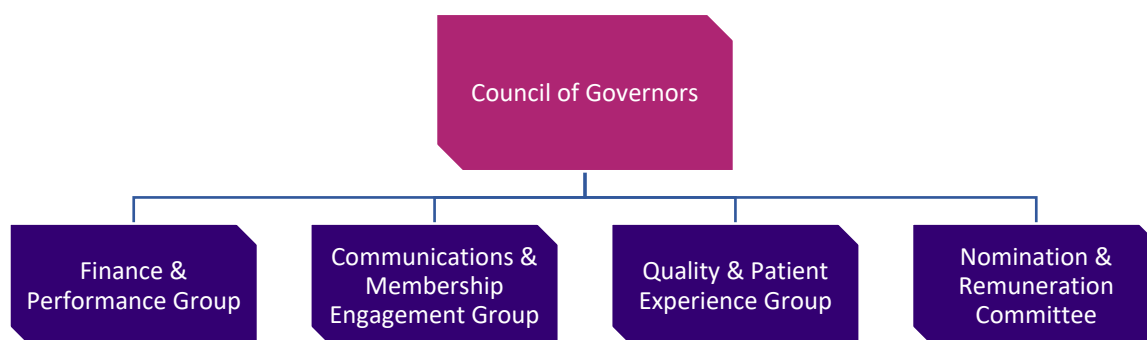


Council of Governors

20 July 2023, 5.30pm
Blair Bell Lecture Theatre &
Virtual Meeting, via Teams



Council of Governors - Public

Location	Blair Bell Lecture Theatre and Virtual via Teams
Date	20 July 2023
Time	5.30pm

AGENDA					
Item no. 23/24/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PRELIMINARY BUSINESS					
023	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	17.30 (5 mins)
024	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
025	Minutes of the meeting held on 18 May 2023	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
026	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
027	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Presentation	Chair	17.35 (25 mins)
028	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Presentation	Chief Executive	18.00 (5 mins)
MATTERS FOR CONSIDERATION					
029	Draft Minutes from the Governor Group Meetings. <ul style="list-style-type: none"> Finance and Performance Group 31.05.23 Quality and Patient Experience Group 27.06.23 	Receive minutes for assurance	Written	Group Chairs	18.05 (10 mins)
030	CQC Inspection Report – Trust Response	To discuss	Written / Presentation	QC Chair	18.15 (35 mins)
031	Communications & Membership Engagement Group – Summary Report	To discuss and approve	Written / Presentation	Trust Secretary	18.50 (25 mins)

CONCLUDING BUSINESS					
032	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	19.15 (5 mins)
033	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
034	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
035	Jargon Buster	For information and reference	Written	Chair	
Finish Time: 19.20					

Date of Next Meetings:

Annual Members Meeting 21 September 2023 1300hrs

Council of Governor Meeting 16 November 2023 1730hrs

Meeting attendees' guidance

Under the direction and guidance of the Chair, all members are responsible for ensuring that the meeting achieves its duties and runs effectively and smoothly.

Before the meeting

- Consider the most appropriate format for your meeting i.e. physical, virtual or hybrid. There are advantages and disadvantages to each format, and some lend themselves to particular meetings better than others. Please seek guidance from the Corporate Governance Team if you are unsure.

General considerations:

- Submit any reports scheduled for consideration at least 8 days before the meeting to the meeting administrator. Remember to try and answer the 'so what' question and avoid unnecessary description. It is also important to ensure that items/papers being taken to the meeting are clear and provide a proposal/recommendation to reduce unnecessary discussion time at the meeting.
- Ensure your apologies are sent if you are unable to attend and *arrange for a suitable deputy to attend in your absence
- Prepare for the meeting in good time by reviewing all reports
- Notify the Chair in advance of the meeting if you wish to raise a matter of any other business

*some members may send a nominated representative who is sufficiently senior and has the authority to make decisions. Refer to the terms of reference for the committee/subcommittee to check whether this is permitted.

Virtual / Hybrid Meetings via Microsoft Teams and other digital platforms

- For the Chair / Administrators:
 - Ensure that there is a clear agenda with breaks scheduled if necessary
 - Make sure you have a list of all those due to attend the meeting and when they will arrive and leave.
 - Have a paper copy of the agenda to hand, particularly if you are having to host/control the call and refer to the rest of the meeting pack online.
 - If you are the host or leader for the call, open the call 10-15 minutes before the start time to allow everyone to join in an orderly way, in case there are any issues.
 - At the start of the call, welcome everyone and run a roll call/introduction - or ask the meeting administrator to do this. This allows everyone to be aware of who is present.
 - Be clear at the beginning about how long you expect the meeting to last and how you would like participants to communicate with you if they need to leave the meeting at any point before the end.
- General Participants
 - Arrive in good time to set up your laptop/tablet for the virtual meeting
 - Switch mobile phone to silent
 - Mute your screen unless you need to speak to prevent background noise
 - Only the Chair and the person(s) presenting the paper should be unmuted
 - Remember to unmute when you wish to speak

- Use headphones if preferred
- Use multi electronic devices to support teams.
- You might find using both mobile and laptops is useful. One for Microsoft teams and one for viewing papers

At the meeting

General Considerations:

- For the Chair:
 - The chair will assume that all members come prepared to discuss agenda items having read through supporting papers, this obviates the need for leads to take up valuable time presenting their papers.
 - The chair will allow a free ranging debate and steer discussions to keep members on track whilst at the same time not being seen to overly influence the outcome of the debate.
 - The chair will provide a brief summary following presentation and discussion of the paper, confirming any key risks and / or assurances identified and whether there are any matters for the Chair's log.
 - The chair will question leads when reports have not been submitted within the Trust's standard template or within the required timeframe.
 - Ensure that correct people are in the room to 'form the meeting' with other attendees invited to attend only when presenting their item.
- General Participants:
 - Focus on the meeting at hand and not the next activity
 - Actively and constructively participate in the discussion
 - Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary
 - Make sure your contributions are relevant and appropriate
 - Respect the contributions of other members of the group and do not speak across others
 - Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated
 - Do not use the meeting to highlight issues that are not on the agenda that you have not briefed the chair as AoB prior to the meeting
 - Re-group promptly after any breaks
 - Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc)
 - Consent agenda items, taken as read by members and the minutes will reflect recommendations from the paper. Comments can still be made on the papers if required but should be flagged to the Chair at the beginning of the meeting.

Virtual / Hybrid Meetings via Microsoft Teams and other digital platforms

- For the Chair:
 - Make sure everyone has had a chance to speak, by checking at the end of each item if anyone has any final points. If someone has not said anything you might ask them by name, to ensure they have not dropped off the call or assist them if they have not had a chance to speak. In hybrid meetings, it can be useful to ask the 'virtual' participants to speak first.

- Remember to thank anyone who has presented to the meeting and indicate that they can leave the meeting. It can be easy to forget this if you can't see them.
- General Participants:
 - Show conversation: open this at start of the meeting.
 - This function should be used to communicate with the Chair and flag if you wish to make comment
 - Screen sharing
 - If you wish to share a live document from your desktop click on share and identify which open document you would like others to view

Attendance

Members are expected to attend at least 75% of all meetings held each year

After the meeting

- Follow up on actions as soon as practicably possible
- Inform colleagues appropriately of the issues discussed

Standards & Obligations

1. All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting
2. Agenda and reports will be issued 7 days before the meeting
3. An action schedule will be prepared and circulated to all members 5 days after the meeting
4. The draft minutes will be available at the next meeting
5. Chair and members are also responsible for the committee/ subcommittee's compliance with relevant legislation and Trust policies
6. It is essential that meetings are chaired with an open and engaging ethos, where challenge is respectful but welcomed
7. Where consensus on key decisions and actions cannot be reached this should be noted in the minutes, indicating clearly the positions of members agreeing and disagreeing – the minute should be sufficiently recorded for audit purposes should there need to be a requirement to review the minutes at any point in the future, thereby safeguarding organisational memory of key decisions
8. Committee members have a collective duty of candour to be open and honest both in their discussions and contributions and in proactively at the start of any meeting declaring any known or perceived conflicts of interest to the chair of the committee
9. Where a member of the committee perceives another member of the committee to have a conflict of interest, this should be discussed with the chair prior to the meeting
10. Where a member of the committee perceives that the chair of the committee has a conflict of interest this should be discussed with the Trust Secretary
11. Where a member(s) of a committee has repeatedly raised a concern via AoB and subsequently as an agenda item, but without their concerns being adequately addressed the member(s) should give consideration to employing the Whistle Blowing Policy
12. Where a member(s) of a committee has exhausted all possible routes to resolve their concerns consideration should be given (which is included in the Whistle Blowing Policy) to contact the Senior Independent Director to discuss any high-level residual concerns. Given the authority of the SID it would be inappropriate to escalate a non-risk assessed issue or a risk assessed issue with a score of less than 15

13. Towards the end of the meeting, agendas should carry a standing item that requires members to collectively identify new risks to the organisation – it is the responsibility of the chair of the committee to ensure, following agreement from the committee members, these risks are documented on the relevant risk register and scored appropriately

Speak well of NHS services and the organisation you work for and speak up when you have Concerns

Page 129 Handbook to the NHS Constitution 26th March 2013

Council of Governors

Minutes of the Council of Governors
held in the Blair Bell Lecture Theatre and Virtually at 1730hrs on Thursday 18 May 2023

PRESENT

Robert Clarke	Chair
Iris Cooper	Public Governor (Rest of England and Wales)
Pat Denny	Public Governor (Central Liverpool)
Alison Franklin	Staff Governor (Midwives)
Annie Gorski	Public Governor (Sefton)
Kate Hindle	Staff Governor (Admin & Clerical)
Rebecca Lunt	Staff Governor (Scientists, Technicians & AHPs)
Peter Norris	Public Governor (Central Liverpool)
Angela Ranson	Public Governor (South Liverpool)
Jane Rooney	Appointed Governor (Education Institutions)
Olawande Salam	Public Governor (Rest of England and Wales)
Niki Sandman	Appointed Governor (University of Liverpool)
Lena Simic	Appointed Governor (Liverpool Council)
Jackie Sudworth	Public Governor (Knowsley)

IN ATTENDANCE

Jackie Bird	Non-Executive Director
Dianne Brown	Chief Nurse
Tracy Ellery	Non-Executive Director
Lynn Greenhalgh	Medical Director
Mark Grimshaw	Trust Secretary
Jenny Hannon	Chief Finance Officer
Louise Hope	Assistant Trust Secretary (minutes)
Gloria Hyatt	Non-Executive Director
Rachel London	Deputy Director of Workforce (for item 23/24/08 only)
Louise Martin	Non-Executive Director
Gary Price	Chief Operating Officer (for item 23/24/08 only)
Kathryn Thomson	Chief Executive

APOLOGIES:

Carol Didlick	Public Governor (South Liverpool)
Patricia Hardy	Appointed Governor (Sefton Council)
Rebecca Holland	Staff Governor (Nurses)
Kiran Jilani	Staff Governor (Doctors)
Ruth Parkinson	Public Governor (Central Liverpool)
Marie Stuart	Appointed Governor (Knowsley Council)
Irene Teare	Public Governor (Central)
Miranda Threfall-Holmes	Appointed Governor (Faith Organisations)
Yaroslav Zhukovskyy	Public Governor (Sefton)

Core members	May	July	Nov	Feb
Peter Norris	✓			
Pat Denny	✓			
Ruth Parkinson	A			
Irene Teare	A			
Carol Didlick	A			

Angela Ranson	✓			
Yaroslav Zhukovskyy	A			
Annie Gorski	✓			
Jackie Sudworth	✓			
Iris Cooper	✓			
Olawande Salam	✓			
Kiran Jilani	A			
Rebecca Holland	A			
Alison Franklin	✓			
Rebecca Lunt	✓			
Kate Hindle	✓			
Cllr Lena Simic	✓			
Cllr Patricia Hardy	A			
Cllr Marie Stuart	A			
Niki Sandman	✓			
Rev Dr Miranda Threfall-Holmes	A			
Jane Rooney	✓			

