDT approach. This project is likely to lead to further use of this technology to support patient care and improve safety.

Maternity Safety Check-in: Monthly meeting set up by the Maternity Safety Champions to ensure that staff on the shop floor hear about the safety concerns that are escalated to Board. The Perinatal Quality Surveillance Dashboard is circulated in advance, all maternity staff are invited, the session is recorded to allow wider distribution of information.

Local and regional Placenta Accreta MDT: These are now up and running and allow cases to be discussed local and across the region. This has helped support diagnosis and thoroughly plan management of cases to ensure patient safety.

Increase in Obstetric Consultant hours on site: The resident Obstetric Consultant hours have increased from 96 hours per week to 110. The Obstetric Consultant is now present from 0830 until midnight. This supports trainees, midwives, improves the flow of maternity patients and ensures that the team are well supported. There has also been a change the daytime working of the Obstetric Consultants to provide a dedicated Consultant to the MAU during the day, this provides a senior support to the staff on MAU.

Ockenden: The Family Health Division have provided evidence of compliance against the 7 IEA of the initial Ockenden report. Many of these actions focus on ensuring safety for maternity care.

Medicine Safety

Weekly Safety Check In webinar for staff covering a medicines safety topic – the content is based on recent medication incidents that have occurred in the hospital and the learning is shared across all Divisions.

Roll out of the Monika electronic temperature monitoring system to allow 24/7/365 monitoring of medication storage areas across the hospital. The system facilitates regulatory compliance by automating accurate collection and logging of temperature data. It also eliminates manual temperature monitoring and enables healthcare staff to focus on their patients and clinical tasks.

Initiation of the Trust wide Meditech Expanse project which will make significant improvements to the prescribing process by having prescribing, administration and pharmacy integrated within a single system to inform clinical decisions and offer treatment protocols, including fully digitising the order process and introducing close loop medications for improved patient safety.

Expansion of Medicines Safety Group (MSG) membership and improved engagement with Divisions across the Trust. Initial discussions across MSG to further increase medicines safety

work across the organisation by recruiting a dedicated Lead Medicines Safety Nurse/Midwife to engage with frontline staff and facilitate a good medicines safety culture.

Priority 4 – Outcomes will become best in class.

LWH wants to ensure our services are financially sustainable in the long term, to do this we need to expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic and playing a key role in establishing the Cheshire and Merseyside Integrated Care System, we also need to develop a clear plan for all desirable partnerships during 2021, ensuring robust governance structures are in place and progress our research strategy and foster innovation within the Trust (please see the research section further on in this report)

LWH want to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership. We wanted to achieve a well-led 'good' rating by 2021, achieve a well-led 'outstanding' rating by 2023 and achieve an overall rating of outstanding by 2025 (please see the CQC section further on in this report)

LWH wants to ensure our services are financially sustainable in the long term and ensure we have efficient and effective use of all available resources, we have an updated, balanced long term financial plan in place by 2021/22, we pursued appropriate opportunities to maximise Trust income for the benefit of our patients and appraise options for future organisational form (up to and including merger) by 2022. Going forward LWH want to develop the Trust's commercial strategy during 2022.

Priority 5 - Improve adult mortality and extended perinatal mortality. Deliver all NICE quality standards.

This section of the report focuses on three main areas in relation to mortality and the Trust work to reduce this: Zero Direct Maternal Deaths, Zero unexpected deaths in women having gynaecological treatment, To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate and Learning from Deaths. Given the nature of the services we provide at LWH, such as looking after the very premature babies born or transferred here and providing end of life care for cancer patients, we do see deaths, many of which are expected. However, our quality goal is to reduce mortality and improve best clinical outcomes wherever possible.

As is explained on the right, the use of HSMR is not appropriate for this organisation; as it excludes a large number of our deaths, and there are only a small number of deaths in our gynaecology patients. Using this metric has been considered by the Trust and we have committed to monitoring our mortality by focussing on each clinical area separately. We will record our mortality rates in those areas and benchmark against national standards.

Do you use the Hospital Standardised Mortality Rate (HSMR)?

The government uses a standardised measurement to calculate mortality across the NHS. This ratio, HSMR, compares a hospital's actual mortality rate to the mortality rate that would be expected given the characteristics of the patients treated. This is not a useful tool for LWH since maternal deaths, stillbirths and neonatal deaths are all excluded.

To ensure effectiveness in LWH is at the absolute forefront of practice, LWH goes a step further than most other hospitals by ensuring that every case in which there is a death is reviewed individually so that any lessons regarding failures of care may be learned.

Our Priority Effectiveness Zero Direct Maternal Deaths - **achieved in 2021-22**

What we said we'd do A direct maternal death is one which is directly related to a complication of pregnancy (such as haemorrhage, pre-eclampsia or sepsis). We said we would keep this at zero level.

An adult mortality strategy was written and implemented in 2017 and updated in 2018 and 2019. The strategy prioritises up to date guidelines and audit in order to reduce the risk of adult mortality. A process for reviewing all adult deaths, using an Adult Mortality Audit sheet which complies with recognised and validated methodology detailed in PRISM studies continued to be undertaken via the Trust Ulysses system.

A LeDeR policy remains in place. (National Guidance on Learning from Deaths. National Quality Board (2017) Available at www.england.nhs.uk) (Learning Disabilities Mortality Review (LeDeR) Programme (2017) Available at www.bristol.ac.uk/sps/leder)

The Quality Committee have continued to receive quarterly mortality reports and as part of the serious incident report HSIB cases are also identified. From February 2021 all HSIB cases have to be reported on StEIS in line with HSIB reporting criteria: any direct maternal death in the perinatal period (except suicide) will undergo a Health Safety Investigation Branch (HSIB) review. <https://www.hsib.org.uk/maternity/>.

What the data shows No direct maternal deaths were recorded in 2021-22.

As well as assessing each individual case, the Trust benchmarks using figures provided from MBRRACE-UK. The latest available MBRRACE-UK data for 2017-2019 shows that 8.8 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

LWH Direct Maternal Deaths				
2017-18	2018-19	2019-20	2020-21	2021-22
0	0	0	0	0

Data Source: Hospital Episode Submission Data (HES)

What happens next? The following has been included in the New Clinical and Quality Strategy for 20-25:

Improve Adult Mortality; Our isolation from other acute adult services at LWH increases the risk to our adult patients in maternity and in gynaecology. It is vital that we maintain the highest possible quality of care at all times, across all of our medical, midwifery and nursing specialties. We will strive to continue to achieve zero maternal deaths, have zero unexpected deaths in women having gynaecological treatment and provide high quality care for women dying as an expected result of gynaecological cancer.

Our Priority Effectiveness	Zero unexpected deaths in women having gynaecological treatment - not achieved in 2021-22
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What we said we'd do An unexpected death is one which is not related to an end of life condition or which occurs as a result of treatment received. We measure using HES data and report mortality rates to the Quality Committee.

All deaths within the hospital, whether cancer-related or not, are reviewed using the adult mortality tool to ensure the appropriate action was taken (see maternal death section above).

The Trust's Quality Committee and ultimately the Board have an overview of the delivery of this work. The Trust published an Adult Mortality Strategy in 2019.

This priority will continue to be reported in the Quality Report but will be reported under the redefined priority of Adult Mortality.

What the data shows In 2021-22 there has been 1 unexpected death following Gynaecology treatment.

There were 3 expected oncology deaths in hospital in Gynaecology in 2021-22

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The following has been included in the New Clinical and Quality Strategy for 20-25:

Improve Adult Mortality; Our isolation from other acute adult services at LWH increases the risk to our adult patients in maternity and in gynaecology. It is vital that we maintain the highest possible quality of care at all times, across all of our medical, midwifery and nursing specialties. We will strive to achieve zero maternal deaths, zero unexpected deaths in women having gynaecological treatment and high quality care for women dying as an expected result of gynaecological cancer.

Our Priority Effectiveness

To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate – **achieved 2021/22**

What we said we'd do

Neonatal mortality rate (NNMR) is accepted to be a useful indicator of the effectiveness of a perinatal healthcare system and two-thirds of infant deaths occur in the neonatal period (<28 days). The neonatal service at LWH cares for one of the largest populations of preterm babies in the NHS and it is extremely important that survival of these babies is monitored to ensure that the quality of care we are providing is maintained.

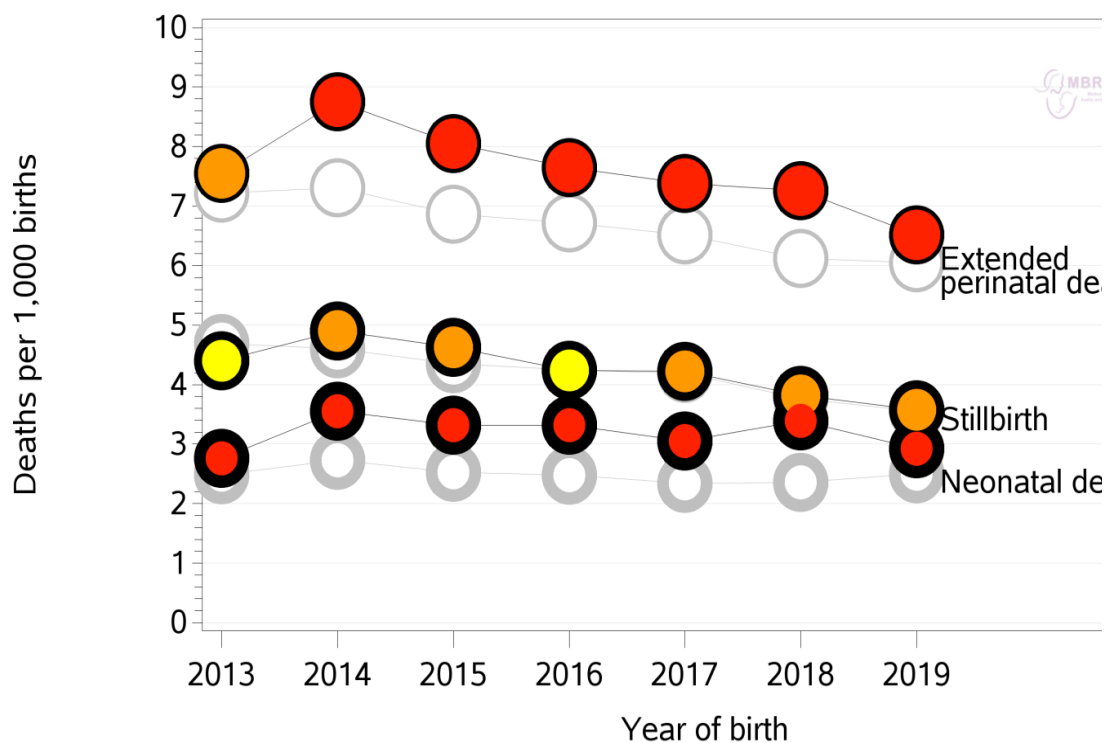
We benchmark our mortality against the national NMR published from the Office of National Statistics, having previously committed to remaining within 1% of the NMR and reported to Safety and Effectiveness Sub Committee. We also benchmark against mortality data from MBRRACE-UK, NNAP (UK national neonatal audit programme) and VON (Vermont-Oxford Network), a collaborative network of neonatal care providers both nationally and internationally, which is committed to improving the quality of new-born infant care.

What the data shows

The most recent data from the ONS states a crude UK national NMR of 2.7/1000 live births (2020), in 2021/2022 for all babies delivered at LWH the neonatal mortality rate is 3.9/1000 livebirths. If we exclude babies born in LWH following ante-natal transfer for higher level specialist care, including extreme prematurity and congenital abnormalities, the mortality rate for the local LWH booked population is 2.6/1000 live births, lower than the national rate. However, it should be noted that we do not benchmark as favourably with MBRRACE-UK and VON.

MBRRACE-UK monitor neonatal mortality rates annually, the most recent data available is for 2019. MBRRACE data allows benchmarking of crude data but also stabilised and adjusted rates benchmarking against similar high risk level 3 NICU with neonatal surgery.

Stabilised & adjusted mortality rates for babies born at 24 weeks gestational age or later by year of birth

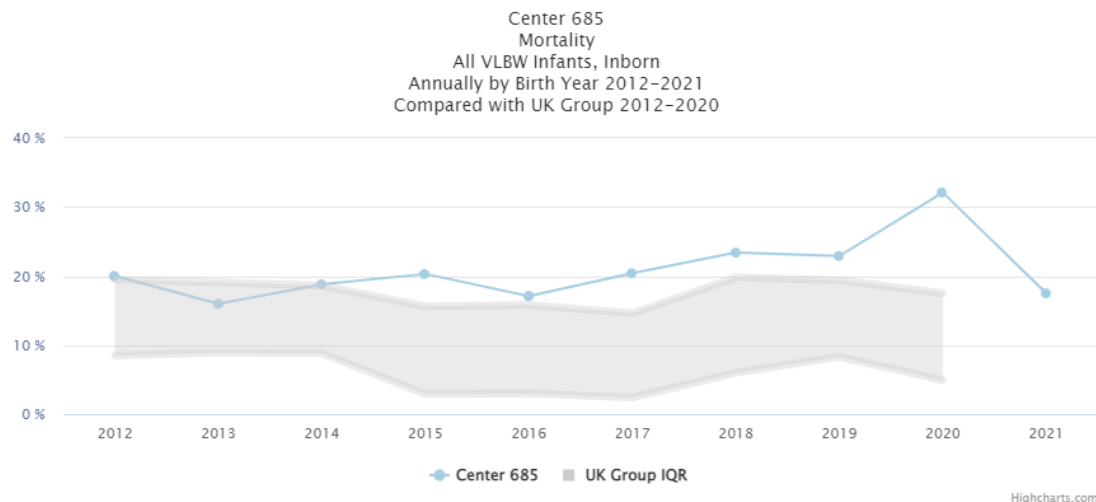


The above graph shows that LWH has remained above the national average for units providing level 3 care with neonatal surgery, however in 2019 there is a trend closer towards the mean.

VON 2021, LWH mortality: inborn VLBW <1500g

The mortality rate for LWH in 2021 was 17.5%. This falls at the upper limit of the interquartile range for units who participate in VON throughout the UK.

The 2020 deviation away from the interquartile range is marked but in 2021 we can see the rate has fallen below 20% a reassuring return to towards the interquartile range.



The VON data has not been adjusted to take account of the specialist care we provide. We are a regional referral centre for fetal medicine and neonatal intensive care, meaning we look after a large number of high-risk pregnancies. As a result, we would expect to have a higher mortality rate when compared with units that do not provide this same level of specialist care.

MBRRACE and VON data demonstrate that although we have achieved the target of staying within 1% of the ONS reported national NMR for pregnancies booked at LWH, LWH has a higher than average mortality when benchmarked in other ways. The difference in mortality rate is greatest in the extremely preterm infant group. LWH has been identified through NWODN benchmarking as a network outlier for preterm mortality. LWH is working with the NWODN on a review to understand and explore potential explanations for the mortality rate differences between the two level 3 NICUs with neonatal surgery in the NWODN. The final report is due to be published soon.

What happens next?

The Trust will continue to benchmark against national data from the Office of National Statistics, annual data from Vermont-Oxford Network and MBRRACE-UK. We also have benchmarking data through the NWODN on a quarterly basis.

All neonatal deaths are reviewed using the national perinatal mortality review tool, with external representation and parental engagement; we will continue to ensure a high quality review process with a focus on learning, reporting and action to improve future care.

The Trust will continue to undertake review internally of all neonatal death and provide a quarterly report to the Quality committee and Trust board as part of the Trust Learning from Deaths Policy.

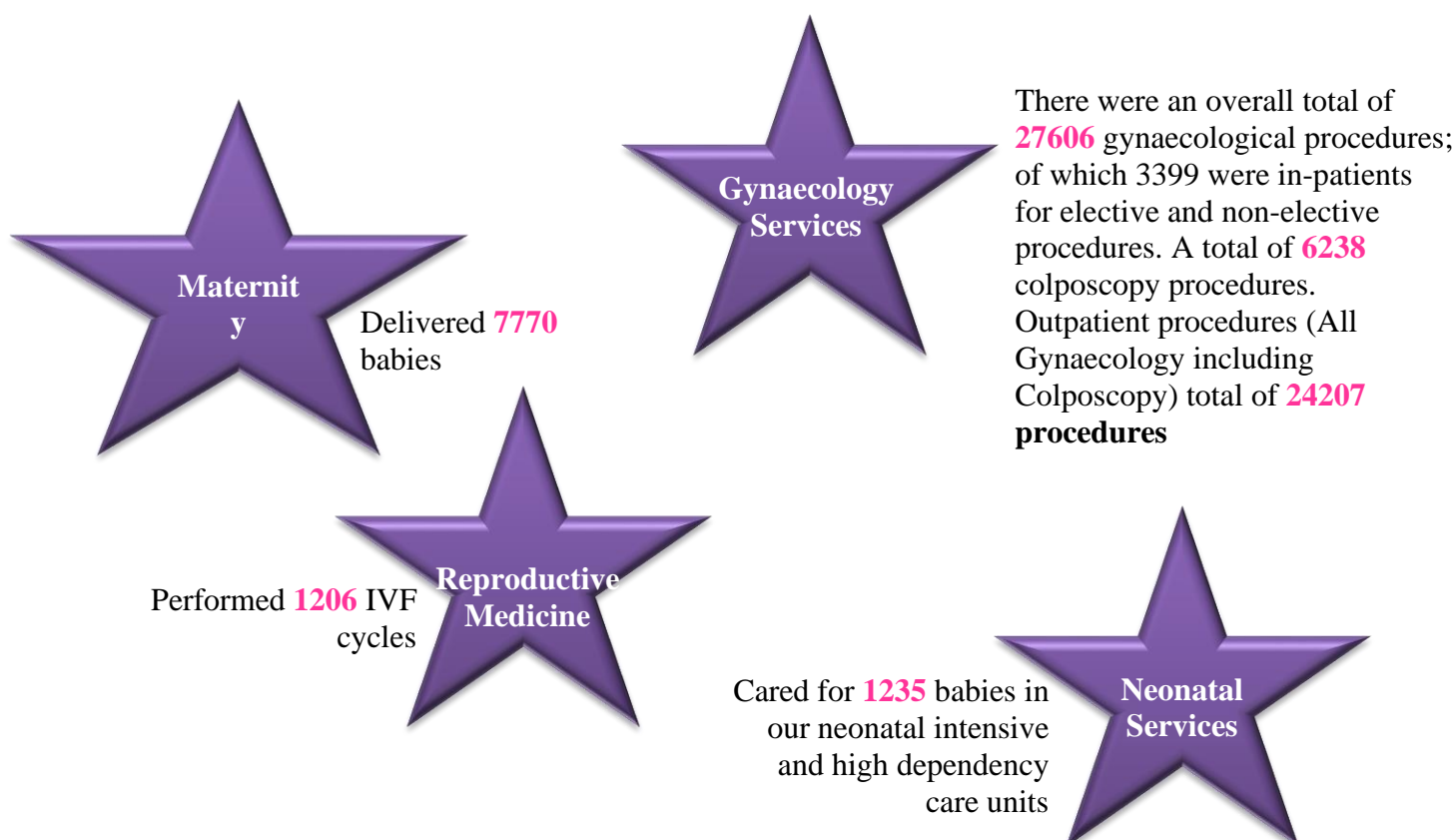
Compliance with NICE Quality Standards

During 2021-22 the Trust ensured to continue to maintain its robust approach to the reviewing and actioning of NICE Quality Standards which are relevant to the services provided by LWH. The information below provides an update for the 2021-22 period.

