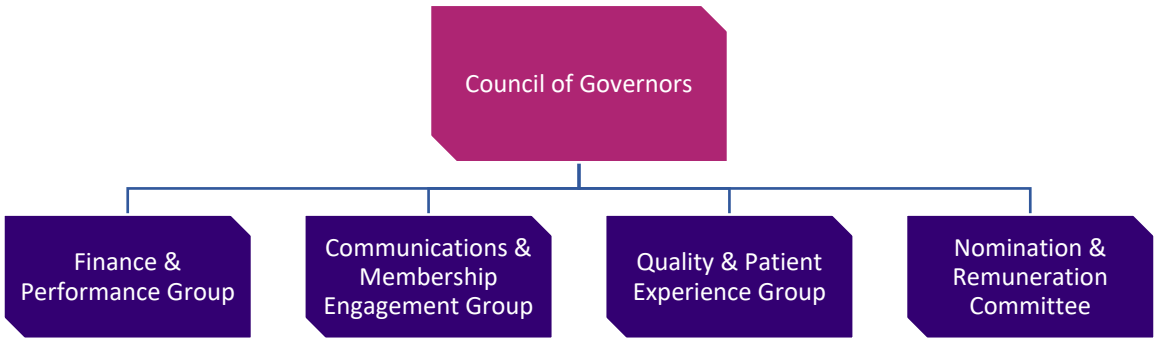
NHS
Liverpool Women's
NHS Foundation Trust

Council of Governors

18 May 2023, 5.30pm
Blair Bell Lecture Theatre &
Virtual Meeting, via Teams



Liverpool Women's NHS Foundation Trust

Council of Governors - Public

Location	Blair Bell Lecture Theatre and Virtual via Teams
Date	18 May 2023
Time	5.30pm

AGENDA					
Item no. 23/24/	**Title of item**	**Objectives/desired outcome**	**Process**	**Item presenter**	**Time**
PRELIMINARY BUSINESS					
001	**Introduction, Apologies & Declaration of Interest**	Receive apologies & declarations of interest	Verbal	Chair	**17.30 (5 mins)**
002	**Meeting Guidance Notes**	To receive the meeting attendees' guidance notes	Written	Chair	
003	**Minutes of the meeting held on 09 February 2023**	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
004	**Action Log and matters arising**	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
005	**Chair's announcements**	Announce items of significance not found elsewhere on the agenda	Presentation	Chair	**17.35 (10 mins)**
006	**Chief Executive Report**	Report key developments and announce items of significance not found elsewhere on the agenda	Presentation	Chief Executive	**17.50 (5 mins)**
MATTERS FOR CONSIDERATION					
007	**Draft Minutes from the Governor Group Meetings.** • **Finance and Performance Sub-Group held 20.02.23** • **Quality and Patient Experience Sub-Group held 25.04.23**	Receive minutes for assurance	Written	Group Chairs	**17.50 (15 mins)**
008	**Staff Survey 2022**	To receive and discuss	Presentation	Deputy Director of Workforce	**18.05 (15 mins)**
009	**2022/23 Year-End Update and 2023/24 look forward**	To receive, discuss and approve	Written	Trust Secretary & Chief	**18.20 (35 mins)**

				Finance Officer	
CONCLUDING BUSINESS					
010	**Review of risk impacts of items discussed**	Identify any new risk impacts	Verbal	Chair	**18.55 (5 mins)**
011	**Chair's Log**	Identify any Chair's Logs	Verbal	Chair	
012	**Any other business & Review of meeting**	Consider any urgent items of other business	Verbal	Chair	
013	**Jargon Buster**	For information and reference	Written	Chair	
Finish Time: 19.00					

Date of Next Meeting: 20 July 2023

NHS
Liverpool Women's
NHS Foundation Trust

Meeting attendees' guidance

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

Before the meeting

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

General considerations:

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

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

Virtual / Hybrid Meetings via Microsoft Teams and other digital platforms

- For the Chair / Administrators:
  - Ensure that there is a clear agenda with breaks scheduled if necessary
  - Make sure you have a list of all those due to attend the meeting and when they will arrive and leave.
  - Have a paper copy of the agenda to hand, particularly if you are having to host/control the call and refer to the rest of the meeting pack online.
  - If you are the host or leader for the call, open the call 10-15 minutes before the start time to allow everyone to join in an orderly way, in case there are any issues.
  - At the start of the call, welcome everyone and run a roll call/introduction - or ask the meeting administrator to do this. This allows everyone to be aware of who is present.
  - Be clear at the beginning about how long you expect the meeting to last and how you would like participants to communicate with you if they need to leave the meeting at any point before the end.

- General Participants
  - Arrive in good time to set up your laptop/tablet for the virtual meeting
  - Switch mobile phone to silent
  - Mute your screen unless you need to speak to prevent background noise
  - Only the Chair and the person(s) presenting the paper should be unmuted
  - Remember to unmute when you wish to speak

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

At the meeting

General Considerations:

- For the Chair:
  - The chair will assume that all members come prepared to discuss agenda items having read through supporting papers, this obviates the need for leads to take up valuable time presenting their papers.
  - The chair will allow a free ranging debate and steer discussions to keep members on track whilst at the same time not being seen to overly influence the outcome of the debate.
  - The chair will provide a brief summary following presentation and discussion of the paper, confirming any key risks and / or assurances identified and whether there are any matters for the Chair's log.
  - The chair will question leads when reports have not been submitted within the Trust's standard template or within the required timeframe.
  - Ensure that correct people are in the room to 'form the meeting' with other attendees invited to attend only when presenting their item.

- General Participants:
  - Focus on the meeting at hand and not the next activity
  - Actively and constructively participate in the discussion
  - Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary
  - Make sure your contributions are relevant and appropriate
  - Respect the contributions of other members of the group and do not speak across others
  - Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated
  - Do not use the meeting to highlight issues that are not on the agenda that you have not briefed the chair as AoB prior to the meeting
  - Re-group promptly after any breaks
  - Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc)
  - Consent agenda items, taken as read by members and the minutes will reflect recommendations from the paper. Comments can still be made on the papers if required but should be flagged to the Chair at the beginning of the meeting.

Virtual / Hybrid Meetings via Microsoft Teams and other digital platforms

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

    - Remember to thank anyone who has presented to the meeting and indicate that they can leave the meeting. It can be easy to forget this if you can't see them.

