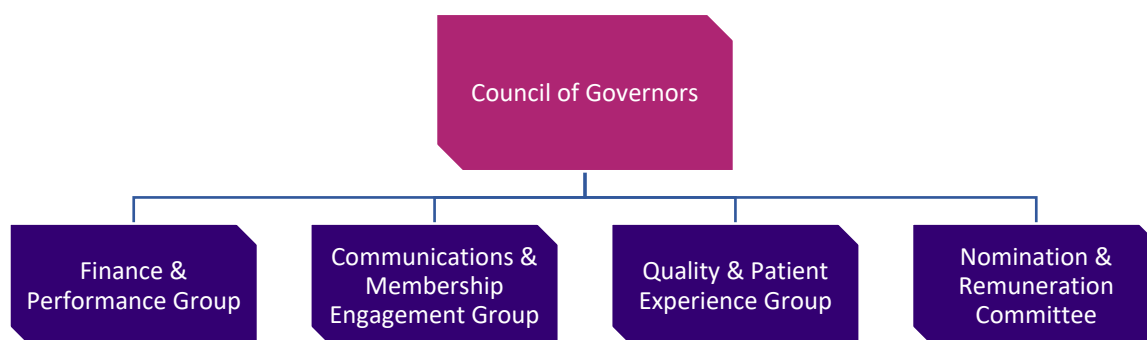


# Council of Governors

**16 November 2023, 5.30pm**  
**Blair Bell Lecture Theatre &**  
**Virtual Meeting, via Teams**



## Council of Governors - Public

<b>Location</b>	Blair Bell Lecture Theatre and Virtual via Teams
<b>Date</b>	16 November 2023
<b>Time</b>	5.30pm

AGENDA					
Item no. 23/24/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PRELIMINARY BUSINESS					
045	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	17.30 (5 mins)
046	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
047	Minutes of the meeting held on 20 July 2023	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
048	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
049	Chair's announcements including Chair recruitment update	Announce items of significance not found elsewhere on the agenda	Presentation	Chair / SID	17.35 (25 mins)
050	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Presentation	Chief Executive	18.00 (10 mins)
MATTERS FOR CONSIDERATION					
051	Draft Minutes from the Governor Group Meetings. <ul style="list-style-type: none"> <li>Finance and Performance Group 26.07.2023</li> <li>Quality and Patient Experience Group 26.09.2023</li> <li>Communications and Membership Engagement Group 28.09.2023</li> </ul>	Receive minutes for assurance	Written	Group Chairs	18.10 (15 mins)
052	Financial Recovery	To receive	Written	CFO	18.25 (20 mins)
053	Planning and Strategy Update	To discuss	Presentation / Verbal	CFO	18.45 (40 mins)
CONCLUDING BUSINESS					

054	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	19.25 (5 mins)
055	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
056	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
057	Jargon Buster	For information and reference	Written	Chair	
Finish Time: 19.30					

Date of Next Meetings: Council of Governor Meeting 22 February 2024 1730hrs

## Meeting Guidance Notes

Meetings are an essential part of any NHS Foundation Trust's decision-making process. To ensure that these meetings are productive and efficient, it is crucial to follow proper etiquette and behaviours before, during, and after the meeting. Here are some guidance notes to keep in mind:

### Before the Meeting:

- Review the agenda: Before attending the meeting, make sure to review the agenda to understand the purpose of the meeting, the topics that will be discussed, and what is expected of you.
- Come prepared: Bring any necessary documents or materials to the meeting, such as reports, data, or notes.
- Ensure your apologies are sent if you are unable to attend and \*arrange for a suitable deputy to attend in your absence - members are expected to attend at least 75% of all meetings held each year.

*\*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.*

- Be punctual: Arrive on time, or better yet, a few minutes early, to ensure that you are ready to start the meeting promptly.
- Check the technology: If the meeting is a hybrid one, meaning some participants are attending in person and others are attending remotely, make sure to check the technology beforehand. Ensure that the meeting room has adequate audio-visual equipment, such as microphones and cameras, to allow remote participants to participate fully.
- Communicate with remote participants: If you are attending the meeting remotely, make sure to communicate any special requirements or needs to the meeting organizer in advance. This will help them to accommodate you better during the meeting.
- Test the connection: Make sure to test your internet connection and any required software or applications beforehand to avoid technical issues during the meeting.

### During the Meeting:

- Listen actively: Listen attentively to what others are saying and avoid interrupting or talking over others. This will help you to fully understand the issues being discussed and contribute to meaningful discussions.
- Be respectful: Respect others' opinions and perspectives, even if you disagree with them. Avoid using derogatory language and be courteous and professional at all times.
- Stay focused: Stay focused on the agenda and avoid going off-topic. This will help the meeting to stay on track and achieve its objectives.
- Pay attention to the camera: If you are attending the meeting remotely, make sure to look at the camera instead of the screen when speaking. This will help to create a more engaging experience for in-person participants.
- Mute when not speaking: If you are attending the meeting remotely, make sure to mute your microphone when not speaking to avoid background noise.
- Encourage participation: Encourage participation from both in-person and remote participants. Ask remote participants for their opinions and actively engage them in the discussion.

## ***Standards and Obligations***

These points outline key behaviours and processes to be followed during our meetings.

- Minutes should note when there is no consensus, including who agreed and disagreed.
- Members must be open and declare any conflicts of interest to the committee chair, who should be notified if any conflicts of interest are perceived. If concerns are not adequately addressed, members may consider whistleblowing or contacting the Senior Independent Director for high-level concerns.
- At the end of the meeting, a standing item should identify new risks to the organization and document them in the relevant risk register with appropriate scores. These steps ensure transparency, accountability, and effective risk management within the NHS Foundation Trust.

## **After the Meeting:**

- Follow up: Follow up on any action items assigned to you during the meeting promptly.
- Share the recording: If the meeting was recorded, share the recording with all participants, both in-person and remote. This will allow everyone to review the discussion and follow-up on any action items.
- Provide feedback: If you have any feedback or suggestions on how the meeting could be improved, share them with the appropriate person.
- Evaluate the technology: Evaluate the technology used during the meeting and identify any areas for improvement. This will help to ensure that future hybrid meetings are even more effective.
- Thank participants: Thank the chairperson and other participants for their time and contributions.

In conclusion, following proper etiquette and behaviours before, during, and after the meeting, as well as specific considerations for hybrid meetings, will help to ensure that our meetings are productive, efficient, and respectful. Remember to come prepared, listen actively, stay focused, follow up promptly, and provide feedback.

