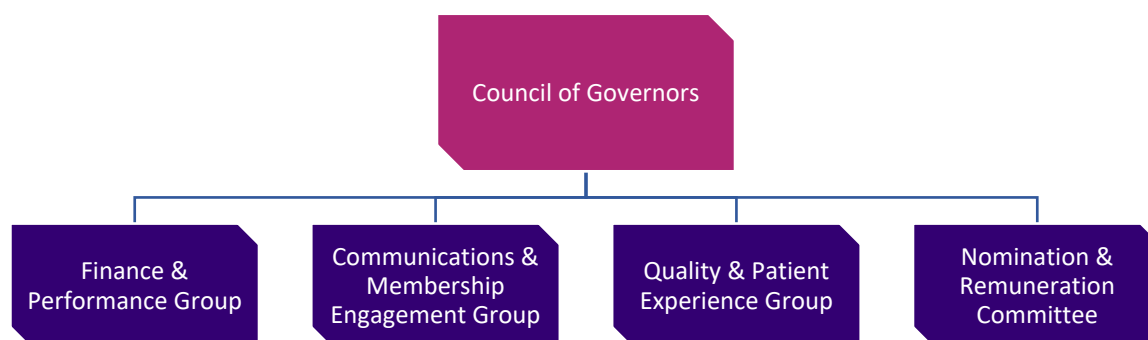


Council of Governors

22 February 2024, 6pm
Blair Bell Lecture Theatre &
Virtual Meeting, via Teams



Council of Governors - Public

Location	Blair Bell Lecture Theatre and Virtual via Teams
Date	22 February 2024
Time	6.00pm

AGENDA					
Item no. 23/24/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PRELIMINARY BUSINESS					
072	Introduction, Apologies & Declaration of Interest	Receive apologies & declarations of interest	Verbal	Chair	18.00 (5 mins)
073	Meeting Guidance Notes	To receive the meeting attendees' guidance notes	Written	Chair	
074	Minutes of the meeting held on 16 November 2023	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
075	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
076	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Presentation	Chair	18.05 (10 mins)
077	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Written	Chief Executive	18.15 (10 mins)
MATTERS FOR CONSIDERATION					
078	Draft Minutes from the Governor Group Meetings. <ul style="list-style-type: none"> Finance and Performance Group <i>none held, next meeting 28 February 2024</i> Quality and Patient Experience Group 30.01.2024 Communications and Membership Engagement Group 25.01.2024 	Receive minutes for assurance	Written	Group Chairs	18.25 (10 mins)
079	Maternal Death HSIB Report and response	To discuss	Written	Chief Nurse	18.35 (20 mins)
080	National Oversight Framework & Improvement Programme	To receive	Written	Chief Executive	18.55 (15 mins)
081	Election of Lead Governor	To discuss	Written	Trust Secretary	19.10

					(10 mins)
CONCLUDING BUSINESS					
082	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	19.20 (5 mins)
083	Chair's Log	Identify any Chair's Logs	Verbal	Chair	
084	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
085	Jargon Buster	For information and reference	Written	Chair	
Finish Time: 19.25					

Date of Next Meetings: Council of Governor Meeting 16 May 2024 1730hrs

Meeting Guidance Notes

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

Before the Meeting:

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

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

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

During the Meeting:

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

Standards and Obligations

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

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

After the Meeting:

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

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

Council of Governors

Minutes of the Council of Governors
held in the Boardroom, LWH and Virtually at 1730hrs on Thursday 16 November 2023

PRESENT

Robert Clarke	Chair
Iris Cooper	Public Governor (Rest of England and Wales)
Alison Franklin	Staff Governor (Midwives)
Annie Gorski	Public Governor (Sefton)
Kate Hindle	Staff Governor (Admin & Clerical)
Sadeea Kaleem	Appointed Governor (Faith Groups)
Rebecca Lunt	Staff Governor (Scientists, Technicians & AHPs)
Angela Ranson	Public Governor (South Liverpool)
Olawande Salam	Public Governor (Rest of England and Wales)
Niki Sandman	Appointed Governor (University of Liverpool)
Jackie Sudworth	Public Governor (Knowsley)
Cllr Julie Fadden	Appointed Governor (Liverpool City Council)
Dipali Verma	Staff Governor (Doctors)
Deborah Ward	Appointed Governor (Nurses)
Rachael Stott	Appointed Governor (CVS)

IN ATTENDANCE

Jackie Bird	Non-Executive Director
Gloria Hyatt	Non-Executive Director
Louise Kenny	Non-Executive Director
Kathryn Thomson	Chief Executive
James Sumner	Chief Executive (LUFT)
Lynn Greenhalgh	Medical Director
Jenny Hannon	Chief Finance Officer
Gary Price	Chief Operating Officer
Mark Grimshaw	Trust Secretary

APOLOGIES:

Pat Denny	Public Governor (Central Liverpool)
Peter Norris	Public Governor (Central Liverpool)
Thania Islam	Public Governor (Central Liverpool)
Jane Rooney	Appointed Governor (Education Institutions)

Core members	May	July	Nov	Feb
Peter Norris	✓	✓	A	
Pat Denny	✓	✓	A	
Ruth Parkinson	A	A	NM	
Irene Teare	A	A	NM	
Carol Didlick	A	A	NM	
Angela Ranson	✓	A	✓	
Yaroslav Zhukovskyy	A	A	NM	
Annie Gorski	✓	✓	✓	
Jackie Sudworth	✓	✓	✓	
Iris Cooper	✓	✓	✓	
Olawande Salam	✓	✓	✓	

Kiran Jilani	A	A	NM	
Rebecca Holland	A	A	NM	
Alison Franklin	✓	✓	✓	
Rebecca Lunt	✓	A	✓	
Kate Hindle	✓	✓	✓	
Cllr Lena Simic	✓	Non-member		
Cllr Patricia Hardy	A	Non-member		
Cllr Marie Stuart	A	A	A	
Niki Sandman	✓	✓	✓	
Rev Dr Miranda Threfall-Holmes	A	A	NM	
Jane Rooney	✓	A	A	
Cllr Julie Fadden	NM	✓	✓	
Thania Islam	NM		A	
Dipali Verma	NM		✓	
Deborah Ward	NM		✓	
Hayley Corless	NM		A	
Sadeea Kaleem	NM		✓	
Rachael Stott	NM		✓	

23/24/	
45	Introduction, Apologies & Declaration of Interest Apologies: noted above. Declaration of Interest: No new declarations received.
46	Meeting Guidance Notes Noted.
47	Minutes of previous meeting held on 20 July 2023 The minutes of the previous meetings were reviewed by the Committee and agreed as an accurate record.
48	Action Log and matters arising The action log was noted.
49	Chair's announcements The Chair noted the following matters: <ul style="list-style-type: none"> • Kathryn Thomson's last governor meeting as Chief Executive. Introduced James Sumner to the Governors, who would take the Chief Executive position on an interim basis as of 01 December 2023 and substantively as of 01 January 2024. • Key headlines from the Trust Board meeting held in November: <ul style="list-style-type: none"> ○ further assurance sought in relation to pressures within the induction of labour suite and increasing rates of caesarean section rates. ○ Continued impact of industrial action on patient appointments ○ Ongoing financial challenges ○ Cancer performance, Trust was in Tier 2 performance monitoring by NHS England and Trust teams were working hard to exit Tier 2 monitoring ○ Issues in relation to the funding model for the Community Diagnostic Centre • Governor election update: noted and welcomed newly appointed governors representing public, appointed and staff seats and thanked departing governors for their support. Two contested elections for Sefton and South Liverpool were underway, voting would close on 21 December 2023. <p>The Trust Secretary provide an update on the Chair recruitment process. He noted that a joint Nomination & Remuneration Committee had been held in October 2023 and the advert had been released. He noted planned sessions for governors including drop-in sessions to raise questions, and a briefing session to gain the perspective of an existing Joint Chair.</p>