- General Participants:
    - Show conversation: open this at start of the meeting.
        - This function should be used to communicate with the Chair and flag if you wish to make comment
    - Screen sharing
        - If you wish to share a live document from your desktop click on share and identify which open document you would like others to view

Attendance

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

After the meeting

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

Standards & Obligations

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

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

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

Page 129 Handbook to the NHS Constitution 26th March 2013

Liverpool Women's NHS Foundation Trust

Council of Governors

Minutes of the Council of Governors held in the Blair Bell Lecture Theatre and Virtually at 1730hrs on Thursday 09 February 2023

PRESENT

Robert Clarke	Chair
Iris Cooper	Public Governor (Rest of England and Wales)
Alison Franklin	Staff Governor (Midwives)
Annie Gorski	Public Governor (Sefton)
Patricia Hardy	Appointed Governor (Sefton Council)
Rebecca Lunt	Staff Governor (Scientists, Technicians & AHPs)
Peter Norris	Public Governor (Central Liverpool)
Ruth Parkinson	Public Governor (Central Liverpool)
Angela Ranson	Public Governor (South Liverpool)
Niki Sandman	Appointed Governor (University of Liverpool)
Jackie Sudworth	Public Governor (Knowsley)
Yaroslav Zhukovskyy	Public Governor (Sefton)

IN ATTENDANCE

Jackie Bird	Non-Executive Director
Matt Connor	Chief Information Officer
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
Louise Martin	Non-Executive Director
Gary Price	Chief Operating Officer
Yana Richens	Director of Midwifery (for item 22/23/73 only)
Kathryn Thomson	Chief Executive
Michelle Turner	Chief People Officer

APOLOGIES:

Pat Denny	Public Governor (Central Liverpool)
Carol Didlick	Public Governor (South Liverpool)
Kate Hindle	Staff Governor (Admin & Clerical)
Rebecca Holland	Staff Governor (Nurses)
Kiran Jilani	Staff Governor (Doctors)
Jane Rooney	Appointed Governor (Education Institutions)
Olawande Salam	Public Governor (Rest of England and Wales)
Lena Simic	Appointed Governor (Liverpool Council)
Marie Stuart	Appointed Governor (Knowsley Council)
Irene Teare	Public Governor (Central)
Miranda Threfall-Holmes	Appointed Governor (Faith Organisations)

Core members	**May**	**July**	**Nov**	**Feb**
Peter Norris	✓	✓	✓	✓
Carol Darby-Darton	x	NM		
Pat Denny	✓	✓	✓	A
Ruth Parkinson	✓	✓	✓	✓

Irene Teare	NM		A	A
Sara Miceli-Fagrell	✓	A	NM	
Carol Didlick	A	A	A	A
Angela Ranson	NM		✓	✓
Yaroslav Zhukovskyy	A	✓	✓	✓
Annie Gorski	A	✓	✓	✓
Jackie Sudworth	✓	✓	✓	✓
Evie Jefferies	✓	A	NM	
Iris Cooper	✓	✓	✓	✓
Olawande Salam	NM		A	A
Kiran Jilani	A	A	A	A
Rebecca Holland	A	A	✓	A
Pauline Kennedy	✓	A	NM	
Alison Franklin	NM		✓	✓
Rebecca Lunt	✓	A	✓	✓
Kate Hindle	A	✓	✓	A
Cllr Lucille Harvey	✓	NM		
Cllr Lena Simic	NM	✓	✓	A
Cllr Patricia Hardy	✓	A	A	✓
Niki Sandman	✓	✓	✓	✓
Rev Dr Miranda Threfall-Holmes	✓	A	A	A
Jane Rooney	✓	✓	✓	A
Cllr Marie Stuart	NM	A	A	A

22/23/	
66	**Introduction, Apologies & Declaration of Interest** **Apologies**: noted above. **Declaration of Interest:** No new declarations received.
67	**Meeting Guidance Notes** Noted.
68	**Minutes of previous meeting held on 17 November 2022** The minutes of the previous meetings were reviewed by the Committee and agreed as an accurate record.
69	**Action Log and matters arising** The action log was noted.
70	**Chair's announcements** The Chair noted the following matters: • 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. • Formation of a new partnership board between Liverpool Women's NHS Foundation Trust and Alder Hey Children's Foundation Trust. It was confirmed that the Trust employs a Child and Adolescent Doctor and Lead Nurse. • Inspectors from the Care Quality Commission had recently been on site to carry out an announced focused inspection of Maternity Services and an unannounced inspection of Gynaecology and Bedford Service including theatres. The Trust would also be subject to a CQC Well-Led Inspection in February 2023. CQC inspectors have requested a Focus Group with Governors as part of this process. • Council of Governors Nomination & Remuneration Committee had met on 30 January 2023 and received the mid-year review of non-executive appraisals. • The formation of a Task and Finish Group to review constitutional matters, mainly pertaining to governor constituencies. Governors were asked to volunteer their interest in taking part in this group.

	The Council of Governors: • Received and noted the briefing from the Chair.
71	**Chief Executive Report** The Chief Executive noted the following: • Change to Board of Directors: Welcomed Jenny Hannon to the Council as the newly appointed Chief Finance / Executive Director of Strategy & Partnerships (as of 01 January 2023) The Council of Governors: • Received and noted the briefing from the Chief Executive.
72	**Activity Report from the Governor Group Meetings** 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. • **Quality and Patient Experience Group held 23.01.23** Ruth Parkinson, Public Governor and Sub-Group Chair reported the following matters to note: o blood sampling errors: disappointing progress in resolving issues. No known serious incidents due to Blood Sampling Errors had been reported however it was contributing to poor patient experience and financial costs. o a commissioned overview of sonography services, which would cover training, competencies and logging of updates o noted that Mandatory training compliance had shown signs of improvement o ongoing Industrial Action and that management had been fully supporting staff o received a focussed update on key maternity transformation projects and initiatives including an online Menopause Group for staff; increase of the offer of the Honeysuckle Bereavement Team to a 7 day service; and bereavement training for all staff o the impact of staff shortages and industrial action on staff morale. The Sub-Group was informed of a number of health and wellbeing initiatives available to support staff, including access to the Staff Pantry, and counselling services and a change to the Wellbeing and Management Policy to be inclusive for all staff circumstances. Iris Cooper, Public Governor queried the length of time taken to resolve the blood sampling issues and training. The Medical Director responded that the Chief Nurse now had executive oversight of the issue to improve the service as a priority and noted that the team would consider reintroducing the train the trainer model to increase training rates, and that the incoming introduction of DigiCare would provide more rapid access to information. Jackie Bird, Non-Executive Director commented in terms of the governance and assurance process the Non-Executive Directors had escalated the matter to the Executive Team to action operationally following the discussion they had at the Quality Committee. • **Communications and Membership Engagement Group held 26.01.23** Jackie Sudworth, Public Governor reported the following matters to note: o Engagement with the public: need to link more effectively with community events and it was agreed that a schedule of engagement opportunities would be circulated to the Council. It was important to clarify the aim and objectives for governors ahead of attending events on behalf of the Trust. Peter Norris and Iris Cooper, Public Governors, reported positive feedback in relation to the Honeysuckle Team taken during a Chinese Wellbeing Event they had attended on behalf of the Governors. It was noted that comments and feedback was provided more comfortably off site. Several Governors had also attended the recent Governor Support Workshop hosted by NHS Providers which had provided a useful update on NHS issues from a national perspective.