Our Priority Effectiveness	Increase compliance with NICE Quality Standards
What we said we'd do	<p>Deliver All Possible NICE Quality Standards</p> <p>NICE Quality Standards are used to review current services and to show that high quality care or services are being provided - LWH will demonstrate compliance with all possible standards.</p>
What the data shows	<p>The data shows that:</p> <p>Implementation plans for all relevant NICE Quality Standards in each division are agreed and recorded monthly.</p> <p>All NICE Quality Standards released in 2021-22 have been considered for applicability to the Trust and where applicable, allocated appropriately.</p> <p>NICE Quality Standards which are recorded as being 'fully implemented / compliant' were considered for inclusion in the Annual Clinical Audit Forward Plan.</p> <p>In order to increase oversight of delivery of the Quality Standards, this is reported monthly to the Information Team via the Performance Report (Power BI) and at both the Safety & Effectiveness Sub Committee and the Quality Committee.</p> <p>Of the 5 NICE Quality Standards deemed applicable 4 (80%) have completed baseline assessments, 1 (25%) of which LWH are fully compliant with and 3 (75%) have actions in progress in order for LWH to become fully compliant and 1 (20%) has a baseline assessment in progress to establish compliance.</p>

Statements of Assurance from the Board

Review of Services



LWH has reviewed all the data available to them on the quality of care in all of these relevant health services. The Gynaecology and IVF figures are lower than in 2021-22 due to the impact of Covid-19 and the stand down in elective activity for a number of months. A recovery plan is in place following national guidance for 2022-23.

Participation in Clinical Audits and National Confidential Enquiries

During 2021-22, 7 national clinical audits and 3 national confidential enquiries covered relevant health services that LWH provides. During 2021-22 Liverpool Women's NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in, and for which data collection was completed during 2021-22, are listed below alongside the percentage of the number of registered cases required by the terms of that audit or enquiry.

Relevant National Clinical Audits	Did the Trust participate?	Cases Submitted
Neonatal Intensive and Special Care (NNAP)	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Stillbirth	✓	100%
National Pregnancy in Diabetes Audit (NPID)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100% (Data routinely collected from Maternity Services Dataset-MSDS).
National Comparative Audit of Blood Transfusion (NCABT): 2021 Audit of Patient Blood Management & National Institute for Health & Care Excellence (NICE) Guidelines	✓	100%
Serious Hazards of Transfusion (SHOT) (actions to be included in annual Bedside Transfusion Audit report)	✓	61%*
<p>* The Transfusion Team reported all incidents that were brought to their attention. However, in Jan '22 they were asked to prepare a report specifically around Anti D incidents in 2021. During this, Governance conducted a retrospective Ulysses search for all of 2021 which revealed additional anti D incidents, some of which fitted SHOT criteria, which had been closed locally without being brought to the attention of the transfusion team.</p> <p>The team couldn't report all these additional incidents to SHOT due to lack of resources, and difficulty gathering information retrospectively, but they have produced a detailed local report and action plan which has been presented to Safety & Effectiveness Sub Committee and thereafter Quality Committee. Each division has provided an action plan which also includes review of the process by which these incidents are reported to the Transfusion Team and therefore SHOT.</p> <p>There were 18 SHOT reportable incidents in total and 11 were reported to SHOT. This has also been raised at the Mersey Transfusion Group.</p>		
Learning Disability Mortality Review Programme (LeDeR)	No cases to submit	

Relevant National Confidential Enquiries	Did the Trust participate?	Cases Submitted
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal Morbidity	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Morbidity & Mortality	✓	100%
Transition from child to adult services	✓	100%

The report of 1 national clinical audit was reviewed by the provider in 2021-22 and the remaining reports are expected later in 2022 and LWH intends to take relevant actions to improve the quality of healthcare provided.

National Clinical Audits	Actions Taken
Neonatal Intensive and Special Care (NNAP)	National report in the process of being reviewed prior to provision of local report and action plan.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Stillbirth	Awaiting National Report.
National Pregnancy in Diabetes Audit (NPID)	Awaiting National Report.
National Maternity and Perinatal Audit (NMPA)	Awaiting National Report.
National Comparative Audit of Blood Transfusion (NCABT): 2021 Audit of Patient Blood Management & National Institute for Health & Care Excellence (NICE) Guidelines	Awaiting National Report. Carried over to 2022-23.
Serious Hazards of Transfusion (SHOT) <i>(actions to be included in annual Bedside Transfusion Audit report)</i>	Awaiting Local Bedside Transfusion Audit Report.
Learning Disability Mortality Review Programme (LeDeR)	Although Liverpool Women's NHS Foundation Trust planned to participate in this project, LWH had no cases to submit.

Actions arising from Clinical Audits

The reports of 49 local audits were reviewed by the provider in 2021-22 and LWH has either already taken or intends to take the following actions to improve the quality of healthcare provided. This is a selection of key actions that have improved healthcare or made a difference to patients as a result of local clinical audit; they are those we feel are most relevant from the LWH Clinical Audit programme this year.

Duty of Candour

This audit found that there was compliance related to Serious Incident Investigations and Patient Safety Incidents graded as moderate or above. In relation to Serious Incidents, there was 100% compliance with Duty of Candour. When an incident is identified as a Serious Incident, it follows a defined investigation process with an identified Investigation Officer. It is this defined process, which is managed by the Divisional Governance Manager that ensures the required process is followed and this has been identified as an improvement. The Duty of Candour policy is to be re-launched across the divisions, weekly harm review meetings for all Patient Safety Incidents graded as moderate will be introduced to ensure correct grading has occurred, and an email will be sent to

Divisional Governance Managers to ensure Surveys of patients/families involved in Duty of Candour meetings are recorded on Ulysses.

Re-audit of the management of pregnant women with epilepsy

The aim of this re-audit was to generate a pregnancy in epilepsy joint management toolkit that would include the management of women in labour and the postpartum period. Since the previous audit, the pregnancy Multi-Disciplinary Team toolkit and documentation improved 100%. Also, all patients had documentation stating that they were taking 5mg of folic acid in the 1st trimester. The epilepsy in pregnancy guideline has been updated at LWH, which includes management of women in status epilepticus and is awaiting ratification from the Walton Centre.

Usage of Sodium Bicarbonate in Extreme Preterm Babies

This audit aimed to assess the usage of sodium bicarbonate in preterm babies less than 28 weeks of gestation at LWH. 30 preterm babies born less than 28 weeks gestation were given sodium bicarbonate during this audit period of 6 months. There was very good compliance for the audit standard of metabolic acidosis for potential hydrogen (pH). This was achieved in 98 percent of doses. Sodium levels pre and post bicarbonate infusion were within acceptable range and met criteria in 96 percent of doses. As a result of this audit, a Lesson of the Week is to be circulated and presented at the Neonatal Clinical Governance meeting to increase awareness regarding utilising the bicarbonate and base excess values in addition to pH values in the blood gas report when deciding about sodium bicarbonate treatment. Additionally, the guideline will be updated in order to reduce the use of sodium bicarbonate further.

Recommendation (SBAR) and Weekly Update of Cases Re-audit

This re-audit set out to ensure appropriate prenatal referrals to the Clinical Genetics department were input onto the prenatal SBAR database with patient identification number documented, clear reason for referral outlined and evidence of handover and review by the Multidisciplinary Team (MDT) entered for all cases. As a result of this series of audits and subsequent actions, the prenatal SBAR database has now been successfully integrated into clinical practice providing assurance. The SBAR use and its content is continually discussed and monitored at the weekly MDT case discussion meeting to enhance skills and knowledge in relation to the prenatal SBAR and ensure consistency of its use.

Auditing the Compliance Against Domestic Abuse Protocol / Procedure

This annual audit demonstrated there is 100% compliance in cases being referred to the Safeguarding Team when a disclosure of domestic abuse has been made, or there is known domestic abuse concerns. In all cases an appropriate response was provided to patients when a disclosure of domestic abuse was made. The large majority of audit findings are positive and demonstrate staff members understanding of domestic abuse and application of appropriate responses is robust and effective. Training compliance requires some further improvement and outcomes will be highlighted via the Safeguarding Operational Group (SOG) to ensure this compliance falls in line with the Care Quality Commission (CQC) and Clinical Commissioning Group (CCG) expected levels. The importance in documenting routine enquiry will be highlighted to the Named Doctor for Safeguarding Adults to ensure the Trust holds robust evidence locally of this. Areas for improvement highlighted will be reviewed in the next audit to ensure continual monitoring.

Audit of Emergency Theatre List Timing and Effectiveness

This audit set out to determine compliance with the Trusts theatre management protocol, identify areas causing delays in the lists and to use these data to suggest modifications to the operation of

the list to improve performance. The emergency theatre list now has a designated Anaesthetic consultant with the effects of this already visible with in between case times significantly shortened. Changes in theatre listing, or list frequency has been highlighted to Senior staff who will address the volume of the cases as well as reprioritisation needs on a day. This should improve compliance with theatre start times and over-running lists. Practitioners, including new rotating doctors are formally reminded that pre-op documentation is crucial and can be easily completed via a new 'Gynaecology Admission Pathway' embedded on the Patient Electronic Notes System (PENS). Completion of this will ensure compliance with the expected standard and will also triangulate where delays might occur. To further ensure input from stakeholders, the audit was also shared widely via the Trusts 'GREAT Day'.

Venous Thromboembolism (VTE) Scoring and Prophylaxis Prescribing in Early Pregnancy

This audit was carried out to determine compliance with current VTE guidance; specifically for early pregnancy patients, and to compare compliance between the gynaecology VTE guidance and the antenatal VTE guidance assessing whether patients would be more safely managed scored by the antenatal guidance rather than the gynaecology one. The audit identified that VTE risk assessments are completed via Meditech (electronic data system), whilst patient notes are completed via a separate electronic database, the Patient Electronic Notes System (PENS). Consequently, a reduction in the number of VTE risk assessments completed can be noted and discussions around the possibility of moving the VTE risk assessment onto PENS are underway. The Gynaecology VTE risk assessment was identified as being unfit for purpose for pregnant patients and discussion and possible commencement of the use of the obstetric VTE assessment will begin if agreed as appropriate. The dosage of low-molecular-weight heparins (LMWH) will be standardised to fall in line with the Royal College of Obstetricians and Gynaecologists (RCOG) guidance of dosage based on weight class. Poor reassessment of VTE risk will be addressed with a minimum of 72- hour reassessment for inpatients, and reassessment following miscarriage or ectopic pregnancy surgery. Following ectopic pregnancy surgery or miscarriage / pregnancy loss, women with a persisting VTE risk score of 2 or more will be offered 7 days of LMWH. Depending on VTE risk assessment, patients with ongoing pregnancies will be prescribed LMWH at discharge for minimum 7 days, sometimes until risk factors decreased or throughout pregnancy. Outcomes of multi-disciplinary team (MDT) discussions will determine if improvement work moving forward should sit within Maternity or Gynaecology and influence the type of project suitable for monitoring progress and improvement moving forward.

Pain Management in Gynaecology Patients Under the Age of 18

To assess compliance with the Trust policy relating to pain management in Gynaecology patients under the age of 18, this audit was crucial in identifying that the paediatric pain tool is not being utilised and that staff on the Gynaecology ward are currently unaware of the paediatric pain tool. As a result, a large piece of work is underway to review the Standard Operating Procedure (SOP), pain tool and Policy to ensure it is suitable for all patients. Once complete, these documents will be ratified, circulated, and highlighted to all staff with a re-audit to re-assess compliance scheduled to monitor improvement. As a result of the audit, the Trust is now better informed of the actions required to improve patient care in relation to under 18's pain management.

Re-audit for Image Quality of Posterior-Anterior (PA) Chest X-rays (CXR's)

The results of this audit have positively confirmed that radiographs taken at this Trust are of a diagnostic standard and therefore help to ensure that the adult x-ray provision provided is safe and effective. Individual factors still demonstrate a need for improvement, particularly the need for more accurate beam collimation. The audit has also highlighted the impact of other factors which can potentially reduce the image quality such as a high body mass index (BMI) affecting penetration,

and that inspiration may be reduced for a patient with breathing difficulties. Significant improvement can be noted in the number of examinations with Dose Area Product (DAP) being documented on Clinical Record Interactive Search system (CRIS) and positive confirmation of diagnostic images are being produced by the department. Action will be taken to ensure that optimal collimation is being performed and that the individual factors; projection, definition, and artefacts, are improved further. The importance of this will be highlighted to relevant staff and a spot check will be performed prior to the annual re-audit to ensure continual monitoring of improvement.

Analgesia Efficacy for Major Gynaecological Procedures Re-audit

This re-audit demonstrated excellent compliance against pre-determined standards with 100% of patients having pain assessed in the recovery room with simple multimodal analgesia prescribed unless contraindicated. Lack of documentation via the pain round document available on the Patient Electronic Notes System (PENS) remains an issue which will be highlighted and discussed at the Anaesthetic Journal Club. Where documentation is in evidence, pain scores are encouraging across all modalities of anaesthesia used intraoperatively. Rectus sheath catheters and patient-controlled analgesia (PCA) remain very reliable methods. Sample size and inadequacy of documentation serve to hamper this audit. Pain scores of 3 or less are demonstrable in 71% pain assessment episodes across the 48-hour assessment period within the remit of this analysis. Where length of stay is prolonged, it is clear that failure of analgesia is not an association.

The Trust annually prepares a Clinical Audit Programme. This programme prioritises work to support learning from serious incidents, risks, patient complaints and to investigate areas for improvement. The results of all audits, along with the actions arising from them, are published in the Trust Clinical Audit Annual Report and on the Trust's intranet to ensure all staff can access and share in the learning.

What is Clinical Audit?

Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

New Principles of Best Practice in Clinical Audit (Healthcare Quality Improvement Partnership, January 2011)



Participation in Clinical Research

The Trust is continually striving to improve the quality of its services and patient experience. Research is recognised by the organisation as being pivotal to this ambition.

Our commitment to conducting clinical research demonstrates our dedication to improving the quality of care we offer and to making our contribution to wider health improvements. Our healthcare providers stay up to date with new and innovative treatment options and are able to offer the latest medical treatments and techniques to our patients.

In response to the outbreak of SARS-CoV-2 and the subsequent statement by the Department of Health and Social Care, the set-up of all new clinical research projects and the participation of individuals in the majority of active clinical research projects were halted in March 2020. Exception was made to those studies where discontinuing them would have a detrimental effect on the ongoing care of individual participants involved. Following this decision the Trust prioritised the delivery of COVID-19 research activity, a key element of the Government's overall response to the pandemic.

As the peak incidence of individuals admitted to hospital with COVID-19 reduced significantly in 2021/22, attention was given to the identification of which of the portfolio of clinical research studies could start to reopen at the Trust. During the latter half of 2021/22 the Trust continued its efforts to contribute to quality National Institute for Health Research (NIHR) studies; focus efforts on collaborative research with academic partners to ensure the research conducted is of high quality, translational, providing clinical benefit for our patients in a timely manner; whilst balancing the prioritisation of the delivery of COVID-19 research activity.

Despite the challenges faced by the Trust, the number of patients receiving relevant health services provided or sub-contracted by LWH in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 2,330 of which, 1,262 were recruited into NIHR portfolio studies, and 227 were recruited into COVID-19 research studies.

The Trust was involved in conducting 123 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2021/22. This figure also included 7 COVID-19 related studies that were delivered at the Trust during the year. At the end of 2021/22 a further 28 studies were in set up, including 6 industry studies.

There were approximately 172 clinical staff contributing to research approved by a research ethics committee at the Trust during 2021/22. These staff contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials, to health systems research about healthcare delivery in the community.

Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, individuals affiliated to the Trust contributed to 148 research publications, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Key research achievements during 2021/22 can be summarised as follows:

- In response to a surge in COVID-19 research activity in Liverpool, the Trust continued to actively support the Liverpool School of Tropical Medicine with the delivery of the Astra Zeneca / Oxford, COMCOV II and COV009 vaccine trials.
- Commencement of COPE: The Carboprost or Oxytoin haemorrhage Effectiveness study. A grant award of approximately £1.8 million in response to a commissioned call by the National Institute for Health Research HTA will support a 4 year study aiming to randomise nearly 4,000

women following a clinician's decision to give treatment to stop bleeding caused by a postpartum haemorrhage.

- Dr Paula Briggs (Consultant in Sexual and Reproductive Health) in association with Robinson Healthcare, developed a speculum to assist in the diagnosis of urogenital atrophy for use in both primary and secondary care. The validation of this objective method of diagnosing urogenital atrophy and assessing response to treatment will facilitate ongoing research in relation to this condition.
- A new collaborative world-leading programme of research focused on improving the health and wellbeing of children and their families within the Liverpool City Region (LCR) has been awarded funding from the Wellcome Trust. The 'Children Growing-up in Liverpool (C-GULL)' research study is led by Professor Louise Kenny. The data resource will be used to better understand and improve the lives of LCR children and their families. This will be the first newly established longitudinal birth cohort to be funded in the UK for almost 20 years.

Currently, Liverpool ranks badly in terms of the highest rates of child mortality and conditions such as asthma, type 2 diabetes, epilepsy and risk factors for poor health such as obesity, poor nutrition and low levels of physical activity. To help develop a better understanding of these issues, researchers will follow the lives of over 10,000 babies and their families, starting in pregnancy and onwards to adulthood, to understand more about what influences the health and wellbeing of children living in our City and how in turn early experience influence later life outcomes.

Due to COVID-19 the launch of C-GULL was delayed. However, initiation of the programme at the Trust is planned for early 2021/22, which will bring together citizens, researchers and clinicians across the Liverpool City Region to make one of the largest family studies in the UK.

- HPV Vaccine Trial – High risk HPV is the main cause of cervical cancer. The trial will test whether the investigational vaccine is safe and well tolerated and whether it helps to clear infection with high risk human papillomavirus (HPV) that will not go away on its own. Recruitment for this extremely important trial is currently underway.
- PREG-COV – a collaboration with St George's Hospital, London. This vaccine trial in pregnant women seeks to determine the immune response to immunisation and reactogenicity of Covid-19 vaccines between shorter and longer dosing intervals of the Pfizer or Moderna Covid vaccines to determine which, if any, is superior. The Trust is currently one of the top trial recruiters within the UK.
- Research led by Professor Colin Morgan has led to the development of an idea for a new parenteral nutrition product that comprises a specific amino acid formulation concentration. A programme of further work to examine the changes in gene expression present in arginine supplemented infants <30 weeks' gestation between day 3 and day 10 of postoperatively has

commenced. The changes in gene expression will be compared with those seen between day 3 and day 10 in unsupplemented preterm and term infants.

Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

The CQUIN schemes were suspended in 21/22 due to the Covid-19 pandemic.

Statements from the Care Quality Commission (CQC)

The last comprehensive inspection of LWH was conducted by CQC in December 2019. The Hospital was rated good overall, with well led rated requires improvement. Liverpool Women's at Aintree was last inspected In February 2015, rated good overall.

A further focused inspection of LWH was conducted in April 2020. This was to follow up a Warning Notice that was served in relation to the safe management of medicines at the previous inspection. Sufficient improvements had been made to meet the requirements of the Warning Notice. The service was not rated on this inspection.

The trust is rated good overall. All locations and services will retain their individual ratings until the next inspection.

The ratings for the trust and all its locations and services are outlined below.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led
Good – April 2020	Good – April 2020	Good – April 2020	Good – April 2020	Requires Improvement – April 20

Ratings for acute services/acute trust (Liverpool Women's Hospital)

Safe	Effective	Caring	Responsive	Well-led
Good – April 2020	Good – April 2020	Good – April 2020	Good – April 2020	Good – April 20

Ratings for Liverpool Women's Hospital

Core service	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good – April 2020	Good – April 2020	Good – April 2020	Outstanding – April 2020	Good – April 2020	Good – April 2020
Gynaecology	Requires Improvement – April 20	Requires Improvement – April 20	Good – April 2020	Requires Improvement – April 20	Requires Improvement – April 20	Requires Improvement – April 20
Neonatal services	Good – April 2020	Good – April 2020	Good – April 2020	Good – April 2020	Good – April 2020	Good – April 2020

End of Life	Good - May 2015	Good - May 2015	Good - May 2015	Good - May 2015	Good - May 2015	Good - May 2015
Outpatients	Good – March 2020	Not rated	Good - May 2020	Good - May 2020	Good - May 2020	Good - May 2020
Overall	Good - April 2020	Good - April 2020	Good - April 2020	Good - April 2020	Good - April 2020	Good - April 2020

Ratings for Liverpool Women's Hospital at Aintree

Core service	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good – May 2015	Not rated	Good – May 2015	Good – May 2015	Good – May 2015	Good – May 2015
Overall	Good – May 2015	Good – May 2015	Good – May 2015	Good – May 2015	Good – May 2015	Good – May 2015

As we progress towards a potential date for a CQC inspection, the Corporate Governance Team have begun work to assess the current position with regards to being always 'CQC inspection ready'. This is being carried out in collaboration with the Senior Leadership Teams for services within the trust and a programme of 'CQC Self Assessments' for each division is underway.

To support this piece of work, the Finalised 'CQC Preparedness Framework 2022/23 – From Good to Outstanding, Be Brilliant' was approved at Trust Quality Committee in April 2022. This provides assurance that work is on-going to ensure the trust is compliant with the regulations CQC inspects. This also strengthens its approach to CQC inspections increasing understanding, buy in and awareness of this with its staff.

Our approach is set out below with further updates to be provided to the Trust Quality Committee as this work progresses throughout 2022/23.

Completion of legacy action plans from previous CQC inspections

With the support of MIAA (Mersey Internal Audit Agency), each division within the Trust devised a CQC action plan following their CQC inspections. The agreed actions have been monitored through the Trust Quality Committee, overseen by the Deputy Director of Nursing & Midwifery and the Risk & Patient Safety Manager. The vast majority of the 'Must do' and 'should do' actions have now been completed and closed. Work is on-going to ensure this work is completed.

The Senior Leadership Teams within each division have been asked to review these action plans as part of the Divisional Self-Assessment and outlined below.

Divisional Self-Assessments and Ward Accreditation Process

There is a monthly focus on CQC compliance and closing of associated risks at Executives Team Meetings.

Each division assesses themselves against the CQC Key Lines of Enquiry (KLOE's) for each of the questions CQC will ask, are services safe, effective, caring, responsive & well-led? Following

this assessment, divisions will rate where they believe their service is at for each key question. The options are outstanding, good, requires improvement or inadequate. Each Senior Leadership Team will then present its findings to Executives and produce an associated action plan thereafter. This process will be completed twice annually for each division.

Each division has been provided with CQC core service frameworks to support this process. The frameworks are in line with what CQC use as part of their inspection planning and site visits. This process will be updated and led by the Associate Director of Quality & Governance as and when CQC update their approach to inspection as outlined above.

This will provide a chance for the information in the Divisional Self-Assessment presentations and action plans (as outlined above) to be reviewed and the evidence scrutinised/challenged (where appropriate) as part of the Ward Accreditation Process. It is anticipated that Ward Accreditation Process for each area will be undertaken twice a year.

Following receipt of the findings and presentation to Executives, the divisional teams are expected to take this process, and actions arising through their local divisional assurance groups and add appropriate actions to their service improvement plans.

The findings of the Ward Accreditation Process and high-level monitoring of the action taken by local committees will be presented to The Safety & Effectiveness Sub Committee and then onto the Trust Quality Committee. This is anticipated to be on a quarterly basis. Alongside quality dashboards and the information from the CQC's Insight reports, this should significantly strengthen the opportunity for assurance and regulatory scrutiny.

Data Requests

CQC are reviewing its approach to prevent an unnecessary burden on providers in relation to requests for data. They'll regulate in a more dynamic and flexible way so they can adapt to the future changes they anticipate – as well as those they can't. Smarter use of data, including the use of CQC insight tool, means they will target their resources where we can have the greatest impact, focusing on risk and where care is poor, to ensure they are an effective, proportionate, and efficient regulator.

Site visits are vital in their assessments and essential to observe care – but they're not the only way to assess quality. They will use all our regulatory methods, tools and techniques to support robust and proportionate decision-making.

Up-to-date and high-quality information will reflect how people experience care, so ratings will be more dynamic and meaningful. Therefore, supportive and constructive relationships with providers will minimize unnecessary workload.

To support this, CQC channels for each division will be created within Microsoft teams. This will enable the divisions to update its evidence for each of the key questions CQC will ask in real time, thus minimising the burden on staff teams when such request for data is received.

Learning from past inspections

The inspections undertaken previously represent a significant opportunity to learn from those areas that needed to improve but also the areas that achieved 'Outstanding'. Collaboration between all

Senior Leadership Teams for each division is required to ensure continual review and improvement of key areas.

To assist with the outstanding element, the trust has produced a Quality Improvement (QI) Framework with the support of MIAA. The QI Framework can be read in conjunction with this document to understand the work planned for the trust for 2021-25 as it embarks on a journey to outstanding.

To further enhance the database and evidence gathering, there will be an emphasis placed on divisions to know their own data and journey. Divisional teams and senior leaders will be supported with sessions about CQC preparedness but will also be asked to complete their own assessment of their divisions as a 'Core Service' review.

Supporting the “Well-Led” domain and inspection preparation

The Corporate Governance Team will provide ongoing leadership in the delivery of agreed actions relating to Well-Led. This includes:

- direct support to executives;
- ensuring oversight of fundamental standards at Exec level;
- evaluation of progress against the “Well-led” domain as part of a mock review

To support executive oversight of delivery against the fundamental standards, each executive is aligned to fundamental standards that match with their portfolio. The allocation of leads and responsible groups is the first step towards embedding a culture of compliance.

The Corporate Governance Team will hold regular meetings with executive team members with portfolio responsibility where they will provide advice on current progress and emerging risks. This will inform both the reports that are presented to Quality Committee and can be used separately in the immediate pre-inspection phase where the Associate Director of Quality Governance can facilitate Executive Workshops and collective discussion of the capacity and capability in leadership of care quality and the impact this will have within each CQC domain.

The Corporate Governance Team will ensure there is regular feedback to the Executive Team on the impact of work to support frontline staff in quality improvement delivery. This will include observations on the Trusts progress to a robust, realistic strategy for achieving its priorities and embedding its newly developed vision, values and objectives. This will include feedback on staff knowledge and understanding of their role in delivering the shared purpose of the Trust and assessment of whether there is a culture centred on the needs and experience of people who use services.

The Trust executives and senior leadership team will be expected to ensure the Corporate Governance Team have access to them, particularly in the immediate pre-inspection phase when there will be the opportunity to facilitate stakeholder interviews. There will also be the expectation that there is participation as a senior leadership team, providing peers with support, critical challenge and problem solving. Although the Corporate Governance Team will be able to lead, facilitate and provide expert advice, the senior leadership team are required to progress the required actions collegiately to contribute to planned progress.

Having undertaken this work, the Corporate Governance Team will assess the Trust's maturity in relation to the elements of well-led that will be looked at by CQC during a mock well-led review. As part of the process for preparing senior leaders across the Trust for the level of regulatory scrutiny they can expect, a series of mock interviews will be undertaken. Feedback will be given, and this exercise will be repeated later in the year to assess progress. The well-led review will also include a formative risk assessment against the key lines of enquiry.

Data Quality

LWH monitors data quality through a regular Data Quality Sub-Committee that reports through the Digital Hospital Sub-Committee to the Finance, Performance and Business Development Committee and focusses on specific specialties to ensure regular representation from senior managers and clinicians. This provides a forum for digital and operational staff to discuss issues and key data items relating to their specialty. Regular data quality reports, validations and audits are undertaken to provide assurance that submitted data is representative of the Trust's activity. To further improve engagement and awareness across the Trust regular Data Quality and Information Reporting updates will be provided through divisional boards.

The Trust continues to follow an internal programme of validation of important data sets and selected key performance measures. The Trust utilises benchmarking tools to focus on data quality improvements and a bi-weekly working group is focussed on making improvements in the Trusts statutory submissions and Data Quality Maturity Index, which is also reported through divisional boards and committees. An internal clinical coding audit programme continues to show high levels of coding accuracy and focussed audits are undertaken based on benchmarking data to ensure this data can be used with confidence.

The quality of performance information used across the Trust is assessed using a structured approach. All patient NHS numbers are checked and validated against national data on a weekly basis, patient level activity data is validated against plan on a monthly basis, including consistency checking across hospital/clinical patient record systems and a central data warehouse, and datasets are verified through external sources. Our data is then further reviewed against other providers to ensure our data quality is satisfactory or better using data provided via CHKS (an independent provider of healthcare benchmarking intelligence and for validation against national expectations using data provided by SUS (Secondary Uses Service) which is part of the NHS, as well as other NHS benchmarking tools such as the SUS+ dashboards. Summary and data level reports are provided to our clinical divisions following a quality checking process to allow them to correct any errors and review data entry processes.

Performance reports are in place across meetings and committees and the Trust has implemented the use of statistical process control (SPC) charts across KPIs measuring both performance and the underlying data. Performance reports have undergone redevelopment through 21/22 to provide focussed reports highlighting both positive developments and areas for improvement identified through changes in performance over time.

Data Security and Protection

The defining feature of the last 2 years has been the impact that Covid-19 healthcare emergency has had on almost every area of the Trust. As well as affecting the operations of the Trust, the Covid-19 emergency also changed the compliance external reporting requirements to which the Trust must operate.

Ordinarily, all Trusts are required to submit their end of year Data Security and Protection Toolkit position at the end of March of each year but the effects of Covid-19 has meant that those deadlines have moved from the end of March to the end of June of each year.

Because of this change, at the end of each financial year, and at the time of writing this report, the Trust does not have a Data Security and Protection Toolkit submitted position to report on that represents the 2021/2022 financial year. The last submitted position for the Trust was June 2021 and, whilst this was submitted within the financial year 2021/2022, it represented the compliance activity for the financial year 2020/2021. The submitted position, which was validated by an independent audit at the time, was "Standards Exceeded".

During the 2021/2022 financial year there were two matters dealt with that involved some level of interaction with the Information Commissioner's Office. The first related to misdirected correspondence, which has now been concluded. The second matter relates to information that may have been released by a third-party supplier in response to a Subject Access Request made by one of their employees to that supplier. Liaison with the Information Commissioner's Office is ongoing in respect of the second matter.

Clinical Coding

LWH conducts an annual clinical coding internal audit programme. In 2021/22 the overall accuracy of clinical coding was found to be of a good standard, achieving the 'Standards Met' level. The Trust has a good level of assurance that the clinical coded data submitted is accurate and complete, supporting patient care and contributing to effective management.

All clinical coding staff are up to date with the specialist training required for the role. The last external clinical coding audit in 2019/20 noted good practice in relation to the structure of the clinical coding department, which was found to provide a supportive working environment, well-structured policies and procedures that effectively support the running of the department, and active engagement from clinical staff.

Learning from Deaths

The use of Hospital Standardised Mortality Rate (SHMI) is not appropriate for this organisation as it excludes a large number of our deaths. Using it may give false concern or reassurance. This has been considered by the Trust Board and we have committed to monitoring our mortality by focussing on each clinical area separately and using crude mortality data.

We record our mortality rates in those areas and benchmark against national standards. To ensure effectiveness in the Trust is at the absolute forefront of practice, the Trust goes a step further than

most other hospitals by ensuring that every case in which there is a death is reviewed individually so that any lessons regarding quality of care may be learned.

In 2021-22 there were 41 neonatal deaths and 4 adult deaths. All deaths have been subjected to a detailed review process

Neonatal

All neonatal deaths on Neonatal Intensive Care Unit (NICU) are reviewed using the standardised national perinatal mortality review tool (PMRT). There is a monthly multi-disciplinary review meeting with representation from neonatal, obstetrics, bereavement support and palliative care teams. Where there has been an in-utero transfer or a baby has been transferred post-natally for higher level care, the other hospitals or care providers involved are invited to the meeting to complete a joint review encompassing all aspects of the mother and babies' care. The care provided for each case is then assigned a grade (A-D, see below) for each of the following areas: care of the mother up to the birth of the baby, care of the baby from birth to death and care of the mother (family) after the baby has died.

A	No issues with care identified up to the point that the baby was confirmed as having died
B	Care issues which the panel considered would have made no difference to the outcome for the baby
C	Care issues which the panel considered may have made a difference to the outcome for the baby
D	Care issues which the panel considered were likely to have made a difference to the outcome for the baby

Cases where care issues identified may have or are likely to have affected the outcome (a grade C or D) are then reviewed in more detail as a table-top review, or if deemed appropriate a formal review or serious incident. Local mortality review outcomes and learning are shared within the department and at the Clinical Effectiveness Group for Cheshire and Mersey NWODN. The PMRT outcomes are reported to the regional child death overview panel (CDOP).

The PMRT process encourages parental engagement, all parents are informed of the review process at the time the baby dies, a letter detailing the process and how they can engage is provided. Any comments / questions / concerns which the parents send in are addressed as part of the review and parents are provided a written response and offered an appointment to discuss the response thereafter.

Gynaecological (Oncology + Non-oncology) and Maternity (Adult Deaths)

All expected and unexpected adult deaths in the Trust are reported on the Ulysses Risk management system as soon after death as practicable by the nurse or clinician providing care to the deceased patient.

They will thereafter, complete an Adult Mortality Review on Ulysses Risk Management System within 48 hours of the patient's death. This records performance against a predefined set of standards, using the recognised and validated methodology detailed in PRISM studies. In each clinical area, the Clinical Director provides feedback to clinicians if individual errors or omissions in

care have been identified by use of this audit tool. The Risk and Patient Safety Manager and Deputy Medical Director analyse the data and identify any emerging Trust-wide themes. These are highlighted and reported in the Quarterly Adult Mortality Report.

If any deaths are graded as NCEPOD 5 or <3 (very poor/poor care) on structured judgement review then a second stage review will be performed according to the RCP SJR process.

For unexpected gynaecological deaths and all maternal deaths, either a Level 2 or a Level 3 Root Cause Analysis is performed. One of the main aims of the Root Cause Analysis is to identify case-specific errors and systematic flaws. All Root Cause Analyses are scrutinised by the Head of Governance and Quality and Risk and Patient Safety Manager, who pool data and identifies any emerging Trust-wide themes. The lessons learnt and the SMART Action Plans are highlighted in the Quarterly Adult Mortality Report.

Freedom to Speak Up

At LWH we are committed to developing and maintaining an open and constructive culture whereby all staff feel comfortable in raising any concerns they might have regarding the Trust and the services that it provides. All staff should feel able to raise concerns in the knowledge that they will be taken seriously, that their concerns will be addressed, and without any fear of reprisal or detriment.

In 21/22 the Trust launched an awareness campaign aimed at increasing the visibility of the promotional materials for speaking up and also committed to biannual “temperature check” surveys with the staff relating to the accessibility and visibility of the Freedom to Speak Up Guardians at the Trust.

The guardians play an active and visible role in raising awareness of the importance of speaking up, developing staff and dealing with concerns, while ensuring that our governance processes are robust and effective.

In 21/22 the organisation launched the first of three e-learning modules aimed at workers of all levels. The first module launched, “speak up, which is for all workers will be followed up by “listen up” for managers and “follow up” for senior leaders and directors during 2022/23.

The number of contacts and their nature are openly and transparently shared on a quarterly basis with the National Guardian’s Office and published on their public website.

Statement on Junior Doctors

Junior doctors play a pivotal role in keeping the services at LWH safe and make up a large percentage of the medical workforce. However, across the junior doctor workforce there has been a reduction in the number of doctors in training working at the Trust. This was and still is most predominant in Obstetrics and Gynaecology (O&G), however the Trust is seeing this trend across Anaesthetics (in the main due to a change in training) and Neonates. There has been an increase in sickness due to mental health and restrictive working patterns due to covid and pre-existing health conditions and services have seen an increase in maternity leave.

Obstetrics and Gynaecology

The Trust continued to fund additional Trust employed doctors who are employed to support the junior doctor rotas within O&G. Although there has been much success over the years, there was a financial impact to the Trust as the O&G rotation was over established in August. The service is keen to continue with the research posts as the posts benefit the Trust by covering gaps and supporting the rotas, whilst the research posts give the doctors a good foundation in research enabling them to apply for future subspecialty posts. The service has reviewed these posts and there is a recruitment process underway to recruit to the vacant Trust funded posts.

The over establishment allowed the service to double up some trainees during out of hours ensuring that when doctors left the rotation the gaps were covered. This was also put in place to ensure the less experienced doctors such as foundation and GP trainees had support when working out of hours as some of these doctors have not worked in obstetrics before and could at times find it daunting. There has also been an increase in mental health illness amongst trainees and again, these trainees are well supported when on shift. It also, when necessary enables struggling trainees to work part of an on call block. The rotation was reviewed at 6 months and it was evident the staffing numbers had dropped significantly leaving gaps across the middle and senior grade rota. The current cohort of doctors who are familiar with the patients and hospital systems and protocols have filled in the gaps as locum doctors reducing the reliance on agency doctors.

Anaesthetics

Anaesthetics continue to workforce plan by appointing Trust grade doctors who are in-between training or those who need some additional support when sitting their exam to gain ST3 placements. As the Anaesthetic service receives a number of CT2 trainees who do not have obstetric experience the Trust grade doctors support the rotas whilst the CT2 trainees are trained in obstetrics enabling them to work out of hours safely. Due to the national change in training there is a concern that the Trust will receive less skilled trainees (grades of ST3+) this may impact on the consultant workforce for support and increase the need to recruit to Trust doctor posts.