	<p>Interviews planned to take place on 12 December 2023 and noted the interview panel which would include two governors from each appointing trust.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> Received and noted the briefing from the Chair.
50	<p>Chief Executive Report</p> <p>The Chief Executive noted the following:</p> <ul style="list-style-type: none"> Liverpool University announcement to advance plans for an Academic Health Sciences Campus on the site of the former Royal Liverpool University Hospital, a significant development for healthcare within the region Menopause: leading service in the country for menopause services. Working to support employees going through menopause in the workplace and inform managers by creating awareness and education through events. The workforce offer was being shared with other healthcare employers. The Trust was also a significant centre for Endometriosis services, a significant condition that was difficult to diagnose and could cause severe pain and fertility issues. Work was also underway to effectively support employees with endometriosis. Maternity Safety Support Programme (MSSP) Diagnostic Review undertaken in July 2023. Thorough and supportive review undertaken, which identified areas of good practice, noted oversight and ongoing monitoring processes, and raised three immediate concerns. Action plan developed in response to the actions and monitored by the maternity and neonatal transformation group. Noted baby tagging system in operation and regular unannounced testing of security measures. Noted changes to utilisation of the Midwifery Led Unit (MLU) due to the increasing complexity of patients. <p>The Chief Executive thanked the Governors and the Chairman for their support.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> Received and noted the briefing from the Chief Executive.
51	<p>Activity Report from the Governor Group Meetings</p> <p>Governors meet and spend time with NEDs and Executives to gain assurance on how the Board and the Non-Executive Directors manage issues and get their assurances.</p> <ul style="list-style-type: none"> Finance and Performance Group 26.07.2023 The Council noted the sub-group chair report. Quality and Patient Experience Group 26.09.2023 Mark Grimshaw, Trust Secretary, reported the following matters to note: <ul style="list-style-type: none"> The Group considered the Care Quality Commission (CQC) report following the inspection. The group noted positive improvements in the Maternity Assessment Unit (MAU) in relation to triage times. Positive assurance in relation to the Clinical Negligence Scheme for Trusts (CNST) year 4 outcome Industrial action impact on delays to treatment and impact on workforce Outsourced contracts and management of SLA's Positive reduction of workforce sickness rates and improving mandatory training rates and retention rates. Emerging risk with post graduate doctors and rota gaps, continue to be a significant issue for the Trust and agree that the Council should be kept appraised of the matter Newly launched Patient Safety Incident Response Framework (PSIRF) within the Trust, a new approach to responding to patient safety incidents in the NHS.

	<ul style="list-style-type: none"> • Communications and Membership Engagement Group 28.09.2023 <p>Jackie Sudworth, Public Governor, reported the following matters to note:</p> <ul style="list-style-type: none"> ○ Reflected on the Annual Members meeting and noted that a recording of the meeting was on the website as was a video summarising the annual report and accounts. ○ Significant governor engagement activity at local community centres had provided valuable insight into patient experiences across diverse communities. ○ Noted planned future engagement activity in community settings. ○ Noted good progress against the Communication and Engagement Strategy in year 2, particularly in relation to the engagement goals. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the reports from the Governor Sub-Group meetings.
052	<p>Financial Recovery</p> <p>The Chief Finance Officer provided an overview of the Trust's current financial position, noting the financial challenges since 2014/15 to present day which had impacted upon the reported position. The Trust's current financial plan included increased cost reduction targets and a challenging deficit for 2023/24. The key financial drivers, including insufficient tariffs, safety investments, and limited scalability, align with historical challenges.</p> <p>The Chief Finance Officer informed the Council of the financial recovery efforts including establishment of a Finance Recovery Board (FRB), appointment of an interim recovery Director to fast-track financial recovery schemes and establish a structured recovery programme. She noted that several workstreams had been introduced to manage schemes which report to the FRB to ensure thorough review, oversight, and quality impact assessments of financial schemes. The Board seeks assurance through structured financial reporting, review of the recovery plan, and engagement with the management and staff, maintaining a comprehensive oversight system. This combination of formal mechanisms and informal dialogues supports the Board's understanding of the trust's financial health, facilitating timely intervention when needed.</p> <p>The Chairman noted the structural issues with funding beyond control of the Board of Directors which required system support. The Trust was currently working with the C&M ICB towards agreeing a deviated plan for the second half of the year 2023/24 due to it being increasingly unlikely that it could achieve the original plan.</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. <p><i>Louise Kenny left the meeting at this point.</i></p>
053	<p>Planning and Strategy Update</p> <p>The Council received a presentation delivered by Jenny Hannon, Chief Finance Officer, to open up discussion on the Trust's current Strategy 2021-2025, performance against this Strategy and to consider the priorities for the Trusts annual plan for 2024/25. The Governors were reminded of their duty to hold the Non-Executive Directors to account for the performance of the Board, including delivering against the Strategy.</p> <p>The Chief Finance Officer informed the Council that the Board had reviewed delivery against the Strategy for 2023/24, and noted one objective out of twenty as off track, which related to delivery against the financial plan.</p> <p>James Sumner, Chief Executive at Liverpool University Hospital Foundation Trust (LUHFT), introduced himself to the Governors. He informed the governors that he recognised the identity of the organisation as important to maintain and reflected on the significant issues not within the control of the Trust as iterated by the Chairman, notably the financial position and the isolated site position. He noted the impressive financial performance as</p>

demonstrated by the reference cost position and the efficient and effective running of Trust finances, indicating the increasing difficulty for the Trust to resolve financial issues internally and requirement of appropriate funding from the NHS. He noted synergies with LUHFT that might be beneficial would include joint resources, for example strategy improvement work, and digital workstreams.

James Sumner, informed the Council that a key focus would be to drive forward the system view of the isolated site risks that have been reported by the Trust for a significant period of time as one of the biggest risks to women and patients in Liverpool.

James Sumner, noted a further key focus on population health with work already commenced at LUHFT to launch a strategy to improve patient services across the region due to the increasing patient presentation with co-morbidity issues. He added that a significant upcoming issue would be the appropriate provision of mental health support, noting a significant rise in mental health problems for 12-18 year olds girls, which would utilise our services in the future, and a requirement to act promptly with partnership organisations.

A workshop was facilitated which consisted of three groups including Governor and Board members to consider the top three priorities for 2024/25. The presentation provided to the Council looked ahead to the 2023/24 operational planning process highlighting local, regional and national issues that Governors could consider as part of the breakout discussion.