	The Council of Governors: • Received and noted the reports from the Governor Sub-Group meetings. *Yana Richens joined the meeting for item 22/23/73.*
73	**Maternity and Neonatal Services in East Kent: 'Reading the signals' report – LWH Response** The Council received a presentation delivered by Yana Richens, Director of Midwifery, to reflect on the findings of the Independent Investigation in East Kent. It was noted that every trust and ICB had been requested to review the report findings at its public Board meeting and for Boards to be clear about the action they would take and how effective their assurance mechanisms are at "reading the signals". The Director of Midwifery confirmed that the Trust had benchmarked its services against the report and allocated actions with timeframes. The Director of Midwifery informed the Council that the Trust had continued to proceed with actions in response to the independent investigation (Ockenden review) at Shrewsbury and Telford NHS Foundation Trust. Niki Sandman, Appointed Governor, queried what measurements had been put in place to assure the Trust Board that the division was effectively working and progressing against these targets. The Director of Midwifery responded that the Maternity Transformation Board meet on a monthly basis, whose remit is to review recommendation reports and oversee progress against the dashboards. The Maternity Transformation Board reports upwards to the Quality Committee (Board Committee) on a monthly basis and can escalate concerns as appropriate. She noted a prioritisation exercise of the Ockenden actions had been undertaken to refocus efforts. Alison Franklin, Staff Governor, asked when would staff training recommence which had been suspended as per business continuity protocols. The Director of Midwifery informed the Council that training could be suspended by a division to ensure safe staffing levels as a priority, during which the position would be frequently reviewed, and skills updated as practicable. It was confirmed that the current suspended training was about to cease. Iris Cooper, Public Governor, raised concern about pausing staff training in relation to ensuring a safely trained workforce. The Chief People Officer acknowledged the challenge faced and confirmed that the priority remained to provide safe care to patients. She informed the Council that training modules had been prioritised based on clinical safety and targeted for completion and the divisions had been continually flexing delivery of training to improve compliance. The Chief People Officer noted that the Board Committees had been monitoring recovery against mandatory training on a monthly basis. Louise Martin, Non-Executive Director, noted that listening had been identified as a key theme from the Ockenden review at Shrewsbury and Telford NHS Foundation Trust and asked what training was in place to address in this context. The Director of Midwifery responded that this was part of leadership and role modelling to improve hearing skills of the workforce. Louise Martin, Non-Executive Director, noted an opportunity for governors to talk to women about Trust services and what could be done better. The Director of Midwifery agreed and noted information taken from attendance at community events could be relayed to the clinical workforce as well as to the Trust Board. Patricia Hardy, Appointed Governor, queried the current staffing levels on maternity and asked what level would be deemed unsafe. The Director of Midwifery responded that currently the division held 36 vacancies in addition to sickness absence. The Chief People Officer informed the Council that the Trust had invested significantly on the midwifery workforce and implemented a pre-ceptorship scheme to develop and improve retention of midwifery staff. Whilst recognising it was a tired workforce, the senior management team had an open discussion with the midwifery workforce in relation to balancing staff absences to create better support overall for the team. Alison Franklin, Staff Governor, commented

	that the Community Midwifery Team continued to carry long term absences due to Covid-19 causes and queried when would cover be provided. The Chief Executive responded that it was Trust policy to over-recruit midwives and recruit to positions of long-term absences. It was agreed to take as an action. **Action: review Community Midwifery long term absence position.** The Chief Executive responded to the query in relation to safe staffing levels noting that midwifery managers are tasked to review staffing levels 4-hourly to ensure safe staffing across the service, and reallocate staff as required to ensure safe care. The division also implement the Escalation Policy as required and have the option to review elective work. The Medical Director noted a regional meeting to check pressures across Cheshire and Merseyside to avoid a divert situation which had been beneficial. The Chief Executive thanked the Family Health Senior Leadership Team for progressing actions against the national reviews and noted the integral role of the Director of Midwifery to increase the women's voice at the Trust. The Council of Governors: • noted the update for information. '*Post meeting note'* regarding Community Midwifery long term absence, the Chief People Officer confirmed that the community service recruits to long term sickness and maternity leave, the same as the wider maternity service. There is a rolling advert out for community positions and the most recent advert closed on 31 January 2023, with a further advert due out in February 2023. Team numbers in community is dependent on caseloads / health complexities / skill mix and therefore, there are not the same numbers in each community team. This area of the service does have sickness absence (both short term and long term) and so the skill mix of teams is under regular review and movement of staff does occur based on service needs. We have three team members returning from long term absence in February 2023. *Yana Richens left the meeting at this point.*
74	**Liverpool Clinical Services Review** The Chief Finance Officer informed the Council that an independent consultancy firm, Carnall Farrar, was commissioned by the Cheshire and Merseyside Integrated Care Board (ICB) at the request of NHS England, to undertake the Liverpool Clinical Services Review, an independent review of the acute care model in Liverpool. The review aimed to identify opportunities to improve clinical hospital-based services in terms of clinical quality, efficiency, and effectiveness. The Trust had been strongly engaged with and fully supported the review process. The Liverpool Clinical Services Review concluded in December 2022 and reported to the ICB Board in January 2023. The Trust Board received the report in February 2023. The review identified twelve opportunities and prioritised three of those opportunities (listed below). Solving clinical sustainability challenges affecting women's health in Liverpool was one of those three priorities. The Trust Board noted the report and committed to ongoing support for and active participation in the new system-owned programme, previously known as Future Generations. The three critical priorities to take forward immediately to address the challenges with greatest risk and opportunity within the Liverpool system were as follows: ○ Solving the clinical sustainability challenges affecting women's health in Liverpool. ○ Improving outcomes and access to emergency care, making optimal use of existing co-adjacencies at the Aintree, Broadgreen and Royal Liverpool Hospital sites. ○ Significant opportunities to achieve economies of scale in corporate services.

	The Chairman asked the Governors if they had sufficient opportunity to understand the case for change, as the work programme had been developed over a number of years exceeding governor tenures. As a significant issue for the wider community and a matter that the Governors could receive questions to, the Chairman offered a focussed session for Governors. Angela Ranson, Public Governor, responded as a new Governor to the Council an informative session would be beneficial. **Action: Arrange focussed briefing session on Future Generations / Liverpool Clinical Services review.** Alison Franklin, Staff Governor, suggested a briefing session for staff would also be useful since a significant period of time had elapsed since the commencement of the Future Generations programme. The Chief Executive agreed and noted information postcards had been produced to support messaging which could be updated. Niki Sandman, Appointed Governor, asked was there a level of risk to the programme by becoming a system priority and competing against other regional priorities. The Chief Executive responded that the Trust had a strong record since 2016 to take forward the programme throughout a number of NHS reforms and would continue to drive towards best services for women's health in the region. She advised that the system level approach had been welcomed positively by the Trust as the existing issues were beyond the remit of a trust, as a provider, to resolve. Iris Cooper, Public Governor, supported the development and noted frustrations within the gynaecology department when patients are directed to the wrong health provider for treatment and for not being present as a gynaecological nurse for patients transferred to other hospitals. The Medical Director acknowledged this frustration and noted that the absence of gynaecological nurses might become more apparent as the number of operations at neighbouring trusts increases. Alison Franklin, Staff Governor, noted that in addition to access to staffing, access to equipment could also pose problems when caring for a patient at another health setting. Peter Norris, Public Governor, informed the Council that questions in relation to the clinical sustainability at the Crown Street site had recently been posed to him publicly. The Chief Executive responded that the ICB were leading the formal NHS process and would decide upon the appropriate engagement process. She reiterated that this was a formal process, external to the Trust and it was important not to bring about any fault to trigger a judicial review. The Council of Governors: • noted the recommendations within the Liverpool Clinical Services Review; • noted the Board's response to the report.
75	**Review of risk impacts of items discussed** No changes to existing risks were identified as a result of business conducted during the meeting. The following risks were noted: • Staffing: levels of staffing, morale, and training • Long term strategic risks of sustainability of services • Health inequalities
76	**Chair's Log** None
77	**Any other business:** None **Review of meeting:** • Good discussions

- Informative

Liverpool Women's NHS Foundation Trust

Action Log

Council of Governors - Public
May 2023

Key	Complete	On track	Risks identified but on track	Off Track

Meeting Date	Ref	Agenda Item	Action Point	Owner	Action Deadline	RAG Open/Closed	Comments / Update
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	
09 February 2023	22/23/73	Maternity and Neonatal Services in East Kent: 'Reading the signals' report – LWH Response	Review Community Midwifery long term absence position	Chief People Officer	March 2023	Complete	The Chief People Officer confirmed that the community service recruits to long term sickness and maternity leave, the same as the wider maternity service. There is a rolling advert out for community positions and the most recent advert closed on 31 January 2023, with a further advert due out in February 2023. Team numbers in community is dependent on caseloads / health complexities / skill mix and therefore, there are not the same numbers in each community team. This area of the service does have sickness absence (both short term and long term) and so the skill mix of teams is under regular review and movement of staff does occur based on service needs. We have three team members returning from long term absence in February 2023.