23/24/	
01	Introduction, Apologies & Declaration of Interest Apologies: noted above. Declaration of Interest: No new declarations received.
02	Meeting Guidance Notes Noted.
03	Minutes of previous meeting held on 09 February 2023 The minutes of the previous meetings were reviewed by the Committee and agreed as an accurate record.
04	Action Log and matters arising The action log was noted.
05	Chair's announcements The Chair noted the following matters: <ul style="list-style-type: none"> Noted the Chief Executives notice of retirement. The Board Nomination and Remuneration Committee would meet to discuss timescales and a future appointment. The Governors have a duty to approve the Chief Executive appointment and would be kept apprised of developments. Provided a summary of the items discussed at the recent Trust Board meeting and reminded governors of the open invitation to attend public Board meetings. Governance arrangements within the system continue to be developed and a Liverpool Hospitals Joint Committee was being formed. The Chairman would be taking the role as Vice-Chair with David Flory (LUHFT Chair) taking the Chair. Noted the Governor seats due for election / re-election in 2023. It was confirmed that area boundaries for constituencies was in the process of review. This would be presented to the Governors for discussion at the next Governor Communications and Engagement Group, open to all governors to attend. <p>The Council of Governors:</p> <ul style="list-style-type: none"> Received and noted the briefing from the Chair.
06	Chief Executive Report The Chief Executive noted the following:

	<ul style="list-style-type: none"> • Appointment of Jenny Hannon as Deputy Chief Executive. Thank you was noted to Michelle Turner who had been in the role since 2021. • Sir Julian Hartley (Chief Executive at NHS Providers), site visit planned for 19 June 2023 <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the briefing from the Chief Executive.
07	<p>Activity Report from the Governor Group Meetings</p> <p>Governors meet and spend time with NEDs and Executives to gain assurance on how the Board and the Non-Executive Directors manage issues and get their assurances.</p> <ul style="list-style-type: none"> • Financed and Performance Sub-Group held 20.02.23 Peter Norris, Public Governor and Sub-Group Chair reported the following matters to note: <ul style="list-style-type: none"> ○ Challenging financial position. The Trust had not met the 2022/23 financial plan and financial pressures would continue into 2023/24. The constructive challenge presented by the Non-Executives to the Executive Team was noted. ○ Positive developments: theatre utilisation quality improvement programme to improve efficiency within theatres, and additional funding secured to support digital strategies and innovations. ○ Noted that Grant Thornton had commenced their position as external auditors to the Trust ○ Focus on reducing waiting times particularly for those patients waiting beyond 78 weeks (target 0 by end of March 2023). It was noted that although this had not been achieved by the end of March 2023, the few remaining patients had an appointment booked to attend. Those who had exceeded the target had done so due to patient choice or due to testing positive with Covid-19. • Quality and Patient Experience Group held 25.04.23 Jackie Sudworth, Public Governor reported the following matters to note: <ul style="list-style-type: none"> ○ Increased cancer referrals, up by 30%, causing additional pressure on the Trust and further impacted by diagnostic delays with histology. Noted the Cancer Team deep dive into cancer pathways which would be presented to the Quality Committee. ○ Noted improvement works underway as part of the Maternity Transformation Programme to improve patient pathways within MAU, and GED. ○ Recognised that difficulties to improve mandatory training compliance rates continued. Innovative action was being taken to improve compliance. ○ Noted the future impact of the Trust's financial position upon the quality and safety of the services provided. • Communications and Engagement Sub-Group (no meeting held) Jackie Sudworth, Public Governor and Sub-Group Chair informed the Committee that the meeting due to be held in April 2023 had been deferred. A future meeting would be utilised to consider Patient Experience, Engagement Mapping and the Constitution and open to all Governors to attend to contribute. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the reports from the Governor Sub-Group meetings. <p><i>Rachel London joined the meeting for item 22/23/08.</i></p>
08	<p>Staff Survey 2022</p> <p>The Council received a presentation delivered by Rachel London, Deputy Director of Workforce, to update the Council on the results of the national staff survey 2022.</p>

The Deputy Director of Workforce informed the Council that the Trust response rate was at 60%, an improvement on the 2021 survey response rate and significantly higher than the national average response rate of 47.7%. The Trust had scored higher than the national average score in eight of the nine themes and had been joint top Trust as most improved in the 'engagement' score. The Trust had been requested to share case studies on the improved engagement position with NHS England Northwest and with NHS Employers.

The Trust had achieved statistically significant improvement in the score for staff recommending the Trust as a place to work and improved the position of staff recommending the Trust as a place of treatment for a friend or relative, both key areas of concern in previous staff surveys.

The Deputy Director of Workforce noted that areas of focus in 2023 would be on level of pay satisfaction, staff perception of PDR efficacy to role, and an increase in staff reporting discrimination on the basis of ethnic background, gender and religion. The national staff survey for 2023 would be released in October 2023 for completion; noted as a relatively short time period between release of results and circulation of a new survey.

Gloria Hyatt, Non-Executive Director reflected that an increase in reporting discrimination was illustrative of an organisation as it develops and embeds a 'welcome' culture and improves confidence of staff to report. She suggested a future question on 'how confident staff feel to report discrimination' in a local survey might be beneficial.

Jane Rooney, Appointed Governor queried the sample size to benchmark disability discrimination. The Deputy Director of Workforce responded that the Trust had improved rates of staff declaring a disability when joining the Trust which allowed the Trust to be a more representative employer and evidenced a diminishing fear to declare.

Peter Norris, Public Governor referred to the engagement with staff to complete the surveys and queried the notable reduction of medical staff completing the survey in 2022 and asked was time allocated within working hours to complete the surveys. The Deputy Director of Workforce noted that reduction of responses from medical staff might be related to the general discontent amongst the medical workforce currently. She noted that the HR team are supported by Staff side colleagues and Unison to encourage responses to be submitted.

Peter Norris, Public Governor queried whether it was possible to identify staff groups more precisely to identify problem areas. The Deputy Director of Workforce responded that they could identify by department level and staff group with the exception of any staff groups being less than eleven members.

Iris Cooper, Public Governor stated that there was a common perception from staff that the survey was not confidential. The Deputy Director of Workforce confirmed that it was an anonymous survey undertaken nationally by an external company, of which the Trust had no access to the data. The HR team alongside staff side partners inform the workforce on an annual basis to address any concerns.

Peter Norris, Public Governor reflected that the questions asked were as significant as the responses and queried what extent the questions were tested ahead of issuing the survey. The Deputy Director of Workforce responded that the Trust had the opportunity to add several local questions, but the majority of the survey was nationally prescribed to support yearly benchmarking.

Lena Simic, Appointed Governor referred to the worsening response to the question '*fewer staff felt they had the necessary materials and supplies to do their work*' and asked how the Trust planned to follow up on this question and identify the areas lacking equipment. The Deputy Director of Workforce responded that all survey questions were shared with local departments tasked to identify three key areas of focus, which would identify the departments with equipment issues.

The Council of Governors:

- noted the update.

Rachel London and Gary Price left the meeting at this point.

09

2022/23 Year-end update and 2023/24 Look Forward

The Council received an update on the financial year-end requirements for NHS Foundation Trusts, focusing on Annual Report & Accounts, Quality Account, and Provider Licence. The report also provided an overview of the Trust's financial performance for 2022/23 and an update on the forward look for 2023/24 – with a focus on the action taken by the Trust Board in both respects. The Council noted that the audited Annual Accounts and Reports was due to be submitted to NHS England on 30 June 2023.

The Trust Secretary referred to the Provider Licence and the requirement of the Trust Board to self-certify compliance against three licence conditions. As part of this self-certification the Board must declare that *“it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role”*. The Trust Secretary referred the governors to page 4 of the report to consider the training offered to governors during 2022/23. Jackie Sudworth, Public Governor responded that she felt a comprehensive training offering had been provided and opportunity for Governors to attend if they wanted to. Iris Cooper, Public Governor agreed that training attended had been beneficial. Peter Norris, Public Governor agreed that the training opportunities had been comprehensive and added that the addition of governor site visits could further improve skills and knowledge of the governors in the future.

The Chief Finance Officer referred to the financial position for 2022/23, the Trust reported a deficit of £2.7m against a surplus plan of £0.5m, primarily due to workforce pressures and investments required. The Chief Finance Officer acknowledged the ongoing challenges and the Trust's efforts to ensure financial management, cost control, and long-term planning. She noted in 2023/24, the Trust aimed to address its underlying deficit through system-wide solutions. A credible financial plan for 2023/24 was being developed, recognising the need to balance safety, access, and sustainability requirements. The Chief Finance Officer highlighted the risk to balance quality and resources, deficit plan limitations, funding mechanisms, cost improvement program challenges, and workforce availability.

Peter Norris, Public Governor noted the increasing CNST premium on an annual basis with the exception of one year. The Chief Finance Officer responded that the CNST premium was based on a calculation of expected claims and explained that the maternity incentive scheme had ten standard actions against which the Trust could earn money back. Peter Norris, Public Governor queried the economy of scale of the cost of implementing the ten standard actions against the premium reductions. The Chief Finance Officer responded that whilst the gains versus the costs were marginal there were safety reasons to implement the ten standards. The Chief Nurse added that to reduce harm caused the Trust needed to prioritise learning and reduce risk at the point of care. The Chief Nurse informed the Council that the new Patient Safety Incident Response Framework (PSIRF) would support a focus on human factors. Kate Hindle, Staff Governor asked were the ten safety actions prescribed or could they be influenced by a provider. The Chief Finance Officer responded that they were national actions, noting similar themes but changes made on an annual basis.

The Chairman informed the Council that the Trust Board discussed elements of quality, safety and affordability with a robust system of review. The Trust Board acknowledged that the Trust would need a proactive and SMARTer approach into 2023/24 due to the underlying deficit, additional cost savings required and subsequent impact on clinical care. The Chief Finance Officer noted that quality improvement work would be integral to reducing costs.

Angela Ranson, Public Governor asked could the Trust compare the deficit position against other trusts locally. The Chairman advised that the Trust was reporting the biggest deficit as a percentage of income in the Cheshire & Merseyside system. The Chief Finance Officer

	<p>added that one of the key drivers of the deficit position was a reduction of non-recurrent ‘top-up’ income from commissioners. In terms of Cheshire and Merseyside all providers are required to work collectively to contribute to a system position. Alison Franklin, Staff Governor reflected upon the impact that the core services provided (obstetric and gynaecology) made to the deficit position. The Chief Finance Officer agreed that the Trust did not have other core services to offset the cost of obstetrics and gynaecology, and received the largest premiums and the lowest income.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the report • Agreed that training had been made available to Governors during 2022/23 to support the Board’s declaration regarding Provider Licence compliance
10	<p>Review of risk impacts of items discussed</p> <p>No changes to existing risks were identified as a result of business conducted during the meeting. The following risks were noted:</p> <ul style="list-style-type: none"> • risk to balance quality and resources, deficit plan limitations, funding mechanisms, and workforce availability
11	<p>Chair’s Log</p> <p>None</p>
12	<p>Any other business:</p> <p>None</p> <p>Review of meeting:</p> <ul style="list-style-type: none"> • Good discussions • Informative

Action Log

Council of Governors - Public

20 July 2023

Key	Complete	On track	Risks identified but on track	Off Track
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Meeting Date	Ref	Agenda Item	Action Point	Owner	Action Deadline	RAG Open/Closed	Comments / Update
09 February 2023	22/23/74	Liverpool Clinical Services Review	Arrange focussed briefing session on Future Generations / Liverpool Clinical Services review.	Chief Finance Officer	June 2023	On track	Update to be provided under Chair's Announcements item
28 July 2022	22/23/30	Chair Announcements	A boundary and Trust constitution review for the public Governor constituencies.	Trust Secretary	July 23	Complete	See item 23/24/030

Council of Governors Finance & Operational Performance Group

**Minutes of the Council of Governors
Finance and Operational Performance Group
held Microsoft Teams at 5.30pm on Monday, 31st May 2023**

PRESENT

Peter Norris	(PN)	Public Governor (Chair)
Jackie Sudworth	(JS)	Public Governor
Rebecca Lunt	(BL)	Staff Governor
Annie Gorski	(AG)	Public Governor
Ola Salam	(OS)	Public Governor

IN ATTENDANCE

Robert Clarke	(RC)	Trust Chair
Tracy Ellery	(TE)	Non-Executive Director
Louise Martin	(LM)	Non-Executive Director
Gary Price	(GP)	Chief Operating Officer
Jenny Hannon	(JH)	Chief Finance Officer / Deputy Chief Executive
Karen James	(KJ)	Executive PA (minutes)
Mark Grimshaw	(MG)	Trust Secretary

APOLOGIES

Pat Denny	(PD)	Public Governor
Valerie Fleming	(VF)	Appointed Governor
Rebecca Holland	(RH)	Staff Governor
Kate Hindle	(KH)	Lead Governor

22/23/	
021	Introduction, Apologies & Declaration of Interest Apologies were received and noted. There were no declarations of interest.
022	Virtual Meeting Guidance Notes The meeting guidance notes were reviewed for information.
023	Minutes from the last meeting held on 20th February 2023 The minutes of the previous meeting held 20 th February were agreed as a true and accurate record.
024	Action Log and Matters arising Updates against the action log were noted.
MATTERS FOR RECEIPT / APPROVAL	
025	FPBD Committee and Audit Committee Reports <u>Finance, Performance & Business Development (FPBD) Committee</u> LM opened the item by stating that the purpose was to provide assurance to the governors regarding how the Committee was providing robust oversight and challenge regarding the

financial, operational, and digital challenges faced by the Trust. A key focus for the Trust was achieving long-term financial sustainability. The Integrated Care Board (ICB) was reviewing the overall situation in Cheshire and Mersey, with a consideration for surplus trusts potentially assisting those in deficit to work towards a balanced system position. The Trust currently faced a deficit of £15.4m, with £8m identified to be recovered through the Cost Improvement Program (CIP). However, only £5m has been identified so far, creating significant pressures for the Trust. Additionally, the Trust was working towards challenging activity targets, progress against which had already been impacted by industrial action. LM stated that the Committee was assured that the senior management team was actively working to mitigate these challenges.

