



Liverpool Women's
NHS Foundation Trust

Council of Governors

16 May 2024, 5.30pm
Blair Bell Lecture Theatre

Council of Governors - Public

Location	Blair Bell Lecture Theatre
Date	16 May 2024
Time	5.30pm

AGENDA

Item no. 24/25/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PRELIMINARY BUSINESS					
001	Introduction, Apologies & Declaration of Interest	Note	Verbal	Chair	17.30 (5 mins)
002	Minutes of the meeting held on 22 February 2024	Approve	Written	Chair	
003	Action Log and matters arising	Note	Written	Chair	
MATTERS FOR CONSIDERATION					
004	Chair’s announcements	Note	Presentati on	Chair	17.35 (10 mins)
005	Chief Executive Report	Note	Written	Chief Executive	17.45 (45 mins)
006	Lead Governor Report	Receive	Written	Lead Governor	18.30 (20 mins)
007	Fit and Proper Persons & Non-Executive Director Independence – Annual Review	Note	Written	Trust Secretary	18.50 (10 mins)
CONCLUDING BUSINESS					
008	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	19.00 (5 mins)
009	Chair’s Log	Identify any Chair’s Logs	Verbal	Chair	
010	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
011	Jargon Buster	For information and reference	Written	Chair	
Finish Time: 19.05					

Date of Next Meetings: Council of Governor Meeting 18 July 2024 1730hrs

Council of Governors

Minutes of the Council of Governors
held in the BlairBell Lecture Theatre, LWH and Virtually at 1800hrs
on Thursday 22 February 2024

PRESENT

Robert Clarke	Chair
Tina Atkins	Appointed Governor (Central Liverpool PCN)
Iris Cooper	Public Governor (Rest of England and Wales)
Pat Denny	Public Governor (Central Liverpool)
Alison Franklin	Staff Governor (Midwives)
Annie Gorski	Public Governor (Sefton)
Kate Hindle	Staff Governor (Admin & Clerical)
Rebecca Lunt	Staff Governor (Scientists, Technicians & AHPs)
Ruth Nicol	Public Governor (South Liverpool)
Peter Norris	Public Governor (Central Liverpool)
Carol O'Keeffe	Public Governor (Sefton)
Jane Rooney	Appointed Governor (Education Institutions)
Olawande Salam	Public Governor (Rest of England and Wales)
Rachael Stott	Appointed Governor (CVS)
Jackie Sudworth	Public Governor (Knowsley)
Deborah Ward	Appointed Governor (Nurses)

IN ATTENDANCE

Jackie Bird	Non-Executive Director
Zia Chaudhry	Non-Executive Director
Andrew Duggan	Head of Communications and Marketing
David Flory	Chairman at LUHFT
Gloria Hyatt	Non-Executive Director
Louise Martin	Non-Executive Director
Jenny Hannon	Chief Finance Officer
Gary Price	Chief Operating Officer
James Sumner	Chief Executive
Michelle Turner	Chief People Officer
Sarah Walker	Non-Executive Director
Mark Grimshaw	Trust Secretary
Louise Hope	Deputy Trust Secretary

APOLOGIES:

Cllr Julie Fadden	Appointed Governor (Liverpool City Council)
Thania Islam	Public Governor (Central Liverpool)
Sadeea Kaleem	Appointed Governor (Faith Groups)
Angela Ranson	Public Governor (South Liverpool)
Niki Sandman	Appointed Governor (University of Liverpool)
Dipali Verma	Staff Governor (Doctors)

Core members	May	July	Nov	Feb
Peter Norris	✓	✓	A	✓
Pat Denny	✓	✓	A	✓
Ruth Nicol (Parkinson)	A	A	NM	✓
Irene Teare	A	A	NM	
Carol Didlick	A	A	NM	
Thania Islam	NM		A	A

Angela Ranson	✓	A	✓	A
Yaroslav Zhukovskyy	A	A	NM	
Annie Gorski	✓	✓	✓	✓
Carol O'Keeffe	NM			✓
Jackie Sudworth	✓	✓	✓	✓
Iris Cooper	✓	✓	✓	✓
Olawande Salam	✓	✓	✓	✓
Kiran Jilani	A	A	NM	
Dipali Verma	NM		✓	✓
Rebecca Holland	A	A	NM	
Deborah Ward	NM		✓	✓
Alison Franklin	✓	✓	✓	✓
Rebecca Lunt	✓	A	✓	✓
Kate Hindle	✓	✓	✓	✓
Cllr Lena Simic	✓	Non-member		
Cllr Julie Fadden	NM	✓	✓	A
Cllr Patricia Hardy	A	Non-member		
Cllr Marie Stuart	A	A	NM	
Niki Sandman	✓	✓	✓	A
Rev Dr Miranda Threfall-Holmes	A	A	NM	
Sadeea Kaleem	NM		✓	A
Jane Rooney	✓	A	A	✓
Rachael Stott	NM		✓	✓
Hayley Corless	NM		A	NM
Tina Atkins	NM			✓

23/24/	
72	<p>Introduction, Apologies & Declaration of Interest</p> <p>Apologies: noted above.</p> <p>Declaration of Interest: No new declarations received.</p>
73	<p>Meeting Guidance Notes</p> <p>Noted.</p>
74	<p>Minutes of previous meeting held on 16 November 2023</p> <p>The minutes of the previous meetings were reviewed by the Committee and agreed as an accurate record.</p>
75	<p>Action Log and matters arising</p> <p>The action log was noted.</p>
76	<p>Chair's announcements</p> <p>The Chair noted the following matters:</p> <ul style="list-style-type: none"> • Welcomed David Flory as the newly appointed Joint Chair of LWH and LUHFT as of 01 March 2024. • Thanked the Governors for their support during his tenure as Chair • Welcomed the new governors to the Council • Key headlines from the Trust Board meeting held in February 2024 <ul style="list-style-type: none"> ○ Challenges regarding post graduate doctor staffing ○ Issues raised from the MNSI report ○ Financial challenges to continue into 2024/25 • Request a Governor representative to join the Governor Nomination and Remuneration Committee, preferably from the Staff constituency. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the briefing from the Chair.

Chief Executive Report

The Chief Executive noted the following:

- Care Quality Commission Unannounced Inspection: an unannounced Care Quality Commission (CQC) inspection of Maternity services took place on 15 January 2024. The inspection was part of the process for the Regulator to review the actions undertaken by the Trust in relation to the Section 29A Warning Notice received in January 2023. There were no major issues of concern to report during the inspection and the initial feedback from inspectors was positive. The CQC requested additional information following this inspection and the Trust has responded in a timely way. The Trust awaits the final inspection report.
- System Oversight Group and the Improvement Programme - Maternity Safety Support Programme (MSSP): In December 2023 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 ongoing oversight would be provided by the System Oversight Group (SOG). 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.
- Maternity and Newborn Safety MNSI Investigations programme – Site Visit: The Maternity and Newborn Safety MNSI Investigations programme is part of a national strategy to improve maternity safety across the NHS in England (formerly known as HSIB). On 25 January 2024 the MNSI Team attended Liverpool Women's NHS Foundation for a quarterly review meeting, the team presented a summary of current cases they had reviewed and gave recommendations to the team at LWH. The MNSI team commended the Trust on the responsiveness and openness during interviews with staff, and the team commended the Non-English Speaking Team (NEST) and the innovative work and investment on the anti-racist approach adopted throughout the Trust.
- Partnership Update: as a small provider, the Trust regularly reviews developing partnership arrangements to identify opportunities for economies of scale. The Trust's two largest partnerships are with Liverpool University Hospitals NHS FT (LUHFT) and Alder Hey NHS FT (Liverpool Neonatal Partnership). To support partnership working, a Women's Hospital Services in Liverpool Programme Board had been established by the Women's Services Committee (WSC), a subcommittee of NHS Cheshire and Merseyside Integrated Care Board (ICB) in accordance with its constitution. Its primary purpose to develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool. The Programme Board is Chaired by James Sumner, Chief Executive. A detailed stakeholder engagement and involvement plan would be developed to ensure that all key stakeholders, including staff, patients, and the public, were involved, engaged, and communicated with on a regular basis.

Peter Norris, Public Governor requested assurance of service resilience in relation to upcoming junior strikes. The Chief Executive responded that the Trust had managed each period of industrial action effectively and would maintain the same process for any future periods of industrial action.