The following key priorities were noted against the question:

Group 1 (online)

- Retention of workforce in key specialist roles
- Patient experience and how preserve good elements of patient care as priority. Linked to the identity of Liverpool Women's Hospital and bringing cultures together across organisations
- Promote public perception of the Trust as an independent organisation as a specialist provider of women's services
- Health inequalities and working towards ensuring equality of access to care, experience and outcomes
- Quality and provision of patient care prioritised above financial position. Reflected on increasing difficulties to balance between quality patient care, workforce and finances as a Board of Directors. Renegotiate position with ICB and system on financial needs.

Group 2

- Importance of partnerships and importance of these for delivery resource, clinical safety and links to commissioners
- Patient safety
- Digital as an enabler
- Leadership: getting it right and perception of leadership to drive through changes

Group 3

- Clinical Safety
- Patient Experience and the wider impact
- Public Health: Preventative measures for women's health and the impact of late presentation on patients and families. Understanding of the Trust as a 'whole life service' and responsibility to improve the patient journey across all services.

Iris Cooper, Public Governor queried new parents not having access to the same peer support as in the past. Alison Franklin responded that patients receive the same number of appointments which increase in frequency closer to the due date but noted that the change

	<p>to appointments in GP settings meant that they attended individual appointments and did not meet as a group of patients. The Chairman reflected that this might be an opportunity to share information with patients accessing midwifery services on public health messages and linked to PLACE partnership working. James Sumner noted that health services were not running to the benefit of the population i.e. clinics running 0900-1700hrs receive a different level of access from the population in the North and South of the city depending on deprivation, e.g. whether they get paid time off work, can afford travel etc. A new approach to service delivery tailored to meet the different socio-economic needs of the population would require a system approach to deliver.</p> <p>The Chairman summarised that key priorities communicated related to safety of healthcare, the ambition of targeting population health inequalities and access to services, and address the targets of the national Women's Health Strategy.</p> <p>The Chairman noted that the Trust Board had raised concern to the ICB that the system strategic objectives were not sufficiently focussed on women's health. Jackie Sudworth noted the work within primary care settings was key to improving the health of the population.</p> <p>The Trust Secretary noted that the information sought from the governors would be utilised as part of the operational planning for 2024/25.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the progress towards delivery of Our Strategy; • provided options of key priorities for the Trust to contribute to the operational planning for 2024/25
054	<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 • Importance of horizon scanning and allowing time
055	<p>Chair's Log</p> <p>None noted.</p>
056	<p>Any other business:</p> <p>The Chief People Officer provided an update to the Council in relation to the Thirlwall Inquiry, announced in October 2023, to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital. The Trust had applied for core participant status as it was known that the nurse had worked at this Trust. Solicitors had been appointed and the Trust was in the process of submitting its initial statement. Cllr Julie Fadden, Appointed Governor asked in addition to legal support, had emotional support been offered to staff. The Chief People Officer confirmed that the Trust had commissioned psychological support and specific trauma support had been initiated during the early stages of the police enquiry which remained in place. She noted substantial emotional support had also been offered by the Police to staff and families affected.</p> <p>Kate Hindle, Lead Governor, expressed on behalf of the Governors a thank you to Kathryn Thomson, Chief Executive for being a great leader and advocate for 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

22 February 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
09 February 2023	22/23/74	Liverpool Clinical Services Review	Arrange focussed briefing session on Future Generations / Liverpool Clinical Services review.	Chief Finance Officer	June 2023	Complete	Update to be covered under item 23/24/77.
20 July 2023	23/24/28	Chief Executive Report	For feedback on the National Maternity Safety Support Programme Team visit to be provided to the Council of Governors.	Chief Nurse	November 2023	Complete	Update to be provided under item 23/24/77.
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	Update to be provided under item 23/24/77. Further update on current work relating to governance arrangements to report to the May 2024 meeting.

Chair's Announcements

Council of Governors – 22 February 2024

Key Announcements

- Welcome to the new Chair – David Flory
- Thank you to Governors and Director colleagues for all your support
- Reflections and looking forward

Key Announcements

Key headlines from Trust Board Meeting – 8 February 2024

- Staff Story – accessibility improvements
- Challenges regarding post graduate doctor staffing
- Issues raised from the MNSI Report
- Financial challenges continue and this will be the case into 2024/25

Key Announcements

New Governors

Welcome to –

- Rachael Stott – Community and Voluntary Sector
- Sadeaa Kaleem – Multi-faith representative
- Tina Atkins – Central Liverpool Primary Care Network (thank you Hayley Corless)
- Thania Islam (public governor)
- Carol O Keeffe (public governor)

Key Announcements

Committee / Sub-Group Memberships

Looking for a new member of the Nomination & Remuneration Committee (preferably a staff governor)

Sub-Group Memberships

Comms & Engagement	Quality & Patient Experience	Finance & Operational Performance
Jackie Sudworth	Ruth Nicol	Peter Norris
Kate Hindle	Jackie Sudworth	Kate Hindle
Ruth Nicol	Kate Hindle	Niki Sandman
Iris Cooper	Jane Rooney	Becky Lunt
Pat Denny	Iris Cooper	Jackie Sudworth
	Peter Norris	
	Yaroslav Zhukovskyy	

Council of Governors

COVER SHEET

Agenda Item (Ref)	23/24/077		Date: 22/02/2024	
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 November 2023.			
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 note the content of the report.			
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 ☒ Policy ☐ Service Change ☐ Not Applicable

Strategic Objective(s)

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

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

Link to the BAF (positive/negative assurance or identification of a control / gap in control) 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 November 2023.

MAIN REPORT

ITEMS FOR INFORMATION

Care Quality Commission – Unannounced Inspection

The Trust received an unannounced Care Quality Commission (CQC) inspection of our Maternity services on 15 January 2024. The inspection was part of the process for the Regulator to review the actions taken by the Trust in relation to the Section 29A Warning Notice, received in January 2023.

I'd like to thank everyone who was on hand during the inspection to welcome the inspection team and to give them everything they needed. It was encouraging to see that we were able to demonstrate confidence and assurance in everything that we are doing.

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 their inspection and the Trust has responded in a timely way. We will now await an inspection report from the CQC in due course.

System Oversight Group and the Improvement Programme

Governors will be able to find an update on these matters later on in the agenda.

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 on-going 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. Again, further detail on these aspects is included later on in the 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) The Maternity and Newborn Safety Investigations (MNSI) programme investigates certain cases of:

- early neonatal deaths, intrapartum stillbirths and severe brain injury in babies born at term following labour in England.
- maternal deaths in England.

On 25th January MNSI Team attended Liverpool Women's NHS Foundation for a quarterly review meeting, the team presented a summary of current cases they have reviewed and gave recommendations to the team at LWH.

In 2023 LWH referred 14 cases to MNSI, 13 for Maternity one for Gynaecology. Five cases did not meet criteria and were rejected, Nine cases were accepted 2 maternal deaths and 7 babies for cooling. Five investigations have concluded and four remain open.

The MNSI team commended LWH on the responsiveness and openness during interviews which have been conducted with staff, the team commended the Non-English Speaking Team (NEST) and the innovative work and investment on the anti-racist approach adopted throughout the Trust.

There is a specific report on the agenda regarding a recent MNSI case and the Board's response to this.

Joint Chair Appointment

David Flory CBE has been appointed as joint Chair of Liverpool University Hospitals NHS Foundation Trust (LUHFT) and Liverpool Women's NHS Foundation Trust. He will start this joint role in March 2024.