28 July 2022	22/23/30	Chair Announcements	A boundary and Trust constitution review for the public Governor constituencies.	Trust Secretary	July 23	On track	Suggest that a task and finish group be established with governor involvement to provide a recommendation to the July 2023 CoG meeting

Liverpool Women's NHS Foundation Trust

Council of Governors Finance & Operational Performance Group

Minutes of the Council of Governors
Finance and Operational Performance Group
held Microsoft Teams at 5.30pm on Monday, 20 February 2023

PRESENT

Peter Norris	**(PN)**	Public Governor **(Chair)**
Jackie Sudworth	**(JS)**	Public Governor
Rebecca Lunt	**(BL)**	Staff Governor
Niki Sandman	**(NS)**	Appointed Governor
Kate Hindle	**(KH)**	Lead Governor
Angela Ranson	**(AR)**	Public Governor

IN ATTENDANCE

Robert Clarke	**(RC)**	Trust Chair
Mark Grimshaw	**(MG)**	Trust Secretary
Jenny Hannon	**(JH)**	Chief Finance Officer
Louise Martin	**(LM)**	Non-Executive Director
Karen James	**(KJ)**	Executive PA (minutes)

APOLOGIES

Pat Denny	**(PD)**	Public Governor
Valerie Fleming	**(VF)**	Appointed Governor
Annie Gorski	**(AG)**	Public Governor
Rebecca Holland	**(RH)**	Staff Governor
Gary Price	**(GP)**	Chief Operating Officer
Tracy Ellery	**(TE)**	Non-Executive Director

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 24th October 2022** The minutes of the previous meeting held on 24th October were agreed as a true and accurate record.
024	**Action Log and Matters arising** 22/23/004 – MG reported that the role of governors within the ICS landscape remained unclear. There remained a commitment to pursue a pan-Liverpool training / briefing session for governors. 21/22/036 – MG confirmed that he would arrange for a meeting of the sub-group Chairs ahead of the next full Council of Governors meeting.

MATTERS FOR RECEIPT / APPROVAL	
025	**FPBD Committee and Audit Committee Reports** Finance, Performance & Business Development (FPBD) Committee LM reported that the FPBD committee had met earlier in the day (20.02.2023) and stated that the update would focus on the January and February 2023 meetings. LM acknowledged the financial pressures and challenges faced by the Trust and stated that whilst a significant amount of Committee time was focused on this, the Committee had been pleased to hear some positive news about the theatre utilisation quality improvement program. Staff from the program presented their proactive steps to improve efficiency within theatres. Despite initial scepticism, the consultants were impressed with the program's success. In addition to this, there were other good news stories to share. The Liverpool Women's Hospital had received an additional £1.3 million of funding to support digital strategies and innovations. The neonatal expansion project had successfully achieved all objectives set out in the business case planning process, mainly focused on quality and safety for parents, babies, and staff in the unit. LM acknowledged the complex and challenging environment the Trust was operating in, particularly due to the ongoing industrial action which had affected activity and revenue. Failure to meet targets could result in further funding cuts from the ICS. The Trust had been in a challenged financial position for some time, with recurring deficits forecasted since 2014. The Committee discussed the financial pressures brought by the Community Diagnostic Centre, which provided positive benefits to patients but may not be financially sustainable heading into the 2023/24 financial year due to the way it was being funded. LM assured Governors that there was full scrutiny and appropriate challenge within the Committee but emphasized that the Trust needed a system-wide approach to address its financial pressures. The Carnell Farrah report could provide a way forward for the Trust to address these challenges. Governors queried if there were any further actions the Trust could take to improve the position. LM reiterated that the structural nature of the deficit would require a system-wide approach but noted that the Committee was closely monitoring opportunities for strengthening internal controls. A recent example was ensuring that the Trust had adequate processes for ensuring Service Level Agreements (SLAs) were in place. The Committee also received regular updates from the Financial Recovery Board – an operational group tasked with seeking opportunities for efficiencies and savings. The Committee had been assured that the current financial position (and forecasts) was accurate, and the run-rate was not expected to deteriorate further. It was acknowledged that forecasting at the beginning of the financial year could have been more robust. Audit Committee MG updated that the new external auditors Grant Thornton had taken over from KPMG in the organisation. The contract had been signed. Grant Thornton outlined their approach to the 2023/24 audit stating that they expected to deliver on time for the account's deadline. The next meeting was the 20th March 2013 and Grant Thornton would provide a full audit plan. The committee received good assurance on the actions from previous audit with KPMG. JH noted that meeting had noted that the number of tender waivers had increased but the value was slightly down. The financial controls also got high assurance which is the highest mark you can achieve from internal audit.

026	**Financial Recovery Update** JH reported that work was progressing on the 2023/24 financial plan and the focus of recovery actions was now within this context. It was noted that the structural deficit position had been forecast since 2014 and was linked to the Future Generations strategy. JH noted the expectation that the Trust would enter into enhanced oversight (Single Oversight Framework rating 4) due to being off plan during 2022/23 and projecting a deficit for 2023/24. It was noted that there would need to be a sense of realism and pragmatism for what could be achieved, particularly considering that there was a 5% CIP ask. NS asked if the deficit position would help the Trust in discussions with the ICB, and JH confirmed that the Trust had been setting out its plans and would continue to do so with the ICB.
	Operational Performance and Recovery Update MG updated on GP's behalf with a particular focus on waiting times and especially on those waiting beyond 78 weeks (target 0 by end of March 2023). It was reported that the Trust had committed to insourcing additional capacity for Gynae outpatients to reduce the backlog of patients waiting for appointments via a company called Medinet. While they had made good progress, there had been some disruption due to industrial action. However, the Trust was still confident that the target would be achieved by the end of March. It was noted that at the end of last year, the 52-week waitlist had peaked at 2700 patients, which was attributed to COVID-19. However, with the implementation of divisional actions and the help of Medinet, the waitlist had started to reduce. The 68-week waitlist had been set on a trajectory to be reduced to zero by March 2024. The hope was to achieve this by July 2023 by continuing to use insourcing and outsourcing. PN queried whether the increase in wait times was due to the number of referrals post-COVID or an increase in activity. MG informed the group that up to a month ago, the Trust was still seeing high referrals, especially on cancer pathways. It was believed that GPs were aware of the 2-week target for cancer referrals, which had led to an increase in referrals. The Trust had worked with the PCT to re-educate GPs and explain the impact this had on the Trust. It was found that many of the referrals were legitimate, and data had been cleansed to ensure accurate waiting times. NS asked whether there had been an increase in complaints due to waiting times. MG assured the group that when this question was raised at FPBD, there did not seem to be a rise in complaints or patients seeking private treatment.
	CONCLUDING BUSINESS
027	**Review of risk impacts of items discussed** A review of risk impacts was discussed, no new risks were identified.
028	**Jargon Buster** MG requested that any unknown acronyms are sent through so they could be added.
029	**Any other business & Review of meeting** The meeting was effective, and actions were progressed.