**Council of Governors**

**Minutes of the Council of Governors**  
**held in the Boardroom, LWH and Virtually at 1730hrs on Thursday 20 July 2023**

**PRESENT**

<b>Robert Clarke</b>	Chair
<b>Iris Cooper</b>	Public Governor (Rest of England and Wales)
<b>Pat Denny</b>	Public Governor (Central Liverpool)
<b>Alison Franklin</b>	Staff Governor (Midwives)
<b>Annie Gorski</b>	Public Governor (Sefton)
<b>Kate Hindle</b>	Staff Governor (Admin & Clerical)
<b>Rebecca Lunt</b>	Staff Governor (Scientists, Technicians & AHPs)
<b>Peter Norris</b>	Public Governor (Central Liverpool)
<b>Olawande Salam</b>	Public Governor (Rest of England and Wales)
<b>Niki Sandman</b>	Appointed Governor (University of Liverpool)
<b>Jackie Sudworth</b>	Public Governor (Knowsley)
<b>Cllr Julie Fadden</b>	Appointed Governor (Liverpool City Council)

**IN ATTENDANCE**

<b>Sarah Walker</b>	Non-Executive Director
<b>Gloria Hyatt</b>	Non-Executive Director
<b>Kathryn Thomson</b>	Chief Executive
<b>Lynn Greenhalgh</b>	Medical Director
<b>Jenny Hannon</b>	Chief Finance Officer
<b>Mark Grimshaw</b>	Trust Secretary

**APOLOGIES:**

<b>Jane Rooney</b>	Appointed Governor (Education Institutions)
<b>Carol Didlick</b>	Public Governor (South Liverpool)
<b>Rebecca Holland</b>	Staff Governor (Nurses)
<b>Ruth Nichol</b>	Public Governor (Central Liverpool)
<b>Angela Ranson</b>	Public Governor (South Liverpool)
<b>Cllr Marie Stuart</b>	Appointed Governor (Knowsley Council)
<b>Irene Teare</b>	Public Governor (Central)
<b>Yaroslav Zhukovskyy</b>	Public Governor (Sefton)

<b>Core members</b>	<b>May</b>	<b>July</b>	<b>Nov</b>	<b>Feb</b>
Peter Norris	✓	✓		
Pat Denny	✓	✓		
Ruth Parkinson	A	A		
Irene Teare	A	A		
Carol Didlick	A	A		
Angela Ranson	✓	A		
Yaroslav Zhukovskyy	A	A		
Annie Gorski	✓	✓		
Jackie Sudworth	✓	✓		
Iris Cooper	✓	✓		
Olawande Salam	✓	✓		
Kiran Jilani	A	A		
Rebecca Holland	A	A		

Alison Franklin	✓	✓		
Rebecca Lunt	✓	A		
Kate Hindle	✓	✓		
Cllr Lena Simic	✓	Non-member		
Cllr Patricia Hardy	A	Non-member		
Cllr Marie Stuart	A	A		
Niki Sandman	✓	✓		
Rev Dr Miranda Threfall-Holmes	A	A		
Jane Rooney	✓	A		
Cllr Julie Fadden	NM	✓		

<b>23/24/</b>	
<b>23</b>	<p><b>Introduction, Apologies &amp; Declaration of Interest</b>  <b>Apologies:</b> noted above.</p> <p><b>Declaration of Interest:</b> No new declarations received.</p>
<b>24</b>	<p><b>Meeting Guidance Notes</b>  Noted.</p>
<b>25</b>	<p><b>Minutes of previous meeting held on 18 May 2023</b>  The minutes of the previous meetings were reviewed by the Committee and agreed as an accurate record.</p>
<b>26</b>	<p><b>Action Log and matters arising</b>  The action log was noted.</p>
<b>27</b>	<p><b>Chair's announcements</b>  The Chair noted the following matters:</p> <ul style="list-style-type: none"> <li>• Dame Lorna Muirhead had been appointed as Patron of the Liverpool Women's NHS Foundation Trust's Charity. Work was underway to identify additional patrons to provide support.</li> <li>• Dame Pauline Harris visited Liverpool Women's Hospital this week (Wednesday 12 July 2023) to be presented with an Honorary degree from the University of Liverpool and officially open the Children Growing up in Liverpool (C-GULL) Birth Cohort Study research clinic.</li> <li>• Attendance at celebration events for both the Trust's supported intern programme and for staff who had participated in learning activities.</li> <li>• Key headlines from Trust Board Meeting – 13 July 2023 <ul style="list-style-type: none"> <li>○ Patient / Staff story – Issy (Supported Intern) provided a powerful story about her experiences working at the Trust and the accessibility challenges she had encountered. The Board would be following up on the estate improvement work.</li> <li>○ Challenges with medical workforce (rota gaps)</li> <li>○ Quality – Cancer and wait times</li> <li>○ The Trust's financial position</li> </ul> </li> <li>• The Trust's Electronic Patient Record (DigiCare) had launched on 7 July 2023.</li> <li>• Annual Report and Accounts agreed by the Board and submitted by the 20 June 2023 deadline to NHS England. Not yet able to lay before Parliament – will do so by 5 September 2023 and the auditors would then present to the Annual Members' Meeting in September 2023.</li> <li>• Welcome to two new governors – Cllrs Julie Fadden (Liverpool City Council) and Marie Stewart (Knowsley)</li> </ul> <p>In terms of a system update it was noted that governance arrangements continued to develop, and a Liverpool Hospitals Joint Committee was being formed. The Chair would be taking the Vice-Chair with David Flory (LUHFT Chair) taking the Chair. Terms of Reference</p>

	<p>had been agreed by the July 2023 Board. There was an emerging system governance structure and attention was drawn to an organogram. Partnerships and collaboration were becoming increasingly important and the Trust's Future Generations strategy (and the risks within) had been recognised as a system issue. The strategic risks would be taken forward by a newly formed ICB Women's Services sub-committee.</p> <p>It was noted that Governors would be aware that Kathryn Thomson, Chief Executive, had announced that she would be retiring later this year after almost 40 years in the NHS. The job advert went live on 17 July 2023 and would close on 31 July 2023. Highlighting the point regarding collaboration and partnerships, the Chair stated that the advert was explicit in articulating that a key role of the new Chief Executive would be to move the Trust towards being a member of a Group model or to be formally acquired by a larger Trust. Interviews were scheduled for 15 August 2023. Governors were reminded of their duty to approve the CEO appointment and they would therefore be kept apprised of developments and how to be involved.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> <li>Received and noted the briefing from the Chair.</li> </ul>
28	<p><b>Chief Executive Report</b></p> <p>The Chief Executive noted the following:</p> <ul style="list-style-type: none"> <li>NHS Providers' chief executive Sir Julian Hartley visited Liverpool Women's Hospital NHS Foundation Trust on 16 June 2023. The visit provided an opportunity for Trust leaders to express concern around the ongoing financial and clinical sustainability of the Trust and the women's services it delivers.</li> <li>The National Guardian's Office had recently published analysis of the Freedom to Speak Up questions as outlined in the 'NHS Staff Survey 2022 Fear and Futility: what does the staff survey tell us about speaking up in the NHS?' - National Guardian's Office. The Trust was in the top ten most improved in terms of the Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports). The Trust received a letter from the National Guardian's office which formally recognised the progress made towards creating a truly open culture where raising concerns was actively encouraged. The National Guardian would be visiting the Trust later this year to hear from our Guardians, our leaders and our staff about our approach and ongoing work with respect to raising concerns and creating a Fair &amp; Just culture.</li> <li>The National Maternity Safety Support Programme Team were scheduled to visit Liverpool Women's Hospital on 24th July – 27th July 2023. The team was formed of senior and experienced Obstetric &amp; Midwifery Maternity Improvement Advisors (MIAs) and the National Maternity Quality Improvement Lead. It was led by the Deputy Chief Midwifery Officer for England and the National Speciality Lead for Obstetrics.</li> </ul> <p><b>Action: For feedback on the National Maternity Safety Support Programme Team visit to be provided to the Council of Governors.</b></p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> <li>Received and noted the briefing from the Chief Executive.</li> </ul>
29	<p><b>Activity Report from the Governor Group Meetings</b></p> <p>Governors meet and spend time with NEDs and Executives to gain assurance on how the Board and the Non-Executive Directors manage issues and get their assurances.</p> <ul style="list-style-type: none"> <li><b>Financed and Performance Sub-Group held 31.05.2023</b> Peter Norris, Public Governor and Sub-Group Chair reported the following matters to note: <ul style="list-style-type: none"> <li>The Chair of the Finance, Performance and Business Development Committee, Non-Executive Director, Louise Martin, continued to provide the</li> </ul> </li> </ul>



group with good assurance that the Committee was scrutinising and challenging the key issues with its remit.