Neonates

As previously detailed, the neonates' junior doctor staffing is well supported by Neonatal Advance Nurse Practitioners. There are no current concerns around the junior workforce across neonates.

Genetics

Staffing in genetics remains consistent with no concerns regarding staffing. The service does not work out of hours therefore there is no requirement to cover vacancies.

Seven Day Hospital Services

A Seven Day Services Self-Assessment Tool (7DSAT) has been developed to ensure that all Trusts are measuring their progress against four priority standards (see below). We await clarity from the NHSE-I regional Medical Directors with regards to how they wish to seek assurance to the delivery of this particular agenda. It is assumed this will be via a local assurance process with Commissioners, but this has not been confirmed. We have continued to collate this data for internal use.

Findings (Self-Assessment in March 2022)

Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission. The standard is to meet this requirement in 90% of cases. Of the 16 gynaecology admissions, 12 were seen within 14 hours (75%). This is an improvement from the previous period though the numbers are small and it is not significant.

The 4 cases that were not are described below

- seen on the ward round 14 hours and 17 minutes after attending in the previous evening.
- discussed with a consultant and proceeded to surgical miscarriage management, seen by the consultant the following day (this was the longest time to review by a consultant of 23hrs 53 m).
- transferred from another acute provider for a review by a specific gynaecologist, who reviewed the following afternoon.
- Admitted just after the ward round and seen the following day.

Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week.

The score previously achieved has not changed. Consultants can order tests 7-days per week, but some are conducted off site. The mobile CT scanner on the LWH site is now operational with LWH patients being able to access this service from Q1 2022-23. The development of the Community Diagnostic Centre is planned to result in the opening of MRI, echocardiography and other diagnostic tests by Q3/4 2022-23. The provision of 7-day access to these tests will be reviewed in the development of the CDC.

Standard 6: Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

The standard is measured by a provider self-reporting 7-day access on-site or by formal arrangement with another trust for critical care, emergency general surgery, interventional endoscopy, interventional radiology, renal replacement therapy and urgent radiotherapy.

This standard was previously scored at 0% (a no return) because although key consultant directed interventions can be accessed from non-obstetric and gynaecological specialties, these are generally provided outside of relevant specialty guidelines, due to the isolated nature of the Trust's Crown Street site.

Three of the areas are not applicable to the Trust (primary percutaneous coronary intervention (PPCI), cardiac pacing and thrombolysis for stroke).

Emergency surgery is available either by transfer of the patient to the acute site or in extreme emergency situations, by the surgeon attending Crown Street. Working groups for gynaecology, obstetrics and anaesthetics services between LUFHT and LWH are commencing in Q1 22/23 to

formalise the working practices that have occurred for several years. This will result in SOPs and SLAs for each area/intervention.

Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill new admissions and all other in-patients who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

The standard is achieved when a provider reports that 90% of its patients receive a daily or twice daily review by a consultant as required as per the criteria set out in the national guidance. Overall compliance with this standard is achieved if a provider assesses itself as meeting the standard both on weekdays and at weekends for patients requiring once-daily and twice-daily reviews.

No patient fitting this criterion in the period surveyed but previous reports have shown 100% compliance with this standard. Care is provided to women off-site, for example, LUHFT site for intensive care. The Telemedicine service has commenced to allow the MDT from LWH to review these women remotely. This is being evaluated to determine if this approach will be appropriate and supported in the future.

STANDARD	SELF ASSESSMENT	SCORE
Priority Standard 2 – All emergency admissions must be seen by a suitable Consultant at the latest within 14 hours from time of admission (target >90%)	In this survey, 75% of admitted women were assessed in person by a Consultant within 14 hours of admission. An increase in the Trust compliance since the last survey. Most women attending as emergencies are miscarriage related and as such do not necessarily need Consultant review as the process and pathways in Gynaecology Emergency Department (GED) support decision making to improve the patient pathway. In this and previous reports, all have review and decisions at senior level. The current job plans do not specifically make reference to 7DS but the on-call rotas cover Consultant ward rounds and emergency admissions. Weekend ward round are Consultant delivered and the majority start at 9am on Saturday and Sundays.	Not met
Priority Standard 5 – Hospital inpatients must have 7-day access to diagnostic services & Consultant directed diagnostics	Memorandum of Understanding with LUHFT in place and there are pathways in place for ad hoc diagnostics. Mobile CT scanner now on site and CDC will improve access for MRI and echocardiography. Development of the CDC will include consideration of 7 day service.	Not met
Priority Standard 6: Hospital inpatients must have 24 hr access to consultant delivered	Key consultant delivered interventions can be accessed but these are generally provided outside specialty specific guidance due to stand-alone site of LWH. MoU with LUHFT in place. Working groups set up for each speciality to develop formal SOPs and SLAs.	Not met

interventions on site or through formally agreed arrangements		
Priority Standard 8: All HDU patients have twice daily Consultant review and at least once every 24 hrs once a clear pathway has been agreed	Nil return in this report as none required it, but previously 100% achieved with evidence of multi-disciplinary involvement including from adult acute Trust. Care is also provided offsite to women admitted in other hospitals e.g. RLBUHT/Aintree if needed. Increasingly LWH treats women assessed pre-operatively as potentially needing ITU care in the post-operative period at the acute Trust rather than on the stand-alone site, i.e. the surgery occurs elsewhere if ITU is anticipated.	N/A

Reporting against Core Indicators

All NHS Trusts contribute to national indicators that enable the Department of Health and other organisations to compare and benchmark Trusts against each other. As a specialist Trust, not all of them are relevant to Liverpool Women's. This section of the report gives details of the indicators that are relevant to this Trust with national data included where it is available for the reporting year.

30 Day Emergency Readmission Rates

The first category of patients benchmarked nationally is those aged 0-15. The Trust admits fewer than 10 patients in this age category each year and so benchmarking of readmissions with other Trusts is not of any meaning.

The table below shows the percentage of patients aged 16 and above who were readmitted as an emergency within 30 days:

	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Readmissions within 30 days (Reporting 1 Month Behind)	TBC	4.20 %	3.24 %	2.85 %	3.75 %	2.65 %	2.94 %	1.58 %	1.15 %	0.92 %	1.70 %	0.91 %	1.22 %
Returns to Theatre	<=0.7 %	0.49 %	0.30 %	0.44 %	0.14 %	0.15 %	0.88 %	0.75 %	0.00 %	0.47 %	0.15 %	0.00 %	0.74 %

Liverpool Women's considers that this data is as described for the following reasons: readmission rates can be a barometer of the effectiveness of all care provided by a Trust. Liverpool Women's is committed to providing effective care.

Patient Safety Incidents

There were 6957 Patient Safety Incidents in 21/22, 5 severe harm and 2 deaths relating to patient safety incidents (7 in total). This makes a 0.1 % ratio.

2 cases were deemed appropriate care (severe harm).

5 were potential for improvement as follows – Communication Themes:

Appropriate antenatal care and planned delivery by CS Twin pregnancy.

Discussion with surgeons but not formally referred opportunity for review of images at Trust 2 prior to returning to Trust 1 with potential for admission to Trust 2 for management/ return to Trust 2 with surgical oversight

The MDT review at PMRT concluded a missed opportunity to detect SGA and therefore there was a possibility of an earlier intervention in a high-risk pregnancy. Due to a prolonged scan interval of 5 weeks this was Graded D at the review.

Part 3 Other information – Quality Performance in 2021/22

Performance against Key National Priorities and National Core Standards

NHS improvement sets out their approach to overseeing NHS Foundation Trusts' compliance with the governance and continuity of service requirements of the Foundation Trust licence. This section of the report shows our performance against the indicators NHS Improvement set out in this framework, unless they have already been reported in another part of this report.

Details of the national targets that are required to achieve are set out below, together with our actual performance:

Indicator Name	Target	Performance 2021/22	Achieved/Not Achieved
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	95%	95.8%	Achieved
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation (accumulated figure)	90%	21%	Not Achieved
Cancer 31 day wait for second or subsequent treatment – surgery (accumulated figure)	94%	61%	Not Achieved
Cancer 31 day wait from diagnosis to first treatment (accumulated figure)	96%	76%	Not Achieved
Cancer 2 week (all cancers) (accumulated figure)	93%	92.3%	Not Achieved
Clostridium difficile due to lapses in care (accumulated figure)	0	0	Achieved
Never Events	0	1	Not Achieved
Incidence of MRSA bacterium	0	0	Achieved
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	58.5%	Not Achieved
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation (accumulated figure)	85%	26.5%	Not Achieved
Maximum 6-week wait for diagnostic procedures	99%	86.42%	Not Achieved

2021/22 was another significantly challenging year for the NHS.

The Trust was able to deliver all essential services and begin our elective recovery and restoration programme against a backdrop of a year that had significant Covid 19 waves.

The Trust maintained our good performance on the Cancer 2 week waits despite a significant increase in referrals and towards the end of the year and saw a significant improvement in our 31 day position as our Cancer Task and Finish Recovery group established. Moving into 2022/23 the Trust will look to meet the national recovery asks in terms of treatments and surgery for Cancer in collaboration with the Cheshire and Mersey Cancer Network.

The Trust has no long (2 year waits) although has seen a significant increase in those patients waiting longer than a year for treatment as we prioritised those with greatest clinical need. Increasing our performance for the long waiting patients will be a key feature of the 2022/23 elective recovery programme

Our urgent care and diagnostic performance remained good throughout the year

The Trust took on the Charing of the Cheshire and Mersey Maternity Operational Cell in the year to support a pan regional response to operational challenges in Maternity.

Ockenden Report – LWH Trust Response

On the 10 December 2020, Donna Ockenden, Chair of the independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust published an interim report following a clinical review of the first 250 cases where concerns had been raised over the care the patients received from the maternity unit at that Trust².

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

The Board received a detailed report at an Extraordinary Board Meeting on 3 March 2022³ which outlined the actions and work that had been undertaken at that point to enable the Trust to provide assurance that the full implementation of the Ockenden Essential and Urgent recommendations was underway. The report also provided an opportunity to reflect on the wider issues raised by the Ockenden Report (in addition to the points of compliance) that were identified by the Board in January 2021 and to consider the progress made against these and what future actions may be necessary. This report builds upon this assurance and provides an updated position on progress.

On 30 March 2022, Donna Ockenden published the final report detailing the findings, conclusions, and essential actions. This paper will outline the continuing themes between the final and interim report, highlighting any additional items or matters that will require enhanced focus. The paper will

² <https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust>

³ <https://www.liverpoolwomens.nhs.uk/media/4112/20220303-trust-board-public.pdf>

continue to outline the Trust's response to date since the publication of the final report and provide assurance to the Board that appropriate processes are being developed and implemented to ensure a robust response.

Progress against the Interim Report

In response to the publication of the Interim report on 10 December 2020, an Extraordinary Board was formed for the 7 January 2021. This meeting was the starting point of the assurance process for the Board. Progress reports continued to be provided to the Quality Committee and the Board with the most recent of these updates being provided in March 2022.

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

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

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

There followed several in-depth discussions that centred around:

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

- MVP engagement and the requirement of a rapid but quality appointment to the recently departed MVP Chair

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

The Northwest Regional Team requested that the Trust submit evidence of the Ockenden One Year On Report being discussed at public board in March 2022. In response to this, the BAAT which underpinned this was returned to the LMNS and regional Team by the Acting HOM following executive oversight. We await further feedback considering this submission at the time of writing.

Ockenden Final Report

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

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

Comparison between the Interim and Final Reports

The Interim Report listed seven essential actions:

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

The Final Report includes 15 essential actions:

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

The final report builds on the findings of the first Ockenden report reinforcing the importance of establishing and improving critical oversight of patient safety in maternity units. The patterns of poor clinical care identified in the final report mirror issues identified by previous national reports into maternity care. Themes include failures to follow national guidelines, work collaboratively across disciplines, escalate concerns and delays in transfer. Furthermore, the report highlights significant failings in governance procedures and leadership which resulted in repeated missed opportunities and failures to learn.

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

Trust response to Final Report

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

- A comprehensive self-assessment and GAP analysis within all Trust Divisions to enable further learning from the final report.
- A formal governance and reporting structure will be established to provide scrutiny and assurance to Quality Committee and Trust Board on the progress against all Ockenden Report requirements. This will be overseen by the Chief Nurse & Midwife.

- Digital solutions to be sought to enable sighting of Ockenden Final Action Plan into the Trust Board Performance Report. As part of this, the Digital Team have been requested to explore the feasibility of creating an Ockenden Dashboard demonstrating evidence of progress against the essential actions.
- Discussion to be held with the Council of Governors on 12 May 2022 to provide assurance and identify key priorities for the communities we serve.
- Identification of leads at Divisional, Operational and Executive Level.
- Third line assurance planned with MIAA to undertake audit in Quarter 4 2022/23 on progress (scope to be agreed).

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

<https://www.liverpoolwomens.nhs.uk/media/4189/2022-05-05-final-boardbook-public-board.pdf>

Providing the Best Patient Experience

We believe that we cannot be the recognised leader in health care for Women, babies, and their families unless we deliver outstanding care, and we understand that the experience of that care, and we understand that the experience of that care can have just a significant impact as clinical outcomes. Our ambition is to exceed expectations and deliver an outstanding experience for everyone who uses our services. This means ensuring that people who use our services are valued as individuals and listened to: that what is important to them is important to us and that patients and families are informed and supported so that they can be equal partners in making meaningful decisions about their care.

A new Patient Experience Matron (PEM) was recruited in 21/22, The PEM has now been in post for 6 months. During this time the PEM has started to develop relationships with key stakeholders both internally and externally. The work of the PEM will be ongoing, and updates will be provided at the Trust Patient Involvement and Experience subcommittee. The purpose will be to provide assurance that LWH is progressing towards every patient having an outstanding experience as per the Women, Babies and Family's Strategy. PEM, from commencement in post, leads on arranging the patient stories that are taken to the Trust Board meetings. The feedback from The Executive Team had been very positive and thought provoking. The PEM has taken a blended approach when identifying stories to take to Board. These have included a registered blind patient attending with her guide dog, A member of Liverpool deaf community whose first language is British sign language.



Feedback from patients has included “I can’t believe that I could go to Trust board and tell our story to the chief Executive”. This was feedback from Merseyside Society for Deaf People.

The Executive Team are now gaining first-hand some of the small things that we don’t get right for patients and the huge impact that it would have in improving their experience if we did. The PEM works across all areas in the Trust to ensure that Experience key performance indicators are regularly reviewed. To identify any quality improvements that will ensure that every patient achieves an outstanding experience. Examples of this are the two patients’ stories that were taken to Trust Board have similar themes in relation to accessible information. Both have said that they will work with IT developments to look at ways in improving accessible information. One has already reviewed our translation policy and feedback their comments.

A new Culture Midwife has been recruited in 21/22, this role is a pivotal role to introduce and be Link midwife for Black, Asian and Diverse Ethnic (BAME) women & pregnant people. This is a key aspect of the NHS Long Term Plan (2019) for maternity providers to ensure that women from Black, Asian and diverse ethnic groups receive continuity of carer, as evidence demonstrates that this will help to address poor mortality rates for this cohort of women and their babies. This new exciting role will contribute to the delivery of the partner Trust’s strategic objectives for midwifery by interpreting national guidance and evidence based practice, such as delivery of Continuity of Carer to ensure 75% of minority ethnic women are in receipt of CofC by 2024 and embedding the Saving Babies Lives Care Bundle v2.

The Culture Midwife will establish key links in the community and will establish professional relationships with key stakeholders. Understand the local demographics and outcomes for women from diverse backgrounds and monitor this closely and share learning from this.

There has been a trial with an Interpreter on wheels that the Culture Midwife has been ensuring it is used across Maternity and the feedback from both patients and staff has been

phenomenal. A member of staff said that one of the patient she used it for was quite emotional and very thankful that she was able to be heard and understood through using the Interpreter on wheels as it served an immediate response to her needs.

Other objectives of this role going forward is to have an awareness and be part of the local neighbourhood team`s agenda, educate staff around the diversity of concerns and how to refer appropriate support agencies as necessary, be focused and develop services within the Ethnically diverse Communities and providing and leading service provision within an MDT approach.

Equality, Diversity & Inclusion at LWH achievements during 2021 included Membership of Inclusive Companies for professional support on EDI and to share and learn from other organisations (public and private) who have positive initiatives and experiences for staff from protected characteristics.

Entered the Inclusive companies IT50 (inclusive top 50) and placed 41st with positive feedback and recommendations on how we can improve on this position moving forward. Recruited to two further new roles in 2021/22 within the Trust with key focus on EDI and patient, these are Equality, Diversity and Inclusion Lead and Head of Culture and Staff Experience

Complaints 21/22

Complaints are a valuable source of information on the quality of service the Trust is providing. The trust regularly reviews the factors that may lead to complaints, what can be done to address these factors, and whether the Trust's response to complaints can be deemed to be both appropriate and sufficient. Making a complaint is never easy and it is important that there is an effective and sympathetic process for dealing with complaints. Those who complain should feel that they have been listened to and that learning has taken place. The Trust continues to work hard to ensure that its complaint process is personal and responds to the needs of the individual to ensure that their experience is listened to and put right simply and quickly. This philosophy aligns with the Health Service Ombudsman's Principles of Good Complaints Handling which promotes a customer focused complaints system.

The key findings in 2021-22 were:-

- There were 54 complaints received which shows a slight increase from the 48 the previous year as services have started to reopen.
- The primary issue in the majority of complaints related to Clinical Treatment. Individual instances of these were noted a total of 132 times in the 54 complaints received.
- The amount of Heads of Complaint (HOC) per complaint received rose from an average of 5.3 HOC per complaint in 2020/21 to 6.8 HOC per complaint which shows the concerns being raised cover a wider range of issues.
- 58 complaints were resolved in the last year which includes complaints received in 2020/21. This is an increase from 43 the previous year.

- Of the 58 complaints closed 8 complaints have been upheld, 9 complaints have not been upheld and 39 complaints have been partially upheld. 2 complaints were withdrawn.

Complaint Levels

The Trust received 54 complaints in 2021-22, which is higher from the previous year figure of 48.

