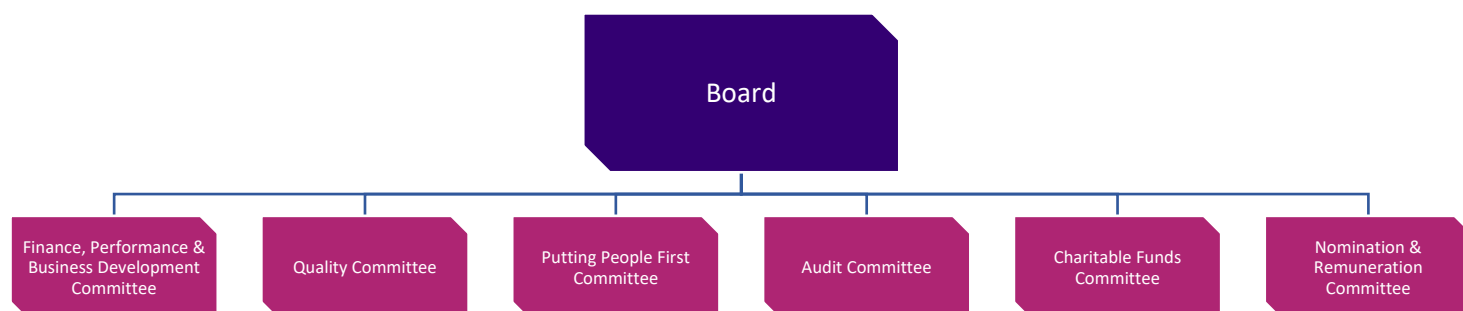


Trust Board

11 January 2024, 09.30am
Boardroom, LWH & Virtual, via Teams



Trust Board

Location	Boardroom and Virtual (via Teams)
Date	11 January 2024
Time	9.30am

AGENDA					
Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
23/24/					
PRELIMINARY BUSINESS					
228	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	09.30 (5 mins)
229	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
230	Minutes of the previous meeting held on 14 December 2023	Confirm as an accurate record the minutes of the previous meeting(s)	Written	Chair	
231	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
232	Chair & Chief Executive announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair / CEO	09.35 (10 mins)
MATTERS FOR CONSIDERATION					
233	Maternity Incentive Scheme (CNST) Year 5 2023 – Final Position Paper & Board Declaration	To approve	Written	Chief Nurse	09.45 (25 mins)
234	Quality, Operational & Workforce Performance Report	To note the latest performance measures	Written	Chief Operating Officer	10.10 (15 mins)
235	Finance Performance Review Month 8 2023/24	To note the current status of the Trust's financial position	Written	Chief Finance Officer	10.25 (15 mins)
236	Charitable Funds Annual Report & Accounts 2022/23	For approval	Written	Chief Finance Officer	10.40 (5 mins)
CONSENT AGENDA (all items 'to note' unless stated otherwise)					
<i>All these items have been read by Board members and the minutes will reflect recommendations, unless an item has been requested to come off the consent agenda for debate; in this instance, any such items will be made clear at the start of the meeting.</i>					
237	Emergency Preparedness, Resilience and Response (EPRR) Assurance 2023/24	For assurance	Written	Chief Operating Officer	Consent
CONCLUDING BUSINESS					

238	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	10.45 (5 mins)
239	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
240	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
241	Jargon Buster	For reference	Written	Chair	
Finish Time: 10.50					

Date of Next Meeting: 8 February 2024

10.50 – 11.00	<i>Questions raised by members of the public</i>	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
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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.

Board of Directors

Minutes of the meeting of the Board of Directors
held in the Boardroom and Virtually via Teams at 9.00am on 14 December 2023

PRESENT

Robert Clarke	Chair
James Sumner	Chief Executive
Jenny Hannon	Chief Finance Officer / Executive Director of Strategy & Partnerships / Deputy Chief Executive
Zia Chaudhry MBE	Non-Executive Director
Dr Lynn Greenhalgh	Medical Director
Dianne Brown	Chief Nurse
Michelle Turner	Chief People Officer (from item 185a)
Gary Price	Chief Operating Officer
Gloria Hyatt MBE	Non-Executive Director
Prof. Louise Kenny CBE	Non-Executive Director / SID
Tracy Ellery	Non-Executive Director / Vice-Chair
Louise Martin	Non-Executive Director
Jackie Bird MBE	Non-Executive Director
Sarah Walker	Non-Executive Director

IN ATTENDANCE

Matt Connor	Chief Information Officer
Gillian Walker	Patient Experience Matron (item 215b only)
Nicola Banks	Staff Nurse, Hewitt Fertility Centre (item 215b only)
Dawn Yell	Lead Clinical Embryologist, Hewitt Fertility Centre (item 215b only)
Jayne Doyle	Clinical Services Manager, Hewitt Fertility Centre (item 215b only)
Kat Pavlidi	Guardian of Safe Working Hours (item 219c only)
Sarah Eglese,	Trainee Consultant Clinical Scientist (Walton Centre)
Debby Gould	Quality Improvement and Safety Lead, Women's Health and Maternity (WHaM) Programme, Cheshire & Merseyside Health and Care Partnership (item 218 only)
Felicity Dowling	Member of the Public
Teresa Williams	Member of the Public
Lesley Mahmoud	Member of the Public
Mark Grimshaw	Trust Secretary (minutes)

APOLOGIES: None noted

Core members	Dec 22	Jan	Feb	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec 23
Robert Clarke - Chair	P	P	P	P	P	P	P	P	P	P	P	P
James Sumner – Chief Executive	Non-member											P
Kathryn Thomson - Chief Executive	P	P	P	P	P	P	P	P	P	P	P	NM
Tracy Ellery - Non-Executive Director / Vice-Chair	P	P	P	P	A	P	A	P	P	P	P	P

Louise Martin - Non-Executive Director	R	R	R	R	R	R	A	R	A	R	R	R
Prof Louise Kenny - Non-Executive Director	A	R	R	R	R	A	A	R	R	R	R	R
Eva Horgan – Chief Finance Officer	R	Non-member										
Dianne Brown – Chief Nurse	R	R	R	A	R	R	R	R	R	R	R	R
Gary Price - Chief Operating Officer	A	R	R	R	R	R	R	R	R	R	R	R
Michelle Turner - Chief People Officer	R	R	R	A	R	R	R	R	R	R	R	R
Dr Lynn Greenhalgh - Medical Director	R	R	R	R	R	A	R	R	R	R	R	R
Zia Chaudhry – Non-Executive Director	R	R	R	R	R	R	R	R	R	R	R	R
Gloria Hyatt – Non-Executive Director	R	A	R	R	A	R	R	R	R	R	R	R
Sarah Walker – Non-Executive Director	R	R	R	R	R	R	R	A	R	R	A	R
Jackie Bird – Non-Executive Director	R	R	R	R	R	R	R	A	A	R	R	R
Jenny Hannon - Chief Finance Officer / Executive Director of Strategy & Partnerships	NM	R	R	R	R	A	R	R	R	R	R	R
Matt Connor – Chief Information Officer (non-voting)	R	R	R	R	R	R	R	R	R	R	R	R

23/24/	
211	<p>Introduction, Apologies & Declaration of Interest</p> <p>The Chair welcomed everyone to the meeting.</p> <p>There were no apologies, and no new declarations of interest were made.</p>
212	<p>Meeting guidance notes</p> <p>The Board received the meeting attendees' guidance notes.</p>
213	<p>Minutes of the previous meeting held on 9 November 2023</p> <p>The minutes of the Board of Directors meeting held on 9 November 2023 were agreed as a true and accurate record.</p>
214	<p>Action Log and matters arising</p> <p>Updates against action log were noted.</p> <p>The Chief Operating Officer highlighted that since the previous meeting, it had been confirmed that fixed costs relating to the current delivery model for the Community Diagnostic Centre would be supported by Commissioners until the year-end.</p>
215a	<p>Board Thank you</p> <p>The following Board Thank You's were presented:</p> <ol style="list-style-type: none"> 1) Ryan Thompson, Harry Gribbin, Paul McNulty, and Allen Fortune – presented by the Chief People Officer – for going above and beyond in providing kind and compassionate support to an elderly visitor. 2) Amy Bowen (virtual) – presented by the Chief Nurse – for providing exceptional maternity care and demonstrating highly effective listening and caring skills.

215b	<p>Patient Story</p> <p>The Board received an outline of the surrogacy service provided by the Trust's Hewitt Fertility Centre. The Hewitt Centre Surrogacy Service had significantly enhanced the support and safety for intended parents and surrogates in recent years. The dedicated team, comprised of skilled professionals in fertility case management, guided intended parents through a unique and medically complex journey. The process involved infection and genetic screening, potential use of donor eggs or sperm, and IVF to create embryos. Intended parents could choose surrogacy organisations or rely on family and friends to find a surrogate. Legal aspects, including counselling, legal advice, surrogacy agreements, and life insurance, were crucial before commencing treatment. Notably, surrogacy in England was self-funded, but fully funded in Wales. The road to legal parenthood involved obtaining a parental order, and recent law reforms had been delayed. The Hewitt Centre's success was evidenced by the increasing number of surrogacy cycles and successful pregnancies in recent years. A video was shown for parent's David and Sam regarding their surrogacy journey.</p> <p>The Chief Executive remarked on the quality of service being provided and queried if the digital pathways between the Hewitt Fertility Centre and the Trust's maternity services were fully developed. The Clinical Services Manager, Hewitt Fertility Centre, noted that further support would be welcome in managing multiple systems for record management and ensuring that there was a wider awareness around surrogacy across the organisation.</p> <p>The Medical Director queried how many surrogacy babies were born in England annually. The Lead Clinical Embryologist, Hewitt Fertility Centre, reported that there was no clear benchmarking data available for surrogacy. Work was progressing internally to develop Key Performance Indicators and it was hoped that the results of this would form the basis of a research paper for wider dissemination.</p> <p>Prof. Louise Kenny suggested that links be made with surrogacy families and the Children Growing Up in Liverpool (C-GULL) study.</p> <p>The Board noted the presentation and thanked the Hewitt Fertility Centre team for their time and attendance.</p>
216	<p>Chair's announcements</p> <p>The Chair noted that it was James Sumner's first Board meeting as Chief Executive of the Trust.</p> <p>The Nomination and Remuneration Committee had met earlier in the day and had finalised arrangements for the joint appointment of the Chief Digital Officer (Matt Connor) with Liverpool University Hospitals NHS Foundation Trust.</p> <p>It was noted that the Council of Governors had met on 16 November 2023 and the following issues had been discussed:</p> <ul style="list-style-type: none"> • Financial recovery • Forward planning and priority setting for 2024/25. <p>An extraordinary Board meeting had been held on 17 November 2023 to approve the submission of an updated financial and operating plan for the second half of 2023/24.</p> <p>The Chair had attended a Learner celebration event in which eight candidates had completed their pre-employment course with the Trust. All candidates noted that they had felt supported by the Trust with one individual securing on-going employment. The other candidates had moved onto other work or education externally. It was noted that this was a good example of the Trust as an anchor organisation and demonstrated the opportunities to do more as a major employer in the city.</p> <p>The Board noted the update.</p>

217	<p>Chief Executive Report</p> <p>The Chief Executive noted that he would be developing future Chief Executive Reports to support the triangulation of key issues relating to risk, performance and assurances received at Committee level.</p> <p>The Chief Executive reported that as part of his induction process, he had visited most clinical areas and had been given the opportunity to speak to a wide range of clinical and corporate staff. This process would continue into the New Year. On early assessment, the Chief Executive asserted that the organisation was well organised, and that there were limited opportunities for further internally driven efficiencies to reduce the financial deficit position. Work would therefore need to continue to influence the national maternity tariff and the CNST premium – both significant cost pressures to the Trust.</p> <p>The first System Oversight Group (SOG) meeting held with the Cheshire & Merseyside Integrated Care Board (ICB) had been held on the 4 December 2024. This was the local oversight arrangement because of the Trust being placed in segment three in the NHS Oversight Framework (the range being - segment one, no intervention, segment four, intervention from the NHS England national team). The meeting focused on developing the exit criteria for the Trust to move from segment three to segment two. Later in the same week, the Trust had been subject to a Rapid Quality Review (RQR) meeting with the CQC, NHS England and other stakeholders. This meeting provided an opportunity for the Trust to demonstrate the progress that had been made in relation to maternity services since the CQC Inspection earlier in the year. It was agreed that the Trust did not need to enter the national Maternity Safety Support Programme (MSSP) and on-going oversight would be provided by the SOG.</p> <p>The RQR meeting had also provided an opportunity for the Trust to outline significant safety issues that required immediate action. This included 24/7 obstetric cover, development of a Medical Emergency Team (MET), blood bank availability, anaesthetic cover, and on-going work on the anti-racism agenda. There would also be a programme management requirement to oversee delivery. The Trust had developed preliminary costs for this (c. £2.5m) and in acknowledgement of the current financial challenge, the ICB would be approached for support.</p> <p>The Trust continued to meet with Liverpool University Hospitals NHS Foundation Trust regarding joint working to mitigate isolated site risks and this work was overseen by a Women’s Services Programme Board with high-level strategic concerns received at the ICB Women’s Services Sub-Committee.</p> <p>To provide oversight and focus on these issues, the Trust was developing an Improvement Programme and it was planned to utilise the scheduled Board Development session in January 2024 to consider this in more detail and its alignment to the governance structures and Board Assurance Framework. The Chief Executive asserted that the Improvement Programme would enable the Trust to have clarity on its priorities and ensure that there was one narrative regarding the Trust’s improvement journey to both internal and external stakeholders.</p> <p>Non-Executive Director, Louise Martin, queried how robust the calculations were underpinning the £2.5m preliminary costs. It was noted that whilst they were currently indicative, they had been developed utilising information from the long-term financial recovery plan. It was noted that the £2.5m would in addition to the numbers included in the long-term financial plan. It was expected that more finalised numbers would be available ahead of meeting with the ICB CEO ahead of the Christmas period.</p> <p>The Board of Directors noted the Chief Executive update.</p>
218	<p>Maternity Incentive Scheme (CNST) Year 5 – Update Paper</p> <p>The Board received an outline of the scheme requirements for compliance required to achieve all ten safety actions and their associated standards for the Maternity Incentive Scheme Year 5 and the Trust’s current compliance status against each.</p>

The following key issues were noted:

- Safety Action 1 – There was acknowledgment of the effect of Industrial Action (IA) on ability to commence two PMRT cases. It was noted that the Family Health Division would submit an action plan and a review of the PMRT process in December 2023, in response to NHSr letter dated 24.10.2023. The Trust was now deemed compliant due to the assurance provided on the action plan. The supporting narrative and action plan to support the mitigation due to IA would be reflected upon in the Board Declaration Form – due for submission to January 2024 Trust Board.
- Safety Action 2 – It was acknowledged that 11 of 11 CQIM metrics on the provisional MSDS CNST Scorecard had passed data quality criteria.
- Safety Action 3 – The Board noted that they were assured of the position in relation to Avoiding Term Admissions into NICU (ATAIN) and Transitional Care (TC) audit and action plan workstreams.
- Safety Action 4 – The Board acknowledged the following:
 - Current compliance to BAPM standards of requirements of medical workforce in Neonatal Unit.
 - Assurance that anaesthetic workforce requirements for ACSA standard 1.7.2.1 had been evidenced through the medical roster and rotas.
 - The paper in relation to neonatal nursing workforce and associated action plan. The use of the specialist ANNP role to support Perinatal Optimisation Programme was noted.
 - The report in relation to obstetric medical workforce audit and that there was no requirement for an action plan.
 - Prof. Louise Kenny, Non-Executive Director, queried the number (40%) of legal cases due to fetal monitoring errors. The Chief Nurse undertook to provide clarity on this outside of the meeting.
- Safety Action 6 – The current Trust position in relation to Saving Babies Lives Care Bundle V3 and the Implementation Tool was noted.
- Safety Action 9 – It was noted that the Board Safety Champions were meetings with the Perinatal Quad leadership team on a quarterly basis. It was noted that the Perinatal Quadrumvirate Leadership Team were currently undertaking the national Leadership Development Programme and that any support from the Board, in due course would be offered. An action plan continued to be monitored through the Family Health Division Senior Leadership Team and there were no particular issues to highlight to the Board for further support.
- Safety Action 10 – The Board received the governance and legal data in respect of qualifying HSIB/MNSI cases, noting DOC compliance and that families were receiving information.

In terms of next steps ahead of final sign off, it was noted that a detailed review would be held at the December 2023 Quality Committee. A final report and presentation would be delivered to the Board on 11 January 2024 to seek approval for the Chief Executive to submit the Board Declaration form ahead of the 4 February 2024 deadline. The Local Maternity and Neonatal System representatives would be invited to this meeting to support the sign off process.

Lessons were being reviewed for Year 6 and these would be reported to the Board. It was hoped that the Trust could move to a dashboard approach to support the clarity of reporting.

Drawing attention to the perinatal dashboard, Non-Executive Director, Prof. Louise Kenny, queried the cancellation rate (20%) and a higher than expected Did Not Attend (DNA) rate. The Chief Operating Officer explained that Industrial Action was impacting this measure. Assurance was provided that cancellations were identified and moved to an alternative date. It was acknowledged that the DNA rate was higher than expected and the Family Health Division was analysing the underpinning reasons and the most appropriate improvement actions to take.

	<p>Prof. Louise Kenny continued to note that the numbers of incidents and time to close out actions was concerning. The Chief Nurse reported that whilst there had been an increase in incident reporting, there had not been an increase in incidents of moderate to severe harm. This suggested a positive reporting culture without increased risk. It was acknowledged that there had been a delay in closing out actions and this was attributed to the transition to the Patient Safety Incident Response Framework. It was noted that a new dashboard was in development that would provide more holistic reporting around incident management.</p> <p>The Board of Directors resolved to:</p> <ul style="list-style-type: none"> • Note the current position in relation to the Maternity Incentive Scheme (CNST) Year 5 and the current compliance position, along with the associated papers found within the appendices. • Noted the assurances provided by the report and that evidence would be in place for all ten safety elements in advance of final Board submission in the New Year.
219a	<p>Chair's Report from the Quality Committee</p> <p>The Board considered the Chair's Reports from the Quality Committee meeting held 28 November 2023.</p> <p>Non-Executive Director, Sarah Walker, Committee Chair, noted the following key points:</p> <ul style="list-style-type: none"> • Cancer performance continued to be challenged particularly with waits for first outpatient appointment being impacted in September by high referral rates. • The Committee received an overview of the current services provided by the Gynaecology Emergency Department (GED) and Early Pregnancy Assessment Unit (EPAU) which identified areas of good practice and areas of risk. The Committee noted the areas of risk and solutions undertaken in the short term and the medium to long term proposals to make the service fit for future. Further work and clarity over the future direction of the service was requested to a future meeting. • The Committee took positive assurance from the review of the revised model of care for midwifery continuity of care which had been in place for six months. The Committee supported the request to continue with the revised model for a further six-months and submit an annual review to the Committee following further work by the Family Health Division. <p>The Chief Executive noted that current cancer performance was concerning. The Chief Operating Officer reported that it was expected that the Trust would be back on trajectory for the faster diagnosis and 28-day metrics in the New Year. Sarah Walker noted that there was a peak in referrals in September 2023 which was having an impact. Evidence suggested that confirmed diagnosis was not increasing as the same rate as referrals, so work was continuing with primary care in this issue.</p> <p>The Board of Directors received and noted the Chair's Report from the Quality Committee meeting held on 28 November 2023.</p>
219b	<p>Quality & Operational Performance Report</p> <p>The Board considered the Quality and Operational Performance Report.</p> <p>The Chief Operating Officer highlighted the following key points:</p> <ul style="list-style-type: none"> • Two more periods of Industrial Action had been announced by post graduate doctors. Collaborative working with the system was in place but the challenge was acknowledged. • The Trust had no patients waiting more than 78 weeks and was ahead in its 65-week trajectory. The potential of offering mutual aid for system partners was being explored.

	<ul style="list-style-type: none"> Performance related to Urgent Care metrics including AED 4-hour standard and the MAU 15- & 30-minute triage targets were noted to be good and demonstrating consistent improved performance in 2023/24 (4-hr position above 90% in December 2023). Challenges with Cancer Performance continued to be overseen by the Cancer Improvement Plan and through the regional Tier 2 Cancer improvement meetings. A reduction in the over 62-day wait had been seen since early October 2023 and the Trust was on track with its internally set trajectory. <p>Non-Executive Director, Louise Martin, queried if there had been an impact of the Community Diagnostic Centre (CDC) on the 28-day faster diagnosis target. The Chief Operating Officer noted that the CDC impact on this issue had been slow to date. Depending on the impact of Industrial Action, the Chief Operating Officer asserted that there was confidence that the 28-day faster diagnosis target would be met.</p> <p>There was agreement that the Integrated Performance Report required a review to ensure that trajectories were in place where appropriate and to avoid data lags.</p> <p>The Board of Directors received and noted the Quality & Operational Performance Report.</p>
219c	<p>Guardian for Safe Working Hours Quarterly Report – Q1 & Q2, 2023/24</p> <p>The Medical Director introduced the report noting that it had been received at the Putting People First Committee alongside several other papers relating to challenges with the medical workforce. The Committee noted the risks in relation to rota gaps for postgraduate doctors and received an outline of an updated staffing model, albeit with costs remaining undefined.</p> <p>The Guardian of Safe Working Hours noted the key issues from the report:</p> <ul style="list-style-type: none"> Not many exception reports had been received although anecdotal evidence suggested that postgraduate doctors were experiencing high stress and a reduction in training opportunities. Rota gaps had appeared to have peaked and had reduced recently – the reasons for this were being explored. Rota gaps were being filled mainly via bank shifts. Overall, it was suggested that the Trust was safe but there were emerging concerns. <p>The Chair stated the importance of progressing with the updated staffing model, finalising costs and progressing with recruitment where necessary.</p> <p>The Board of Directors resolved to note the contents of the paper.</p>
220a	<p>Chair's Report from the Putting People First Committee</p> <p>The Board considered the Chair's Report from the PPF Committee meeting held on 20 November 2023. Committee Chair, Gloria Hyatt, noted the following key issues:</p> <ul style="list-style-type: none"> The Committee received the Access Team Workforce update. The team had been required to respond to significant pressures relating to growing waiting lists due to the pandemic and more recently from periods of industrial action with limited additional resource and challenged retention levels. The Committee had asked that the level of assurance provided by the paper be enhanced. Received a positive Workforce Performance report noting positive trends in performance against PDR, mandatory training, clinical and local training, sickness, and turnover. The Gynaecology Division had been identified as an outlier for sickness absence and turnover rates and this required further investigation by the Gynaecology senior leadership team. The Committee noted a significant deterioration in overall results from the GMC Survey, which provided feedback on the quality of training provided at the Trust. An action plan to address areas of concern was being developed and would be agreed with the Deputy Medical Director and monitored by the Education Governance Sub-Committee.

	<ul style="list-style-type: none"> The Committee noted an addition to its terms of reference in response to a recommendation from the Freedom to Speak Up internal audit. The Committee also requested an amendment to the meeting frequency section to clarify that meetings shall be held at least 6 times per year. The Committee recommend that the Board approve the updated PPF Committee terms of reference. <p>Non-Executive Director, Prof. Louise Kenny, asked if the Trust was an outlier in relation to the GMC survey performance. The Chief People Officer confirmed that this was the case and attributed this to having a significant and sustained volume of rota gaps and the impact on the doctors in training.</p> <p>The Chief Executive queried the reasons for delaying the roll out of Oliver McGowen training. The Chief Nurse explained that part 1 of the training would be made available but part 2 which required a full day would be more challenging to implement. The cost of releasing staff was being established and a plan for delivery would be developed in due course.</p> <p>The Board of Directors resolved to:</p> <ul style="list-style-type: none"> receive and note the Chair's Report from the PPF Committee meeting held on 20 November 2023. Approve the updated terms of reference.
220b	<p>Workforce Performance Report</p> <p>The Board considered the Workforce Performance Report, and the Chief People Officer highlighted the following key issues:</p> <ul style="list-style-type: none"> The sickness rate had increased marginally month to month but was 2% better than at the same time in the previous year. Flu and Covid-19 vaccine take up remained low although this was consistent across the NHS. The Trust recognised the risk to its patient cohort and working to understand the reasons for vaccine hesitancy from staff. <p>The Board noted the workforce performance report.</p>
221a	<p>Chair's Report from the Finance, Performance and Business Development Committee</p> <p>The Board considered the Chair's Report from the FPBD Committee meeting held on 29 November 2023.</p> <p>The following key points were highlighted by the Committee Chair, Louise Martin.</p> <ul style="list-style-type: none"> The Committee noted the H2 planning exercise undertaken and that the Trust had submitted an additional £7.2m negative variance, acknowledged by the ICB. The BAF would be reviewed at the next scheduled meeting as it was likely that the financial risk would need to be increased to reflect the strong likelihood that the Trust would not achieve its financial target. The Committee noted positive progress taken towards improving the third-party service provider assurance and controls. The Committee recommended approval of the application for distressed finance in Quarter 4 2023/24 to the Trust Board. <p>The Board of Directors received and noted the Chair's Report from the FPBD Committee meeting held on 29 November 2023.</p>
221b	<p>Chair's Report from the Charitable Funds Committee</p> <p>The Board considered the Chair's Report from the Charitable Funds Committee meeting held on 23 November 2023.</p> <p>The Committee Chair, Non-Executive Director Zia Chaudhry, highlighted the following:</p>

	<ul style="list-style-type: none"> The Committee raised a query in relation to the proportion of distribution of charity monies on staff welfare compared to patient welfare. It was agreed that the primary purpose of the Charity should be to support patient welfare. A breakdown of the percentage allocation against each aspect was requested for future meetings. Recommended approval of the Charity Annual report and Accounts to the Board of Trustees, subject to some minor amendments and inclusion of the independent examination letter. Recommended approval of the Charity Strategy 2023 – 2027 to the Board of Trustees, subject to minor additions. <p>The Board of Directors:</p> <ul style="list-style-type: none"> Noted the Chair's Report from the Charitable Funds Committee meeting held on 23 November 2023.
221c	<p>Finance Performance Review Month 7 2023/24</p> <p>The Chief Finance Officer informed the Board that at Month 7 2023/24 the Trust was reporting an overall net position of a £11.9m deficit which represented a £2.3m adverse variance to plan and was supported by £2.6m non-recurrent items. Subsequent to Month 7 reporting, the Trust submitted a revised full year position to the Cheshire and Merseyside Integrated Care Board for onward submission to the National team. This full year submission indicated a variance to the agreed plan of £7.2m. Cost Improvement Programme (CIP) delivery was behind the YTD target by £0.8m. The Trust had a full year target of £8.3m and remained focussed on rapid recovery to deliver robust, recurrent savings both in year and in the long term. The cash balance was £9.0m at the end of Month 7. Board approval had been given to apply for national distressed finance to support the Trust in Q4. The additional impact on Public Dividend Capital (PDC) was reflected within the Trust's forecast. Other key issues were noted as follows:</p> <ul style="list-style-type: none"> Whole Time Equivalent growth is staffing numbers was stable. Agency expenditure was controlled. The drivers of the deficit remained consistent with previous months. <p>Non-Executive Director, Tracy Ellery, stated that it would be important to track the difference between the Trust's forecast outturn position and the agreed financial plan (agreed variance or otherwise).</p> <p>Non-Executive Director, Jackie Bird, suggested that it would be useful for future finance report to reference the potential impact on local businesses when there was lower than expected compliance with the Better Payment Practice Code.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Noted and received the Month 6 2023/24 Finance Performance Review
222	<p>Board Assurance Framework</p> <p>The Board of Directors received the Board Assurance Framework. The Trust Secretary noted that the Board Assurance Framework would be reviewed in detail ahead of the January 2024 Committees and February 2024 Board. Directors had submitted suggested amends and areas for focus ahead of the Board meeting. This included updating listed controls, assurances, and actions. Quarter 3 scores would also be presented for consideration and approval.</p> <p>The Board of Directors</p> <ul style="list-style-type: none"> reviewed the BAF risks and agreed on their contents and actions. <p><i>The following items were considered as part of the consent agenda</i></p>
223a	<p>Integrated Governance Assurance Report Quarter 2 2023/24</p> <p>The Board of Directors</p>

	<ul style="list-style-type: none"> reviewed the contents of the paper and took assurance that there were adequate governance processes in place and the positive progress in managing risk had been made with Senior Management having oversight of such risks.
223b	Corporate Governance Manual Update The Board of Directors <ul style="list-style-type: none"> approved the proposed amendments to the Trust's Corporate Governance Manual
224	Review of risk impacts of items discussed The Chair identified the following risk items: <ul style="list-style-type: none"> The Trust's current Oversight Framework segmentation level (3) CNST MIS Year 5 Delivery Postgraduate doctor rota gaps and the impact on the GMC Survey The impacts of industrial action The Trust's 2023/24 financial position, CIP under delivery, challenges with unwinding investments and the cash position.
225	Chair's Log None noted.
226	Any other business & Review of meeting The following items of business were noted: <ul style="list-style-type: none"> The December 2023 FPBD Committee had been stood down with finance and performance reports circulated via email for information. The December 2023 Quality Committee had been shortened and a focus would be given to CNST MIS Year 5 compliance. The Trust had been ranked 41st in the Inclusive Top 50 UK Employers. The Trust had received a letter of concern from the Maternity & Newborn Safety Investigation Programme (MNSI). The letter of concern related to two cases, one being related to a maternal death in Gynaecology (March 2023), the other was at the evidence gathering stage. A contributing factor noted in the letter related to racial bias in the management of the patient's care. The Chief Nurse explained that the Trust was awaiting the final version of the report. Once received this would be reviewed and cross referenced with the thinking and work to date on anti-racism to ensure that the action plan was meaningful and would enact appropriate and sustained cultural change and improvement. A timeframe for Board reporting was not included within the letter but the finalised report and Trust response would be tabled to a future Board meeting. Review of meeting No comments noted.
227	Jargon Buster Noted.

Action Log

Trust Board - Public
11 January 2024

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
9 November 2023	23/24/185b	Workforce Performance Report	For future workforce reports to include a more granular understanding of staff morale, break compliance and frequency of shift changes in areas beyond maternity.	Chief People Officer	February 2024	On track	
12 October 2023	23/24/164	Mortality and Learning from Deaths Report Quarter 1, 2023/24	For additional clarity to be provided on the oversight framework in place at Trust, System and Regional levels for neonatal mortality.	Medical Director	February 2024	On track	
12 October 2023	23/24/164	Mortality and Learning from Deaths Report Quarter 1, 2023/24	To ensure that commentary regarding ethnicity being a potential contributory factor to mortality be included within future learning from deaths reports.	Medical Director	February 2024	On track	
12 October 2023	23/24/161	Maternity Staffing report 1 January-30 June 2023	For future bi-annual maternity staffing reports to include additional context including C-Section and IoL rates and how these impact staffing models.	Chief Nurse	February 2024	On track	
14 September 2023	23/24/134a	Perinatal Quality Surveillance & Safety Dashboard	To provide a briefing to the Board explaining the long-term increase in the C-Section and Induction of Labour rate.	MD	November 2023 February 2024	Risks identified	Requested that this action be deferred due to current capacity challenges in the obstetric consultant workforce.

14 September 2023	23/24/131	Patient Story	To explore the formalisation of collaboration and joint working with mental health care providers relating to the Trust's menopause service.	MD	February 2024	On track	
13 July 2023	23/24/084	Staff Story	For the Board to receive an update in six months on the progress made to improve the accessibility of the Trust's estate	COO	February 2024	On track	

Chair's Log

Received / Delegated	Meeting Date	Issue and Lead Officer	Receiving / Delegating Body	Action Deadline	RAG Open/Closed	Comments / Update
Delegated	09.11.2023	To assess the deliverability of the Trust's established Equality, Diversity & Inclusion corporate objectives. Executive Lead: Chief People Officer	PPF	January 2024	Open	
Delegated	09.11.2023	To receive an update on the work underway to review the model of care currently provided at the HDU and for this to also consider the evolving health needs of the population.	Quality Committee	February 2024	Open	
Delegated	09.11.2023	To receive a report on the key risks to Year 5 CNST compliance	Quality Committee	December 2023	Closed	Detailed review undertaken ahead of request for Board approval
Delegated	09.11.2023	To explore the potential opportunities to support the Trust's Volunteer Service.	CFC	January 2024	Open	
Delegated	14.09.2023	To undertake a full review of the current speak up arrangements and the underpinning cultural programmes of work to support that; with a specific focus on the approaches and mechanisms in place to support those members of staff who may have cultural barriers to speaking up.	PPF	January 2024	Open	



		Executive Lead: Chief People Officer				
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Trust Board

COVER SHEET

Agenda Item (Ref)	23/24/233	Date: 11th January 2024
Report Title	Maternity Incentive Scheme (CNST) Year 5 2023 – Final Position Paper & Board Declaration	
Prepared by	<i>Angela Winstanley – Maternity Quality & Safety Matron</i> <i>Vicky Clarke – Divisional Manager</i> <i>Heledd Jones – Head of Midwifery</i> <i>Yana Richens – Director of Midwifery</i>	
Presented by	<i>Dianne Brown – Chief Nurse</i>	
Key Issues / Messages	<p>This report outlines the scheme requirements for compliance required to achieve all ten safety actions and their associated standards for the Maternity Incentive Scheme Year 5 and the Trust's current RAG status.</p> <p>Key information:</p> <ul style="list-style-type: none"> ✓ The Trust has achieved compliance with the 10 Safety Actions. ✓ Quality Committee on 19.12.2023 received a full and detailed presentation of the evidence pertaining to scheme requirements. <p>The following information relating to SA1 is for information.</p> <p>SA1 – Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?</p> <p>A. For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023.</p> <p>a) 95% of reviews should be started within two months of the death.</p> <p>- 32/34 Cases reported to MBRACCE – 94.11 % Compliance</p> <p>Acknowledgment of the effect of Industrial Action on ability to commence and complete the reviews of two cases and the associated action plan required in response to the NHSr Letter dated 24.10.2023. A divisional review of the PMRT process and associated action plan has been completed and can be found in Appendix 1, This action plan has been shared at the FHDB and Board Executives.</p> <p>The Maternity Incentive Scheme, released annually, defines and outlines Trusts to use the PMRT tool for deaths in the scheme period. Within the scheme period, Trusts are mandated to ensure the following:</p> <ul style="list-style-type: none"> - 100% of deaths are reported within 7 days with all relevant surveillance information completed within one month - 95% of deaths of babies in our Trust their parents should have their views sought on the care provided. - 95% of deaths – reviews should be started within 2 months - 60% (minimum) reviews completed to draft report within 4 months and published within 6 months. <p>The Division have always evidenced adherence to the above standards, above and beyond what is expected within the MIS Scheme requirements. For this year, we have missed the deadlines for assigning the review for 2 babies within the specified period. We have achieved 94.11 % compliance and, given that no further deaths will be included in the denominator, this will be our final percentage compliance.</p> <p>In October 2023, NHS Resolutions circulated an email outlining the potential mitigations for the PMRT element of MIS Year 5. The correspondence stated, “where MDT PMRT meetings have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on MIS reporting timescales, this will be accepted provided that there is an action</p>	

	<p>plan approved by Trust boards to reschedule these meetings to take place within a 12-week period from the end to the MIS compliance period.” The deaths of the babies discussed, and the timescales outlined above spanned 3 separate periods of industrial action. There was no PMRT meeting in October, and the lead consultants were required to contribute additional clinical time to maintain a safe clinical service during industrial action. In recognition of the need to achieve CNST compliance, an additional PMRT meeting was scheduled for late October.</p> <p>In relation to the outstanding reports, there are no mandates for completion; the Trust must only demonstrate the above timescales whilst the MIS scheme period is active.</p>			
Action required	Approve <input checked="" type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	<i>To formally receive and discuss a report and approve its recommendations or a particular course of action</i>	<i>To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it</i>	<i>For the intelligence of the Board / Committee without in-depth discussion required</i>	<i>To assure the Board / Committee that effective systems of control are in place</i>
	For Decisions - in line with Risk Appetite Statement – Y			
	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Receive the final position in relation to CNST Year 5 • Give instruction to CEO and ICB Lead to sign Board Declaration form for onwards forwarding to NHS Resolution by February 4th 2023. 			
Supporting Executive:	Dianne Brown Chief Nurse			

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

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Maternity Transformation Programme	Monthly	DoM	Monthly progress updates from scheme safety action leads.
Maternity Transformation Workstream 3	Monthly	HoM	Monthly progress updates to Maternity Transformation Programme

Family Health Divisional Board	Monthly	Clinical Director for Family Health and Divisional Manager	Monthly updates to be provided to the FHDB and where required, issues for noncompliance to be escalated and resolved.
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EXECUTIVE SUMMARY

This report outlines the requirements for compliance of the Maternity Incentive Scheme and their associated standards for the Maternity Incentive Scheme Year 5 and the Trust's status against these 10 areas.