The Council of Governors:

- Received and noted the briefing from the Chief Executive.

Activity Report from the Governor Group Meetings

Governors meet and spend time with NEDs and Executives to gain assurance on how the Board and the Non-Executive Directors manage issues and get their assurances.

- **Finance and Performance Group – none held**

- **Quality and Patient Experience Group (QPEG) held 30.01.2024**

Ruth Nicol, Public Governor and Chair of the QPEG reported the following matters to note:

- A Cultural Review of the Trust to be undertaken as part of actions to address concerns in relation to bullying and harassment
- Assurance that the Trust was developing new staffing models to support workforce challenges in the Clinical Support Service
- Trust inclusion on the NHS England Retention Programme which would incur funding for a 12-month People Promise Manager to focus on staff retention
- Challenges to achieve the ED&I Corporate Objectives with a target of employing 13% from racially marginalised backgrounds
- Noted that all actions on the CQC action plan were on track.
- Confirmed that the Board had regular and consistent oversight of Maternity performance

- **Communications and Membership Engagement Group held 25.01.2024**

Jackie Sudworth, Public Governor and Chair of CMEG reported the following matters to note:

- The introduction of a new opportunity for governors to engage with service users at the Help Hub desk was noted as a significant step towards enhancing direct feedback mechanisms and engagement with patients and staff
- Continued governor engagement activity at local community events and a request to continue with the momentum and encourage governors to attend
- A wish to progress the pan-Liverpool Group which would facilitate collaboration and share intelligence on engagement activities
- Request Governor attendance to the Communications and Membership Engagement Group

The Council of Governors:

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

079

Maternal Death HSIB Report and response

The Maternity and Newborn Safety MNSI Investigations programme is part of a national strategy to improve maternity safety across the NHS in England (formerly known as HSIB).

Non-Executive Director, Sarah Walker, provided detailed assurance on the process undertaken by the Trust which included following appropriate procedures to report maternal deaths to regulatory bodies, undertaking formal reviews, responding promptly and openly to the external case review findings and immediate and subsequent actions taken. She advised that the Board of Directors had agreed with the external review recommendations and the emphasis on the need for a multifaceted approach to address the complex issues of patient safety, clinical care quality, and systemic inequalities. Sarah Walker, Non-Executive Director noted that the MNSI team had commended the Trust on the responsiveness and openness during interviews conducted with staff. She confirmed that positive improvements in response to immediate action taken could be demonstrated and noted improved IT systems and increased frequency of Ward Huddles as positive examples of change.

Tina Atkins, Appointed Governor referred to the Trust's strategic initiatives to embed an actively anti-racist culture and queried how the Trust determined the factors towards achieving this aim. The Chief People Officer responded that the Trust had commenced work on ethnicity inequalities in 2022/23 when setting the ED&I corporate objectives and a number of associated actions underpinning these objectives. Additional initiatives had since been agreed including, establishment of an Anti-Racism Hub to lead a three-year program aimed at addressing racism and promoting equality, conducting an independent cultural survey to inform the development of targeted actions, mandatory anti-racism training for all staff and implementation of an ED&I dashboard to monitor progress and impact. Gloria Hyatt, Non-Executive Director noted the Trust's baseline position and noted the positive work underway

	<p>to address long established difficulties. The Chairman added that the Board of Directors had received bespoke ED&I training sessions.</p> <p>Iris Cooper, Public Governor reflected on the professional duty of the workforce to treat all service users equally and to not cause harm. Deborah Ward, Staff Governor appreciated the transparency provided to the Council and asked for assurance that adequate support was available for staff following the incident. The Chief People Officer confirmed that an immediate and subsequent debriefs had been held with staff involved in the incident and included support from the Trust Psychologist. Jane Rooney, Appointed Governor queried had students and learners present during the incident been included in the de-brief sessions. The Chief People Officer was unaware and would respond directly to.</p> <p>Rachael Stott, Appointed Governor, asked had the Trust accessed external advice and support. Gloria Hyatt, Non-Executive Director responded that the independent cultural survey would provide external feedback.</p> <p>The Council of Governors noted the content of this report.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> Received the report and noted Trust wide improvements that have been identified to ensure learning is embedded and sustained.
080	<p>National Oversight Framework and Improvement Programme</p> <p>The Council received a report detailing the NHS National Oversight Framework (NOF) and Improvement Programme.</p> <p>The Chief Executive informed the Council of its (NOF) purpose to guide NHS England's support and monitoring of Integrated Care Boards (ICBs) and NHS trusts, including foundation trusts, by segmenting them based on performance and support needs. Foundation trusts are classified into four segments, with segment 3 indicating a need for more intensive support due to multiple performance concerns. The Liverpool Women's Hospital, currently in segment 3, was actively engaged in System Oversight Group meetings with the Cheshire & Merseyside ICB to develop criteria for advancement to segment 2.</p> <p>To address its specified improvement areas, the Trust was initiating a comprehensive Trust Improvement Programme, focusing on aligning priorities and key performance measures across various workstreams, including enhancing quality and safety and developing an anti-racist culture. The financial implications of these actions, approved by the Trust Board, are set to influence the 2024/25 financial planning.</p> <p>The Chief Executive noted that the Trust would be launching the Trust Improvement Programme across the organisation imminently. This would support alignment to Trust priorities across several key workstreams and would filter down across divisions to ensure that there was clarity on what the key measures of performance should be. Progress would be reported to the Trust Board.</p> <p>Peter Norris, Public Governor queried the impact on the financial position. The Chief Executive acknowledged the cost impact on 2024/25 and beyond and noted that this reflected the fragmented position of tariff payments for services provided and the allocation of funding across trusts.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> noted the report.
081	<p>Election of Lead Governor</p> <p>The Council received a report detailing the proposed process to elect a Lead Governor.</p> <p>The Council of Governors is required to nominate a Lead Governor as per Monitor guidance for NHS Foundation Trust governors. At the present time this role is fulfilled by Staff</p>

	<p>Governor, Kate Hindle who was elected to the position by the Council on 20 February 2019. Kate Hindle's term of office will end at the conclusion of the Annual Members' Meeting in September 2024 hence it is necessary for arrangements to be put in place for the Council to elect a new Lead Governor.</p> <p>The Trust Secretary noted that all Governors may seek election to the role of Lead Governor, irrespective of whether they are a public, staff or partnership Governor. This has been the case since the Foundation Trust was established and the position was confirmed during the last Lead Governor election process.</p> <p>The Governors noted and agreed the election process and timetable.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> confirmed the election process and timetable.
082	<p>Review of risk impacts of items discussed</p> <p>No changes to existing risks were identified as a result of business conducted during the meeting. The following risks were noted:</p> <ul style="list-style-type: none"> The Trust's immediate and long-term financial performance and sustainability Isolated site risks
083	<p>Chair's Log</p> <p>None noted.</p>
084	<p>Any other business:</p> <p>Kate Hindle, Lead Governor, expressed on behalf of the Governors a thank you to Robert Clarke, Chairman for his dedication and support to the Trust.</p> <p>Review of meeting:</p> <ul style="list-style-type: none"> No comments made. Any suggestions to improve please submit comments to the Trust Secretary or Chairman

Action Log

Council of Governors - Public

16 May 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
20 July 2023	23/24/30	CQC Inspection Report – Trust Response	To provide an update on the facilitated Board reflection session scheduled for September 2023 considering the wider findings and key improvements from the CQC inspection.	Chief Nurse	November 2023	Complete	The outputs from the Board reflection session ultimately fed into the development of the updated Governance and Assurance Framework and the Improvement Plan (see CEO Report for further detail). The Trust is continuing to review the wider findings from the CQC report through this process and ensure that progress has been and is being made.

Council of Governors

COVER SHEET

Agenda Item (Ref)	24/25/005		Date: 16/05/2024	
Report Title	Chief Executive's Report			
Prepared by	James Sumner, Chief Executive Officer			
Presented by	James Sumner, Chief Executive Officer			
Key Issues / Messages	To provide the Council of Governors with details of key activities and issues from the Chief Executive since the last update in February 2024.			
Action required	Approve <input 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 – Y If no – please outline the reasons for deviation.			
	The Council of Governors is asked to <ul style="list-style-type: none"> note the content of the report provide a view that training has been made available during 2023/24 to support the Board's eventual Provider Licence declaration. 			
Supporting Executive:	James Sumner, Chief Executive 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 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) Copy and paste drop down menu if report links to one or more BAF risks N/A		Comment:	
Link to the Corporate Risk Register (CRR) – CR Number:		Comment:	

REPORT DEVELOPMENT:

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

EXECUTIVE SUMMARY

The report sets out details of key issues the Council of Governors need to be appraised of, and activity which the Chief Executive has been involved in, since February 2024.