To address the underlying structural deficit, individual workstreams had been established to examine economies of scale, grip and control, and commercial opportunities. The Committee had acknowledged the lessons learned from the recent implementation of the Community Diagnostic Centre where a substantial amount of funding initially requested and committed to was withdrawn due to unforeseen issues. Therefore, going forward, all new development business cases would undergo thorough assurance to ensure full financial commitment before proceeding.

LM emphasized that despite being early in the financial year, the financial reporting from the first month indicated a risk that the Trust was challenged in reducing the run-rate by the required level. JH clarified that while the Trust was reporting to be on track in terms of the planned position, non-recurrent income had contributed to this. The Committee had expressed a strong focus on identifying areas where the Trust was off track, ensuring transparency moving forward.

JS inquired about the commencement of income generation from the CDC. JH informed the Group that the Executive Committee had explored various options regarding the CDC. It was concluded that the current operating model would not generate income. Therefore, the Trust would need to assess the tests being offered and potentially consider alternative formats to ensure sustainability. This evaluation was currently underway and was expected to be available in the coming weeks.

Audit Committee

It was noted that the January meeting had been rescheduled to February due to the introduction of new auditors and a new Chief Finance Officer. The Committee had received a significant number of internal audit reports, all of which demonstrated a proficient level of assurance. The Trust had successfully met the requirements of the assurance framework. The feedback received from the external auditors regarding their management of affairs and their future approach was positive. They also discussed the anticipated Care Quality Commission (CQC) report and its implications for the Trust's accounts.

Moving on to the March report, it highlighted the effective performance of the internal auditors in executing their program. However, there were concerns raised regarding two out of the five internal audits received, as they were marked as having limited assurance. One of these audits was the Ockenden review, which identified issues related to verifying the availability of evidence and aligning actions with recommendations. The Quality Committee and the Executive committee were informed of these concerns, and appropriate actions were now being taken to address them. The other issue pertained to the signing off of intra-NHS contracts, which had not been completed. The Finance, Performance, and Business Development (FPBD) team had been assigned responsibility for addressing this issue, and they were now receiving regular reports on the progress being made.

Another challenge that was discussed involved the Trust's adherence to the better payment practice code. A report on this matter was scheduled to be presented to the FPBD and Audit Committees. However, the most recent report, dated 31st May 2023, showed signs of improvement in this area.

	<p>Regarding the transition of auditors, Grant Thornton confirmed that they had received a smooth handover from KPMG, and the process was currently ongoing. A catch-up meeting had been scheduled for the week commencing 5th June 2023 to discuss the close down process. Grant Thornton would then issue their report highlighting any audit-related concerns, which would then be discussed in preparation for the Audit Committee meeting later in the month. Once the accounts were approved by the committee and the Board, they could be finalized and submitted to NHS England.</p>
026	<p>Financial Outturn 2022/23 and Planning 2023/24</p> <p>JH provided an update on the financial status of the Trust. It was reported that in 2022/23 the Trust had reported a deficit of £2.7m, which was contrary to the planned surplus of £500k. This adverse variance was brought up for discussion and was subsequently challenged through the Financial Performance and Business Development (FPBD) Committee and the Financial Recovery Board.</p> <p>Looking ahead to the 23/24 financial year, the Trust was anticipating a deficit of £15.4m. Several non-recurrent issues from the previous year, 22/23, had caused some challenges in managing the financial plan. To address these challenges, the Executives have identified eight key workstreams that will focus on tackling the drivers of the deficit. This included reviewing the national Maternity Tariff, CNST costs, grip and control, productivity and effectiveness, commercial aspects, and digital initiatives.</p> <p>Each of these workstreams was led by an Executive, and the overall progress was overseen by the Financial Recovery Board. Their collective efforts aimed to address the challenges the Trust faced in the 23/24 financial year. It was important to note that the Trust was currently working on a plan for financial sustainability beyond September 2023, considering the underlying deficit of £30m. Although the Trust was reporting a £15m deficit for the year, the significant portion of the underlying deficit was attributed to issues beyond the Trust's control e.g. lack of economies of scale and being on an isolated site.</p> <p>JH emphasized that the financial challenges could have an impact on the workforce, leading to motivation and morale issues. The Board and Executive Team was focussed on ensuring that the transformation required to reduce costs was quality led.</p>
	<p>Operational Performance and Recovery Update</p> <p>The Group was reminded that in the previous update, it had been noted that waiting times for urgent maternity services had significantly improved. The Trust had implemented a triage system that ensured women were seen within 30 minutes. However, achieving this improvement required the Trust to invest in additional staff.</p> <p>During the winter period, the Gynaecology Emergency Department (GED) had faced some challenges. However, the Trust had recently conducted a thorough review of its services and made necessary adjustments. As a result, the department's performance had reached 90%, and was expected to meet the 95% target over the coming weeks. This improvement was achieved without incurring any additional costs. The Trust successfully redesigned certain services and their locations to optimize efficiency.</p> <p>Unfortunately, the pandemic had posed a major challenge, leading to significant backlogs in waiting times across various services. A national directive was issued, stating that by March of this year, no patient should wait longer than 18 months. Presently, the Trust had 13 women waiting, although it was important to note that this was due to either patient choice or delays due to Covid-19 infections.</p> <p>The area with the most significant challenge was the Trust's cancer performance. Referrals for the urgent two-week pathway had increased by 30% since the pandemic began. While the Trust generally performed well in this area, there had been pressure during periods of industrial action. Diagnosis was particularly challenging, with the Trust only achieving 50% of the target (75%). This was primarily due to capacity limitations. Improvement efforts were</p>

	<p>underway internally and externally, including the establishment of an oversight group and additional training for clinicians, expected to be ready by September 2023.</p> <p>JS raised the concern that individuals on the waiting lists might opt for private healthcare due to the extended waiting times. The GP acknowledged that some patients may choose private options.</p> <p>PN inquired about potential penalties for not meeting targets. The GP explained that penalties vary based on different targets. Activity levels had been raised to 106% of pre-pandemic levels, and if not met, the Trust would not receive the associated funding.</p> <p>PN also asked if the Trust offered private facilities to reduce waiting lists and whether appointment cancellations affected activity. The GP clarified that currently, Medinet was being utilized to support Gynaecology services, but changes in the service's footprint may necessitate a re-evaluation. Additionally, DNA (Did Not Attend) rates did impact activity, but efforts such as proactive patient contact and overbooking clinics had helped improve this issue.</p> <p>RC emphasized the financial impact of not meeting targets on the Trust. Failing to meet targets could influence future investment negotiations and additional activities, attracting increased scrutiny. Ultimately, this would have adverse consequences for patients as well.</p>
CONCLUDING BUSINESS	
027	<p>Review of risk impacts of items discussed</p> <p>A review of risk impacts was discussed, no new risks were identified.</p>
028	<p>Jargon Buster</p> <p>MG requested that any unknown acronyms are sent through so they could be added.</p>
029	<p>Any other business & Review of meeting</p> <p>The meeting was effective, and actions were progressed.</p>

Date of Next Meeting: 26th July 2023 at 5.30pm on Microsoft Teams

Quality and Patient Experience Governor Sub-Group

**Minutes of the Quality and Patient Experience Governor Sub-Group
held virtually at 17:30hrs on Monday 26th June 2023.**

PRESENT:

Ruth Parkinson (Chair)	Public Governor
Jane Rooney	Appointed Governor
Jackie Sudworth	Public Governor
Ola Salam	Governor for England & Wales

IN ATTENDANCE:

Sarah Walker	Non-Executive Director (Chair Quality Committee)
Gloria Hyatt	Non-Executive Director (Chair PPF Committee)
Louise Kenny	Non-Executive Director
Dianne Brown	Chief Nurse
Mark Grimshaw	Trust Secretary

Deborah Keeley	Executive Assistant / Minute Taker
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APOLOGIES:

Robert Clarke	Chair of LWH Board
Peter Norris	Public Governor
Kate Hindle	Lead Governor / Staff Governor
Pat Deeney	Public Governor
Iris Cooper	Public Governor
Rebecca Lunt	Staff Governor
Gillian Walker	Patient Experience Matron
Niki Sandman	Appointed Governor
Michelle Turner	Chief People Officer
Yaroslav Zhukovskyy	Public Governor

23/24	Items Covered
PRELIMINARY BUSINESS	
011	<p>Introductions, Apologies & Declarations of Interest</p> <p>Ruth Parkinson (Chair) welcomed everybody to the meeting.</p> <p>Declarations of interest</p> <p>Jane Rooney confirmed a declaration of interest with respect to the CQC report. As part of her role working at Edge Hill University it was explained that she had would need to exception report to the NMC for potential impacts to students relating to the outcome of the CQC report.</p> <p>Apologies</p> <p>Apologies were received and noted.</p>
012	<p>Meeting Guidance notes</p> <p>The meeting guidance notes were reviewed for information.</p>

23/24	Items Covered
013	<p>Minutes of the previous meeting held on 25th April 2023.</p> <p>Minutes of the previous meeting held on Tuesday 25th April 2023 were reviewed and were confirmed as an accurate record.</p>
014	<p>Action Log and Matters Arising</p> <p>The current action log was reviewed and updated as completed.</p> <p>Managing the Emergency Department at Gynaecology was highlighted as an ongoing piece of work that should be available for update in September 2023.</p>
MATTERS FOR RECEIPT / APPROVAL	
015	<p>Quality Committee and Putting People First Committee reports</p> <p><u>Quality Committee</u></p> <p>SW confirmed that the Quality Committee had identified several concerns, which were also reflected in the CQC report. The main focus and challenge for the committee was to ensure the preservation of quality and safety in patient care while operating within the current financial constraints. Maintaining the correct balance between quality, safety, and financial limitations was emphasized.</p> <p>JS raised a question regarding short-term measures to address concerns. SW confirmed that the Trust would prioritise quality and safety over financial considerations but achieving a balance wherever possible would be an aim.</p> <p>The transition from the Serious Incident Framework to the Patient Safety Incident Reporting and Learning Framework (PSIRF) will be completed by September 2023, resulting in a more streamlined pathway for reporting and learning from incidents.</p> <p>The Cancer Care Pathway remained an ongoing concern and an area of close monitoring by the Quality Committee. While some aspects of improvement were within the Trust's control and in the process of being implemented, there were also a consistent number of referrals that the Trust currently lacks the capacity to fulfill. The Trust has a clear understanding of its current status and is actively working towards improvements.</p> <p>DB informed the members about the issues in the Gynaecology Emergency Department, specifically related to staffing, finances, and activity, as identified in the CQC report. Work was underway with the Divisional Team to establish a robust system for moving forward. It was stressed that achieving a positive outcome would not be constrained by a specific timeframe.</p> <p><u>Putting People First Committee Report</u></p> <p>GH highlighted concerns related to male GP trainees from outside the UK, specifically the lack of culturally competent trainers and leaders. Assurances were provided regarding the implementation of anti-racist strategies, which have positively impacted the workforce. The guardian of safe working hours report was also discussed, with the challenges involving creating safe and compliant rotas. The Trust's performance in this area had not matched the previous year, partly due to</p>