The two Trusts have a history of working in partnership and collaboration, and the joint Chair role is designed to build on this foundation.

David was previously appointed to Chair LUHFT for a 12-month term starting in February 2023. David has a track record of delivering healthcare services and brings experience and understanding of the population health needs across Liverpool City Region.

Robert Clarke will be leaving us at the end of February after 8 years as Chair of Liverpool Women's and it is important to note the significant contribution that Robert has made to the Trust and the Council of Governors in his time here.

Executive Director Appointments

Matt Connor is our current Chief Information Officer at Liverpool Women's. He has recently been appointed as **Joint Chief Digital Officer** for Liverpool Women's and LUHFT from February. I know everyone at LUHFT will appreciate the expertise and experience he will bring from Liverpool Women's and it will be an exciting time for the Trust's two digital teams to work together more closely going forward.

Tim Gold has recently been appointed as **Chief Transformation Officer** for both Liverpool Women's and LUHFT. Tim has worked with LUHFT recently through his previous role at NHS England and he has a long history of transformation and improvement roles across several sectors. Tim will be joining us from the middle of February and his initial focus will be on the Trust's new Improvement Programme, as noted above.

Liverpool Women's Awarded Health Tech Team of the Year 2023/24

Liverpool Women's NHS Foundation Trust has been awarded Health Tech Team of the Year 2023/24 at the recent [HTN Now Awards](#).

In July 2023 Liverpool Women's became the first in the UK to implement a brand new Electronic Patient Record (EPR) system, MEDITECH Expanse. Internally this was branded as 'digiCare' bringing all systems together that staff use to access patient records.

The legacy EPR system, MEDITECH Magic was implemented back in 1996 and no longer met the changing digital demands of the Trust. This was a huge change which resulted in a journey that involved all staff, at the centre was a dedicated Clinical Digital and Programme Team who led the successful delivery of the implantation with the primary focus on patient safety and the clinical processes involved.

Liverpool Women's among top 50 most inclusive UK employers for 3rd year running

Liverpool Women's NHS Foundation Trust has been ranked number 41 in the 2023 Inclusive Top 50 UK Employers List (IT50) which was officially revealed at the Inclusive Awards in December 2023.

Compiled by [Inclusive Companies](#), the IT50 acknowledges and ranks businesses which are most consistent throughout the whole of their organisation and encompass all types of diversity.

Now in its eighth year, the Inclusive Top 50 UK Employers List is the definitive cross-industry index harnessing both best practice and innovation with the goal of driving inclusion for all. It comprises the 50 most inclusive companies in the UK as chosen by a dedicated panel of judges, based on each organisation's performance across all strands of diversity - gender, disability, age, LGBTQ+, race, faith and religion.

The depth and manner of assessment which results in the IT50 List requires organisations to show consistent and sustainable activity. "Our judging panel is looking for cultural change rather than the 'peaks and troughs' often seen by well-meaning organisations whose EDI activities are actions in response to national or world events making the news," says Paul Sesay, Founder and CEO of Inclusive Companies. "We work closely with organisations to create cultural transformation that ensures diversity and inclusion are embedded into everything they practice and the IT50 recognises those employers who are getting this right."

You can see the full list here: www.inclusivecompanies.co.uk/inclusivetop50/2023rankings

Liverpool Women's fertility centre becomes first in UK to offer state-of-the-art technology for managing frozen eggs and embryos

The Hewitt Fertility Centre, based at Liverpool Women's Hospital is the first UK clinic to adopt TMRW's state-of-the-art technology for the safe management of frozen eggs and embryos, providing a new standard of care for fertility patients.

TMRW Life Sciences, a fertility technology company, is expanding globally with its automated IVF lab technology now adopted in the United Kingdom. The Hewitt Fertility Centre will be the first clinic outside the U.S. to implement TMRW's CryoRobot Select (CRS), an automated platform for safe management and storage of frozen eggs and embryos. This move aligns with the UK's Health Strategy, addressing the increasing demand for assisted reproductive technology. In 2022, the government extended storage time limits for frozen eggs and embryos from 10 to 55 years. The CRS, with a 94% reduction in potential points of failure compared to manual systems, allows for digital identification, tracking, and remote monitoring, enhancing safety and precision in fertility treatments. TMRW's partnership with The Hewitt Fertility Centre signifies its global expansion and commitment to elevating care standards. The CRS received CE Mark approval in September, marking a significant milestone for TMRW's global impact.

SYSTEM / NATIONAL UPDATE

NHS Cheshire and Merseyside Integrated Care Board

Please see the link below to access to the meeting papers and webcast recording for the NHS Cheshire & Merseyside ICB meeting held on 25 January 2024:

<https://www.cheshireandmerseyside.nhs.uk/get-involved/meeting-and-event-archive/nhs-cheshire-and-merseyside-integrated-care-board/25-january-2024/>

Maternity care, inequalities, and research: Victoria Atkins announces fresh women's health priorities for 2024

Victoria Atkins has laid out the government's priorities for women's health in 2024, including research, maternity and inequalities.

Speaking at the women's health summit in London, Atkins outlined a five-point plan which included:

- Bolstering maternity care
- Improving care for menstrual conditions
- Expanding women's health hubs
- Tackling inequalities and disparities
- Enabling more research

The first priority will be supported by the continued delivery NHS England's [three-year plan for maternity and neonatal services](#), as well as ensuring women understand how they will be cared for during and after their pregnancy.

PARTNERSHIP UPDATE

Effective partnerships are a critical factor in ensuring the Trust provides safe and effective care for women, babies, and families. The Trust delivers tertiary, complex, and regional services from a site isolated from adult and paediatric acute services, therefore the Trust has established and developed a range of partnerships within Liverpool (and beyond) to ensure clinical risks are reduced, pathways are aligned where possible, and timely and appropriate transfers of care are made between organisations as required. As a small provider, the Trust also 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).

Key highlights within partnership development during the last period:

- The Trust has continued to work with Alder Hey to establish broader partnership working arrangements.
- The LUHFT/LWH Partnership Board has developed a shared risk register, to ensure consistent understanding and management of shared risks across the two organisations.
- The LUHFT/LWH Partnership Board has developed a performance dashboard to better understand the volume of transfers between organisations and the volume of pregnant patients treated at LUHFT.
- The LUHFT/LWH Partnership Board is exploring joint operating models to strengthen and create more resilience within anaesthetics and community diagnostic services.

- The Trust has continued to engage with the Liverpool Adult Congenital Heart Disease (ACHD) Partnership, and St Mary's Hospital in Manchester, to provide safe and effective care for pregnant women with ACHD.
- Working with the Cheshire and Merseyside Acute and Specialist Trust provider collaborative, the Trust has been successful in securing £5m from the Targeted Investment Fund to develop its ambulatory estate.

A Women's Hospital Services in Liverpool Programme Board has established by the Women's Services Committee (WSC), a subcommittee of NHS Cheshire and Merseyside Integrated Care Board (ICB) in accordance with its constitution.

The Programme Board will be chaired by myself, and its primary purpose is to: *Develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool.*

A detailed stakeholder engagement and involvement plan will be developed to ensure that all key stakeholders, including staff, patients, and the public, are involved, engaged, and communicated with on a regular basis.