Key items to highlight include:

- System Oversight Group
- Governance and Assurance Framework Update
- Improvement Plan Mobilisation
- Cancer Tier 1
- Women's Hospital Services in Liverpool Programme
- Provider Licence – Governor Training declaration
- Financial Performance 2023/24 and 2024/25 Plan
- Staff Survey 2023

MAIN REPORT

ITEMS FOR INFORMATION

System Oversight Group

The National Oversight Framework (NOF) was established by NHS England to monitor Integrated Care Boards (ICBs) and NHS trusts. It aims to ensure quality care, access, financial stability, and effective leadership and uses five national themes for assessment: quality, access, prevention, resources, and leadership. Trusts are placed in a segment following assessment with a sliding scale of autonomy and intervention from segment one (least) to segment four (most). The Trust has been placed in segment 3 and as a result the Trust attends System Oversight Group meetings with the Cheshire & Merseyside Integrated Care Board (ICB). Work to date has been focused on developing the exit criteria for the Trust to move from segment three to segment two and this has now been finalised – please see below.

Finance		
	Exit Criteria	Measure
1.1	Financial Recovery Plan	<ul style="list-style-type: none">• Development of a recovery plan that clearly articulates and defines the key drivers of the deficit and shows sustainable improvement addressing all agreed influenceable areas of deficit drivers (as agreed with ICB)• Delivery of at least 2 quarters of the recovery plan to demonstrate sustainable improvement.• Remain on I&E plan for at least 2 quarters (I&E plan as agreed within the overall system plan and in line with recovery plan)• Compliance with national, regional and system expenditure control regimes
1.2	Cash Performance	<ul style="list-style-type: none">• Production of rolling 13 week cashflow underpinning ongoing cash requirement (for scrutiny)• Internal audit review of cashflow management processes.

2

Performance

	Exit Criteria	Measure
2.1	Cancer Performance	Exit NHS E Tier 2 for Cancer Performance
2.2	Delivery	Delivery of at least 2 quarters of locally agreed planning requirements 2024/25

3

Quality

	Exit Criteria	Measure
3.1	No Outstanding CQC & MSSP Actions	Trust Board & SOG sign-off of delivered Action Plan

4

Workforce

	Exit Criteria	Measure
4.1	Agency Spend	Agency spend no more than 3.2%* of total pay for 3 quarters in succession
	Turnover	Turnover under Trust ceiling (13%) for 3 quarters in succession
4.3	Actively Anti-Racist Programme	On track delivery of Actively Anti racist Programme learning sets (within Inclusion Training Programme): <ul style="list-style-type: none"> delivered to 20% of workforce in each of Q1 and Q2 (24/25) demonstrating consistent progress towards target to achieve 80% of workforce trained within 24/25

A key mechanism for the Trust to deliver the necessary actions is through the Improvement Plan – an update on the mobilisation of this programme and the actions taken to date against the underpinning programmes is detailed below.

Governance and Assurance Framework

In early 2024, the Trust undertook a comprehensive review of its governance and assurance framework, prompted by systemic challenges and a need for clearer operational and assurance role distinctions. The review's findings were presented to the Board in March 2024, and these proposed several key reforms that included clearer separation of operational management and assurance

activities, reducing the frequency of Board and Committee meetings to focus on strategic matters, and streamlining operational oversight through the introduction of an Executive Risk and Assurance Group (ERAG).

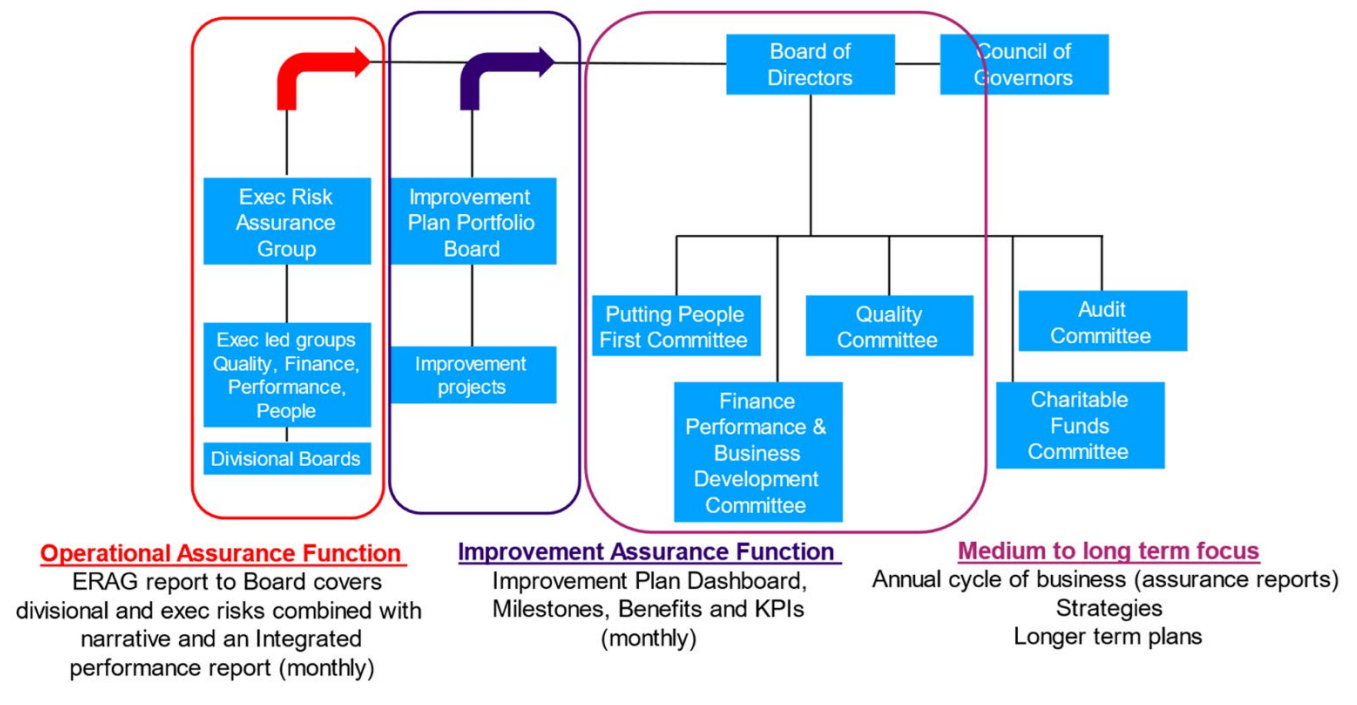
The changes are designed to provide a more defined structure that separates the management of day-to-day operations from the oversight functions, which will help in reducing governance complications and improving the clarity between roles and responsibilities. This restructuring is expected to free up management capacity, allowing for more focused delivery of operational mandates and more effective management of strategic objectives.

A significant part of the change to the governance arrangements included the implementation of a new operational management structure. The Board has established the following Executive Assurance Groups as part of the arrangements; these undertake detailed consideration of specific areas of reporting and are accountable to the ERAG. The groups are:

- Quality, Risk and Safety Group
- People and Organisational Development Group
- Finance and Performance Group
- Research Group.

For the ERAG structure to be effective, the Trust is intending to place risk at the centre of its operational performance arrangements. This will enable key issues to be escalated with discernment and assurance from service level to the Board.