This paper provides a final position to the Board of Directors in relation to the requirements of the Maternity Incentive Scheme Year 5. This report will set out the findings from completed GAP analysis of the scheme requirements against the Trust current position.

The Trust Board is asked to note the FINAL position in relation to the Maternity Incentive Scheme (CNST) Year 5 and our final compliance position, along with the associated papers found within the appendix.

The Trust Board asked to be assured by the oversight, detail, and governance updates within the paper that that the Division are prepared in their response to the maternity incentive scheme.

The Trust Board should take assurance that out current position, with regards to all the safety elements and actions can be supported by evidence.

The Trust Board must instruct the Chief Executive Officer to review and sign off the NHSR Board Declaration Form, with further signatory from ICB Lead.

Introduction.

NHS Resolution (NHSr) is operating year five of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme (MIS) to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST.

As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. The scheme incentivises the completion and embedding of ten maternity and neonatal safety actions.

Trusts that can demonstrate they have achieved all ten safety actions will recover an element of their contribution relating to the CNST maternity incentive fund and will receive a share of any unallocated funds.

Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help them to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

Conditions of the scheme.

The Trust Board of Directors must also be aware of the conditions of the scheme, some have been added and are detailed in the July V2.0 2023 release. These are as follows:

- Trusts must achieve all ten maternity safety actions.
- There is a scheme end declaration process, which will be overseen by the Chief Nurse and Trust Secretary.
- Trust submissions will be subject to a range of external validation points, these include cross checking with: ---
 - MBRRACE-UK data (safety action 1 standard a, b and c),
 - NHS England & Improvement regarding submission to the Maternity Services Data Set (safety action 2, standard 2 to 7 inclusive),
 - National Neonatal Research Database (NNRD)
 - HSIB MNSI for the number of qualifying incidents reportable (safety action 10, standard a).
 - Trust submissions will also be sense checked with the CQC, and for any CQC relationship visits undertaken within the time, the CQC will cross-reference to the maternity incentive scheme via the key lines of enquiry.
- The Regional Chief Midwives will provide support and oversight to Trusts when receiving Trusts' update at Local Maternity System (LMNS) and regional meetings, focusing on themes highlighted when Trusts have incorrectly declared MIS compliance in previous years of MIS.
- Trusts will need to report compliance with MIS between **25th January 2024 and 1 February 2024** at 12 noon and associated approval and governance oversight will be led by the Trust Secretary.

Current Position for MIS Year 5 – December 2023/January 2024.

RAG	Rating	Description
		All workstreams / Safety actions on target. Evidence collated to demonstrate compliance.
		Workstreams ongoing, forecasted compliance expected with some evidence collated.
		Risk of Non-Compliance /Safety Action requiring escalation / No evidence to support compliance.

Safety Point & Action Description	Issue / Update for consideration	Status RAG
<p>SA.1 Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?</p> <p>Leads: Ae Wei Tang – Consultant Obstetrician</p> <p>Rebecca Kettle – Consultant Neonatologist</p>	<p>All eligible births and deaths, from 30.05.2023 to 07.12.2023 must meet the following conditions:</p> <p>B. 100% all deaths have been reported to MBRRACE within the seven working day timeframe with 100% of deaths having surveillance completed within one month to date from 30.05.2023</p> <ul style="list-style-type: none"> - Reporting to MBRRACE has continued as per usual process with no lapses in reporting. –100% Compliance. <p>C. 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought from 30.05.2023 onwards.</p> <ul style="list-style-type: none"> - Parental perspectives of care and questions have continued to be collated by the Honeysuckle Team and incorporated into the PMRT reports. All parents have been informed that a review of their care is being performed. 100% Compliance <p>D. For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023.</p> <p>b) 95% of reviews should be started within two months of the death.</p> <ul style="list-style-type: none"> - 32/34 Cases reported to MBRACCE – 94.11 % Compliance presently. <p>Two cases of neonatal death missed the deadline for commencement of the review. These babies died in August and the time spanned three separate periods of industrial action, diverting consultant time towards maintaining a safe clinical service, thereby impacting the timescales for the PMRT review process. One of these cases presently remains assigned to an external trust, whilst the second case now is now under review and started.</p> <p>A letter from NHSr dated 24.10.2023, notes “Where MDT PMRT review panel meetings (as detailed in standard C) have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on the MIS reporting compliance time scales, this will be accepted provided there is an action plan approved by Trust Boards to reschedule these meetings to take place within a maximum 12-week period from the end of the MIS compliance period”.</p> <p>A divisional review of the PMRT process and associated action plan has been completed and can be found in Appendix 1, This action plan has been shared at the FHDB and Board Executives.</p> <p>c) 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.</p> <ul style="list-style-type: none"> - Draft format within four months – 80% of eligible cases. - Fully published within six months – 100% of eligible cases. <p>E. Quarterly reports submitted to Trust Executive Board from 30th May 2023. 100% Compliant</p> <p>A full breakdown of al PMRT eligible cases can be found in Appendix 2</p>	<p>January 2024 position. Compliance with action plan.</p>

<p>SA.2 Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?</p> <p>Leads: Head and Deputy of Information Richard Strover & Hayley McCabe</p>	<ol style="list-style-type: none"> Trust Boards to assure themselves that at least 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023. Final data for July 2023 will be published during October 2023. <p>January 2023 – The Trust are in receipt of FINAL data submitted based on July data. This data indicates full compliance with 11 of the 11 metrics. COMPLIANT</p> <ol style="list-style-type: none"> MSDS data for July 2023 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001) <p>January 2023 – Submitted July data to MSDS demonstrates a 96.2% compliance with this indicator. COMPLIANT</p> <ol style="list-style-type: none"> Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023 for the following metrics: <ul style="list-style-type: none"> A) Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have the CoC pathway indicator completed. B) Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided. <p>Note: If maternity services have suspended all Maternity CoC pathways, these criteria (A&B) is not applicable</p> <ul style="list-style-type: none"> C) Trusts to make an MSDS submission before the Provisional Processing Deadline for July 2023 data by the end of August 2023. COMPLETED D) Trusts to have at least two people registered to submit MSDS data to SDCS Cloud who must still be working in the Trust. COMPLIANT <p>Evidence to support the Trusts position for this Safety Action can be found in the Appendix 3</p>	<p>January 2024 POSITION – Full Compliance.</p>
<p>SA.3 Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?</p> <p>Leads: Anna Paweletz– Consultant Neonatologist</p>	<ol style="list-style-type: none"> Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care. <p>January 2023 Update– Transitional Care pathways are very well embedded at LWH. A designated, five bed ward, located within the Maternity Base provides Transitional Care. A supporting Transitional Care on the Postnatal Ward SOP is available.</p> <p>Compliance – 100%</p> <ol style="list-style-type: none"> A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB. <p>January 2023 Update – A multidisciplinary review and audit of all term admissions to NICU is conducted weekly and has been well embedded in the Division for several years (preceding the Maternity Incentive schemes). Compliance 100%</p>	<p>January 2024 POSITION – Full compliance</p>

<p>Sarah Brownrigg – ANNP</p> <p>Paula Nelson – ANNP</p>	<p>Quarterly reporting to the FHDB has continued and the 2022-2023 ATAIN audit report was sighted and noted at Trust Board in September 2023. Compliance 100%</p> <p>The 2022 – 2023 ATAIN and Transitional Care Audit and Action plan plus the q1 23/24 report has been shared with the LMNS on 30th October 2023 with further recent submission to the Future NHS LMNS Submission Portal. Compliance – 100%</p> <p>C) Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.</p> <p>January 2023 Update As per Transitional Care Admission Criteria: Babies eligible for TC from Neonatal unit and DS include:</p> <ul style="list-style-type: none"> - Babies from 33 weeks gestation who have been stable for 72 hours and only require an apnoea mattress for monitoring to be removed at 34 weeks gestation - Babies from 33 weeks gestation who are in air and stable for a period of 24 hours following any form of oxygen therapy. - Palliative care when parent/carer doing most of the care - Birth weight below 1.8Kg OR 34-35/40 and well. - Late preterm and term baby admissions are reviewed/audited in the ATAIN audit <p>COMPLIANT</p> <p><i>The LMNS have reviewed all evidence pertaining to this safety action and have confirmed to the Chief Nurse and Family Health Division in email dated 23.11.2023 that we are fully compliant with this safety action.</i></p>	
<p>SA.4 Can demonstrate an effective system of clinical workforce planning to the required standard?</p> <p>Leads: Richard Haines Clinical Lead Obstetrics</p> <p>Jill Harrison Clinical Lead Neonatology</p> <p>Jen Deeney Neonatal Nursing</p> <p>Rakesh Parikh Anaesthetic Workforce</p>	<p>Obstetric Medical Workforce</p> <p>1. NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:</p> <ul style="list-style-type: none"> - i. currently work in their unit on the tier 2 or 3 rota or - ii. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or - iii. hold an Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums <p>January 2023 Update – The Temporary Staffing Policy (available on Intranet) addresses the requirements of this safety action. The Medical HR department reviewed all agency bookings between the dates 1st March 2023 – 1st August 2023. The review identified no agency doctors were booked to work a shift at Liverpool Women's Hospital on the middle tier 2 (ST3- ST5) rota or the Senior Tier 3 (ST6 – ST7 rota. This audit will continue throughout the year collecting data via health roster and any shortfalls in this action will be reported. Full report and review findings can be found in the appendix 4.</p> <p>COMPLIANT</p> <p>2. Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.</p> <p>January 2023 Update – Between the audit dates, the Trust did not engage a long-term agency locum doctor or a locum bank doctor. Should the Trust engage a locum agency or locum bank doctor for a period of time greater than 2 weeks, the RCOG monitoring and effectiveness tool will be utilised. Full report and review findings can be found in Appendix 4. COMPLIANT</p>	<p>January 2024 POSITION – FULL COMPLIANCE</p>

	<p>3. Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.</p> <p>January 2023 Update – Currently, the Division of Family Health, do not employ specialty or specialist doctors for obstetrics. The Maternity Consultants are job planned to work twilight shifts. This pattern of work factors in a minimum of 11 hours rest between shifts as evidenced in job plans and rosters. COMPLAINT</p> <p>4. Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations 27 listed in the RCOG workforce document: <i>'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology'</i> into their service when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Trust positions with the requirements should be shared with the Trust Board, the Board-level safety champions as well as the LMNS.</p> <p>January 2023 Update – Audits of compliance of consultant attendance continue within the Division. Audit findings of attendance between January 2023 to July 2023 and associated action plan has previously been sighted at QC and Trust Board in September 2023. The Trust Board should expect an updated position in relation to July 2023 and January 2024 in March 2024. COMPLETED</p> <p>Anaesthetic Medical Workforce</p> <p>1. A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should always have clear lines of communication to the supervising anaesthetic consultant. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)</p> <p>January 2023 Update – Between May 2023 and October 2023 (inclusive) anaesthetic rotas have been provided and reviewed to assure the Board that a duty anaesthetist is available for the obstetric unit 24 hours a day. A review of these rosters has demonstrated no gaps in service provision. COMPLIANT 100%</p> <p>Neonatal Medical Workforce</p> <p>1. The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing. If the requirements have not been met in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies. If the requirements had been met previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN)</p> <p>January 2023 Update: The Neonatal Unit at LWH complies with the requirements of BAPM. A neonatal workforce review has been completed for this MIS Year 5 scheme and concludes that the BAPM standards required to meet the optimal arrangements for neonatal intensive care medical staffing are in place at LWH and that there was no requirement for a Trust Board approved action plan. This updated Neonatal Workforce Review paper is added to the Appendix 5. COMPLAINT</p> <p>Neonatal Nursing Workforce</p> <p>1. The neonatal unit meets the BAPM neonatal nursing standards. If the requirements have not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. If the requirements had been met previously without the need of developing an action plan to address</p>	
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	<p>deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).</p> <p>January 2023 Update: The Neonatal SLT have completed a nursing workforce review using the CRG Workforce Calculator. An action plan for maintaining safe staffing levels and provision of quality roles has been formulated and will be reviewed regularly for compliance and achievement of targets, and progress updates provided to the FHD. Trust Board must receive the Neonatal Nursing Staffing Paper and associated action plan in Appendix 6. COMPLIANT</p>	
<p>SA.5 Can demonstrate an effective system of midwifery workforce planning to the required standard?</p> <p>Leads: Heledd Jones – Head of Midwifery</p> <p>Alison Murray – Deputy Head of Midwifery</p>	<p>A. A systematic, evidence-based process to calculate midwifery staffing establishment is completed.</p> <p>B. Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.</p> <p>C. The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.</p> <p>D. All women in active labour receive one-to-one midwifery care.</p> <p>E. Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period.</p> <p>Evidence Required: Report submitted to Trust Board will comprise evidence to support A, B and C progress or achievement and should include:</p> <ul style="list-style-type: none"> - A clear breakdown of Birth Rate+ or equivalent calculations to demonstrate how the required establishment has been calculated. - In line with midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of Birth Rate+ or equivalent calculations. - Where Trusts are not compliant with a funded establishment based on Birth Rate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. - The plan to address the findings from the full audit or tabletop exercise of Birth Rate+ or equivalent undertaken, where deficits in staffing levels have been identified must be shared with the local commissioners. - Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall in staffing. <ul style="list-style-type: none"> o Midwife to birth ratio o Percentage of specialist midwives employed and mitigation to cover any inconsistencies. Birth Rate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. - Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls. <p>January 2023 Update – A refreshed Birth-rate Plus report was received by Quality Committee and Trust Board in October 2023 with all safety action standards addressed and sign off of full compliance completed. This paper and Board Minutes have been submitted to the LMNS/ICB.</p>	<p>January 2024 POSITION – Full Compliance</p>

	The LMNS have reviewed all evidence pertaining to this safety action and have confirmed to the Chief Nurse and Family Health Division in email dated 23.11.2023 that we are fully compliant with this safety action.																																																														
SA.6 Can you demonstrate compliance with all five elements of the Saving Babies' Lives Care Bundle Version 2?	<p>1. Provide assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024.</p> <p>Evidence Required: A new, national implementation tool has been developed and is in use to help maternity services to track and evidence improvement and compliance with the requirements set out in Version Three. Providers should use the new national implementation tool to track and compliance with the care bundle once this is made available and share this with the Trust Board and ICB.</p> <p>To evidence adequate progress against this deliverable by the submission deadline in February, providers are required to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element.</p> <p>January 2024 –. All SBLCBV3 elements have assigned leads, with oversight being monitored within the Family Health Division and Maternity Transformation Board and Senior Leadership Team. In partnership with the LMNS arm of the ICB, the Division have completed a full review of the implementation tool with LWH Self-Assessment and LMNS Validation review checkpoints reached.</p> <p>Liverpool Women's current position with respect to the interventions is as follows:</p> <table><tr><th>Intervention Elements</th><th>Description</th><th>Element Progress Status (Self assessment)</th><th>% of Interventions Fully Implemented (Self assessment)</th><th>Element Progress Status (LMNS Validated)</th><th>% of Interventions Fully Implemented (LMNS Validated)</th><th>NHS Resolution Maternity Incentive Scheme</th></tr><tr><td>Element 1</td><td>Smoking in pregnancy</td><td>Partially implemented</td><td>60%</td><td>Partially implemented</td><td>50%</td><td>CNST Met</td></tr><tr><td>Element 2</td><td>Fetal growth restriction</td><td>Fully implemented</td><td>100%</td><td>Partially implemented</td><td>90%</td><td>CNST Met</td></tr><tr><td>Element 3</td><td>Reduced fetal movements</td><td>Fully implemented</td><td>100%</td><td>Fully implemented</td><td>100%</td><td>CNST Met</td></tr><tr><td>Element 4</td><td>Fetal monitoring in labour</td><td>Partially implemented</td><td>80%</td><td>Partially implemented</td><td>80%</td><td>CNST Met</td></tr><tr><td>Element 5</td><td>Preterm birth</td><td>Partially implemented</td><td>93%</td><td>Partially implemented</td><td>85%</td><td>CNST Met</td></tr><tr><td>Element 6</td><td>Diabetes</td><td>Partially implemented</td><td>83%</td><td>Partially implemented</td><td>83%</td><td>CNST Met</td></tr><tr><td>All Elements</td><td>TOTAL</td><td>Partially implemented</td><td>89%</td><td>Partially implemented</td><td>81%</td><td>CNST Met</td></tr></table> <p>Element 1 – Smoking in Pregnancy. An MDT Task and Finish Group has been developed with leadership from Outpatient Matron and Deputy Head of Midwifery. To progress this element to 100% an action plan has been developed with oversight of progress against this monitored through the FHD Senior Leadership Team and FHD Board.</p> <p>Evidence Required: Confirmation from the ICB with dates, that two quarterly quality improvement discussions have been held between the ICB (as commissioner) and the Trust using the implementation tool that included the following:</p> <ul style="list-style-type: none">- Use of the implementation tool once it is made available.- Details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.- Progress against locally agreed improvement aims.- Evidence of sustained improvement where high levels of reliability have already been achieved.- Regular review of local themes and trends regarding potential harms in each of the six elements.- <p>January 2024 Update – The Senior Leadership Team met with the LMNS/ICB on 26th September 2023, November 14th, 2023, and Monday 11th December 2023, where all of the above requirements were discussed.</p>						Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme	Element 1	Smoking in pregnancy	Partially implemented	60%	Partially implemented	50%	CNST Met	Element 2	Fetal growth restriction	Fully implemented	100%	Partially implemented	90%	CNST Met	Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met	Element 4	Fetal monitoring in labour	Partially implemented	80%	Partially implemented	80%	CNST Met	Element 5	Preterm birth	Partially implemented	93%	Partially implemented	85%	CNST Met	Element 6	Diabetes	Partially implemented	83%	Partially implemented	83%	CNST Met	All Elements	TOTAL	Partially implemented	89%	Partially implemented	81%	CNST Met	January 2024 position FULL COMPLIANCE
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	<p><i>The LMNS have reviewed all evidence pertaining to this safety action and have confirmed to the Chief Nurse and Family Health Division in email dated 12.12.2023 that we are compliant with this safety action.</i></p>	
<p>SA.7 Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?</p> <p>Lead: Heledd Jones Head of Midwifery</p> <p>Yana Richens Director of Midwifery</p> <p>Mahdieh Irvine – MNVP Chair</p>	<ol style="list-style-type: none"> 1. Ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the Delivery Plan and MNVP Guidance (due for publication in 2023). Parents with neonatal experience may give feedback via the MNVP and Parent Advisory Group. 2. Ensuring an action plan is coproduced with the MNVP following annual CQC Maternity Survey data publication (due each January), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board. 3. Ensuring neonatal and maternity service user feedback is collated and acted upon within the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions. <p>January 2023 Update – The Head of Midwifery has progressed this safety action in collaboration with the MNVP Chair and Deputy Chair Weekly meetings are held chaired by MVP Chair with attendance from Trust representatives. Quarterly service user meetings led by MVP Chair. 15 steps for Maternity Services completed in April 2023, with a full report submitted by MVP Chair. NICU 15 steps undertaken in November 2023. A Deputy Chair has been appointed and commenced in post in October 2023</p> <p>The HoM and MNVP Lead, as part of the Maternity Transformation Programme will progress an action plan developed in response to the CQC Maternity Annual Survey undertaken in February 2023. The results of the survey, received in September 2023, and associated action plan are tabled for review at the PIESC Meeting in January 2024.</p> <p><i>The LMNS have reviewed all evidence pertaining to this safety action and have confirmed to the Chief Nurse and Family Health Division in email dated 23.11.2023 that we are fully compliant with this safety action.</i></p>	<p>December 2023</p> <p>FULL COMPLIANCE.</p>
<p>SA.8 Can you evidence that at least 90% of each maternity unit staff group attendance an 'in-house' multi-professional maternity emergencies training session within the last year.</p> <p>Leads: Alison Murray – Midwifery Jonathon Hurst – Neonatal</p>	<ol style="list-style-type: none"> 1. A local training plan is in place for implementation of Version 2 of the Core Competency Framework. A training plan should be in place to cover all six core modules of the Core Competency Framework over a 3- year period, starting from MIS year 4 in August 2021 and up to July 2024. COMPLETED 2. The plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB. COMPLETED 3. The plan is developed based on the "How to" Guide developed by NHS England <p>Relevant Time scale: 12 consecutive months from the end date used to calculate percentage compliance to meet Safety Action 8 in the Year 4 scheme.</p>	<p>DECEMBER 2023</p> <p>Full Compliance.</p>

	<table><tr><th>CNST SA8</th><th>Staff Group</th><th>31 Jul 23</th><th>31 Aug 23</th><th>30 Sep 23</th><th>31 Oct 23</th><th>30 Nov 23</th><th></th></tr><tr><td rowspan="6">SA 8b. MPMET</td><td>Midwives</td><td>79%</td><td>87%</td><td>89%</td><td>94%</td><td>97%</td><td>NQM B5, B6, B7, B8, B9</td></tr><tr><td>Maternity HCA</td><td>75%</td><td>79%</td><td>77%</td><td>80%</td><td>93%</td><td>B2, B3, B4</td></tr><tr><td>Cons Obstetrician</td><td>53%</td><td>59%</td><td>71%</td><td>86%</td><td>100%</td><td></td></tr><tr><td>Trainee Obstetrician</td><td>x</td><td>58%</td><td>61%</td><td>79%</td><td>95%</td><td>New rotation in Aug</td></tr><tr><td>Cons Anesthetists</td><td>28%</td><td>27%</td><td>47%</td><td>73%</td><td>100%</td><td></td></tr><tr><td>Trainee Anesthetists</td><td>x</td><td>36%</td><td>40%</td><td>60%</td><td>100%</td><td>New rotation in Aug & Nov</td></tr><tr><td rowspan="3">SA 8c. Fetal Surveillance</td><td>Midwives</td><td>77%</td><td>83%</td><td>87%</td><td>89%</td><td>96%</td><td>NQM B5, B6, B7, B8, B9</td></tr><tr><td>Cons Obstetrician</td><td>62%</td><td>59%</td><td>71%</td><td>77%</td><td>96%</td><td></td></tr><tr><td>Trainee Obstetrician</td><td>x</td><td>29%</td><td>64%</td><td>77%</td><td>96%</td><td>New rotation in Aug</td></tr><tr><td rowspan="5">SA 8d. NLS</td><td>Midwives</td><td>81%</td><td>88%</td><td>89%</td><td>93%</td><td>97%</td><td>NQM B5, B6, B7, B8, B9</td></tr><tr><td>Cons Neonatologist</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr><tr><td>Trainee Neonatologist</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>New rotation Mar & Sept</td></tr><tr><td>ANNPs</td><td>93%</td><td>93%</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr><tr><td>Neonatal Nurses</td><td>95%</td><td>98%</td><td>96%</td><td>98%</td><td>98%</td><td></td></tr></table>	CNST SA8	Staff Group	31 Jul 23	31 Aug 23	30 Sep 23	31 Oct 23	30 Nov 23		SA 8b. MPMET	Midwives	79%	87%	89%	94%	97%	NQM B5, B6, B7, B8, B9	Maternity HCA	75%	79%	77%	80%	93%	B2, B3, B4	Cons Obstetrician	53%	59%	71%	86%	100%		Trainee Obstetrician	x	58%	61%	79%	95%	New rotation in Aug	Cons Anesthetists	28%	27%	47%	73%	100%		Trainee Anesthetists	x	36%	40%	60%	100%	New rotation in Aug & Nov	SA 8c. Fetal Surveillance	Midwives	77%	83%	87%	89%	96%	NQM B5, B6, B7, B8, B9	Cons Obstetrician	62%	59%	71%	77%	96%		Trainee Obstetrician	x	29%	64%	77%	96%	New rotation in Aug	SA 8d. NLS	Midwives	81%	88%	89%	93%	97%	NQM B5, B6, B7, B8, B9	Cons Neonatologist	100%	100%	100%	100%	100%		Trainee Neonatologist	100%	100%	100%	100%	100%	New rotation Mar & Sept	ANNPs	93%	93%	100%	100%	100%		Neonatal Nurses	95%	98%	96%	98%	98%		
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	<p>January 2023 Update:</p> <p>Current compliance with MPMET and Fetal Surveillance Training is outlined above. Encouragingly, all staff groups have now met the required standards to declare compliance with this safety action.</p> <p>The Maternity TNA has been submitted to both the FHDB, Trust Board and LMNS/ICB.</p> <p><i>The LMNS have reviewed all evidence pertaining to this safety action and have confirmed to the Chief Nurse and Family Health Division in email dated 23.11.2023 that we are fully compliant with this safety action.</i></p>																																																																																																														
SA.9 Can you demonstrate that there are robust processes in place to provide assurance to the Board on Maternity and neonatal safety and quality issues?	<p>A) All six requirements of Principle 1 of the Perinatal Quality Surveillance Model must be fully embedded.</p> <p>Evidence Required: The six points are as follows:</p> <ol style="list-style-type: none">To appoint a non-executive director to work alongside the board-level perinatal safety champion to provide objective, external challenge and enquiry. COMPLETEDThat a monthly review of maternity and neonatal safety and quality is undertaken by the Trust Board. COMPLETEDThat all maternity Serious Incidents (SIs) are shared with trust boards and the LMNS, in addition to reporting as required to HSIB. COMPLETEDTo use a locally agreed dashboard to include, as a minimum, the measures set out in Appendix 2 of the Perinatal Implementation Surveillance Model, drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings. COMPLETEDHaving reviewed the perinatal clinical quality surveillance model in full, in collaboration with the local maternity system (LMNS) lead and regional chief midwife, formalise how trust-level intelligence will be shared to ensure early action and support for areas of concern or need. COMPLETEDTo review existing guidance, refreshed how to guides and a new safety champion toolkit to enable a full understanding of the role of the safety champion, including strong governance processes and key relationships in support of full implementation of the quality surveillance model. COMPLETED	<p>January 2023 - There are currently no identified concerns with compliance for this safety action.</p>																																																																																																													

<p>Angela Winstanley – Midwifery Safety Champion</p> <p>Srinivasarao Babarao – Neonatal Safety Champion.</p> <p>Heledd Jones – Head of Midwifery</p> <p>Vicky Clare – Family Health Divisional Manager</p>	<p>B) Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of Board, LMNS/ICS/ Local & Regional Learning System meetings.</p> <p>Evidence Required: Trust's claims scorecard is reviewed alongside incident and complaint data. Scorecard data is used to agree targeted interventions aimed at improving patient safety and reflected in the Trusts Patient Safety Incident Response Plan. These discussions must be held at least twice in the MIS reporting period at a Trust level quality meeting. This can be a Board or directorate level meeting.</p> <p>January 2023 The Maternity Safety Lead (RMc) develops a monthly Learning from Claims Report that is based on information provided in the Trust Scorecard. It details settled claims, summary of the case, shares learning with the Mat Risk and Clinical Groups and is disseminated to all clinicians across the Division. Completed 100%</p> <p>C) Evidence that the Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures.</p> <p>Evidence Required:</p> <ul style="list-style-type: none"> - Evidence that both the non-executive and executive maternity and neonatal Board safety champion have registered to the dedicated Future NHS workspace to access the resources available no later than July 2023. Completed 100% - Evidence in the Board minutes that the work undertaken to better understand the culture within their maternity and neonatal services has been received and that any support required of the Board has been identified and is being implemented. Completed 100% <p>January 2023 Update – The Family Health Divisional Safety Champions have reviewed all the workstreams relating to Safety Champions. An action plan and a Safety Champions Annual Forward plan has been developed. A detailed action plan has been developed, that will be monitored at the Safety Champions Meetings which will track progress with safety champion requirements.</p> <p>The Perinatal Surveillance Safety Update and Dashboard will continue to be presented at every Trust Board, with updates from the Safety Champions within this paper. The Maternity Safety Champions have asked for clarification from the LMNS how sharing information with the ICB and LMNS will be facilitated, and this is planned to be developed with the introduction of a regional Maternity Safety Oversight Group.</p> <p>The Quadrumvirate attended the Perinatal Culture and Leadership programme module programme on 11-13th October, followed by further modules Nov 2023 and Feb 2024. The Perinatal Safety Dashboard Paper will contain further information relating to the progress and programme. The Quadrumvirate are invited to attend the monthly Safety Champions Meetings.</p> <p><i>The LMNS have reviewed all evidence pertaining to this safety action and have confirmed to the Chief Nurse and Family Health Division in email dated 23.11.2023 that we are fully compliant with this safety action.</i></p>	
<p>SA.10 Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?</p>	<p>A) Reporting of all qualifying cases to HSIB/CQC/MNSI from 30 May 2023 to 7 December 2023.</p> <p>B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 30 May 2023 until 7 December 2023.</p> <p>C) For all qualifying cases which have occurred during the period 30 May 2023 to 7 December 2023, the Trust Board are assured that:</p> <ul style="list-style-type: none"> i. the family have received information on the role of HSIB/CQC/MNSI and NHS Resolution's EN scheme. <p>and</p>	<p>January 2023 - There are currently no identified concerns with compliance for this safety action.</p>

Leads: Lead Governance Manager for Family Health – Clare Louise Murray Governance Manager Legal Services for NHSr Reporting.	ii. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour. Evidence Required: Trust Board sight of Trust legal services and maternity clinical governance records of qualifying HSIB/CQC/MNSI/EN incidents and numbers reported to HSIB/CQC/MNSI and NHS Resolution Trust Board sight of evidence that the families have received information on the role of HSIB/CQC/MNSI and EN scheme. Trust Board sight of evidence of compliance with the statutory duty of candour. December 2023 Update: The Division have reported all eligible cases to HSIB with legal services ensuring all eligible cases are also reported to NHSr and the EN Scheme. A 72-hour review has been undertaken with oversight from Trust Harm and Safety meeting and all activities pertaining to reporting to NHSr, HSIB and Duty of Candour have been executed. An update of compliance will be maintained through the scheme year within this update report and full breakdown of HSIB, NHSr and Duty of Candour can be found in Appendix 7. The Corporate Governance Team will be performing a Trust wide Audit of Duty of Candour in relation to all patient safety incidents which will include all HSIB/MNSI and PSII incidents.	
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Family Health Division Scheme Management and Leadership

Each Safety Action has a nominated lead, who are responsible for providing fortnightly updates to the Family Health Division Maternity Incentive Oversight Group with reporting to the Maternity Transformation Board and Family Health Divisional Board.

Schedule of Reporting

Date	Other Committee	Relevant	Quality Committee: Reports to receive	Trust Board: Reports to receive.
June 2023	NA		Receive and discuss full current compliance position and requirements of Year 5 MIS scheme.	
July 2023			- MIS Year 5 Scheme Progress	- Perinatal Dashboard - MIS Year 5 Scheme Progress
Aug 2023	NA		No meeting.	No meeting.
Sept 2023	NA		MIS Year 5 Scheme Progress - Q1 ATAIN Audit report and action plan - Q1 Learning from Deaths Report - Consultant Attendance Audit and Action Plan (Jan to July 2023)	- Perinatal Dashboard inclusive of Safety Champion Update - MIS Year 5 Scheme Progress - Q1 ATAIN Audit report and action plan - Q1 Learning from Deaths Report - Consultant Attendance Audit and Action Plan (Jan to July 2023)
Oct 2023			- MIS Year 5 Scheme Progress	- Perinatal Dashboard - MIS Year 5 Scheme Progress
Nov 2023			- MIS Year 5 Scheme Progress	- Perinatal Dashboard - MIS Year 5 Scheme Progress
Dec 2023			- MIS Year 5 Scheme Progress - Neonatal Workforce Review - Anaesthetic Workforce Paper - Obstetric Workforce Audit of Compliance	- Perinatal Dashboard - MIS Year 5 Scheme Progress - Neonatal Workforce Review - Anaesthetic Workforce Position - Neonatal Nursing Workforce Paper - Obstetric Workforce Audit of Compliance - PMRT Action plan in response to IA.

Jan 2024		- Final MIS Year 5 Scheme Progress Paper	<i>ICB Accountable Officer for ICB and Programme Lead for LMNS to be invited.</i> - HoM, DoM & CD Scheme presentation. - Final MIS Year 5 Scheme Progress Paper with completed Board Declaration Form - Perinatal Dashboard
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Conclusion and Recommendation

The Trust Board is requested to note the final compliance position in relation to the Maternity Incentive Scheme (CNST) Year 5.

The Trust Board should take assurance that out current position, with regards to all the safety elements and actions can be supported by evidence, which are available for scrutiny and instruct the CEO to sign the Board Declaration Form.

Appendix - BOARD DECLARATION FORM

Maternity incentive scheme - Gui

Trust Name

Liverpool

Trust Code

T320



Resolution

This document must be used to complete your trust self-

Guidance Tab - This has useful information to support you to
The Board declaration form must not include any narrative, commentary, or supporting documents. Evidence should be provided to the Trust Board to confirm the completion of the MIS.
There are multiple additional tabs within this document:

Tab A - safety actions entry sheets (1 to 10) - Please select 'Yes', 'No' or 'N/A' to demonstrate compliance as detailed within each condition of the scheme with each maternity incentive

Tab B - safety action summary sheet - This will provide you information on your Trust's progress in completing the board

Tab C - action plan entry sheet - This sheet will enable your Trust

Tab D - Board declaration form - This is where you can track your overall progress against compliance with the maternity incentive scheme safety actions. This sheet will be protected and fields cannot be altered manually. If there are anomalies with the data entered, then comments will appear in the validations column (column I) this will support you in checking and verifying data before it is discussed with the trust board, commissioners and before submission to NHS Resolution.

Upon completion of the following processes please add an electronic signature into the allocated spaces within this document.

Two electronic signatures of the Trust's CEO and AO of the ICS will be required in Tab D as outlined in order to declare compliance

Any queries regarding the maternity incentive scheme and or action plans should be directed to nhsr.mis@nhs.net

Technical guidance and frequently asked questions can be accessed here:

<https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/>

Submissions for the maternity incentive scheme must be received no later than 12 noon on 1 **February 2024** to nhsr.mis@nhs.net

You are required to submit this document signed and dated. Please do not send evidence to NHS Resolution.