23/24	Items Covered
	<p>strike action and limited availability of Junior Doctors. Monitoring patient safety and response were emphasized as ongoing measures to ensure assurance. RP inquired about the impact on patients and the measures being taken to mitigate them. GH confirmed that, due to industrial action, some clinics had been delayed or cancelled to ensure patient safety.</p> <p>Confirmation was given regarding the ongoing commitment to the goal of having a 24/7 consultant presence. Challenges related to mandatory training and sickness levels were acknowledged, but the Trust has committed to providing more counselling and support to staff and leaders rather than resorting to disciplinary action.</p> <p>The Midwifery Preceptorship Programme was reported to be a success, with a retention rate of cohorts at 98%.</p> <p>DB concluded by mentioning that the NHS Workforce Plan, which includes provisions for physician associates, apprentices, and alternative routes to healthcare, was scheduled to be published on June 29, 2023. The primary objective of the plan was to enhance training opportunities for healthcare professionals.</p>
016	<p>CQC Inspection Update</p> <p>DB analysed the recently received CQC report and informed the members about the Trust's inspection, which was conducted over two main areas in addition to a well-led review. The first focused on maternity safety, leadership, and overall well-being, while the second assessed gynaecology safety, effectiveness, care, response, and leadership.</p> <p>Concerns raised in early February 2023 resulted in a warning notice from the CQC. However, the Trust responded promptly on the same day with a rapid and comprehensive action plan. This plan included allocating additional resources to the maternity department to achieve a compliance waiting time of 30 minutes in triage.</p> <p>The overall rating for the Trust had been downgraded from "Good" to "Requires Improvement." However, there had been an improvement in the gynaecology department, which was now rated as "Good." To address the identified areas for improvement, robust action plans were currently in place, which aim to align with the objectives outlined in the CQC report.</p> <p>DB further mentioned that a paper summarizing the action plans and progress would be submitted to the Trust Board in July 2023. The Quality Committee would oversee the implementation of these actions. Internal and external providers, including AQuA, NHS Resolutions, and the Trust's legal team, were actively assisting in the improvement process.</p> <p>Action: MG will arrange a meeting in September with the governors to discuss and share the findings resulting from the actions implemented based on the CQC report.</p> <p>If governors received any concerns or queries from patients it was noted that they should be encouraged to reach out to the Patient Experience Team for assistance.</p>

23/24	Items Covered
CONCLUDING BUSINESS	
017	Review of risk impacts of items discussed The Trust's CQC inspection highlighted the impact of the issues listed in the report and to consider the risk to the Trust's reputation. Medical rotas were a concern for the Trust and clarity on how this was being managed was requested for a future meeting.
018	Any other business and review of meeting The meeting was effective, and all agenda items were covered. No other items were raised.
019	Jargon Buster Noted.
Finish Time 18.30	

Date of next meeting: Tuesday 26th September 2023, Virtual or Boardroom

Council of Governors

COVER SHEET

Agenda Item (Ref)	23/24/030		Date: 20/07/2023	
Report Title	CQC Inspection Report – Trust Response			
Prepared by	Philip Bartley – Associate Director of Quality & Governance			
Presented by	Dianne Brown - Chief Nurse			
Key Issues / Messages	The Trust has received the final report into the findings of the Care Quality Commission unannounced inspection in January 2023, and Well Led inspection of February 2023. The report highlights the steps taken to date in response of the findings and provides assurances regarding oversight and completion of required actions including next steps.			
Action required	Approve <input type="checkbox"/>	Receive <input checked="" type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	<i>To formally receive and discuss a report and approve its recommendations or a particular course of action</i>	<i>To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it</i>	<i>For the intelligence of the Board / Committee without in-depth discussion required</i>	<i>To assure the Board / Committee that effective systems of control are in place</i>
	Funding Source (If applicable):			
	For Decisions - in line with Risk Appetite Statement – Y/N If no – please outline the reasons for deviation.			
	The Council of Governors is asked to receive the report and note the action underway to respond to the issues raised in CQC report in a timely and holistic manner.			
Supporting Executive:	Dianne Brown - Chief Nurse			

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

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Trust Board	13 July 23	Chief Nurse	Detailed in main body of the report and supporting presentation

EXECUTIVE SUMMARY

The Trust has undergone an inspection of its Maternity and Gynaecology core services by the Care Quality Commission (CQC) in January 2023. A full inspection of the well-led domain also took place in February 2023. The CQC published its final inspection report on 23 June 2023. The overall Trust rating had deteriorated from good to requires improvement.

- The overall rating for Gynaecology had improved from requires improvement to good.
- Maternity had deteriorated from good to requires improvement overall
- The key question 'are services safe?' for Maternity had deteriorated from good to inadequate

On 9 February 2023, a S29A Warning Notice was issued requiring the Trust to make significant improvements in relation to Regulation 12(1)(2)(a)(b). The notice stated that, "The Trust must assess and do all that is reasonably practicable to mitigate risks to the health and safety of women, birthing people." Immediate remedial actions have been taken which have demonstrated reliable and sustained improvements within the maternity assessment unit. Regular reports have been received by the Board of Directors each month thereafter detailing the actions taken and outcomes achieved.

In accordance with CQC guidance a further unannounced inspection of Maternity services should be expected within three months of receipt of the warning notice. However, a reinspection has not yet taken place and it is anticipated this could happen at any time.

The CQC report identifies nine actions the Trust must take to comply with its legal obligations and a further 14 actions the Trust should take.

This paper provides an update in response to the actions taken by the Trust in relation to the report findings. A development session is planned for September 2023 to enable the Board of Directors to consider their response to the findings of the Well Led domains and agree next steps in terms of any specific Board led actions. A further update will be provided to the Council of Governors in due course. It is suggested that the November 2023 Council of Governors meeting receive assurance from the Board on the action it has taken to effectively respond to both the identified recommendations and key improvement themes relating to the well-led domain

The report can be found on the following link - <https://www.cqc.org.uk/provider/REP>

MAIN REPORT

An unannounced focussed inspection of maternity services took place at the Crown Street site on 24 and 25 January 2023. This was part of the CQC's maternity services inspection programme which inspected and rated the Key Lines of Enquiry for the safe and well-led key questions. A further Unannounced inspection of Gynaecology and Termination of Pregnancy Services on 24 and 25 January 2023 inspected against all key line's enquiry, safe, effective, caring, responsive and well-led. A well-led inspection was pre-planned and took place between 21-13 February 2023.

On 9 February 2023, a S29A Warning Notice was issued requiring the Trust to make significant improvements in relation to Regulation 12(1)(2)(a)(b) stating that the Trust must assess and do all that is reasonably practicable to mitigate risks to the health and safety of women, birthing people, and babies. More specifically, concerns were in relation to.

- The Management and Assessment of Risk
- MAU triage times
- Staffing within MAU

The Trust took immediate actions in relation to the following areas.

- Medical Staffing
- Midwifery Staffing
- Leadership

A comprehensive programme of improvements has been led by the Maternity Transformation Board and these include.

- The review and refresh of the Maternity Assessment improvement task and finish group
- Additional staffing requirements modelled through operational planning and budget setting.
- Protected triage and shift leader midwife.
- Development of triage breech analysis and reporting
- Review and suspension of the Continuity of Carer model, providing specific continuity for the ante and post-natal periods only which has released staff to support other clinical areas
- Development of visible real time data, to allow oversight and immediate intervention by the clinical and leadership teams
- Enhanced clinical escalation policies
- Visit and update to the Regional Chief Midwife NHSE and ICB who have recognised the significant improvement
- Weekly, reducing to monthly updates to the CQC
- Ongoing engagement and dialogue with the LMNS re transformation support

Immediate and sustained improvements have been demonstrated and reported to the Board of Directors each month thereafter in relation to the timely access, review, and treatment of women within the Maternity Assessment Unit

The Care Quality Commission also commented within its report about the outstanding practice in the Trust and these are included below.

- There was innovative work regarding anti-racism
- The trust had developed a staff pantry in response to local economic hardship
- The trust was hosting and supporting the C-GULL – Children Growing up in Liverpool research programme
- The Non-English-Speaking Team (NEST) provided care for those women, birthing people and families booked at Liverpool Women's Hospital who did not speak English
- Supported interns, working in partnership with schools and the trust hotel services provider students with neuro diverse and physical disabilities have been provided with work experience opportunities
- The service used charitable funds to fund several initiatives to meet the basic needs of women and birthing people who were vulnerable
- The service provided robotic assisted surgery for women needing different types of urogynaecology

The Report concluded that the Trust Must Improve the following

- That we operate effective systems and processes to assess, monitor and improve the quality of services and mitigate the risks to women, birthing people, and babies.
- That we assess and do all that is reasonably practicable to mitigate risks to the health and safety of women, birthing people, and babies
- That we undertake timely and effective triage of women and birthing people
- We are assessing, documenting, and responding to ongoing risks to the safety of women, birthing people, and babies
- We Deploy sufficient, suitably qualified midwifery staff
- Maternity staff are up to date with mandatory training
- Sufficient numbers of suitably qualified, competent medical staff to deliver the service and reduce delays in medical review in maternity triage
- Operate effective systems and processes to assess, monitor and improve the quality of services and mitigate the risks to women, birthing people, and babies
- People can access the service when they need it, particularly for cancer pathways and scan services

We should ensure that.

- We roll out of the Oliver McGowan Mandatory Training on Learning Disability and Autism.
- We implement the Equality Delivery System2022 (EDS2) with defined lines of reporting.
- Staff complete relevant safeguarding checks and logs when a woman or birthing person is admitted to the service.
- Staff have access to appropriate support when dealing with safeguarding concerns.
- Staff adhere to best practise in infection prevention and control
- All equipment is in date and suitable for purpose.
- Staff answer call bells quickly to prevent risk of harm to women and birthing people.
- Staff receive an annual appraisal and complete their mandatory training
- Review systems and processes also ensuring staff follow them in relation to the safe management of medicines
- Staff are supported to raise concerns through the trust Freedom to Speak Up Guardian and action is taken on concerns raised by staff.
- We review arrangements in the gynaecology day case admissions area to ensure women's privacy and dignity is maintained
- Have sufficient medical cover available for the Bedford Unit and GED.

Response to Report Findings

An improvement plan is due to be provided to the CQC no later than 26 July 2023. The improvement plan is being operationally delivered with the oversight of the corporate governance team, overseen by the Executive team and reporting into Safety & Effectiveness Sub Committee, Quality Committee and Trust Board.

As part of the Trust approach to learning and improvement a further analysis of the report has been undertaken to ensure all elements of CQC observations and comments from the report have been collated into meaningful actions. This has included a cross divisional review, therefore, the total number of actions for Maternity is 67, and 12. All actions are now recorded in the action management system, further work is ongoing to ensure all actions completed have tangible

evidence stored within the system to support a good evidence repository. It must be noted that some actions will have longer anticipated completion dates, for example the Trust response to Gynaecology access targets, which are subject to national and local scrutiny and oversight.

Regular updates are provided to the Executive Committee against the completed action plans.

There has been no significant press interest since CQC published the report in June 2023. There is a communications handling plan in place which has been enacted.

Conclusion

There has been significant progress to address the actions identified by the Trust following the inspection by CQC, particularly in relation to the Warning Notice. This is supported by follow up 'mock inspections' of MAU and evidence provided to CQC weekly basis initially and now monthly with the approval of CQC due to the improvements made. Of the 79 actions, 63 are now closed or marked as completed. However, 34 actions require further analysis, review and robust evidence of closure. Work is progressing with divisional and governance colleagues through Divisional Boards to collate the necessary evidence and this progress will be reported through the Executive Committee every two weeks.

Next steps

- Divisional Boards will continue to oversee the required closure and completion of actions supported by the Governance in advance of the July deadline, which will include Executive review and sign off.
- Detailed improvement plans for those areas of longer-term actions, for example delivery of timely treatment within gynaecology pathways will be embedded within the responses and agreed with the CQC
- CQC action plans to be reported to and monitored by Safety & Effectiveness Sub-Committee and Quality Committee.
- Continuation of unannounced 'mock inspections' of MAU, with reporting through divisional boards and escalation when required through the relevant Executive.
- A facilitated Board reflection session will take place in September to consider the wider finding of the report and with a specific focus on the well led elements, learning and culture. A further update will be presented thereafter
- Draft action plans have been uploaded to the Supporting Documents section of Admin Control for Board members to view. However, it must be noted that these are still in development in some areas and once finalised will be reported.
- It is suggested that the November 2023 Council of Governors meeting receive assurance from the Board on the action it has taken to effectively respond to both the identified recommendations and key improvement themes relating to the well-led domain.

Recommendation

The Council of Governors is asked to receive the report and note the action underway to respond to the issues raised in CQC report in a timely and holistic manner.