A summary diagram of the new Governance and Assurance Framework is below:



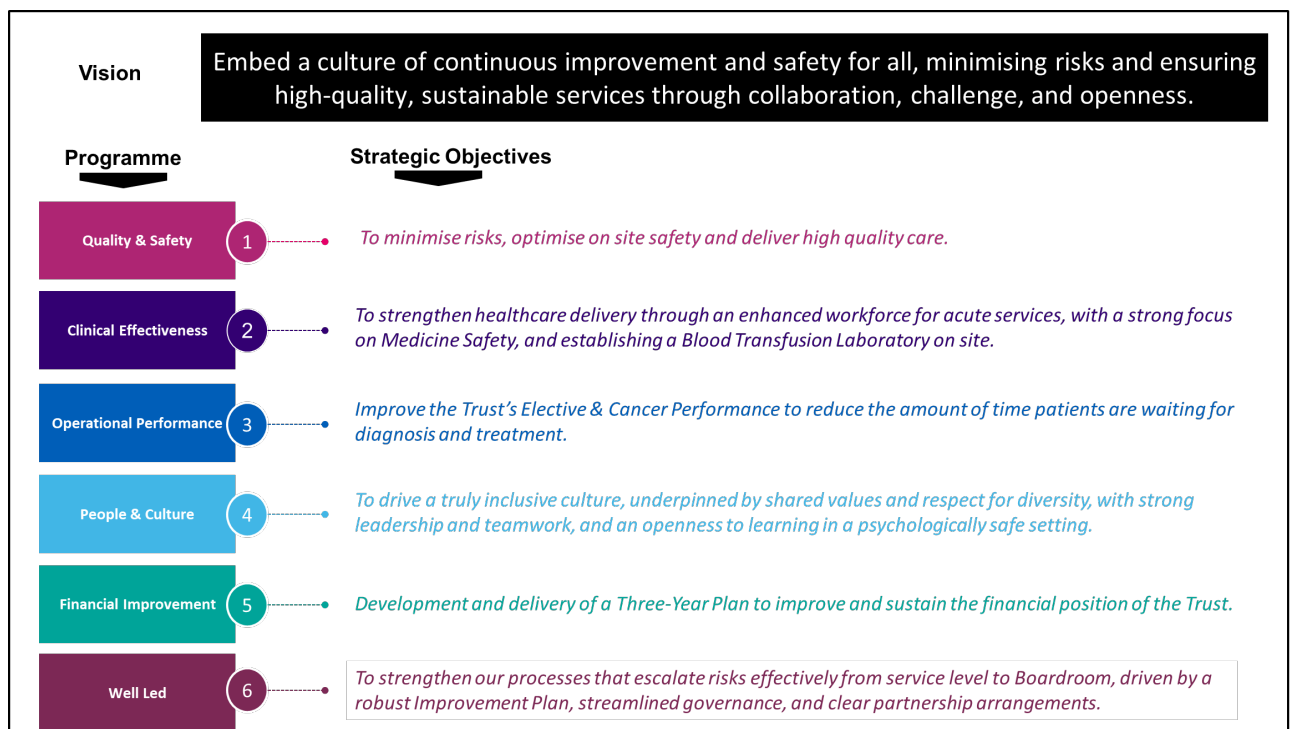
Improvement Plan Mobilisation

What is an Improvement Plan?

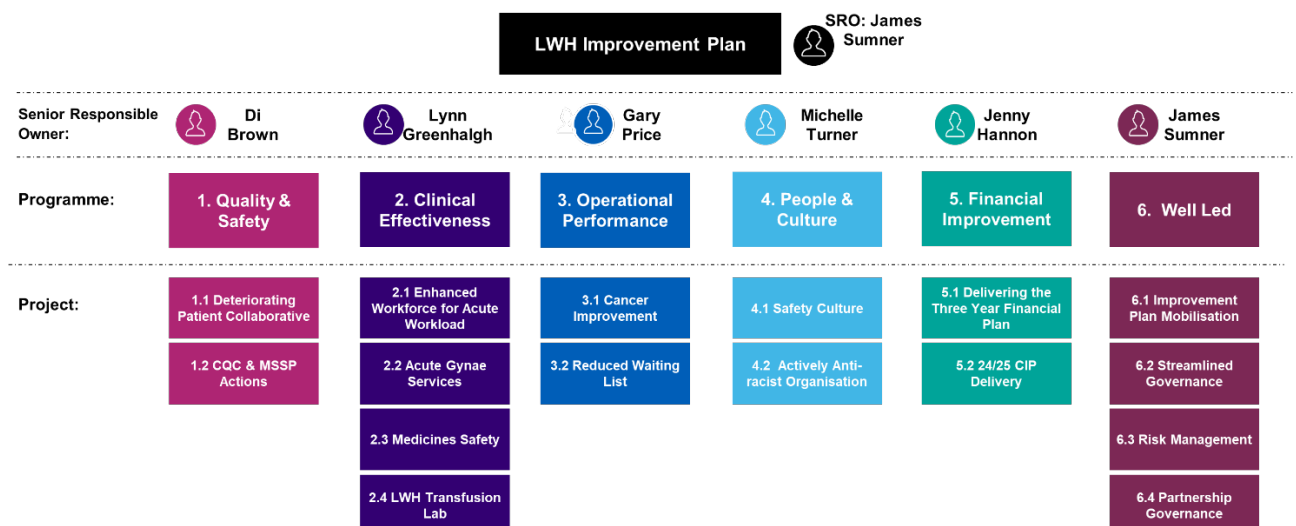
A mechanism for delivering a trust-wide transformation programme to drive improvement consistently at scale and pace.

Whilst this will be a key tool to deliver the necessary actions to improve the Trust's National Oversight Framework segmentation, the projects underpinning the plan have been identified by Executives and agreed by the Board as being the immediate priorities to help the Trust reduce its most significant risks.

What is the Improvement Plan trying to achieve?



The following diagram outlines the Improvement Plan portfolio (programmes and projects).



In its meeting held on 9 May 2024, the Board was informed that the 10 week mobilization period had come to an end and that it was now entering its delivery phase. The Board will receive a monthly highlight report that will provide an overview of progress, risks, and benefit realisation for each of the programmes and underpinning projects. This highlight report will also be received by the ICB System Oversight Group and Governors will be kept updated at regular intervals.

Cancer Tier 1

NHS England's tiering process for cancer performance is designed to provide accountability and additional central support for trusts that are most at risk of missing national cancer targets. Trusts are categorised into tiers based on their performance, with Tier 1 being the most challenged and requiring the most support. Trusts may move between tiers based on their performance improvements or deteriorations.

In a letter received on 26 April 2024 from NHS England, it was confirmed that following a review of cancer performance, and in agreement with the regional team, the Trust will be in Tier 1 for Cancer from the week commencing 29 April 2024. The move to Tier 1 will involve regular meetings to discuss delivery progress and any required support from the relevant parts of NHS England.

NHS England acknowledged that they had seen steady improvement in the Trust in reducing the backlog of patients waiting for treatment and an increasing proportion of patients who receive a diagnosis within 28-days. They noted that whilst this was encouraging the Trust remained considerably below the cancer performance and FDS ambitions, which has resulted in a movement from Tier 2 to Tier 1 for cancer.

Moving out of tier 2 (out of oversight arrangements) is an exit criterion to move the Trust from National Oversight Framework segmentation +three to two, so this is clearly disappointing. In response, the Trust will work collaboratively with Cheshire & Merseyside Cancer Alliance and the regional NHS England teams to accelerate performance improvements.

Women's Hospital Services in Liverpool Programme

I'd like to provide an update on our ongoing efforts to envision the future of women's services, previously known as the Future Generations Strategy. As Chair of the Women's Hospital Services in Liverpool Programme Board, I oversee the progress of this initiative, which operates under the oversight of the Women's Services Committee, a subsidiary of the NHS Cheshire and Merseyside Integrated Care Board (ICB). Our main objective is to address and resolve the challenges currently faced by hospital maternity and gynaecology services in Liverpool, aiming for a comprehensive improvement in both quality and safety for these critical services.

The services in question, specifically maternity and gynaecology, are primarily provided at the Liverpool Women's Hospital but remain physically and operationally separate from other essential specialist adult services located across the city. This separation has led to notable clinical risks, including delays in care and the need for vulnerable women to be transferred between facilities during critical times. Recognising these significant challenges, our Board is dedicated to devising a sustainable, long-term solution that will bring about substantial enhancements to the care and safety of the services provided to women in Liverpool.

As part of our roadmap, we have outlined the initial phase of the programme, emphasising the importance of openness, transparency, and continuous engagement with the public. The

development of a clinical case for change is scheduled for the spring and summer of 2024, with publication expected later in the same year.

The first stage of this was an event held on 3 May 2024 which invited clinicians and individuals with lived experience from across the city to provide their views and highlight risks and issues.