- The long term financial sustainability of the Trust was a significant challenge and the majority of the Trust's current and projected deficit was due to structural issues.
- The group had been informed of the impact of the Community Diagnostic Centre financial model on the Trust's financial position.
- The transition from the KPMG to Grant Thornton as the Trust's external auditor had progressed well and the outputs from the 2022/23 audit would report to the Annual Member's Meeting.
- There had been significant improvements made to the Trust's Maternity Assessment Unit triage time
- Cancer performance was challenged with the key drivers being an increase in referrals and diagnostic delays. The Board and its Committees were monitoring performance closely.

The Chair reported that the Trust's Month 1 – Month 3 financial position had reported in line with the agreed deficit plan. However, this was predominantly because of non-recurrent items and improvements to the underlying run-rate was required. Intensive recovery actions were being implemented and the Trust was working to identify items within its control to focus improvement action on.

- **Quality and Patient Experience Group held 27.06.23**

Jackie Sudworth, Public Governor reported the following matters to note:

- The on-going challenge to maintain the correct balance between quality, safety, and financial limitations was emphasized
- The Cancer Care Pathway remained an ongoing concern and an area of close monitoring by the Quality Committee
- Medical Workforce challenges - a) concerns related to male GP trainees from outside the UK, specifically the lack of culturally competent trainers and leaders b) The guardian of safe working hours report was also discussed, with the challenges involving creating safe and compliant rotas.

The Council of Governors:

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

030

**CQC Inspection Report – Trust Response**

The Medical Director reported that an unannounced focused inspection of maternity services occurred at the Crown Street site on January 24th and 25th, 2023, as part of the CQC's maternity services inspection program. The inspection assessed and rated Key Lines of Enquiry for safe and well-led key questions. A simultaneous unannounced inspection of Gynaecology and Termination of Pregnancy Services took place, assessing all key line's enquiry aspects - safe, effective, caring, responsive, and well-led. A pre-planned well-led inspection occurred between February 21st and 13th, 2023. On February 9th, 2023, a S29A Warning Notice was issued, emphasizing the need for significant improvements in relation to Regulation 12(1)(2)(a)(b), particularly in areas like risk management, MAU triage times, and staffing.

Immediate actions were taken, focusing on medical and midwifery staffing, as well as leadership. The Maternity Transformation Board had initiated a comprehensive program of improvements, encompassing various areas such as staff requirements, triage analysis, real-time data reporting, and clinical escalation policies. The Care Quality Commission recognized outstanding practices in the Trust, such as initiatives related to anti-racism, supporting local economic hardship, and hosting research programs. However, the report identified several areas requiring improvement, including effective quality assessment, triage procedures, staffing, and safeguarding checks.

The Trust was actively responding to these findings and was expected to submit an improvement plan by July 26, 2023. The plan was under operational delivery with oversight from the corporate governance team, the Executive team, and relevant committees. While

significant progress had been made, some actions remained open, and further analysis was underway. Ongoing communication handling plans and regular updates to the Executive Committee were in place. The Trust was committed to addressing these issues comprehensively and ensuring accountability through various committees and ongoing inspections. A facilitated Board reflection session was scheduled for September 2023 to consider wider findings and key improvements, with a further update to follow to the Council of Governors.

**Action: To provide an update on the facilitated Board reflection session scheduled for September 2023 considering the wider findings and key improvements from the CQC inspection.**

Peter Norris, Public Governor, asked if staff were moved from other teams to help improve the MAU triage time performance. The Medical Director confirmed that this initially was the case, but a more sustainable workforce solution was now in place.

Jackie Sudworth, Public Governor, queried the action the Trust was taking to remove the warning notice. The Chief Executive explained that it was usual practice for the CQC to revisit the service within three months of issuing the notice. This had not yet taken place and the Trust had escalated this to the CQC together with the fact that there was no obstetrician on the inspection team. The Trust was complying with information updates from the CQC regarding the required improvements.

Julie Fadden, Appointed Governor, asked about the impact on staff morale following the inspection outcome. The Chief Executive confirmed that there had been an impact on morale, particularly within the maternity leadership team. The Trust had ensured that support was being provided.

Niki Sandman, Appointed Governor, queried if the CQC had acknowledged the isolated site risks during their inspection. The Chief Executive confirmed that the Trust highlighted the risks to the CQC and would continue to do so in further inspections and correspondence.

The Chair confirmed that whilst the Board had questioned the proportionality of some of the findings, he wanted to provide assurances that the areas of improvement had been accepted and the Trust was working hard to ensure that the recommendations were fully implemented.

The Council of Governors:

- Received the report and noted the action underway to respond to the issues raised in CQC report in a timely and holistic manner.

031

### **Communications & Membership Engagement Group – Summary Report**

The Trust Secretary reminded the Council of the crucial role governors play in engaging with NHS Foundation Trust members. Governors represent the interests of the public and patients, ensuring transparency, timely information, and advocacy for their constituencies. The discussion focused on three main areas: proposed amendments to the constitution, public/patient engagement activities, and a reflection on the Trust's current membership strategy.

The meeting addressed the necessary updates to the Trust's constitution, aligning it with the Health and Care Act 2022, which granted Foundation Trusts more powers in service delegation. A key change in the 'Model Constitution' was noted, which involved the delegation of trust powers and functions to relevant bodies. Governors were asked to consider accepting this amendment.

The meeting highlighted potential changes to the membership constituencies due to the updates in electoral wards. It was suggested that the Trust might align its boundaries with the local authority (Liverpool City Council). Additionally, there was a discussion about the roles and selection process of appointed governors. Suggestions were made to streamline

	<p>and enhance the representation of various organisations, including regional bodies and community groups.</p> <p>The meeting featured a presentation on public and patient engagement activities, emphasizing the importance of governors' involvement in these events. The attendees discussed the need for clear communication, intelligence-driven engagement, and feedback mechanisms for governors attending events.</p> <p>Governors reviewed the progress of the Trust's membership strategy for the years 2021-2025, noting improvements in year two. Key underpinning actions and priorities for year three were suggested to enhance public representation, improve engagement, and foster two-way communication with members.</p> <p>The Council of Governors was asked to take note of the updates from the Communications and Membership Engagement Group, approve the proposed constitutional amendments, and acknowledge the updates and underpinning actions for the Trust's membership strategy in 2023/24.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> <li>• Note the update from the Communications and Membership Engagement Group</li> <li>• Agreed the suggested amendments to the Constitution and recommended approval to the Annual Member's Meeting.</li> <li>• Noted the updates against the Membership Strategy and agreed the underpinning actions for 2023/24.</li> </ul>
032	<p><b>Review of risk impacts of items discussed</b></p> <p>No changes to existing risks were identified as a result of business conducted during the meeting. The following risks were noted:</p> <ul style="list-style-type: none"> <li>• The Trust's immediate and long-term financial performance and sustainability</li> <li>• Recovery on key performance metrics</li> <li>• Responding effectively to the CQC inspection findings.</li> </ul>
033	<p><b>Chair's Log</b></p> <p>None noted.</p>
034	<p><b>Any other business:</b></p> <p>None</p> <p><b>Review of meeting:</b></p> <ul style="list-style-type: none"> <li>• No comments made.</li> </ul>