Regular programme reports will be produced and formally presented to the WSC. These reports will also be provided to the LWH Board and updates will be given to the Council of Governors.

PERFORMANCE UPDATE

The Trust's Quality & Operational Performance Report can be found in the February 2024 Board papers (<https://www.liverpoolwomens.nhs.uk/media/5289/2024-02-08-trust-board-public-v1.pdf>)

The following highlights the current performance against a range of metrics and the assurances received by the Board's Committees. It is the intention that this section in future reports will summarise the key indicators showing significant or statistical change.

Despite the challenges of industrial action Urgent Care Metrics have continued to perform well in line with national standards for the 4 hr ED target and Maternity Assessment Unit Triage (MAU) for the period of this report. The sustained MAU triage was noted at the CQC Maternity unannounced inspection feedback in January 2024.

Elective Recovery continues in line with the Trusts trajectories. We are in line to achieve the over 65-week national trajectory by the end of March 2024. This good performance is supported by sustained high routine diagnostic wait performance which has consistently been above 90%. As a result, the Trust is engaged with the Cheshire and Mersey System to offer mutual aid to support other Trusts who may be in a more challenged position around very long waiting patients. Finance Performance and Business Development Committee (FPBD) and Quality Committee both sought assurance that the Trust was balancing our elective recovery with supporting the system and were assured that mutual aid was not compromising LWH trajectories.

Outpatient and Theatre Productivity will need to play an enhanced role in 2024/25 and FPBD was appraised of the national Further Faster Gynaecology NHSE programme that the Trust will adopt as part of its Improvement Plan.

Discussion also took place at Quality Committee and FPBD Committee about the need to consider a much longer term and strategic approach to elective recovery. Particularly the increasing long waits for

first outpatient attendance and the number of overdue follow ups. The committee was informed that the Chief Operating Officer is working up a longer 2–3-year proposal to support the Trusts elective recovery and propose improved models of delivery for C&M for General Gynaecology first outpatient appointments which is where the most significant problems are. These proposals are anticipated to coincide with the planning round.

The ability to diagnose cancer within 28 days remains a significant challenge (FDS) although no increased incidence of cancer has been noted. Both Quality Committee and FPBD were appraised of the increased FDS in December to 36% despite industrial action. The Tier 2 Cancer Improvement Plans were shared with committees who were informed that whilst the Cheshire and Mersey Cancer Alliance and Specialist Commissioners are supportive of the Trusts Cancer Improvement Plan that delivery remains a challenge with the significant and consistent increase in referrals. The positive engagement with Primary Care on attempting to improve referral pathways was noted. Regular updates are provided to the Executive Team and Quality Committee and FPBD for assurance.

Conclusion and 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.

Quality and Patient Experience Governor Sub-Group

**Minutes of the Quality and Patient Experience Governor Sub-Group
held virtually at 17:30hrs on Tuesday 30 January 2024.**

PRESENT:

Ruth Nicol (Chair)	Public Governor
Jane Rooney	Appointed Governor
Jackie Sudworth	Public Governor
Rebecca Lunt	Staff Governor
Iris Cooper	Public Governor
Peter Norris	Public Governor

IN ATTENDANCE:

Robert Clarke	Chair of LWH Board
Dianne Brown	Chief Nurse
Gloria Hyatt	Non-Executive Director (Chair PPF Committee)
Mark Grimshaw	Trust Secretary
Deborah Keeley	Executive Assistant / Minute Taker
Julie Fadden	Council Governor

APOLOGIES:

Ola Salam	Governor for England & Wales
Annie Gorski	Public Governor
Michelle Turner	Chief People Officer
Kate Hindle	Lead Governor / Staff Governor
Pat Deeney	Public Governor
Gillian Walker	Patient Experience Matron
Niki Sandman	Appointed Governor
Yaroslav Zhukovskyy	Public Governor
Louise Kenny	Non-Executive Director
Sarah Walker	Non-Executive Director (Chair Quality Committee)

23/24	Items Covered
PRELIMINARY BUSINESS	
030	Introductions, Apologies & Declarations of Interest Chair welcomed everybody to the meeting. Apologies Apologies were received and noted.
031	Meeting Guidance notes The meeting guidance notes were reviewed for information.
032	Minutes of the previous meeting held on Tuesday 26th September 2023. Minutes of the previous meeting held on Tuesday 26 th September were reviewed and were confirmed as an accurate record.

23/24	Items Covered
033	<p>Action Log and Matters Arising</p> <p>The current action log was reviewed and updated accordingly.</p> <p>The Ockenden final report from Gynaecology Department was submitted to Quality Committee through the Chairs report.</p> <p>CQC update was shared with the Governors in July 2023 - action completed.</p>
MATTERS FOR RECEIPT / APPROVAL	
034	<p>Quality Committee and Putting People First Committee reports.</p> <p><u>Putting People First Committee Report</u></p> <p>Gloria Hyatt Non-Executive Director informed the group on matters of concern on bullying and harassment management in the September 2023 reports. Assurance that these matters was to be addressed as part of the Cultural Review of the Organisation.</p> <p>Key risk opportunities remained in staffing challenges in Clinical Support Services within theatre and imaging. Assurance was given that the Trust was using bank and agency staff and work was in process for the new staffing models long term.</p> <p>Positive assurance was noted in relation to the Trust gaining a place in NHS England retention program, which would incur funding for a 12-month people promise manager to help retain staff. Mandatory training was on an upward trajectory. Sickness levels had increased in gynaecology and decreased in Family Health and CSS.</p> <p>ED&I Corporate objectives were challenged with a target of employing 13% from racially marginalized backgrounds staying under review.</p> <p><u>Quality Committee</u></p> <p>Chair of LWH Board updated the members on the priority of ensuring that the Trust could better identify and care for deteriorating patients. Two maternal deaths were discussed with the Maternity and Neonatal Safety Investigation collating an independent review. A letter from the independent review concluded that a contributing factor was cultural bias. Assurance was gained by an action plan being submitted from the Chief Nurse – further information on which would be provided to Governors at a future meeting.</p> <p>Action: Trust Secretary to ensure the action plan from MNSI report fed back to the governors.</p> <p>Medicine Management assurance reporting was improving with the right performance indicators now being tracked.</p> <p>It was reported that work to create a Medical Emergency Team was underway which would help to improve safety on the Crown Street site.</p>
035	CQC Inspection Update

23/24	Items Covered
	<p>Chief Nurse updated the members of the inspection from the CQC in January 2023. All items were on track from this report and awaiting final completion due to the robust evidence required to ensure compliance. Two items presented challenges, the first relating to data. A new reporting process was being implemented in the new financial year which would support improvements in this area.</p> <p>The second being medical staffing that the CQC specified around support for the Bedford Centre and medical overnight cover in the Gynaecology Emergency Department. The Chief Nurse noted the CQC attended on 15th January 2024 to follow up the items issued in the Section 29A warning notice in January 2023 with positive feedback received, albeit the final report was awaited.</p> <p>Chair of LWH Board confirmed the Board had have received regular and consistent updates particularly around Maternity. Current compliance for patients seen at triage within 15 minutes of arrival was now consistently above 95%. Immediate investment resolved the initial issues around staffing, but a more sustainable staffing method was now in place.</p> <p>The cancer pathway was discussed with input from the Chief Nurse confirming there was a national shortage of histologists causing delays in diagnostics.</p>
036	<p>Emerging Quality Priorities</p> <p>This item was rescheduled to 23rd April 2024.</p>
CONCLUDING BUSINESS	
037	<p>Review of risk impacts of items discussed.</p> <p>The Chair announced the following risk impacts to the Trust:</p> <ul style="list-style-type: none"> • Junior Doctor gaps in rota • Delays on cancer pathway. • Mandatory training and the impact on compliance rate • Quality of training • Risk of deteriorating patients and factors with cultural bias and stereotyping.
038	<p>Any other business and review of meeting</p> <p>The meeting was effective, one agenda item was not covered and would be rescheduled. No other items were raised.</p>
039	<p>Jargon Buster</p> <p>Noted.</p>
Finish Time 18.30	

Date of next meeting: Tuesday 23rd April 2024, Virtual.