Version Name: MIS_SafetyAction_2024

Safety action No. 1

Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have all eligible perinatal deaths from 30 May 2023 onwards been notified to MBRRACE-UK within seven working days?	Yes
2	For deaths from 30 May 2023, was MBRRACE-UK surveillance information completed within one calendar month of the death?	Yes
3	For at least 95% of all deaths of babies who died in your Trust from 30 May 2023, were parents' perspectives of care sought and were they given the opportunity to raise questions?	Yes
4	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 30 May 2023 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	No
5	Were 60% of these reviews completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death?	Yes
6	Were 60% of the reports published within 6 months of death?	Yes
7	Were PMRT review panel meetings (as detailed in standard C) rescheduled due to the direct impact of industrial action, and did this have an impact on the MIS reporting compliance time scales?	Yes
8	Is there an action plan approved by Trust Boards to reschedule these meetings to take place within a maximum 12-week period from the end of the MIS compliance period.	Yes
9	If PMRT review panel meetings (as detailed in standard C) have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on the MIS reporting compliance time scales, how many meetings in total were impacted?	1
10	PMRT review panel meetings (as detailed in standard C) have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on the MIS reporting compliance time scales, how many cases in total were impacted?	2
11	Have you submitted quarterly reports to the Trust Executive Board from 30 May 2023 onwards? This must include details of all deaths reviewed and consequent action plans.	Yes
12	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Yes

Safety action No. 2

Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Was your Trust compliant with at least 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) by passing the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023? Final data for July 2023 will be published during October 2023.	Yes
2	Did July's 2023 data contain a valid ethnic category (Mother) for at least 90% of women booked in the month? Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	Yes
Has the Trust Board confirmed to NHS Resolution that they have passed the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023 for the following metrics:		
3	i. Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks also have the Continuity of Carer (CoC) pathway indicator completed.	Yes
	If maternity services have suspended all Continuity of Carer (CoC) pathways, criteria ii is not applicable:	
4	ii. Over 5% of women recorded as being placed on a Continuity of Carer (CoC) pathway where both Care Professional ID and Team ID have also been provided.	Yes
5	Did the Trust make an MSDS submission before the Provisional Processing Deadline for July 2023 data by the end of August 2023?	Yes
6	Has the Trust at least two people registered to submit MSDS data to SDCS Cloud who must still be working in the Trust?	Yes

Safety action No. 3

Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
a) Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.		
1	Was the pathway(s) of care into transitional care jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies? Evidence should include: <ul style="list-style-type: none">• Neonatal involvement in care planning• Admission criteria meets a minimum of at least one element of HRG XA04• There is an explicit staffing model• The policy is signed by maternity/neonatal clinical leads and should have auditable standards.• The policy has been fully implemented and quarterly audits of compliance with the policy are conducted.	Yes
2	Are neonatal teams involved in decision making and planning care for all babies in transitional care?	Yes
b) A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.		
3	Is there evidence of joint maternity and neonatal reviews of all admissions to the NNU of babies equal to or greater than 37 weeks?	Yes
4	Is there an action plan agreed by both maternity and neonatal leads which addresses the findings of the reviews to minimise separation of mothers and babies born equal to or greater than 37 weeks?	Yes
5	Is there evidence that the action plan has been signed off by the DoM/HoM, Clinical Directors for both obstetrics and neonatology and the operational lead and involving oversight of progress with the action plan?	Yes
6	Is there evidence that the action plan has been signed off by the Trust Board, LMNS and ICB with oversight of progress with the plan?	Yes
c) Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.		
7	Is there a guideline for admission to TC that include babies 34+0 and above and data to evidence this occurring?	Yes
8	OR An action plan signed off by the Trust Board for a move towards a transitional care pathway for babies from 34+0 with clear time scales for full implementation?	N/A

Safety action No. 4**Can you demonstrate an effective system of clinical workforce planning to the required standard?**

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
a) Obstetric medical workforce		
Has the Trust ensured that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas after February 2023 following an audit of 6 months activity :		
1	a. Locum currently works in their unit on the tier 2 or 3 rota?	Yes
2	OR b. they have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progression (ARCP)?	N/A
3	OR c. they hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	N/A
4	Has the Trust implemented the RCOG guidance on engagement of long-term locums and provided assurance that they have evidence of compliance?	Yes
5	OR Was an action plan presented to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and Local Maternity and Neonatal System (LMNS) meetings? https://rcog.org.uk/media/uuzcbzg2/rcog-guidance-on-the-engagement-of-long-term-locums-in-mate.pdf	N/A
6	Has the Trust implemented RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day, and can the service provide assurance that they have evidence of compliance?	Yes
7	OR Has an action plan presented to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings? https://www.rcog.org.uk/media/c2jkpjam/rcog-guidance-on-compensatory-rest.pdf	N/A
8	Has the Trust monitored their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/ when a consultant is required to attend in person?	Yes
9	Were the episodes when attendance has not been possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance?	Yes

Do you have evidence that the Trust position with the above has been shared:		
10	At Trust Board?	Yes
11	With Board level safety champions?	Yes
12	At LMNS meetings?	Yes
b) Anaesthetic medical workforce		
13	Is there evidence that the duty anaesthetist is immediately available for the obstetric unit 24 hours a day and they have clear lines of communication to the supervising anaesthetic consultant at all times? In order to declare compliance, where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)	Yes
	The rota should be used to evidence compliance with ACSA standard 1.7.2.1 (A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients)	
c) Neonatal medical workforce		
14	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing and is this formally recorded in Trust Board minutes?	Yes
15	If the requirement above has not been met in previous years of MIS, Trust Board should evidence progress against the previously agreed action plan and also include new relevant actions to address deficiencies. If the requirements had been met previously but they are not met in year 5, Trust Board should develop and agree an action plan in year 5 of MIS to address deficiencies. Does the Trust have evidence of this?	N/A
Was the agreed action plan shared with:		
16	LMNS?	
17	ODN?	
d) Neonatal nursing workforce		
18	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing? And is this formally recorded in Trust Board minutes?	Yes
19	If the requirement above has not been met in previous years of MIS, Trust Board should evidence progress against the previously agreed action plan and also include new relevant actions to address deficiencies. If the requirements had been met previously but they are not met in year 5, Trust Board should develop and agree an action plan in year 5 of MIS to address deficiencies. Does the Trust have evidence of this?	N/A
Was the agreed action plan shared with:		
20	LMNS?	N/A
21	ODN?	N/A

Safety action No. 5**Can you demonstrate an effective system of midwifery workforce planning to the required standard?**

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	<p>a) Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed?</p> <p>Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated</p>	Yes
2	<p>b) Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated in a) above?</p> <p>Evidence should include:</p> <ul style="list-style-type: none">• Midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations.• Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls.• The plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified must be shared with the local commissioners.• Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall in staffing.• The midwife to birth ratio• The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives.	Yes

3	<p>c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.</p> <p>Can you provide evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status?</p> <p>The Trust can report compliance with this standard if failure to maintain supernumerary status is a one off event, however the Trust cannot report compliance with this standard if the coordinator is required to provide any 1:1 care for a woman and/or care in established labour during this time.</p> <p>If the failure to maintain supernumerary status is a recurrent event (i.e. occurs on a regular basis and more than once a week), the Trust should declare non-compliance with the standard and include actions to address this specific requirement going forward in an action plan. This plan must include mitigation/escalation to cover any shortfalls. Please note - Completion of an action plan will not enable the Trust to declare compliance with this standard.</p>	Yes
4	d) Have all women in active labour received one-to-one midwifery care?	Yes
5	If you have answered no to standard d, have you submitted an action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour?	N/A
6	Does the action plan include a timeline for when this will be achieved and has this been signed off by Trust Board?	N/A
7	e) Have you submitted a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period?	Yes

Safety action No. 6

Can you demonstrate that you are on track to fully implement all elements of the Saving Babies' Lives Care Bundle Version Three?

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you provided assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024?	Yes
2	<p>Do you hold quarterly quality improvement discussions with the ICB, using the new national implementation tool?</p> <p>Confirmation is required from the ICB with dates, that two quarterly quality improvement discussions have been held between the ICB (as commissioner) and the Trust using the implementation tool that included the following:</p> <ul style="list-style-type: none">• Details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.• Progress against locally agreed improvement aims.• Evidence of sustained improvement where high levels of reliability have already been achieved.• Regular review of local themes and trends with regard to potential harms in each of the six elements.• Sharing of examples and evidence of continuous learning by individual Trusts with their local ICB and neighbouring Trusts.	Yes
3	Using the new national implementation tool, can the Trust demonstrate implementation of 70% of interventions across all 6 elements overall?	Yes
4	Using the new national implementation tool, can the Trust demonstrate implementation of at least 50% of interventions within each of the 6 individual elements?	Yes

Safety action No. 7

Listen to women, parents and families using maternity and neonatal services and coproduce services with users

From 30 May 2023 until 7 December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Is a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) in place which is in line with the Delivery Plan?	Yes
2	Has an action plan been co-produced with the MNVP following annual CQC Maternity Survey data publication (January 2023), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board?	Yes
3	Is neonatal and maternity service user feedback collated and acted upon within the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions?	Yes
4	Can you provide minutes of meetings demonstrating how feedback is obtained and evidence of service developments resulting from co-production between service users and staff?	Yes
5	Do you have evidence that MNVPs have the infrastructure they need to be successful such as receiving appropriate training, administrative and IT support?	Yes
6	Can you provide the local MNVP's work plan and evidence that it is funded?	Yes
7	Do you have evidence that the MNVP leads (formerly MVP chairs) are appropriately employed or remunerated (including out of pocket expenses such as childcare) and receive this in a timely way?	Yes
8	Can you provide evidence that the MNVP is prioritising hearing the voices of families receiving neonatal care and bereaved families, as well as women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation?	Yes

Safety action No. 8

Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

From 1 December 2022 to 1st December 2023

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	A local training plan is in place for implementation of Version 2 of the Core Competency Framework	Yes
Can you evidence that the plan has been agreed with:		
2	Quadrumvirate?	Yes
3	Trust Board?	Yes
4	LMNS/ICB?	Yes
5	Has the plan been developed based on the four key principles as detailed in the "How to" Guide for the second version of the core competency framework developed by NHS England?	Yes
6	Can you evidence service user involvement in developing training?	Yes
7	Can you evidence that training is based on learning from local findings from incidents, audit, service user feedback, and investigation reports?	Yes
8	Can you evidence that you promote learning as a multidisciplinary team?	Yes
9	Can you evidence that you promote shared learning across a Local Maternity and Neonatal System?	Yes
Can you demonstrate the following at the end of 12 consecutive months ending December 2023? 80% compliance at the end of the previously specified 12-month MIS reporting period (December 2022 to December 2023) will be accepted, provided there is an action plan approved by Trust Boards to recover this position to 90% within a maximum 12-week period from the end of the MIS compliance period. In addition, evidence from rotating obstetric trainees having completed their training in another maternity unit during the reporting period (i.e. within a 12 month period) will be accepted. If this is the case, please select 'Yes'		
Fetal monitoring and surveillance (in the antenatal and intrapartum period)		
10	90% of obstetric consultants?	Yes
11	90% of all other obstetric doctors contributing to the obstetric rota (without the continuous presence of an additional resident tier obstetric doctor)?	Yes
12	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) and maternity theatre midwives who also work outside of theatres?	Yes
Maternity emergencies and multiprofessional training		
13	90% of Obstetric consultants?	Yes

14	90% of all other obstetric doctors including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota?	Yes
15	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres) and bank/agency midwives?	Yes
16	90% of maternity support workers and health care assistants attend the maternity emergency scenarios training?	Yes
17	90% of obstetric anaesthetic consultants?	Yes
18	90% of all other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) who contribute to the obstetric rota?	Yes
19	Can you demonstrate that at least one emergency scenario is conducted in a clinical area or at point of care?	Yes
20	Can you demonstrate that 90% of all team members have attended an emergency scenario in a clinical area or does the local training plan (Q1) include a plan to implement attendance at emergency scenarios in a clinical area for 90% of all team members?	Yes
Neonatal basic life support		
21	90% of neonatal Consultants or Paediatric consultants covering neonatal units?	Yes
22	90% of neonatal junior doctors (who attend any births)?	Yes
23	90% of neonatal nurses (Band 5 and above who attend any births)?	Yes
24	90% of advanced Neonatal Nurse Practitioner (ANNP)?	Yes
25	90% of midwives (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)?	Yes
26	All trusts must have an agreed plan in place, including timescales, for registered RC-trained instructors to deliver the in-house basic neonatal life support annual updates and their local NLS courses by 31st March 2024.	Yes
27	Have you declared compliance for any of Q10-Q25 above with 80-90%?	No
28	If you are declaring compliance for any of Q10-Q25 above with 80-90%, can you confirm that an action plan has been approved by your Trust Board to recover this position to 90% within a maximum 12-week period from the end of the MIS compliance period?	N/A

Safety action No. 9

Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Required Standard A. Evidence that all six requirements of Principle 1 of the Perinatal Quality Surveillance Model have been fully embedded and specifically the following:-	Yes
2	Does your Trust have evidence that a non-executive director (NED) has been appointed and is working with the Board safety champion to address quality issues?	Yes
3	Does your Trust have evidence that a review of maternity and neonatal quality is undertaken by the Trust Board at every Trust Board meeting, using a minimum data set to include a review of the thematic learning of all maternity Serious Incidents (SIs)? It must include: <ul style="list-style-type: none"> • number of incidents reported as serious harm • themes identified and action being taken to address any issues • Service user voice feedback • Staff feedback from frontline champions' engagement sessions • Minimum staffing in maternity services and training compliance 	Yes
4	Do you have evidence that the perinatal clinical quality surveillance model has been reviewed in full in collaboration with the local maternity and neonatal system (LMNS) lead and regional chief midwife? And does this evidence show how Trust-level intelligence is being shared to ensure early action and support for areas of concern or need.	Yes
Required standard B. Have you submitted evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of:		
5	The Trust Board?	Yes
6	LMNS/ICS/Local & Regional Learning System meetings?	Yes
7	Do you have evidence that the progress with actioning named concerns from staff feedback sessions is visible to staff?	Yes

8	Do you have evidence that Trust's claims scorecard is reviewed alongside incident and complaint data? Scorecard data is used to agree targeted interventions aimed at improving patient safety and reflected in the Trust's Patient Safety Incident Response Plan. These quarterly discussions must be held at least twice in the MIS reporting period at a Trust level quality meeting. This can be a Board or directorate level meeting.	Yes
9	Required standard C. Have you submitted evidence that the Maternity and Neonatal Board Safety Champions are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures?	Yes
10	Have you submitted the evidence that both the non-executive and executive maternity and neonatal Board safety champion have registered to the dedicated FutureNHS workspace with confirmation of specific resources accessed and how this has been of benefit?	Yes
11	Have there been a minimum of two quarterly meetings between board safety champions and quadrumvirate members between 30 May 2023 and 1 February 2024?	Yes
12	Have you submitted evidence that the meetings between the board safety champions and quad members have identified any support required of the Board and evidence that this is being implemented?	Yes

Safety action No. 10

Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Complete the field on the Claims Reporting Wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Yes
2	Have you reported all qualifying cases to HSIB/CQC/MNSI from 6 December 2022 to 7 December 2023?	Yes
3	Have you reported all qualifying EN cases to NHS Resolution's EN Scheme from 6 December 2023 until 7 December 2023?	Yes
	For all qualifying cases which have occurred during the period 6 December 2022 to 7 December 2023, the Trust Board are assured that:	
4	The family have received information on the role of HSIB/MNSI and NHS Resolution's EN scheme	Yes
5	There has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour	Yes
	Can you confirm that the Trust Board has:	
6	Sight of Trust legal services and maternity clinical governance records of qualifying HSIB/MNSI/EN incidents and numbers reported to HSIB/MNSI and NHS Resolution?	Yes
7	Sight of evidence that the families have received information on the role of HSIB/MNSI and the EN scheme?	Yes
8	Sight of evidence of compliance with the statutory duty of candour?	Yes

Section A : Maternity safety actions - Liverpool Women Trust



Action No.	Maternity safety action	Resolution	Action met? (Y/N)
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?		No
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		Yes
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?		Yes
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?		Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		Yes
6	Can you demonstrate that you are on track to fully implement all elements of the Saving Babies' Lives Care Bundle Version Three?		Yes
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users		Yes
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?		Yes
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?		Yes

10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?	Yes
----	--	-----

An action plan ob

Action plan 1

NHS
Resolution

Action plan 2			
Safety action		To be met by	
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 3			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 4			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 5			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 6			
Safety action		To be met by	
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 7			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 8			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 9			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
Rationale	Please explain why this action plan will ensure the trust meets the safety action.		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Action plan 10			
Safety action			To be met by
Work to meet	Brief description of the work planned to meet the required progress.		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan of	Who is responsible for delivering the action plan?		
Lead executive	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for no	Please explain why the trust did not meet this safety action		
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Risk assessm	What are the risks of not meeting the safety action?		
	How?	Who?	When?
Monitoring			

Maternity Incentive Scheme - Board declaration form

Trust name Liverpool Women's NHS Foundation Trust
Trust code T320



All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	No	Yes	-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Midwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes		-	
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	

Total safety actions

9

1

Total sum requested

-

Sign-off process confirming that:

- * The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.
- * The content of this form has been discussed with the commissioner(s) of the trust's maternity services
- * There are no reports covering either **this year (2023/24)** or the **previous financial year (2022/23)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports should be brought to the MIS team's attention.
- * If applicable, the Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
- * We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group will escalate to the appropriate arm's length body/NHS System leader.

Electronic signature of Trust
Chief Executive Officer (CEO):

For and on behalf of the Board of
Name:
Position:
Date:

Electronic signature of
Integrated Care Board
Accountable Officer:

For and on behalf of the board of
Name:
Position:
Date:

Liverpool Women's NHS Foundation Trust

Liverpool Women's NHS Foundation Trust

Trust Board

COVER SHEET

Agenda Item (Ref)	23/24/234		Date: 11/01/2024	
Report Title	Quality, Operational & Workforce Performance Report			
Prepared by	Joe Downie, Deputy Chief Operating Officer			
Presented by	Gary Price, Chief Operating Officer, Dr Lynn Greenhalgh, Medical Director and Dianne Brown, Chief Nurse			
Key Issues / Messages	Key headlines from the Integrated Performance Report, noted within the report.			
Action required	Approve <input type="checkbox"/>	Receive X	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 – N If no – please outline the reasons for deviation.			
	To receive the report.			
Supporting Executive:	Gary Price, Chief Operating Officer			

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

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Information provided in the Executive Summary.			

Performance Report Contents

Metrics Summary

Section 1: LWGH Assurance Radar Charts by Trust Values

Section 2: Integrated Performance Metrics

Section 3: Safe Services

Section 4: Effective Outcomes

Section 5: Best Experience

KPI Lineage and Data Quality Overview

Appendix 1 – Assurance and Variation Icon Descriptions

Appendix 2 – Assurance Category Descriptions

Metrics Summary

As outlined in Trust Board sub-committees' performance updates, Month 8 performance improved across several metrics as expected.











Gynaecology Elective recovery was noted to be continuing to deliver a reduction in the number of patients over 65+ weeks with the Trust meeting its NHSE trajectory and anticipated to be ahead of trajectory in M9. The announced Industrial Action for Junior Doctors is likely to have an impact on performance in Q4 23/24 given the timing and scale of the Industrial Action. Sub-committees were informed of work underway by Divisional Teams to try and mitigate the impact of this by delivery of additional activity through Q4. As outlined in previous Trust Board updates, additional clinical capacity implemented in M8 has resulted in improved performance particularly with a reduction to just 1 patient at 78+ weeks. Overdue Follow-Ups were noted to have reduced further again in M8.

Cancer metrics were noted to be in line with expected performance, with unvalidated updates given to sub-committees demonstrating an improvement in performance in M8 and M9 for 28 Day FDS and reduction in 62+ day patients on the Cancer PTL, in line with revised NHSE trajectories as part of the Tier 2 Performance Monitoring. The Trust will continue to be in Tier 2 monitoring through Q4 to provide further assurance that the improvements being made will be sustained. As with Elective Recovery, the impact of Industrial Action over the Christmas and New Year period will certainly see a deterioration in performance. However, some activity will be maintained for Cancer over the Industrial Action period to mitigate. Continued focus through the Cancer Improvement Group and Improvement Plan will ensure that additional activity will be identified through Q4 to recover from lost activity. Challenges were noted with workforce with pathology partners, resulting in a deterioration in performance for Histology Turnaround Times (TATs) in M8. However, key actions and improvements are being reported through the Cancer Improvement Group and the Tier 2 Performance meetings with improvements expected through Q4 as a result.













Performance related to Urgent Care metrics including AED 4-hour standard and the MAU 15- & 30-minute triage targets were noted to have improved in M8. AED 4-hour performance improved in M8 to just under the 90% NHSE set target, with M9 expected to improve further to above 90%. MAU Triage times were noted to be continuing their consistently positive improvement and maintaining above 95% for 15 minutes and above 99% for 30-minute triage. Diagnostic Performance improved again in M8 with the trust meeting its NHSE trajectory target and on course to achieve 99% compliance by March 2024, a year ahead of the national set standard.

Positive improvements were noted in relation to several Quality & Safety metrics, particularly with Friends & Family Test figures improving in M8 across both Gynaecology and Maternity. Whilst further work is required, the positive improvement is encouraging.

Appendix 1: Assurance & Variation Icons Descriptions

	Variation/Performance Icons		
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable . If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER .	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER .	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER .	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER .	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
	Assurance Icons		
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2: Assurance Category Descriptions

Assurance						
						
Variation/Performance	 <div>Excellent • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.</div> <div>Celebrate and Learn</div>	<div>Good • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or maynot be achieved.</div> <div>Celebrate and Understand</div>	<div>Concerning • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limitsso we know that the target will not be achieved without change.</div> <div>Celebrate but Take Action</div>	<div>Excellent • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.</div> <div>Celebrate</div>		
	 <div>Excellent • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.</div> <div>Celebrate and Learn</div>	<div>Good • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or maynot be achieved.</div> <div>Celebrate and Understand</div>	<div>Concerning • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.</div> <div>Celebrate but Take Action</div>	<div>Excellent • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.</div> <div>Celebrate</div>		
	 <div>Good • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.</div> <div>Celebrate and Understand</div>	<div>Average • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or maynot be achieved.</div> <div>Investigate and Understand</div>	<div>Concerning • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.</div> <div>Investigate and Take Action</div>	<div>Average • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.</div> <div>Understand</div>		
	 <div>Concerning • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.</div> <div>Investigate and Understand</div>	<div>Concerning • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or maynot be missed.</div> <div>Investigate and Take Action</div>	<div>Very Concerning • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change</div> <div>Investigate and Take Action</div>	<div>Concerning • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.</div> <div>Investigate</div>		
	 <div>Concerning • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.</div> <div>Investigate and Understand</div>	<div>Concerning • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or maynot be missed.</div> <div>Investigate and Take Action</div>	<div>Very Concerning • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change</div> <div>Investigate and Take Action</div>	<div>Concerning • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.</div> <div>Investigate</div>		
					<div>Unsure • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.</div> <div>Investigate and Understand</div>	
				<div>Unsure • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.</div> <div>Investigate and Understand</div>		
				<div>Unknown • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric</div> <div>Watch and Learn</div>		



Liverpool Women's NHS Foundation Trust

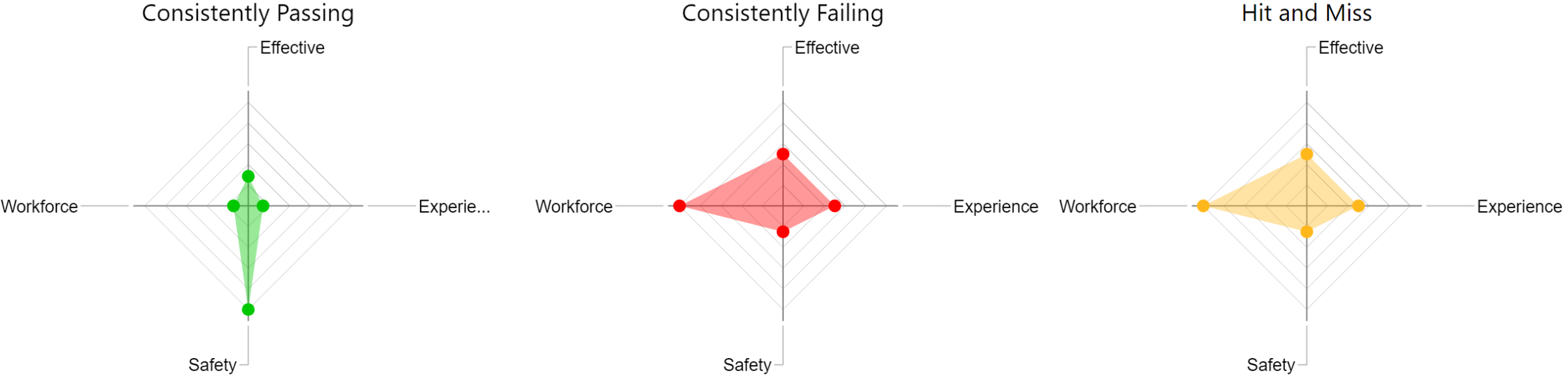
Trust Board Performance Report December 2023

Section 1: Assurance Radar Charts by Trust Values

The indicators included in this report, have been stratified based on the level of assurance to be derived and using the NHSEI categorisation within 'Making Data Count'.





















































KPIs Passing Target for Six Months	11
KPIs Failing Target	9
KPIs Hit and Miss	13
KPIs No Target	5

KPIs Improving Variation	13
KPIs Concerning Variation	2
KPIs Common Cause Variation	21























Section 2: Integrated Performance Metrics

Indicators are grouped here into assurance levels and variance. See Appendix 1 & 2 to understand how categories have been derived

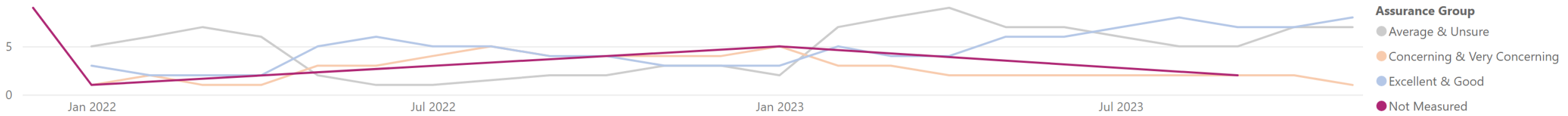
Excellent - Celebrate & Learn						Good - Celebrate & Understand						Average - Investigate & Understand					
KPI	Target < or >	Target	P	A ▲	V	KPI	Target < or >	Target	P	A	V	KPI	Target < or >	Target	P	A ▼	V
18 Week RTT: Incomplete Pathway > 104 Weeks	<=	0	0			18 Week RTT: Incomplete Pathway > 65 Weeks	<=	0	277			Neonatal deaths per 1,000 total live births	<=		5.1		
MAU - Face to face Maternity Triage within 30 Mins	>=	>= 95%	99.93%			Complaints: Number Received	<=	<= 15	2			Neonatal Unit Deaths > 22wks Gest Inborn	<=		4		
Never Events	<=	0	0			Diagnostic Tests: 6 Week Wait	>=	>= 99%	96.86%			Neonatal Unit Deaths > 22wks Gest Inborn and Out Born	<=		5		
Serious Untoward Incidents: Number of SUI's reported to CCG within agreed timescales	>=	100%	100.00 %			Infection Control: Clostridium Difficile	<=	0	0			Neonatal Unit Deaths > 22wks Gest Out Born	<=		1		
Serious Untoward Incidents: Number of SUI's with actions outstanding	<=	0	0			Infection Control: MRSA	<=	0	0			18 Week RTT: Incomplete Pathway > 52 Weeks	<=	0	1732		
Turnover Rate	<=	<= 13%	9.71%			NHSE / NHSI Safety Alerts Outstanding	<=	0	0			A&E Maximum waiting time of 4 hours from arrival to admission, transfer or discharge	>=	>= 95%	88.19%		
						Serious Untoward Incidents: Open	<=	<5	3			C-Gull Recruitment	<=		185		
						Venous Thromboembolism (VTE)	>=	>= 95%	94.79%			Friends & Family Test: In-patient/Daycase % positive	>=	95%	93.86%		
												Neonatal deaths 24-31+6 Weeks Inborn babies	<=	0.063	15.38%		
												Number of Open Patient Safety Incident Investigations	<=	8	16		
												Proportion of patient activity with an ethnicity code	>=	>=96%	97.97%		
												Total Number of Patient Safety Incident Investigations (Rolling)	<=	30	14		

Integrated Performance Metrics

Indicators are grouped here into assurance levels and variance. See Appendix 1 & 2 to understand how categories have been derived

Concerning - Investigate						Very Concerning - Investigate & Take Action						Investigate & Understand					
KPI	Target < or >	Target	P	A	V	KPI	Target < or >	Target	P	A	V	KPI	Target < or >	Target	P	A	V
18 Week RTT: Incomplete Pathway > 78 Weeks	<=	0	1			Cancer: 28 Day Faster Diagnosis	>=	>= 75%	26.64%								
Friends & Family Test: A&E % positive	>=	95%	80.39%														
Friends & Family Test: Maternity % positive	>=	95%	86.73%														
Mandatory Training	>=	>= 95%	93.18%														
Mandatory Training (Clinical)	>=	>= 95%	87.58%														
Prevention of Ill Health: Flu Vaccine Front Line Clinical Staff	>=	>= 80%	36.44%														
Serious Untoward Incidents: New (Rolling per year)	<=	24 /year	34														
Sickness Absence Rate	<=	<= 4.5%	7.11%														
Overall size of Elective Waiting List	<=		20311														



Section 3: To deliver **Safe** Services

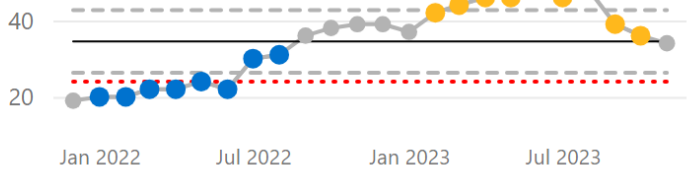


KPI	Assurance Category	Date	Target	Target < or >	Performance	Assurance	Variation	Trend
MAU - Face to face Maternity Triage within 30 Mins	Excellent	November 2023	>= 95%	>=	99.93%			
Never Events	Excellent	November 2023	0	<=	0			
Serious Untoward Incidents: Number of SUI's reported to CCG within agreed timescales	Excellent	August 2023	100%	>=	100.00%			
Serious Untoward Incidents: Number of SUI's with actions outstanding	Excellent	November 2023	0	<=	0			
Infection Control: Clostridium Difficile	Good	November 2023	0	<=	0			
Infection Control: MRSA	Good	November 2023	0	<=	0			
NHSE / NHSI Safety Alerts Outstanding	Good	November 2023	0	<=	0			
Serious Untoward Incidents: Open	Good	November 2023	<5	<=	3			
Venous Thromboembolism (VTE)	Good	November 2023	>= 95%	>=	94.79%			
Neonatal deaths 24-31+6 Weeks Inborn babies	Average	November 2023	0.063	<=	15.38%			
Neonatal deaths per 1,000 total live births	Average	November 2023		<=	5.1			
Neonatal Unit Deaths > 22wks Gest Inborn	Average	November 2023		<=	4			
Neonatal Unit Deaths > 22wks Gest Inborn and Out Born	Average	November 2023		<=	5			
Neonatal Unit Deaths > 22wks Gest Out Born	Average	November 2023		<=	1			
Number of Open Patient Safety Incident Investigations	Average	November 2023	8	<=	16			
Total Number of Patient Safety Incident Investigations (Rolling)	Average	November 2023	30	<=	14			
Serious Untoward Incidents: New (Rolling per year)	Concerning	November 2023	24 /year	<=	34			

To deliver **Safe** Services - Exceptions

Serious Untoward Incidents: New - Chief Nurse

Assurance Category	Concerning
Date	November 2023
Target	24 /year
Target < or >	<=
Performance	34
Assurance	
Variation	



The Trust launched PSIRF in September 23 which has made the New SUI's now a redundant KPI. However the SUI KPI is being kept open until all ongoing SUIs (3 remaining) have been submitted to the ICB, which is estimated early 2024.

Assurance Category	
Date	
Target	
Target < or >	
Performance	
Assurance	
Variation	

Assurance Category	
Date	
Target	
Target < or >	
Performance	
Assurance	
Variation	

Assurance Category	
Date	
Target	
Target < or >	
Performance	
Assurance	
Variation	

To deliver Safe services - Safer Staffing

November 2023					
WARD	Fill Rate Day % RN/RM *	Fill Rate Day % Care staff **	Fill Rate Night % RN/RM *	Fill Rate Night % Care staff **	Supporting narrative (RN/RM = *; Care staff = **)
Gynae Ward	93.33%	73.33%	150.00%	100.00%	November staffing fill rate on days is reflective of the increase this month of long-term sickness, alongside maternity leave. Safe staffing has been maintained due to the low bed occupancy in the inpatient area the ability to flexibly rotate staff from the HDU area also due to the low bed occupancy. The fill rate 150% RN on nights on nights remains above the 100% as this is reflective of senior RN cover rotating between GED and inpatient area.
Induction & Delivery Suites	87.78%	87.78%	84.89%	103.33%	*The template from RM in DS changed from 13 to 15 MW per shift due to the temporary pause of MCOC model of care in May 2023, and no longer having the availability of 4 on call midwives. Midwives who continued working in the hybrid model are rostered for one Intrapartum shift per week and contribute to the overall establishment for Delivery Suite. Approval for this way of working has been gained from Quality Committee to support the workforce developing and maintaining skills for a further period of 12months before review. Safe staffing required the Maternity bleep holder to redeploy RM to maintain clinical safety and prioritise 1:1 care in labour and ensure ringfenced staffing in MAU. Vacant shifts are requested to be filled with bank and agency up to planned staffing numbers.
Maternity & Jeffcoate	85.92%	106.67%	94.17%	116.67%	*/**The Maternity bleep holder redeployed staff to maintain clinical safety to areas of high acuity and to ensure appropriate discharge flow to release capacity and ensure safe care maintained across maternity services. All vacant shifts requested to be filled with bank. The additional care staff via bank arrangements supported the mitigation of the registered midwives reduced fill rate, due to contributions made to postnatal care. The improved fill rates are reflective of the inclusion of NQM in the overall establishment.
MLU	92.50%	90.00%	91.67%	86.67%	*/**There were no episodes of closure during the month, occupancy was reduced which allowed the safe delivery of Intrapartum and early postnatal care. Due to high acuity and high numbers of IOLs in Delivery Suite, on occasions staff were redeployed meeting the needs of complexities of women using our service. Within Intrapartum Care the clinician is a Registered Midwife with Care staff supporting the running of the ward as opposed to providing direct clinical care. Vacant shifts are requested to be filled with Bank.
Neonates (ExTC)	90.35%	98.33%	91.23%	95.00%	Fill rates reflect the neonatal unit occupancy in November. Total occupancy over the month was 74%. Occupancy in ITU areas increased to 103%. The number of and acuity of the babies on the unit is reflected in the RN fill rates. Care staff fill rates in November are reflective of the higher ITU acuity on the unit where low dependency RNs were moved to support staffing in ITU. Care staff were providing most of the care in low dependency areas under supervision of 1RN on most shifts in November. Safe staffing was maintained and CHPPD (Care Hours Per Patient Day) are as would be expected.
Transitional Care	50.00%	103.33%	73.33%	86.67%	Fill rates reflect the transitional care occupancy in November. The majority of care is provided by care staff who are clinical support workers in this area thus higher numbers of care staff than registered staff. Safe staffing was maintained and CHPPD (Care Hours Per Patient Day) are as would be expected.

To deliver Safe services - Safer Staffing

Gynaecology: November Fill Rate

Fill rate – The underfilled staffing fill rate for November on the day shift reflects long-term sickness and maternity leave. Safe staffing has been maintained due to the low bed occupancy in the inpatient ward and the High Dependency Unit (HDU). The low bed occupancy allowed the manager to rotate staff from the HDU to support the inpatient area. The high fill rate 150% RN on nights remains above the 100% as this is reflective of senior RN cover rotating between GED and inpatient area to provide senior leadership out of hours.

Attendance/ Absence – sickness and absence for the month of November was reported as 11.37% slight decrease compared to October which was reported as 11.84%. Long term sickness contributed to the high levels of sickness at 82.29% whilst short-term sickness contributed to 17.71%, reviewing the previous months sickness indicates that those long-term sickness has increased. Maternity leave in November accounted for 1.61%WTE staff.

Vacancies – In November there were 3.31 RN vacancies and no HCA vacancies

Red Flags – no red flags reported in November.

Bed Occupancy – work is underway with the BI team and Gynaecology division to review and validate the bed occupancy and at the time of reporting the figures were unavailable.

CHPPD – For the month of November the CHPPD overall was reported to be 8.1 an increase on the previous month reported of 7.3 The split between Registered and unregistered care staff was 5.0 hours for Registered Nurse staff and 3.1 hours for Health Care Assistant.

Neonates: November Fill Rate

Fill-rate – Occupancy increased significantly from October to November across the acute area of the neonatal unit. Safe staffing has been maintained and fill rates are reflective of acuity and occupancy. There were 3 declined in-utero transfers and 1 transfer out throughout November due to high acuity / no ITU beds on NICU; all of which followed appropriate escalation processes. There were 3 incidents reported of delay in repatriation of babies to their local neonatal units, which were escalated appropriately to the Northwest Neonatal ODN.

Attendance/Absence –Sickness was reported at 6.11% in November which is an increase from the previous month, the top reason for sickness in November was anxiety / stress /depression. Long term sickness has increased to 49.76%. All sickness is being managed in line with the attendance management policy.

Vacancies – Turnover increased to 17 % in November. Most of the leavers being successfully promoted to newly created Liverpool Neonatal Partnership posts. There are 15 band 5 vacancies on the neonatal unit in November 2023, Applications to these posts have been advertised and shortlisted. As reported previously, several of the applicants being newly qualified nurses who had completed a student placement on the unit and identified a preference to seek employment with us. There are band 5 vacancies on Transitional care and band 2 support workers which have been approved at vacancy panel went out to advert in November. There have been ongoing challenges recruiting to vacant ANNP posts, with 5 WTE posts out to advert and only 1 applicant in 9 months, therefore the advert was withdrawn and a plan to move to hybrid clinical fellow/ ANNP posts made. Interviews for these posts will be happening in December 2023.