## Action Log

Council of Governors - Public

16 November 2023

Key	Complete	On track	Risks identified but on track	Off Track
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Meeting Date	Ref	Agenda Item	Action Point	Owner	Action Deadline	RAG Open/Closed	Comments / Update
09 February 2023	22/23/74	Liverpool Clinical Services Review	Arrange focussed briefing session on Future Generations / Liverpool Clinical Services review.	Chief Finance Officer	June 2023	On track	Update to be provided under item 23/24/53.
20 July 2023	23/24/28	Chief Executive Report	For feedback on the National Maternity Safety Support Programme Team visit to be provided to the Council of Governors.	Chief Nurse	November 2023	On track	Update to be provided under item 23/24/50.
20 July 2023	23/24/30	CQC Inspection Report – Trust Response	To provide an update on the facilitated Board reflection session scheduled for September 2023 considering the wider findings and key improvements from the CQC inspection.	Chief Nurse	November 2023	On track	Update to be provided under item 23/24/49.

**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 Wednesday 27 July 2023**

*PRESENT*

<b>Peter Norris</b>	<b>(PN)</b>	Public Governor <b>(Chair)</b>
<b>Rebecca Lunt</b>	<b>(BL)</b>	Staff Governor
<b>Annie Gorski</b>	<b>(AG)</b>	Public Governor
<b>Ola Salam</b>	<b>(OS)</b>	Public Governor

*IN ATTENDANCE*

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

*APOLOGIES*

<b>Pat Denny</b>	<b>(PD)</b>	Public Governor
<b>Valerie Fleming</b>	<b>(VF)</b>	Appointed Governor
<b>Rebecca Holland</b>	<b>(RH)</b>	Staff Governor
<b>Kate Hindle</b>	<b>(KH)</b>	Lead Governor
<b>Jackie Sudworth</b>	<b>(JS)</b>	Public Governor

22/23/	
<b>021</b>	<b>Introduction, Apologies &amp; Declaration of Interest</b>  Apologies were received and noted. There were no declarations of interest.
<b>022</b>	<b>Virtual Meeting Guidance Notes</b>  The meeting guidance notes were reviewed for information.
<b>023</b>	<b>Minutes from the last meeting held on 31 May 2023</b>  The minutes of the previous meeting held 31 May 2023 were agreed as a true and accurate record.
<b>024</b>	<b>Action Log and Matters arising</b> Updates against the action log were noted.
<b>MATTERS FOR RECEIPT / APPROVAL</b>	
<b>025</b>	<b>FPBD Committee and Audit Committee Reports</b>  <u>Finance, Performance &amp; Business Development (FPBD) Committee:</u>  During the meeting, LM provided an update on several key developments within the Trust. The Trust had granted approval for the continuation of the CDC (Community Diagnostic

	<p>Center) while securing five months of committed funding from commissioners for seven-day operations. However, there would be a minor adjustment to the service, to now include hysteroscopy.</p> <p>Furthermore, the implementation of Digicare across the Trust had been progressing positively. Although strides had been made in various areas of performance, there remained challenges with waiting times. Regrettably, industrial action had adversely affected operations, resulting in the equivalent of one-month decrease in activity. This could impact the Trust's ability to meet 2023/24 targets. Any accelerated activity would come with a potential financial impact, but the Trust would continue to prioritise clinical safety and quality.</p> <p>In terms of the financial outlook for the first quarter of the fiscal year, the Group was informed that the Trust was currently on track concerning the planned deficit plan. The favorable forecast for Q1 however, could be attributed to non-recurrent items and certain assumptions regarding Cost Improvement Plans (CIP). To help support the financial position, a recovery director had been appointed on a temporary basis. A comprehensive update on the recovery program had been requested for the September FPBD Committee meeting.</p> <p><u>Audit Committee</u></p> <p>TE reported that there have been two Audit Committee meetings since the last report. The Audit with our new auditors, Grant Thornton, was conducted successfully. They had completed and delivered the report on June 23. However, the release of the CQC (Care Quality Commission) report a few days earlier had an impact on the assessment of value for money, and Grant Thornton was unable to finalize this aspect. The primary concern highlighted in their report was the financial sustainability of the Trust. Additionally, the internal auditors reviewed the counter fraud self-assessment, and the Trust received a "green" rating in this regard.</p> <p>JH expressed satisfaction with the process, as it accurately reflected the reality of our financial sustainability. Although some minor recommendations were made, the Trust was committed to incorporating them into its operations.</p> <p>RC confirmed that there were discussions regarding the wording in the report. Grant Thornton also considered the risk associated with the CQC findings and ultimately aligned with the Trust's perspective on this matter.</p> <p>The Group noted the Committee reports.</p>
026	<p><b>2023/24 Financial Position and Recovery Update</b></p> <p>JH provided an update highlighting that at the end of the third month, the Trust's reported performance was in line with the plan. However, it was important to note that this alignment was attributed to the inclusion of £2 million from non-recurrent items. If this support was not available, the Trust would fall short of the plan by at least £2 million in the first quarter.</p> <p>The support provided by the recovery director was contingent on achieving a specific set of deliverables, some of which involved addressing challenging issues. These efforts would result in enhanced control and oversight. Every aspect of this process would undergo a thorough quality impact assessment. To facilitate this, a project management group had been established and would become operational on July 31st. This group would drive forward the required actions, outcomes, and cost savings, with dedicated resources. The findings and progress would be presented to the FPBD Committee in September 2023. JH emphasized that with the support of the recovery director, the Trust anticipated positive changes going forward. Without this support, there was a significant risk of an increasing deficit.</p>

	<p>It was evident that there were significant structural drivers of the Trust's deficit position. As a result, discussions were taking place regarding the feasibility of continuing with this delivery model and, if not, exploring alternative solutions and assessing the potential consequences. Three key factors influencing this assessment were the Maternity tariff, economies of scale, and the status of LWH as a standalone site.</p> <p>The Cost Improvement Program (CIP) was slightly ahead of schedule, primarily due to the early recognition of a Maternity Incentive Scheme rebate.</p> <p>During the meeting, PN raised a question about the potential loss of income due to ongoing industrial action by activity. JH clarified that the targets were reduced in April 2023 because of the industrial action, and it was reasonable to assume that this impact would continue throughout the year.</p>
	<p><b>Operational Performance and Recovery Update</b></p> <p>During the meeting, GP provided an update on the current performance of the urgent care pathway, which had been broadly positive. Despite the notable challenges posed by recent industrial action, the Trust had managed to maintain its progress in elective recovery, remaining on track with its objectives.</p> <p>Currently, the Trust's most significant challenge revolved around cancer diagnostics. The Trust was actively dedicated to addressing this issue and was making considerable efforts to enhance the diagnostic process. It was encouraging to note that the overall size of the cancer waiting list was decreasing, and the ability to diagnose cases in a timelier fashion was steadily improving.</p> <p>To further address this concern, the Trust had scheduled a meeting with the Northwest regional team. Additionally, the Trust maintained regular monthly meetings with the cancer alliance to collaboratively explore strategies for accelerating these improvements.</p>
<b>CONCLUDING BUSINESS</b>	
<b>027</b>	<p><b>Review of risk impacts of items discussed</b></p> <p>A review of risk impacts was discussed, no new risks were identified.</p>
<b>028</b>	<p><b>Jargon Buster</b></p> <p>MG requested that any unknown acronyms are sent through so they could be added.</p>
<b>029</b>	<p><b>Any other business &amp; Review of meeting</b></p> <p>The meeting was effective, and actions were progressed.</p>