Council of Governors Communication and Membership Engagement Group

**Minutes of the Council of Governors Communication and Membership Engagement Group
held virtually at 1730hrs on Thursday 25 January 2024**

PRESENT

Jackie Sudworth	Public Governor (Chair)
Peter Norris	Public Governor
Annie Gorski	Public Governor
Pat Denny	Public Governor
Ruth Nicol	Public Governor

IN ATTENDANCE

Jackie Bird	Non-Executive Director
Andrew Duggan	Head of Communications and Marketing
Dez Chow	Patient Experience & Engagement Facilitator
Mark Grimshaw	Trust Secretary

APOLOGIES:

Zia Chaudhry	Non-Executive Director
Kate Hindle	Lead Governor / Staff Governor
Iris Cooper	Public Governor
Rebecca Lunt	Staff Governor
Jane Rooney	Appointed Governor

23/24	Items Covered
PRELIMINARY BUSINESS	
012	Introductions, Apologies & Declarations of Interest Jackie Sudworth (Chair) welcomed everyone to the meeting. Declarations of interest There were no declarations of interest. Apologies Apologies were received and noted.
013	Meeting Guidance notes The meeting guidance notes were reviewed for information.
014	Minutes of the previous meeting held on 28 September 2023 Minutes of the previous meeting held on 28 September 2023 were reviewed and agreed as an accurate record.
015	Action Log and Matters Arising The current action log was reviewed and noted.
MATTERS FOR RECEIPT / APPROVAL	
016	Communications, Marketing & Engagement Group Update The group received the report, the main aim of which was to support the triangulation areas of public, patient, and stakeholder feedback.

23/24	Items Covered
	<p>The concept of triangulating information from diverse sources such as social media, direct community engagements, complaints, and governor-led initiatives was highlighted as a critical approach to understanding and addressing community needs and concerns.</p> <p>The attendees were informed about an increase in the volume of complaints, especially relating to the gynaecology service and the Hewitt Centre. Regarding the latter, the Trust Secretary noted that several complaints were from patients who had not received an expected outcome as a private or self-funding patient. The discussion also covered the impact of industrial actions on appointment scheduling and communication, noting both challenges and efforts towards improvement. Despite these issues, positive feedback from surveys pointed to an overall improvement in patient experiences, particularly in the Medical Assessment Unit (MAU).</p> <p>The introduction of a new opportunity for governors to engage at the PALs desk was emphasised as a significant step towards enhancing direct feedback mechanisms and engagement with patients and staff.</p> <p>The Group noted the update.</p>
014	<p>Inclusion and Wellbeing Events Calendar 2024</p> <p>The presentation of the Inclusion and Wellbeing Events Calendar for 2024 was aimed at showcasing the diverse range of cultural, religious, and health-related events planned throughout the year to foster a more inclusive and aware hospital community. The calendar's development was discussed as a collaborative effort to promote understanding and inclusivity among staff and patients. The calendar had been professionally printed and had been distributed throughout the organisation for information and action.</p> <p>The challenge of selecting which events to prioritise was acknowledged, given the vast array of possible activities and the need to align them with the hospital's strategic goals and the specific needs of its diverse communities. The importance of tailored communication strategies for engaging effectively with diverse groups, such as those speaking different languages or having various disabilities, was underscored as a key component of the calendar's utility.</p> <p>This tool was presented as a means of not only enhancing awareness but also of opening channels for broader and more inclusive communication within the hospital environment.</p> <p>The Group noted the update.</p>
015	<p>Areas for Focus – Q4 Engagement</p> <p>The meeting progressed to identify key areas of focus for Q4 engagement, drawing upon feedback and insights gained from various channels of engagement. The necessity of prioritizing events and initiatives that closely align with the hospital's strategic objectives and the needs of the communities it serves was discussed.</p> <p>Action: DC and MG to meet to identify areas for focus and prioritisation from the Inclusion and Wellbeing Events Calendar 2024.</p>

23/24	Items Covered
	<p>The need to progress the pan-Liverpool group was discussed as this would provide a means to facilitate collaboration and share intelligence about engagement activities across different areas, particularly in addressing challenges in engaging specific demographics such as younger people and communities in North Liverpool. It was noted that utilising the expertise of newly appointed partner governors would be a fruitful avenue to pursue to support identifying engagement opportunities in these areas. The potential benefits of direct engagement through initiatives like walkabouts and participation in community events were recognized as valuable strategies for gathering firsthand insights and fostering improvements in service delivery.</p> <p>Recent governor participation in visiting the May Logan Centre had provided useful insights and further opportunities to continue this relationship would be explored.</p> <p>The Group noted the update.</p>
CONCLUDING BUSINESS	
016	<p>Review of risk impacts of items discussed</p> <p>A review of risk impacts was discussed, and no new risks were identified.</p>
017	<p>Any other business and review of meeting</p> <p>The meeting was effective, and all agenda items were covered.</p>

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

Council of Governors

COVER SHEET

Agenda Item (Ref)	23/24/079	Date: 22/02/2024		
Report Title	Maternal Death HSIB Report and response			
Prepared by	Dianne Brown Chief Nurse			
Presented by	Dianne Brown Chief Nurse			
Key Issues / Messages	<i>The Trust reported a case of a maternal death to regulatory bodies in March 2023. This report provides a summary of the case, immediate actions taken at the time and further actions taken considering feedback and recommendations from the external case review.</i>			
Action required	Approve <input type="checkbox"/>	Receive <input checked="" 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>
	<i>Funding Source (If applicable): Funding requirements have been identified through the development of response which has been included within a formal summary paper which will be presented to the Board of Directors in February 2024 (item 253e).</i>			
	<i>For Decisions - in line with Risk Appetite Statement – Y If no – please outline the reasons for deviation.</i>			
	<i>To receive the report and note Trust wide improvements that have been identified to ensure learning is embedded and sustained.</i>			
Supporting Executive:	Dianne Brown Chief Nurse			

Equality Impact Assessment (if there is an impact on E, D & I, an Equality Impact Assessment MUST accompany the report)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated, and entrepreneurial workforce	<input 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)			
2 - Inability to ensure the on-going sustainability of clinical services and prevent patient harm by maintaining a high standard of care at the current Crown Street site 3 – Failure to deliver an excellent patient and family experience to all our service users		Comment:	

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome
Quality Committee	30/01/2024	Chief Nurse	Noted contents. Accepted recommendations
Trust Board	08/02/2024	Chief Nurse	Outlined in the report.