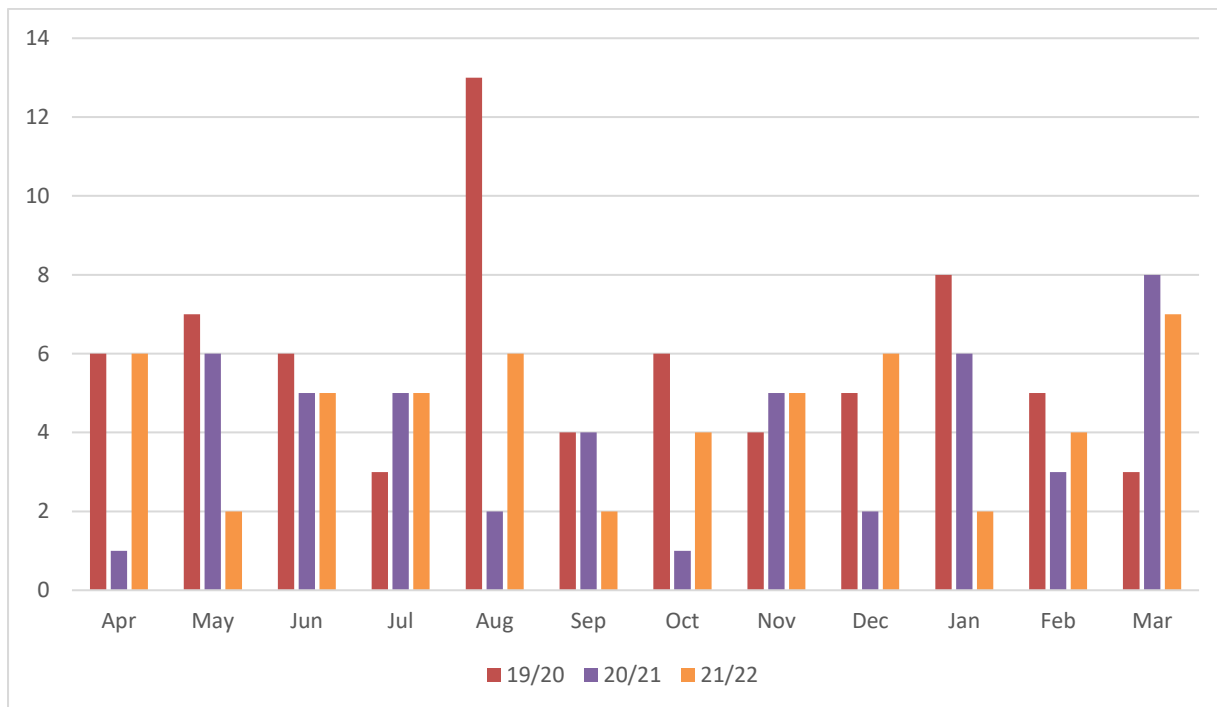


Figure 1: LWHFT Complaints comparison by month

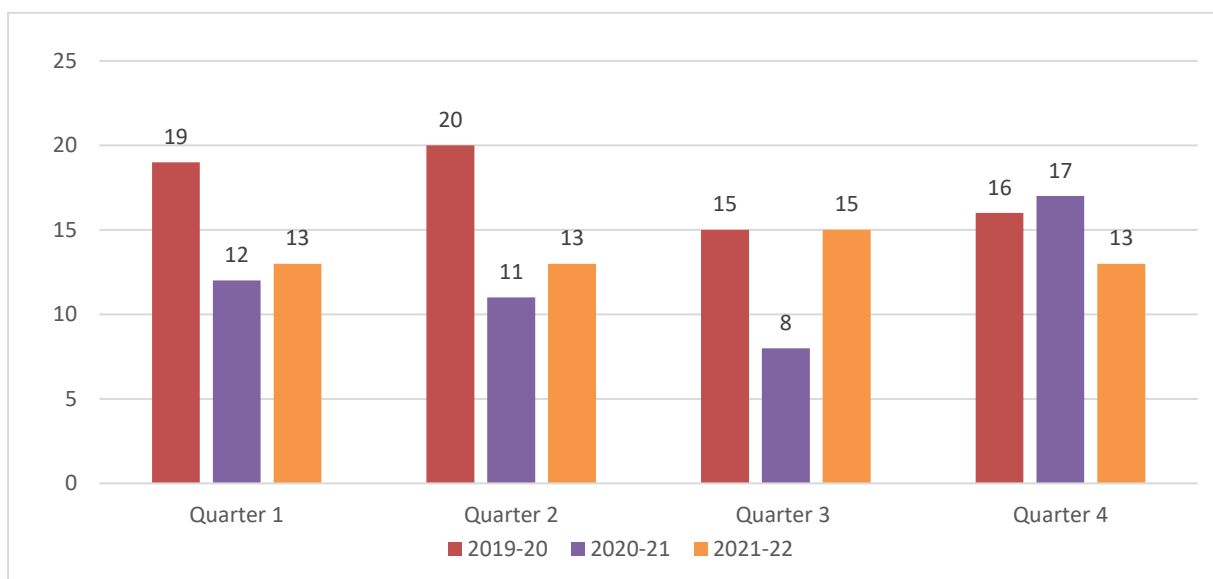


Figure 2: LWHFT Complaints by Quarter, yearly comparison

Lessons Learnt

Repairing relationships is the primary focus of complaint handling. An investigation is concerned with establishing the facts in order to reach a judgment in the matter of complaint and organisational learning is a by-product of the activity. The trust is committed to implementing the learning and recommendations from every complaint where improvements have been identified and recommended.

During 2021 - 22 some examples of the lessons learnt and the actions taken are:

Issue identified/ Lesson Learnt by Investigation	Action Details
Physio appointment cancelled in error as staff member was unsure of referral process	A standard operating procedure (SOP) compiled to instruct staff how to make a direct referral to another healthcare provider.
Patient unclear on procedure undertaken and description in consent	Gynaecology & Fertility Division reviewed the Consent Process to ensure procedure specific consent forms are in place to avoid any confusion
Falls assessment not reassessed weekly and no falls reassessment following fall.	Ward Managers now ensure that falls assessments are repeated weekly on patients and in the event of any change in the patients ability or they fall, documentation in care notes supports nursing interventions to reduce further risk.
A copy of the letter from theatre should have also been sent to the Hewitt for information.	This issue was raised with the theatres department to ensure there is a process in place that this occurs routinely.
Incorrect use of ERA test results	Whilst the departmental Standard Operating Procedure MED- SOP-80 was clear that the ERA test should not be carried out for use in a fresh cycle, this has now been updated and is even

	more explicit with regards the recommendations for use of the ERA test
Delay in surgical diagnosis in pregnancy	A formal review of care was carried out and that learning is shared amongst medical and midwifery staff. This case has been presented at the Liverpool Women's Hospital multi-disciplinary morbidity meeting to highlight the way in which the patient presented and opportunities for earlier diagnosis. Lesson of the week shared prior to formal review.
Epidural not checked	Inspection of Epidural catheter is added to the Trust Guardian system, as a reminder to staff to inspect the Epidural site.
Lack of information given to patient on discharge	Discharge videos to be created for patients to watch prior to discharge and available on LWH intranet.
There was a delay of at least a week in diagnosing non-continuing pregnancy or miscarriage	MDT review undertaken to reflect on what could have been done differently to improve this (or other similar) experience.
There were delays and communication issues with the lab regarding the cytogenetics and karyotype testing.	A clearer SOP agreed with the cytogenetic lab about the processes for requesting, carrying out and reporting of respective tests.
Patient unaware that trainee would be present or involved in her Novasure procedure - nor did she agree to it. Trainee did not complete introductions prior to procedure.	It is good practice for trainees to introduce themselves to patients prior to being involved with their surgery albeit under consultant supervision. Discussion with all trainees undertaken to highlight this issue.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a survey which asks patients, amongst other things whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. The national FFT and family data can be found at: <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

LWH contacts patients who have received care or attended appointment via text message to ask them to complete the online survey. The survey is also available to complete via the LWH website at any time.

The overall results in 2021/22 showed:

Recommendation score - this score is based on the responses to the question "Thinking about the service we provided, overall, how was your experience of our service?"	92.28%
Overall experience score (satisfaction report) – this score is based on the responses to the question "Please rate your overall experience (Poor=1 to Good=10)"	89.92%
Total number of responses	11029
Total Number of responses with free text comments	10963

The FFT ask patients some equality monitoring questions to enable us to monitor if any of these characteristics are having a detrimental impact on their experience by comparing both overall experience and recommendation scores. These are reviewed under 3 categories:

- Age
- Ethnicity
- Disability

All information collected in from the FFT is made available daily via Power BI. This contains full details of all the positive and negative comments from the respondents along with suggestions for improvements they would like to see. There is an ability by divisional and departmental leaders to record in Power BI the actions they have taken in response to the individual comments left

Staff Survey Results

The 2021 National Staff Survey was conducted from October to November 2021, with the results being published nationally in March 2021. The survey period coincided with a major incident at Liverpool Women's Hospital, and whilst a short extension was granted, it is possible that this might have had an effect of some of the results.

Overall Theme Scores

In analysing the results, the areas where there has been a statistically significant change (+/- 5%) have been focused on.

There were 22 questions where there was a statistically significant decline in the score and 6 questions where there had been a statistically significant improvement in the score.

Our overall '**staff engagement**' score has reduced from **7.1** in 2020 to **6.9** in 2021, following a pattern of gradual increase over the previous years.

Responses for other questions remained comparable to with the 2020 results.

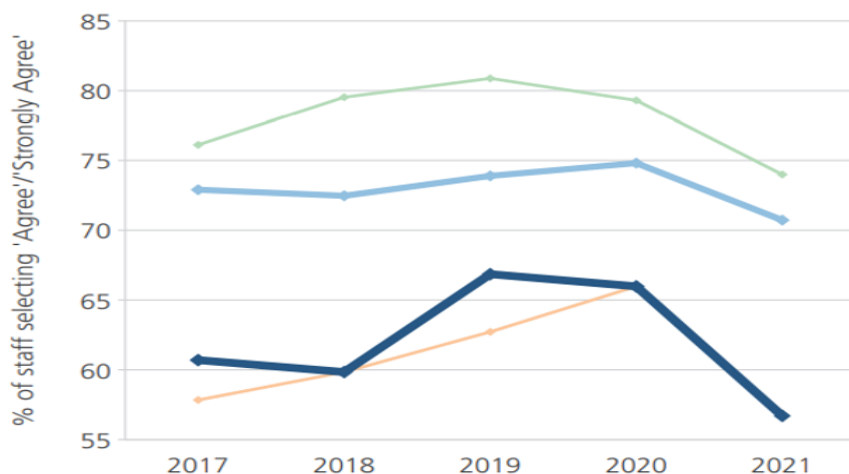
As the questions have been grouped under the People Promise themes for the first time in 2021, direct comparison with the theme scores in 2020 is not possible. It is however, evident that LWH scores below the average score (for the 13 comparator Trusts) across all 9 themes.

The national picture has reported a decline in many of the scores from questions with some being at their lowers in the past 5 years. The national average response rate was 48% and the graph below demonstrates the national responses over the past 5 years.

Liverpool Women's Hospital have in previous years paid particular attention to the questions '*would you recommend the organisation as a place to work*' and '*if a friend or relative needed treatment, would you be happy with the standard of care in this organisation*'.

By their nature, these questions are a good barometer of how employees feel about Liverpool Women's as a whole. These questions, along with questions relating to morale, job satisfaction and employee voice, are combined to create the overall 'Staff Engagement Score'. Both these questions have seen a statistically significant decrease in positive scores, and we are the lowest scoring specialist Trust in both categories.

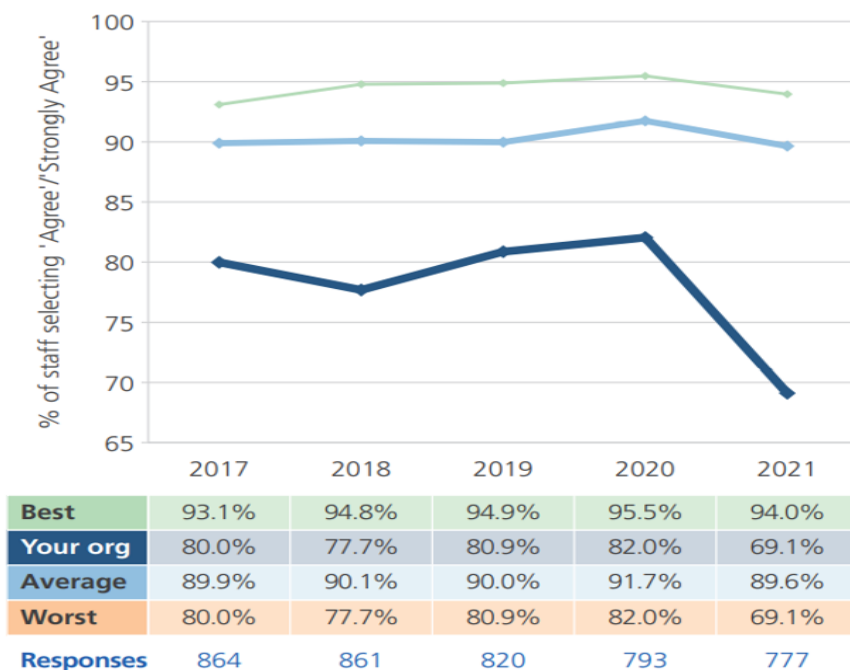
Q21c) I would recommend my organisation as a place to work



Best	76.1%	79.5%	80.9%	79.3%	74.0%
Your org	60.7%	59.8%	66.9%	66.0%	56.7%
Average	72.9%	72.5%	73.9%	74.8%	70.7%
Worst	57.8%	59.8%	62.7%	66.0%	56.7%
Responses	863	866	820	790	778



Q21d) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



Duty of Candour

20/21 was completed last year. 21/22 and 22/23 will be rolled in to 1 audit which will be completed during this year.

Trusts Responsiveness to Personal Needs of Patients

Despite the restrictions brought about by the pandemic and the subsequent pressures on available resources, the service and experience the Trust provides in both gynaecology and maternity, to those with additional needs continues to reflect its aspiration to provide equality of access and the highest quality of care.

In the most recent audit, covering 2021/22 the following were evidenced:

- The arrangements in place to identify and flag patients with learning disabilities, autism and or dementia from the point of admission through to discharge were effective.
- Reasonable adjustments to care pathways were made to ensure patients were able to access highly personalised care and achieve equality of outcomes.

- Those providing care had the specialist knowledge and skills to meet the unique needs of people with learning disabilities, autism and or dementia.
- The experiences of those included in the audit were equal to the Trust Friends and Family Test (FFT) scores for patients without a learning disability, autism or dementia

Moving forward, this year has also seen the Trust ratify the Supporting Patients with Additional Needs Strategy.

This strategy sets out a three-year strategic plan detailing how we will respond to the profile of our local population and work with our patients, carers, staff, and partners to deliver high quality, person-centred care for people with additional needs and their carers/families.

It sets out the journey we will take over the next three years to ensure we continue to improve patient outcomes; patient experience and partnership working and describes our intention to:

- Respect and promote the rights of those with additional needs
- Enable staff to develop a better understanding of people with additional needs; including those with dementia, learning and or physical disabilities and autism and to equip them to deal more effectively with the needs of the individual.
- Improve the health and wellbeing of people with additional needs who access the Trust, working in partnership with people with additional needs, their families, carers and the local community.

Whilst the Trust is committed to promoting equality and non-discriminatory, this strategy focuses on how we will continue to promote the rights of those with additional needs that meet the definition of having a disability as described in the Equality Act 2010.

These include but are not restricted to those with a learning disability, autism, dementia, mental illness and or a physical disability.

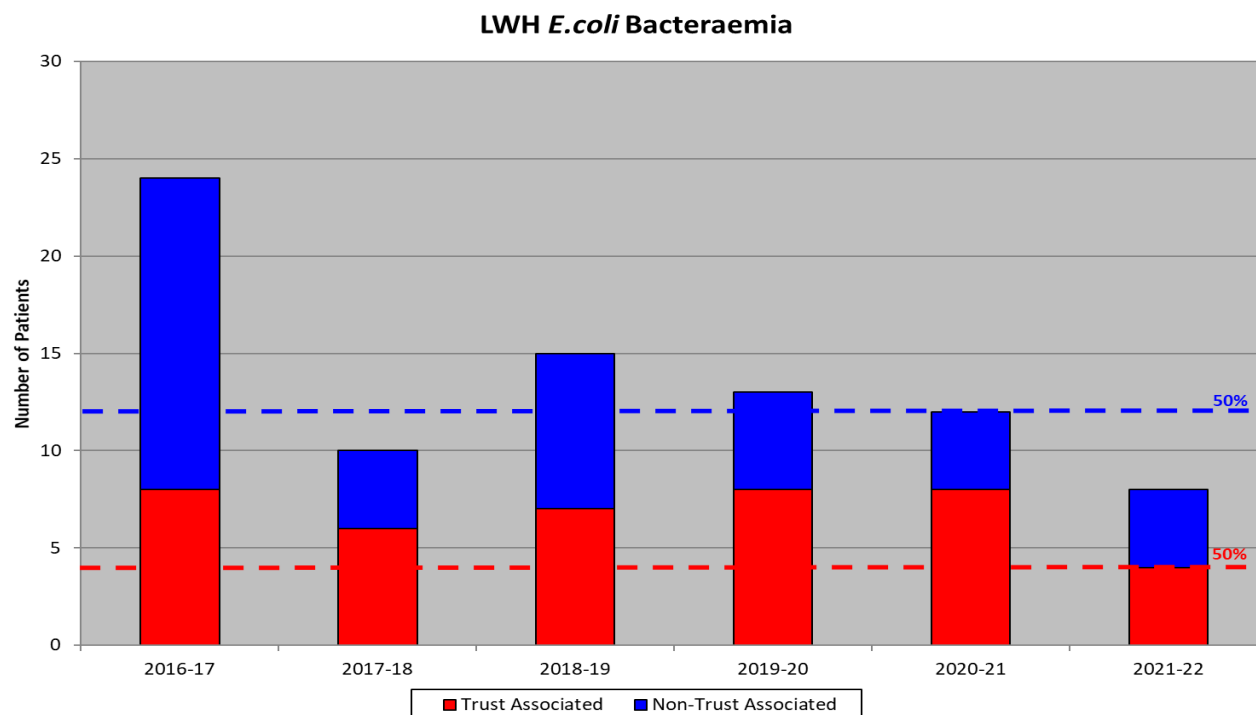
Infection, Prevention and Control

Trusts are required under the NHS Standard Contract to minimise rates of both C. difficile and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement. A focus across ICSs on reducing infection levels is important as actions to reduce the risk of infections and to support early diagnosis and appropriate treatment will have beneficial effects for both patient outcomes and service demand.

All Trusts are asked to record the rate of Trust apportioned C.difficile per 100,000 bed days. LWH Trust trajectory is 0 which the Trust has maintained since 2017.

Organism	Target/Trajectory	April 2019 - March 2020	April 2020 - March 2021	April 2021 - March 2022
<i>Clostridioides difficile</i> infection (CDI)	0	0	0	0

There is a national ambition to reduce Gram-negative bacteraemia (particularly *E. coli*) by 50%. Although this is not a specific Trust target the IPCT have been working with regional groups facilitated by the CCG to reduce *E. coli* sepsis. Both the total number of *E. coli* bacteraemia's and those categorised as Trust associated (defined by time from admission) are reduced this year.



COVID-19

The Trust reported 0 staff outbreaks of Covid-19 infection in 2021 -22

There have been no patient COVID-19 infection outbreaks in 2021-22

Annex 1: Statements from our Partners

Liverpool Women's shares its Quality Report with commissioners, local Health watch organisations and Local Authority Overview and Scrutiny Committees. This section of the report details the responses and comments we have received from them.