Council of Governors

COVER SHEET

Agenda Item (Ref)	23/24/031		Date: 20/07/2023	
Report Title	Communications & Membership Engagement Group – Summary Report			
Prepared by	Mark Grimshaw, Trust Secretary			
Presented by	Mark Grimshaw, Trust Secretary			
Key Issues / Messages	<p>The Council of Governors has a Communications and Membership Group which meets quarterly to provide oversight on this function. The latest meeting (held on 29 June 2023) was extended to consider three separate yet connected issues:</p> <ul style="list-style-type: none"> Suggested amendments to the constitution, specifically regarding public governor constituencies and appointed governor positions Understanding how public / patient engagement activity is being developed in the Trust and how best to support governor involvement with this Reflection on the Trust's current membership strategy and priorities for year 3 <p>This report provides a summary of the key discussions and where relevant outlines decisions that have been recommended to the full Council of Governors</p>			
Action required	Approve <input checked="" type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	<i>To formally receive and discuss a report and approve its recommendations or a particular course of action</i>	<i>To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it</i>	<i>For the intelligence of the Board / Committee without in-depth discussion required</i>	<i>To assure the Board / Committee that effective systems of control are in place</i>
	Funding Source (If applicable):			
	For Decisions - in line with Risk Appetite Statement – Y/N If no – please outline the reasons for deviation.			
	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Note the update from the Communications and Membership Engagement Group Approve the suggested amendments to the Constitution Note the updates against the Membership Strategy and agree the underpinning actions for 2023/24. 			
Supporting Executive:	Mark Grimshaw, Trust Secretary			

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

Link to the Corporate Risk Register (CRR) – CR Number: N/A	Comment:
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REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Comms and Engagement Group	29.06.23	Trust Secretary	Detailed in main body of the report

EXECUTIVE SUMMARY

The link between governor constituencies and membership engagement is crucial as governors represent specific members, enabling them to understand local healthcare concerns and priorities. By engaging members, governors enhance democratic representation, transparency, and patient-centred care delivery within NHS Foundation Trusts.

The Council of Governors has a Communications and Membership Group which meets quarterly to provide oversight on this function. The latest meeting (held on 29 June 2023) was extended to consider three separate yet connected issues:

- Suggested amendments to the constitution, specifically regarding public governor constituencies and appointed governor positions
- Understanding how public / patient engagement activity is being developed in the Trust and how best to support governor involvement with this
- Reflection on the Trust's current membership strategy and priorities for year 3

This report provides a summary of the key discussions and where relevant outlines decisions that have been recommended to the full Council of Governors.

Recommendations

The Council of Governors is asked to:

- Note the update from the Communications and Membership Engagement Group
- Approve the suggested amendments to the Constitution
- Note the updates against the Membership Strategy and agree the underpinning actions for 2023/24.

INTRODUCTION

NHS governors have a vital role in engaging and involving members within their constituencies. They represent the interests of the public and patients, facilitating communication and collaboration between the NHS Foundation Trust and its members. Governors should be facilitated to actively seek feedback, ensure transparency, and provide timely information to members. They advocate for their constituencies' needs in Trust meetings and committees, ensuring decision-making aligns with community preferences. Governors also foster partnerships with community organizations to address local healthcare needs effectively.

The link between governor constituencies and membership engagement is crucial as governors represent specific members, enabling them to understand local healthcare concerns and priorities. By engaging members, governors enhance democratic representation, transparency, and patient-centred care delivery within NHS Foundation Trusts.

The Council of Governors has a Communications and Membership Group which meets quarterly to provide oversight on this function. The latest meeting (held on 29 June 2023) was extended to consider three separate yet connected issues:

- Suggested amendments to the constitution, specifically regarding public governor constituencies and appointed governor positions
- Understanding how public / patient engagement activity is being developed in the Trust and how best to support governor involvement with this
- Reflection on the Trust's current membership strategy and priorities for year 3

This report provides a summary of the key discussions and where relevant outlines decisions that have been recommended to the full Council of Governors.

CONSTITUTION UPDATES

NHS governors have responsibilities regarding amendments to the Trust's constitution. Governors play a key role in reviewing proposed changes, ensuring they align with the Trust's objectives and statutory requirements.

Regulatory updates

The Health and Care Act 2022 has given Foundation Trusts increased powers to delegate service delivery. This means that Foundation Trusts can now delegate more services to other organisations, such as private companies or charities. The Trust does not have plans to use such powers at the current time, but it is necessary for the Constitution to reflect the updated legislation.

The 'Model Constitution' (a document that was adopted by the majority of NHS Foundation Trusts) has been updated across the Cheshire & Merseyside system with the support of law firm Hill Dickinson.

The key change is noted below (to section 4 'Powers':

Powers

- 1.1 The powers of the Trust are set out in the 2006 Act.

1.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

1.3 Any of these powers may be delegated to a committee of Directors or to an executive Director.

1.4 The trust may enter into arrangements for the carrying out, on such terms as the trust considers appropriate, of any of its functions jointly with any other person.

1.5 The trust may arrange for any of the functions exercisable by the trust to be exercised by or jointly with any one or more of the following:

1.5.1 A relevant body;

1.5.2 A local authority within the meaning of section 2B of the 2006 Act;

1.5.3 A combined authority.

1.6 The trust may also enter into arrangements to carry out the functions of another relevant body, whether jointly or otherwise.

1.7 Where a function is exercisable by the trust jointly with one or more of the other organisations mentioned at paragraph 4.5, those organisations and the trust may:

1.7.1 Arrange for the function to be exercised by a joint committee of theirs;

1.7.2 Arrange for the trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fund

in accordance with section 65Z6 of the 2006 Act.

1.8 The Trust must exercise its functions effectively, efficiency and economically.

1.9 In making a decision about the exercise of its functions, the trust must have regard to all likely effects of the decision in relation to:

1.9.1 The health and well-being of (including inequalities between) the people of England;

1.9.2 The quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

1.9.3 4.9.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

1.10 In the exercise of its functions, the trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).

1.11 For the purposes of this section, “relevant body” means NHSE, an integrated care board, an NHS trust, a NHS foundation trust (including the trust) or such other body as may be prescribed under section 65Z5(2). “Relevant bodies” means two or more of these organisations

as the context requires.

1.12 The arrangements under this paragraph 4 shall be in accordance with:

1.12.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act

1.12.2 any applicable statutory guidance that has been issued and

1.3.1 otherwise on such terms as the trust sees fit. The affairs of the Trust are to be conducted by the Board of Directors, the Council of Governors and the members in accordance with this constitution and the Trust's NHS provider licence.

Governors are asked to consider acceptance of this amendment.

Suggested amendments to Membership Constituencies and Appointed Governors

Updating the Constitution also provides an opportunity to review current Membership Constituencies. A significant driver for change relates to the fact that Liverpool City Council have updated the electoral wards following a boundary review. This does have (small) implications on our current public constituencies e.g., Central has become smaller with some wards now being classed as 'North' and some as 'South' – refer to Appendix 1 for detail. It is not a necessity that the Trust changes its boundaries, but it is suggested that there is a strong argument to be coterminous with the local authority.

Should the changes be accepted, there will be implications on the 2023 election timetable. As the Constitution amendments can only be approved at the Annual Member's Meeting (September 2023), elections against such updates (should they be agreed) will need to take place after this point. This will delay the election outcome by approximately three months and will result in some existing governors having a longer term of office and newly elected governors having a shorter term of office.

The role of partner (appointed) governors in an NHS Foundation Trust is to represent the interests and perspectives of partner organizations within the governance structure of the Trust. Partner governors play a crucial role in fostering effective partnerships and collaboration between the Trust and its partner organizations. Their involvement helps ensure that the Trust's services are coordinated, integrated, and responsive to the needs of the local population, while promoting effective multi-agency working for the benefit of patients and the wider community.

The Trust currently has eight appointed governors – chosen several years ago to reflect the Trust's strategic partners and provide a link to key stakeholders in the community.

- Three governors, one each to be appointed by Liverpool City Council, Sefton Borough Council and Knowsley Borough Council
- One governor appointed by Liverpool University
- One governor appointed from a) Liverpool Hope, b) LJMU or c) Edge Hill
- One governor appointed from the student body of the four local universities
- Two governors from:
 - Four faith organisations (CofE, Catholic, Muslim and Jewish denominations)
 - A multitude of community and voluntary sector (CVS) organisations (57 currently listed)

As the Trust takes an opportunity to review its governor constituencies, it is felt germane to review the appointed / partner governor cohort to ensure that the identified organisations remain best placed to meet the aims listed above. There are also challenges to the administration of appointing governors utilising the

current phrasing in the Constitution. Where one governor needs to be appointed from a range or choice of organisations, the Constitution is silent about the method of selection. This is currently being managed by the Trust Secretary via a 'first come, first served' basis after an email which is not optimal and can be particularly challenging for the CVS governor role (57 organisations). The Trust has also been challenged to achieve consistent engagement for the student governor role. Whilst there is value in the idea it can be difficult to transact due to its transient nature.

A discussion was held at the Communications and Membership Engagement Group meeting on 29 June 2023 and the following suggestions were made:

- It was questioned why the Trust has local councillor representation from Knowsley and Sefton but not from other city region authorities when patients are drawn from these areas. It was suggested that a representative from a regional body might be better placed.
- There was agreement that utilising 'umbrella' groups to represent the CVS, young people and multi-faiths would be better than retaining a long list in the Constitution.
- It was suggested that the Trust should seek input from Primary Care Networks due to their function in local population health and health inequalities – key strategic aims for the Trust and wider Integrated Care System.

Following the meeting, the Trust Secretary has reviewed the possibility of appointing from a representative body for local councillors. This may require further consideration as the local health landscape and the involvement of local authorities within this continues to evolve. For instance, pan-Liverpool / Merseyside / regional groups that involve local authorities sit above the foundation trust in the accountability chain and there is a strong likelihood of conflicts of interest being present should the Trust appoint a local councillor from this cohort. However, the principle of seeking representation from a wider regional body remains sound and it is suggested that the Trust retains a 'vacancy' until an appropriate body can be identified. It is worth noting that the Trust cannot carry nine appointed governors as this would result in public governors not being in the majority (a constitutional requirement).

Incorporating these comments would result in an appointed governor cohort that would look as follows:

Seven appointed governors:

- One from Liverpool City Council
- One from Central Liverpool Primary Care Network
- One governor appointed by Liverpool University
- One governor appointed from a) Liverpool Hope, b) LJMU or c) Edge Hill
- One governor from an umbrella organisation representing the Community and Voluntary Sector
- One governor from an umbrella organisation representing the views of young people
- One governor from an umbrella organisation representing a multi-faith perspective

Governors are asked to consider these suggested amendments and indicate approval, or otherwise, at the meeting.

If agreed, representatives from the newly identified organisations will be contacted ahead of approval at the Annual Member's Meeting.

PUBLIC ENGAGEMENT ACTIVITY AND GOVERNOR INVOLVEMENT

At the June 2023 group meeting, Gillian Walker (Patient Experience Matron) and Dez Chow (Patient Experience & Engagement Facilitator) presented on the work that has been and is planned to be

undertaken regarding public and patient engagement. An engagement calendar had been produced and was being updated on a regular basis (see Appendix 2). Governors discussed how they would want to be involved (before, during and after) in events and how the Trust could best offer support. Key issues noted were as follows:

- Important for governors to have a common brief regarding key issues at the Trust ahead of attending events
- Reasons for attending events needed to be intelligence driven i.e. other data sources had identified a need to engage with a particular group or on a particular topic.
- Important not to neglect staff members when thinking about engagement
- To be given clarity on the role of the governor and expectations when attending events
- To be given awareness on the best way to signpost to information sources
- To have an easy-to-use mechanism for feedback after attending e.g. a text message

The Corporate Governance Team will work closely with the Patient Experience Team to start to facilitate these ideas to support governor attendance at identified events.

REFLECTION ON THE TRUST’S CURRENT MEMBERSHIP STRATEGY & PRIORITIES FOR YEAR 3

Governors noted the updated against the year one and two underpinning actions contained within the current Membership Strategy 2021-25 (Appendix 3). It was reported that despite a slow start in year one, demonstrable progress had been made in year two.

The following underpinning actions are suggested for year three (2023/24)

To improve engagement with public & members		Underpinning Actions 2023-24	
Priorities*	1.1 Maintain an Events Calendar to identify and plan effectively for membership engagement events	1.1a Report Events Calendar quarterly to the Communications and Engagement Group to support planning for membership engagement events	

		1.1c Divisions and services across the Trust will be required to inform of upcoming events they have planned outside of the Communications events calendar with a request for timely notice if anything is planned to ensure this is shared with the public and members of the Trust
	1.2 Development of events that are tailored to members	1.2a Work with patient experience team to identify events that members / the public are interested in and continue to explore holding events outside of the Trust e.g. in Community hubs, places of worship, youth clubs etc.
	1.3 Build on existing relationships with the patient experience team and the Trust Charity	1.3a Continue to ensure that intelligence from the patient experience team and the Trust Charity is fed back to the Communications and Engagement Group
	1.4 To link in with the Corporate strategy plans & the Communications & Marketing Strategy to enhance engagement with patients/public/members	1.4a Work with the Transformation Team to identify opportunities for engagement regarding the Trust Strategy for members.
	1.5 Strengthen links with pan-region organisations such as Healthwatch and explore opportunities for cross-Trust membership engagement.	1.5a Continue to develop Pan-Liverpool Membership Group to support governors in meeting their updated duties (noted in the addendum published in 2022)
		1.5b Amend appointed governor roles to achieve greater engagement with the CVS, women's groups and with young people.