Feedback from this engagement phase, gathered during the winter of 2024/25, will inform our approach to designing future services, with further development of potential options anticipated to commence in early 2025. While these timelines are subject to adjustments based on external factors such as the forthcoming general election, which might necessitate pausing our work temporarily, no definitive decisions regarding the future of women's services have been made yet. Concurrently, collaborative efforts between Liverpool Women's and Liverpool University Hospitals NHS Foundation Trusts are ensuring that, in the interim, services remain as safe and effective as possible through shared clinical expertise.

The Women's Hospital Services in Liverpool Programme Board will produce a report following each of its meetings and this will be received by the Board of each of the trusts involved to ensure consistent communication of the key messages.

Annual Report & Accounts

The deadline for submitting audited Annual Accounts and Reports to NHS England is later than historically expected (28 June 2024) – but consistent with the deadlines since the pandemic. There have been no significant changes made to the requirements in the Annual Report and there remains no need to include a Quality Report (and this will not be audited). The Trust is working to a 26 June 2024 deadline for sign-off – this will provide time (if necessary) for any amendments ahead of the NHS England deadline.

The Audit Committee (In March 2024) received the external audit plan from Grant Thornton. It was noted that materiality¹ had been set at 2% and significant risks identified for the audit included Improper revenue recognition, fraud in expenditure recognition, management override of controls, valuation of land and buildings.

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

- give a true and fair view of the state of the Trust's affairs as of 31 March 2024; and
- have been properly prepared in accordance with the Department of Health Group Accounting Manual 2023/24

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

The annual report and accounts and auditor's report on the accounts must also be presented at a meeting of the Council of Governors. This cannot, however, take place until they have been put before Parliament. It is planned that this will take place at the July 2024 Council of Governors meeting.

Provider Licence

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

What is it?

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

How does this relate to the Council of Governors?

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

Assurance to the Council of Governors

Training has been offered and attended by governors during the year. This included training sessions facilitated by the Trust, other local trusts and by external providers, for example training facilitated by an external provider on the changing NHS landscape and implications for Governors, and Unconscious Bias training facilitated by a local NHS trust as part of a joint governor training programme initiative.

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

The Council of Governors is requested to provide a view that training has been made available during 2023/24 to support the Board's eventual declaration.

Financial Performance 2023/24 and 2024/25 Plan

In the 2023/24 financial year, Liverpool Women's NHS Foundation Trust faced significant challenges, concluding the year with a £22.6 million deficit. This was notably higher than the planned £15.5 million, largely due to unmet Cost Improvement Programme (CIP) targets and increased operational pressures. Despite these challenges, the Trust successfully implemented stringent controls on agency spend and saw an uptick in substantive staff recruitment, which contributed to a more stable workforce environment.

Looking ahead to the 2024/25 fiscal year, the Trust anticipates a continuation of these financial challenges with a planned deficit of £29.5 million. The strategy for addressing this includes a CIP target of £5.3 million and a significant capital plan totalling £9.8 million, aimed at enhancing infrastructure and services. The workforce plan for 2024/25 projects an increase to 1784.2 Whole Time Equivalents, aligning with service expansion and quality improvement initiatives. Activity levels are set to reach 109% of the 2019/20 adjusted baseline, reflecting an ambitious target to manage patient backlog and enhance service delivery effectively.

The Board recognises the seriousness of the size of the deficit and is committed to holding the management accountable for the areas within the Trust's control while working to influence the more systemic drivers of the deficit. Ultimately, it is felt that this is a realistic and deliverable plan that the Trust will work diligently to deliver.

Staff Survey 2023

The NHS Staff Survey is one of the main ways we get to hear how staff are feeling and is used in addition to the *People Pulse* surveys which run 3 times per year, the twice yearly '*Big Conversation*'

and the *Great Place to Work Group*, as well as local and divisional forums to hear the views of staff.

In 2023 our response rate decreased from 60% to 52%, however this means that around 900 staff took the time to complete the survey and provide valuable feedback.

The staff survey questions are grouped into 9 broader themes which represent the many factors which influence overall staff experience. For the 2023 survey there were no statistically significant changes in any of the themes, although individual questions do show wider variations in scores.

People Promise Element	2022 score	2023 score
We are compassionate and inclusive	7.51	7.43
We are recognised and rewarded	5.95	6.01
We each have a voice that counts	6.98	6.92
We are safe and healthy	6.13	6.35
We are always learning	5.53	5.48
We work flexibly	5.94	6.13
We are a team	6.90	6.86
Staff Engagement	7.07	7.04
Morale	5.96	5.92

What is getting better?

Divisionally, as in previous years, colleagues in clinical support, medical and corporate areas respond more positively, with colleagues in Family Health responding to questions more negatively than the Trust average.

Although there have been improvements in some areas, we are committed to ongoing improvement and will keep listening to staff feedback and making changes wherever possible.

- More staff recommend Liverpool Women's as a place to work, 61% in 2022 and to 62.5% in 2023.
- 74% of staff would recommend the Trust as a place to have care compared with 71.5 % last year.
- More staff are satisfied with levels of pay, 31% compared to 27% last year.
- More staff feel there are enough staff in the Trust, 32% compared to 28% last year (although the score at Acute Specialist Trusts is 41%)
- Overall staff felt less burnt out at the end of a shift (41%) and fewer staff feeling unwell due to work related stress (38%)
- More staff felt they could balance their work and home life, 46% compared to 42% in 2022.

Where do we need to improve?

- Despite a range of offers, fewer staff felt they had access to learning and development opportunities (58%) and fewer felt they had the opportunity for career progression (52%)
- For the second year running, fewer staff felt they had the necessary materials and supplies to do their work (51.5% compared to 58.5% in 2022)
- There has been an increase in staff reporting experiencing discrimination on the basis of ethnic background and disability (although a reduction on the basis of gender and religion)
- Slightly more staff have experienced physical violence (2%) and fewer are reporting it.

What have we done to improve staff experience over the last 12 months?

- Over 100 staff have completed a Management and Leadership Programme
- All managers offered a coach or mentor.
- Over 200 staff accessed our Anti Racism & Inclusion training.

- 20 staff per month accessing our Staff Support service giving access to on site psychological support and introduction of wellbeing coaches.
- Pre-employment programmes and 'Volunteer to career' programmes providing job opportunities for people in our local community and people with disabilities
- Ongoing support for staff with menopause and other women's health issues
- Flexible working opportunities increasing – all areas of maternity and gynaecology can make unlimited requests for shifts on their rotas.
- Award of 41st place in Inclusive Companies awards recognising our progress to create a more inclusive workplace.
- Improvements to staff facilities including staff rooms and rest areas including the opening of the junior doctors' mess and purchase of sleep pods
- Given the 'Pastoral Care Quality Award' to recognise support for international nurses & midwives.
- Staff continue to support colleagues with £500 of donations per month for the Staff Pantry
- Every clinical area has been provided with breakfast items for staff
- Divisions continue to listen to staff, engagement events in maternity and 'Dragons Den' staff suggestion schemes in CSS.

PERFORMANCE SUMMARY

The Executive Team with the Informatics Team have undertaken a review of Key Performance Indicators (KPI) for 2024/25. Future iterations of the integrated performance report (to be made available to the Board in June 2024) will include additional metrics and make better use of statistical process control (SPC) and benchmarking to improve the understanding and escalation of these metrics. The Board is also planning a session to enhance their understand of the 'Making Data Count' approach².

The latest Quality, Operational & Workforce Performance Report can be found on the following link: <https://www.liverpoolwomens.nhs.uk/media/5420/2024-05-09-public-trust-board-final.pdf>

The following is a summary of the key issues:

Overall size of the waiting list – Although still concerning the waiting size list continues an improving trend, showing reduction since a peak seen in October 2023. Data for April 2024 demonstrate that the waiting list size has reduced further to 18300, showing a better-than-expected figure against the Trust set trajectories with NHS England for 2024/25 and 500 fewer than the previous month. The key focus through Q1 2024/25 will be to deliver key actions identified in the Trusts Improvement Plan to continue the improving trend.