Liverpool Clinical Commissioning Group is leading on the response this year

NHS Liverpool Clinical Commissioning Group
NHS Knowsley Clinical Commissioning Group
NHS Sefton Clinical Commissioning Group
NHS Southport and Formby Clinical Commissioning Group
NHS Halton and Warrington Clinical Commissioning Group
NHS St Helens Clinical Commissioning Group
NHS England and Improvement Specialised Commissioning

Quality Account Statement 2021-22 Liverpool Women's Hospital NHS Foundation Trust

NHS Liverpool, Sefton, Southport & Formby, Knowsley, Halton and Warrington and St Helens CCG's along with NHSE/I Specialist Commissioning welcome the opportunity to jointly comment on the Liverpool Women's Hospital Foundation Trust Draft Quality Account for 2021-22. It is acknowledged that the submission to Commissioners was draft and that some parts of the document require updating. Commissioners look forward to receiving the Trusts final version of the Quality Account.

Trust has continued in 2021/22 to manage the challenges posed due to the ongoing COVID-19 pandemic. We would like to take this opportunity to thank the Trust and its staff for the work it has undertaken through the different waves of the pandemic to adapt and deliver care and for their support in providing mutual aid to support the wider system and by supporting the COVID vaccination program.

We have worked closely with the Trust throughout 2020-21 to gain assurances that the services they delivered were safe, effective, and personalised to service users. The CCGs share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care. The account reflects good progress on most indicators.

This account indicates the Trust's commitment to improving the quality of the services it provides and supports the key priorities for improvement of quality during 2021/22. Commissioners note the priorities and for 2020/21 were:

- 1: Reduce avoidable harm
- 2: Achieve the best clinical outcomes
- 3: Provide the best Patient Experience

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals, in line with the Trust Clinical and Quality Strategy Aims and Priorities for 2020-2025.

Through this Quality Account and on-going quality assurance process the Trust clearly demonstrates their commitment to improving the quality of care and services delivered.

The Trust places significant emphasis on its safety agenda; demonstrating commitment to continuous evidence based quality improvement and promotion of a fair and just culture with a commitment to increase its Fair and Just Leaders and implement a program of human factors training. This is reflected in the ongoing work that the Trust has undertaken towards the Ockenden Report requirements for which the Trust have collated the available evidence and assessed itself against the urgent clinical priorities identified and reported to NHSE/I as required. The publication of the final Ockenden report in March 2022 includes extensive published actions that require a detailed response from all Divisions within the Trust, inclusive of Neonatal, Governance, Maternity, Anaesthesia, Operational and Clinical Support Services. The Trust has set out its approach in its strategic and operational response to the Final Report and the 15 essential actions. The Trust acknowledges that this will be an ongoing journey which will require working with and engaging with staff, women, families, and partner organisations to make sure that they achieve and deliver on the essential actions in full. The Trust will do this through collaboration, learning and most importantly by listening to the women and families they care for.

The work that the Trust has undertaken to improve outcomes in 2021/22 on the following work streams is of particular note.

- The Trust invested in 2021/22 in a Robotic Surgery Programme for Gynaecology. LWH are the only dedicated Women's Trust in the UK with a Robotic Gynaecology Programme.
- The neonatal unit introduced Europe's first neonatal telemedicine service. This allowed Neonatologists and specialists to be at the cot side of any baby cared for within the neonatal partnership within 5 minutes. This service has been recognised nationally and internationally. The system is now being used by the maternity teams to attend pregnant women being cared for in intensive care units in other hospitals
- The Fetal Medicine Unit has moved its estate and expanded its service during 2021/22. The Fetal Medicine unit now provides a Twin-to-Twin laser service and has treated four cases, and this will further increase throughout 2022/23.
- Recruitment of a new Patient Experience Matron & Culture Midwife
- The Trust have secured funding for the creation of a Community Diagnostic Centre (CDC). CDC will see a permanent CT, MRI and a wide range of diagnostic activity accessible to all patients across the city as well as giving Liverpool Women's patients access to timely and more convenient diagnosis in emergency situations.

The CCGs acknowledge the Trust's work with commissioners and the continued involvement of patients and carers in developing options for the future, based on strong clinical evidence and the most rigorous standards of quality. Commissioners would like the Trust to continue to demonstrate a focus on clinical sustainability and safety as a stand-alone site through the implementation of the new Clinical and Quality Strategy.

Commissioners are aspiring through strategic objectives and five year plans to develop an NHS that delivers great outcomes, now and for future generations. This means reflecting the

government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are reflective of the current issues across the health economy. The priorities being:

Priority 1 - Create a fair and just culture. Deliver comprehensive Human Factors training

Priority 2 - Adopt relevant tested interventions. Deliver national targets in context of COVID-19 recovery.

Priority 3 - Create a Culture of safety. Deliver outstanding medicines safety, maternity, and neonatal safety

We therefore commend the Trust in taking account of opportunities to further improve the delivery of excellent, compassionate, and safe care for every patient, every time.



**Jane Lunt Chief Nurse
NHS Liverpool CCG**

Signed on behalf of the Chief Nurses for NHS Liverpool, South Sefton, Southport & Formby and Knowsley Halton and Warrington and St Helens CCG's

Liverpool Women's Hospital Quality Account 2021-2022 commentary

Healthwatch Liverpool welcomes the opportunity to comment on this 2021-22 Quality Account for the Liverpool Women's Hospital NHS Foundation Trust.

We base our commentary on the Quality Account report itself, our engagement with the Trust, and feedback and enquiries that we receive throughout the year. Due to the continuing Covid-19 pandemic our usual Listening Event at the Trust could not take place again during 2021-22.

The document highlights both positive steps and some of the issues that the Trust has had to deal with in the past year. Although the Covid-19 pandemic appears to have been managed with no patient or staff outbreaks reported, existing pressures on staffing levels were exacerbated by sickness absence, and backlogs in treatment continued to grow (as they did across the NHS). Regrettably - but perhaps inevitably - the number of patients waiting for treatment for more than a year increased, and although the 2-week target for cancer referrals was nearly met, further cancer waiting times were not. We are aware that this is linked to wider NHS pressures, but also know of the impact these delays can have on patients. However, we realise that this is something that the Trust cannot resolve on its own.

In addition to Covid pressures, the terror-related incident in November 2021 had a temporary impact on services, but may have had a longer lasting impact on the staff's and patients' sense of safety and security.

However, the Quality Account also describes welcome developments such as the robotic surgery programme introduced in gynaecology, with its initial findings that this has resulted in improved outcomes for patients. We were also pleased to learn about other innovative ways of working, for example the development of the neonatal telemedicine service.

The Crown Street Enhancement programme is another positive step forward; having more diagnostic services on site will not only benefit patients cared for by the Trust, but many other patients locally.

Instead of annual quality priorities the Trust has continued to focus on its 3 aims for 2020-2025: zero stillbirths, zero maternal deaths, and zero never events. We welcome that the Trust has continued to have zero maternal deaths.

We were pleased to see the appointment of a Cultural Liaison Midwife, especially in light of the MBRRACE report. We also welcome the appointment of a Patient Experience Matron as an additional measure to ensure that patients' voices are heard at all levels of the Trust.

It was positive to note the reassurance that the Trust received from the Regional Chief Midwife Team and Mersey Local Maternity System representatives about the Trust's response to the 2020 interim Ockenden report. The final Ockenden report was published at the end of March 2022 and included further recommendations relevant to all maternity services. We know that the

Trust will be looking to implement changes as a result of the recommendations where necessary, and we look forward to learn more about this in due course.

We have had regular and constructive engagement with the Trust this year, and we aim to recommence our face-to-face engagement with patients and visitors at the Trust during 2022-23. We look forward to our ongoing work with Liverpool Women's Hospital, helping to ensure that patients' voices continue to be central in celebrating good practice, and in feeding back if and where improvements could be made.

Commentary from Local Authority Overview & Scrutiny Committees (OSCs)

Not received

Annex 2: Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

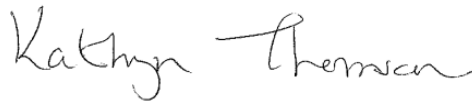
- the content of the quality report meets NHS England's Quality Accounts requirements 2021/22
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2021 to May 2022
 - papers relating to quality reported to the Board over the period April 2021 to May 2022
 - feedback from commissioners dated 24 June 2022
 - feedback from local Healthwatch organisations dated 14 June 2022
 - the national staff survey May 2021
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 16 June 2022
 - CQC inspection report dated 22 April 2020
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.



Robert Clarke
Chair
20 June 2022



Kathryn Thomson
Chief Executive
20 June 2022

Annex 3: Glossary of Terms

Assisted Conception	The use of medical procedures to produce an embryo.
CCG	Clinical Commissioning Group – Local groups of GP practices commissioned health services from the Trust for their patients.
Epidural	Form of regional analgesia used during childbirth.
Established Labour	The period from when a woman is 4 cms dilated and contracting regularly.
Gynaecology	Medical practice dealing with the health of the female reproductive system.
Gynaecological Oncology	Specialised field of medicine that focuses on cancers of the female reproductive system.
Haemorrhage	The flow of blood from a ruptured blood vessel.
HES	Hospital Episodes Submission.
HFEA	Human Fertilisation & Embryology.
HIE	Hypoxic Ischaemic Encephalopathy is an acute disturbance of brain function caused by impaired oxygen delivery and excess fluid in the brain.
HSCIC	Health and Social Care Information Centre.
Intraventricular Haemorrhage	Bleeding within the ventricles of the brain.
Intrapartum	Occurring during labour and delivery.
LWFT (sometimes LWH)	Liverpool Women's NHS Foundation Trust.
Maternity	The period during pregnancy and shortly after childbirth.
MBRRACE -UK	Mother and Baby Reducing Risks through Audits & Confidential Enquiries across the UK.
Neurological	The science of the nerves, the nervous system and the diseases affecting them.
Neonatal	Of or relating to newborn children.
NICE	National Institute for Health and Care Excellence.
NIHR	National Institute for Health Research.
NNAP	National Neonatal Audit Project.
NMR / NNMR	Neonatal Mortality Rate; Deaths of infants in the newborn period.
NRLS	National Reporting & Learning System.
ONS	Office for National Statistics.
PALS	Patient Advice & Liaison Service.
Perinatal	The period surrounding birth.
Periventricular Leukomalacia	A form of brain injury involving the tissue of the brain known as 'white matter'.
PHE	Public Health England.
Postnatal	Term meaning 'After Birth'.
Post-operative	Period immediately after surgery.
Pre-eclampsia	A condition involving a number of symptoms including increased maternal blood pressure in pregnancy and protein in the urine.
RCOG	Royal College of Obstetrics & Gynaecology.
Root Cause Analysis	A method of problem solving used for identifying the root causes of faults or problems.
SGA	Small for Gestational Age.

Tissue Viability	Tissue Viability is about the maintenance of skin integrity, the management of patients with wounds and the prevention and management of pressure damage.
Ultrasound	Sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.
VTE	Venous Thrombo-embolism; this describes a fragment that has broken away from a clot that had formed in a vein.
VLBW	Very Low Birth Weight - babies born weighing less than 1500 grams
VON	Vermont Oxford Neonatal Network.
WHO	World Health Organisation.

5. Independent Auditors Report 2021/22

**To the Council of Governors of Liverpool Women's NHS Foundation Trust –
See over page**

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Liverpool Women's NHS Foundation Trust ("the Trust") for the year ended 31 March 2022 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2022 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2021/22.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of, the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the Trust’s high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity or incentive for the Trust to manipulate the income that was reported.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included entries made to unrelated accounts linked to the recognition of expenditure and other unusual journal characteristics.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Evaluating accruals and provisions posted as at 31 March 2022 and verifying accruals are appropriate and accurately recorded.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards), and discussed with the directors the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity’s procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information.
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion that report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 103, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the relevant NHS regulatory body under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure, or is about to take, or has taken, a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Liverpool Women's NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Debra Chamberlain
for and on behalf of KPMG LLP
Chartered Accountants
Liverpool

22 June 2022

6. Foreword to the Accounts

Accounts for the period ending 31 March 2022.

The following presents the accounts for the Liverpool Women's NHS Foundation Trust for the period ending 31 March 2022.

The accounts have been prepared in accordance with the requirements as set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act) in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.

Signed

A handwritten signature in dark ink, reading 'Kathryn Thomson', is positioned to the left of a vertical line.

Kathryn Thomson
Chief Executive
20 June 2022

Liverpool Women's NHS Foundation Trust

Annual accounts for the year ended 31 March 2022

Statement of Comprehensive Income

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	2	135,334	112,594
Other operating income	3	7,619	17,906
Operating expenses	6.1	(140,486)	(132,297)
Operating surplus / (deficit) from continuing operations		2,467	(1,797)
Finance income	11	10	0
Finance expenses	12	(34)	(49)
PDC dividends payable		(2,437)	(2,185)
Net finance costs		(2,461)	(2,234)
Other gains	13	36	39
Surplus / (deficit) for the year		42	(3,992)
Other comprehensive income:			
Will not be reclassified to income and expenditure:			
Impairments	7	0	(6,807)
Revaluations	17	5,226	0
Total comprehensive income / (expense) for the period		5,268	(10,799)

The Statement of Comprehensive Income records the Trust's income and expenditure in summary form in the top part of the statement and any other recognised gains and losses are taken through reserves under other comprehensive income.

All income and expenditure is derived from continuing operations. The Trust has no minority interest.

Statement of Financial Position

		31 March 2022	31 March 2021
	Note	£000	£000
Non-current assets			
Intangible assets	14	461	618
Property, plant and equipment	15	100,435	88,925
Receivables	19	435	543
Total non-current assets		101,331	90,086
Current assets			
Inventories	18	523	410
Receivables	19	5,929	4,976
Cash and cash equivalents	20	11,192	4,235
Total current assets		17,644	9,621
Current liabilities			
Trade and other payables	21	(23,210)	(17,172)
Borrowings	23.1	(613)	(614)
Provisions	24.1	(3,216)	(3,324)
Other liabilities	22	(4,157)	(3,136)
Total current liabilities		(31,196)	(24,246)
Total assets less current liabilities		87,779	75,461
Non-current liabilities			
Borrowings	23.1	(913)	(1,525)
Provisions	24.1	(673)	(766)
Other liabilities	22	(1,561)	(1,592)
Total non-current liabilities		(3,147)	(3,883)
Total assets employed		84,632	71,578
Financed by			
Public dividend capital		70,713	62,927
Revaluation reserve		12,749	7,522
Income and expenditure reserve		1,170	1,129
Total taxpayers' equity		84,632	71,578

The notes following the primary statements, numbered 1 to 30 form part of these accounts.

The financial statements contained within these accounts were approved by the Board of Directors on the 20th June 2022 and were signed on its behalf by:

Signed: 

Name : Kathryn Thomson
Job title: Chief Executive

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021	62,927	7,522	1,129	71,578
Surplus for the year	0	0	42	42
Revaluations	0	5,226	0	5,226
Public dividend capital received	7,786	0	0	7,786
Other reserve movements	0	1	(1)	0
Taxpayers' and others' equity at 31 March 2022	70,713	12,749	1,170	84,632

In 2021/22, the Trust received £7,786k of Public Dividend Capital and this related to the following:

- £1,600k Emergency Capital – additional funding in relation to the Crown Street Enhancements build project.
- £2,854k Community Diagnostic Centre - additional funding in relation to the Community Diagnostic Centre build costs and equipment costs.
- £1,265k Digital Diagnostics – additional funding in relation to the further advancement and implementation of Digital Diagnostics at the Trust.
- £632k Digital Maternity – additional funding in relation to the implementation of Digital Maternity functionality at the Trust.
- £1,145k Frontline Digitisation – additional funding in relation to the implementation of additional digital capabilities at the Trust.
- £80k Robotic Process Automation (RPA) – additional funding in relation to the further advancement and implementation of Robotic Process Automation (RPA) capabilities at the Trust.
- £210k Cyber Security – additional funding in relation to Cyber Security capabilities.

In 2021/22, the Trusts revaluation reserve increased by £5,226k in year and this was in relation to a land and buildings valuation increase as a result of the desktop valuation carried out by the Trust's external valuers Cushman and Wakefield as at the 31st March 2022.

In 2021/22, the Trusts income and expenditure reserve increased by £42k in year and this was in relation to the Trust's recorded surplus in the 2021/22 financial year.

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020	42,519	14,329	5,121	61,969
Deficit for the year	0	0	(3,992)	(3,992)
Impairments	0	(6,807)	0	(6,807)
Public dividend capital received	20,408	0	0	20,408
Taxpayers' and others' equity at 31 March 2021	62,927	7,522	1,129	71,578

In 2020/21, the Trust received £20,408k of Public Dividend Capital and this related to the following:

- £14,572k PDC loans conversion - on the 2nd April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at the 1st April 2020 were extinguished and replaced with the issue of PDC to allow their repayment. Resultantly, during the 2020/21 financial year the affected Neonatal Capital loans totalling £14,572k were repaid by the Trust and the Trust was issued with £14,572k of PDC.
- £428k Neonatal Extension – following the reforms to the NHS cash regime for the 2020/21 financial year all capital and revenue loans are now to be issued as PDC. The Trust drew down the remaining £428k of the Trusts agreed Neonatal capital extension funding of £15m as PDC.
- £4,909k Emergency Capital - NHS England and NHS Improvement approved the Trust's plans to draw down £6,509k of PDC funding to fund improvements to the capital infrastructure and equipment at the Trust. It was agreed that £4,909k was to be funded as PDC in 2020/21 with the residual balance of £1,600k to be funded as PDC in 2021/22.
- £364k Critical Infrastructure Risk Funding - NHS England and NHS Improvement approved the Trust's plans to draw down £364k of PDC funding to fund improvements to the capital estates and building infrastructure of the hospital.
- £97k Workforce Roster System - this related to additional Department of Health funding that the Trust bid for and was successful in obtaining in relation to the implementation of a Workforce Electronic Roster System.
- £38k COVID Capital funding – this related to additional funding approved by NHS England and NHS Improvement in relation to specific capital purchases made by the Trust in response to the COVID-19 pandemic.

In 2020/21, the Trusts revaluation reserve reduced by £6,807k in year and this was in relation to a buildings valuation decrease as a result of the desktop valuation carried out by the Trust's external valuers Cushman and Wakefield as at the 31st March 2021.

In 2020/21, the Trusts income and expenditure reserve reduced by £3,992k in year and this was in relation to the Trust's recorded deficit in the 2020/21 financial year.