EXECUTIVE SUMMARY

This report outlines and summarises the response to the maternal death of a 31-year-old Black African woman at the Trust, highlighting the actions both planned and undertaken to date. Investigation by the Maternity and Newborn Safety Investigations (MNSI) has revealed significant areas needing improvement, including pain management, recognition and escalation of deteriorating conditions, management of acute presentations, and addressing ethnicity and health inequalities.

In response, the Trust has initiated comprehensive actions: updating pain management protocols, implementing the Modified Early Obstetric Warning Score (MEOWS) charts, establishing a Medical Emergency Team (MET), and launching a three-year Anti-Racism Program. These strategic and operational responses aim to foster a culture of safety, equity, and continuous improvement.

The Board of Directors, having acknowledged the importance of transparency and the need for a structured approach to address cultural biases, endorsed the actions outlined. The Council of Governors is now tasked with providing oversight on the effective implementation and impact of these actions, advocating for continuous improvement, and supporting the Trust's initiatives to embed an actively anti-racist culture and improve patient experience and outcomes. This commitment to systemic change and quality improvement signifies the Trust's dedication to learning from this incident and ensuring such events are not repeated, with a focus on equity and excellence in patient care.

MAIN REPORT

Introduction

The incident concerning the maternal death of a 31-year-old Black African woman, who was 18 weeks pregnant, at the Trust has necessitated a thorough examination and response. This report encapsulates the sequence of events, findings from the investigation led by the Maternity and Newborn Safety Investigations (MNSI), and the comprehensive actions the Trust is undertaking and has planned to address the identified issues. The primary audience for this report is the Council of Governors, emphasising their role in ensuring thorough oversight of the implementation and impact of the actions outlined, holding the Board of Directors accountable for their execution. Governors are also asked to:

- Advocate for continuous improvement in patient safety and quality of care, with a particular focus on addressing the systemic inequalities highlighted by the incident.
- Support the Trust's strategic initiatives to embed an actively anti-racist culture and improve the overall patient experience and outcomes.

Background of the Incident

On 13 March 2023, the patient was admitted with severe abdominal pain and treated for constipation under the suspicion of premature labour. Her condition deteriorated, leading to

the death of the unborn baby, and her subsequent transfer to Critical Care at LUHFT, where she sadly passed away on 16 March 2023. The incident was reported to the appropriate regulatory bodies, and a full investigation was initiated by MNSI, highlighting the Trust's commitment to transparency and accountability.

Contextual Disparities in Maternal Care

The incident is particularly concerning against the backdrop of persistent disparities in maternal care outcomes for women from the global majority. The latest MBRRACE-UK report underscores this issue, showing significantly higher maternal mortality rates among Black and Asian women compared to their white counterparts. This stark reality frames the urgent need for targeted interventions to address these inequalities.

Investigation Findings and Trust's Response

The MNSI investigation unearthed several critical areas needing immediate attention, leading to a detailed action plan by the Trust. These areas include pain management, recognition and escalation of deteriorating conditions, management of acute presentations, and addressing ethnicity and health inequalities.

1. Pain Management

The investigation identified inadequacies in the existing pain scoring and management protocols, which failed to escalate concerns effectively. In response, the Trust is:

- Reviewing and updating pain management guidelines for pregnancy and gynaecology surgery, with completion expected by January 2024.
- Implementing electronic pain assessment tools to standardise pain management practices, supported by ongoing staff training and monthly audits.

2. Recognition and Escalation of Deteriorating Conditions

A critical finding was the failure to recognise and appropriately escalate the deteriorating condition of the patient. Actions include:

- The planned introduction of the Modified Early Obstetric Warning Score (MEOWS) charts for pregnant women in Gynaecology services.
- Comprehensive training for medical and nursing staff on the use of MEOWS, ensuring adherence to Trust policies.
- Real-time monitoring and auditing of compliance with observation policies to facilitate early detection of patient deterioration.

3. Management of Acute Presentations

The investigation highlighted missed opportunities for escalation and management of the patient's condition. Immediate and planned actions are:

- Development and implementation of a Trust-wide simulation training program focusing on the identification and management of deteriorating patients.
- Establishment of a Medical Emergency Team (MET) to provide a standardised response to medical emergencies, with a paper on funding requirements being presented to the Board of Directors on 8 February 2024.
- Prioritisation of training for Gynaecology consultants and nurses, including attendance at relevant courses and in-house training to enhance skills in managing acute conditions.

4. Ethnicity and Health Inequalities

The investigation pointed to the impact of ethnicity and health inequalities on the care provided, with indications of unconscious cultural bias affecting clinical decisions. The Trust is committed to becoming an Actively Anti-Racist organization, with initiatives 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, supplemented by reflective sessions and team coaching to address cultural biases.
- Implementation of an ED&I dashboard and adherence to ED&I Improvement Framework standards to monitor progress and impact.

Strategic and Operational Response

The Trust's response to the investigation's findings is comprehensive, involving both immediate actions and long-term strategic initiatives. These efforts are designed to not only address the specific issues raised by the MNSI investigation but also to foster a culture of safety, equity, and continuous improvement across the organisation. Key strategies include the development of Quality Priorities for 2024/2025, incorporating the learnings from this incident to guide future improvements in patient care and safety.

The Board of Directors received this report on 8 February 2024 and the importance of being transparent about the issues was fully acknowledged. Other key points raised were as follows:

- Cultural bias was a significant contributory factor and the need for a structured approach was noted. The Trusts Quality Improvement methodology will be applied with an update to a future Board meeting or development session.
- Agreement that it was important to ensure that actions were linked and comprehensive and not taking a 'piecemeal' approach.
- The Trust needs to continue its journey with human factors training.
- Listening to the patient is fundamental – the Trust should have the right escalation and treatment for every patient.

This report concluded with a strong recommendation for the Board of Directors to endorse the outlined actions and support their implementation. The recommendations emphasised the need for a multifaceted approach to address the complex issues of patient safety, clinical care quality, and systemic inequalities. This was agreed by the Board.

Key Responsibilities for the Council of Governors

Upon reviewing this report, the Council of Governors is tasked with:

- Ensuring thorough oversight of the implementation and impact of the actions outlined, holding the Board of Directors accountable for their execution.
- Advocating for continuous improvement in patient safety and quality of care, with a particular focus on addressing the systemic inequalities highlighted by the incident.
- Supporting the Trust's strategic initiatives to embed an actively anti-racist culture and improve the overall patient experience and outcomes.

In sum, this report serves as both a reflection on the incident and a forward-looking plan for systemic change within the Trust. It underscores the imperative to learn from this incident, to implement robust improvements in clinical care and organisational culture, and to ensure that such an incident is not repeated. The Council of Governors' engagement and oversight are pivotal in realising these objectives, ensuring that the Trust not only addresses the immediate issues identified but also commits to long-term, sustainable improvements in care for all patients, with an unwavering focus on equity and excellence.

Recommendation

To receive the report and note Trust wide improvements that have been identified to ensure learning is embedded and sustained.