Red Flags – There are no Neonatal Nursing red Flags reportable.

Bed Occupancy – Despite the increase in ITU activity, the total unit occupancy remained below the expected 80% at 74 % in November. Occupancy rates for November per area were: ITU 103.9% HDU 64.4% LDU 61.8% TC 44.2 %. LDU, HDU and TC occupancy were below expected in November.

CHPPD – Within the critical care areas the care hours provided in November are as would be expected for babies being nursed in ITU with 13.6 Care hours per patient day (CHPPD) overall. The breakdown shows higher hours of registered nurse care and lower non-registered care. This split of 12.2 hrs of registered nurses and 1.4 hrs healthcare support workers, is what is expected considering that most of these babies need care by a nurse qualified in speciality.

The Transitional care CHPPD is reflective of the way in which non- registered care leads TC supported by registered staff and parents, hence why we see 6.2 hours by non-registered nurse and less by registered nurses of 4.0 hrs, but appropriate for care delivery with overall care hours at 10.2 care hours per patient day. Care in TC is more about supporting the family to provide care for their baby therefore less care hours provided by registered and non-registered nursing staff.

To deliver Safe services - Safer Staffing

Maternity: November Fill Rate

Fill-rate –Where planned staffing requirements could not be met due to unavailability, all vacant shifts were escalated to NHSP to attempt to cover with temporary staffing solutions. There has additionally been the requirement for deployment of specialist Midwives, ward managers and matrons for periods of time to ensure safety, particularly in peaks of high activity in MAU to maintain triage time within 30mins. Performance was achieved at 99.9%, and 97.3% of those within 15min BSOTS target, with average time from presentation to triage occurring in <8mins. Additional care staff were provided to support clinical postnatal care delivery for postnatal women on Maternity Ward when RM shifts were unable to be filled utilising temporary staffing solutions. Maternity continued to undertake a minimum 4-hourly activity /acuity review, which allows senior midwifery staff to maintain safety by rotating staff to the areas of highest clinical need using risk based responsive decision making, with daily reporting into the LMNS and consideration of mutual aid to other providers if able to support.

Attendance/ Absence – Maternity continues to report levels of sickness above the trust threshold of 4.5% which is included in the headroom, within its midwifery and support staff group. Maternity sickness increased in November to 8.21% in month, of which STS accounts for 36%, with the top reasons for short term absence being cough/cold or gastrointestinal issues. LTS is 64%. Divisional LTS management meeting led by HR and DHoM also take place with the Managers/ Matrons, with escalation meetings for short term absence patterns also ongoing as required. Robust management practice continues, and assurance can be provided that where there is LTS sickness, cases are managed in line with policy with the majority of current LTS cases are in the 0–3-month timescale. Maternity leave equates to 19.21 wte (21 headcount) all of whom are within the Registered Midwives staffing group and is reflective of a changing age profile of the workforce.

Vacancies – The Maternity Service has 4.27wte Midwifery vacancies due to reduction in hours and retirements at month end, however a pipeline of internationally educated Midwives currently working as MSWs whilst awaiting their NMC PIN will reduce this overall position. A proactive approach to recruitment has been approved to recruit to the increasing number of Maternity leave based on changing workforce demographics. Adverts for NQM and experienced Band 6 midwives have been posted.

Red Flags – During November 37 Midwifery Red Flags were identified. This included 3 delays of >2hrs from admission to commencement of IOL and 23 delays of >12hrs for ongoing IOL (regional red flag), which affected patient experience. Mutual aid was requested from other LMNS providers to support delay in IOLs at LWH due to capacity, however this increase in demand was also reflected across the system and therefore couldn't be supported by other providers. There were 2 occasions when 1:1 care was not facilitated for a period during times of established labour and staff were required to be redeployed, and 1 instance of presentation to triage being >30mins who was referred by community midwife for postnatal concerns. Acuity was high in the department at the time and the mother was triaged at 41mins with no adverse outcomes.

CHPPD – Since April 2021, CHPPD in Maternity has included the number of babies in the total number of patients per inpatient ward at the 23.59hrs data capture. For Intrapartum Areas, Delivery and MLU care during established labour is required to be 1:1 with a registered midwife, with support staff utilised to assist with the functioning of the ward or help in the postnatal period once the birth care episode is completed prior to transfer to Maternity Ward. CHPPD was reported at 18.0 in November for Delivery Suite which is an increase from October which was 15.6. As CHPPD calculation combines hours provided by registered and care staff it is not the most sensitive indicator for Intrapartum Care. 1:1 Care provided by a Midwife to all women is a more accurate measure. There were 2 breaches of 1:1 care being provided for periods in established labour with women progressing rapidly to birth their babies, both of which were reported as Red Flags, and staff redeployed when able to do so. Both cases were reviewed by the Intrapartum Matron, with escalations by the bleep holder to redeploy staff as soon as able. The Maternity Ward is mixed antenatal and postnatal ward and therefore the fluctuation of case mix will be significant to CHPPD calculations, due to babies being inclusive in the total and classed also as patients. It is reported at 3.6 for November which is consistent with the previous month. Nationally the refresh of the BirthRate Plus Ward Based Acuity Tool which will provide real time evidence-based data to support staffing deployment decisions on Maternity Ward. Initial set up with the Maternity Ward management team has occurred, with an imminent Go Live date anticipated. This will provide rapid safe staffing assurance on the changing complexity of ward-based care in Maternity services here at Liverpool Womens.

Planned Preventative maintenance

Compliant partial compliant Non Compliant

PPM Description	Responsibility/ Contractor	HTM/HBN Reference	Frequency				Comments
			Annual	6-Monthly	Quarterly	Monthly	
FIRE							
Fire Alarm Testing (W, 3M)	Tailored Fire						Weekly testing to ensure that all panels sound alarms and all panels talk to each other and send a fire signal to the Fire Alarm Receiving Centre to alert the Fire & Rescue Service. 3Monthly testing of 25% of all devices on site.
Fire Doors (M)	Estates						Monthly inspection of all fire doors.
Fire Damper Inspection Test	VSS & Seegon						Annual fire damper inspection of all dampers in ventilation ductwork.
Fire Fighting Equipment (12m)	Tailored Fire						Annual inspection of all fire extinguishers.
Dry Risers (12M)	Tailored Fire						Annual inspection of all dry risers.
Fire Hydrants (12M)	Tailored Fire						Annual inspection of all fire hydrants.
Emergency Light test (M,12M)	Estates						Monthly test of all emergency lights in the hospital. Annual 3 hour battery discharge test of all emergency lights in the hospital. There are approx 2000 lights to test monthly and annually.
WATER							
Water Treatment (M) (heating and cooling)	Cheshire Scientific						Monthly test of the quality and condition of our heating and cooling water to ensure that it is treated with the correct chemicals to prevent corrosion of the pipe work.
Water Tank Cleaning (12M)	Cheshire Scientific						Annual clean and disinfection of all our potable water tanks used for drinking water.
Water Sampling (M)	Cheshire Scientific						Monthly water sampling in kitchens, staff rooms, water fountains, birthing pools, NICU and HDU for water quality testing for e-coli, coliforms, Legionella pneumophila and Pseudomonas Aeruginosa
Water Safety PPMs	Estates						Weekly, monthly, 3 monthly and 6 monthly servicing and testing of water heaters, water temperatures, water safety devices, such as thermostatic mixing valves, showers and taps.
SECURITY							
Access Control System (3M)	Clarion						3 monthly servicing and testing of access control system.
CCTV (3M)	HEBIS						3 monthly servicing and testing of CCTV system, 110 cameras.
Intruder Alarm (6M)	Clarion						6 monthly service and testing of our intruder alarm and panic buttons.
Baby Tagging System (3M)	Xtag						3 monthly service and testing of our baby tagging system.
LIFTS							
Passengers & Goods Lift (M, 12M)	Rubax						Monthly and annual service and testing of our lifts.
Ladder & Access Platforms (6M)	Ladder Safety Services						6 monthly inspection of ladders and step ladders.
ELECTRICAL							
Commercial Dishwashers (6M)	JLA						6 monthly service and inspection of our dishwashers.
Commercial Washing Machine Dryers (6M)	JLA						6 monthly service and inspection of our washing machines and dryers.
Electric Boilers (12M)	JLA						Annual service of our water boilers in staff room and kitchens.
Kitchen Equipment (6M)	JLA						6 monthly service of all equipment in Main kitchen and ward/department kitchens.
Portable Appliances Testing (12M)	OCS						Annual portable appliance testing (PAT).
Food Trolleys (6M)	Socomel						6 monthly service of meal trolleys.
Weighing Equipment (3M)	Accurate weight						3 monthly service and calibration of patient weighing scales.
Fixed Appliance Testing (12M)	Parr group						Annual test and inspection of electrical installations.
Bed Pan Washers service (6M)	Dekomed						6 monthly service of bed pan washer/disinfectors.
Bed Pan Washers Testing (3M)	Dekomed						3 monthly testing of bed pan wash/disinfectors.
Nurse Calling System (3M)	Austco						3 monthly service and testing of all nurse call systems.
External Light Cleaning (12M)	Estates						Annual clean of all car park and road way lighting.
Internal Light Cleaning (12M)	Estates						Annual clean of all internal light fittings.
Lightning Protection (12 M)	PTSG						Annual service and testing of the lightning protection system.
Generator Testing (W,M,6M,12M)	Ingrams/Estates						Weekly, monthly, 6 monthly and annual service and testing of our emergency generators.
Trend Building Management System (M)	BTS						Monthly service on our Building Management System (BMS) for controlling all heating /ventilation and hot water.
LV Distribution System (12M)	Estates						Annual inspection of our Low Voltage distribution systems (230 volts)
HV Distribution System (12M)	Ipsium						Annual service and inspection of our High Voltage distribution system (1000 to 11000 volts)
Refrigeration (6M) Catering/Domestic	Effective Air						6 monthly service and inspection of our refrigeration systems.
MEDICAL GASES							
Medical Gases (3M)	Medgas Services						3 monthly service and testing of our Medical Gases systems, Medical Air compressors, Oxygen, Nitrous Oxide, Entonox (50% Oxygen and 50% Nitrous Oxide, Medical vacuum pumps, Nitrogen & Carbon Dioxide pipeline systems and manifolds.
HVAC (Heating, ventilation and air conditioning)							
Boiler Burners (6M)	Engle						6 monthly service on our heating boilers gas and oil burners.
Pressure Units (6M)	Engle						6 monthly service and inspection of our pressure units associated with heating and hot water systems.
Main chiller unit (6M)	Engle						6 monthly service and inspection of our chillers for air conditioning and ventilation systems.
Air conditioning (6M)	Effective Air						6 monthly service and inspection of all our air conditioning units in clinical, non clinical departments and IT data centres and comms rooms.
Ventilation System(6M) (AHU)	Estates / Effective Air						6 monthly and annual service and inspection of 42 ventilation systems to critical and non critical clinical and non clinical wards and departments.
NICU Chiller Units (3M)	Carrier						3 monthly service and inspection of the chillers for NICU's ventilation systems.
Ceiling Grills Extract Fans (6M)	Estates						6 monthly clean of all ceiling ventilation grills in all departments.
OTHER							
Car Park Pay & Display (6M)	Newpark						6 monthly service and inspection on our car park barriers and equipment.
Grass Cutting and Grounds Maintenance	Rice lane landscapes						Grass cutting and grounds and gardens seasonal maintenance.
Windows maintenance (12M)	Finestra						Annual inspection of all window restrictors in clinical areas on the first and second floor.

Notes:

1. Summary of compliance rates.

Month	Water	General PPM's	Reactive maintenance
M1 - 04/23	100%	91%	80%
M2 - 05/23	99%	86%	72%
M3 – 06/23	100%	90%	77%
M4 – 07/23	100%	84%	76%
M5 – 08/23	100%	95%	86%
M6 – 09/23	89%	91%	82%
M7 – 10/23	100%	88%	79%
M8 – 11/23	96%	91%	80%
M9 – 12/23			
M10 – 01/24			
M11 – 02/24			
M12 – 03/24			

2. Fire strategy - capital confirmed for various projects on 7th June - schedule of works now agreed and ongoing. Fire audit undertaken August 2023 resulted in **REGULATORY REFORM (FIRE SAFETY) ORDER 2005**

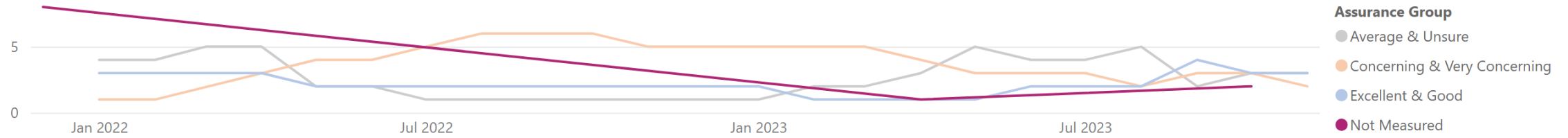
Risk register:

2368 - Hot water may not be delievred at high tempertaure cause - the original trace heating system on the domestic hot water pipe work is at end of life.
All three risks have an impact on resource levels within the department - and although significant improvement has been made the department has experienced some staff turnover with recruitment ongoing, therefore these will remain on risk register until it can be assured that compliance will be maintained.

Given the continued improvement in water safety and general PPM's compliance it was anticipated that we would be abe to review these risks with a view to reducing or removing them. However, given the decline in compliance, although now improving, a review of these risks will take place in month 10.

FIRE	
Fire Alarm Testing (W, 3M)	Weekly testing to ensure that all panels sound alarms and all panels talk to each other and send a fire signal to the Fire Alarm Receiving Centre to alert the
Fire Doors (M)	Monthly inspection of all fire doors.
Fire Damper Inspection Test	Annual fire damper inspection of all dampers in ventilation ductwork.
Fire Fighting Equipment (12m)	Annual inspection of all fire extinguishers.
Dry Risers (12M)	Annual inspection of all dry risers.
Fire Hydrants (12M)	Annual inspection of all fire hydrants.
Emergency Light test (M,12M)	Monthly test of all emergency lights in the hospital. Annual 3 hour battery discharge test of all emergency lights in the hospital. There are approx 2000 lights
WATER	
Water Treatment (M) (heating and cooling)	Monthly test of the quality and condition of our heating and cooling water to ensure that it is treated with the correct chemicals to prevent corrosion of the
Water Tank Cleaning (12M)	Annual clean and disinfection of all our potable water tanks used for drinking water.
Water Sampling (M)	Monthly water sampling in kitchens, staff rooms, water fountains, birthing pools, NICU and HDU for water quality testing for e-coli, coliforms, Legionella pneumophila
Water Safety PPMs	Weekly, monthly, 3 monthly and 6 monthly servicing and testing of water heaters, water temperatures, water safety devices, such as thermostatic mixing valves
SECURITY	
Access Control System (3M)	3 monthly servicing and testing of access control system.
CCTV (3M)	3 monthly servicing and testing of CCTV system, 110 cameras.
Intruder Alarm (6M)	6 monthly service and testing of our Intruder alarm and panic buttons.
Baby Tagging System (3M)	3 monthly service and testing of our baby tagging system.
LIFTS	
Passengers & Goods Lift (M, 12M)	Monthly and annual service and testing of our lifts.
Ladder & Access Platforms (6M)	6 monthly inspection of ladders and step ladders.
ELECTRICAL	
Commercial Dishwashers (6M)	6 monthly service and inspection of our dishwashers.
Commercial Washing Machine Dryers (6M)	6 monthly service and inspection of our washing machines and dryers.
Electric Boilers (12M)	Annual service of our water boilers in staff room and kitchens.
Kitchen Equipment (6M)	6 monthly service of all equipment in Main kitchen and ward/department kitchens.
Portable Appliances Testing (12M)	Annual portable appliance testing (PAT).
Food Trolleys (6M)	6 monthly service of meal trolleys.
Weighing Equipment (3M)	3 monthly service and calibration of patient weighing scales.
Fixed Appliance Testing (12M)	Annual test and inspection of electrical installations.
Bed Pan Washers service (6M)	6 monthly service of bed pan washer/disinfectors.
Bed Pan Washers Testing (3M)	3 monthly testing of bed pan wash/disinfectors.
Nurse Calling System (3M)	3 monthly service and testing of all nurse call systems.
External Light Cleaning (12M)	Annual clean of all car park and road way lighting.
Internal Light Cleaning (12M)	Annual clean of all internal light fittings.
Lightning Protection (12 M)	Annual service and testing of the lightning protection system.
Generator Testing (W,M,6M,12M)	Weekly, monthly, 6 monthly and annual service and testing of our emergency generators.
Trend Building Management System (M)	Monthly service on our Building Management System (BMS) for controlling all heating /ventilation and hot water.
LV Distribution System (12M)	Annual inspection of our Low Voltage distribution systems (230 volts)
HV Distribution System (12M)	Annual service and inspection of our High Voltage distribution system (1000 to 11000 volts)
Refridgeration (6M) Catering/Domestic	6 monthly service and inspection of our refrigeration systems.
MEDICAL GASES	
Medical Gases (3M)	3 monthly service and testing of our Medical Gases systems, Medical Air compressors, Oxygen, Nitrous Oxide, Entonox (50% Oxygen and 50% Nitrous Oxide)
HVAC (Heating, ventilation and air conditioning)	
Boiler Burners (6M)	6 monthly service on our heating boilers gas and oil burners.
Pressure Units (6M)	6 monthly service and inspection of our pressure units associated with heating and hot water systems.
Main chiller unit (6M)	6 monthly service and inspection of our chillers for air conditioning and ventilation systems.
Air conditioning (6M)	6 monthly service and inspection of all our air conditioning units in clinical, non clinical departments and IT data centres and comms rooms.
Ventilation System(6M) (AHU)	6 monthly and annual service and inspection of 12 ventilation systems to critical and non critical clinical and non clinical wards and departments.
NICU Chiller Units (3M)	3 monthly service and inspection of the chillers for NICU's ventilation systems.
Ceiling Grills Extract Fans (6M)	6 monthly clean of all ceiling ventilation grills in all departments.
OTHER	
Car Park Pay & Display (6M)	6 monthly service and inspection on our car park barriers and equipment.
Grass Cutting and Grounds Maintenance	Grass cutting and grounds and gardens seasonal maintenance.
Windows maintenance (12M)	Annual inspection of all window restrictors in clinical areas on the first and second floor.

Section 4: To deliver the most **Effective** Outcomes



KPI	Assurance Category	Date	Target	Target < or >	Performance	Assurance	Variation	Trend
Cancer: 62 Day referral to Treatment	Not Measured	October 2023	>=85%	>=	35.71%			.
Cancer: 31 Day decision to treat to treatment	Not Measured	October 2023	>=96%	>=	72.73%			.
18 Week RTT: Incomplete Pathway > 104 Weeks	Excellent	November 2023	0	<=	0			
Cancer: 28 Day Faster Diagnosis	Very Concerning	October 2023	>= 75%	>=	26.64%			
Diagnostic Tests: 6 Week Wait	Good	November 2023	>= 99%	>=	96.86%			
A&E Maximum waiting time of 4 hours from arrival to admission, transfer or discharge	Average	November 2023	>= 95%	>=	88.19%			
Proportion of patient activity with an ethnicity code	Average	November 2023	>=96%	>=	97.97%			
18 Week RTT: Incomplete Pathway > 78 Weeks	Concerning	November 2023	0	<=	1			
18 Week RTT: Incomplete Pathway > 65 Weeks	Good	November 2023	0	<=	277			
18 Week RTT: Incomplete Pathway > 52 Weeks	Average	November 2023	0	<=	1732			
Overall size of Elective Waiting List	Concerning	November 2023		<=	20311			

*Following KPI's have nationally set targets as part of Operational Planning Guidance for 23/24:

18 Week RTT: Incomplete Pathway > 52 Weeks (KPI002T)

Diagnostic Tests: 6 Week Wait (KPI204)



A&E Maximum waiting time of 4 hours from arrival to admission, transfer or discharge (KPI008)

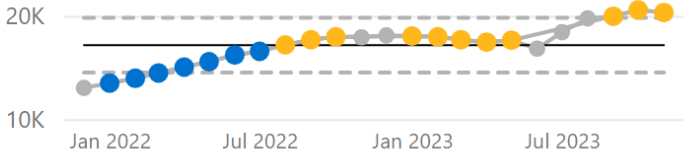
18 Week RTT: Incomplete Pathway > 65 Weeks (KPI498)

Cancer: 28 Day Faster Diagnosis (KPI359)



To deliver the most **Effective** Outcomes - Exceptions

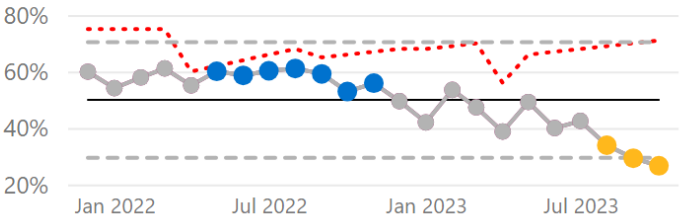
Overall size of Elective Waiting List - Chief Operating Officer

Assurance Category	Concerning
Date	November 2023
Target	
Target < or >	<=
Performance	20311
Assurance	
Variation	





Cancer: 28 Day Faster Diagnosis - Chief Operating Officer

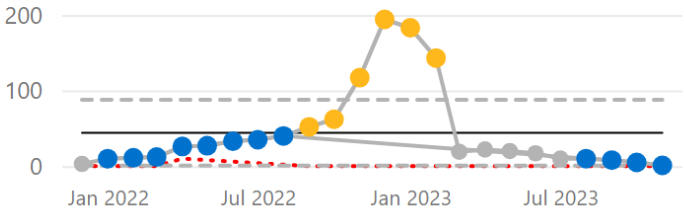
Assurance Category	Very Concerning
Date	October 2023
Target	>= 75%
Target < or >	>=
Performance	26.64%
Assurance	
Variation	



Number of hysteroscopy procedures performed has doubled since July.
Weekly tracker of activity being monitored. All routine activity has been converted to Rapid Access to support the position. Impact of actions is demonstrated in KPI467.

18 Week RTT: Incomplete Pathway > 78 Weeks - Chief Operating Officer

Assurance Category	Concerning
Date	November 2023
Target	0
Target < or >	<=
Performance	1
Assurance	
Variation	



Assurance Category	
Date	
Target	
Target < or >	
Performance	
Assurance	
Variation	

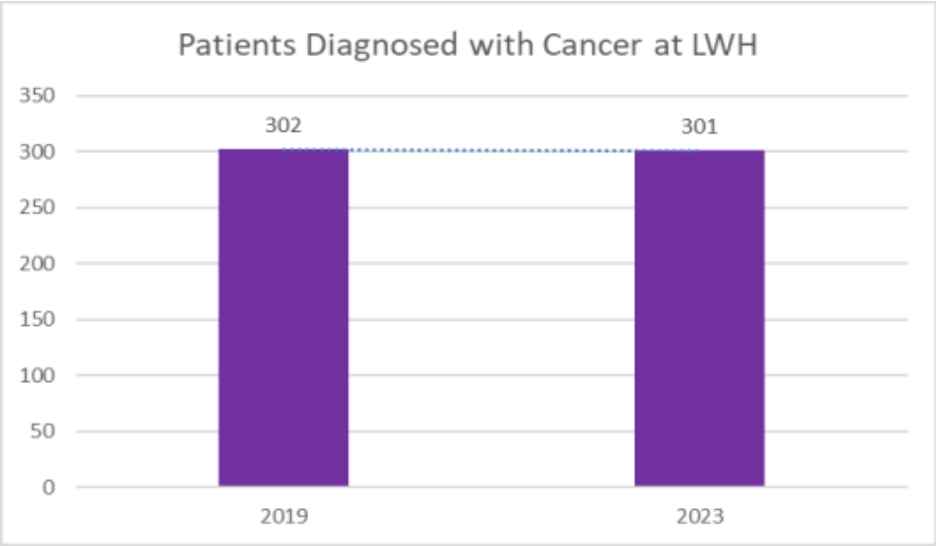
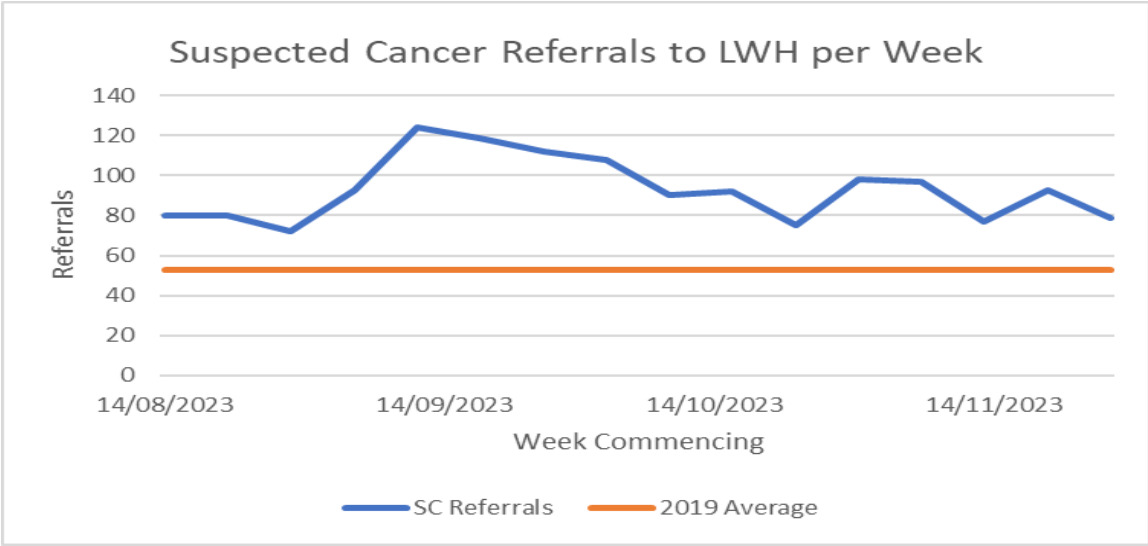
Cancer Tier 2 Performance Update

December 20th 2023

These slides are provided to give a more current update on cancer performance and trajectories and are subject to a degree of validation

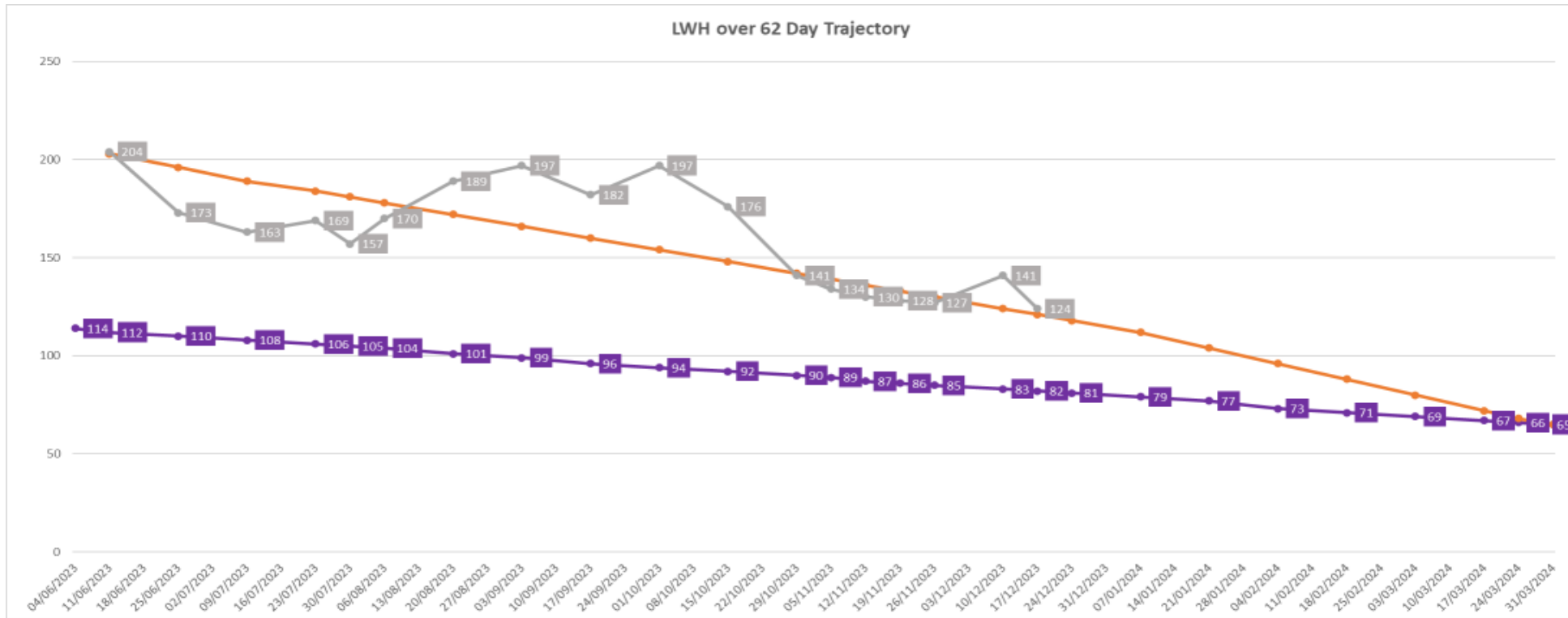
*The **best people**, giving the **safest care**, providing **outstanding experiences***

Suspected Cancer Referrals into LWH



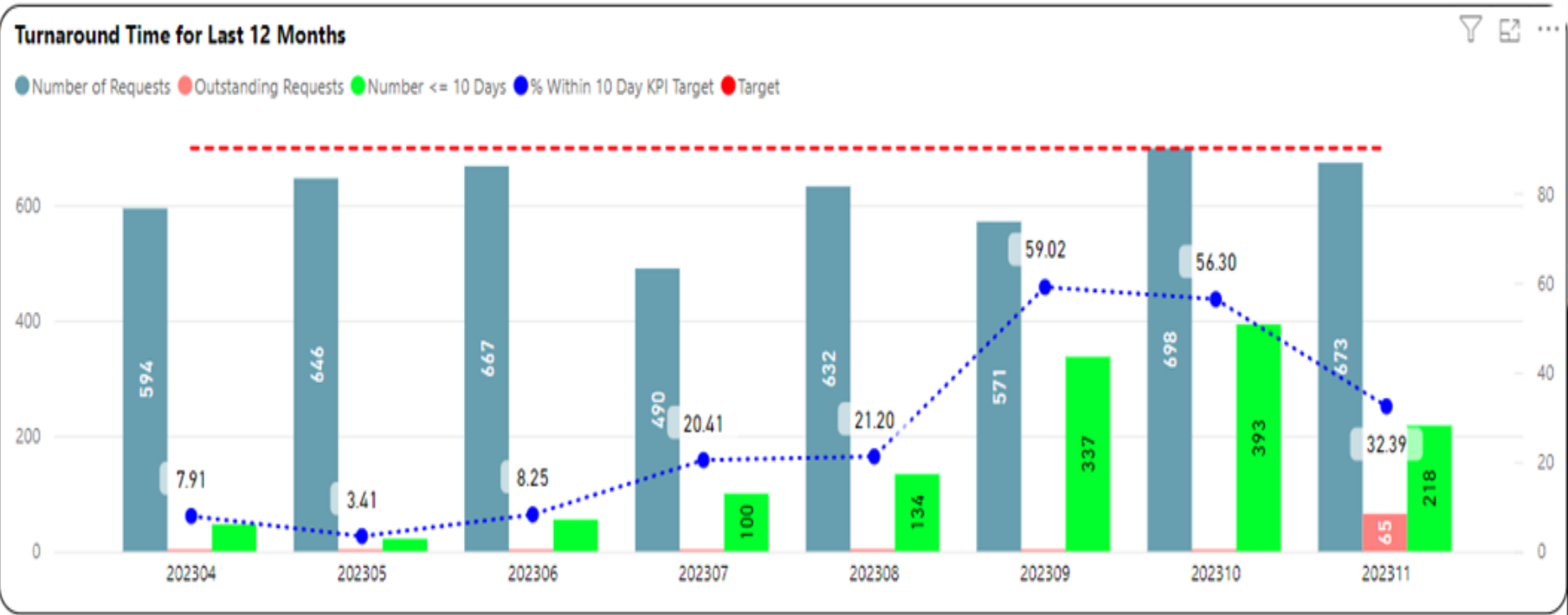
- Chart shows current cancer referrals compared to 2019. LWH are seeing a 151% increase, with some weeks hitting 230% of the 2019 average.
- We are seeing no change in the cancer diagnosis numbers in this time frame.
- This adds pressure to diagnose these patients at an earlier cancer stage.
- Management of Programme By Cancer Improvement Group

Cancer 62 Day: Weekly PTL tracker



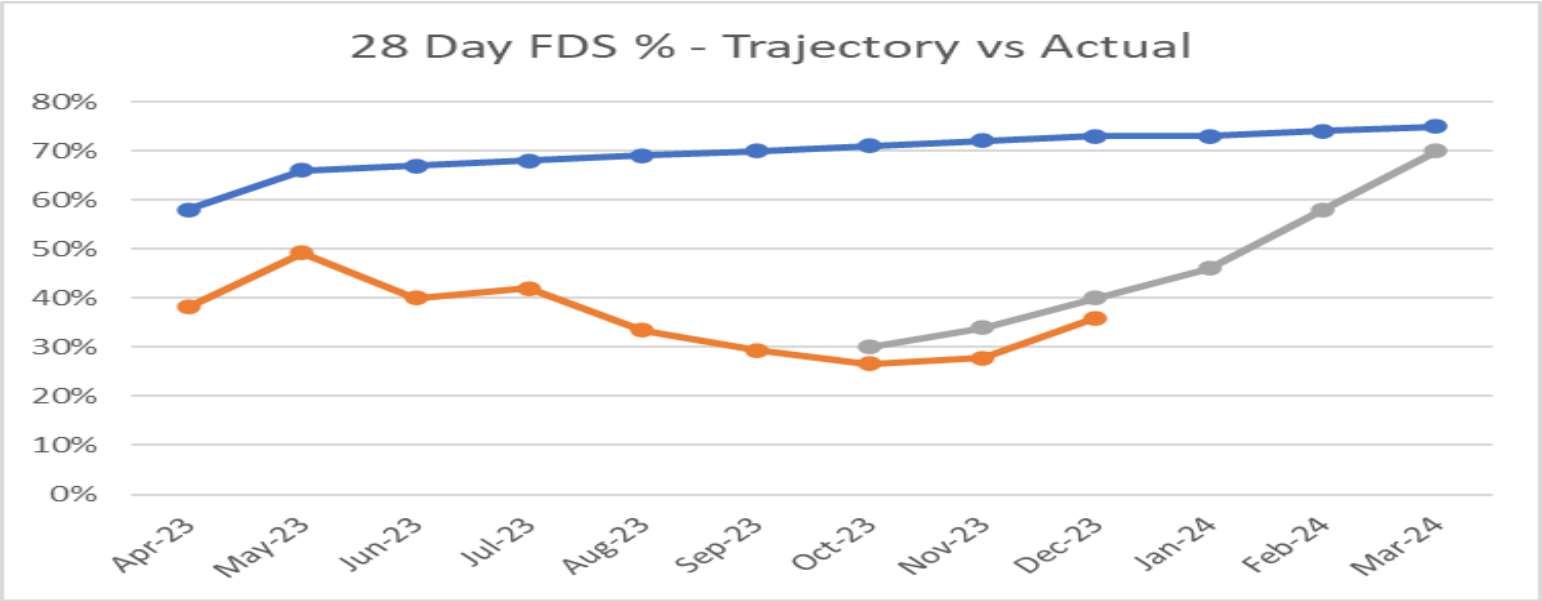
- The purple line was the trajectory given for LWH to clear the over 62 day backlog in the 2023/24 annual plan. The continued increase in referrals has not allowed this and a revised trajectory (orange line) is being monitored via the NW Cancer Tier 2 meetings. As of mid December LWH is on trajectory however this is likely to be challenged through periods of Industrial action. Since April we have reduced our total number of women on a cancer pathway from 600 to 400

Histology TATs



With support of LCL We have seen improvement in our histology turnaround times which has supported our diagnostic backlog reduction

FDS 28 Day

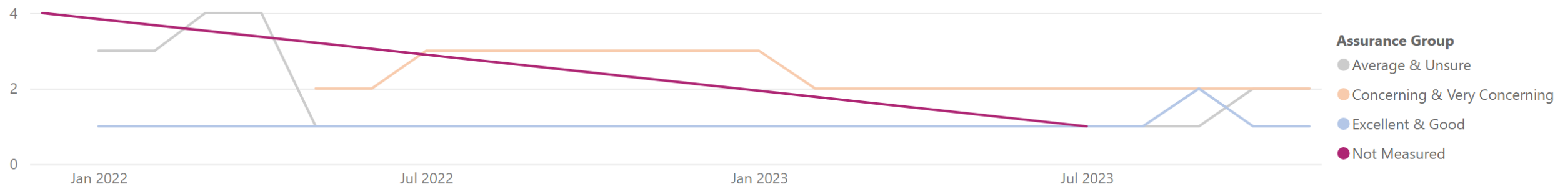


The blue line was the 23/24 annual planning ask for 28 day Faster Diagnosis

The orange line is our performance. As we have cleared backlog due to increased referrals our performance has been challenged. This has started to improve through November and December as predicted.