**Date of Next Meeting: 25<sup>th</sup> October 2023 at 5.30pm on Microsoft Teams**

**Quality and Patient Experience Governor Sub-Group**

**Minutes of the Quality and Patient Experience Governor Sub-Group  
held virtually at 17:30hrs on Tuesday 26<sup>th</sup> September 2023.**

**PRESENT:**

<b>Ruth Nicol (Chair)</b>	Public Governor
<b>Jane Rooney</b>	Appointed Governor
<b>Jackie Sudworth</b>	Public Governor
<b>Ola Salam</b>	Governor for England & Wales
<b>Rebecca Lunt</b>	Staff Governor
<b>Annie Gorski</b>	Public Governor

**IN ATTENDANCE:**

<b>Sarah Walker</b>	Non-Executive Director (Chair Quality Committee)
<b>Gloria Hyatt</b>	Non-Executive Director (Chair PPF Committee)
<b>Mark Grimshaw</b>	Trust Secretary
<b>Deborah Keeley</b>	Executive Assistant / Minute Taker

**APOLOGIES:**

<b>Iris Cooper</b>	Public Governor
<b>Peter Norris</b>	Public Governor
<b>Dianne Brown</b>	Chief Nurse
<b>Michelle Turner</b>	Chief People Officer
<b>Robert Clarke</b>	Chair of LWH Board
<b>Kate Hindle</b>	Lead Governor / Staff Governor
<b>Pat Deeney</b>	Public Governor
<b>Gillian Walker</b>	Patient Experience Matron
<b>Niki Sandman</b>	Appointed Governor
<b>Yaroslav Zhukovskyy</b>	Public Governor
<b>Louise Kenny</b>	Non-Executive Director

23/24	Items Covered
<b>PRELIMINARY BUSINESS</b>	
<b>020</b>	<b>Introductions, Apologies &amp; Declarations of Interest</b>  Ruth Nicol (Chair) welcomed everybody to the meeting.  <b>Apologies</b>  Apologies were received and noted.
<b>021</b>	<b>Meeting Guidance notes</b>  The meeting guidance notes were reviewed for information.
<b>022</b>	<b>Minutes of the previous meeting held on Monday 26<sup>th</sup> June 2023.</b>  Minutes of the previous meeting held on Monday 26 <sup>th</sup> June were reviewed and were confirmed as an accurate record.
<b>023</b>	<b>Action Log and Matters Arising</b>



23/24	Items Covered
	<p>The current action log was reviewed and updated as completed.</p> <p>The Gynaecology Emergency Department (GED) service review still on track to be submitted for review and assurance in October 2023 to Quality Committee.</p> <p>CQC inspection was discussed in July with majority of concerns being in a specific area. Concerns had been identified and addressed.</p>
MATTERS FOR RECEIPT / APPROVAL	
024	<p><b>Quality Committee and Putting People First Committee reports</b></p> <p><u>Quality Committee</u></p> <p>Sarah Walker confirmed that Quality Committee had concentrated on the CQC report that was published in June 2023, confirming a lot of focus had been in response and reaction to the report over the previous three months.</p> <p>Challenges had been noted around supporting the NHS Prevention Pledge with resources being at the forefront.</p> <p>Assurance was gained by the depth of work that the Committee received regarding Serious Untoward Incidents (SUI) with the ongoing investigations and risks relating to the Trust being an isolated site. Continued positive improvement from MAU after the CQC report, with performance of 15-minute metrics at 96%- and 30-minute metrics at 99% in triage.</p> <p>A cancer pathway presentation helped with comprehension of the complex pathways and the understanding what improvement actions were within the Trust's remit.</p> <p>CNST year 4 was favourable, meeting all requirements. CNST Year 5 gap analysis completed.</p> <p>It was noted that all critical care transfers to external providers would be continually monitored.</p> <p><u>Putting People First Committee Report</u></p> <p>Industrial action had not currently instigated any serious incidents however concerns included delays in treatment and additional demand on staff. It has been asked that consideration be given to safe working hours for clinical staff.</p> <p>Committee had asked for an understanding of data and staff experiences around bullying, harassment, and abuse of staff from racially marginalised groups.</p> <p>Highlighted that the new head of safeguarding Debbie Ward was in the process of completing a process to help with patients experiencing mental health challenges.</p> <p>Concluding Committee members had expressed concerns regarding outsourced contracts and if they are value for money and delivering KPI's.</p>

23/24	Items Covered
	<p>MG confirmed that sickness rates had reduced by 40% prompting an increase in mandatory training. Ascertaining the cause would be fundamental in retaining the good standard. RL confirmed that back to work interviews performed within the proposed time have been successful.</p> <p>MG concluded that an emerging risk was covering rotas with Post Graduate Doctors and the implementation of safe working hours.</p>
025	<p><b>CQC Inspection Update</b></p> <p>MG confirmed after the CQC report, the Quality Committee and Board had received assurances regarding progress against the required actions. Three different source reports including NHS Resolution, NHS England national maternity team and an external audit had provided an alternative view on the level of risk involved in the CQC report. Noted that the Well Led domain required improvement and reflection had been made on the Trust's processes for learning lessons, pace of improvement and understanding of risk.</p> <p>GH concluded the Trust sometimes did not highlight positive outcomes as much as it could. An example provided was that the adult gynaecology patient survey rated the Trust as one of the best performing NHS trusts this year.</p>
026	<p><b>Patient Safety Incident Response Framework (PSIRF)</b></p> <p>MG gave a brief update on the Patient Safety Incident Response Framework (PSIRF), a new approach to responding to patient safety incidents in the NHS. It replaced the Serious Incident Framework (SIF), which had been in place since 2015.</p> <p>The PSIRF was designed to be more flexible and less prescriptive than the SIF. It focused on learning from patient safety incidents and preventing them from happening again, rather than simply investigating them.</p> <p>One of the key differences between the PSIRF and the SIF was that the PSIRF did not differentiate between "serious incidents" and "patient safety incidents." Instead, it recognised that all patient safety incidents had the potential to cause harm, and that all should be investigated and learned from.</p> <p>Another key difference is that the PSIRF placed a greater emphasis on engaging and involving patients, families, and staff in the incident response process.</p> <p>It was noted that whilst the PSIRF was still relatively new, it had the potential to make a significant difference to the way that the NHS responded to patient safety incidents.</p>
<b>CONCLUDING BUSINESS</b>	
027	<p><b>Review of risk impacts of items discussed.</b></p> <p>The Chair announced the following risk impacts to the Trust:</p> <ul style="list-style-type: none"> <li>• Medical rotas and safe working hours for clinical staff.</li> <li>• Recruitment and retention.</li> </ul>
028	<b>Any other business and review of meeting</b>