Cancer – The 28 day and 31-day standard for the March unvalidated position have risen to 62% and 74% respectively. This is an improvement on the validated February 2024 performance. Whilst improving, performance remains under the national set cancer waiting time targets and as such the Trust has been moved to national Tier 1 performance oversight. Trajectories agreed with the North West Cancer Alliance of 70% for the 28 day Faster Diagnostic Standard and 50% for the 62 day standard will look to be accelerated through the Cancer Improvement Plan

Quality Metrics

Never Events – There are currently 3 ongoing Never Event investigations, with the most recent case occurring in February 2024 but being declared (StEIS reported) in March 2024. All investigations are being progressed and in accordance with the Trust governance processes. The

² The "Making Data Count" approach in the NHS aims to empower healthcare professionals to use data more effectively in decision-making, promoting a better understanding of data to improve patient care

Never Events reflect special cause variation of a concerning nature and therefore is reflective of the cluster of Never Events had over a short period of time within a rolling 12-month timeframe.

Complaint actions overdue – work continues to reduce out-of-date actions across Gynaecology/Hewitt and Maternity, with only 4 remaining (reduced from 11) reflecting a special cause variation of an improving nature. Improvements required continue to be addressed at the weekly complaint meeting to support changes in the process.

Workforce metrics

- Positive trends with minimal vacancies across nursing & midwifery areas continue. Maternity leave, whilst not reflected in these figures, remains a challenge for these areas. There are a number of medical roles at junior / middle grade level out to advert as part of our approach to proactively fill vacancies and respond to a rota review identifying additional doctors are required in line with increased activity and acuity levels. Turnover continues to be assessed in respect of areas of concern, and retention and turnover are being specifically looked at in N&M as part of an NHSE funded 12 month post 'People Promise Manager'.
- Mandatory Training metrics are showing a static position (following statistically significant improvements over the last 12 months). The updated Trust Integrated Performance Report will include benchmark data to provide further context and identify opportunities for improvement.
- Sickness is in normal variation having been statistically reduced in the last 18 months. Again, benchmark data will be included in the updated Integrated Performance Report.
- In March 2023 PDR rates were at 69%. They reached a peak of 86% in September 23 and rates have remained stable since this point with February 24 data at 83.67%. The PDR rates reflect the greater emphasis on delivery of mandatory training in clinical areas and some challenges with scheduling. Staff survey results reflected that although most staff stated they have had a PDR, the majority were dissatisfied with the quality. In response, a review is currently underway to move to a model of group PDRS for many clinical staff groups, supplemented by optional career conversations.

RECOMMENDATION

Governors play a critical role in overseeing a Trust's management, focusing on strategic alignment, accountability, and stakeholder representation rather than operational management. The approach to the Chief Executive's report involves assessing activities against the Trust's vision and performance criteria, asking probing questions to ensure transparency, and evaluating the report's implications for patients, staff, and the community. Governors can use the report to facilitate informed discussions and decision-making, holding the Board accountable.

The Council of Governors is asked to -

- ***note the content of the report.***
- ***provide a view that training has been made available during 2023/24 to support the Board's eventual Provider Licence declaration.***

Appendices

None

Council of Governors

COVER SHEET

Agenda Item (Ref)	24/25/006	Date: 16/05/2024		
Report Title	Lead Governor Update			
Prepared by	Louise Hope, Deputy Trust Secretary			
Presented by	Kate Hindle, Lead Governor and Staff Governor			
Key Issues / Messages	The report outlines the key areas of activity of the Council of Governors following the meeting in February 2024.			
Action required	Approve <input 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 – Y If no – please outline the reasons for deviation.			
	The Council is asked to note the update provided.			
Supporting Executive:	Mark Grimshaw, Trust Secretary			

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

Strategy ☐ Policy ☐ Service Change ☐ Not Applicable ☒

Strategic Objective(s)

To develop a well led, capable, motivated and entrepreneurial workforce	<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:
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT:

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

EXECUTIVE SUMMARY

The report provides an update on:

- Lead Governor role
- Non-Executive Director appraisals
- Governor resignations and elections
- Community Engagement
- Governor and NED Walkabouts
- Public Board Meetings
- Governor Sub-Group Feedback
- Governor Engagement Event Outcome
- Dates for the diary

MAIN REPORT

Introduction

The Lead Governor's Report provides a high-level overview of the key activities of the Council of Governors. This report covers the activities of the Council since its last meeting of February 2024. Key updates are provided below.

Lead Governor role

Following agreement at the Council of Governors meeting held 22 February 2024, to seek election to the role of Lead Governor, irrespective of whether they are a public, staff or partnership Governor. All Governors were eligible to nominate themselves. Following a call for expressions of interest, one Governor was put forward, Peter Norris – Public Governor. As only one nomination was received, the candidate was elected unopposed. Peter's tenure will commence at the conclusion of the Annual Members Meeting on 19 September 2024. I will maintain in the role as Lead Governor until this time.

Non-Executive Director Appraisals

A note of thanks to all Governors for their responses to the Non-Executive Director appraisals. The feedback was collated and shared with the Trust Chair, who has now formally commenced appraisals. The comments on the process have been noted and any actions shared with the Trust Secretary to support any future process.

Resignations of Governors and Upcoming Elections

Since the last Council of Governors meeting in February 2024, one Governor has resigned:

- Iris Cooper – Public Governor (rest of England and Wales)

Our thanks go to Iris for her contributions during her tenure. Iris's resignation leaves a public Governor vacancy which will require an election, due to take place over the summer. This election process will also look to fill the current vacancies on the Council.

Upcoming vacancies:

- North Liverpool – 2 vacancies
- Knowsley – 1 vacancy
- Staff Administration, clerical, managers, ancillary & other support staff – 1 vacancy
- Central Liverpool – 1 vacancy (Pat Denny eligible to apply for a second term of office)

- Sefton – 1 vacancy (Annie Gorski eligible to apply for a second term of office)
- Staff Scientists, technicians and allied health professionals – 1 vacancy (Rebecca Lunt eligible to apply for a second term of office)
- Appointed University of Liverpool – 1 vacancy (Niki Sandman eligible for a second term)
- Appointed Education Institutions – 1 vacancy (Jane Rooney eligible for a second term)
- Appointed Young Persons Advisory Service – 1 vacancy

Community Engagement

Since the last meeting of the Council in February 2024, there has been one engagement visit attended by Governors hosted by Childwall and Wavertree Network. This was a Children's Health Event held at The Reader Mansion House, Calderstones Park, South Liverpool. Many attended from the community as well as other professional services.

Governors have also been invited to be present in the 'Help Hub' which has recently opened in the main reception of the hospital. This has given governors the opportunity to speak to members of the public about Trust services and be representative on site. Governors are invited to attend on a Monday and would be joined by a member of the patient experience team who routinely sits in this area. If you would like to attend the Help Hub please let me know and we can arrange a time.

I would like to take this opportunity to thank all those who were able to attend and encourage governors to participate in the upcoming meetings and engagement events were possible.

Governor and NED Walkabouts

These visits had been well attended during 2023/24, with feedback collated from the Non-Executive Directors and Governors in attendance. We will be looking to commence a new cycle of visits for 2024/25. Governors are encouraged to continue to put themselves forward to attend walkabouts.

Board Meetings

I am pleased to note that Governors attended the Public Board meetings held on 14 March, 11 April, and 09 May 2024. The meetings were chaired by David Flory, the reports were detailed and provided a high level of assurance. If any Governors wish to attend, please contact the Trust Secretary mark.grimshaw@lwh.nhs.uk

Governor Sub-Group Feedback

We have held three Governor sub-group meetings since the Council meeting in February 2024: Quality and Patient Experience Sub-Group met on 23 April 2024 and the Governor Finance and Performance Sub-Group met on the 28 February and 24 April 2024.

Finance and Performance Sub-Group – 28 February 2024

The group discussed the financial position and performance of the Trust, noting a maintained planned deficit with some improvements in the Cost Improvement Plan (CIP). Challenges included structural financial issues due to the Trust's isolated location and high-cost premiums as a specialist Trust.

Operationally, the Group was informed that there had been a significant 40% increase in gynecology referrals over the past year, with the underlying causes still being investigated. Digital service improvements were recognized for enhancing clinical staff efficiency and patient care.

The meeting also reviewed internal and external audit assurances and preparations for the upcoming financial year with a significant deficit forecast. Additionally, updates on meeting National Oversight Framework criteria and the impact of industrial actions on performance targets were discussed.