The Grey line is our revised trajectory with the NW Tier 2 oversight

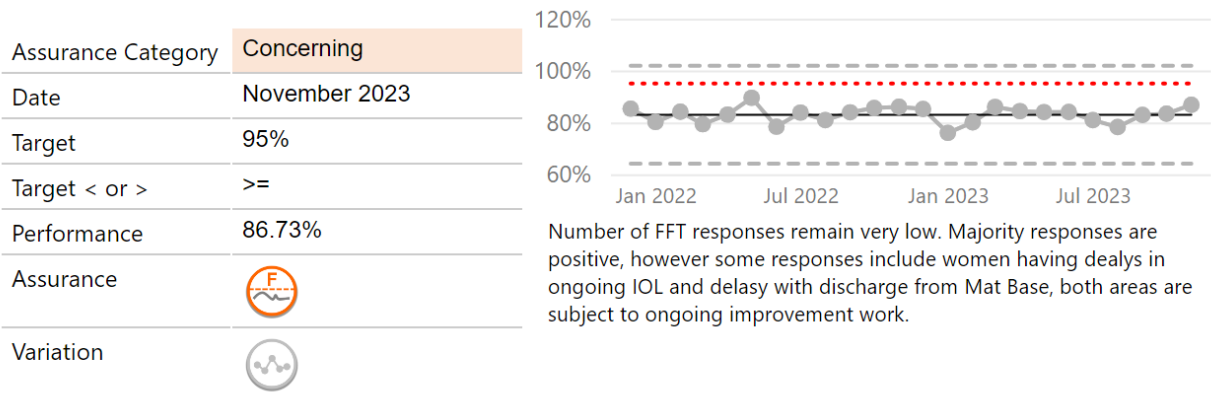
Section 5: To deliver the best possible **Experience** for patients and staff



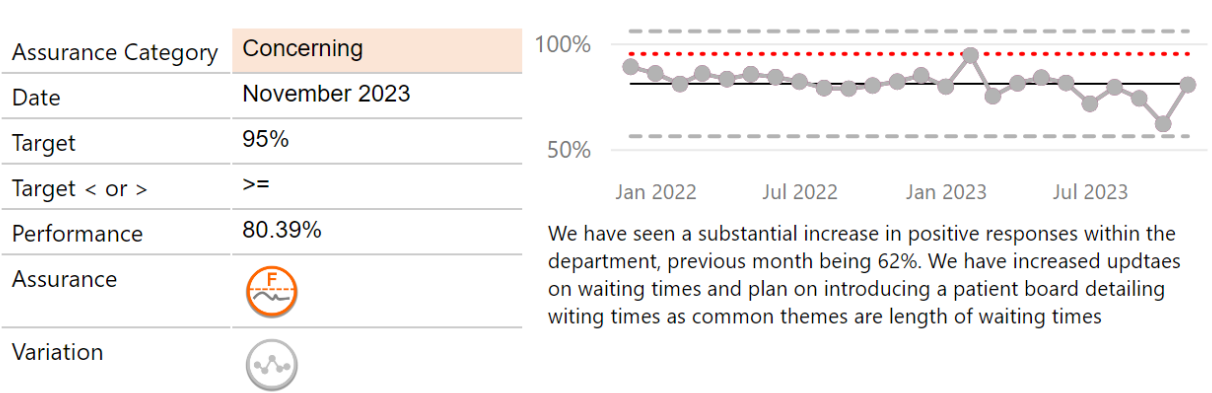
KPI	Assurance Category	Date	Target	Target < or >	Performance	Assurance	Variation	Trend
Complaints: Number Received	Good	November 2023	<= 15	<=	2			
C-Gull Recruitment	Average	November 2023		<=	185			
Friends & Family Test: In-patient/Daycase % positive	Average	November 2023	95%	>=	93.86%			
Friends & Family Test: A&E % positive	Concerning	November 2023	95%	>=	80.39%			
Friends & Family Test: Maternity % positive	Concerning	November 2023	95%	>=	86.73%			

To deliver the best possible **Experience** for patients and staff - Exceptions

Friends & Family Test: Maternity % positive - Chief Nurse



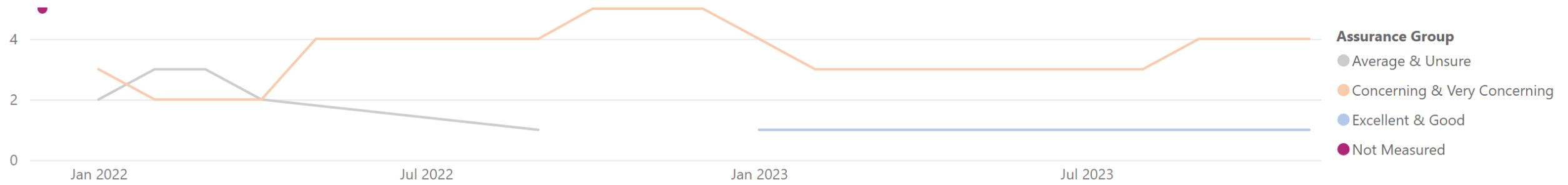
Friends & Family Test: A&E % positive - Chief Nurse



Assurance Category	
Date	
Target	
Target < or >	
Performance	
Assurance	
Variation	

Assurance Category	
Date	
Target	
Target < or >	
Performance	
Assurance	
Variation	



Section 6: To develop a well led, capable, motivated and entrepreneurial **Workforce**

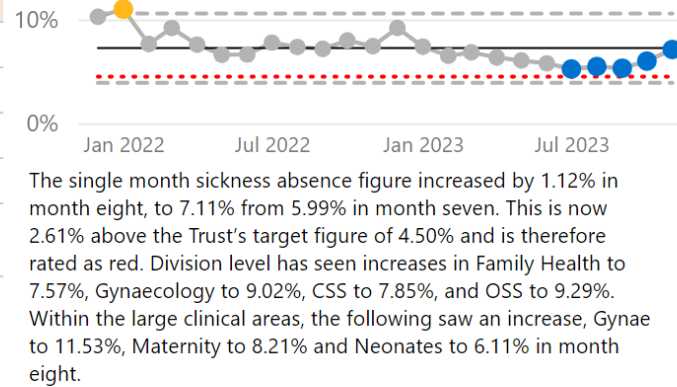


KPI	Assurance Category	Date	Target	Target < or >	Performance	Assurance	Variation	Trend
Turnover Rate	Excellent	November 2023	<= 13%	<=	9.71%			
Mandatory Training	Concerning	November 2023	>= 95%	>=	93.18%			
Mandatory Training (Clinical)	Concerning	November 2023	>= 95%	>=	87.58%			
Prevention of Ill Health: Flu Vaccine Front Line Clinical Staff	Concerning	November 2023	>= 80%	>=	36.44%			
Sickness Absence Rate	Concerning	November 2023	<= 4.5%	<=	7.11%			



To develop a well led, capable, motivated and entrepreneurial **Workforce** - Exceptions

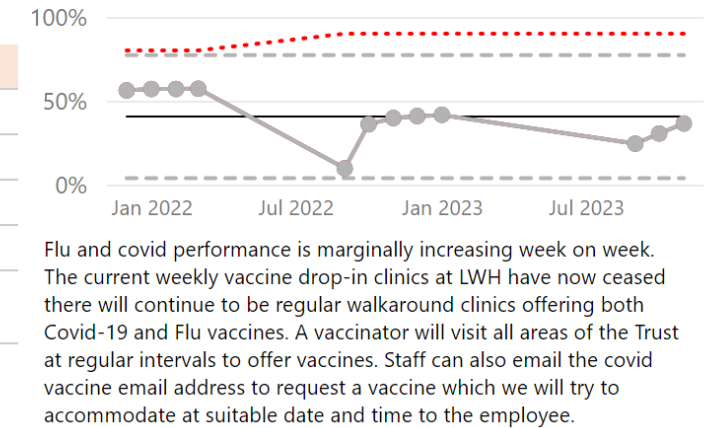
Sickness - Chief People Officer

Assurance Category	Concerning
Date	November 2023
Target	$\leq 4.5\%$
Target < or >	\leq
Performance	7.11%
Assurance	
Variation	





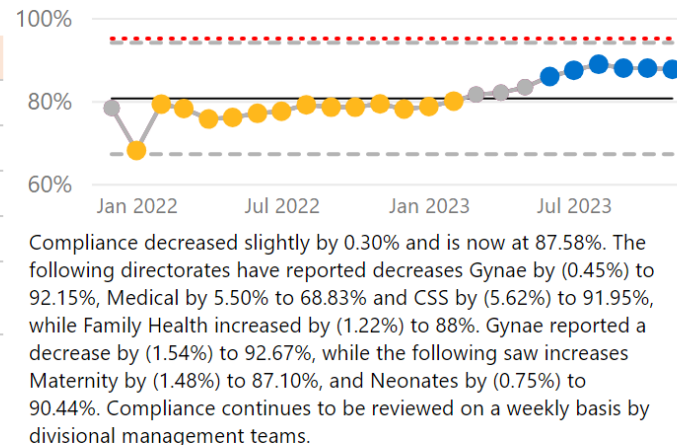
Prevention of Ill Health: Flu Vaccine Front Line Clinical Staff - Chief People Officer

Assurance Category	Concerning
Date	November 2023
Target	$\geq 80\%$
Target < or >	\geq
Performance	36.44%
Assurance	
Variation	





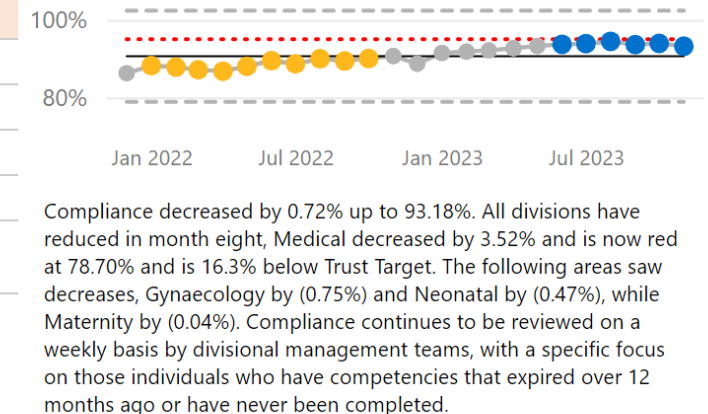
Mandatory Training (Clinical) - Chief People Officer

Assurance Category	Concerning
Date	November 2023
Target	$\geq 95\%$
Target < or >	\geq
Performance	87.58%
Assurance	
Variation	



Mandatory Training - Chief People Officer

Assurance Category	Concerning
Date	November 2023
Target	$\geq 95\%$
Target < or >	\geq
Performance	93.18%
Assurance	
Variation	



KPI Lineage & Data Quality Overview

Metric Description	WE SEE	DQ Kite Mark	Board	FPBD	Quality	PPF	Family Health Division	CSS Division	Gynaecology Division	Maternity Clinical
18 Week RTT: Incomplete Pathway > 104 Weeks	Effective	5	✔ Y	✔ Y	✔ Y				✔ Y	
18 Week RTT: Incomplete Pathway > 52 Weeks	Effective	5	✔ Y	✔ Y	✔ Y					
18 Week RTT: Incomplete Pathway > 65 Weeks	Effective	5	✔ Y	✔ Y	✔ Y				✔ Y	
18 Week RTT: Incomplete Pathway > 78 Weeks	Effective	5	✔ Y	✔ Y	✔ Y				✔ Y	
A&E Maximum waiting time of 4 hours from arrival to admission, transfer or discharge	Effective	5	✔ Y	✔ Y	✔ Y				✔ Y	
Cancer: 28 Day Faster Diagnosis	Effective	5	✔ Y	✔ Y	✔ Y			✔ Y	✔ Y	
Complaints: Number Received	Experience	5	✔ Y		✔ Y					
Diagnostic Tests: 6 Week Wait	Effective	5	✔ Y	✔ Y	✔ Y			✔ Y	✔ Y	
Friends & Family Test: A&E % positive	Experience	5	✔ Y		✔ Y				✔ Y	
Friends & Family Test: In-patient/Daycase % positive	Experience	5	✔ Y		✔ Y				✔ Y	
Friends & Family Test: Maternity % positive	Experience	5	✔ Y		✔ Y		✔ Y			✔ Y
Infection Control: Clostridium Difficile	Safety	5	✔ Y		✔ Y					
Infection Control: MRSA	Safety	5	✔ Y		✔ Y					
Mandatory Training	Workforce	5	✔ Y		✔ Y	✔ Y				
Mandatory Training (Clinical)	Workforce	5	✔ Y		✔ Y	✔ Y				
MAU - Arrival to Triage within 30 Mins	Safety	5	✔ Y	✔ Y	✔ Y		✔ Y			✔ Y
Neonatal deaths 24-31+6 Weeks Inborn babies	Safety	5	✔ Y				✔ Y			
Neonatal deaths per 1,000 total live births	Safety	5	✔ Y				✔ Y			
Neonatal Unit Deaths > 22wks Gest Inborn	Safety	5	✔ Y				✔ Y			
Neonatal Unit Deaths > 22wks Gest Inborn and Out Born	Safety	5	✔ Y				✔ Y			
Neonatal Unit Deaths > 22wks Gest Out Born	Safety	5	✔ Y				✔ Y			
Never Events	Safety	5	✔ Y		✔ Y					
NHSE / NHSI Safety Alerts Outstanding	Safety	5	✔ Y		✔ Y		✔ Y			✔ Y
Overall size of Elective Waiting List	Effective	5	✔ Y					✔ Y	✔ Y	
Proportion of patient activity with an ethnicity code	Effective	5	✔ Y	✔ Y					✔ Y	
Serious Untoward Incidents: New	Safety	5	✔ Y		✔ Y					
Serious Untoward Incidents: Number of SUI's reported to CCG within agreed timescale	Safety	5	✔ Y		✔ Y					
Serious Untoward Incidents: Number of SUI's with actions outstanding	Safety	5	✔ Y		✔ Y				✔ Y	
Serious Untoward Incidents: Open	Safety	5	✔ Y		✔ Y					
Sickness	Workforce	5	✔ Y		✔ Y	✔ Y				
Turnover	Workforce	5	✔ Y			✔ Y				
Venous Thromboembolism (VTE)	Safety	5	✔ Y		✔ Y					
Cancer: 31 Day decision to treat to treatment	Effective		✔ Y	✔ Y	✔ Y				✔ Y	
Cancer: 62 Day referral to Treatment	Effective		✔ Y	✔ Y	✔ Y				✔ Y	
C-Gull Recruitment	Experience		✔ Y		✔ Y		✔ Y			
Number of Open Patient Safety Incident Investigations	Safety		✔ Y		✔ Y					
Prevention of Ill Health: Flu Vaccine Front Line Clinical Staff	Workforce		✔ Y	✔ Y	✔ Y	✔ Y				
Total Number of Patient Safety Incident Investigations (Rolling)	Safety		✔ Y		✔ Y					

Trust Board

COVER SHEET

Agenda Item (Ref)	23/24/235	Date: 11/01/2024		
Report Title	Finance Performance Month 8 2023/24			
Prepared by	Jen Huyton, Deputy Chief Finance Officer / Deputy Director of Strategy			
Presented by	Jenny Hannon, Chief Finance Officer / Executive Director of Strategy and Partnerships			
Key Issues / Messages	To note the Month 8 financial position and approve revised forecast outturn.			
Action required	Approve <input checked="" type="checkbox"/>	Receive <input type="checkbox"/>	Note <input checked="" 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 Board is asked to: <ul style="list-style-type: none"> Note the Month 8 position. Approve the revised 'H2' forecast outturn of £23.4m deficit for 2023/24, with a tolerance of £0.2m. 			
Supporting Executive:	Jenny Hannon, Chief Finance Officer / Executive Director of Strategy and Partnerships			

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	<input checked="" type="checkbox"/>	To participate in high quality research and to deliver the most effective Outcomes	<input checked="" type="checkbox"/>
To be ambitious and efficient and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible experience for patients and staff	<input checked="" type="checkbox"/>
To deliver safe services	<input checked="" type="checkbox"/>		

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

Link to the BAF (positive/negative assurance or identification of a control / gap in control) <i>Copy and paste drop down menu if report links to one or more BAF risks</i> 5 – Inability to deliver the 2023/24 financial plan and ensure our services are financially sustainable in the long term	Comment:
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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
Finance, Performance and Business Development Committee	Dec 23 (by email for information)	Chief Finance Officer	N/A (Note: requirement for Board approval for forecast variation at Month 9 was issued subsequent to FPBD paper)
Executive Committee	13/11/23	Chief Finance Officer	N/A

EXECUTIVE SUMMARY

The Trust agreed a challenging financial plan for 2023/24 of £15.5m deficit. At Month 8 the Trust reported a year to date (YTD) deficit of £12.8m, which represents a £2.0m adverse variance to plan as set out in the report. This position is supported by £3.1m of non-recurrent (one-off) items. The full year forecast outturn reported at Month 8 was a £15.5m deficit, which is in line with the submitted plan, however the risks to this were clearly articulated.

Cost Improvement Programme (CIP) delivery is behind the YTD target by £1.1m at Month 8. The Trust has a full year target of £8.3m and remains focussed on rapid recovery to deliver robust, recurrent savings both in year and in the long term.

The cash balance was £6.5m at the end of Month 8.

During November 23 the Trust submitted a revised forecast 'H2' position to the Cheshire and Merseyside Integrated Care Board (C&M ICB) for onward submission to the NHS England National team for consideration. This full year submission was approved by the Board and indicated an adverse variance to the agreed plan of £7.2m (after receipt of £1.5m of additional income announced during November and excluding any further impact of industrial action), and therefore a full year deficit of £22.6m.

Since that submission further industrial action has taken place in December 2023 and January 2024. The exact impact of industrial action is still being assessed, however is expected to be in the range of £0.7m - £1m which will further worsen the agreed and submitted 'H2' forecast.

Therefore, the Board are asked to approve the formal submission of the revised H2 forecast at Month 9 of £23.4m deficit which will be reported from Month 9 onwards in line with national guidance.

MAIN REPORT

1. Summary Financial Position

	Plan	Actual	Variance	RAG	R	A	G
Surplus/(Deficit) YTD	-£10.8m	-£12.8m	-£2.0m	5	>10% off plan	Plan	Plan or better
I&E Forecast M8	-£15.5m	-£15.5m	£0.0m	1	>10% off plan	Plan	Plan or better
I&E Forecast H2	-£15.5m	-£22.6m	-£7.2m	1	>10% off plan	Plan	Plan or better
NHS I/E Rating	3	3	0	1	4	3	2+
Cash	£3.2m	£6.5m	£3.3m	6	<£1m	£1m-£4.5m	£4.5m+
Total CIP Achievement YTD	£4.9m	£3.7m	-£1.1m	6	>10% off plan	Plan	Plan or better
Recurrent CIP Achievement YTD	£4.9m	£2.4m	-£2.4m	6	>10% off plan	Plan	Plan or better
Aligned Payment Incentive	106%	97%	-9%	6	>10% off plan	<10% off plan - plan	Plan or better
Non-Recurrent Items YTD	£0.7m	£3.1m	£2.4m	5	>£0		<£0
Capital Spend YTD	£4.6m	£2.8m	-£1.8m	5	>10% off plan	Plan	Plan or better

At Month 8 the Trust is reporting a £12.8m deficit, which represents a £2.0m adverse variance to plan YTD. This is supported by £3.1m of non-recurrent items. The reported forecast outturn at Month 8 was £15.5m deficit, which is in line with the submitted plan. This position has been reported to Cheshire and Merseyside Integrated Care Board (C&M ICB).

The Trust is currently in NHS Oversight Framework segment 3 (NOF3) and is in the process of agreeing appropriate exit criteria with the ICB.

2. Approval of Revised Forecast Outturn

On 21 November 2023 a revised 'H2' forecast outturn was submitted to the ICB for inclusion in their revised system forecast outturn. The Trust's H2 forecast outturn was a deficit of £22.6m, which represents an adverse variance to plan of £7.2m. This forecast does not include any further impact of industrial action, in line with instruction from NHS England (NHSE).

At the time of reporting for Month 8, NHSE were still in the process of agreeing system positions with ICBs, and in addition the industrial action which took place in December and January had not been formally announced. As a result, providers were advised by NHSE not to vary their forecasts.

Subsequently, system positions have been agreed and providers and systems have now been instructed to vary their forecasts at Month 9, in line with the submitted H2 forecast, *plus* the impact of industrial action which took place in December and January. At the time of writing, the impact of industrial action is being assessed. The final figure will be agreed during Month 9 reporting, however work to date has indicated that the impact will be between £0.7m and £1.0m. This is in line with the risk previously flagged to the ICB (£0.8m). Therefore, while the Trust's submitted forecast at Month 8 remains at breakeven to plan, its realistic, revised 'H2' forecast outturn is now in the range of £23.3m to £23.6m deficit. This is equivalent to that submitted during the initial H2 exercise, with the addition of £0.7m to £1.0m impact of industrial action.

Trust Boards are required to formally approve any variation in forecast. In November 2023, the Trust Board approved the revised H2 forecast of £22.6m deficit (£7.2m adverse variance to plan). The Board is now asked to approve the revised forecast of £23.4m deficit (a further £0.8m adverse to plan) noting that the only change relates to industrial action which took place during December and January. Any further industrial action would require a further variation to the forecast.

Due to the timings of the Board approval requirements being ahead of the latest industrial action figures being finalised, a tolerance of £0.2m is requested for the forecast submission on 10 January 24.

3. Quality and Safety Investments

The Trust has identified a number of improvement areas requiring recurrent and non-recurrent investment to improve safety and quality in the short term which will impact on the financial position of the Trust. These costs are being finalised and will be taken at pace through the appropriate governance channels ahead of Board approval.

4. Financial Recovery

Underlying Position

As noted above, the YTD position is supported by £3.1m of non-recurrent items, of which £2.4m was unplanned. The adjusted position in Month 8 (following removal of key non-recurrent items) is a deficit of £15.9m, which represents an adverse variance of £5.1m against the YTD plan.

The key drivers of the underlying year to date position are reported to the ICB and reviewed by NHSE. They are:

- Undelivered CIP (£1.1m); non-pay and income CIP targets.
- Industrial action costs (£0.5m) and net income impact (£0.5m), offset by non-recurrent income £1.0m, recognised in Month 8.
- API underperformance excluding industrial action impact, offset by impact of reduction in activity targets by 4% (£0.5m).
- Impact of pay award (£0.2m)
- Unwinding of 2022/23 pay investment (£1.1m)
- Investment in maternity post CQC inspection (£0.5m)
- Excess inflation and other non-pay pressures (£0.3m)
- Operational pressures (£0.8m) including nursing & midwifery, medical staffing, unfunded cost pressures in corporate areas and estates non-pay related pressures, off-set by £0.6m anaesthetic consultant vacancies and £0.3m interest receivable above plan.

The above drivers are offset by £1.6m non-recurrent items resulting in the actual adverse YTD variance from plan of £2.0m.

Whole Time Equivalents (WTE)

Whole Time Equivalents are shown in Appendix 1. At Month 8 WTEs total 1,716, compared to 1,688 at M12 2022/23, with a shift away from temporary (bank and agency) towards substantive staff. Between Month 7 and Month 8, WTEs have increased by 11.6, driven primarily by planned substantive recruitment in nurse staffing.

Cost Improvement Programme

The Trust has a cost improvement programme target of £8.3m. This equates to 5.3% of expenditure. At Month 8, there is an adverse variance of £1.2m against the £4.9m target. £0.5m of CIP was delivered in month.

The Trust remains focussed on identifying and implementing robust schemes through a programme of targeted financial recovery. The risk associated with delivery of the CIP programme is currently estimated to be £2.3m.

Finance Recovery Actions

The Trust produced a long-term financial recovery plan, approved by the Trust Board in September 23. This plan indicates that to return to a breakeven financial position, the Trust requires system support and structural change, particularly in relation to income.

The Trust has implemented a financial recovery programme with enhanced infrastructure, documentation, and governance, to enable the pace of change required to deliver the challenge. A Project Management Office (PMO) has been established (from within existing resources), recovery workstreams have been initiated and new savings opportunities have been identified. A Quality Impact Assessment Assurance Committee has been established to review all Quality Impact Assessments for all transformational schemes and will focus on ensuring the Trust does not lose focus on quality during the financial recovery process.

The Financial Grip and Control Working Group have implemented revised financial approval limits across pay and non-pay, accompanied by a defined set of criteria and exemptions (to ensure clinical safety) for approval of spend.

5. Divisional Summary Overview

Family Health

The Family Health Division has an adverse variance of £0.4m YTD. This includes recognition of £0.8m non-recurrent favourable impact related to receipt of non-recurrent CNST MIS funds relating to Year 4.

£1.0m of the adverse variance relates to Maternity, offset by £0.6m favourable variance in Neonatal. The Maternity variance continues to be driven by pay pressures in medical staffing (caused by junior doctor rota gaps and step-down costs in relation to industrial action, noting that non-recurrent funding for industrial action has been recognised centrally rather than within divisions) and midwifery staffing (caused by cover for sickness, vacancies earlier in the year, and maternity leave). The Neonatal favourable variance is driven predominantly by vacancies in ICU nurse staffing. Posts have been approved through vacancy control panel, active recruitment is underway and is reflected in the forecast.

The Family Health Division have well-managed agency usage and have made substantial progress in recruiting to substantive posts to reduce risk of reliance on temporary staffing solutions. There was no agency usage in maternity in Month 8.

Gynaecology

The Gynaecology Division has an adverse variance to plan of £1.9m YTD, comprised of £2.0m adverse in Gynaecology and £0.1m favourable in the Hewitt Fertility Centre. The Gynaecology variance continues to be driven by medical staffing (in relation to junior doctor pressures, industrial action, and costs of recovery), nursing and support staff pay pressures, and income underperformance (related to Aligned Payment and Incentive (API) and industrial action (see below for further details)).

The Hewitt Fertility Centre has moved from an adverse variance to plan YTD at Month 7 to a favourable variance to plan at Month 8, driven by additional activity and associated income.

Clinical Support Services (CSS)

CSS are £1.3m adverse to plan YTD, driven by adverse variances in:

- Imaging pay (£0.5m) in relation to staffing pressures not funded through budget setting.
- Pathology services (Liverpool Clinical Laboratories) above budgeted levels of activity (£0.3m).
- Theatres (£0.7m), driven by nursing, Operating Department Practitioner (ODP) and support staff costs partially mitigated by vacancies in anaesthetic medical staffing.

Adverse variances are partially offset by favourable variances in Genetics (£0.3m), related to vacancies and income overperformance.

6. Income Performance

Aligned Payment Incentive (API)

Activity targets are set against a baseline of activity delivered in 2019/20 (prior to the impact of COVID). Average activity delivered YTD at Month 8 is at 97% of 2019/20 levels. The average activity target for 2023/24 is 106%. Income underperformance to date is driven predominantly by the impact of industrial action. The impact of the national reduction in income targets by 4% has been reflected in the reported position.

Overall, the API position is behind plan by £1.1m at Month 8. The YTD underperformance is due to a combination of the following:

- Industrial action (for which non-recurrent income has now been received).
- Implementation of DigiCare.
- Procedures being carried out elsewhere.

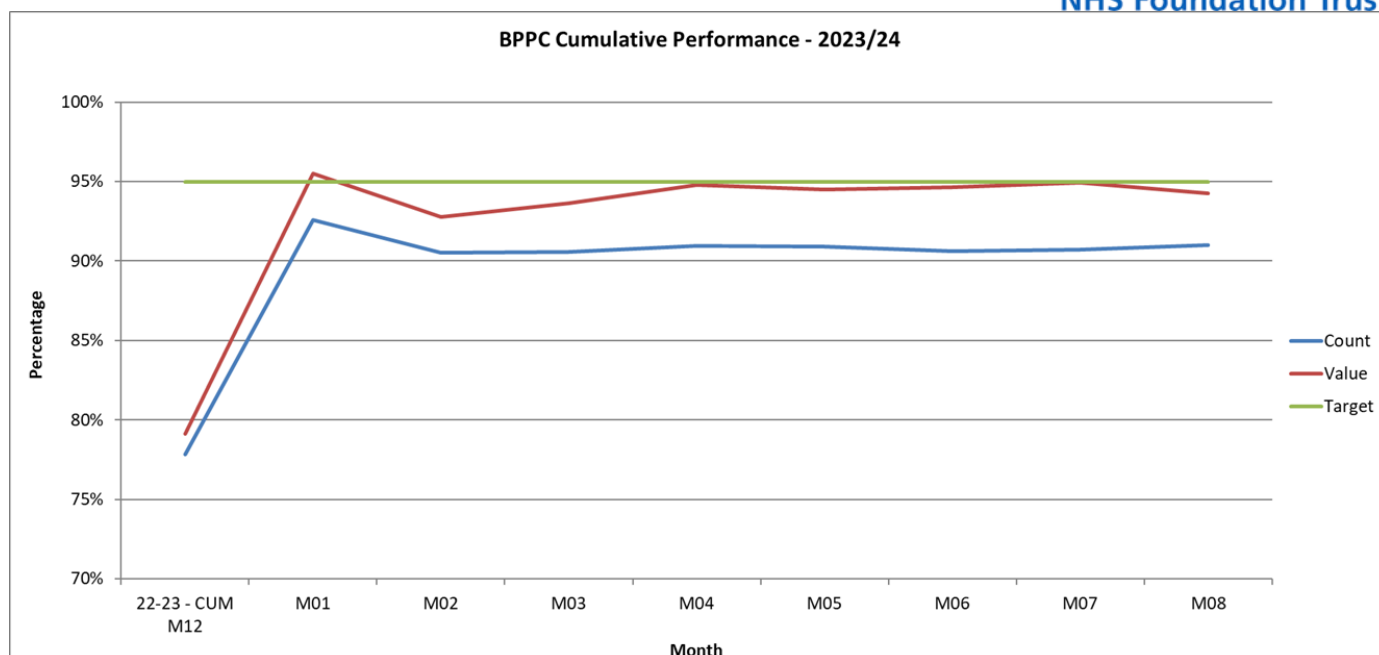
7. Cash and Borrowings

The Trust's cash and bank balance at the end of Month 8 was £6.5m. This was £3.3m ahead of plan, driven by receipt of Maternity incentive Scheme Funds and capital spend behind plan.

The Trust has agreed in-year cash advances of £21.4m with the C&M ICB to the end of December. These will be repaid in January, February, and March. The Trust has now applied for national distressed finance to be paid across quarter 4. The additional impact on Public Dividend Capital (PDC) has been reflected within the Trust's forecast.

8. Better Payment Practice Code (BPPC)

The NHS has a target to pay at least 95% of all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The chart below shows the performance percentages by both count and value for the current and previous financial year.



9. Balance Sheet

In Month 8 most other areas of the balance sheet are consistent with the previous month other than the reduction in cash and a £1.2m increase in debtors. This arises from the increase in accrued income of which £1m relates to national funding for the impact of industrial action year to date. This has been allocated to the Trust by the ICB but not yet paid over.

10. Capital Expenditure

The Trust's capital programme for 2023/24 totals £5.2m. YTD expenditure is £1.8m behind plan, an improvement from the Month 7 position. The Trust is still forecasting to meet the plan by year end.

Digital expenditure is ahead of plan YTD following the significant investment in the Digicare project in quarter 1, and overall infrastructure investment. Work on the Midwife Led Unit (MLU) refurbishment has now commenced, and the estates programme has been commissioned and is ongoing, with purchase orders in place for significant projects.

Medical equipment, including replacement hysteroscopes and ultrasound machines, has now been delivered.

11. Agency

The Trust has strong controls in place governing the use of temporary staffing. At Month 8, the Trust has a favourable variance of £1.1m against plan. Actual costs of £0.5m YTD are predominantly driven by theatres (vacancy), and maternity (sickness and vacancy). There was no usage of maternity agency spend in Month 8, due to successful recruitment of substantive midwives. A locum consultant has been recruited in Gynaecology, which will increase agency costs, however this role is crucial in delivering elective activity and addressing waiting lists.

12. Board Assurance Framework (BAF) Risk

There are no proposed changes to the BAF score.

13. Conclusion & Recommendation

The Board is asked to:

- Note the Month 8 position.
- Approve the revised 'H2' forecast outturn of £23.4m deficit, with a tolerance of £0.2m.