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

		2021/22	2020/21
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		2,467	(1,797)
Non-cash income and expense:			
Depreciation and amortisation	6.1	5,629	5,327
Income recognised in respect of capital donations	3	(34)	(195)
(Increase) / decrease in receivables and other assets		(948)	1,543
(Increase) / decrease in inventories		(113)	22
Increase / (decrease) in payables and other liabilities		5,544	(1,401)
Increase / (decrease) in provisions		(196)	2,154
Other movements in operating cash flows		0	3
Net cash flows from operating activities		12,349	5,656
Cash flows from investing activities			
Interest received		4	0
Purchase of intangible assets		(18)	0
Purchase of Property, Plant and Equipment		(10,302)	(8,954)
Sales of Property, Plant and Equipment		36	48
Net cash flows from / (used in) investing activities		(10,280)	(8,906)
Cash flows from financing activities			
Public dividend capital received		7,786	20,408
Movement on loans from DHSC		(612)	(15,184)
Interest on loans		(40)	(91)
PDC dividend paid		(2,246)	(2,295)
Net cash flows from financing activities		4,888	2,838
Increase / (decrease) in cash and cash equivalents		6,957	(412)
Cash and cash equivalents at 1 April - brought forward		4,235	4,647
Cash and cash equivalents at 31 March	20.1	11,192	4,235

Notes to the Accounts:

Note 1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going concern

The financial statements are prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case for the following reasons:

In 2021/22 the Trust achieved a small surplus financial position.

In 2021/22 the Trust did not require any additional revenue support loans to support the cash position. The Trust is no longer in receipt of distressed financing.

During the prior 2020/21 financial year, the Trust's Neonatal Loans were extinguished per the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement's announcement on the 2nd April 2020 regarding reforms to the NHS cash regime. As a result of these reforms, during 2020/21 the Trusts' Neonatal Capital Loans of £14,572k were repaid to the DHSC and the Trust was issued with a corresponding £14,572k of Public Dividend Capital (PDC) to allow the repayment.

In 2021/22 the Trust continued to repay the yearly £612k principal balance of its Capital ITFF loan in accordance with the payment terms and this sole remaining loan will be fully repaid in September 2024.

The Trust's expectation is that services will continue to be provided from the existing hospital sites in the short term.

In addition to the matters referred to above, the Trust has not been informed by NHSI that there is any prospect of its dissolution within the next twelve months and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

Note 1.1 Interests in other entities

Liverpool Women's NHS Foundation Charitable Trust

The Liverpool Women's NHS Foundation Trust is the Corporate Trustee of the Liverpool Women's NHS Foundation Charitable Trust (Registration No. 1048294). The Trust has assessed its relationship to the Charitable Trust and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the Charitable Trust and has the ability to affect those returns and other benefits through its power over the Trust.

The Charitable Trust's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on FRS 102. The Trust has not consolidated the Liverpool Women's NHS Foundation Charitable Trust in its accounts on the grounds of materiality.

Cheshire & Merseyside Local Maternity System (LMS)

From the 1 April 2021, the Cheshire & Merseyside Local Maternity System (LMS) that had previously been hosted by Liverpool CCG as part of the Cheshire and Mersey Women and Children's Programme, has been hosted by the Trust. In accordance with the DHSC Group Accounting Manual 2021-22, the Trust accounts for this hosted service on an agent basis. This means that the receipts the Trust receives from other members of the pool are not recognised as income and are effectively netted off against the payments it makes on their behalf. These amounts simply pass through the Trust acting as an agent, and are accounted for on a net basis.

Segmental Reporting

The Trust's core activities fall under the remit of the Chief Operating Decision Maker (CODM), which has been determined to be the Board of Directors. These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. In 2021/22, these were fixed block contracts. The Trust's main commissioners are listed in the related party disclosure (see Note 29).

Although the Trust is organised into three separate clinical divisions (Family Health, Gynaecology and Clinical Support Services), these have been aggregated into a single operating segment. The divisions have similar economic characteristics, the nature of services are similar (NHS care), they have the same customers, and are reported internally in aggregate. The majority of the Trust's customers come from the City of Liverpool and surrounding areas, although the Trust also has contracts to treat patients from further afield including Wales and the Isle of Man. All divisions have the same regulators (NHS Improvement, the Care Quality Commission and the Department of Health). The overlapping activities and interrelation between the divisions also suggests that aggregation is appropriate. The divisional management teams report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

Note 1.2 Revenue

Note 1.2.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Sustainability and Transformation Partnership level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups were received to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.2.2 Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Note 1.2.3 Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.2.4 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Holiday Pay Accrual

Leave outstanding per employee as at 31 March 2022 was assessed across the whole Trust and the accrual was calculated from this data.

Note 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control, or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Fair value of land and buildings are based on advice received from the independent and professional valuers Cushman and Wakefield. Valuations provided by the professional valuers for land and buildings as part of a desktop valuation as at the 31 March 2022 have been reflected in the 2021/22 accounts.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

In the 2019/20 financial year, as a result of the COVID-19 pandemic and in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 'Red Book', the external valuers Cushman and Wakefield declared a 'material valuation uncertainty' in the valuation report. This was on the basis of uncertainties in markets caused by COVID-19. Cushman and Wakefield have stated that they could attach less weight to previous market evidence and published build cost information, to inform opinions of value. The current response to COVID 19 meant that they were faced with an unprecedented set of circumstances on which to base a judgement. However, Cushman and Wakefield also commented that their 'material valuation uncertainty' declaration did not mean that the valuation could not be relied upon. This clause was a disclosure, not a disclaimer. It was used in order to be clear and transparent with all parties, in a professional manner that – in those extraordinary circumstances – less certainty could be attached to the valuation than would otherwise be the case.

In the 2020/21 and current 2021/22 financial years, the external valuers Cushman and Wakefield have made clear that as at the valuation date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, Cushman and Wakefield's valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 15.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the *DH GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	0	0
Buildings, excluding dwellings	30	60
Dwellings	35	40
Plant and machinery	1	10
Information technology	1	5
Furniture and fittings	1	15

Note 1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	1	5

Note 1.7 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method. Net realisable value represents the estimated selling price less all estimated costs to completion and selling costs to be incurred. No provision is made for obsolete or slow moving items as they are not included within inventory valuations.

In 2020/21 and 2021/22 and in response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £98k of items purchased by DHSC. The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 1.8 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of Liverpool Women's NHS Foundation Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.9 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.
Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

All financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.11.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

The Trust has no finance leases in which the Trust acts as a lessee.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.11.2 The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

The Trust has no finance leases in which the Trust acts as a lessor.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the NHS Trust is disclosed at note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Pension provisions

Pension provisions relating to former employees, have been estimated using the life expectancy from the Government's actuarial tables. Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of minus 1.30% for employee early departure obligations.

Legal claims

Legal claims provisions relate to employer and public liability claims. Expected costs are advised by NHS Resolution or other legal professionals.

Other provisions

Other provisions are in respect of costs arising from organisational restructure and contractual obligations and are calculated using appropriate methodology in line with IAS 37.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Corporation tax

The Trust has determined that it has no corporation tax liability having reviewed "Guidance on the tax treatment of non-core health care commercial activities of NHS Trusts" issued by HM Revenue and Customs supplemented by access to specialist advice when necessary.

Note 1.17 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Transfers of functions between other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain or loss corresponding to the net assets or liabilities transferred are recognised within income or expenses respectively, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss or gain corresponding to the net assets / liabilities transferred are recognised within expenses or income respectively, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Note 1.22 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions regarding the carrying amount of assets and liabilities that are not readily apparent from other sources. These estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates as underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised.

The areas requiring critical judgments in the process of applying accounting policies are:

- Asset valuation and lives (including capitalisation of costs in respect of assets in the course of construction).
- Impairments of receivables.
- Holiday pay accrual.
- Pension provisions.
- Legal claims and entitlements.

Further detail of these policies can be found in their specific accounting policy notes.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2021/22. These standards are still subject to HM Treasury FReM adoption:

IFRS 16 Leases:

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged. IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022 this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases. For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

Estimated impact on 1 April 2022 statement of financial position	£000
Additional right of use assets recognised for existing operating leases	49
Additional lease obligations recognised for existing operating leases	(49)
Changes to other statement of financial position line items (excluding reserves)	0
Estimated impact on net assets on 1 April 2022	0
 Estimated in-year impact in 2022/23	 £000
Additional depreciation on right of use assets	(25)
Additional finance costs on lease liabilities	(0)
Lease rentals no longer charged to operating expenditure	26
Estimated impact on surplus / deficit in 2022/23	1
 Estimated increase in capital additions for new leases commencing in 2022/23	 0

Other standards, amendments and interpretations:

IFRS 14 Regulatory Deferral Accounts - Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2023: early adoption is not permitted.

Note 2 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.2.1

Note 2.1 Income from patient care activities (by nature)

	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income*	124,029	95,712
Other NHS clinical income	483	8,827
Private patient income	3,855	3,028
Elective recovery fund**	1,599	0
Additional pension contribution central funding***	3,089	2,898
Other clinical income	2,279	2,129
Total income from activities	135,334	112,594

*In 2021/22, all top up / COVID income funding was received by the Trust via Liverpool CCG and is recognised as Income from Patient Care Activities. In 2020/21 significant additional income was paid nationally by NHS Improvement / England and included as Other Operating Income in note 3.

**In 2021/22, the Elective Recovery Fund was established to enable systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

***The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 2.2 Income from patient care activities (by source)

	2021/22	2020/21
	£000	£000
Income from patient care activities received from:		
NHS England	28,202	28,101
Clinical commissioning groups	97,730	75,602
Other NHS providers	3,268	3,734
Non-NHS: private patients	3,855	3,028
Non-NHS: overseas patients (chargeable to patient)	123	98
Injury cost recovery scheme****	79	36
Non NHS: other	2,077	1,995
Total income from activities	135,334	112,594

****The Injury Costs Recovery Scheme income has been provided for as an impairment of receivables at 23.76% to reflect the expected rates of collection (2020/21: 22.43%).

All the Trust's activities relate to a single operating segment in respect of the provision of healthcare services. The Trust does not consider that segmental reporting would be appropriate in the 2021/22 annual accounts as:

- The Trust Board reviews the financial position as a whole in its decision making process, rather than individual components included in the totals.
- The Trust shares its assets across all areas to provide healthcare.
- The nature of services across different areas of the Trust is similar (i.e. healthcare within a specific and related range of specialisms).
- IFRS 8: Operating Segments allows the aggregation of segments that have similar economic characteristics and types and class of customer. Therefore, all the Trust's activities relate to a single operating segment in respect of the provision of specialist acute health care.

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2021/22	2020/21
	£000	£000
Income recognised this year	123	98
Cash payments received in-year	58	222
Amounts added to provision for impairment of receivables	50	64
Amounts written off in-year	9	67

Note 3 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,273	0	1,273	1,254	0	1,254
Education and training	5,367	0	5,367	4,510	0	4,510
Reimbursement of COVID expenditure and top up funding*	16	0	16	8,899	0	8,899
Donations of physical assets - received from NHS charities	0	34	34	0	195	195
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response**	0	98	98	0	2,322	2,322
Rental revenue from operating leases	0	330	330	0	314	314
Other income	501	0	501	412	0	412
Total other operating income	7,157	462	7,619	15,075	2,831	17,906

*The prior year 2020/21 Reimbursement of COVID expenditure and top up funding figure of £8,899k included £8,394k of top up funding. In 2020/21 income top-ups were received by providers to support the delivery of services. However, in the current year 2021/22, top up income funding was ceased and instead additional system funding payments have been received by the Trust from Liverpool CCG. The Elective Recovery Fund was also established in 2021/22 and additional payments in relation to this and the system funding payments are reflected within the Income from patient care activities note 2.1.

** In 2020/21 and 2021/22 and in response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £98k of items purchased by DHSC (2020/21: £2,322k). The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 4 Additional information on revenue

Note 4.1 Transaction price allocated to remaining performance obligations

	31 March 2022	31 March 2021
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	0	0
after one year, not later than five years	0	0
after five years	0	0
Total revenue allocated to remaining performance obligations	0	0

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 4.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	24,568	24,456
Income from services not designated as commissioner requested services	118,385	106,044
Total	142,953	130,500

The Income from Commissioner and Non Commissioner Requested Services equals the total value of income from activities in the Statement of Comprehensive Income and also notes 2 and 3.

Note 4.3 Profits and losses on disposal of property, plant and equipment

The Trust disposed of medical equipment with a nil net book value but received £36k in cash consideration, thereby the Trust made a profit on disposal of £36k (2020/21: £39k).

Note 5 Fees and charges

HM Treasury requires disclosure of fees and charges income. There were no reportable fees and charges in either 2021/22 or 2020/21.

Note 6 Operating expenditure

Note 6.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,808	5,788
Purchase of healthcare from non-NHS and non-DHSC bodies	130	211
Staff and executive directors costs	85,212	78,514
Remuneration of non-executive directors	140	139
Supplies and services - clinical (excluding drugs costs)	5,995	4,980
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response*	98	2,322
Supplies and services - general	3,347	3,391
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,264	2,577
Inventories written down	8	0
Consultancy costs	332	293
Establishment	1,094	1,123
Premises	9,078	7,733
Transport (including patient travel)	198	217
Depreciation on property, plant and equipment	5,454	5,109
Amortisation on intangible assets	175	218
Movement in credit loss allowance: contract receivables / contract assets	(160)	168
Increase in other provisions	573	2,009
Change in provisions discount rate(s)	60	23
Fees payable to the external auditor: audit services- statutory audit	96	91
Internal audit costs	68	71
Clinical negligence**	18,631	15,543
Legal fees	152	27
Insurance	79	77
Research and development	442	489
Education and training	583	272
Rentals under operating leases	377	321
Hospitality	0	2
Other services, eg external payroll	119	136
Other	133	453
Total	140,486	132,297

* In 2020/21 and 2021/22 and in response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £98k of items purchased by DHSC (2020/21: £2,322k). The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

** The clinical negligence costs relates to the Trust's contribution to the NHS Resolution risk pooling scheme under which the Trust pays an annual contribution.

Note 6.2 Nightingale hospital

The Trust has not incurred any costs in relation to Nightingale facilities in the current 2021/22 financial year. However, during 2020/21 the Trust incurred some running costs in relation to the Manchester Nightingale facility as part of the regional coronavirus pandemic response.

The prior year, 2020/21 costs incurred by the Trust in operating the facility have been included within the operating expenses note in these accounts. The total costs associated with the facility are disclosed below for information; this includes where existing resources were redeployed so the note below does not represent the additional cost to the Trust of operating the facility. Incremental costs associated with operating the facility have been reimbursed by NHS England.

	2021/22	2020/21
	£000	£000
Running costs:		
Staff costs	0	2
Total gross costs	0	2

Note 6.3 Other auditor remuneration

There was no other auditor remuneration paid to the external auditor in the current financial year (2020/21: £nil).

Note 6.4 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020/21: £2 million).

Note 7 Impairment of assets

	2021/22	2020/21
	£000	£000
Impairments charged to the revaluation reserve	0	6,807
Total net impairments	0	6,807

In 2021/22 there have been no impairments of assets charged to the revaluation reserve or operating surplus.

In 2020/21, there was an Impairment charged to the revaluation reserve of £6,807k and this was in relation to a buildings valuation decrease following a desktop valuation carried out by the Trust's external valuers Cushman and Wakefield as at the 31st March 2021.

Note 8 Employee benefits

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	66,564	63,650
Social security costs	5,733	5,364
Apprenticeship levy	292	293
Employer's contributions to NHS pensions	10,154	9,551
Pension cost - other	36	29
Termination benefits	38	145
Temporary staff (including agency)	3,465	755
Total gross staff costs	86,282	79,787
Recoveries in respect of seconded staff	-	-
Total staff costs	86,282	79,787
Of which		
Costs capitalised as part of assets	1,070	1,273

Note 8.1 Retirements due to ill-health

During 2021/22 there were no early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £0k (£72k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Note 10 Operating leases

Note 10.1 Liverpool Women's NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Liverpool Women's NHS Foundation Trust is the lessor.

The minimum lease receipts relate to rental income due to the Trust.

	2021/22 £000	2020/21 £000
Operating lease revenue		
Minimum lease receipts	330	314
Total	330	314
	31 March 2022 £000	31 March 2021 £000
Future minimum lease receipts due:		
- not later than one year;	96	95
- later than one year and not later than five years;	324	369
- later than five years.	2,464	2,539
Total	2,884	3,003

Note 10.2 Liverpool Women's NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Liverpool Women's NHS Foundation Trust is the lessee.

All operating leases relate to lease cars, multi-functional printing and scanning devices, Hewitt Fertility Centre rigs, lone worker devices, a franking machine and an electronic patient record system.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	377	321
Total	377	321
	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	330	365
- later than one year and not later than five years;	701	1,014
- later than five years.	0	0
Total	1,031	1,379

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	10	0
Total finance income	10	0

Note 12 Finance expenditure

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	39	52
Total interest expense	39	52
Unwinding of discount on provisions	(5)	(3)
Total finance costs	34	49

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

No payments were made for the late payment of commercial debts (2020/21: £nil).

Note 13 Other gains

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	36	39
Total gains on disposal of assets	36	39

Note 14 Intangible assets

Note 14.1 Intangible assets - 2021/22

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2021	1,787	1,787
Additions	18	18
Valuation / gross cost at 31 March 2022	1,805	1,805
Amortisation at 1 April 2021	1,169	1,169
Provided during the year	175	175
Amortisation at 31 March 2022	1,344	1,344
Net book value at 31 March 2022	461	461
Net book value at 1 April 2021	618	618

Note 14.2 Intangible assets - 2020/21

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2020	1,787	1,787
Additions	0	0
Valuation / gross cost at 31 March 2021	1,787	1,787
Amortisation at 1 April 2020	951	951
Provided during the year	218	218
Amortisation at 31 March 2021	1,169	1,169
Net book value at 31 March 2021	618	618
Net book value at 1 April 2020	836	836

Note 14.3 Economic life of Intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	1	5

Note 15 Property, plant and equipment

Note 15.1 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2021	4,400	65,435	300	1,403	27,194	18,091	2,911	119,734
Additions	0	1,722	0	3,966	3,160	2,835	55	11,738
Impairments	0	(1,422)	(8)	0	0	0	0	(1,430)
Revaluations	547	4,648	31	0	0	0	0	5,226
Reclassifications	0	0	0	0	11	(11)	0	0
Disposals / derecognition	0	0	0	0	(250)	0	0	(250)
Valuation / gross cost at 31 March 2022	4,947	70,383	323	5,369	30,115	20,915	2,966	135,018
Accumulated depreciation at 1 April 2021	0	0	0	0	17,901	11,952	956	30,809
Provided during the year	0	1,422	8	0	1,484	2,327	213	5,454
Impairments	0	(1,422)	(8)	0	0	0	0	(1,430)
Disposals / derecognition	0	0	0	0	(250)	0	0	(250)
Accumulated depreciation at 31 March 2022	0	0	0	0	19,135	14,279	1,169	34,583
Net book value at 31 March 2022	4,947	70,383	323	5,369	10,980	6,636	1,797	100,435
Net book value at 1 April 2021	4,400	65,435	300	1,403	9,293	6,139	1,955	88,925

Note 15.2 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2020	4,400	66,524	300	5,299	24,571	16,190	2,646	119,930
Additions	0	2,049	0	1,403	4,314	1,869	152	9,787
Impairments	0	(8,292)	0	0	0	0	0	(8,292)
Reclassifications	0	5,154	0	(5,299)	0	32	113	0
Disposals / derecognition	0	0	0	0	(1,691)	0	0	(1,691)
Valuation/gross cost at 31 March 2021	4,400	65,435	300	1,403	27,194	18,091	2,911	119,734
Accumulated depreciation at 1 April 2020	0	0	0	0	18,392	9,716	759	28,867
Provided during the year	0	1,477	8	0	1,191	2,236	197	5,109
Impairments	0	(1,477)	(8)	0	0	0	0	(1,485)
Disposals / derecognition	0	0	0	0	(1,682)	0	0	(1,682)
Accumulated depreciation at 31 March 2021	0	0	0	0	17,901	11,952	956	30,809
Net book value at 31 March 2021	4,400	65,435	300	1,403	9,293	6,139	1,955	88,925
Net book value at 1 April 2020	4,400	66,524	300	5,299	6,179	6,474	1,887	91,063

Note 15.3 Property, plant and equipment financing - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2022								
Owned - purchased	4,947	70,174	323	5,369	10,892	6,613	1,679	99,997
Owned - donated	0	209	0	0	88	23	118	438
NBV total at 31 March 2022	4,947	70,383	323	5,369	10,980	6,636	1,797	100,435

Note 15.4 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021								
Owned - purchased	4,400	65,234	300	1,403	9,243	6,094	1,825	88,499
Owned - donated	0	201	0	0	50	45	130	426
NBV total at 31 March 2021	4,400	65,435	300	1,403	9,293	6,139	1,955	88,925

Note 15.5 Economic life of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	0	0
Buildings, excluding dwellings	28	58
Dwellings	38	38
Plant & machinery	1	10
Information technology	1	5
Furniture & fittings	1	15

Note 16 Donations of property, plant and equipment

The DHSC Group Accounting Manual 2021-22, section 5.140 requires trusts to disclose details of any donations of property, plant and equipment received during the year, including any restriction or conditions imposed by the donor.