Objective 2: To build a membership that is representative of the communities we serve

Aim: To ensure our membership reflects the broad diversity of our local communities.

To build a membership that is representative of the communities we serve		Underpinning Actions 2023-24	
Priorities*	2.1 Analyse our membership on a regular basis to ensure that progress is being made in increasing representation	2.1a Regular reports to the Council of Governors will include: <ul style="list-style-type: none"> • Membership totals within all constituencies; • Membership churn, i.e. the number of ‘joiners’ and ‘leavers’ within the public membership constituencies per month; and • Diversity reports, i.e. comparisons of the Trust’s public membership demographics to those within the local population. • Reports on events to note the demographics of attendance (where possible) 	
	2.2 Analyse membership events to ensure that attendance was as representative as possible, reflecting on methods to improve this if required.	See 2.1a above	
	2.3 Develop relationships with schools, colleges and universities to increase young people representation and engagement	2.3a Work with the appointed governor representing young people to identify issues of particular interest to this cohort.	
	2.4 Develop enhanced links with organisation aligned to underrepresented groups to improve recruitment, engagement, and involvement with these demographics	2.4a Work with the patient experience team to engage with key community leaders in the City / wider C&M region and attempt to establish opportunities for engagement	
	2.5 Ensure that intelligence from patient engagement is utilised by the Communications and Engagement Group to target membership engagement activity	2.5a Ensure that themes from patient complaints and compliments is reported to the Communications and Engagement Group 2.5b Communications and Engagement Group to utilise patient and service user feedback to target and focus membership activity.	

Objective 3: To effectively communicate with public and members

Aim: For members to feel well informed and receive communications that are targeted towards their interests.

To effectively communicate with members		Underpinning Actions 2023-24
Priorities*	3.1 Continue building and maintaining an accurate database	3.1a Undertake an annual refresh of the database to ensure it remains up-to-date.
	3.2 Identify opportunities for two-way communication between members and governors	3.2a Ensure that governors have an easy-to use feedback mechanism after attending membership events
		3.2b Support Governors in actively engaging with their constituents e.g. signposting relevant events, providing a steer from the Communications and Engagement Group on topics of interest.
		3.2c Identify opportunities for members to become involved in inspections / patient experience programmes
		3.2d Governor to attend patient safety walkabout events with NEDs
	3.3 Continue providing appropriate information to members	3.3a Ensure that Council of Governor meetings are advertised to members and that papers are published on the Trust website in advance of meetings
		3.3b Continue to make membership information available electronically via the Trust's website, intranet, and social media platforms.

		3.3c Ensure that membership information is widely available in all major trust sites, i.e. reception areas, wards, café/restaurant etc.
	3.4 Communicate the benefits of membership	3.4a Include membership forms / ways of signing up within regular correspondence e.g. appointment letters and compliments / complaints responses
	3.5 Target communications with the desired audience	3.5a Identify public events associated with Trust services across the public constituencies, in which to promote FT membership, its benefits and to recruit public members associated with these areas and constituencies

Governors also made the following comments to continue to strengthen the functioning of the Communications and Membership Engagement Group:

- To ensure that the meeting is a place to reflect on engagement activity undertaken, and to triangulate this with other sources of information e.g., complaints to effectively target the next quarter's engagement activity.
- To extend the meeting to 90 minutes (starting at 4pm)
- Retain a quarterly meeting frequency

RECOMMENDATIONS

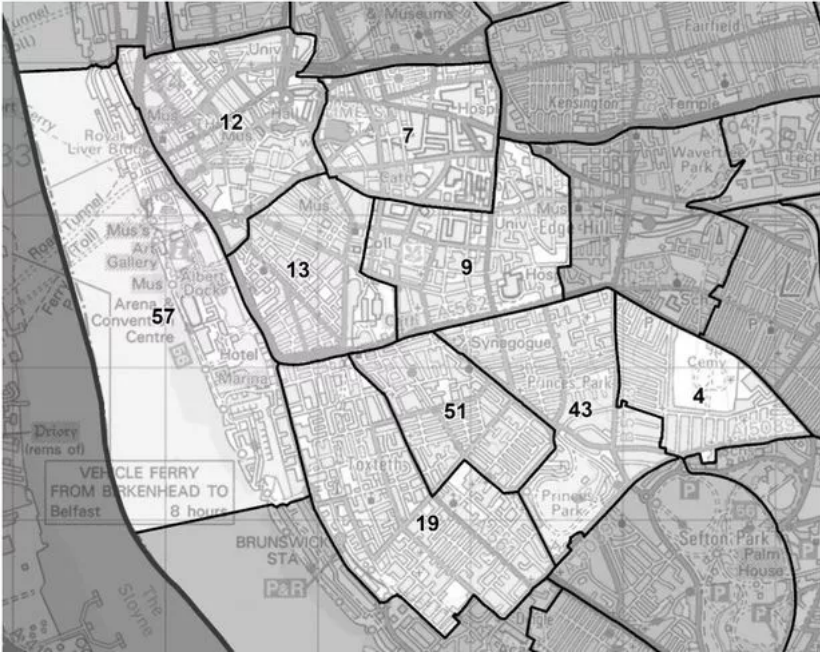
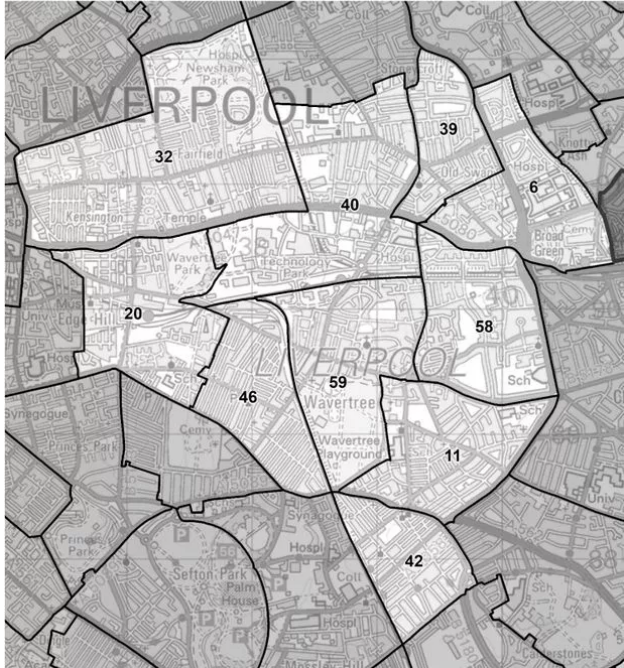
The Council of Governors is asked to:

- Note the update from the Communications and Membership Engagement Group
- Approve the suggested amendments to the Constitution
- Note the updates against the Membership Strategy and agree the underpinning actions for 2023/24.

Appendix 1 – Governor Constituencies

Electoral Wards for Central Liverpool

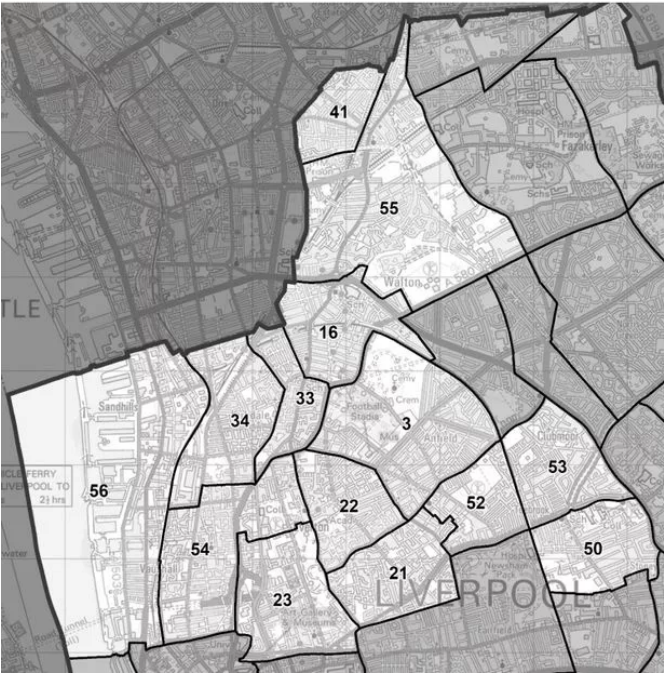
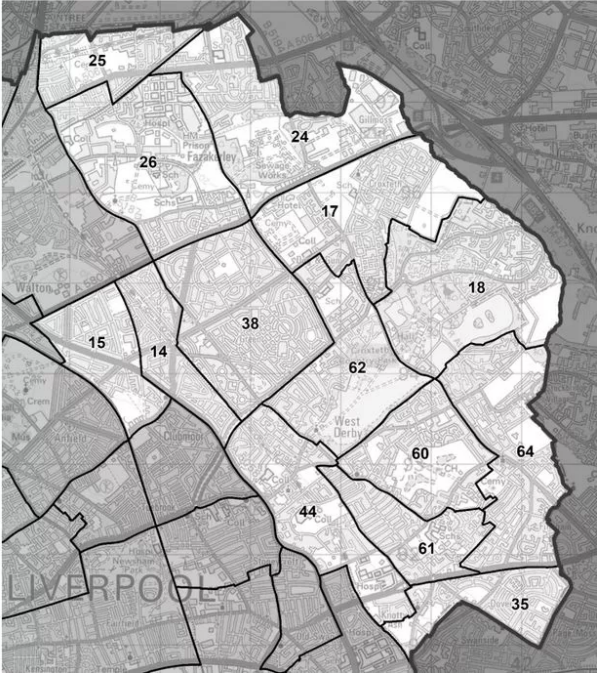
<i>Current</i>	Post Boundary changes
Everton	City Centre South (13)
Central	City Centre North ward (12).
Yew Tree	Brownlow Hill (7)
Knotty Ash	Canning (9)
Kensington & Fairfield	Waterfront South ward (57)
Tuebrook & Stoneycroft	Arundel (4)
Old Swan	Dingle (19)
Picton	Princes Park (43)
Childwall	Toxteth (51)
Wavertree	Kensington and Fairfield (32)
Church	Smithdown (46)
Greenbank	Broadgreen (6)
Riverside	Church (11)
Princes Park	Edge Hill (20)
	Old Swan East (39)
	Old Swan West (40)

	Penny Lane (42)
	Wavertree Garden Suburb (58)
	Wavertree Village (59)
<p>Central West</p> 	<p>Central East</p> 

Electoral Wards for North Liverpool

<i>Current</i>	Post Boundary changes
<i>Fazakerley</i>	Anfield (3)