Date of Next Meeting: 31ST May 2023 at 5.30pm on Microsoft Teams

Liverpool Women's NHS Foundation Trust

Quality and Patient Experience Governor Sub-Group

Minutes of the Quality and Patient Experience Governor Sub-Group held virtually at 17:30hrs on Tuesday 25th April 2023.

PRESENT:

Ruth Parkinson (Chair)	Public Governor
Jane Rooney	Appointed Governor
Jackie Sudworth	Public Governor
Ola Salam	Public Governor
Peter Norris	Public Governor

IN ATTENDANCE:

Robert Clarke	Chair of LWH Board
Gloria Hyatt	Non-Executive Director (Chair PPF Committee)
Phil Bartley	Associate Director of Governance & Quality
Mark Campbell	Head of Continuous Improvement
Mark Grimshaw	Trust Secretary
Deborah Keeley	Executive Assistant / Minute Taker

APOLOGIES:

Sarah Walker	Non-Executive Director (Chair Quality Committee)
Kate Hindle	Lead Governor / Staff Governor
Pat Denny	Public Governor
Iris Cooper	Public Governor
Rebecca Lunt	Staff Governor
Niki Sandman	Appointed Governor
Michelle Turner	Chief People Officer
Yaroslav Zhukovskyy	Public Governor

23/24	Items Covered
	PRELIMINARY BUSINESS
001	**Introductions, Apologies & Declarations of Interest** Ruth Parkinson (Chair) welcomed everybody to the meeting. **Declarations of interest** There were no declarations of interest. **Apologies** Apologies were received and noted.
002	**Meeting Guidance notes** The meeting guidance notes were reviewed for information.
003	**Minutes of the previous meeting held on 23rd January 2023.** Minutes of the previous meeting held Monday 23rd January2023 were reviewed and were confirmed as an accurate record.

23/24	Items Covered
004	**Action Log and Matters Arising** The current action log was reviewed and updated as completed. Ockenden Report was completed at the Council of Governors meeting in February 2023. Fair and Just training for Governors was held in March 2023 and completed.
	MATTERS FOR RECEIPT / APPROVAL
005	**Quality Committee and Putting People First Committee reports** <u>Quality Committee report</u> **MG -** Discussed the Quality Performance Report with particular interest on Access Times. Confirming good progress in the 78 week waiting times, now meeting national targets, and working towards progression of the 65-week waiting period. It was agreed that a continuance for Quality & Safety with the current financial position needed to be discussed further at the full Council in a few weeks. The January 2023 62 day cancer pathway target was unacceptable at 0% with the target being 85%. February and March 2023 had seen slight improvements but not to the level expected. There had been several reasons for this, including increased cancer referrals up by 30% causing additional pressure on the organisation and diagnostic delays with Histology, currently outsourced to Liverpool Clinical Laboratories. The Cancer Team had been asked to thoroughly examine all different patient's pathways to give a realistic outcome and the data should be available for the next QPEG meeting. The organisation had reached out to the Cancer Alliance for additional support and resources. **RC-** Assured the Committee that there are clear statements regarding improvement and processes in place to reduce any potential detrimental effect to patients within the cancer pathway. It was noted that the largest volume of waiting times was around decisions of treatment. Once the treatment/process was in place the patient was then expedited through the pathway. **RP-** Queried the impact on patients' outcomes. **RC-** Confirmed data was available that was used to collate outcomes. **GH-** Recognised that Mandatory Training updates remained similar than in January 2023 in particular areas. Communications relating to time allowance, group training and influencing compliance was discussed and actions will be implemented to engage staff in training. **MC-** Confirmed that Deborah Ward was working on a platform to ascertain what was genuinely needed for each level of the organisation in terms of mandatory training. **JS-** Queried who decided what was mandatory. **RC-** Confirmed Education Governance Group that was clinically led within the Trust.

23/24	Items Covered
	RC- stated that due to the financial situation there was currently a freeze on recruitment, however this did not apply to Clinical posts. Putting People First Committee **GH-** Noted that Industrial Action was an ongoing issue and currently no major incidents or proven impact on patient safety. Big Conversation took place on 18th April, Executives, NEDS do a walk and talk around departments to achieve workforce feedback. The outcomes, when received will reflect on how to move forward encouraging a great place to work.
006	**CQC Inspection Update** **PB-** Confirmed that the Trust continued to respond to the concerns raised by the CQC during their recent inspection relating to triage times in the Maternity Assessment Unit, and the timely escalation of risk. Confident that since 24th March compliance had significantly improved. Weekly reports to the CQC had now been reduced to monthly due to assurance of process in place. 98% of patients now being seen within the 30-minute waiting time at MAU. Draft inspection from the CQC had been received and was currently being reviewed for factual accuracy and a response was in process for the deadline of the 4 May 2023.
007	**Netcall Update** **MG-** Noted the Maternity Transformation Programme was previously aware of the telephone access issues, which had been triggering complaints from patients. Staffing had been a challenge to overcome but there was now a designated midwife available 24 hours a day and there had been a queueing system introduced to make patients aware how long they would be waiting on the telephone. GED was in a similar situation. **Action: The group to monitor Emergency Department in Gynaecology to input on offering a more efficient service in a strategic manner. A conversation for the group would be, do the LWH need a triage system, should the service be distributed to a broader area.**
	CONCLUDING BUSINESS
008	**Review of risk impacts of items discussed** The Trust's financial issue will have an impact on the quality and safety of the service we provide.
009	**Any other business and review of meeting** The meeting was effective, and all agenda items were covered. No other items were raised.
010	**Jargon Buster**

23/24	Items Covered
	Noted.
	Finish Time 18.30

Date of next meeting: Tuesday 27th June 2023 at 17:30, Virtual or Boardroom

Liverpool Women's
NHS Foundation Trust

Staff Survey Results 2022

Themes – People Promise plus Engagement and Morale

We are compassionate and inclusive

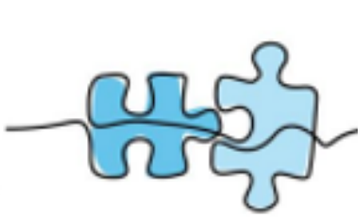
We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

We are always learning

We work flexibly



We are a team

MORALE

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

Trust Theme Responses Statistically Significant

People Promise Element	LWH 2021	LWH 2022	Statistically significant change?
we are compassionate and inclusive	7.3	7.5	significantly higher
we are recognised and rewarded	5.9	5.9	Not significant
we each have a voice that counts	6.8	7	significantly higher
we are safe and healthy	6.1	6.1	Not significant
we are always learning	5.3	5.5	significantly higher
we work flexibly	5.8	5.9	Not significant
we are a team	6.7	6.9	significantly higher
Themes			
Staff engagement	6.9	7.1	significantly higher
Morale	5.8	6	Not significant