Finance and Performance Sub-Group – 24 April 2024

There was a review of last year's financial underperformance against the cost improvement program (CIP) targets. The financial plan for the year was examined, revealing a significant underlying deficit exacerbated by industrial actions and pay investment challenges.

A realistic financial plan was outlined that aimed for collaboration and increased efficiency to help to improve the planned deficit of £29.5 million. The Group also discussed the implications of ongoing industrial action on financial stability.

Internal and external audits were covered, with reports of a positive end to the internal audit plan.

Quality and Patient Experience Sub-Group met - 23 April 2024

The meeting discussed various topics related to the Trust's performance, risks, and improvement plans. Some of the main points were:

- The quality committee and PPF reports highlighted the progress and challenges in areas such as never events, maternal deaths, human factors, cancer wait lists, menopause community pilot, and anti-racism work.
- The improvement plan was presented as a key document to focus and prioritise the Trust's actions on the most urgent risks and issues, such as deteriorating patient, acute gynaecology services, medicine safety, and financial improvement.
- The meeting also asked and answered questions about the new governance structure, the staff turnover, the MAU and GED performance, the cultural survey, and the community listening events.

Governor Engagement Event - Outcome

Thank you to all who attended the Governor Engagement Event held on 9 May 2024 in Blackburne House. The aims of the event were:

- To consider the effectiveness and logistics for Council and sub-group meetings and agree future arrangements
- Review Membership engagement activity during 2023/24 and plans for 2024/25
- To review Governor and NED engagement and consider any further opportunities to support governors to fulfil their duty to hold non-executive directors to account
- Identify any areas of training to support and develop governors

Key outputs include:

- There was consensus that moving to a default face-to-face status for formal Council meetings is the best way forward, with dial in facilities provided on an exceptional basis. Whilst the flexibility of virtual attendance was acknowledged the Group agreed that commitment to attending four meetings a year in person was not unreasonable.
- There was agreement that daytime meetings would be preferable to evening meetings. It was acknowledged that it would be important to choose timings carefully so to avoid school drop off and pick ups as much as possible. A short survey will be circulated to Governors to canvass for views.
- Content for full Council meetings was agreed as adequate but increased focus will be provided to the CEO and Lead Governor report going forward.
- The Group reflected on the purpose and efficacy of the sub-groups, particularly the Finance and Performance, and the Quality and Patient Experience Groups. Whilst these were intended as a 'touch point' between governors and Non-Executive Directors, it was agreed that attendance had been mixed and they had worked to blur the lines between Executive, Non-Executive and Governor roles and responsibilities. It was agreed to explore other mechanisms to provide governors to interact with Non-Executive Directors e.g. briefings, governor question log.
- Increased membership engagement activity during 2023/24 was acknowledged and it was requested that linkages between governors and the patient experience team be strengthened

further. Opportunities for joint membership engagement events across the city were seen as a positive step.

- Similarly, cross-city training opportunities for governors were encouraged for expansion.

I would be grateful for the views of the wider Governing body on these outputs.

Dates for Governors Diaries

- Gender Diversity Event, Blair Bell Lecture Theatre - 29 May 2024 at 1pm
- Communications and Membership Engagement Group – 30 May 2024 at 5.30pm
- NHS Providers, Governor Focus conference 2024 – 09 July 2024 at 10am – 4pm
- Menopause Café, Picton Primary Care Network, Kensington Children's Centre – 28 May, 25 June and 30 July 2024 at 10am – 1pm
- Community Health and Wellbeing Event, Bridge Community Centre, Norris Green – 29 August 10am – 3pm

Recommendation

The Council of Governors is asked to note the update provided.

Council of Governors

COVER SHEET

Agenda Item (Ref)	24/25/007		Date: 16/05/2024	
Report Title	Fit and Proper Persons & Non-Executive Director Independence – Annual Declaration			
Prepared by	Louise Hope, Deputy Trust Secretary			
Presented by	Mark Grimshaw, Trust Secretary			
Key Issues / Messages	<i>This annual report provides the Council of Governors with details of compliance against the Fit & Proper Persons requirements by those individuals who are Board directors, Board members and individuals who perform the functions equivalent to the functions of a board director and member.</i>			
Action required	Approve <input type="checkbox"/>	Receive <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Take Assurance <input type="checkbox"/>
	<i>To formally receive and discuss a report and approve its recommendations or a particular course of action</i>	<i>To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it</i>	<i>For the intelligence of the Board / Committee without in-depth discussion required</i>	<i>To assure the Board / Committee that effective systems of control are in place</i>
	Funding Source (If applicable): n/a			
	For Decisions - in line with Risk Appetite Statement – Y If no – please outline the reasons for deviation.			
	The Council of Governors is asked to note the contents of the report and the Trust's compliance.			
Supporting Executive:	Mark Grimshaw, Trust Secretary			

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

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
None			

EXECUTIVE SUMMARY

This report is being presented to the Council of Governors to provide assurance on the Trust's arrangements for meeting the Fit and Proper Persons Test and Declaration of Interest for Board Directors, Board Members and individuals who perform the functions equivalent to the functions of a board director and member.

To support this declaration, a review of the Fit & Proper Persons requirements has been undertaken. The review provided evidence that all Board members are compliant with the requirements of the Fit and Proper Person Test. For Non-Executive Directors, full compliance was also evidenced including in terms of the test of independence. Appraisals for the Chair and Non-Executive Directors were undertaken for all individuals during 2023/24 with the outcome reported to the Council of Governors. Appraisals covering the period 2024/25 are currently on-going and will be reported to the Council of Governors in November 2024.

The review confirmed that all Board Directors had completed declarations in relation to their relevant and material interests.

MAIN REPORT

Introduction

This report provides the Annual Declaration in respect of compliance with the Fit & Proper Persons Test by those individuals who are board directors, board members and individuals who perform the functions equivalent to the functions of a board director and member.

Fit and Proper Persons Test

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to ensure all relevant individuals meet the requirements of the Fit and Proper Persons Test (Regulation 5). Regulation 5 recognises that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care. For the purpose of this regulation, these individuals are executive and non-executive directors, permanent, interim and associate positions, irrespective of their voting rights.

Regulation 5 states that a provider must only appoint or have in place an individual as a director who: -

- is of good character,
- has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
- is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
- has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and
- none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

These requirements play a major part in ensuring accountability of leaders of NHS bodies and outline the requirements for robust recruitment and employment, appraisal, and performance management processes for Board level appointments. In addition, the requirements ensure that there are appropriate checks that leaders have the skills, knowledge, experience, and integrity that

they need both when they are appointed and on an on-going basis. For board members, this is a requirement under provision C.4.1 of Monitor's Code of Governance (October 2022) which came into effect from 1 April 2023 and states:

- Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged).

NHS England published a revised Fit and Proper Person Test (FPPT) Framework in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT as it applies under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The review highlighted areas that needed improvement to strengthen the existing regime. The revised framework became effective as of 30 September 2023 and NHS organisations are expected to use it for all new board level appointments or promotions and for annual assessments for all board members going forward from that date. NHS England will have oversight through receipt and review of an annual FPPT submission to the NHS England Regional Director from NHS organisations.

A review of the Fit & Proper Persons requirements has been undertaken utilising the revised framework. This confirmed that the existing board directors and board members meet the requirements of the Fit and Proper Persons Test. For Non-Executive Directors, the review confirmed compliance in terms of the test of independence. The annual FPPT submission to the NHS England Regional Director was submitted on 25 April 2024. Details of the checks undertaken are set out in Appendix A.

Declaration of Interest

The NHS Code of Conduct / Code of Accountability requires all staff to demonstrate an absolute standard of honesty in their dealings with the NHS. All staff¹ and officers of the Trust are required to declare interests where there is an actual or potential possibility of a material conflict between one or more of the interests.

Staff who are defined as 'decision making staff' are required to make an annual declaration of interests in addition to those made at each decision-making meeting.

Under the Trust Constitution the duties of a director of the Trust include in particular:

- A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
- A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

Types of interests are defined by the Trust's Managing Conflicts of Interest Policy. The wording within the Policy is prescriptive and follows the guidance issued by NHS England/Improvement. It includes consistent principles and rules, providing clear advice about what to do in common situations whilst supporting good judgement about how to approach and manage interests.