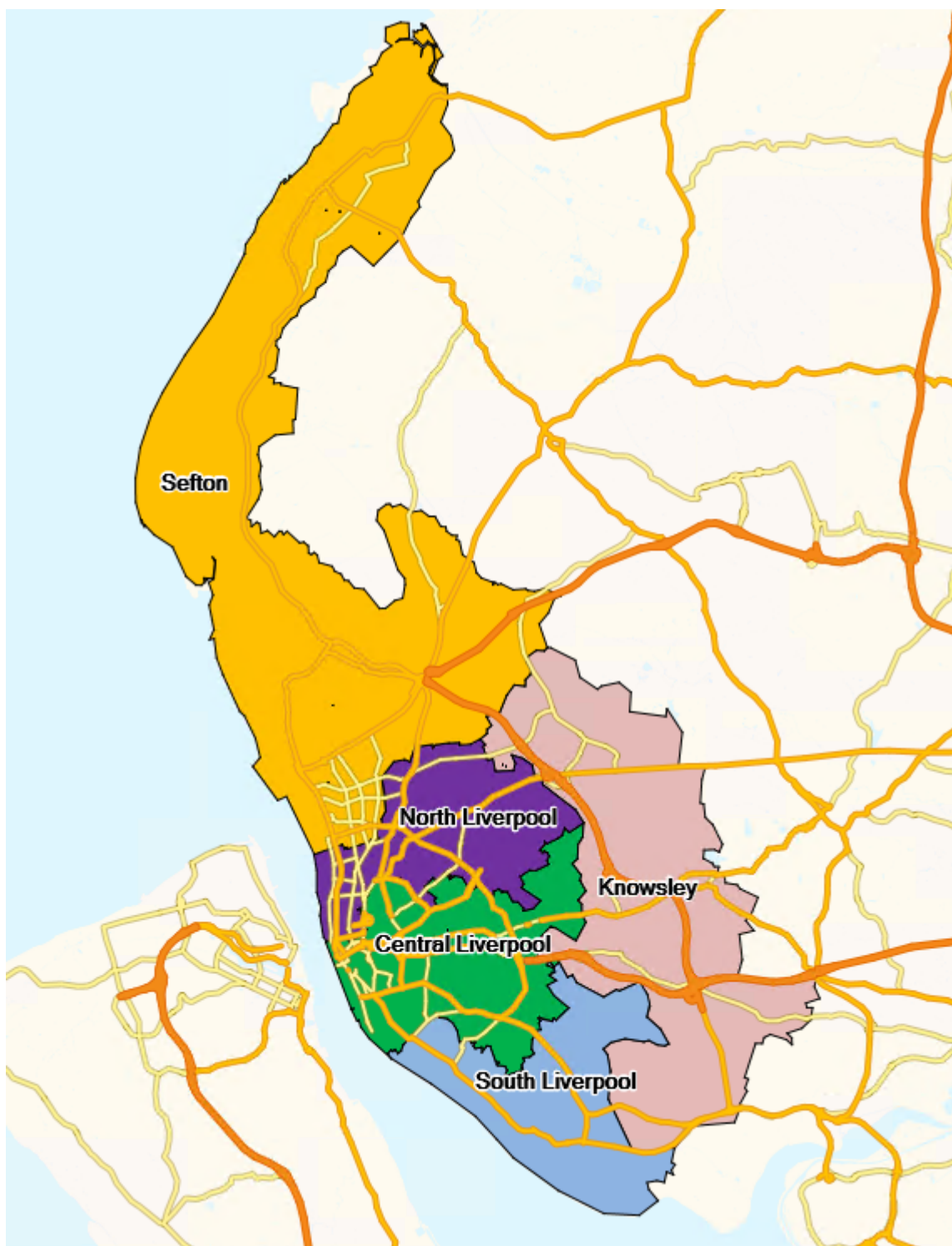
<i>Warbreck</i>	County ward (16).
<i>County</i>	Walton (2)
<i>Clubmoor</i>	Vauxhall (2)
<i>Norris Green</i>	Everton East (21)
<i>West Derby</i>	Everton North (22)
<i>Kirkdale</i>	Everton West (23)
	Kirkdale East (33)
	Kirkdale West (34)
	Orrell Park (41)
	Stoneycroft (50)
	Tuebrook Brekside Park (52)
	Tuebrook Larkhill (53)
	Waterfront North ward (56).
	Norris Green (38)
	Yew Tree (64)
	Clubmoor East (14)
	Clubmoor West (15)
	Croxteth (17)
	Croxteth Country Park (18),
	Fazakerley East (24)
	Fazakerley North (25)
	Fazakerley West (26)

	Knotty Ash and Dovecot Park (35)
	Sandfield Park (44)
	West Derby Deysbrook (60)
	West Derby Leyfield (61)
	West Derby Muirhead (62).
<p>North West</p> 	<p>North East</p> 

Electoral Wards for South Liverpool

<i>Current</i>	Post Boundary changes
Allerton & Hunts Cross	Garston (28)
Woolton	Speke (47).
Belle Vale	Aigburth (1),
St Michael's	Festival Gardens (27),
Speke- Garston	Grassendale and Cressington (30)
Cressington	Greenbank Park (31),
Mossley Hill	Mossley Hill (36),
	Sefton Park (45)
	St Michaels (49)
	Belle Vale (5)
	Childwall (10)
	Much Woolton and Hunts Cross (37)
	Allerton (2),
	Calderstones (8),
	Gateacre (29),

	Springwood (48)
	Woolton Village (63)
<p>South West</p> 	<p>South East</p> 



Appointed Governor – Constitution Extract

1. Appointed Governors appointed by the following appointing organisations (to be reviewed by the Council of Governors every three years) in accordance with a process agreed by those organisations with the Trust Secretary:
 - 1.1. Three governors, one each to be appointed by Liverpool City Council, Sefton Borough Council and Knowsley Borough Council;
 - 1.2. One governor appointed by Liverpool University;
 - 1.3. Two governors appointed jointly by the following:
 - 1.3.1. Faith Organisations
 - 1.3.1.1. Diocese of Liverpool
 - 1.3.1.2. Archdiocese of Liverpool
 - 1.3.1.3. Liverpool Muslim Society
 - 1.3.1.4. Liverpool Progressive Synagogue
 - 1.3.2. Community & Voluntary Organisations
 - 1.3.2.1. Autism Initiatives
 - 1.3.2.2. Blackburn House
 - 1.3.2.3. Bliss
 - 1.3.2.4. Bradbury Fields (Formerly Liverpool Voluntary Society for the Blind)
 - 1.3.2.5. Breckfield & North Everton Neighbourhood Council
 - 1.3.2.6. British Heart Foundation
 - 1.3.2.7. BROOK
 - 1.3.2.8. Children's Cancer Support Group
 - 1.3.2.9. City Church / The Crossing Point
 - 1.3.2.10. Common Purpose Merseyside
 - 1.3.2.11. Croxteth & Gilmooss Community Federation
 - 1.3.2.12. Down's Syndrome Association

- 1.3.2.13. Eldonian Community Trust Ltd.
- 1.3.2.14. Fazakerley Community Federation
- 1.3.2.15. Getting Involved Group (Liverpool Learning Disability)
- 1.3.2.16. Granby Somali Women's Group
- 1.3.2.17. Greenbank Project
- 1.3.2.18. Irish Community Care
- 1.3.2.19. Kirkdale Neighbourhood Community Centre
- 1.3.2.20. Kuumba Imani Millennium Centre
- 1.3.2.21. Liverpool Action for Blind People
- 1.3.2.22. Liverpool Arabic Centre
- 1.3.2.23. Liverpool Association of Disabled People
- 1.3.2.24. Liverpool Council for Voluntary Services
- 1.3.2.25. Liverpool Local Partnership Enterprise
- 1.3.2.26. Liverpool PSS (Liverpool Volunteer Doula)
- 1.3.2.27. Lowlands (West Derby Community Association)
- 1.3.2.28. Mary Seacole House
- 1.3.2.29. Marybone Youth & Community Association
- 1.3.2.30. Mencap Liverpool
- 1.3.2.31. Mersey Region Epilepsy Association
- 1.3.2.32. Merseyside Centre for Deaf People
- 1.3.2.33. Merseyside Disability Federation
- 1.3.2.34. Merseyside Jewish Community
- 1.3.2.35. Merseyside Welfare Rights
- 1.3.2.36. Minerva Women's Groups
- 1.3.2.37. MRANG (Merseyside Refugee & Asylum Seekers Pre &

- Post Natal Support Group)
- 1.3.2.38. National Childbirth Trust (Liverpool Branch)
- 1.3.2.39. Netherley Valley Childcare Initiatives
- 1.3.2.40. Nigerian Community Association
- 1.3.2.41. NSPCC (Northwest Branch)
- 1.3.2.42. Pakistan Association – Liverpool
- 1.3.2.43. People First Merseyside
- 1.3.2.44. PSS (Post Natal Depression Service & LivPiP)
- 1.3.2.45. RNIB (Royal National Institute of Blind People)
- 1.3.2.46. Salvation Army, Ann Flower House
- 1.3.2.47. Sands (Liverpool Still Birth and Neonatal Charity)
- 1.3.2.48. Shine (Association for Spina Bifida & Hydrocephalus)
- 1.3.2.49. Soroptimist Liverpool
- 1.3.2.50. SWAN Women’s Centre
- 1.3.2.51. Volunteer Centre Liverpool
- 1.3.2.52. The Wavertree Society
- 1.3.2.53. West Everton Community Council
- 1.3.2.54. WHISC (Women’s Health and Information Support)
- 1.3.2.55. Women’s Institute (Liverpool)
- 1.3.2.56. Yew Tree Children’s Centre
- 1.3.2.57. Young Persons Advisory Service

1.4. One governor appointed jointly by:

- 1.4.1. Liverpool Hope University
- 1.4.2. Liverpool John Moores University

1.4.3. Edge Hill University

1.5. One Student Governor appointed jointly by the student councils of:

1.5.1. University of Liverpool

1.5.2. Liverpool Hope University

1.5.3. Liverpool John Moores University

1.5.4. Edge Hill University

LWH Engagement & Involvement Calendar 2023 -2024

April 2023	May 2023	June 2023
<ul style="list-style-type: none"> Womens Health Group, Porchfield Community Centre, Croxteth, Liverpool (4) Cancer Awareness & Womens Health, Kensington Health Centre, Picton Primary Care Network (17) Family Health & Sibling Bereavement, The Bridge Community Centre, Norris Green, Liverpool (19) Womens and Family Health, Croxeth Family Matters, Liverpool (19) Baby Well – drama group refugee group, Blair Bell LWH (19) 	<ul style="list-style-type: none"> Global Health – Citizens Advice Bureau & Liverpool Medical Institute, Blair Bell, LWH (2) Whitechapel Centre- Sex workers & Homeless, Whitechapel, Liverpool (3) Deaf Awareness Week, Merseyside Society for Deaf People. Stall at LWH (4) Mens Bereavement Support Honeysuckle FC, Jeffrey Humble Football Hub, Liverpool (4) Young People Health, Youth Persons Advisory Service, Liverpool (9) 	<ul style="list-style-type: none"> Chinese Health Event, Pagoda Community Centre, Liverpool (7) Neurodiversity Day, Brain Charity, Liverpool (8) Health event for Hearing Impairment community, Merseyside Society for Deaf People, Liverpool (15) Facilities- car parking. Caribbean Centre, Al Rahma Mosque & Pakistan Centre (19) Dingle Park GP practice- Maternity (23) Cancer Awareness Day. LUHFT /Macmillan/LWH Goodison Park EFC stadium (24) Whitechapel Centre Outreach and Hostels, Liverpool. Sex workers & Homeless (28)
July 2023	August 2023	September 2023
<ul style="list-style-type: none"> ICCM Irish Community Care Merseyside (travellers) (3) Health Watch – 15 steps and meet staff /patients. Blair Bell, LWH (10) GOAL Womens Personal Growth & Health, Rotunda and Health, Liverpool (17,18) Accessible Information Standards, Merseyside Society for Deaf People (20) Pride, Liverpool (29) 	<ul style="list-style-type: none"> Health & Patient Experience Blair Bell, LWH (7) Whitechapel Centre Outreach and Hostels, Liverpool. Homeless & Sex Workers (TBC) Picton PCN, Liverpool – Health event (TBC) ICCM Irish Community Care Merseyside (travellers) (TBC) 	<ul style="list-style-type: none"> Health & Patient Experience Blair Bell, LWH (1) WHISC Womens Health Training Course, Liverpool (8) Picton PCN- Health Event, Liverpool (TBC)
October 2023	November 2023	December 2023
<ul style="list-style-type: none"> Health & Patient Experience Blair Bell, LWH (5) Baby Loss Service of Remembrance, Honeysuckle. St Georges Hall (10) Worrier To Warrior Workshops Bridge Community Centre, Liverpool (10) Picton PCN Health event, Liverpool (world mental health day) (10) 	<ul style="list-style-type: none"> Merseyside Bangladesh Association, Liverpool (TBC) GOAL Womens Personal Growth & Health, Rotunda L5, Liverpool (TBC) Picton PCN Health event, Liverpool (TBC) 	<ul style="list-style-type: none"> WHISC Womens Health Training Course, Liverpool (8) Whitechapel Centre Outreach and Hostels, Liverpool. Homeless (TBC)
January 2024	February 2024	March 2024
<ul style="list-style-type: none"> Whitechapel Centre Outreach and Hostels, Liverpool. (TBC) Dry January www.alcoholchange.org.uk National Obesity Awareness Week www.nationalobesityforum.org.uk (13-20) Cervical Cancer Prevention Week (TBC) www.jostrust.org.uk 	<ul style="list-style-type: none"> Chinese Health Events- Pagoda Community Centre, Liverpool (10/11) GOAL Womens Personal Growth & Health session, Rotunda L5, Liverpool (TBC) 	<ul style="list-style-type: none"> WHISC Womens Health Training Course, Liverpool (8) International Woman's Day (8) Health & Patient Experience Blair Bell, LWH (28)

Produced by Dez Chow – Patient Engagement & Experience Facilitator

Strategy Year One & Two – Underpinning Actions

Objective 1: To improve engagement with public and members

Aim: For members to feel part of the Trust and be aware of opportunities and how to be involved in helping to improve the way services are provided.