Appendices

Appendix 1 – Board Finance Pack, Month 8

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M8

YEAR ENDING 31 MARCH 2024



Contents

- 1** NHSI Score
- 2** Income & Expenditure
 - 2a** Forecast Outturn
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- 5** CIP
- 6** Balance Sheet
- 7** Cashflow statement
- 8** Capital
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LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

NHS ENGLAND RATIOS: M8

YEAR ENDING 31 MARCH 2024

1

USE OF RESOURCES RISK RATING	YEAR TO DATE Actual
<div><div>CAPITAL SERVICING CAPACITY (CSC)</div><div><div>(a) EBITDA + Interest Receivable</div><div>(b) PDC + Interest Payable + Loans Repaid</div><div>CSC Ratio = (a) / (b)</div></div><div><div>NHSE CSC SCORE</div><div>Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25</div></div></div>	<div><div>(6,923)</div><div>2,130</div><div>(3.25)</div><div>4</div></div>
<div><div>LIQUIDITY</div><div><div>(a) Cash for Liquidity Purposes</div><div>(b) Expenditure</div><div>(c) Daily Expenditure</div><div>Liquidity Ratio = (a) / (c)</div></div><div><div>NHSE LIQUIDITY SCORE</div><div>Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (14)</div></div></div>	<div><div>(26,295)</div><div>103,253</div><div>423</div><div>(62.1)</div><div>4</div></div>
<div><div>I&E MARGIN</div><div><div>Deficit (Adjusted for donations and asset disposals)</div><div>Total Income</div><div>I&E Margin</div></div><div><div>NHSE I&E MARGIN SCORE</div><div>Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 < (-1%)</div></div></div>	<div><div>12,882</div><div>(95,941)</div><div>-13.4%</div><div>4</div></div>
<div><div>I&E MARGIN VARIANCE FROM PLAN</div><div><div>I&E Margin (Actual)</div><div>I&E Margin (Plan)</div><div>I&E Variance Margin</div></div><div><div>NHSE I&E MARGIN VARIANCE SCORE</div><div>Ratio Score 1 = > 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%</div><div>Note: NHSE assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSE recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.</div></div></div>	<div><div>-13.40%</div><div>-11.20%</div><div>-2.20%</div><div>4</div></div>
<div><div>AGENCY SPEND</div><div><div>YTD Providers Cap (Equal to Plan)</div><div>YTD Agency Expenditure</div></div><div><div>NHSE AGENCY SPEND SCORE</div><div>Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%</div></div></div>	<div><div>1,560</div><div>454</div><div>-71%</div><div>1</div></div>
<div><div>Overall Use of Resources Risk Rating</div></div>	<div>3</div>

Note: scoring a 4 on any of the metrics will lead to a financial override score of 3.
The overall ratio is determined using weighted average of each score and then rounding down

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
INCOME & EXPENDITURE: M8
YEAR ENDING 31 MARCH 2024

2

INCOME & EXPENDITURE £'000	Month 8			YTD			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income									
Clinical Income	(11,502)	(12,331)	829	(91,515)	(90,738)	(777)	(137,517)	(139,739)	2,222
Non-Clinical Income	(636)	(747)	110	(4,870)	(5,203)	332	(7,416)	(7,488)	72
Total Income	(12,139)	(13,078)	939	(96,385)	(95,941)	(444)	(144,933)	(147,227)	2,295
Expenditure									
Pay Costs	7,544	8,030	(486)	61,000	65,587	(4,587)	91,102	96,989	(5,887)
Non-Pay Costs	3,215	3,313	(97)	25,761	24,111	1,650	38,631	36,589	2,042
CNST	1,800	1,800	(0)	14,402	13,555	847	21,603	20,356	1,247
Total Expenditure	12,560	13,143	(583)	101,162	103,253	(2,091)	151,337	153,935	(2,598)
EBITDA	421	65	356	4,777	7,312	(2,535)	6,404	6,708	(304)
Technical Items									
Depreciation	548	580	(32)	4,386	4,148	238	6,579	6,468	111
Interest Payable	1	1	0	15	11	4	21	18	3
Interest Receivable	(17)	(56)	39	(133)	(389)	256	(200)	(511)	311
PDC Dividend	220	254	(34)	1,764	1,813	(49)	2,645	2,871	(226)
Profit/Loss on Disposal or Transfer Absorption	0	0	0	0	(122)	122	0	(105)	105
Total Technical Items	752	779	(27)	6,032	5,462	571	9,045	8,742	304
(Surplus) / Deficit	1,174	844	329	10,809	12,774	(1,965)	15,450	15,450	(0)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
UNDERLYING INCOME & EXPENDITURE: M8
YEAR ENDING 31 MARCH 2024

2a

INCOME & EXPENDITURE £'000	Month 8			YTD			DO NOTHING FOT			RECOVERY FOT (H2 FOT)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance	Budget	Forecast	Variance
Income												
Clinical Income	(11,502)	(11,858)	356	(91,515)	(90,048)	(1,467)	(137,517)	(137,255)	(262)	(137,517)	(138,489)	972
Non-Clinical Income	(636)	(783)	146	(4,870)	(5,112)	241	(7,416)	(7,390)	(25)	(7,416)	(7,488)	72
Total Income	(12,139)	(12,641)	502	(96,385)	(95,160)	(1,225)	(144,933)	(144,645)	(287)	(144,933)	(145,977)	1,045
Expenditure												
Pay Costs	7,544	8,030	(486)	61,000	65,803	(4,803)	91,102	100,744	(9,642)	91,102	101,040	(9,938)
Non-Pay Costs	3,215	3,437	(221)	25,761	25,285	476	38,631	38,297	334	38,631	38,380	251
CNST	1,800	1,800	(0)	14,402	14,402	(0)	21,603	20,356	1,247	21,603	20,356	1,247
Total Expenditure	12,560	13,267	(707)	101,162	105,490	(4,328)	151,337	159,398	(8,061)	151,337	159,777	(8,440)
EBITDA	421	626	(205)	4,777	10,330	(5,553)	6,404	14,753	(8,348)	6,404	13,800	(7,396)
Technical Items												
Depreciation	548	580	(32)	4,386	4,148	238	6,579	6,468	111	6,579	6,468	111
Interest Payable	1	1	0	15	11	4	21	18	3	21	18	3
Interest Receivable	(17)	(56)	39	(133)	(389)	256	(200)	(511)	311	(200)	(511)	311
PDC Dividend	220	254	(34)	1,764	1,813	(49)	2,645	2,871	(226)	2,645	2,871	(226)
Profit/Loss on Disposal or Transfer Absorption	0	0	0	0	0	(0)	0	(42)	42	0	(42)	42
Total Technical Items	752	779	(27)	6,032	5,584	449	9,045	8,805	241	9,045	8,805	241
(Surplus) / Deficit	1,174	1,405	(232)	10,809	15,914	(5,105)	15,450	23,557	(8,108)	15,450	22,605	(7,155)

TYPE	DESCRIPTION	M12	M1	M2	M3	M4	M5	M6	M7	M8	Movement M7 - M8	Movement M12 - M8
SUBSTANTIVE	REGISTERED NURSING, MIDWIFERY & HEALTH VISITING STAFF	631.94	648.33	649.61	645.49	636.13	640.11	636.48	658.66	668.25	9.59	36.31
	ALLIED HEALTH PROFESSIONALS	82.04	81.95	81.35	83.27	83.57	85.45	86.39	86.27	85.87	(0.40)	3.83
	OTHER REGISTERED SCIENTIFIC, THERAPEUTIC & TECHNICAL STAFF	11.78	11.31	11.31	12.31	11.31	12.31	14.31	12.31	14.31	2.00	2.53
	REGISTERED HEALTH CARE SCIENTISTS	49.22	53.62	54.54	54.34	55.34	57.34	60.98	65.47	67.23	1.76	18.01
	HCA & SUPPORT TO CLINICAL STAFF	234.51	237.51	244.48	237.49	242.70	241.16	247.75	242.56	235.98	(6.58)	1.47
	MANAGERS & SENIOR MANAGERS	59.92	63.32	64.32	61.32	59.02	62.57	62.09	60.39	57.99	(2.40)	(1.93)
	ADMIN AND ESTATES STAFF	13.00	13.00	13.00	14.00	14.00	15.00	15.00	15.00	15.00	0.00	2.00
	OTHER INFRASTRUCTURE & SUPPORT STAFF	288.12	288.08	284.17	285.09	279.25	276.78	278.59	275.93	276.62	0.69	(11.50)
	MEDICAL AND DENTAL	185.09	190.90	191.67	193.80	190.34	197.14	200.02	195.05	195.72	0.67	10.63
	ANY OTHER STAFF	14.00	14.00	14.00	14.00	14.00	14.00	14.00	13.60	13.99	0.39	(0.01)
SUBSTANTIVE TOTAL		1,569.62	1,602.02	1,608.45	1,601.11	1,585.66	1,601.86	1,615.61	1,625.24	1,630.96	5.72	61.34
BANK	REGISTERED NURSING, MIDWIFERY & HEALTH VISITING STAFF	47.33	37.81	43.37	45.40	34.57	30.12	36.07	36.62	39.71	3.09	(7.62)
	ALLIED HEALTH PROFESSIONALS	17.42	13.00	16.78	15.67	11.15	10.48	13.45	13.31	14.60	1.29	(2.82)
	OTHER REGISTERED SCIENTIFIC, THERAPEUTIC & TECHNICAL STAFF	-	-	-	-	-	-	-	-	-	0.00	0.00
	REGISTERED HEALTH CARE SCIENTISTS	0.28	0.91	0.64	0.46	0.37	0.27	1.60	1.16	0.60	(0.56)	0.32
	HCA & SUPPORT TO CLINICAL STAFF	31.22	25.76	25.13	24.57	21.87	19.20	18.79	19.07	21.07	2.00	(10.15)
	MANAGERS & SENIOR MANAGERS	-	-	-	-	-	-	-	-	-	0.00	0.00
	ADMIN AND ESTATES STAFF	-	0.23	0.12	0.09	-	0.05	-	-	0.07	0.07	0.07
	OTHER INFRASTRUCTURE & SUPPORT STAFF	6.25	7.27	6.44	4.36	4.89	6.82	4.20	2.34	5.35	3.01	(0.90)
	MEDICAL AND DENTAL	2.00	2.80	2.80	2.00	2.00	1.94	1.97	0.93	0.03	(0.90)	(1.97)
	ANY OTHER STAFF	-	-	-	-	-	-	-	-	-	0.00	0.00
TOTAL BANK		104.50	87.78	95.28	92.55	74.85	68.88	76.08	73.43	81.43	8.00	(23.07)
AGENCY	REGISTERED NURSING, MIDWIFERY & HEALTH VISITING STAFF	8.23	10.49	2.03	0.08	2.11	2.76	2.68	3.14	-	(3.14)	(8.23)
	ALLIED HEALTH PROFESSIONALS	4.04	1.23	3.26	3.26	2.92	2.60	3.28	2.90	2.95	0.05	(1.09)
	OTHER REGISTERED SCIENTIFIC, THERAPEUTIC & TECHNICAL STAFF	-	-	-	-	-	-	-	-	-	0.00	0.00
	REGISTERED HEALTH CARE SCIENTISTS	-	-	-	-	-	-	-	-	-	0.00	0.00
	HCA & SUPPORT TO CLINICAL STAFF	-	-	-	-	-	-	-	-	-	0.00	0.00
	MANAGERS & SENIOR MANAGERS	-	-	-	-	-	-	-	-	-	0.00	0.00
	ADMIN AND ESTATES STAFF	1.00	-	-	-	-	-	-	-	-	0.00	(1.00)
	OTHER INFRASTRUCTURE & SUPPORT STAFF	-	1.73	-	-	-	-	-	-	-	0.00	0.00
	MEDICAL AND DENTAL	0.10	-	-	-	-	-	-	-	0.95	0.95	0.85
	ANY OTHER STAFF	-	-	-	-	-	-	-	-	-	0.00	0.00
AGENCY TOTAL		13.37	13.45	5.29	3.34	5.03	5.36	5.96	6.04	3.90	(2.14)	(9.47)
TRUST TOTAL		1,687.49	1,703.25	1,709.02	1,697.00	1,665.54	1,676.10	1,697.65	1,704.71	1,716.29	11.58	28.80

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
EXPENDITURE: M8
YEAR ENDING 31 MARCH 2024

3

EXPENDITURE £'000	MONTH 8			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Pay Costs									
Board, Execs & Senior Managers	482	482	(1)	3,852	3,962	(110)	5,573	5,607	(34)
Medical	2,182	1,966	216	17,459	18,035	(575)	26,188	26,863	(675)
Nursing & Midwifery	3,205	3,512	(307)	25,451	27,324	(1,873)	38,400	41,134	(2,734)
Healthcare Assistants	555	611	(57)	4,437	5,013	(577)	6,655	7,390	(735)
Other Clinical	188	605	(417)	2,282	4,291	(2,010)	3,036	6,172	(3,136)
Admin Support	784	796	(12)	6,266	6,508	(241)	9,403	9,273	130
Agency & Locum	149	57	91	1,252	454	798	1,848	551	1,297
Total Pay Costs	7,544	8,030	(486)	61,000	65,587	(4,587)	91,102	96,989	(5,887)
Non Pay Costs									
Clinical Supplies	841	949	(108)	6,717	7,284	(567)	10,085	10,804	(719)
Non-Clinical Supplies	688	680	8	5,959	4,789	1,170	8,876	7,689	1,187
CNST	1,800	1,800	(0)	14,402	13,555	847	21,603	20,356	1,247
Premises & IT Costs	867	1,067	(200)	6,947	6,530	417	10,413	9,950	464
Service Contracts	820	673	147	6,138	5,509	629	9,257	8,147	1,110
Total Non-Pay Costs	5,016	5,113	(97)	40,163	37,666	2,497	60,235	56,946	3,289
Total Expenditure	12,560	13,143	(583)	101,162	103,253	(2,091)	151,337	153,935	(2,598)

Note that the values above exclude hosted services and Technical Items.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BUDGET ANALYSIS: M8
YEAR ENDING 31 MARCH 2024

4

INCOME & EXPENDITURE £'000	MONTH 8			YEAR TO DATE			YEAR - Underlying			YEAR - Recovery		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Maternity												
Income	(4,467)	(4,439)	(29)	(33,934)	(33,394)	(540)	(50,625)	(49,950)	(674)	(50,625)	(49,950)	(674)
Expenditure	2,563	2,640	(77)	20,192	20,692	(499)	30,283	31,590	(1,307)	30,283	31,590	(1,307)
Total Maternity	(1,905)	(1,799)	(106)	(13,742)	(12,703)	(1,039)	(20,342)	(18,361)	(1,981)	(20,342)	(18,361)	(1,981)
Neonatal												
Income	(1,676)	(1,774)	98	(13,354)	(13,747)	393	(20,016)	(20,456)	439	(20,016)	(22,106)	2,089
Expenditure	1,335	1,323	13	10,681	10,475	206	16,021	15,510	512	16,021	15,510	512
Total Neonatal	(341)	(451)	110	(2,673)	(3,271)	599	(3,995)	(4,946)	951	(3,995)	(6,596)	2,601
Division of Family Health - Total	(2,246)	(2,250)	4	(16,414)	(15,974)	(441)	(24,337)	(23,306)	(1,030)	(24,337)	(24,956)	620
Gynaecology												
Income	(2,402)	(2,663)	260	(18,373)	(17,585)	(789)	(27,361)	(26,703)	(658)	(27,361)	(26,703)	(658)
Expenditure	1,422	1,445	(24)	11,713	12,898	(1,185)	17,560	19,486	(1,926)	17,560	19,486	(1,926)
Total Gynaecology	(981)	(1,218)	237	(6,660)	(4,686)	(1,974)	(9,801)	(7,217)	(2,584)	(9,801)	(7,217)	(2,584)
Hewitt Centre												
Income	(927)	(1,293)	366	(7,015)	(7,249)	234	(10,609)	(11,024)	414	(10,609)	(11,524)	914
Expenditure	811	926	(115)	6,489	6,614	(126)	9,733	10,006	(273)	9,733	9,806	(73)
Total Hewitt Centre	(116)	(367)	251	(526)	(635)	109	(876)	(1,018)	141	(876)	(1,718)	841
Division of Gynaecology - Total	(1,097)	(1,585)	488	(7,186)	(5,321)	(1,865)	(10,678)	(8,235)	(2,443)	(10,678)	(8,935)	(1,743)
Theatres												
Income	0	0	0	0	0	0	0	0	0	0	0	0
Expenditure	1,021	1,160	(139)	8,307	9,044	(738)	12,390	13,751	(1,361)	12,390	13,751	(1,361)
Total Theatres	1,021	1,160	(139)	8,307	9,044	(738)	12,390	13,751	(1,361)	12,390	13,751	(1,361)
Genetics												
Income	(4)	(6)	3	(28)	(106)	78	(42)	(130)	88	(42)	(130)	88
Expenditure	166	137	29	1,329	1,116	213	1,993	1,719	274	1,993	1,719	274
Total Genetics	163	131	32	1,301	1,010	290	1,951	1,588	363	1,951	1,588	363
Other Clinical Support												
Income	(660)	(601)	(59)	(4,835)	(4,617)	(218)	(7,147)	(7,036)	(110)	(7,147)	(7,036)	(110)
Expenditure	935	963	(28)	7,293	7,880	(587)	10,754	12,453	(1,698)	10,754	11,790	(1,035)
Total Clinical Support	275	362	(87)	2,458	3,263	(805)	3,607	5,416	(1,809)	3,607	4,753	(1,146)
Division of Clinical Support - Total	1,458	1,652	(194)	12,066	13,318	(1,252)	17,948	20,755	(2,807)	17,948	20,092	(2,144)
Corporate & Trust Technical Items												
Income	(2,002)	(2,346)	344	(18,847)	(20,102)	1,255	(29,132)	(30,204)	1,072	(29,132)	(31,954)	2,822
Expenditure	5,060	5,373	(313)	41,191	40,853	338	61,648	64,548	(2,900)	61,648	61,203	445
Total Corporate	3,058	3,027	31	22,344	20,751	1,593	32,516	34,343	(1,828)	32,516	29,249	3,267
(Surplus) / Deficit	1,174	844	329	10,809	12,774	(1,965)	15,450	23,557	(8,108)	15,450	15,450	(0)
Of which is hosted;												
Income	0	(44)	44	0	(858)	858	0	(858)	858	0	(858)	858
Expenditure	0	44	(44)	0	858	(858)	0	858	(858)	0	858	(858)
Total Corporate	0	0	(0)	0	(0)	0	0	(0)	0	0	(0)	0

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CIP: M8
YEAR ENDING 31 MARCH 2024

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TYPE	Scheme	MONTH 8			YTD			FOT		
		Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Income	Income Non-Patient Care	126	46	-80	600	403	-198	1,109	663	-446
	Income Private Patient	63	24	-39	218	198	-20	470	458	-12
	Income Patient Care	-	34	34	-	67	67	-	201	201
	Income Other	61	13	-47	470	118	-352	713	2,058	1,346
	Unidentified - Income	-	-	0	-	-	0	-	-	0
	TOTAL INCOME	250	118	-133	1,288	785	- 503	2,292	3,380	1,089
Pay	Service re-design - pay	18	10	-8	145	70	-75	217	171	-47
	Establishment reviews	4	126	122	6	434	427	20	710	690
	E-Rostering	2	7	5	17	7	-9	25	7	-18
	Other - pay	-	-	0	-	-	0	200	1	-199
	Unidentified - pay	277	-	-277	1,391	-	-1,391	2,502	327	-2,175
	TOTAL PAY	301	142	-159	1,559	511	- 1,048	2,965	1,216	-1,749
Non-Pay	Medicines optimisation	14	-	-14	109	37	-72	164	105	-59
	Procurement (excl drugs) -non-clinical	1	1	0	4	2	-3	6	4	-3
	Procurement (excl drugs) - medical devices and clinical consumables	15	1	-14	116	8	-107	175	23	-152
	Service re-design - Non-pay	190	169	-21	1,501	2,146	645	2,262	2,905	643
	Pathology & imaging networks	0	-	0	3	-	-3	5	-	-5
	Fleet optimisation	2	3	1	11	17	6	20	29	9
	Other - Non-pay	23	29	6	134	228	94	226	662	436
	Digital transformation	10	-	-10	81	-	-81	122	13	-109
	Unidentified - non-pay	11	-	-11	56	-	-56	100	-	-100
	TOTAL NON-PAY	266	203	-63	2,015	2,438	423	3,080	3,740	661
	TOTAL CIP DELIVERY	817	463	- 344	4,862	3,734	- 1,128	8,336	8,336	(0)

Note: The value above reflects the actual CIP delivered and to both the ICB and NHSE.

BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M8 Actual	Movement
Non Current Assets	102,405	100,943	(1,462)
Current Assets			
Cash	9,790	6,513	(3,277)
Debtors	9,647	10,396	749
Inventories	839	1,106	267
Total Current Assets	20,276	18,015	(2,261)
Liabilities			
Creditors due < 1 year - Capital Payables	(2,002)	(1,087)	915
Creditors due < 1 year - Trade Payables	(26,820)	(17,126)	9,694
Creditors due < 1 year - Deferred Income	(4,492)	(24,544)	(20,052)
Creditors due > 1 year - Deferred Income	(1,530)	(1,509)	21
Loans	(918)	(589)	329
Loans - IFRS16 leases	(50)	(50)	0
Provisions	(628)	(567)	61
Total Liabilities	(36,440)	(45,472)	(9,032)
TOTAL ASSETS EMPLOYED	86,241	73,486	(12,755)
Taxpayers Equity			
PDC	79,115	79,115	0
Revaluation Reserve	8,679	8,679	0
Retained Earnings	(1,553)	(14,326)	(12,773)
TOTAL TAXPAYERS EQUITY	86,241	73,468	(12,773)

**the opening non-current asset value and revaluation reserve has been revised following changes to the accounts agreed with external audit in June*

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CASHFLOW STATEMENT: M8
YEAR ENDING 31 MARCH 2024

CASHFLOW STATEMENT	
£'000	Actual
Cash flows from operating activities	(11,461)
Depreciation and amortisation	4,148
Impairments and reversals	0
Income recognised in respect of capital donations (cash and non-cash)	0
Movement in working capital	8,808
Net cash generated from / (used in) operations	1,495
Interest received	389
Purchase of property, plant and equipment and intangible assets	(3,717)
Proceeds from sales of property, plant and equipment and intangible assets	245
Net cash generated from/(used in) investing activities	(3,083)
PDC Capital Programme Funding - received	0
Loans from Department of Health - repaid	(306)
Interest paid	(10)
PDC dividend (paid)/refunded	(1,373)
Net cash generated from/(used in) financing activities	(1,689)
Increase/(decrease) in cash and cash equivalents	(3,277)
Cash and cash equivalents at start of period	9,790
Cash and cash equivalents at end of period	6,513

Finance Support	2022/23 Q4 £000	2023/24 Q1 Actual £000	2023/24 Q2 Actual £000	2023/24 Q3 Confirmed £000	2023/24 Q4 Forecast £000	2023/24 Total £000
ICB Cash Support	6,000	6,800	9,600	5,000	-	21,400
ICB Cash Repayment	- 6,000	-	-	-	- 21,400	- 21,400
Alder Hey advance for 2024/25 neonatal partnership	-	-	-	-	2,000	2,000
National cash support	4,500	-	-	-	22,600	22,600
Total support required						24,600
DH loan repayment	612	-	306	-	306	612
DH loan outstanding at year end	918					306

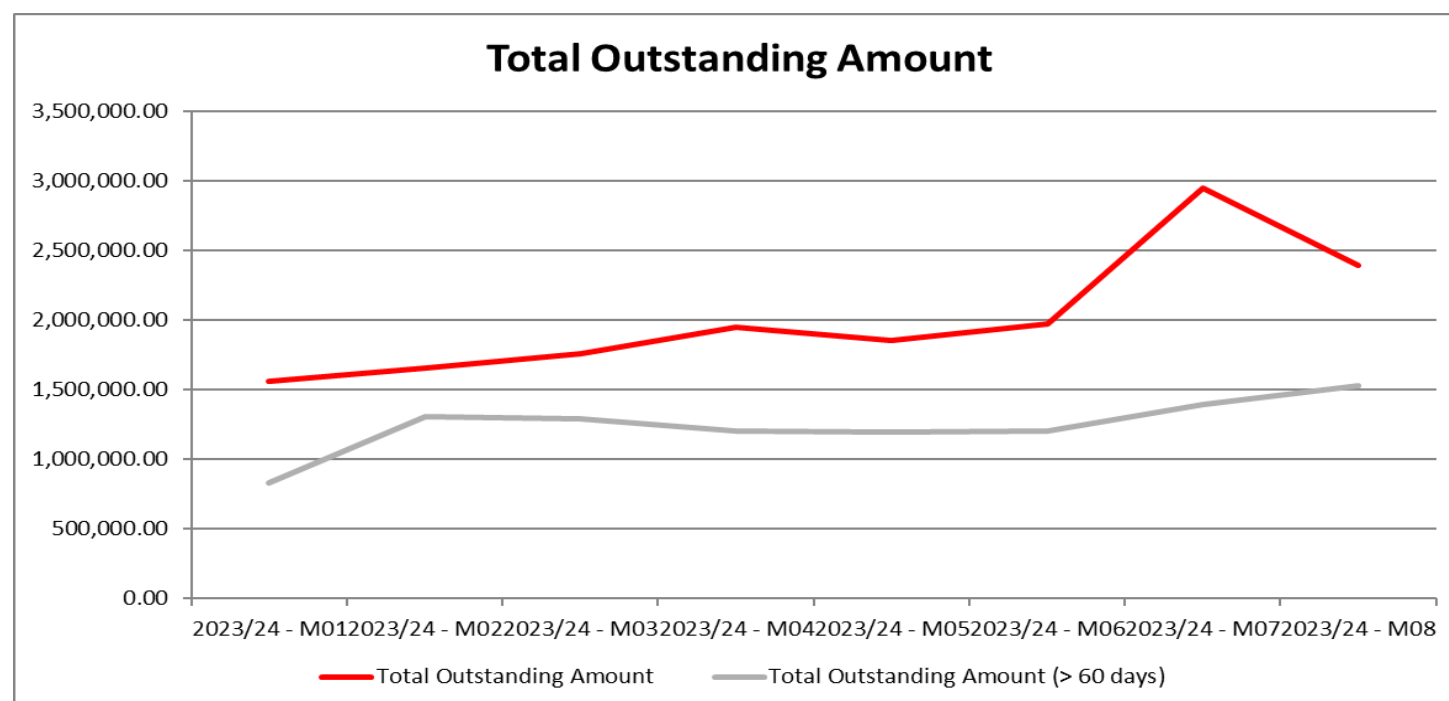
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CAPITAL EXPENDITURE: M08
YEAR ENDING 31 MARCH 2024

8

Area	Capital Scheme	YTD			YEAR		
		PLAN	ACTUAL	VARIANCE	PLAN	FOT	VARIANCE
Digital	EPR frontline digitisation	529	675	(146)	560	760	(200)
Digital	IT/digital investment - infrastructure	495	1,087	(592)	1,290	1,140	150
Digital	IT/digital investment - hardware	280	126	154	280	130	150
Digital	Community diagnostic equipment	153	0	153	153	153	0
Digital	Community diagnostic IT	100	0	100	65	65	0
Estates	Building works/refurbishment - Maternity	950	41	909	950	350	600
Estates	Building works/refurbishment - Neonatal	180	0	180	180	80	100
Estates	Building works/refurbishment - Gynaecology	82	20	62	300	240	60
Estates	Estates programme	420	172	248	686	686	(0)
Medical Equipment	Medical equipment - Clinical Support - Fluoroscopy	262	0	262	0	0	0
Medical Equipment	Medical equipment - Clinical Support - Theatres	107	106	1	126	126	0
Medical Equipment	Medical equipment - All other clinical areas	738	619	119	1,167	1,167	(0)
Medical Equipment	Medical equipment - leased blood gas analysers	139	37	102	139	139	0
Other	Other	0	(80)	80	(860)	(1)	(859)
Total capital charged to CDEL		4,435	2,802	1,633	5,035	5,035	0
Digital -PDC	PACS - image sharing - CAMRIN programme	49	0	49	49	49	0
Estates - charity	Charity funded bereavement suite works	70	0	70	70	70	0
TOTAL CAPITAL		4,554	2,802	1,752	5,154	5,154	0

Note : The Capital Expenditure is shown on an "Accruals" basis based on the date of receipt of the capital item by the Trust. This figure differs to the capital expenditure figures shown in the cashflow statement which are on a "Cash" basis.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
AGED DEBTORS BALANCE: M08
YEAR ENDING 31 MARCH 2024



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

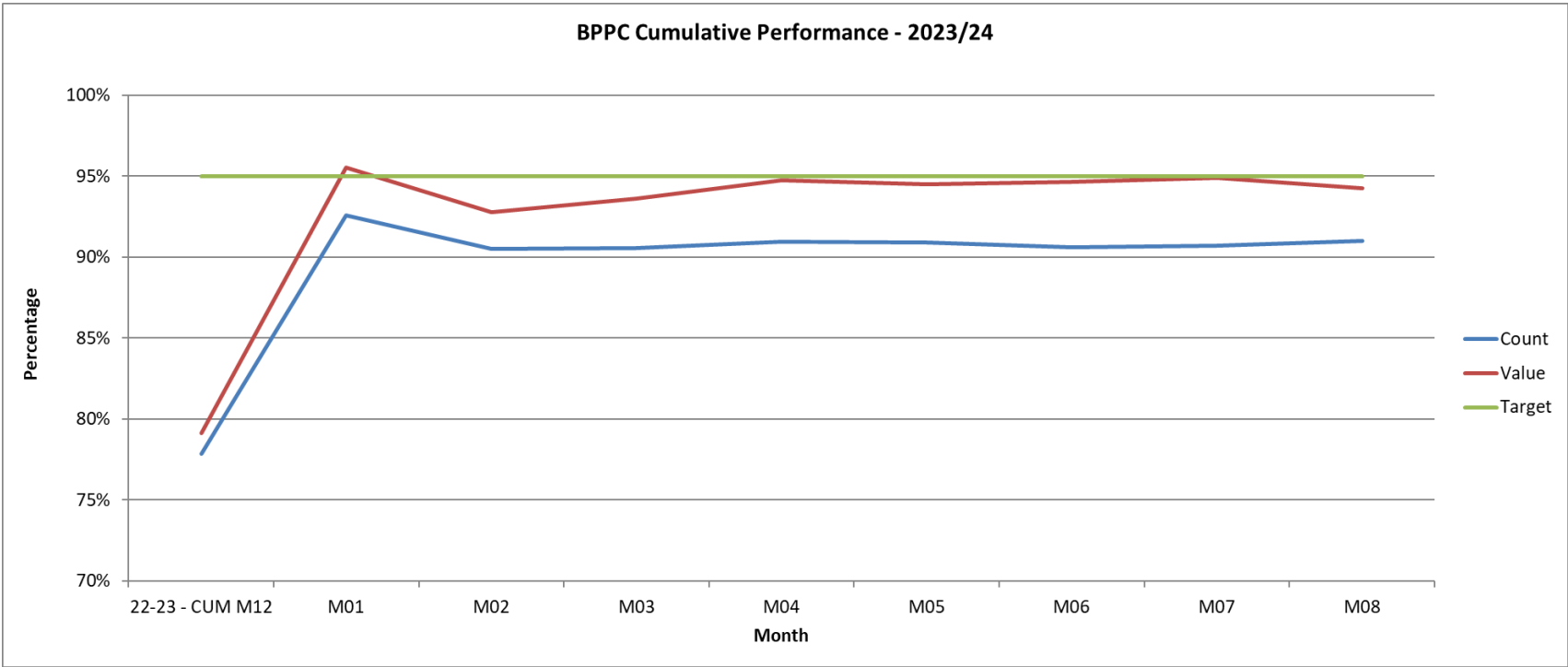
BETTER PAYMENT PRACTICE CODE (BPPC) - CUMULATIVE PERFORMANCE FOR M08

YEAR ENDING 31 MARCH 2024

10

The NHS has a target to pay at least 95% of all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The below shows the cumulative performance percentages by both count and value for the current and previous financial year.

2023/24



	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Cumulative Performance - Count	93%	91%	91%	91%	91%	91%	91%	91%				
Cumulative Performance - Value (£)	96%	93%	94%	95%	94%	95%	95%	94%				

2023/24 performance TOTAL YTD

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
AGENCY USAGE: M8
YEAR ENDING 31 MARCH 2024

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Division	Directorate	MONTH 8			YTD			FOT		
		Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Family Health	Maternity	0	(5)	5	-	157	(157)	-	157	(157)
Gynaecology	Gynaecology	0	50	(50)	-	69	(69)	-	110	(110)
Gynaecology	HFC	0	1	(1)	-	16	(16)	-	16	(16)
CSS	Theatres	0	17	(17)	-	125	(125)	-	147	(147)
CSS	CDC	0	(2)	2	12	15	(3)	12	15	(3)
CSS	Imaging	0	(3)	3	-	68	(68)	-	103	(103)
Corporate	All Corporate Directorates	149	(1)	150	1,240	3	1,237	1,835	3	1,832
Total Agency		149	57	93	1,252	454	798	1,848	551	1,296
Performance against cap/plan		195	57	139	1,560	454	1,106	2,333	551	1,782

Trust Board

COVER SHEET

Agenda Item (Ref)	23/24/236	Date: 11/01/2024		
Report Title	Charitable Funds Annual Report and Accounts 2022/23			
Prepared by	Claire Deegan, Head of Financial Services			
Presented by	Jenny Hannon, Chief Finance Officer			
Key Issues / Messages	The report presents the annual report and accounts, and the letter of representation for approval by the Board as Corporate Trustee of the Charity			
Action required	Approve <input checked="" type="checkbox"/>	Receive <input 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 Charitable Funds Committee recommends that the Trust Board reviews and formally approves the 2022/23 Annual Report and Accounts in its role as the Corporate Trustee of the Charity.			
Supporting Exec:	Jenny Hannon, Chief Finance Officer			

Equality Impact Assessment (if there is an impact on E,D & I, an Equality Impact Assessment MUST accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial workforce	<input type="checkbox"/>	To participate in high quality research and to deliver the most effective outcomes	<input type="checkbox"/>
To be ambitious and efficient and make the best use of available resource	<input checked="" type="checkbox"/>	To deliver the best possible experience for patients and staff	<input type="checkbox"/>
To deliver safe services	<input type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
4.1 Failure to ensure our services are financially sustainable in the long term		Comment:	
Link to the Corporate Risk Register (CRR) – CR Number: N/A		Comment:	

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Charitable Funds Committee	23 Nov 2023	Chief Finance Officer	Accounts and annual report approved with some changes requested

EXECUTIVE SUMMARY

The Annual Report and Accounts 2022/23 for the Charity are presented to the Board, as Corporate Trustee of the Charity, for final approval. At its meeting in November 2023, the Charitable Funds Committee reviewed the Annual Report and Accounts and recommended them for approval to the Trust Board.

They have been subject to examination by Independent Examiners, Beever and Struthers. Their report is included within the Annual Report and Accounts.

The signed annual report, accounts and Independent Examiners Report will be submitted to the Charity Commission advance of the 31 January 2024 deadline, and subsequently published on their website.

MAIN REPORT

1. Introduction

The Liverpool Women’s NHS Foundation Trust Board is the sole Corporate Trustee of the Charity. The Corporate Trustee is managed through its Board of Directors (the Board) which consists of executive and non-executive directors. The Board established a committee, known as the Charitable Funds Committee, reporting to the Board on the 8 February 2005.

The role of the Charitable Funds Committee is to oversees the management of the affairs of the Charitable Fund on behalf of the Board. The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide information to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

The Chief Finance Officer of the Liverpool Women’s NHS Foundation Trust, under a scheme of delegated authority approved by the Corporate Trustee, has day to day responsibility for the management of the Charitable Funds and is the principal charitable fund advisor to the Board. The Corporate Trustee is kept informed on the work of the Charitable Funds Committee through Chair’s Reports presented at Board meetings.

2. Financial Statements

The financial statements set out the financial performance of the Charity for the 2022/23 financial year and its assets and liabilities on 31 March 2023, and are presented for review and approval.

Total incoming resources for the 2022/23 financial year were £364k, an increase of £85k from the previous year. Expenditure was £408k, an increase of £172k from 2021/22. The Trust made a net loss on investments in the period of £80k, compared with a net gain of £15k in the prior year. Therefore net movement in funds for 2022/23 was a decrease of £124k (2021/22: £58k increase).

Statement of Financial Activities (SOFA)	2022/23 £000	2021/22 £000
Donations and legacies	290	226
Trading activities	53	33
Dividend income	21	20
Total incoming resources	364	279
Fundraising expenditure	184	124
Support and governance	21	21
Charitable Activities	203	91
Total resources expended	408	236
Net investment gains/(losses)	(80)	15
Net movement in funds	(124)	58

Expenditure is broken down in more detail in the table below:

Expenditure breakdown	2022/23 £000	2021/22 £000
Staging fundraising events	56	13
Fundraising team costs	120	102
Investment management costs	8	9
Total expenditure on raising funds	184	124
Patient welfare	101	66
Staff welfare	103	45
Equipment	20	1
Research	0	0
Total expenditure on charitable activities	224	112
Total expenditure	408	236

There was a £43k increase in the cost of events, primarily relating to the successful “*Liverpool Women’s does Strictly*” event. There was a corresponding increase in donations and legacies of £64k.

The main driver of increased expenditure was spend on charitable activities. This is set out in detail in the annual report.

The balance sheet summary is set out below:

Balance Sheet	Mar 2023 £000	Mar 2022 £000
Investments	814	912
Total fixed assets	814	912
Debtors	3	3
Cash	11	8
Total current assets	14	11
Creditors	(390)	(361)
Net current liabilities	(376)	(350)
Total charity funds	438	562

The investment value has fallen during the year due to the impact of national and international political and economic factors.

The creditor balance reflects the outstanding charitable commitments accrued and not yet expensed. The interdebtedness between the Charity and the Trust has been significantly reduced during the year.

3. Annual Report

The Annual Report is presented for Board review. It sets out the activities of the 2022/23 year and includes required information on governance, administration, and processes. Since the Annual Report was presented to the Charitable Funds Committee in November, there have been some minor amendments:

- Addition of further photographs of items purchased by the Charity.
- Correction of a pie chart showing corrected percentages.
- Consistency of values shown as £000 rather than £k.
- Update on Directors to include the change of Chief Executive Officer which took place in January 2024.
- Update of the Independent Examiner's address.
- Minor wording amendments.
- Corrections of typographical errors and page number references.

The only notable change was an update of the partnership working and networks section of the report to remove reference to the Liverpool Mulago Partnership (as this has now been wound up), and the inclusion of reference to other partners who work with the Trust, such as the Brain Charity and Macmillan Cancer Support.

Details of all amendments are provided in a table in Appendix 1.

4. Public Benefit Declarations

The Annual Report includes declarations that the Corporate Trustee has ensured that they have complied with their duty to have due regard to the guidance on public benefit, published by the Charities Commission, in exercising their powers or duties. This duty is discharged both through the review of the objectives, strategies and plans of the charity, and in testing each charitable funds application against the public benefit requirement to ensure that it fulfils this responsibility.