Trust Theme Responses
Comparison Nationally, Acute, Specialist

People Promise Element	LWH 2022	Acute Specialist 2022	Acute & Acute Community 2022	National position 2022
we are compassionate and inclusive	7.5	7.5	7.2	7.2
we are recognised and rewarded	5.9	5.9	5.7	5.8
we each have a voice that counts	7	6.9	6.6	6.7
we are safe and healthy	6.1	6.2	5.9	5.9
we are always learning	5.5	5.6	5.3	5.4
we work flexibly	5.9	6.2	6	6.1
we are a team	6.9	6.8	6.6	6.7
Themes				
Staff engagement	7.1	7.2	6.8	6.8
Morale	6	6	5.7	5.7

Trust Position V's National Picture Reasons to be Proud

Trust response rate was 60%, an improvement on the 2021 survey where the response rate which was 53% . National average response was 47.7%

LWH were in the top quartile for response rates to the survey

LWH score higher than the national average score for 8 of the 9 themes

LWH are the joint top most improved in the Engagement score

NHS E/I NW team asked for LWH case study on how we've improved engagement

NHS Employers asked for case study and presentation at a national meeting on how we've improved engagement and suggested a HPMA award entry

Staff FFT Scores

Table below shows the staff FFT responses by Division in 2022

Question	Organisation 2021	Organisation 2022	2022 Responses					
			CSS	Corporate	Family Health	Gynaecology	Medical	Operational Support Services
I would recommend my organisation as a place to work	56.6%	61.6%	60.20%	70.80%	52.20%	52.20%	75.50%	76.90%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	69.1%	71.6%	69.40%	74.00%	59.40%	71.30%	84.90%	76.90%

There has been a Statistically significant improvement in the score for staff recommending LWH as a place to work (5% improvement from 2021)

Where we improved

Overall support from line manager has improved

Overall teamworking has improved

Question	LWH 2021	LWH 2022
Staff feel they are treated fairly when they are involved in an incident or error	61.7%	64.3%
More staff feel they have opportunities for career development	50.3%	56.2%
Staff feel able to make suggestions to improve their team or department and are involved when changes are being made	50.1%	58.3%
More people feel safe to speak up	61.3%	67.5%

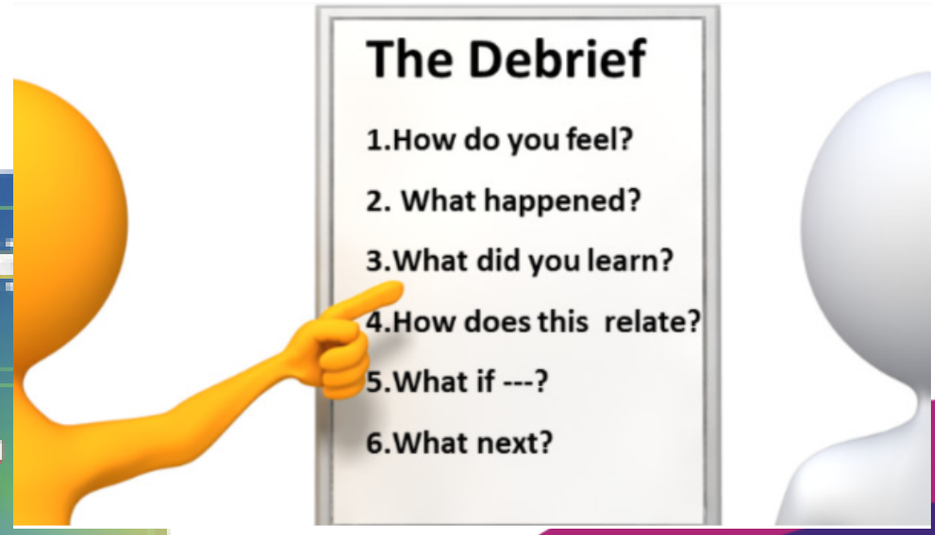
Improvement in Raising Concerns Scores

Raising Concerns Questions	LWH 2018	LWH 2019	LWH 2020	LWH 2021	LWH 2022	National 2022
I would feel secure raising concerns about unsafe clinical practice	68.7%	73.1%	70.4%	75.4%	77.8%	71.9%
I am confident that my organisation would address my concern	59.5%	64.0%	63.3%	64.3%	64.3%	56.7%
I feel safe to speak up about anything that concerns me in this organisation	n/a	n/a	66.8%	61.3%	67.5%	61.5%
If I spoke up about something that concerned me I am confident my organisation would address my concern	n/a	n/a	n/a	51.8%	55.3%	48.7%

FREEDOM TO SPEAK UP

LISTENING TO YOUR CONCERNS

Ulysses



Where we need to focus

Trust wide the number of Medical staff completing the survey decreased by 13% to 46%

Question	2021	2022
Satisfaction with level of pay has decreased from 27.6% to 27.1%	27.6%	27.1%
Fewer staff felt they had the necessary materials and supplies to do their work (58.4% compared to 64.2%).	64.2%	58.4%

There has been an increase in staff reporting experiencing discrimination on the basis of ethnic background, gender and religion (though a decrease for disability and sexual orientation)

As in previous years staff are still saying their PDR does not help them do their job, only 20.9% of staff found it helpful

Flexible working only 50% of staff are satisfied with the opportunities for flexible working (the same as 2021)

More staff are feeling burnt out and exhausted from their work

What worked well …

Big conversations – taking the conversation out to staff in their areas of work and listening to how it feels for them to work at LWH.

Positive staff side Chair involvement in our engagement activities with staff and learning from their experiences

Listening to and learning from Staff Experiences through our Staff Inclusion Networks

3 Key Messages – fortnightly sharing of Trust and Divisional key messages

Great Place to Work Group – advocates for staff voice and Trust initiatives

PPF support to staff engagement activities and learning

Engagements also continued positively in 2022 through the divisional leaders:

- Regular updates
- Divisional leader walk abouts
- You Said We Did
- Celebrating successes and achievements
- Listening to staff views and their suggestions

Our Engagement Plans for 2023

- Big Conversation on 18th April – Exec and Senior leader walk about, targeted questions for divisions
- April's Let's Talk Survey – temperature check
- Continue to close loop of feedback and checking understanding with staff
- 3 Key Messages
- Great Place to Work Group
- Staff Inclusion Networks – Pride@LWH, REACH and DAWN
- July Let's Talk Survey – temperature check
- Big Conversation – September 2023 to check how actions are landing and any new emerging themes
- National Staff Survey – October 2023

Liverpool Women's NHS Foundation Trust

Council of Governors

COVER SHEET

Agenda Item (Ref)	***23/24/009***	**Date: 18/05/2023**		
Report Title	**2022/23 Year-End Update and 2023/24 look forward**			
Prepared by	***Mark Grimshaw, Trust Secretary***			
Presented by	***Mark Grimshaw, Trust Secretary & Jenny Hannon, Chief Finance Officer***			
Key Issues / Messages	There are several financial year-end requirements that NHS Foundation Trusts must adhere to. The aim of this report is to provide an update on the following elements: • Annual Report & Accounts • Quality Account • Provider Licence The report will also provide 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 Board in both respects.			
Action required	**Approve ☒**	**Receive ☒**	**Note ☐**	**Take Assurance ☐**
	To formally receive and discuss a report and approve its recommendations or a particular course of action	***To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it***	***For the intelligence of the Board / Committee without in-depth discussion required***	***To assure the Board / Committee that effective systems of control are in place***
	Funding Source (If applicable): N/A			
	For Decisions - in line with Risk Appetite Statement – Y ***If no – please outline the reasons for deviation.***			
	The Council of Governors is asked to: • ***Note the report*** • ***Provide a view that training has been made available during 2022/23 to support the Board's eventual declaration regarding Provider Licence compliance***			
Supporting Executive:	***Mark Grimshaw, Trust Secretary***			