In 2021/22 the Liverpool Women's NHS Foundation Charitable Trust (registered charity number 1048294) donated some items to the Trust which were deemed to be capital in nature and resultantly the Trust has capitalised these assets and also recognised the receipt of the donation in its 2021/22 accounts. The details of the donated assets are:

- Dummy maniken and probe for Neonatal Unit - supporting the delivery of safe service and quality of care for babies on the unit - £34k.

No restrictions or conditions have been imposed by the donor in relation to these donated assets.

Note 17 Revaluations of property, plant and equipment

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Fair value of land and buildings are based on advice received from the independent and professional valuers Cushman and Wakefield. Valuations provided by the professional valuers for land and buildings as part of a desktop valuation at the 31 March 2022 have been reflected in the 2021/22 accounts.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Note 18 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	224	211
Consumables	178	166
Energy	121	33
Total inventories	523	410

Inventories recognised in expenses for the year were £2,378k (2020/21: £4,326k). Write-down of inventories recognised as expenses for the year were £8k (2020/21: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £98k of items purchased by DHSC (2020/21: £2,322k).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 19 Receivables**Note 19.1 Receivables**

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	4,344	3,891
Allowance for impaired contract receivables / assets	(385)	(1,046)
Deposits and advances	15	1
Prepayments (non-PFI)	1,725	1,600
Interest receivable	6	0
PDC dividend receivable	0	109
VAT receivable	101	214
Other receivables	123	207
Total current receivables	5,929	4,976
Non-current		
Contract receivables	143	80
Allowance for impaired contract receivables / assets	(34)	(18)
Prepayments (non-PFI)	124	186
Other receivables	202	295
Total non-current receivables	435	543
Of which receivable from NHS and DHSC group bodies:		
Current	3,947	3,491
Non-current	326	481

None of the receivable balances are secured. Amounts are generally due within 30 days and will be settled in cash.

The majority of trade is with clinical commissioning groups, as commissioners for NHS patient care services. As clinical commissioning groups are funded by government to buy NHS patient care services, no credit scoring of them is considered necessary.

Note 19.2 Allowances for credit losses

	2021/22		2020/21	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April	1,064	0	1,017	0
New allowances arising	96	0	297	0
Reversals of allowances	(256)	0	(129)	0
Utilisation of allowances (write offs)	(485)	0	(121)	0
Allowances as at 31 March	419	0	1,064	0

As per note 2.2 the provision for the impairment of receivables includes a provision regarding the NHS Injury Scheme of 23.76% to reflect the expected rates of collection (2020/21: 22.43%).

Note 19.3 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from contract receivables, as disclosed in the receivables note 19.1.

Note 20 Cash and cash equivalents movements**Note 20.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	4,235	4,647
Net change in year	6,957	(412)
At 31 March	11,192	4,235
Broken down into:		
Cash at commercial banks and in hand	25	124
Cash with the Government Banking Service	11,167	4,111
Total cash and cash equivalents as in SoFP	11,192	4,235

Note 20.2 Third party assets held by the trust

Liverpool Women's NHS Foundation Trust held no monies of patients or other parties as at the 31 March 2022 (31 March 2021: £nil).

Note 21 Trade and other payables

Note 21.1 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	6,017	4,526
Capital payables	4,849	3,447
Accruals	7,687	6,290
Receipts in advance and payments on account	1,530	0
Social security costs	857	858
Other taxes payable	1,816	1,737
PDC dividend payable	82	0
Other payables	372	314
Total current trade and other payables	23,210	17,172
Of which payables from NHS and DHSC group bodies:		
Current	7,108	3,563

None of the payable balances are secured. Amounts are generally due within 30 days and will be settled in cash.

During 2021/22 there were nil early retirements from the Trust agreed on the grounds of ill-health (2 in 2020/21). The estimated additional pension liabilities of these ill-health retirements is £0k (£72k in 2020/21).

The cost of any ill-health retirements are borne by the NHS Business Services Authority - Pensions Division.

Note 22 Other liabilities

	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	4,157	3,136
Total other current liabilities	4,157	3,136
Non-current		
Deferred income: contract liabilities	1,561	1,592
Total other non-current liabilities	1,561	1,592

Note 23 Borrowings

Note 23.1 Borrowings

	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from DHSC	613	614
Total current borrowings	613	614
Non-current		
Loans from DHSC	913	1,525
Total non-current borrowings	913	1,525

During 2021/22 the Trust repaid £612k of its Capital ITFF loan in accordance with the payment terms. The Trust is due to fully complete the repayment of this loan in September 2024.

During 2020/21, the Trust's Neonatal Loans were extinguished per the Department of Health and Social Care (DHSC) and NHS England and NHS Improvements announcement on the 2nd April 2020 regarding reforms to the NHS cash regime. As a result of these reforms, during 2020/21 the Trusts' Neonatal Capital Loans of £14,572k were repaid to the DHSC and the Trust was issued with a corresponding £14,572k of Public Dividend Capital (PDC) to allow the repayment. During 2020/21 the Trust also repaid £612k of its Capital ITFF loan in accordance with the payment terms.

Cumulatively, since the 2014/15 financial year, the Trust has drawdown £34,684k of Loans from the Department of Health and Social Care but has repaid £33,159k of this amount reducing the outstanding loan principal outstanding to £1,525k - as per the below summary table:

Loans from Department of Health and Social Care	Loan Principal Drawdown	Loan Principal Repaid	Loan Principal Outstanding
Capital (ITFF) - 2.0% Interest Rate	5,500	(3,975)	1,525
Capital (Neonatal Building) - 2.54% Interest Rate	14,572	(14,572)	0
Revenue - 1.50% Interest Rate	14,612	(14,612)	0
	34,684	(33,159)	1,525

Loans Interest Payable at the 31st March 2022 *	1
Total Borrowings	1,526

*Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are now measured on an amortised cost basis. Consequently, the total borrowings balance includes £1k of Loans Interest Payable as at the 31st March 2022.

Note 23.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000
Carrying value at 1 April 2021	2,139
Cash movements:	
Financing cash flows - payments and receipts of principal	(612)
Financing cash flows - payments of interest	(40)
Non-cash movements:	
Application of effective interest rate	39
Carrying value at 31 March 2022	1,526

Note 23.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC £000
Carrying value at 1 April 2020	17,359
Cash movements:	
Financing cash flows - payments and receipts of principal	(15,184)
Financing cash flows - payments of interest	(91)
Non-cash movements:	
Application of effective interest rate	55
Carrying value at 31 March 2021	2,139

Note 24 Provisions for liabilities and charges

Note 24.1 Provisions movements:

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	469	62	153	-	161	3,245	4,090
Transfers by absorption	0	0	0	0	0	0	0
Change in the discount rate	43	17	0	0	0	0	60
Arising during the year	16	0	81	332	0	2,738	3,167
Utilised during the year	(52)	(2)	(125)	0	(161)	0	(340)
Reclassified to liabilities held in disposal groups	0	0	0	0	0	0	0
Reversed unused	(20)	(3)	(17)	0	0	(3,043)	(3,083)
Unwinding of discount	(4)	(1)	0	0	0	0	(5)
At 31 March 2022	452	73	92	332	0	2,940	3,889
Expected timing of cash flows:							
- not later than one year;	52	2	92	332	0	2,738	3,216
- later than one year and not later than five years;	207	10	0	0	0	27	244
- later than five years.	193	61	0	0	0	175	429
Total	452	73	92	332	0	2,940	3,889

"Pensions - early departure costs" provisions are for early retirements and reflect actuarial forecasts in respect of the duration of payments, the life expectancy of the persons involved and current value of the future stream of payment flows.

"Pensions - injury benefits" provisions are for injury benefits and reflect actuarial forecasts in respect of the duration of payments, the life expectancy of the persons involved and current value of the future stream of payment flows.

"Legal claims" provisions comprise amounts due as a result of third party and employee liability claims. The values are informed by information provided by third party solicitors. In respect of the LTPS provision this reflects the probability of the cases being settled as estimated by NHS Resolution.

"Re-structuring" provisions have arisen from organisational change proposals that are anticipated to be finalised within the next year.

"Redundancy" provisions had arisen from the outcome of organisational change proposals.

"Other" provisions have arisen from contractual liabilities.

The Contingent Liability for the maximum possible but not probable cost of claims is shown in Note 25.

Note 24.2 Clinical negligence liabilities

At 31 March 2022, £700,178k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Liverpool Women's NHS Foundation Trust (31 March 2021: £448,394k).

Note 25 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	(22)	(26)
Gross value of contingent liabilities	(22)	(26)
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	(22)	(26)
Net value of contingent assets	0	0

The NHS Resolution Legal Claim contingent liabilities are in relation to legal claim costs which are unlikely to be payable as notified by NHS Resolution in relation to "Liabilities to Third Parties" (LTPS). The value of Provisions for the expected and probable cases is shown in Note 24.1.

Note 26 Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	3,768	-
Intangible assets	-	-
Total	3,768	-

The contractual capital commitments as at the 31st March 2022 of £3,768k relates to the residual amounts of the capital scheme in relation to the contractually agreed £8.7m Crown Street Enhancements and Community Diagnostic Centre capital build project.

The Trust had not entered into any contractual capital commitments as at the 31st March 2021.

Note 27 Financial instruments

Note 27.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations and only had negligible foreign currency income or expenditure transactions. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has borrowed from the Department of Health in the form of the Independent Trust Financing Function (ITFF). The borrowing is for 10 years and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from contract receivables, as disclosed in the receivables note 19.1.

Liquidity risk

The Trust's operating costs are incurred under SLAs with other NHS providers, which are financed from resources voted annually by Parliament. The Trust receives regular monthly payments from CCGs based on an agreed contract value with adjustments made for actual services provided. The Trust funds its capital expenditure from either internally generated funds or PDC made available by the Department of Health. The Trust is not, therefore, exposed to significant liquidity risks.

Price risk

The contracts from NHS commissioners in respect of healthcare services have a predetermined price structure which negates the risk of price fluctuation.

Note 27.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	4,103	4,103
Cash and cash equivalents	11,192	11,192
Total at 31 March 2022	15,295	15,295

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2021		
Trade and other receivables excluding non financial assets	3,053	3,053
Cash and cash equivalents	4,235	4,235
Total at 31 March 2021	7,288	7,288

Note 27.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2022		
Loans from the Department of Health and Social Care	1,526	1,526
Trade and other payables excluding non financial liabilities	18,925	18,925
Provisions under contract	3,889	3,889
Total at 31 March 2022	24,340	24,340

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2021		
Loans from the Department of Health and Social Care	2,139	2,139
Trade and other payables excluding non financial liabilities	14,577	14,577
Provisions under contract	4,090	4,090
Total at 31 March 2021	20,806	20,806

Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022 £000	31 March 2021 £000
In one year or less	22,780	18,552
In more than one year but not more than five years	1,175	2,105
In more than five years	429	231
Total	24,384	20,888

Note 28 Losses and special payments

	2021/22		2020/21	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	0	0	0	0
Fruitless payments and constructive losses	0	0	1	0
Bad debts and claims abandoned	132	490	60	115
Stores losses and damage to property	2	1	0	0
Total losses	134	491	61	115
Special payments				
Compensation under court order or legally binding arbitration award	0	0	0	0
Extra-contractual payments	0	0	0	0
Ex-gratia payments*	0	0	1	68
Special severance payments	0	0	0	0
Extra-statutory and extra-regulatory payments	0	0	0	0
Total special payments	0	0	1	68
Total losses and special payments	134	491	62	183
Compensation payments received		0		0

*The ex-gratia payments for 2020/21 have been restated per NHSI guidance. The guidance issued for 2020/21 in respect of the Flowers judgement overtime corrective payments simply asked employers to accrue the cost of the nationally agreed corrective payments and associated income based on the nationally generated estimates. However, these payments are considered special payments for which HMT approval was sought nationally by NHS England on local employers' behalf. As the losses and special payments note is prepared on an accruals basis (excluding provisions), these amounts should have been disclosed in the 2020/21 accounts.

Note 29 Related parties

Ultimate parent

The Trust is a public benefit corporation established under the NHS Act 2006. NHS Improvement (NHSI) formerly Monitor, the Regulator of NHS Foundation Trusts has the power to control the Trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the Trust's parent. NHSI does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts. The NHS Foundation Trust Consolidated Accounts are then included within the Whole of Government Accounts. NHSI is accountable to the Secretary of State for Health. The Trust's ultimate parent is therefore HM Government.

Transactions with related parties are undertaken on a normal commercial basis. During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Liverpool Women's NHS Foundation Trust is the corporate trustee of the Liverpool Women's NHS Foundation Charitable Trust (Registration No. 1048294). The Trust does not consolidate the Charitable Trust on the grounds of materiality. As at 31 March 2022, there is an outstanding receivable with the Charitable Trust of £100k (31 March 2021: £164k).

Liverpool Women's NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts. It undertakes as part of its on-going provision of healthcare services, in accordance with the terms of its authorisation, a number of transactions with bodies defined as being within the scope of the Whole of Government Accounts (WGA) including the Department of Health and other entities that the Department of Health is regarded as the parent department.

During the year the Trust has had a significant number of material transactions with the Department of Health and / or other entities for which the Department of Health is regarded as the parent Department. In addition, the Trust has material transactions with other government departments. Transactions and balances with these organisations are disclosed below.

Receivables & Payables:

	Receivables		Payables	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
NHS Liverpool CCG	2,329	28	2,944	604
NHS South Sefton CCG	0	0	200	200
NHS Knowsley CCG	0	3	0	0
Health Education England	381	394	324	0
NHS Wirral CCG	0	0	0	0
NHS Halton CCG	28	2	0	0
NHS Warrington CCG	40	2	0	0
NHS Southport and Formby CCG	0	0	0	0
NHS St Helens CCG	19	0	0	0
NHS Cheshire CCG	8	8	30	0
Liverpool University Hospitals NHS Foundation Trust	188	107	2,584	1,130
Alder Hey Children's NHS Foundation Trust	19	542	492	546
Wrightington, Wigan and Leigh NHS Foundation Trust	286	416	0	1
St Helens and Knowsley Hospital Services NHS Trust	41	201	200	159
NHS England - Core	38	532	2	200
NHS England - North West Regional Office	0	108	0	0
NHS Resolution	0	0	2	33
NHS Pension Scheme	0	0	1,008	952
HM Revenue and Customs	0	0	2,673	2,595
Welsh Health Bodies - Betsi Cadwaladr University Local Health Board	0	8	0	0
Mersey Care NHS Foundation Trust	45	0	116	28
Liverpool Health Partners	0	0	0	0
University of Liverpool	34	11	673	433
Leeds Teaching Hospitals NHS Trust	4	5	4	8
Topwood Ltd	0	0	1	0
Vyaire Medical Products Ltd	0	0	0	0
Clatterbridge Cancer Centre NHS Foundation Trust *	16	0	9	22
Intuitive Surgical Ltd	0	0	25	50
British Telecommunications	0	0	3	0
Liverpool John Moores University	(3)	(3)	18	4
	3,473	2,364	11,308	6,965


Income & Expenditure:

	Income		Expenditure	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
NHS Liverpool CCG	70,820	48,081	0	0
NHS South Sefton CCG	10,961	10,543	0	0
NHS Knowsley CCG	6,989	6,855	0	0
Health Education England	5,326	4,446	0	3
NHS Wirral CCG	2,459	2,380	0	0
NHS Halton CCG	1,441	1,412	0	0
NHS Warrington CCG	1,157	1,134	0	0
NHS Southport and Formby CCG	1,426	1,398	0	0
NHS St Helens CCG	1,227	1,203	0	0
NHS Cheshire CCG	1,266	1,242	0	0
Liverpool University Hospitals NHS Foundation Trust	633	452	4,263	4,746
Alder Hey Children's NHS Foundation Trust	1,315	1,585	563	604
Wrightington, Wigan and Leigh NHS Foundation Trust	743	1,041	0	0
St Helens and Knowsley Hospital Services NHS Trust	170	151	385	380
NHS England - Core	173	8,933	4	0
NHS England - North West Regional Office	24,956	25,412	0	0
NHS Resolution	0	0	18,626	15,510
NHS Pension Scheme	0	0	10,154	9,551
HM Revenue and Customs	0	0	6,025	5,657
Welsh Health Bodies - Betsi Cadwaladr University Local Health Board	1,307	667	0	0
Mersey Care NHS Foundation Trust	13	6	30	23
Liverpool Health Partners	0	0	0	0
University of Liverpool	264	227	1,125	1,080
Leeds Teaching Hospitals NHS Trust	(1)	0	7	6
Topwood Ltd	0	0	15	0
Vyaire Medical Products Ltd	0	0	9	8
Clatterbridge Cancer Centre NHS Foundation Trust *	59	(24)	47	73
Intuitive Surgical Ltd	0	0	380	235
British Telecommunications	0	0	4	1
Liverpool John Moores University	0	0	45	37
	132,704	117,144	41,682	37,914

* One of the Non Executive Directors of the Trust is the chair of PropCare Ltd, which is a wholly owned subsidiary company of Clatterbridge Cancer Centre NHS Foundation Trust and so this Trust is shown within the related parties note.

Note 30 Events after the reporting date

There are no events after the reporting year which require disclosure.



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