5. Independent Examiners Report

The Board agreed in November 2023 to appoint Beever and Struthers to undertake an Independent Examination rather than a full Audit of the accounts and annual report which is consistent with prior years.

The report from the Independent Examiners, Beever and Struthers (page 21 of the accounts pack), sets out the scope of their work and their findings on the accounts. They have found no items which need to be brought to the attention of the Board.

6. Letter of Representation

The letter of representation is requested by the Independent Examiner and will be signed by the Chief Finance Officer.

7. Recommendation

The Charitable Funds Committee recommends that the Trust Board reviews and formally approves the 222/23 Annual Report and Accounts in its role as the Corporate Trustee of the Charity.

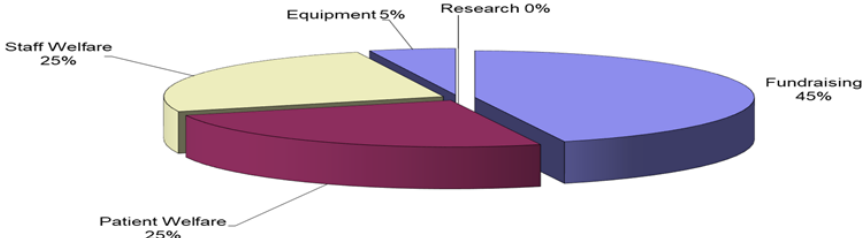
The Charitable Funds Annual Report and Accounts will then be filed with the Charities Commission before the 31 January 2024 deadline.

Appendices

Appendix 1:

Amendments to Annual Report following review by the Charitable Funds Committee on 23 November 2023

Minor typographical corrections, or where £k are now expressed as £000 are not included in the table below to ensure brevity.

Section	Previous wording	Revision												
Welcome	Our donors, supporters and volunteers continue to be generous in their support, and thanks to them we have been able to expand on the assistance delivered during the past 12 months.	Our donors, supporters and volunteers continue to be generous in their support, and thanks to them we have been able to increase the charitable investment and support delivered during the past 12 months.												
Welcome	The first Bereavement Suite Room upgraded and kitted out for our bereaved families on our delivery suite.	One of our Bereavement Suite Rooms has been upgraded and kitted out for our bereaved families on our delivery suite.												
A Fundraising Strategy for identified projects	This is approved by the Charitable Funds Committee and then, ultimately, the Corporate Trustee.	This is approved by the Charitable Funds Committee and then, ultimately, the Corporate Trustee, which is the Board of Directors of Liverpool Women’s Hospital.												
Public Benefit	The agents of the Corporate Trustee have complied with their duty to have due regard to the guidance on public benefit published by the Charities Commission in exercising their powers or duties.	The Committee and staff acting on behalf the Corporate Trustee have complied with their duty to have due regard to the guidance on public benefit published by the Charities Commission in exercising their powers or duties.												
Strictly Come Dancing 2022	Following its success another Strictly event is planned for December 2023, has generated significant excitement and all tickets have been sold.	Following its success another Strictly event took place in December 2023. This was also a great success.												
Expenditure pie-chart	<div><p style="text-align: center;">Expenditure Items - 2022/23</p><table><thead><tr><th>Item</th><th>Percentage</th></tr></thead><tbody><tr><td>Fundraising</td><td>45%</td></tr><tr><td>Patient Welfare</td><td>25%</td></tr><tr><td>Staff Welfare</td><td>25%</td></tr><tr><td>Equipment</td><td>5%</td></tr><tr><td>Research</td><td>0%</td></tr></tbody></table></div>		Item	Percentage	Fundraising	45%	Patient Welfare	25%	Staff Welfare	25%	Equipment	5%	Research	0%
Item	Percentage													
Fundraising	45%													
Patient Welfare	25%													
Staff Welfare	25%													
Equipment	5%													
Research	0%													
Trustee	The members of the Board of Directors who served during the financial year	The members of the Board of Directors who served during the financial year and those												

	and those in post as at the 1 December 2023 are set out on page 18.	in post at 11 January 2024 are set out on page 19.
Governance	The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation	The role of the Charitable Funds Committee is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation.
Governance	The Corporate Trustee executive directors are subject to recruitment by Nomination and Remuneration Committee	The Corporate Trustee executive directors are subject to appointment by the Nomination and Remuneration Committee.
Governance	the Chief Finance Officer/Deputy Chief Executive ensures that board directors are informed of their responsibilities for charitable funds	the Chief Finance Officer ensures that board directors are informed of their responsibilities for charitable funds.
Partnership working and networks	<p>We have continued to invest in our fundraising activities and our partnerships working with three independent charities.</p> <p>The Liverpool Women's NHS Foundation Trust is closely associated with two independent charities that are based at the hospital:</p> <ul style="list-style-type: none"> • We are grateful for the generous work of the volunteers of the League of Friends of the Liverpool Women's Hospital (charity registration number 512162), who raise funds each year for the Liverpool Women's NHS Foundation Trust. Fundraising activities range from small events to more substantial fundraising. • Liverpool Women's NHS Foundation Trust has developed a partnership with a large maternity hospital in Kampala, Uganda with a view to sharing educational resources through exchange visits by medical, nursing and midwifery staff. The Liverpool Mulago Partnership (charity registration number: 1135219). 	<p>We have continued to invest in our fundraising activities and our partnerships working with other charities.</p> <p>The Liverpool Women's NHS Foundation Trust works closely with several independent charities including:</p> <ul style="list-style-type: none"> • The Brain Charity providing support for families who have had babies with a diagnosis of brain damage • Macmillan Cancer Support helping patients and their families managing cancer diagnosis and treatment • 4Louis providing bereavement support to families following baby loss • LFC Foundation providing peer support for bereaved fathers • League of Friends of the Liverpool Women's Hospital who raise funds for the hospital.
Investments	The members of the Charitable Funds Committee meet annually with the Investment Manager to discuss performance and to review the investment strategy.	The members of the Charitable Funds Committee review the investment strategy at least annually.
Executive Directors	Kathryn Thomson	Kathryn Thomson (to 31 December 2023) James Sumner (from 1 January 2024)

Appendix 2:
Annual Report and Accounts 2022/23

Appendix 3:
Letter of Representation

ANNUAL REPORT 2022 – 2023 FUNDRAISING SECTION

WELCOME

Welcome to our Annual Report for 2022/23. It has been another remarkable year at LWH Charity. Our donors, supporters and volunteers continue to be generous in their support, and thanks to them we have been able to increase the charitable investment and support delivered during the past 12 months. The Trustees would like to thank everyone who has given their time to raise funds and encouraged the wider community to support The Liverpool Women's Hospital Charity.

The aim of the Charity is to support the care given to patients and their families across the entire range of patient services. Alongside that main aim we also help to fund research and staff welfare initiatives as well as providing greater access to training and development opportunities. Against the backdrop of a challenging year, given the economic climate and rising inflation, we are grateful for the tremendous support we have received from our donors. This has enabled us to make a positive difference through our projects across the breadth of the hospital's Charitable Funds initiatives. None of this would have been possible without the commitment, dedication, and generosity we have received not only from members of the public but also from both national and local companies and grant-making trusts.

Some of the key highlights this year have included:

- Continuing to support bereaved Honeysuckle families who have experienced baby loss through monthly support groups, sibling books, and memory making items.
- One of our Bereavement Suite Rooms has been upgraded and kitted out for our bereaved families on our delivery suite.
- Continuing to provide wrap around care for our parents on the Neonatal unit, from providing a stocked family kitchen to sibling activities and memory making activities.
- Staff welfare initiative ranging from refurbishing staff break rooms to the grand opening our staff conservatory – to aid relaxation and offer a safe space for staff to escape the clinical intensity of the wards.
- Staff Garden – with the introduction of outside seating and new plants and landscaping.
- Doctors' mess and break time facilities – contributing to the upgrade and refit of the space for our junior doctors.
- The introduction of Schwartz round sessions to aid staff wellbeing – offering time and a safe space for staff to talk about their feelings and mental health.
- Successful gifts in kind appeals for Gynae Care Bags/Maternity Care Bags and pre-loved baby goods.

A big thank you to everyone who has supported our hospital over the past year. We continue to have ambitious plans and so we look forward to your ongoing support for the work of The Liverpool Women's Charity.

Zia Chaudhry
Chair of the Charitable Funds Committee



WHO WE ARE: The Liverpool Women's Hospital Charity supports the work of the hospital by providing additional support and resources that are above and beyond what would normally be available through statutory sources.

The Object of LWH Charity is: *"For any charitable purpose or purposes relating to the National Health Service wholly or mainly for the service provided by the Liverpool Women's Hospital NHS Foundation Trust"*.

AIMS OF LWH CHARITY: Putting patients first is at the heart of everything we do. Liverpool Women's Charity is registered with the Charity Commission for England and Wales – registration number 1048294. The charity works hard to raise funds on behalf of the Trust to enhance overall patient experience by providing services and equipment above what is normally funded by the NHS. These enhancements make a big difference to the comfort and wellbeing of our patients. By doing this LWH Charity ensures that its legal purpose is fulfilled.

HOW WE ACHIEVE OUR AIMS: The strategy for achieving our aims breaks down into two separate strands:

- Identification of areas for support.
- A strategy for fundraising for the identified areas.

Identification of areas for support.

LWH Charity, in conjunction with the Executive Team of the hospital, Divisional management and other stakeholders, identify projects that have criteria that fit within the aims. In addition, each of the Funds which sit underneath the Charity umbrella have a full charitable funds application process to follow to ensure they are used for the purpose they were given. The recommendation for each Fund is that, in line with best practice, at least 33% of the Fund's opening balance is spent within the year (unless there is a plan to build funds towards a specific service or item of equipment).

A Fundraising Strategy for identified projects.

The Head of Fundraising produces a yearly plan which identifies the potential for fundraising for the short term aims (usually required within the financial year) as well as providing details of plans for achieving the medium- and long-term goals. This includes Income and Expenditure projections, as well as a Fundraising Ratio Cost and Return on Investment. This is approved by the Charitable Funds Committee and then, ultimately, the Corporate Trustee, which is the Board of Directors of Liverpool Women's Hospital. The yearly plan is then evaluated at each meeting of the Charitable Funds Committee in relation to its progress in achieving the support required for each of the projects.

HOW LWH CHARITY FUNDRAISES: LWH Charity is guided in its fundraising by the Code of Fundraising Practice. Campaigns are run and managed by the Charity's staff and the Charity does not work with professional fundraisers or commercial participators in generating funds.

During the year LWH Charity received no complaints from its donors or others about the standard of its fundraising approaches. It received no requests from the Fundraising Preference Service for donors to be removed from the database. It was not involved in any social investment during the past 12 months and was not involved in making grants to

external organisations during the last 12 months. The Charity did make several grants to internal projects as per our aims and objectives during the year.

LWH CHARITY AND DONATED GOODS, SERVICES AND VOLUNTEERS: The Charity does occasionally receive goods for re-sale in its office premises at the hospital. These are recorded as gift in kind items and are recorded, processed, and passed to staff and patients. If a gift exceeding £1,000 is received, this is reported to the Charitable Funds Committee.

During the year the Charity worked with seven volunteers to staff the Little Woollens shop, which sells baby knit-wear items and accessories donated by our fantastic team of volunteer knitters.

PUBLIC BENEFIT: Liverpool Women's NHS Foundation Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee. By working in partnership with the Trust, the charitable funds are used to best effect for the benefit of the public served by the Trust. When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to the main objectives, strategies and plans of the Trust, whilst ensuring that the grants reflect the wishes of patients and staff. At the core of every charity is the requirement to provide benefit to the public. This is the foundation of their charitable status, and each charity must demonstrate how this requirement is met through their aims and activities. The focus of our activities is to benefit the public who utilise the services of Liverpool Women's Hospital Foundation Trust. Charitable expenditure is made by way of direct grants to the LWH, to enhance the patient care already provided. The Trustee refers to Charity Commission guidance on achieving public benefit when reviewing the aims and objectives of the charity and in the planning of future activities. During the year the funds raised were distributed to provide a wide range of benefits, over and above what would be expected from statutory sources to our women, babies, and families, and to our staff. The Committee and staff acting on behalf the Corporate Trustee have complied with their duty to have due regard to the guidance on public benefit published by the Charities Commission in exercising their powers or duties.

OUR IMPACT: The generous donations made to our Charity have enabled us to make and support many incredible impacts for staff, patients, and families of the Liverpool Women's Hospital throughout the period. We are proud to have made impacts across the following areas:

HONEYSUCKLE BEREAVEMENT SUPPORT Donations to our Honeysuckle Fund mean we have been able to continue providing important services for bereaved families who have experienced the loss of a baby through early miscarriage, stillbirth, or neonatal death. The Charity continues to fund support sessions and important materials for memory making, such as photography equipment, items for footprints and lovelocks along with story books for siblings affected by the death of a baby. Cuddle cots are also funded by the Charity to allow families to spend time with their babies on-site or at home before saying goodbye.

An annual remembrance service takes place in October each year to mark Baby Loss Awareness Week, allowing families to come together to remember their baby in a special way. The Charity funds this event every year.

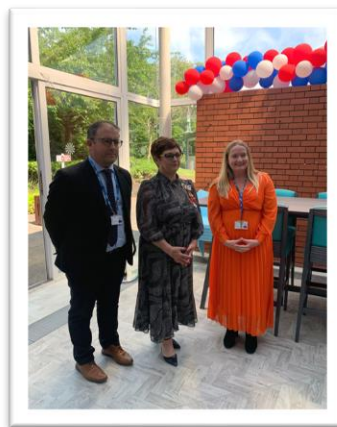


STAFF WELFARE The Liverpool Women's Hospital has an incredible team of staff who work hard to provide the best care for women, babies, and their families. We are proud to support our staff through additional training, welfare initiatives and enhancing their work environment.



Through the support given by NHS Charities Together in 2022-2023, we were able to improve our staff experience through the introduction of several health and wellbeing initiatives such as Schwartz-Round support sessions and Mental Health First Aiders.

Our staff conservatory and garden were refurbished, with work completed in February 2023. These provide areas for staff to use as a quiet space away from clinical areas.



NEONATAL UNIT All monies raised for the Neonatal Fund are used to enhance the families' experience of being on the unit, at what is one of the most challenging periods in their lives. We aim to provide wrap around care, ensuring facilities and kit are state of the art, enabling our clinicians to use the best equipment to care for the sickest of babies. We provide a fully stocked kitchen so families don't have to leave the unit and can get something healthy to eat. We provide sibling activities, so families can spend time with their babies knowing their brothers or sisters are occupied. We provide milestone markers, so families can track their babies progress and provide memory making opportunities at every step of their Neonatal journey. We provide cot side comforts such as recliners and ensure families have access to outdoor space, to escape the clinical intensity of the wards.



GYNAECOLOGY Gynaecology clinicians identified a need for items such as pyjamas, leggings, and toiletries for women visiting the hospital in an emergency to give comfort and dignity to patients. This led to the introduction of our Care Bag Appeal. We were grateful to receive many donations of Care Bags throughout 2022-2023 for Gynaecology patients. Staff tell us this initiative makes a big difference to women using our services.

Support given to our Gynaecology Oncology department at the hospital also helped to fund specialist palliative care training for staff, enhancing the care they can provide for women.



FUNDRAISING ACTIVITIES Throughout 2022 to 2023, we undertook several activities and events to fundraise: working with staff, businesses, members of the local community and other stakeholders. We are very proud to have had a successful year of fundraising with £290,000 of donations received.

LITTLE WOOLLENS The Charity's Little Woollen's shop is based in the hospital, selling hand-made baby cardigans, blankets, and hats. This volunteer-led project raised £33,000 for the Neonatal Unit during the year. The items sold are knitted by over 500 volunteers from across the county who make regular donations of knitting to raise important funds for the unit. Our online shop, introduced whilst Covid-19 restrictions remained in the hospital, also continues to be popular with customers from across the UK, selling knitted items and charity merchandise.

CHARITY LOTTERY Following the introduction of our Charity Lottery in 2021 we are pleased to report that over 50 players have helped us raise approximately £1,200 in the past 12 months.

GO NEON FOR NEONATAL Our annual Go Neon for Neonatal day in June continues to be popular with local schools, businesses, staff, and patients, sporting their brightest clothes to raise money for our Neonatal Unit and raise awareness around pre-term birth.



WEDDING FAVOURS The purchase of wedding favours to mark a couple's special day continues to be popular with past patients who want to show their support to the hospital.

PENNIES FROM HEAVEN Staff at Liverpool Women's Hospital continue to support the charity by donating through the Pennies from

Heaven Scheme.

STRICTLY COME DANCING 2022 Over £40,000 was raised for the Bereavement Suite Appeal at LWH's first Strictly event. A truly spectacular event that brought the whole Hospital Together in a fun fundraising extravaganza. Following its success another Strictly event took place in December 2023. This was also a great success.

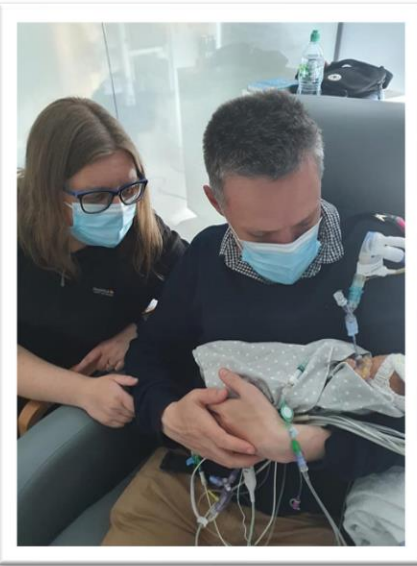
IN KIND SUPPORT We want to say THANK YOU to the local and national businesses and organisations who have supported the hospital with over £65,000 worth of donations of in-kind gifts for our patients and staff, supporting our fundraising. Including:

- John Lewis who have provided baby goods for vulnerable families and raffle prizes.
- Neom Organics who provided luxury hand sanitiser for staff at the Trust.
- Swizzels Matlock who provided Love Heart confectionery for patients and staff.
- Babyland Pram and Nursery Superstore who provided prams for vulnerable Mums-to-be.
- Avon who provided toiletries for vulnerable patients.
- Li-lets who have provided sanitary products for our patients.

And other donors who have provided raffle and auction prizes throughout the year.

MEET OUR SUPPORTERS We are grateful for the support of our current and past patients, their families and members of the local community and their fundraising efforts to help us fund the important patient-focused charity projects at Liverpool Women's Hospital. The below supporters are just a small number of those who went above and beyond throughout the year:

CAROL AND NORMAN PLUMPTON WALSH



Carol and Norman Plumptre Walsh are aiming to raise £40,000 (Spilt between Claire House and LWH Charity) in memory of their twin boys Elliot and Archie. They are undertaking a year of fundraising including, sponsored walks, a gala dinner, and family fun days.

"From when the boys were born, I was given a private room with a special room attached, with a cold cot so we could spend as long as we wanted with Archie. I was also supported 24/7 for the few days I was in hospital by a specially trained bereavement midwife. I wanted to give something back to the Hospital so fundraising seemed the natural thing to do in memory of our twin boys"

CAROLINE WHITNEY Caroline ran a total of 40km for LWH Charity for the Neonatal Unit, as her daughter Clara was cared for there.

"I watched as the needle went through my bump and a serum packed with red blood cells replaced my baby's blood, it was a traumatic time and we found out Clara had parovirus, but the team at LWH was fantastic and we can't thank them enough"



LYNSAY AND DANIEL

MURPHY Lynsay and Daniel Murphy sadly lost their son baby Noah in March 2022. They have been Fundraising for LWH Charity and Claire House and have raised an amazing £5,000.

SPOTLIGHT ON STAFF We are very fortunate to have the constant support of the dedicated staff members of the Liverpool Women's Hospital. Year after year we see staff choosing to take on amazing challenges to raise money for their departments and projects. Some examples of this throughout the year have included:

GEMMA BARBER Midwife Gemma and her husband raised £1,420 for LWH Charity -Staff welfare by climbing Mt Kilimanjaro on 7 February 2023. Gemma said "we wanted to give something back to my hard-working colleagues – so this seemed the perfect opportunity".



DANI SMITH Dani, one of our wonderful Operating Department Practitioners, has been a long-term supporter of LWH charity. In July 2022 she completed her first abseil for the Charity and was hooked.

FUTURE PROJECTS We have many exciting prospects for the year ahead following the success of our fundraising activities throughout this financial year. We have begun planning for the following projects:

CARE BAG APPEAL Working closely with midwives, nurses, and clinicians from across the hospital, the Charity has expanded our Gynaecology-focused Care Bag Appeal to a wider Appeal which will reach each department with patients who are in need. We are appealing for donations of toiletries, pyjamas, underwear, and other thoughtful gifts to create care boxes that can be distributed to those female patients who have very little.

STAFF WELLBEING AND SUPPORT We will continue to support staff health and wellbeing initiatives through charitable funding and the distribution of gifts to our staff. We are dedicated to ensuring our hospital provides all staff with a comfortable workplace with places to rest and take breaks.

CHARITABLE SUPPORT IN ALL AREAS Liverpool Women's Hospital Charity pledges to actively fundraise for all projects to enhance the experience for the women, babies, and families in our care, as well as our staff and will continue to promote the hospital's charity both on-site and in the local community throughout 2022-2023.

HOW CAN YOU HELP? There are lots of ways you can support the work of Liverpool Women's Hospital Charity to help us enhance the services for the women, babies, and families in our care. All donations are gratefully received and will directly benefit our patients and their families.



BANK TRANSFERS AND STANDING ORDERS Contact fundraising@lwh.nhs.uk to make a donation or pay money you have raised by direct bank transfer. If you require bank details to make a monthly gift by standing order, please get in touch.

BY PHONE Please call 0151 702 4194 and a member of our Fundraising Team will assist you in making a donation over the phone.

CHEQUE DONATIONS Please mark cheques for 'Liverpool Women's Hospital Charity' along with your contact details and send to: Liverpool Women's Hospital Charity, Crown Street, Liverpool, L8 7SS.

DONATE TO OUR LITTLE WOOLLENS OR CARE BAG APPEALS Please hand any donations of knitted items for Little Woollens and care bag items for our patients to the main reception marked for 'Liverpool Women's Hospital Charity' or visit the Fundraising Office opposite reception.

FACEBOOK You can now make a donation directly through our Facebook page 'Liverpool Women's Charity' by simply clicking the 'Donate' button located at the top of our page.

FUNDRAISING We rely on the motivation and generosity of our incredible supporters to raise the vital funds needed to support the hospital services and are always inspired by the creativity and drive of individuals and groups who set themselves challenges to fundraise.

If you are keen to fundraise for us, please get in touch by emailing fundraising@lwh.nhs.uk. We will provide you with a fundraising pack, help promote your planned activities and support you throughout your fundraising journey.

IN PERSON The fundraising office is located opposite the main reception at Liverpool Women's and a member of the Fundraising Team is always available to accept donations and support your fundraising.

JOIN OUR CHARITY LOTTERY Visit www.unitylottery.co.uk/causes/liverpool-womens-hospital-charity to sign up to our charity lottery for as little as £1.00 a week to be in with a chance of winning £25,000, whilst supporting the hospital.

JUSTGIVING Both one-off donations and regular gifts can be set up through our Just Giving page. Simply visit www.justgiving.com/liverpoolwomen

LEAVE A GIFT IN YOUR WILL Legacy gifts are a crucial part of our income and allow us to offer even more support to the Liverpool Women's Hospital. If you decide to leave us a gift in your will you will be playing a part in impacting future generations of Liverpool for the better. You can choose to donate as little as 1% of your estate.

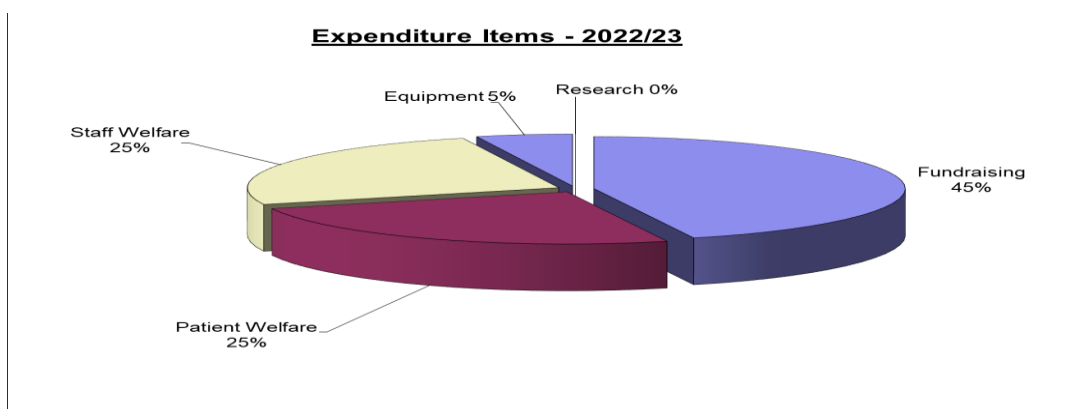
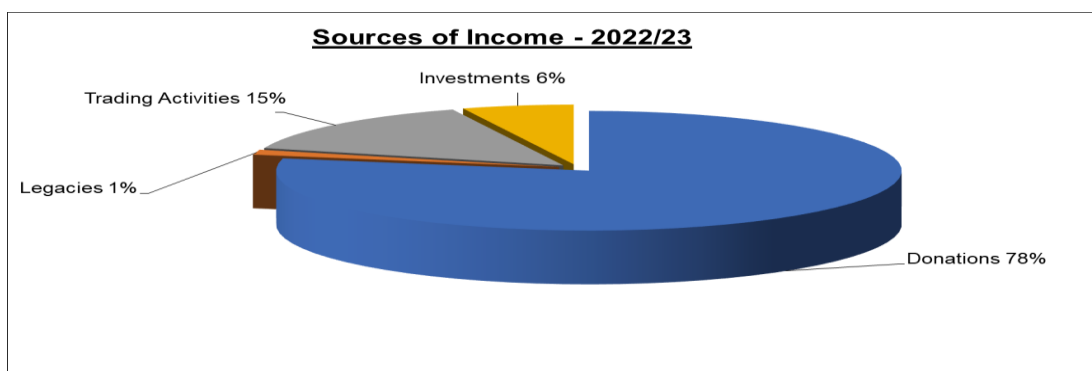
To leave us a gift in your will, give your solicitor our charity name and number which is: THE LIVERPOOL WOMEN'S NHS FOUNDATION CHARITABLE TRUST no.1048294.

TEXT DONATIONS If you would like to support the enhancement of our general services, please text: LIVERPOOLWOMENS to 70085 to donate £5.00. Texts cost £5 plus one standard rate message.

SOME OF OUR ACHIEVEMENTS

- **Neonatal twin baby cots £21,000** – enabling twins to share a cot in line with best practice.
- **Bereavement memorial service at St Georges Hall £16,000** – an important event for our bereaved families to remember their babies alongside other families in mutual support.
- **Family support groups and sibling support in Neonatal and Honeysuckle £8,000** – to provide peer support and comfort for the whole family at a challenging and traumatic time in their lives.
- **Artwork in the Neonatal Unit £19,000** – to enhance the environment and ensure it is welcoming for the siblings of our patients, so they feel fully part of the journey.
- **Staff garden and conservatory upgrade £10,000** - improving spaces for staff to rest and recharge both inside and outside the building.

INCOME AND EXPENDITURE



Income		Expenditure	
Donations	£285,000	Fundraising, support and governance	£184,000
Legacies	£5,000	Patient Welfare	£102,000
Trading Activities	£53,000	Staff Welfare	£103,000
Investments	£21,000	Equipment	£20,443



THANK YOU

On behalf of the patients, relatives, and staff who have benefitted from improved services due to donations and fundraising, the Corporate Trustee would like to thank everyone who has made charitable donations or given their time.

The backing of all our supporters is fundamental to the success of our charity, and I would like to take this opportunity to thank each and every one of you for your continued support over the last year.

Having read all about us, we invite you to consider supporting the work of our charity. If you would like to know more about how to make a donation please contact either Kate Davis or Loren Slade, our Charity Fundraisers by email at: fundraising@lwh.nhs.uk or by phone on: (0151) 702 4194

FOLLOW OUR SOCIAL MEDIA FOR NEWS AND UPDATES ON “X”, INSTAGRAM, AND FACEBOOK

Liverpool Women's Charity and @LWHCharity

STRUCTURE AND GOVERNANCE The Corporate Trustee presents the Charitable Funds Annual Report together with the Financial Statements for the year ended 31 March 2023. The Charity's Annual Report and Accounts for the year ended 31st March 2023 have been prepared by the Corporate Trustee in accordance with the accounting policies set out in note 1 to the accounts, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with the Financial Reporting Standard 102.

The Charity's report and accounts include all the separately established funds for which Liverpool Women's NHS Foundation Trust is the sole beneficiary. The Charitable Funds are registered as an umbrella charity, in accordance with the Charities Act 2011 using a model Declaration of Trust as approved by the Commission.

REFERENCE AND ADMINISTRATIVE DETAILS The Liverpool Women's NHS Foundation Charitable Trust is an independent registered charity, which exists to raise, receive, manage and distribute donations for the benefit of the charitable purposes of the Liverpool Women's NHS Foundation Trust.

As a result of achieving Foundation Trust status in April 2005 the main umbrella charity changed its name from "Liverpool Women's Hospital Charitable Trust" to "The Liverpool Women's NHS Foundation Charitable Trust". This name change was approved by the Corporate Trustee on 2nd September 2005 and subsequently approved by the Charity Commission. The Charity adopted a working name, "Liverpool Women's Charity", which was approved by the Charity Commission on 16 September 2009. The Charity has 11 individual subsidiary registered funds as at the 31 March 2023 (2021:11) and the notes to the accounts distinguish the types of fund held and disclose separately all material funds.

Charitable funds received by the Charity are accepted, held, and administered as funds and property held on trust for charitable purposes relating to the health service. The funds are held in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the Corporate Body. The Liverpool Women's NHS Foundation Trust (the NHS Foundation Trust) is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

TRUSTEE The Corporate Trustee of the Charity is the Liverpool Women's NHS Foundation Trust and acts through the members of the Board of Directors. The members of the Board of Directors who served during the financial year and those in post at 11 January 2024 are set out on page 19. Responsibility for the on-going management of funds is devolved to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustee.

This Charitable Funds Committee was formed on the 8 February 2005. The names of those people who served as agents for the Corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, are disclosed in the table on page 19.

PRINCIPAL CHARITABLE FUND ADVISOR TO THE BOARD The Chief Finance Officer of the Liverpool Women's NHS Foundation Trust, under a scheme of delegated authority approved by the Corporate Trustee, has day to day responsibility for the management of the Charitable Funds.

The Charitable Funds Committee continues to develop the arrangements for delegation to nominated fund holders who manage the funds on an everyday basis.

STRUCTURE The Charity's unrestricted fund was established using the model declaration of trust, and all funds held on trust as at the date of registration are part of this fund. Subsequent donations and gifts received by the Charity are added to the fund balance. The fund covers a number of designations which have their own objectives and hold donations where a particular area or activity of the hospital was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund and by the use of designated funds the Corporate Trustee respects the wishes of our generous donors.

DESIGNATED FUNDS A list of designated funds held during 2022–2023:

Women's General Purpose	Community midwifery
Fundraising	Miscarriage Fund
Kings Fund	Medical Education Fund
Bereavement/Honeysuckle	MRCOG
Arts for Health	Cancer Research Fund
Anaesthetic Fund	Staff Welfare Fund
Reproductive Medicine Unit Fund	Liverpool Fetal Fund
Gynae Oncology Nurses Fund	Neonatal
Twin Birth	Training and Development
Maternity	Assisted Conception Fund
	Cytogenetics Fund

RESERVES POLICY Charitable reserves are identified as income which becomes available to the Charity and is to be spent at the Corporate Trustee's discretion in furtherance of any of the Charity's objects, but which is not yet spent, committed, or designated.

At 31 March 2023, the charity held £438,000 (2022: £562,000) in reserves, of which £258,000 (2022: £353,000) were held in designated funds leaving £180,000 (2022: £209,000) in the general fund.

The closing charity balances are inclusive of all known and approved commitments, other than the salaried posts of the fundraising team whose costs are currently £104,000 per year. The total fundraising costs are apportioned on an average fund basis across all charitable funds and the closing balance will cover 3.1 years of these costs. The Trustee considers this to be a sufficient to meet fluctuations in investment, donation, and expenditure values.

The reserves policy has the objective of ensuring the Charity has sufficient funds available to honour commitments. The Corporate Trustee has a requirement to hold funds to support grants which will provide benefits for staff and funding for fixed term salaried posts. The Corporate Trustee regularly reviews the level of reserves to ensure that commitments and spending plans are protected against falls in the Charity's income and investment values. They are mindful of the duty towards the Charity's current and future beneficiaries

and fulfils this responsibility by careful monitoring of expenditure and accessible money to guarantee day-to-day expenditure and ongoing commitments.

GRANT MAKING POLICY All grants are made from the Charity's unrestricted funds – these funds comprise two elements:

The **General Purpose Fund** - this fund is constituted of gifts received by the Charity where no particular preference as to its expenditure has been expressed by donors.

Designated (Earmarked) Funds – these usually contain donations where a particular part of the hospital, activity or research was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations. The designated funds are overseen by fund holders who can make recommendations on how to spend the money within their designated area.

GOVERNANCE The Liverpool Women's NHS Foundation Trust is the sole Corporate Trustee of the Charity. The Corporate Trustee is managed through its Board of Directors (the Board) which consists of executive and non-executive directors. The Board established a committee, known as the Charitable Funds Committee, reporting to the Board. The role of the Committee is to oversee the management of the affairs of the Charitable Fund. This is a delegated duty carried out on behalf of the Corporate Trustee.

The role of the Charitable Funds Committee is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

The Corporate Trustee executive directors are subject to appointment by the Nomination and Remuneration Committee, whose membership comprises of the Chair and other non-executive directors of the Corporate Trustee. Non-executive directors of the Board are appointed by the Corporate Trustee's Council of Governors.

The Chair of the Charitable Funds Committee participates in the induction of new board directors and the Chief Finance Officer ensures that board directors are informed of their responsibilities for charitable funds. The Corporate Trustee is kept informed of the discussions of the Charitable Funds Committee through Chairs' Reports at its Board meetings.

In addition, the Board of the Corporate Trustee keeps the skill and development requirements of its individual directors under review and directors attend training events and meetings, hosted by a variety of external organisations, which provide the opportunity to enhance their skills and knowledge.

MANAGEMENT OF FUNDS Each designated fund has a nominated fund holder(s) who, acting under delegated authority from the Charitable Funds Committee, and supported by detailed procedural instructions, is responsible for ensuring that expenditure is incurred in accordance with the charitable objectives of each fund.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- Control, manage and monitor the use of the fund's resources including approval of all proposals for expenditure in excess of £40,000 for the General Purpose Fund, and £30,000 for other designated funds.
- Provide support, guidance, and encouragement for all its income raising activities, whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs and fulfilling all legal responsibilities.
- Ensure that the Investment Policy, approved by the Board of Directors as Corporate Trustee, is adhered to, and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Board of Directors fully informed on the activity, performance, and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Liverpool Women's NHS Foundation Trust's Finance Department. The Charitable Funds Committee meets on a quarterly basis and examines all expenditure approved by fund holders.

RISK MANAGEMENT The Corporate Trustee has a duty to identify the risks to which the Charity is exposed, to keep these under review and establish systems to mitigate these risks.

The Charitable Funds Committee is assured that the internal control systems in place are sufficiently embedded and that managers and staff are aware of their responsibility for internal control as part of their accountability for achieving objectives.

The Charitable Funds Committee has identified the major risks to the Charity's objects, commitments and future spending plans. The most significant risk is considered to be potential losses arising from a fall in the value of investments. The Charitable Funds Committee has considered this risk carefully and have established procedures to review the investment portfolio regularly, ensuring that the Charity's investments are spread over a wide and varied portfolio and are not concentrated in one particular investment or commercial sector.

The Charitable Funds Committee meets with Investment Managers, monitors performance, and receives regular reports on the portfolio. The Corporate Trustee is mindful of the need to ensure spending plans and firm financial commitments are matched with income.

PARTNERSHIP WORKING AND NETWORKS The role of the Charity in supporting Liverpool Women's NHS Foundation Trust continues to go from strength to strength, and in order to meet our objectives effectively, we have continued to invest in our fundraising activities and our partnerships working with other charities.