Interests fall into the following categories:

¹ As defined within the Managing Conflicts of Interest Policy

- a) Financial interests - where an individual may get direct financial benefit from the consequences of a decision, they are involved in making.
- b) Non-financial professional interests - where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.
- c) Non-financial personal interests - where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- d) Indirect interests - where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

All Board Directors have completed declarations in relation to their relevant and material interests. These are publicly available via the Trust website – [Microsoft Word - Board of Directors Register of Interests as at 01 May 2024 Public Version Website \(liverpoolwomens.nhs.uk\)](#) and disclosed in Appendix B. In addition, the Trust will publish on the website interests declared by all staff. This is refreshed on an annual basis.

RECOMMENDATION

The Council of Governors is asked to note the contents of the report and the Trust's compliance.

Appendix A: Fit and Proper Person Test

As part of the annual review of compliance, the following items were considered by the Trust Secretary: -

- The annual Fit & Proper Persons Test self-declarations completed by all board directors and board members.
- The annual declaration of independence (Chair and Non-Executive Directors only)
- The outcome of the annual appraisals of those individuals and the agreement of objectives and where required, personal development plans
- Due diligence checks undertaken by the Deputy Trust Secretary and review of personal files of the relevant individuals against the Trust's Fit & Proper Person checks required on recruitment and those required on an on-going basis to ensure capture of the required information and assurances. These include: -
 - Appropriate Disclosure & Barring Service (DBS) clearance
 - Search of Insolvency and Bankruptcy Register
 - Professional Body Registration checks
 - Disqualified Directors Register
 - Due diligence in relation to (or privy to) previous misconduct, mismanagement or professional disqualification undertaken via internet search and via the workforce department
 - Employment tribunal judgement checks
 - Social media check
 - Receipt of letter of confirmation for joint appointments

Appendix B: Register of Interests

Register of Interests of the Board of Directors as at 01 May 2024: 2024/25 Declarations

Name	Role	Date Interest Declared	Nil to Declare (✓)	Interest Type	Provider	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
BIRD, Jackie	Non-Executive Director	24/03/2024		Non-financial professional interest	Liverpool University Hospitals Foundation Trust	Non-Executive Director	10 April 2024	Ongoing	Any conflict to be declared at meetings.	Yes, Chair	Y
				Non-financial professional interest	Care Quality Commission	Executive Reviewer for CQC inspections	06 November 2023	Ongoing	Any conflict to be declared at meetings. Will not be involved in any inspections at LWHFT.		
				Non-financial personal interest	Edward Holt Trust	Trustee	01 November 2019	Ongoing	None required		
				Non-financial personal interest	Trinity St James's Cancer Institute, Dublin Ireland	Member of External Advisory Board	03 January 2022	Ongoing	None required		
				Non-financial personal interest	Derbyshire Dales District Council Town Hall, Bank Road Matlock, Derbyshire DE4 3NN	Deputy Lieutenant of Derbyshire	20 June 2022	Ongoing	None required		

BROWN, Dianne	Chief Nurse	19/03/2024		Non-financial professional interest	Blackburn House Charity	Board Director (Voluntary Role)	01 February 2024	Ongoing	Declaration and consideration of matters relevant to BH Charity	Yes, CEO	Y
CONNOR, Matthew	Chief Information Officer	27/03/2024		Non-financial professional interest	Liverpool University Hospitals Foundation Trust	Joint professional job role: Joint Chief Digital Information Officer	01 February 2024	Ongoing	Any conflict to be declared at meetings & remove myself from decision making process in the event of a conflict.	Yes, CEO	Y
		10/08/2023 15/05/2023		Non-financial professional interest	Cheshire and Merseyside ICB Cyber Security Workstream	Chair	01 February 2020	Ongoing	Transparency and reporting through Trust Digital Hospital Committee		
CHAUDHRY, Zia	Non-Executive Director	26.03.2024		Financial Interest	Premier Advocacy Ltd	Director	18 March 2022	Ongoing	Any conflict to be declared at meetings	Yes, Chair	Y
ELLERY, Tracy	Non-Executive Director	24/03/2024	✓								Y
				Non-financial personal interests	Bolton Old Links Golf Club	Director / Lady Captain 2023/24	April 2023	March 2024	This role is declared. There is no link between decisions taken at LWH and this company.	Yes, Chair	Y
GREENHALGH, Lynn	Medical Director	09/04/2024		Non-financial personal interests	CVO Project Management Ltd, 33 Chester Road West, Queensferry, Flintshire, CH5 1SA	Company Secretary	November 2012	Ongoing	There is no link between decisions taken at LWH and this company.	Yes, CEO	Y
HANNON, Jenny	Chief Finance Officer	20/03/2024		Non-financial professional interests	PSS, social enterprise supporting people and families	Board Trustee/ Chair of Audit and Governance Committee	December 2019	Ongoing	Any conflicts of interest that may arise will be declared and dealt with	Yes, CEO	Y

									appropriately according to the nature of the conflict		
HYATT, Gloria	Non-Executive Director	21/03/2024		Non-financial professional interests	Teach Consultancy L1 OAH	Director Training and Coaching business	May 2005	Ongoing	Declaration at the beginning of relevant meetings and withdrawal from decision making.	Yes, Chair	Y
KENNY, Louise	Non-Executive Director	11/04/2024		Non-financial professional interests	MRC Population and Systems Medicine Board	Board Chair	01 April 2024	Ongoing	Make declaration at start of relevant meetings.	Yes, Chair	Y
				Indirect interests	Intuitive Surgical	Family member contracted by Intuitive Surgical to proctor the gynaecologists at the Liverpool Women's on the new robot.	04 May 2021	Ongoing	Always declared at the start of meetings when the Robotic programme is discussed.		
				Non-financial professional interests	Northern Health Science Alliance Limited	Board Member	01 June 2020	Ongoing	Always declared at meetings where NHS is discussed.		
				Financial Interest	University of Liverpool Foundation Building 765 Brownlow Hill Liverpool L69 7ZX	Executive Pro-Vice-Chancellor	01 January 2018	Ongoing	Key decisions about the academic partnership between LWH and UoL are delegated to Professor Tom Walley, Associate Pro Vice Chancellor for Clinical Affairs of the Faculty of Health and Life Sciences and		

									Professor Pete Clegg, Executive Dean of the Institute of Life Course and Medical Sciences		
				Non-financial professional interests	Liverpool Health Partners, Academic Health Science Service University of Liverpool	Deputy Chair	01 June 2019	Ongoing	Always declared at meetings where LHP is discussed.		
MARTIN, Louise	Non-Executive Director	27/03/2024		Non-financial personal interests	PropCare Limited - a wholly-owned subsidiary company of the Clatterbridge Cancer Centre NHS Trust.	Chair	01 August 2015	Ongoing	Make declaration of any interest prior to board and/or subcommittee discussions.	Yes, Chair	Y
PRICE, Gary	Chief Operating Officer	19/03/2024		Non-financial personal interests	Calday Grange Grammar School	Director (as a Governor)	14 April 2023	Ongoing	None required.	Yes, CEO	Y
				Non-financial personal interests	RNLI Deputy Launching Authority, South Parade West Kirby	Volunteer	September 2008	Ongoing	Declaration at the beginning of relevant meetings and withdrawal from decision making relating to charitable actions		
SUMNER, James	Chief Executive	18/01/2024		Non-financial professional interest	Liverpool University Hospitals Foundation Trust	Joint professional job role: Joint Chief Executive Officer	01 January 2024	Ongoing	Any conflict to be declared at meetings.	Yes, Chair	Y

TURNER, Michelle	Chief People Officer	25/03/2024	✓								Y
WALKER, Sarah	Non-Executive Director	27/03/2024		Financial Interest	Cisco – Technology company	Managing Director	09 August 2022	Ongoing	Declaration at the beginning of relevant meetings	Yes, Chair	Y
				Indirect interests	Greater Manchester Academy Trust	Chair of the Board of Trustees	01 September 2020	Ongoing	None required	Yes, Chair	Y

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.

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

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

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

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

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

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

O

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

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

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

Q

QA	Quality assurance	monitoring and checking output to make sure they meet certain standards
QI	Quality improvement	A continuous improvement process focusing on processes and systems
QIA	Quality Impact Assessment	A process within NHS trusts which ensures the quality of service is systematically considered in decision-making on service changes
QI	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