23/24	Items Covered
	<p>The meeting was effective, and all agenda items were covered. No other items were raised.</p> <p>MG informed the members the full council of Governors would be required on 16<sup>th</sup> November to enable a quorate meeting.</p>
029	<p><b>Jargon Buster</b> Noted.</p>
Finish Time 18.30	

**Date of next meeting: Tuesday 30<sup>th</sup> January 2024, Virtual.**

**Council of Governors Communication and Membership Engagement Group**

**Minutes of the Council of Governors Communication and Membership Engagement Group  
held virtually at 1730hrs on Thursday 28 September 2023**

*PRESENT*

<b>Jackie Sudworth</b>	Public Governor ( <b>Chair</b> )
<b>Iris Cooper</b>	Public Governor
<b>Peter Norris</b>	Public Governor
<b>Annie Gorski</b>	Public Governor
<b>Pat Denny</b>	Public Governor

*IN ATTENDANCE*

<b>Robert Clarke</b>	Chair of LWH Board
<b>Zia Chaudhry</b>	Non-Executive Director
<b>Andrew Duggan</b>	Head of Communications and Marketing
<b>Mark Grimshaw</b>	Trust Secretary
<b>Dez Chow</b>	Patient Experience & Engagement Facilitator

*APOLOGIES:*

<b>Kate Hindle</b>	Lead Governor / Staff Governor
<b>Rebecca Lunt</b>	Staff Governor
<b>Jane Rooney</b>	Appointed Governor

<b>22/23</b>	<b>Items Covered</b>
<b>PRELIMINARY BUSINESS</b>	
<b>001</b>	<p><b>Introductions, Apologies &amp; Declarations of Interest</b></p> <p>Jackie Sudworth (Chair) welcomed everyone to the meeting.</p> <p><b>Declarations of interest</b></p> <p>There were no declarations of interest.</p> <p><b>Apologies</b></p> <p>Apologies were received and noted.</p>
<b>002</b>	<p><b>Meeting Guidance notes</b></p> <p>The meeting guidance notes were reviewed for information.</p>
<b>003</b>	<p><b>Minutes of the previous meeting held on 26 January 2023 and the Summary Report of meeting held 29 June 2023</b></p> <p>Minutes of the previous meeting held on 26 January 2023 and the Summary Report of meeting held 29 June 2023 were reviewed and agreed as an accurate record.</p>
<b>004</b>	<p><b>Action Log and Matters Arising</b></p> <p>The current action log was reviewed and noted.</p>

22/23	Items Covered
<b>MATTERS FOR RECEIPT / APPROVAL</b>	
<b>005</b>	<p><b>Annual Members Meeting - Reflection</b></p> <p>There was agreement from the Group that the Annual Member's Meeting had been a successful event. It was stated that the presentation was well-structured, covering relevant topics comprehensively while maintaining brevity. There was appreciation for the order of discussions and presentations. However, one point of improvement was raised regarding the visibility of attendees and the number of guests present during the meeting. This information was suggested to aid in assessing member engagement.</p> <p>Acknowledgment was made that the recording of the annual members meeting had been uploaded to the website. Additionally, it was highlighted that the website featured a video summarizing the annual report and accounts. The purpose of the video was to offer key highlights from the extensive 200-page document, recognising that most members might not go through the entire report. The creation of the video was emphasized as a cost-effective means to communicate essential information to the public. Attendees were encouraged to access these resources available on the annual members meeting page. A link was shared in the chat for ease of access.</p>
<b>006</b>	<p><b>Communications, Marketing &amp; Engagement Group Update</b></p> <p>The group received the report, the main aim of which was to support the triangulation areas of public, patient, and stakeholder feedback.</p> <p>A notable aspect highlighted was the decrease in complaints, especially in the first quarter of the year compared to the preceding quarter and year. However, there was a distinctive rise in complaints associated with the Hewitt Fertility Centre. Interestingly, many of these complaints were more about the success of the treatment rather than the quality of service, a divergence from typical grievances in other areas. Importantly, it was acknowledged that these concerns were being appropriately addressed.</p> <p>In relation to PALS cases, issues around appointments, contact difficulties, and waiting times were prominent, predominantly within the gynaecology department. This trend was reflected in the Friends and Family test as well, signalling a consistent theme around gynaecological appointments.</p> <p>Amidst these challenges, positive feedback surfaced from social media engagement, garnering substantial likes and views, contributing positively to the Trust's image. It was noted that the inpatient survey had yielded commendable results, especially considering the limited scope of one inpatient area, primarily gynaecology, in comparison to larger acute areas. Patients expressed confidence and trust in the doctors and praised the clinical care provided, painting a favourable picture of the Trust's services.</p> <p>The meeting reiterated ongoing engagement activities and action plans, highlighting the continuous 'you said we did' initiatives across all areas to foster a culture of attentive listening. The intention behind the extensive report was to consolidate these efforts and invite governors' input on potential areas for deeper investigation, whether to be brought forth in subsequent reports or integrated into upcoming engagement activities.</p>

22/23	Items Covered
	<p>The Group noted the update.</p>
007	<p><b>Governor Engagement Activity Update</b> The Group received an update on recent governor engagement activity.</p> <p>Discussions were carried out about recent events attended by governors focusing on health-related issues such as endometriosis. These events had provided valuable insight into patient experiences across diverse communities.</p> <p>Additionally, plans were suggested for future engagements with community hubs centred around women's health topics like menopause awareness sessions. Desirability was expressed towards creating more opportunities for face-to-face interactions through information stalls or tables at LWH.</p> <p><i>Action: To initiate governor engagement stalls in the LWH foyer on a regular basis.</i></p> <p>There was a discussion regarding the need to better engagement with the public in North Liverpool. It was noted that there were several new appointed governors who might be able to provide insight into the best way to progress this.</p> <p>The Group noted the update.</p>
008	<p><b>Pan-Liverpool Membership Group – draft agenda and Terms of Reference</b> The Group reviewed the draft agenda and Terms of Reference for the Pan-Liverpool Membership Group. No comments were made.</p>
009	<p><b>Areas for Focus – Q3 &amp; Q4 Engagement</b> The item commenced with a recognition of the evident gap in understanding the sentiments of the north of the city toward the Trust and its level of engagement. It was collectively acknowledged that intelligence gathering in this area over the upcoming quarter or financial year would be highly beneficial.</p> <p>Two prominent issues highlighted in the intelligence report were the extended waiting times, especially in the gynaecology emergency department, and the feedback and complaints received, emphasizing these areas for immediate focus.</p> <p>It was suggested that scheduled engagement events, including those involving governors and planned visits, should actively inquire about individuals' experiences with service access, waiting times, particularly in gynaecology services, intending to gather valuable insights.</p> <p>DC noted that a visit to the May Logan Centre had revealed the collaborative efforts of various health services in providing accessible care in the north end of the city. The discussion pivoted towards potential engagements on menopause and broader community interactions, considering opportunities for mutual learning and engagement, with an offer to replicate successful engagement initiatives in such community hubs.</p> <p>The exploration of utilising existing community hubs as a platform for broader engagement initiatives, like menopause discussions, and the importance of managing potential overwhelming responses were discussed. There was an</p>