Equality Impact Assessment *(if there is an impact on E,D & I, an Equality Impact Assessment **MUST** accompany the report)*

Strategy ☐ Policy ☐ Service Change ☐ Not Applicable ☒

Strategic Objective(s)

To develop a well led, capable, motivated and entrepreneurial ***workforce***	☒	To participate in high quality research and to deliver the most ***effective*** Outcomes	☐
To be ambitious and ***efficient*** and make the best use of available resource	☐	To deliver the best possible ***experience*** for patients and staff	☐
To deliver ***safe*** services	☐		

Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)

Link to the BAF (positive/negative assurance or identification of a control / gap in control) *Copy and paste drop down menu if report links to one or more BAF risks* 5.2 Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership	Comment:

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

REPORT DEVELOPMENT:

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

EXECUTIVE SUMMARY

This report provides an update on financial year-end requirements for NHS Foundation Trusts, focusing on Annual Report & Accounts, Quality Account, and Provider Licence. The deadline for submitting audited Annual Accounts and Reports to NHS England has been extended to 30 June 2023. The report highlights the inclusion of a Quality Report section in response to legal requirements. The Trust's new External Auditor, Grant Thornton, has identified significant risks for the audit. The report emphasizes the need for the Trust to self-certify compliance with Provider Licence conditions, which will be undertaken on 15 June 2023. The Council of Governors' assurance regarding the availability of training is requested.

Regarding 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 Trust has an underlying structural deficit of approximately £30m. The report acknowledges the ongoing challenges and the Trust's efforts to ensure financial management, cost control, and long-term planning.

Looking forward to 2023/24, the Trust aims to address its underlying deficit through system-wide solutions. A credible financial plan for 2023/24 is being developed, recognizing the need to balance safety, access, and sustainability requirements. The report highlights risks such as the balance between quality and resources, deficit plan limitations, funding mechanisms, cost improvement program challenges, and workforce availability.

To achieve long-term sustainability, the Trust is refining plans and collaborating with regional and national partners. A recovery plan agreed with system partners is expected by September 2023. The Board will increase the frequency of meetings to monthly to maintain scrutiny and oversight.

The Council of Governors is requested to note the report and provide an opinion on the availability of training to support the Provider Licence compliance declaration.

The Council of Governors is asked to:

- Note the report
- Provide a view that training has been made available during 2022/23 to support the Board's eventual declaration regarding Provider Licence compliance

MAIN REPORT

Introduction

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

- Annual Report & Accounts
- Quality Account

- Provider Licence

The report will also provide 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 Board in both respects.

Annual Report & Accounts

The deadline for submitting audited Annual Accounts and Reports to NHS England is later than historically expected (30 June 2023) – but consistent with the deadlines since the pandemic.

There have been no significant changes made to the requirements in the Annual Report and there remains no need to include a Quality Report (and this will not be audited). Like in 2021/22, a decision has been taken to include a Quality Report section for the following reasons:

- Provides an opportunity for the Trust to formally record quality improvements made, particularly in response to the pandemic
- There is still a legal requirement for the Trust to publish a Quality Report by 30 June 2023.

The Trust is working to a 15th June 2023 deadline for sign-off – this will provide time (if necessary) for any amendments ahead of the NHS England deadline.

Governors will be aware that the Trust has new External Auditors in place for the 2022/23 audit (Grant Thornton taking over from KPMG following Governor approval).

The Audit Committee (In March 2023) received the external audit plan from Grant Thornton. It was noted that materiality[1] had been reduced to 1.8% as it was the first year auditing the Trust's accounts (this provides a greater level of detail). Significant risks identified for the audit included Improper revenue recognition, fraud in expenditure recognition, management override of controls, valuation of land and buildings, opening balances, and hosting arrangements. Assurance was provided that there had been an effective handover with the previous external auditor and that there had been positive engagement with the finance team. The external auditors were assured that they would be kept up to date on emerging findings from the Trust's recent CQC inspection.

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

- give a true and fair view of the state of the Trust's affairs as of 31 March 2023; and
- have been properly prepared in accordance with the Department of Health Group Accounting Manual 2022/23

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

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

Provider Licence

What is it?

[1] Accounting materiality in the NHS refers to the significance of financial information that impacts decision-making and financial reporting, ensuring meaningful and relevant information is provided.

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

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

What is the Board's position?
To self-certify compliance (expected to be undertaken at a meeting on 15 June 2023)

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

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

Assurance to the Council of Governors
The following training has been offered and attended by governors during the year:

- NHS Providers Governor Focus Conference
- NHS Providers Governor Virtual Workshop
- Joint Governor / NED training on roles and responsibilities
- Virtual induction day
- Internal Fair & Just Culture training session for Governors

The Trust continues to participate in a pan-Liverpool approach to governor training in which opportunities are being made available with partner trusts.

The Council of Governors is requested to provide a view that training has been made available during 2022/23 to support the Board's eventual declaration.

Financial Position 2022/23

The Trust has carried an underlying, structural financial deficit for several years which presents ongoing financial sustainability challenges (first formally declared in 2014/15). The key drivers of this deficit are the costs of delivering maternity services (tariff not always reflective of costs), investments in recent years to reduce clinical risk because of the Trust's isolated site (in the absence of capital funding availability to provide a long-term solution), and limited opportunities for economies of scale due to the Trust's small size.

In recent years the deficit has been supported by non-recurrent sources of income and non-recurrent cost savings which are now reduced or no longer available to the Trust. Last year, we reported that 2022/23 was likely to be a financially challenging year and this proved to be the case as for the first time in several years, the Trust was unable to meet its financial plan. At year-end the Trust reported a £2.7m deficit against a surplus plan of £0.5m, resulting in an adverse variance of £3.3m. An element of this position was due to some of the long-term structural issues manifesting but specifically in-year, the main drivers were primarily workforce pressures, the need to address clinical risks caused by the Trust's isolated site as well investment required following the Ockenden reports (this was not fully funded).

Whilst the Board has acknowledged the risk of (and then reality) of an underlying structural deficit for nearly a decade, it also has recognised its responsibilities in ensuring that there is robust financial management, effective cost control, and a long-term approach to planning and investment. Much of the detailed oversight and scrutiny of the financial position is led by the Finance, Performance, & Business Development (FPBD) Committee (chaired by Non-Executive Director, Louise Martin). The likely manifesting of the risk of the Trust not achieving its financial targets was recognised in the autumn, and the Committee sought assurance that appropriate recovery actions were in place and that there was sufficient grip and control. The Trust re-established a Financial Recovery Board (an operational meeting to bring senior operational and corporate managers together to identify drivers of overspending and corrective actions) and this has reported directly to the FPBD Committee. Part of the Financial Recovery Board's remit was to develop and implemented a robust financial recovery plan in-year – this successfully delivered £4,881k of recovery actions.