The Liverpool Women's NHS Foundation Trust works closely with several independent charities including:

- **The Brain Charity** providing support for families who have had babies with a diagnosis of brain damage
- **Macmillan Cancer Support** helping patients and their families managing cancer diagnosis and treatment
- **4Louis** providing bereavement support to families following baby loss
- **LFC Foundation** providing peer support for bereaved fathers
- **League of Friends of the Liverpool Women's Hospital** who raise funds for the hospital

OBJECTIVES AND STRATEGY The objectives of the umbrella charity require the Corporate Trustee to hold the fund upon trust and to apply the income and the capital for any charitable purpose or purposes relating to the National Health Service.

These wide objectives were agreed with the Charity Commission to give flexibility to allow the Corporate Trustee to use funds without being subject to any specific restriction. In practice, all expenditure has been, and will continue to be, related to services provided by the Liverpool Women's NHS Foundation Trust. Each designated fund has its own charitable objectives in support of the overarching objective of the umbrella charity.

We seek to use the charitable funds to enhance the vital care and support we give to our patients and their families. This enables our staff to gain access to additional training and development activities, to conduct appropriate research and to augment staff welfare, focusing on areas not covered or fully supported by central NHS funds.

Making our vision happen involves all our partners, the Liverpool Women's Hospital League of Friends, staff, patients, families, carers, and our community.

PUBLIC BENEFIT The Corporate Trustee has a duty to comply with Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit.

The Corporate Trustee can confirm that it has fulfilled the public benefit requirement and that this requirement is strongly embedded within the procedures for approving grants and spending plans.

The Charitable Funds Committee, on behalf of the Corporate Trustee, ensures that all grants and spending plans contain identifiable public benefits that are clear and meet the objects of the Charity funds. This is achieved by the Corporate Trustee keeping spending plans under review throughout the year.

A REVIEW OF OUR FINANCES AND PERFORMANCE The net funds held, after taking account of current assets and liabilities, on 31 March 2023 were £438,000 (2022: £562,000). This represents an overall net decrease of £124,000 (2022 increase: £58,000). This arises from expenditure being £43,000 greater than income (2022: £43,000 less than income) with net losses on investments of £80,000 (2021: gain of £15,000). This net loss comprises unrealised losses of £90,000 (2022: unrealised loss of £52,000) and realised gains of £10,000 (2022 £67,000).

REVIEW OF INCOME The Charity relies on donations, fundraising events and investment income as the main sources of income. Total incoming resources in the year were £364,000 (2022 £279,000).

Donations totalling £290,000 (2022: £204,000) were received from patients, their families, friends, and other supporters to acknowledge the care and support provided. Trading activities income of £53,000 (2022: £33,000) includes income from the knitting stall of £33,000 (2022: £25,000). The Trust also received investment income of £21,000 (2022: £20,000).

The Corporate Trustee recognises the importance of the care provided throughout the NHS Foundation Trust and appreciates the generous donations and kind words from donors.

LEGACY INCOME One legacy of £5,000 was received during the year (2022: £22,000). Legacy income is only accrued when there is a reasonable certainty of receipt. This is based on notifications provided by the representatives of the estates concerned. The Charity's officers liaise with solicitors to ensure that specific wishes are carried out.

REVIEW OF EXPENDITURE From the total resources expended of £408,000 (2022: £236,000), charitable expenditure on direct charitable activity, was £224,000 (2022: £112,000) across a range of programmes.

FUND BALANCES Fund balances on 31 March 2023 were £438,000 (2022: £562,000).

GIFT AID Gift aid provides a great opportunity for donors to increase the value of their donation to our Charity. Provided the donor is a taxpayer, our Charity can claim from HM Revenue and Customs the basic rate tax paid on the gift. This increases donations by approximately 25%, so a gift of £10 is worth £12.50 to our charity.

INVESTMENTS For investment purposes the Charity 'pools' its individual sub funds available, to maximise the returns on investments, whilst operating in accordance with the Board's agreed risk appetite. The funds are operated as a single investment fund under an official pooling scheme which was registered with the Charity Commission on 1 January 1999.

Investments are managed by Investec Wealth and Management on behalf of the Charity through an approved investment policy which includes an ethical restriction on investments in tobacco. During the year the Charity also agreed to divest its portfolio of shares in oil companies. The funds of the Charity are invested in a wide range of investments with the objective of maximising long term returns within a medium risk profile, including UK equities and fixed interest securities, overseas equities held via collectives, and cash.

The performance of the fund is reported by Investec Wealth and Management on a quarterly and annual basis against the benchmark set by the Corporate Trustee, the WM Unconstrained Universe, which is widely used by the charity sector. The members of the Charitable Funds Committee review the investment strategy at least annually.

The investment markets remain volatile and the Charity's investments continue to be actively managed. During the year the Charity's investment reduced to a fund value of £814,000 on 31 March 2022 from £912,000 on 31 March 2022. During the year, there were also disposals of investments at carrying value of £282,000 (2022: £127,000).

ADMINISTRATIVE DETAILS

NAME OF CHARITY

The Liverpool Women's NHS Foundation Charitable Trust. Registered charity number: 1048294.

PRINCIPAL OFFICE

Finance Department
Liverpool Women's NHS Foundation Trust
Crown Street L8 7SS
Tel: 0151 708 9988

INDEPENDENT EXAMINERS

Beever and Struthers
One Express
1 George Leigh St
Manchester
M4 5DL

FUNDRAISING

Fundraising Office
Email: fundraising@lwh.nhs.uk
Tel: 0151 702 4194

SOLICITORS

Hill Dickinson
No.1 St. Paul's Square
Liverpool L3 9SJ

BANKERS

Barclays Bank PLC
48B - 50 Lord Street
Liverpool L2 1TD

INVESTMENT FUND MANAGERS

Investec Wealth and Management
2 Gresham Street
London EC2V 7QN

INTERNAL AUDITORS

Merseyside Internal Audit Agency
Regatta Place
Brunswick Business Park
Summers Road
Liverpool L3 4BL

CORPORATE TRUSTEE BOARD OF DIRECTORS

The following people served on the Board of Directors of Liverpool Women's NHS Foundation Trust, the Corporate Trustee for the charity, in the 2022/23 financial year:

Those who also served on the Charitable Funds Committee are marked with *.

Non-Executive Directors

Robert Clarke (Chair)
Tracy Ellery* (Vice Chair)
Prof Louise Kenny CBE
Louise Martin*
Gloria Hyatt MBE
Zia Chaudhry MBE*
Sarah Walker
Jackie Bird (from 1 April 2022)*
Tony Okotie (to 30 June 2022)
Dr Susan Milner (to 31 May 2022)

Executive Directors

Kathryn Thomson (to 31 December 2023)
James Sumner (from 1 January 2024)
Michelle Turner*
Dr Lynn Greenhalgh
Gary Price
Jennifer Hannon (from 1 January 2023)*
Eva Horgan (to 31 December 2022)*
Dianne Brown (from 21 December 2022)*
Marie Forshaw (to 31 August 2022)*
Matt Connor(i)

Notes:

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

STATEMENT OF TRUSTEE'S RESPONSIBILITIES

The Corporate Trustee is responsible for preparing a Trustee's Annual Report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102).

The law applicable to charities in England and Wales requires the Charity Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of its incoming resources and application of resources, of the Charity for that period.

In preparing the financial statements, the Trustee is required to:

- A** select suitable accounting policies and then apply them consistently;
- B** observe the methods and principles of the Charity SORP;
- C** make judgements and accounting estimates that are reasonable and prudent;
- D** state whether applicable United Kingdom accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- E** prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue to operate.

The Corporate Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations, and the provisions of the Trust Deed.

It is also responsible for safeguarding the assets of the Charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Corporate Trustee is responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the Corporate Trustee on 11 January 2024 and signed on its behalf by:

Name: Zia Chaudhry
Chair of the Charitable Funds Committee

INDEPENDENT EXAMINERS REPORT - CHARITABLE FUNDS ACCOUNTS 2022 -2023

I report on the accounts of the charity for the 12 months ended 31 March 2023 which are set out on pages 22 to 35.

RESPECTIVE RESPONSIBILITIES OF TRUSTEE'S AND EXAMINER

The charity's trustee is responsible for the preparation of the accounts. The charity's trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and state whether particular matters have come to my attention.

BASIS OF INDEPENDENT EXAMINER'S REPORT

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

INDEPENDENT EXAMINER'S STATEMENT

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the Act. I confirm that I am qualified to undertake the examination because I am member of the Institute of Chartered Certified Accountants which is one of the listed bodies. In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that, in any material respect, the requirements:

- to keep accounting records in accordance with section 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Act have not been met; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Andrew McLaren FCA, Independent Examiner:
Beever and Struthers
One Express, 1 George Leigh St, Manchester, M4 5DL

Charitable Funds Accounts - 2022/23

Statement of Financial Activities for the year ended 31st March 2023

	Note	Unrestricted Funds 2023 £000	Restricted Funds 2023 £000	Total Funds 2023 £000	Total Funds 2022 £000
Incoming resources:					
	4				
Income and endowments from:					
Donations and legacies		290	0	290	226
Other trading activities		53	0	53	33
Investments	13	21	0	21	20
Other income		0	0	0	0
Total incoming resources		364	0	364	279
Resources expended:					
	7				
Expenditure on:					
Raising funds		184	0	184	124
Charitable activities		224	0	224	112
Total resources expended		408	0	408	236
Net expenditure before investment gains		(44)	0	(44)	43
Net (loss) / gain on investments - unrealised	12	(90)	0	(90)	(52)
Net gains on investments - realised		10	0	10	67
Net (expenditure)/income		(124)	0	(124)	58
Net movement in funds		(124)	0	(124)	58
Reconciliation of Funds:					
Fund balances brought forward 1 st April		562	0	562	504
Fund balances carried forward 31st March		438	0	438	562

Balance Sheet as at 31st March 2023

	Note	Unrestricted Funds 2023 £000	Total Funds 2023 £000	Total Funds 2022 £000
Fixed assets:				
Investments	12	814	814	912
Total fixed assets		814	814	912
Current assets:				
Debtors	14	3	3	3
Cash at bank and in hand	15	11	11	8
Total current assets		14	14	11
Liabilities:				
Creditors and commitments falling due within one year	16	(248)	(248)	(136)
Creditors and commitments due greater than one year		(142)	(142)	(225)
Total current liabilities		(390)	(390)	(361)
Net current assets/(liabilities)		(376)	(376)	(350)
Total assets less current liabilities		438	438	562
The funds of the charity:				
Unrestricted funds	17	438	438	562
Total charity funds		438	438	562

The notes following the primary statements, numbered 1 to 21 form part of these accounts.

The financial statements contained within these accounts were approved by the Board of Directors on 11 January 2024 and signed on its behalf by:

Signed.....

Statement of Cash Flows for the year ended 31st March 2023

	Note	Total Funds 2023 £000	Total Funds 2022 £000
Cash flows from operating activities:			
Net cash provided by operating activities	18	(115)	(25)
Cash flows from investing activities:			
Dividends and interest from investments	4	21	20
Proceeds from sale of investments		371	194
Purchase of investments	12	(283)	(174)
Net cash provided by/(used in) investing activities		109	40
Change in cash and cash equivalents in the reporting period		(6)	15
Cash and cash equivalents at the beginning of the reporting period		28	13
Total cash and cash equivalents at the end of the reporting period	19	22	28

Notes to the accounts

1. Accounting Policies

1.1. Legal Status

The Liverpool Women's NHS Foundation Charitable Trust is an unincorporated charity registered with the charity commission. The address is Crown Street, Liverpool, L8 7SS.

1.2. Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on July 2014, and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The Trustee considers that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts. The Charity has recently reviewed its Investment policy thoroughly with its Investment advisors Investec Wealth and Management and will continue to monitor and react accordingly to the changes in the financial markets. There was a net decrease in the closing fund balance in 2022/23 of £124 from £562k at 1st April 2022 to £438k at 31st March 2023.

The Charity constitutes a public benefit entity as defined by FRS 102. The financial statements are prepared in sterling which is the functional currency of the entity.

1.3. Funds structure

Unrestricted funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Restricted funds comprise those funds where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

The funds held are disclosed in note 17.

1.4. Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

1.5. Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable. Receipt is probable when:

- Confirmation has been received from the representatives of the estate that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy, and
- All conditions attached to the legacy have been fulfilled or are within the charity's control

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

1.6. Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash benefit) will be required in settlement
- The amount of the obligation can be measured or estimated reliably

Grants payable are payments made to the Liverpool Women's NHS Foundation Trust which is classed as a related party, in furtherance of the charitable objectives of the funds held on trust. In the case of an unconditional grant offer this is accrued once the recipient has been notified of the grant award. The notification gives the recipient a reasonable expectation that they will receive the one-year or multi-year grant. Grant awards that are subject to the recipient fulfilling performance conditions are only accrued when the recipient has been notified of the grant and any remaining unfulfilled condition attaching to that grant is outside of the control of the Charity.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

1.7. Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration and independent examination costs. The analysis of support costs and the bases of apportionment applied are shown in note 7.

1.8. Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objectives. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to the related party, Liverpool Women's NHS Foundation Trust, which is used to cover the costs of the hospital's fundraising office salaries and overheads.

1.9. Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs comprise direct costs and an apportionment of overhead and support costs as shown in note 7.

1.10. Governance costs

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to independent accounts examination.

1.11. Fixed asset investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair (market value) as at the balance sheet date. The statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current market value quoted by the investment analyst.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in settlement concerning equities and within particular sectors or sub sectors. Further information on the investments can be found in note 12.

1.12. Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later).

1.13. Pensions

The Charity is a grant making charity and has no employees.

1.14. Debtors

Debtors are amounts owed to the charity. They are measured at transaction price, less any impairment.

1.15. Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.16. Creditors

Amounts owed to third parties due within one year are measured at the undiscounted amount of the cash or other consideration expected to be paid. All other creditors are measured at transaction price.

1.17. Financial instruments

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the Statement of Financial Activities.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in the Statement of Financial Activities immediately.

Any reversals of impairment are recognised in the Statement of Financial Activities immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

2. Related party transactions

The Corporate Trustee of the Liverpool Women's NHS Foundation Charitable Trust (the Charity) is the Liverpool Women's NHS Foundation Trust (the Trust). The Charity delivers its charitable objectives by making grants to the Trust. Grants made to the Trust in the year were £152,000 (2022: £95,000).

The amount owed to the Trust as at 31 March 2023 was £47,000 (2022: £96,000) (see note 16). During the year the Charity made net payments of £49,000 (2022 £175,000) to the Trust.

None of the members of the Trust Board, Charitable Funds Committee, senior Trust staff, or parties related to them were beneficiaries of the Charity, and none of these individuals have undertaken any material transactions within the Charity during the year.

The Charity employed no direct employees during the year to 31st March 2023 (2022: none). During the year the Trust recharged £104,000 fundraising salary costs (2022: £102,000) to the Charity.

3. Purposes of unrestricted and material designated funds

The purposes of unrestricted and material designated funds are:

Fund	Purpose
The Women's Hospital General Purpose Fund	Any charitable purpose(s) relating to the NHS wholly or mainly for the Liverpool Women's Hospital.
Liverpool Women's Cancer Charity	To further the advancement of scientific and medical education and research into topics related to cancer research.
Community Midwifery	Promoting the efficient performance of their duties by the midwives of the NHS Foundation Trust.
Reproductive Medicine Fund	To further the advancement of scientific and medical education and research into topics related to infertility, miscarriage and menopause.
Medical Education Fund	To further the advancement of scientific and medical education and research into topics related to the field of obstetrics and gynaecology.
Fetal Centre Research and Development	The investigation into causes of sickness in the unborn child and the prevention, treatment, cure and defeat of this sickness.
Neonatal Fund	The investigation into the causes of sickness in the newborn child and the prevention, treatment, cure and defeat of this sickness and to further the cause of premature newborn babies at the NHS Foundation Trust and to further the advancement of scientific and medical education and research into topics related to sickness in the newborn child.

Other Funds:

Women's Hospital Staff Welfare Fund	For the relief of sickness by promoting the efficient performance of their duties by the staff of the Liverpool Women's Hospital.
Training and Development Fund	To further the advancement of scientific and medical education and research into topics relating to pregnancy and problems associated with giving birth and gynaecological problems.
Women's Assisted Conception Fund	To further the advancement of scientific and medical education into topics related to infertility in women.
Cytogenetics Fund	To further the advancement of scientific and medical education and research into topics related to cytogenetics.

4. Analysis of income

	2023 Unrestricted Funds £000	2023 Restricted Funds £000	2023 Total Funds £000	2022 Total Funds £000
Donations and legacies:				
Donations and gifts	285	0	285	204
Legacies	5	0	5	22
Total donations and legacies	290	0	290	226
Other trading activities:				
Stall income	34	0	34	25
Fundraising events	19	0	19	8
Total other trading activities	53	0	53	33
Income from investments:				
Dividend income	21	0	21	20
Total income from investments	21	0	21	20
Other income:	0	0	0	0
Total other income	0	0	0	0
Total Income	364	0	364	279

All income in the current and prior year was unrestricted.

5. Donated Goods

	2023 Unrestricted Funds £000	2023 Restricted Funds £000	2023 Total Funds £000	2022 Total Funds £000
Included within other trading activities:				
Sale of donated items	34	0	34	25
Total stall income included within other trading activities	34	0	34	25

Donated knitted items for resale are not recognised on receipt. Instead the value to the charity of the donated goods sold is recognised as income when sold. The proceeds of sale are categorised as "Income from other trading activities" in the Statement of Financial Activities and included within the stall income of £34,258

6. Role of volunteers

The Charity is reliant on a team of volunteers who perform two main roles:

Knitting – there are approximately 300 volunteer knitters who donate their time to knit baby items which are then sold on a weekly knitting stall in the main reception of the Liverpool Women's Hospital which is also run by volunteers. During the year the knitting stall raised £33,000 for the hospital's neonatal unit (2022: £25,000).

Fundraisers – the Charity has many local volunteers who actively fundraise by hosting events such as garden parties, charity nights, participating in local and national events and being involved with bucket collections.

7. Allocation of support costs and overheads

All financial services costs provided by the Liverpool Women's NHS Foundation Trust have been treated as support costs and Independent examination fees have been treated as governance costs. Both support costs and governance costs have been apportioned across charitable activities expenditure proportionate to the expenditure level.

7.1 Support & Governance Costs

	2023 Unrestricted Funds £000	2023 Restricted Funds £000	2023 Total Funds £000	2022 Total Funds £000
Support Costs: Financial Services provided by Liverpool Women's NHS Foundation Trust	19	0	19	19
Governance Costs: Independent Examination Fees	2	0	2	2
Total	21	0	21	21

The Trustee does not receive any remuneration nor were any expenses paid to the Trustee in the year ending 31 March 2022 or the preceding financial year.

7.2 Apportionment of Support & Governance Costs across Charitable Activities

	2023 Patient welfare £000	2023 Staff welfare £000	2023 Equipment and Research £000	2023 Total £000	2022 Total £000
Support Costs: Financial Services provided by Liverpool Women's NHS Foundation Trust	10	9	0	19	19
Governance Costs: Independent Examination Fees	1	1	0	2	2
Total	11	10	0	21	21

7.3 Analysis of expenditure

	2023 Unrestricted Funds £000	2023 Unrestricted Funds Support & Governance Costs £000	2023 Restricted Funds £000	2023 Total £000	2022 Total £000
Expenditure on raising funds:					
Staging fundraising events	56	0	0	56	13
Fundraising team costs	120	0	0	120	102
Investment management costs	8	0	0	8	9
Total expenditure on raising funds	184	0	0	184	124
Expenditure on charitable activities:					
Patient welfare	90	11	0	101	66
Staff welfare	94	9	0	103	45
Equipment	20	0	0	20	1
Research	0	0	0	0	0
Total expenditure on charitable activities	204	20	0	224	112
Total Expenditure	388	20	0	408	236

Overhead and support costs including governance costs, volunteer costs, fundraising costs, finance and independent examination fees have been apportioned across charitable activities on the basis of the value of the fund.

8. Independent examination and audit fees

	2023 Unrestricted Funds £000	2023 Restricted Funds £000	2023 Total £000	2022 Total £000
Fees for examination of the accounts:				
Independent examiner's fees	2	0	2	2
Total fees	2	0	2	2

The Independent examination fee is shown in the above note excluding VAT in accordance with guidance, however, the VAT element is not recoverable making the overall Governance costs £2.4k

9. Analysis of staff costs

The Charity did not directly employ any staff during 2022/23 (2021/22: nil).

The Charity received services from the Liverpool Women's NHS Foundation Trust, for example financial services for which a recharge is made by the Trust to the Charity.

10. Analysis of grants

The Charity does not make grants to individuals or third parties. All grants are made to the Liverpool Women's NHS Foundation Trust to provide for the care of our NHS patients in the furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities.

The standing orders and standing financial instructions of the NHS Foundation Trust include the directions of the Trustee for the management of charitable funds and recognise that management processes may overlap with those of the NHS Foundation Trust.

The Trustee operates a scheme of delegation for the majority of charitable funds, under which fund holders manage the day to day disbursements on their projects in accordance with the standing orders and standing financial instructions of the NHS Foundation Trust.

Please refer to the Trustee's Annual report to the Account for additional information on the grant making activities performed during the year to 31st March 2023.

11. Transfers between funds

There were no transfers between funds during 2022/23 (2021/22: £nil).

12. Fixed asset investments

	2023 Total £000	2022 Total £000
Movement in fixed asset investment		
Market Value brought forward	892	897
Add: additions to investment at cost	283	174
Less: disposals at carrying value	(282)	(127)
Add: net (loss) / gain on revaluation - unrealised	(90)	(52)
Market Value as at 31 March	803	892
Cash held as part of investment portfolio	11	20
Total investment value as at 31 March	814	912
Historic Cost as at 31 March	729	708

Fixed asset investments by type	2023 Total £000	2022 Total £000
Investments listed on a recognised Stock Exchange:		
UK Equities	183	315
European equities	64	37
North American equities	184	201
Japanese equities	14	15
Far East and Australasian equities	16	26
Emerging economies	33	18
International equities	29	14
Property	43	50
Alternative Assets	72	70
Other investments:		
UK fixed interest	92	123
Overseas Fixed Interest	73	23
Cash held as part of the investment portfolio	11	20
Total fixed asset investments	814	912

13. Total gross income from investments and cash on deposit

	2023 Total £000	2022 Total £000
Investments listed on a recognised Stock Exchange:		
UK Equities	11	14
European equities	3	0
Overseas and emerging equities	2	3
Other investments:		
UK fixed interest	5	3
UK Property	0	0
Alternative Assets	0	0
Total	21	20

14. Analysis of current assets

	2023 Total £000	2022 Total £000
Debtors under one year		
Investment income receivable	3	3
Total	3	3

15. Analysis of cash and deposits

	2023 Total £000	2022 Total £000
Short term investments and deposits	1	7
Cash at bank and in hand	10	1
Total	11	8

16. Analysis of liabilities and commitments

	2023 Total £000	2022 Total £000
Creditors & commitments under one year		
Amounts due to Liverpool Women's NHS Foundation Trust	47	96
Commitments	201	38
Other accruals	0	2
Total	248	136
	2023 Total £000	2022 Total £000
Creditors & commitments over one year		
Commitments	142	225
Total	142	225

Amounts owed to Liverpool Women's NHS Foundation Trust relates to grants paid out by the Trust on behalf of the Charity.

Movements in funding commitments during the period

	2023 Total £000	2022 Total £000
Balance at the start of the reporting period	263	252
Amounts added in current period	275	95
Amounts charged against commitments in the current period	(194)	(84)
Unused amounts reversed during the period	(1)	0
Balance at the end of the reporting period	343	263

17. Unrestricted funds

Analysis of unrestricted and material designated funds	Funds brought forward at 01-Apr-22 £000	Incoming resources £000	Resources expended £000	Loss on investments £000	Funds carried forward at 31-Mar-23 £000
General Purpose	200	228	(208)	(40)	180
Liverpool Women's Cancer Charity	65	4	(18)	(7)	44
Community Midwifery	31	11	(11)	(4)	27
Reproductive Medicine Fund	10	0	(2)	(1)	7
Medical Education	42	0	(10)	(4)	28
Fetal Centre Research & Development Fund	32	5	(16)	(3)	18
Neonatal Fund	155	81	(114)	(17)	105
Other Funds	27	35	(29)	(4)	29
Total	562	364	(408)	(80)	438

Analysis of unrestricted and material designated funds	Funds brought forward at 01-Apr-21	Incoming resources	Resources expended	Gain on investments	Funds carried forward at 31-Mar-22
	£000	£000	£000	£000	£000
General Purpose	140	130	(75)	5	200
Liverpool Women's Cancer Charity	74	10	(21)	2	65
Community Midwifery	34	7	(11)	1	31
Reproductive Medicine Fund	2	3	5	0	10
Medical Education	51	2	(12)	1	42
Fetal Centre Research & Development Fund	50	7	(26)	1	32
Neonatal Fund	122	97	(68)	4	155
Other Funds	31	23	(28)	1	27
Total	504	279	(236)	15	562

The purposes of the funds are given in note 3.

18. Reconciliation of net movement in funds to net cash flow from operating activities

	2023 Total £000	2022 Total £000
Net movement in funds	(124)	43
Adjustments for:		
Dividends and interest on investments	(20)	(20)
(Increase) / decrease in debtors	0	1
Increase / (decrease) in creditors	29	(49)
Total	(115)	(25)

19. Analysis of cash and cash equivalents

	2023 Total £000	2022 Total £000
Cash and deposits:		
Short term investments and deposits	10	7
Cash in hand	1	1
	11	8
Cash held as part of the investment portfolio	11	20
	22	28

20. Net Debt

2022/23:

	At 1 April 2022 £000	Cashflows £000	At 31 March 2023 £000
Cash and deposits	28	(6)	22
Loans due within one year	(96)	49	(47)
Total	(68)	43	(25)

2021/22:

	At 1 April 2021 £000	Cashflows £000	At 31 March 2022 £000
Cash and deposits	13	15	28
Loans due within one year	(156)	60	(96)
Total	(143)	75	(68)

21. Statement of Financial Activities for the year ended 31st March 2022

The below is the Statement of Financial Activities for the year ended 31st March 2022, which is shown for comparative purposes:

	Note	Unrestricted Funds 2022 £000	Restricted Funds 2022 £000	Total Funds 2022 £000	Total Funds 2021 £000
Incoming resources:	4				
Income and endowments from:					
Donations and legacies		226	0	226	328
Other trading activities		33	0	33	5
Investments	13	20	0	20	19
Other income		0	0	0	0
Total incoming resources		279	0	279	352
Resources expended:	7				
Expenditure on:					
Raising funds		124	0	124	118
Charitable activities		112	0	112	229
Total resources expended		236	0	236	347
Net expenditure before investment gains		43	0	43	5
Net (loss) / gain on investments - unrealised	12	(52)	0	(52)	141
Net gains on investments - realised		67	0	67	19
Net (expenditure)/income		58	0	58	165
Net movement in funds		58	0	58	165
Reconciliation of Funds:					
Fund balances brought forward 1 st April		504	0	504	339
Fund balances carried forward 31st March		562	0	562	504

11 January 2024

Beever and Struthers
St George's House
215-219 Chester Road
Manchester
M15 4JE

Dear Sir/Madam

Liverpool Women's NHS Foundation Charitable Trust Letter of Representation

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your report on the charity's financial statements for the year ended 31 March 2023. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

General

1. We acknowledge that the work performed by you is substantially less in scope than an audit performed in accordance with International Standards on Auditing (UK and Ireland) and that you do not express an audit opinion.
2. We confirm that the charity was entitled to exemption under [section 144 of the Charities Act 2011 the requirement to have its financial statements for the financial year ended 31 March 2023 audited.
3. We have fulfilled our responsibilities as trustees as set out in the terms of your engagement letter dated 11 October 2023 under Charities Act 2011 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (UK Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view.
4. All the transactions undertaken by the charity have been properly reflected and recorded in the accounting records.
5. All the accounting records and related financial information, including minutes of all management and trustee meetings and correspondence with The Charity Commission have been made available to you for the purpose of your work.

James Sumner
Chief Executive

Robert Clarke
Chair

Assets and Liabilities

1. The charity has satisfactory title to all assets and there are no liens or encumbrances on the charity's assets, except for those that are disclosed as applicable in the notes to the financial statements.
2. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as applicable.
3. We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

Loans and Arrangements

1. The charity has not granted any advances or credits to, or made guarantees on behalf of trustee other than those disclosed in the financial statements.

Legal Claims

1. We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for and disclosed as applicable in the financial statements.

Laws and Regulations

1. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Related Parties

1. Related party relationships and transactions have been appropriately accounted for and disclosed as applicable in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with the requirements of charity law or accounting standards.

Subsequent Events

1. All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed as applicable.

Going Concern

1. We believe that the charity's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will

James Sumner
Chief Executive

Robert Clarke
Chair

be more than adequate for the charity's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the charity's ability to continue as a going concern need to be made in the financial statements.

Grants and Donations

1. All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

Restricted Grants and Donations

1. The charity has not received any restricted grants and donations during the period.

Yours faithfully

Jenny Hannon, Chief Finance Officer

Signed on behalf of the Board of Trustees

James Sumner
Chief Executive

Robert Clarke
Chair

Trust Board

COVER SHEET

Agenda Item (Ref)	23/24/237	Date: 11/01/2024		
Report Title	Emergency Preparedness, Resilience and Response (EPRR) Assurance 2023/24			
Prepared by	Steve Dobie –EPRR Officer			
Presented by	Gary Price – Chief Operating Officer and EPRR Emergency Accountable Officer			
Key Issues / Messages	To provide an update for LWH's compliance with the NHSE EPRR Core Standards annual assurance process.			
Action required	Approve <input type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input checked="" 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):			
	Note the Trusts EPRR assurance score as non-compliant and for FPBD to oversee increased compliance through 2024.			
Supporting Executive:	Gary Price Chief Operating Officer			

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

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
EPRR Committee	Nov 23	Steve Dobie	For FPBD and Board

EXECUTIVE SUMMARY

The NHS England (NHSE) assurance process has changed significantly following a pilot for trusts in the NHS Midlands region in 2022. For 2023/24 evidence to substantiate the self-assessment score was required to be submitted for a check and challenge to be undertaken by NHSE.

This report provides a summary outcome of the NHSE EPRR Core Standards annual assurance process for 2023/24 following the check and challenge.

The overarching assurance level is determined by assessing the percentage of individual standards scored as fully compliant.

The initial self-assessment was overall partially compliant with 40 standards assessed as fully compliant.

Given the number of standards assessed as partially compliant under the new arrangements, the Trust assurance overall score was deemed to be non-compliant. The results are provided below:

- 19 Standards scored as fully compliant.
- 38 Standards scored partially compliant.
- 01 Standard scored non-compliant.

An action plan detailing how the Trust will progress with areas of non-compliance will be developed, with updates of progress required every three months via Local Health Resilience Partnership meetings. Since the check and challenge several standards have already been improved upon to fully compliant.

1. Key Findings

The Trust was assessed against the revised standards and the final 'check and challenge' assurance score was received by the Trust in mid-November, which assessed the Trusts EPRR assurance as non-compliant.

An integral part of the EPRR annual assurance process is the development of an action plan to support achievement of compliance against outstanding core standards. Progress on completing the action plan will be monitored by the EPRR Sub-committee with oversight by the Finance, Performance and Business Development Committee.

The Board is requested to take assurance that effective systems of control are in place in relation to achieving compliance to the NHSE EPRR Core Standards.

MAIN REPORT

INTRODUCTION

In 2022 the NHS Midlands Region introduced a pilot which focused on an amended EPRR assurance process which involved a new and detailed analysis of compliance evidence which needed to be submitted against each EPRR core standard, alongside the organisations self-assessment which had previously been used to assess the organisations assurance.

The new approach requires commissioners and providers of NHS commissioned care to submit evidence, assessed through a formal review and subsequent check and challenge, whereby Trusts were given the opportunity to submit supplementary evidence against any areas of challenge before finalising

their assurance position. The outcome of the pilot identified substantial differences between the self-assessment results and the evidential review of the documentation provided by participating organisations.

As a result of the pilot, it was extended to Northeast & Yorkshire and Northwest regions for the 2023/24 EPRR assurance assessment.

NHS England recognise that the change in approach to assessment is challenging and will increase the resource required to demonstrate compliance. However, it is important to note that this does not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans for preparedness, response and recovery for the future.

ANALYSIS

The Trust was assessed against the revised standards and approach which required substantial evidence to be uploaded for external assessment.

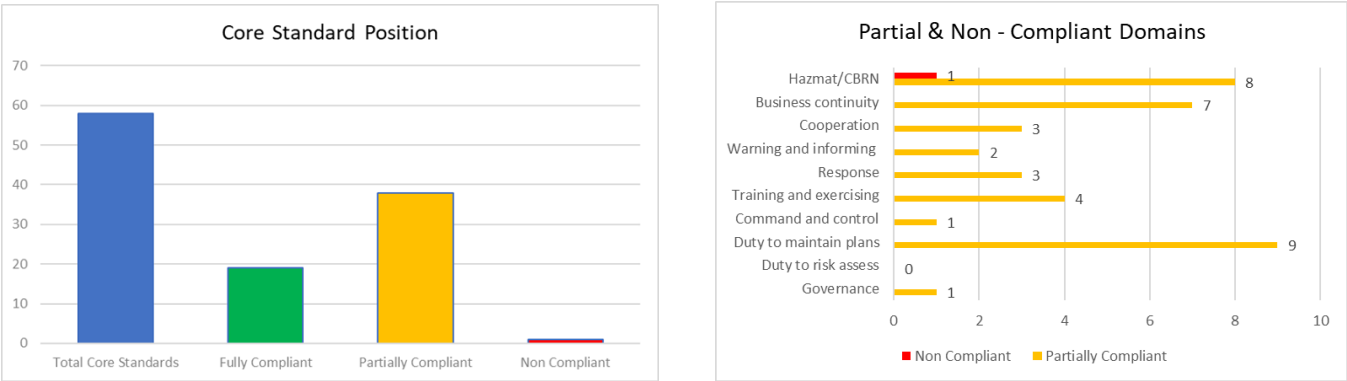
The final ‘check and challenge’ assurance score was received by the Trust mid-November, which assessed LWH’s EPRR assurance as NON-COMPLIANT.

The increase robustness and scrutiny of the newly introduced assessment process has deemed areas assessed in previous years as partially compliant to now be non-compliant based on the evidence provided.

Summarised across the fifty-eight core standards, LWH scored as follows:

- Nineteen standards self-assessed were assessed as fully compliant, with no gap in evidence.
- Thirty-Eight were assessed as partially compliant and partial achievement can be evidenced.
- One assessed as non-compliant and requires an exercise with external partners to comply with the EPRR testing and exercising programme.

A breakdown of the thirty-nine non-compliant domains is shown below:



As a result of this assessment, the EPRR Sub-Committee will consider how EPPR, and governance arrangements should be reconfigured to respond to these changes in assessment. The EPRR Sub-Committee will monitor progress against the action plan.

External governance and challenge with regards to actions plans will be provided by the ICB via Local Health Resilience Partnership (LHRP) meetings. At these meetings LWH are required to outline our overall compliance level and present progress against our action plan.

As this approach to EPRR assurance is an extension of the pilot, NHS England will be scheduling debrief sessions for the Accountable Emergency Officer and EPRR leads to work alongside other organisations to identify areas of good practice, shared learning and collaborative work to enhance collective resilience across the region.

RECOMMENDATION

Note the Trusts EPRR assurance score as non-compliant and for FPBD to oversee increased compliance through 2024

Jargon Buster

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

O

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

P		
PALS	Patient Advice & Liaison Service	offers confidential advice, support and information on health-related matters to patients, their families, and their carers within trusts
PAS	Patient Administration System	the automation of administrative paperwork in healthcare organisations, particularly hospitals. It records the patient's demographics (e.g. name, home address, date of birth) and details all patient contact with the hospital, both outpatient and inpatient
PbR	Payment by Results or 'tariff'	away of paying for health services that gives a unit price to a procedure
PCN	Primary care network	A key part of the NHS long term plan, whereby general practices are brought together to work at scale
PDSA	Plan, do, study, act	A model of improvement which develops, tests and implements changes based on the scientific method
PFI	Private Finance Initiative	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