22/23	Items Covered
	<p>invitation for governors to accompany on future visits to enhance understanding and appreciation of the community's perspective.</p> <p><b>Action: DC to extend invite to governors to attend next visit to the May Logan Centre.</b></p> <p>The overall sentiment was centred on the importance of transparent and collaborative engagement with the community to address their needs and improve the organization's services, promoting a collaborative approach between the community and the organisation.</p>
CONCLUDING BUSINESS	
010	<p><b>Review of risk impacts of items discussed</b></p> <p>A review of risk impacts was discussed, and no new risks were identified.</p>
011	<p><b>Any other business and review of meeting</b></p> <p>The meeting was effective, and all agenda items were covered.</p>

**Date of next meeting: Thursday 25 January 2024, 17:30, Virtual or Boardroom**

# Council of Governors

## COVER SHEET

Agenda Item (Ref)	23/24/052	Date: 16/11/2023		
Report Title	Financial Recovery			
Prepared by	Claire Butler, Head of Strategic Finance			
Presented by	Jenny Hannon, Deputy Chief Executive & Chief Finance Officer/ Executive Director of Strategy & Partnerships			
Key Issues / Messages	A foundation trust's financial recovery, an important area of oversight for the Council of Governors, requires alignment with strategic goals and sustained high-quality healthcare. Facing a challenging deficit, the Trust has implemented a structured recovery plan, overseen by a Finance Recovery Board, with a strong focus on systematic efficiency and quality impact assessment.			
Action required	Approve <input type="checkbox"/>	Receive <input checked="" type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): N/A			
	For Decisions - in line with Risk Appetite Statement – If no – please outline the reasons for deviation.			
	The Council of Governors is asked to receive the content of this report.			
Supporting Executive:	Jenny Hannon, Deputy Chief Executive & Chief Finance Officer/ Executive Director of Strategy & Partnerships			

Equality Impact Assessment (if there is an impact on E,D & I, an Equality Impact Assessment <b>MUST</b> accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial <b>workforce</b>	<input checked="" type="checkbox"/>	To participate in high quality research and to deliver the most <b>effective</b> Outcomes	<input checked="" type="checkbox"/>
To be ambitious and <b>efficient</b> and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible <b>experience</b> for patients and staff	<input checked="" type="checkbox"/>
To deliver <b>safe</b> services	<input checked="" type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) Copy and paste drop down menu if report links to one or more BAF risks		Comment:	
5 – Inability to deliver the 2023/24 financial plan and ensure our services are financially sustainable in the long term			



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

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

EXECUTIVE SUMMARY

The financial recovery efforts of a foundation trust are crucial for the Council of Governors due to their oversight responsibility. The Council ensures accountability for the Trust's financial health and represents the interests of both its members and the public. This oversight involves aligning the recovery work with the Trust's strategic goals, ensuring the provision of high-quality healthcare even during financial challenges. The Council supports this process by holding non-executive directors accountable, scrutinizing the recovery plan, monitoring progress, and offering encouragement to the staff and Board.

The financial challenges faced since 2014/15, including a projected deficit without intervention, highlight the necessity of system changes, co-location with an adult acute hospital, and negotiations for financial support. The Trust’s current financial plan includes increased cost reduction targets and a challenging deficit for 2023/24. The key financial drivers, including insufficient tariffs, safety investments, and limited scalability, align with historical challenges.

To manage this, the Trust has established a Finance Recovery Board (FRB) and appointed an interim Recovery Director, instituting a structured recovery program. Workstreams and committees ensure thorough review, oversight, and quality impact assessments of financial schemes. The Board seeks assurance through structured financial reporting, review of the recovery plan, and engagement with the management and staff, maintaining a comprehensive oversight system. This combination of formal mechanisms and informal dialogues supports the Board's understanding of the trust's financial health, facilitating timely intervention when needed.

The Council of Governors is asked to receive the content of this report.

MAIN REPORT

Introduction

A foundation trust's financial recovery work is of interest to the Council of Governors for the following reasons. First, the Council of Governors is responsible for holding the trust's non-executive directors to account for the Trust's financial performance. This includes ensuring that the Trust is taking the necessary steps to address any financial challenges it is facing. Second, the Council of Governors is responsible for representing the interests of the Trust's members and the public. This includes ensuring that the Trust is providing high-quality, affordable healthcare services, even when it is facing financial difficulties.

The Council of Governors will also want to ensure that the Trust's financial recovery work is aligned with its overall strategic objectives. For example, it is important that the Council of Governors know how the Trust's financial recovery plan will support the Trust's vision for the future and its commitment to providing high-quality, affordable healthcare services.

The Council of Governors can play an important role in supporting the trust's financial recovery work by:

- Holding the trust's non-executive directors to account for the trust's financial performance
- Scrutinizing the trust's financial recovery plan and providing feedback
- Monitoring the progress of the trust's financial recovery work and reporting back to trust members and the public
- Providing support and encouragement to the trust's staff and board as they work to implement the financial recovery plan

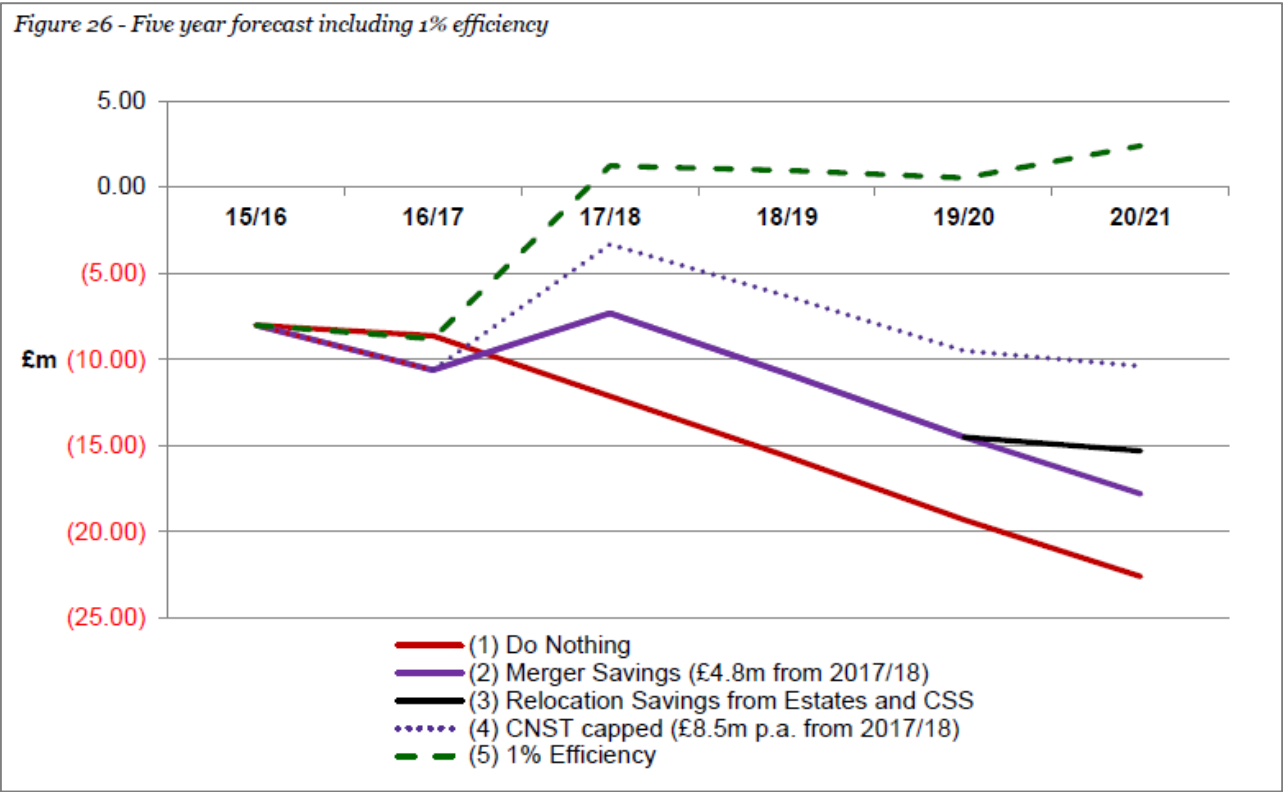
**Trust Financial Sustainability Challenge**

In 2014/15 the Trust Board formally recognised the clinical and financial sustainability issues of Liverpool Women’s Hospital and developed a long-term strategic plan to address this through co-location with an adult acute hospital, while at the same time exploring options for organisational form.