To improve engagement with public & members		Underpinning Actions 2021-23	Update	RAG
Priorities*	1.1 Maintain an Events Calendar to identify and plan effectively for membership engagement events	1.1a Develop Events Calendar and report it quarterly to the Communications and Engagement Group to support planning for membership engagement events	Events calendar now developed by Patient Experience team	
		1.1b Ensure that links are in place with services who are planning themed engagement events so that there can be a link with membership involvement.	Engagement events are linked on new calendar	

		1.1c Divisions and services across the Trust will be required to inform of upcoming events they have planned outside of the Communications events calendar with a request for timely notice if anything is planned to ensure this is shared with the public and members of the Trust	See above	
	1.2 Development of events that are tailored to members	1.2a Develop mechanism to seek views from members on the types of events that they would be interested in e.g. Behind the Scenes events	Survey held with limited feedback provided. Action to develop a 'behind the scenes' event on endometriosis.	
		1.2b Explore holding events outside of the Trust e.g. in Community hubs, places of worship, youth clubs etc.	Events have now re-started since the pandemic	
	1.3 Build on existing relationships with the patient experience team and the Trust Charity	1.3a Ensure that intelligence from the patient experience team and the Trust Charity is fed back to the Communications and Engagement Group	Links have been made and officers in these roles have regularly attended the Committee.	
	1.4 To link in with the Corporate strategy plans & the Communications & Marketing Strategy to	1.4a Work with the Transformation Team to identify opportunities for engagement regarding the Trust Strategy for members.	This will develop with Future Generations work	

	enhance engagement with patients/public/members			
	1.5 Strengthen links with pan-region organisations such as Healthwatch and explore opportunities for cross-Trust membership engagement.	1.5a Establish relationship with Healthwatch representatives and explore mechanisms for sharing intelligence regarding patient experience. To also consider whether joint events could be held.	Healthwatch are regular attendees at the Patient Involvement & Experience Sub-Committee (of which governors are also invited to attend)	
		1.5b Build relationships with women's groups – A helpful stakeholder list has been developed for local groups who have an interest in women's health and wellbeing. Relationships with these groups (particularly young people) will be developed and maintained and they will be invited to get involved in any public facing events/activities in the future.	<p>Patient Experience Team have moved this forward – question about how to get information into governor meetings</p> <p>See potential opportunity to refresh appointed governors</p>	

		<p>1.5c Liverpool network development – Collaborative and engaging relationships have been forged with partner organisations during COVID-19. LWH will build on this for the future by becoming more proactively engaged with Liverpool wide partners in health, local authority, education, enterprise and local communities.</p>	<p>Promising relationships have formed across NHS trusts in the city with joint membership events and this is planned to be strengthened into 2022/23. Links with non-NHS partners would strengthen this further.</p>	
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Objective 2: To build a membership that is representative of the communities we serve

Aim: To ensure our membership reflects the broad diversity of our local communities.

To build a membership that is representative of the communities we serve		Underpinning Actions 2021-23	Update	RAG
Priorities*	2.1 Analyse our membership on a regular basis to ensure that progress is being made in increasing representation	2.1a Regular reports to the Council of Governors will include: <ul style="list-style-type: none"> • Membership totals within all constituencies; • Membership churn, i.e. the number of 'joiners' and 'leavers' within the public membership constituencies per month; and • Diversity reports, i.e. comparisons of the Trust's public membership demographics to those within the local population. • Reports on events to note the demographics of attendance (where possible) 	Reports have been provided during the year but could be strengthened with enhanced narrative and analysis.	
	2.2 Analyse membership events to ensure that attendance was as representative as possible, reflecting on methods to improve this if required.	See 2.1a above	As above	

	2.3 Develop relationships with schools, colleges and universities to increase young people representation and engagement	2.3a Work with the Learning & Development Facilitator to develop opportunities to liaise with schools, colleges and universities to encourage membership engagement and recruitment.	See opportunities to review appointed governor role	
		2.3b To research issues of interest to young people and how they would wish to be engaged with.	As above	
	2.4 Develop enhanced links with organisation aligned to underrepresented groups to improve recruitment, engagement, and involvement with these demographics	2.4a Identify key community leaders in the City / wider C&M region and attempt to establish opportunities for engagement	This has not progressed	
	2.5 Ensure that intelligence from patient engagement is utilised by the Communications and Engagement Group to target membership engagement activity	2.5a Ensure that themes from patient complaints and compliments is reported to the Communications and Engagement Group 2.5b Communications and Engagement Group to utilise patient and service user feedback	Intelligence has reported through to the Committee in year but this could be strengthened.	

		to target and focus membership activity.		
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Objective 3: To effectively communicate with public and members

Aim: For members to feel well informed and receive communications that are targeted towards their interests.

To effectively communicate with members		Underpinning Actions 2021-22	Update	RAG
Priorities*	3.1 Continue building and maintaining an accurate database	3.1a Undertake an annual refresh of the database to ensure it remains up-to-date.	Database is reviewed during election process	
	3.2 Identify opportunities for two-way communication between members and governors	3.2a Ensure that feedback time from members to governors is built into events	Events not been held during the year	
		3.2b Support Governors in actively engaging with their constituents e.g. signposting relevant events, providing a steer from the Communications and Engagement Group on topics of interest.	As above	

		3.2c Identify opportunities for members to become involved in inspections / patient experience programmes	This will start with new walkabout process	
		3.2d Explore filming governor profiles for use on social media to support engagement and interest in standing for election.	This was completed.	
	3.3 Continue providing appropriate information to members	3.3a Ensure that Council of Governor meetings are advertised to members and that papers are published on the Trust website in advance of meetings	Papers are published on the website but more could be done to promote meetings with members in 2023/24.	
		3.3b Continue to make membership information available electronically via the Trust's website, intranet, and social media platforms.	Members have been communicated with consistently via email, the website and social media.	

		3.3c Ensure that membership information is widely available in all major trust sites, i.e. reception areas, wards, café/restaurant etc.	This has been limited during Covid-19 but could now be strengthened.	
	3.4 Communicate the benefits of membership	3.4a Include membership forms within regular correspondence e.g. appointment letters	This has not been implemented	
		3.4b Ensure that a 'you said, we listened' approach is taken to membership engagement	This has not been implemented.	
	3.5 Target communications with the desired audience	<p>3.5a Identify public events associated with Trust services across the public constituencies, in which to promote FT membership, its benefits and to recruit public members associated with these areas and constituencies</p> <p>3.5b On an ongoing basis, develop and implement targeted campaigns to recruit people interested in health services.</p>	See action 1.1	

Jargon Buster

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

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

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

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

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

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

		psychologists, social workers, community psychiatric nurses and occupational therapists, who work together to help people manage and recover from mental illness.
CoG	Council of Governors	the governing body that holds the non-executive directors on the board to account for the performance of the board in managing the trust, and represents the interests of members and of the public
COO	Chief Operating Officer	a senior manager who is responsible for managing a trust's day-to-day operations and reports to the CEO
CPD	Continuing Professional Development	continued learning to help professionals maintain their skills, knowledge and professional registration
CPN	Community Psychiatric Nurse	a registered nurse with specialist training in mental health working outside a hospital in the community
CQC	Care Quality Commission	The independent regulator of all health and social care services in England
CQUIN	Commissioning for Quality and Innovation	a sum of money that is given to providers by commissioners on the achievement of locally and nationally agreed quality and improvement goals
CSR	Corporate Social Responsibility	A business practice which incorporates sustainable goals, usually positive impacts on environmental, economic and social factors, into a business model
CT	Computed Tomography	A medical imaging technique
CFO	Chief Finance Officer	the executive director leading on finance issues in the trust
CNST	Clinical Negligence Scheme for Trusts	The Clinical Negligence Scheme for Trusts (CNST) handles all clinical negligence claims against member NHS bodies where the incident in question took place on or after 1 April 1995 (or when the body joined the scheme, if that is later). Although membership of the scheme is voluntary, all NHS Trusts (including Foundation Trusts) in England currently belong to the scheme.
	Caldicott Guardian	A board level executive director responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian

D		
DBS	Disclosure and barring service	conducts criminal record and background checks for employers
DBT	Dialectical behavioural therapy	A type of psycho-therapy, or talk therapy, which has been developed from CBT to help those experiencing borderline personality disorder
DGH	District General Hospital	major secondary care facility which provides an array of treatment, diagnostic and therapeutic services, including A&E
DHSC	Department of Health and Social Care	the ministerial department which leads, shapes and funds health and care in England
DN	Director of Nursing	The executive director who has professional responsibility for services provided by nursing personnel in a trust

DNA	Did Not Attend	a patient who missed an appointment
DNAR	Do Not Attempt Resuscitation	A form issued and signed by a doctor, which tells a medical team not to attempt CPR
DPA	Data Protection Act	the law controlling how personal data is collected and used
DPH	Director of Public Health	a senior leadership role responsible for the oversight and care of matters relating to public health
DTOCs	Delayed Transfers of Care	this refers to patients who are medically fit but waiting for care arrangements to be put in place so therefore cannot be discharged
	Duty of Candour	a legal duty on hospital, community, ambulance and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm

E

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

F

FFT	Friends and Family Test	a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care
FOI	Freedom of Information	the right to ask any public sector organisation for the recorded information they have on any subject
FT	Foundation Trust	a public benefit corporation, which is a legal body established to deliver healthcare to patients / service users and has earned a degree of operational and financial independence
FTE	Full Time Equivalent	a measurement of an employee's workload against that of someone employed full time e.g. 0.5 FTE would be someone who worked half the full time hours
FTSU	Freedom to speak up	An initiative developed by NHS Improvement to

		encourage NHS workers to speak up about any issues to patient care, quality or safety
	Francis Report	the final report, published in 2013, of the public inquiry into care provided by Mid Staffordshire NHS FT chaired by Sir Robert Francis QC

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

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

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

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

L		
LD	Learning Disability	a disability which affects the way a person understands information and how they communicate
LGA	Local Government Association	the national voice of local government in England and Wales. It seeks to promote better local government and maintains communication between officers in different local authorities to develop best practice
LOS	Length of Stay	a term commonly used to measure the duration of a single episode of hospitalisation

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

N		
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NAO	National Audit Office	an independent Parliamentary body in the United Kingdom which is responsible for auditing central government departments, government agencies and non-departmental public bodies. The NAO also carries out Value for Money audits into the administration of public policy
NED	Non Executive Director	directors who are appointed, but not employed by the trust; they have no executive responsibilities and are responsible for vetting strategy, providing challenge in the boardroom and holding the executive directors to account
NHSBSA	NHS Business Services Authority	a Special Health Authority of DHSC which provides a range of services to NHS organisations including: NHS Prescription Services, NHS Pensions, Help With Health Costs, Student Services, NHS Dental Services, European Health Insurance Card, Supplier Management (including NHS Supply Chain) and NHS Protect
NHSBT	NHS Blood and Transplant	a Special Health Authority of DHSC responsible for providing a reliable, efficient supply of blood, organs and associated services to the NHS
NHSE	NHS England	an executive non-departmental public body with a mandate from the Secretary of State to improve health outcomes for people within England
NHSI	NHS Improvement	The Independent regulator of NHS Foundation Trusts
NHSLA	NHS Leadership Academy	national body supporting leadership development in health and NHS funded services
NHSP	NHS Professionals	provides bank (locum) healthcare staff to NHS organisations
NHSX		A unit designed to drive the transformation of digital technology in the NHS
NICE	National Institute for Health and Care Excellence	provides national evidence-based guidance and advice to improve health and social care
NIHR	National Institution for Health Research	The largest funder of health and social care research in the UK, primarily funded by the Department of Health and Social Care
NMC	Nursing and Midwifery Council	nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
	Never Event	serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. NHS England defines the list of never events every year

	NHS Digital	The information and technology partner to the NHS which aims to introduce new technology into services
	NHS Providers	NHS Providers is the membership organisation for NHS public provider trusts. We represent every variety of trust, from large acute and specialist hospitals through to community, ambulance and mental health trusts.
	Nolan Principles	key principles of how individuals and organisations in the public sector should conduct themselves comprising of: selflessness, integrity, objectivity, accountability, openness, honesty, leadership. Set by the Committee for Standards in Public Life, an independent advisory non-departmental public body set up to advise the prime minister on ethical standards
	NHS Resolution	not-for-profit part of the NHS which manages negligence and other claims against the NHS in England on behalf of their member organisations. Also, an insurer for NHS bodies
	Nuffield Trust	independent source of evidence-based research and policy analysis for improving health care in the UK, also a charity

O

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

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

	Primary Care	the first point of contact with the NHS for most people and is delivered by a wide range of independent contractors, including GPs, dentists, pharmacists and optometrists, it also includes NHS walk-in centres and the NHS 111 telephone service

Q

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

R

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

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

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

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

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

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