Whilst the FPBD Committee reports to the Board, direct updates on the financial recovery actions were reported from Month 9 (December) onwards. A revised forecast outturn position was agreed upon at Month 9, and this was successfully delivered (before the additional items agreed as part of the NHS Cheshire and Merseyside plan), despite ongoing pressures and the impact of industrial action. Another source of assurance noted by the Board in terms of grip and control was the fact that the Cost Improvement Programme target was also exceeded for the year. High assurance was also received from Internal Audit in relation to financial systems and control. Despite this, the Trust has been required to submit a significant deficit plan for 2023/24 and will be subject to increased monitoring by the ICB during the year.

Looking forward – 2023/24

As noted above, the Trust ended the 2022/23 financial year at a deficit of £2.7m, a variance of £3.3m from the plan. This position was supported by £12.3m of non-recurrent[2] items, in addition to £14.6m of system 'top-up' income (as well as other sources of non-recurrent income).

The Trust has an underlying, structural deficit of approximately £30m. The Trust first formally declared that it was clinically and financially unsustainable in 2014/15 and has reported its structural deficit through subsequent planning rounds, including reporting a c£25m underlying deficit as part of the 2022/23 planning round. The Trust has a good track record of delivering both planned savings targets and its overall financial plan, however, it has received increasing levels of non-recurrent system 'top-up' income to balance its position, as demonstrated in the table below:

Year	Planned (Surplus)/ Deficit	Outturn (Surplus)/ Deficit	Variance (Favourable) /Adverse	CIP Delivered	NR Top-ups *	CNST **	Investments in Clinical Safety
2015/16	8,015	7,205	(810)	5,400	0	10,277	100
2016/17	7,000	5,729	(1,271)	2,000	3,477	14,251	500
2017/18	3,998	3,352	(646)	3,735	3,531	15,676	1,178
2018/19	1,605	488	(1,117)	3,656	4,161	15,231	512
2019/20	0	(272)	(272)	3,556	4,769	13,971	1,673
2020/21	4,591	3,992	(599)	2,048	9,452	16,756	926
2021/22	17	(34)	(51)	2,332	19,370	20,498	1,831
2022/23	(526)	1,655	2,181	5,844	14,620	23,181	4,967

*Non-Recurrent Top-ups exclude Elective Recovery Fund income
**Clinical Negligence Scheme for Trusts (CNST) excludes achievement of maternity incentive scheme

[2] In accounting terms, non-recurrent refers to an event or item that is not expected to reoccur in the future.

The Trust's underlying deficit has three primary drivers:

- Maternity tariff is insufficient to cover costs to deliver services, exacerbated by high CNST premiums and investments required in maternity safety
- The Trust's isolated site has necessitated investment to improve clinical safety and reduce risk
- Liverpool Women's Hospital is a relatively small Trust (c. £140m) with limited opportunity for economies of scale.

These factors cannot be addressed by the Trust alone and require long-term solutions at a national and system level, such as those set out in the Liverpool Clinical Services Review commissioned by the Cheshire and Merseyside Integrated Care Board. Whilst the Board is working to continue to seek system-wide (and longer-term) solutions (more about which below), there is a need to develop a credible financial plan for 2023/24.

2023/24 Planning Process

The Trust has maintained a robust planning and budget-setting process which involves several levels of scrutiny and challenge and is aligned to national planning requirements and assumptions.

Budget setting is undertaken as part of an overall planning process incorporating detailed budgets, capital, activity planning, workforce planning, and other aspects in an integrated way, with the starting point being the delivery of the Trust strategy. Recognising the challenging financial landscape, the Trust has had to review what is deliverable in 2023/24 within the available resources to meet safety, access, and sustainability requirements.

Detailed budgets will be presented to FPBD Committee in May 2023, and subsequently presented to the Trust Board in June 2023.

Summary Position

The financial plan for the Trust in 2023/24 is summarised in the table below:

Summary Position		Total £000s
Income		
Income from activities	-	134,711
Other operating income	-	7,455
	-	**142,166**
Employee Expenses		
Permanent		81,789
Agency		2,272
Bank		4,066
Locum		68
Other		290
		88,485
Operating expenses (excluding employee expenses)		66,641
Non operating expenditure		2,466
		69,107
Other adjustments to get to adjusted financial performance		23
Total		**23**
(SURPLUS)/DEFICIT		**15,450**

The plan includes £4.9m of matched income and expenditure for the Community Diagnostic Centre but excludes funding for hosted services (the Local Maternity and Neonatal System).

Risks for 2023/24

The overall deficit position for 2023/24, and the larger underlying recurrent deficit represent a risk for the Trust in terms of short-term cash management and longer-term financial and clinical sustainability. In addition to the over-arching issue of financial sustainability, there are other risks, including:

- Ongoing balance between quality and available resources, and the requirement to deliver on finance, safety, *and* activity/access targets.
- Deficit plan and limitations on Trust investment will need to be balanced against the need to invest to reduce clinical risk.
- The funding mechanism – there is a risk to income if activity targets are not met.
- Challenging cost improvement programme with plans still to be identified
- Risk of further inflation/ pressure above assumed levels in the plan.
- Workforce availability is a national challenge and presents risk to both the delivery of activity and cost control.

Addressing the Drivers of the Deficit and Long-Term Sustainability

The Trust first declared financial sustainability issues in 2014/15 and developed a long-term business plan at the time to address these. Several issues have prevented delivery of this plan, including lack of capital for co-location with adult acute services, subsequent investment on-site at Crown Street (necessary to maintain safety until a long-term solution can be implemented), and the clinical and operational requirements during the COVID period which decelerated the implementation of wider change programs. The Trust is unable to address the scale of the issues alone without continuing support and close work with the ICB and other regional and national partners.

The Trust is currently refining plans which set out a more sustainable long-term financial position, with a view to producing a recovery plan, agreed with system partners by September 2023.

The Board received the outline plan in May 2023 and it was recognised that it will be important for the Trust to demonstrate that it can maintain a robust grip on the elements of the plan within its control. A decision was taken to ensure that the pattern of Board meetings increase to monthly (there are currently eight scheduled in a year) to maintain a high level of scrutiny and oversight on both the financial position and on ensuring that close cost control is not having a deleterious impact on quality, safety and performance measures.

Recommendation

The Council of Governors is asked to:

- Note the report
- Provide a view that training has been made available during 2022/23 to support the Board's eventual declaration regarding Provider Licence compliance

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 *or* Emergency Department	senior management employees who sit on the trust board *or* alternative name for Accident & Emergency department
EHR	Electronic Health Record	health information about a patient collected in digital format which can theoretically be shared across different healthcare settings
EOLC	End of Life Care	support for patients reaching the end of their life
EPR	Electronic Patient Record	a collation of patient data stored using computer software
ESR	Electronic staff record	A collation of personal data about staff stored using computer software

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

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

G

GMC	General Medical Council	the independent regulator for doctors in the UK
GDP	Gross Domestic Product	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.

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

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

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

O

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

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

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

Q

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

R

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

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

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

	Tertiary Care	healthcare provided in specialist centres, usually on referral from primary or secondary care professionals

V

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

W

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

Y

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