The Trusts business plan published in December 2015 articulated the Trust’s structural deficit, forecasting a deficit position of £22.6m by 2021/22 should no action be taken. Both the financial sustainability issues and structural deficit were validated by Monitor, following a review in November 2015. The table below is an extract from that business plan. The plan recognised that the Trust could only return to financial viability with the following system change and support:

- Appropriate local tariffs set by commissioners to enable delivery of 1% efficiency
- Full merger and co-location with an adult acute
- Support with the Clinical Negligence Scheme for Trusts (CNST) negotiations for revised premiums
- Cash support prior to and during merger.

*Figure 26 - Five year forecast including 1% efficiency*



**2023/24 Financial Plan**

Since 2015/16 the Trust has been in receipt of increasing levels of non-recurrent funding that has been provided to support delivery of services. Non-recurrent funding is in place for 2023/24. Organisations must also deliver an annual Cost Improvement Plan (CIP) which in previous years has been a target of 3% of total expenditure; for 2023/24 the target has increased to 5.3% equating to £8.3m. Due to the challenging financial position across the Cheshire and Mersey system, the Trust also has a further requirement to reduce an additional £3.5m of cost. The Trust therefore has an extremely challenging deficit plan of £15.5m for 2023/24. If the non-recurrent income is removed, the underlying deficit for 2023/24 equates to £34m.

The drivers of this financial position are well understood, are closely linked to the Trust’s clinical sustainability challenges, and are in line with those reported on by the Trust since 2014/15. In summary, there are three key drivers:

- Maternity tariff is insufficient to cover costs, exacerbated by disproportionate CNST costs and investments in maternity safety (as noted above)
- The Trust’s isolated site has necessitated investment to improve clinical safety
- Limited opportunity for economies of scale due to organisational size.

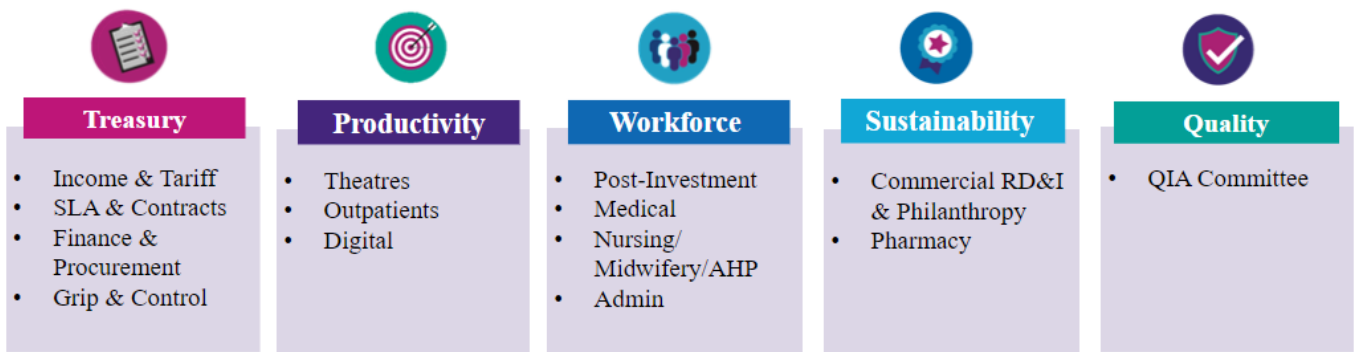
For context, the Cheshire and Mersey Integrated Care System have a combined planned deficit of £51.2m for 2023/24.

**How the Trust is Managing This**

In October 2021, the Trust established a Finance Recovery Board known as FRB. The FRB was initially set up as a time limited group to provide additional focus on recovering the financial position of the Trust, reporting progress and detail to the Executive Team and in summary to the Finance, Performance and Business Development Committee.

The FRB has since developed and is now fully embedded into the organisational governance structure with meetings taking place bi-weekly to progress and monitor financial recovery. The FRB is Chaired by the Chief Finance Officer and includes representation from each clinical Division and corporate areas.

In July 2023, the Trust appointed an interim Recovery Director to implement a structure to support a programme of safe financial recovery. A Project Management Office (PMO) team has been established repurposing existing resources from across the Trust and a number of workstreams have been established. The workstreams are focussed on:-



There is a tracker that has been developed that includes over 375 schemes that will be reviewed under the appropriate workstream to identify if there are further areas to explore for financial efficiencies.

A Quality Impact Assessment Committee has been established, chaired by the Chief Nurse to maintain oversight and approval of all schemes to ensure no adverse impact on quality due to cost savings.

### **How is the Board seeking assurance?**

The Board seeks assurance regarding its 2023/24 financial performance and recovery work through the following mechanisms:

#### *Financial performance*

Regular financial reporting and analysis: The Board receives regular financial reports from the Trust's management team, which are analysed in more detail by the Board's Finance, Performance & Business Development Committee (chaired by Non-Executive Director, Louise Martin). These reports provide the Board with a detailed overview of the Trust's financial performance, including its income, expenditure, and cash flow.

#### *Recovery work*

Regular reporting on progress against recovery plan: The Board receives regular reports on the progress of the Trust's recovery plan and the work of the Financial Recovery Board. These reports provide the Board with an overview of the Trust's progress in reducing its deficit, improving its operational performance, and delivering high-quality care to patients. Again, more detailed scrutiny is provided by the FPBD Committee.

External review of recovery plan: The Trust's recovery plan has been submitted to the Cheshire & Merseyside Integrated Care Board and regular meetings are held between the respective CEOs and Chief Finance Officers, with the outputs reported via the Committees and Board.

In addition to these formal mechanisms, the Board also seeks assurance through regular informal discussions with the Trust's management team and staff. These discussions provide the Board with an opportunity to understand the Trust's financial performance and recovery work in more detail, and to identify any potential risks or challenges.

Overall, the Board has a robust system in place for seeking assurance regarding its 2023/24 financial performance and recovery work. This system combines formal mechanisms, such as regular financial reporting, with informal discussions with the Trust's management team and staff. This helps the Board to maintain a close oversight of the Trust's financial performance and recovery work, and to intervene early if necessary.

### **Recommendation**

The Council of Governors is asked to receive the content of this report.

# 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](mailto: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 employee's workload against that of someone employed full time e.g. 0.5 FTE would be someone who worked half the full time hours
FTSU	Freedom to speak up	An initiative developed by NHS Improvement to



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

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

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

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

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

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

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

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

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

## O

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

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

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

## Q

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

## R

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

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

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



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

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

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