Council of Governors

COVER SHEET

Agenda Item (Ref)	23/24/080	Date: 22/02/2024		
Report Title	National Oversight Framework and Improvement Programme			
Prepared by	Mark Grimshaw, Trust Secretary			
Presented by	James Sumner, Chief Executive			
Key Issues / Messages	The NHS National Oversight Framework categorizes foundation trusts based on performance, with Liverpool Women's Hospital in segment 3, initiating a Trust Improvement Programme to address performance concerns and align priorities for future planning.			
Action required	Approve <input type="checkbox"/>	Receive <input checked="" type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable): Funding requirements have been identified through the development of response which has been included within a formal summary paper which will be presented to the Board of Directors in February 2024 (item 253e).			
	For Decisions - in line with Risk Appetite Statement – Y If no – please outline the reasons for deviation.			
	To receive the report.			
Supporting Executive:	James Sumner, Chief Executive			

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
N/A			

EXECUTIVE SUMMARY

The NHS National Oversight Framework is designed 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. Liverpool Women's Hospital, currently in segment 3, is actively engaged in System Oversight Group meetings with the Cheshire & Merseyside ICB to develop criteria for advancement to segment 2.

To address its specified improvement areas, the Trust is 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, suggesting an area of interest for the Council of Governors' Financial and Operational Performance Group.

MAIN REPORT

Understanding the NHS National Oversight Framework for Foundation Trust Council of Governors

The Framework and Segmentation Explained...

The **NHS National Oversight Framework** outlines NHS England's approach to monitoring and supporting Integrated Care Boards (ICBs) and NHS trusts, including foundation trusts. This framework classifies organizations into four segments based on their performance and support needs:

- **Segment 1:** Requires no specific support due to consistently exceeding or meeting expectations.
- **Segment 2:** Requires targeted support based on specific areas needing improvement.
- **Segment 3:** Requires more intensive support due to performance concerns in multiple areas.
- **Segment 4:** Requires mandated intensive support due to significant performance concerns.

A foundation trust placed in **segment 3** signifies areas requiring focused improvement. While not the most critical classification, it warrants close attention from the Council of Governors.

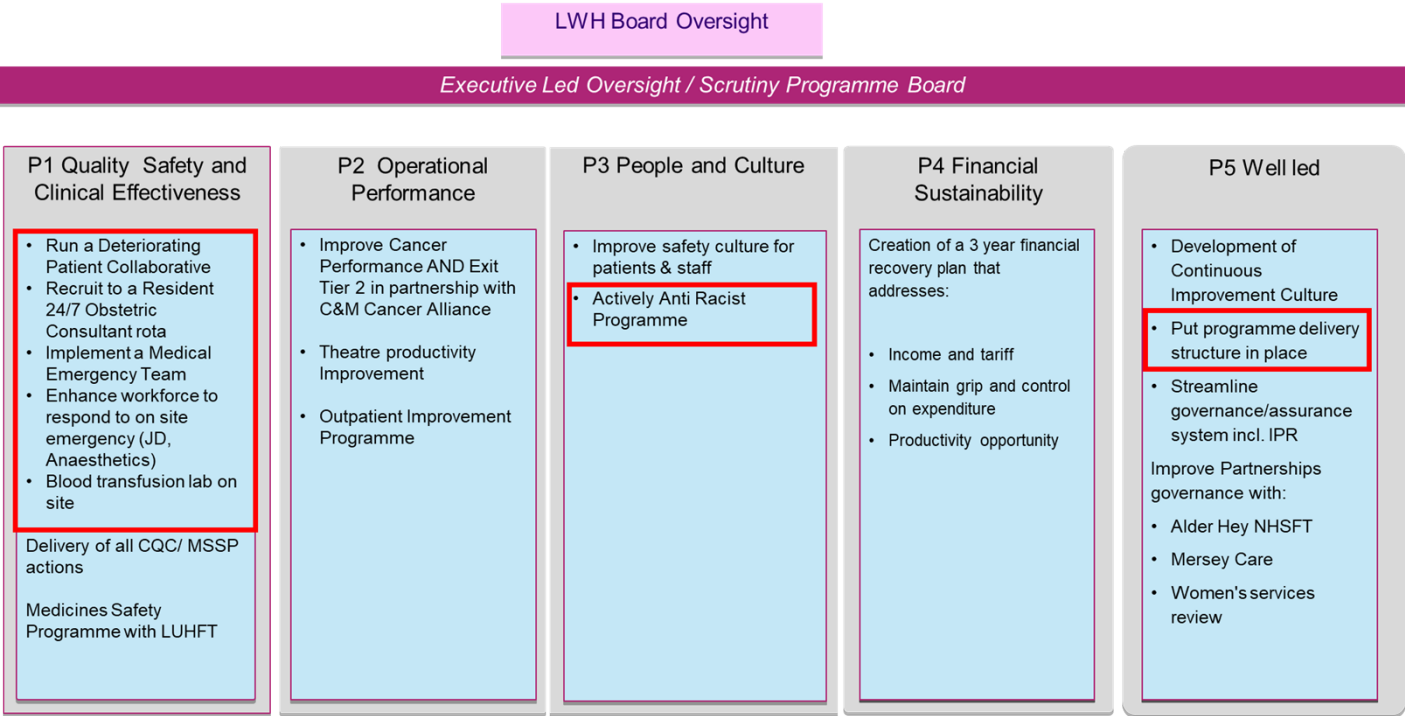
The Trust has been placed in segment 3 and as a result the Trust attends System Oversight Group meetings with the Cheshire & Merseyside Integrated Care Board (ICB). The first two meetings have been focused on developing the exit criteria for the Trust to move from segment three to segment two and this is now close to finalisation. A key mechanism for the Trust to

deliver the necessary actions is through the development of an improvement programme – please see the section below for further details.

Improvement Programme

Over the next few weeks, the Trust will be launching a Trust Improvement Programme across the organisation. This will help to align our Trust priorities across several key workstreams and will also filter down across divisions to ensure that there is clarity on what the key measures of performance should be.

The diagram below outlines a high-level summary of the programme and illustrates examples of what the areas of focus will be under each priority.



Several immediate actions are required to improve quality and safety at Liverpool Women's Hospital, in the context of delivering high risk and tertiary services from an isolated site. Governors will recognise that the themes outlined in the MNSI report, namely around the deteriorating patient and the development of an anti-racist culture, feature prominently in the Improvement Programme.

The cost impact resulting from delivery of these actions will fall into the 2024/25 financial year and beyond, and consequently will form part of the annual planning process. However, as these actions require immediate progression, they were presented to the Trust Board for approval on 8 February 2024 ahead of financial and operational plan approval. The Board provided its approval.

Actions and associated costs are summarised below:

Requirement	WTE	Draft Proposal £000s	2024/25 £000s	2025/26+ £000s
Resident 24/7 Obstetric Consultant*	3.0	400	242	604
Medical Emergency Team	17.6	1,000	921	1,586
Transfusion on site	5.5	300	345	423
Actively Anti Racist Programme (Year 1)	3.6	190	206	58
Programme Structure Delivery	4.0	210	258	271
Deteriorating patient Collaborative	3.4	285	252	-
LWH Direct Overheads	-	-	104	61
ACPs/Post Graduate Doctors	10.0	-	700	TBC
Total	47.2	2,385	3,027	3,003

It may be germane for the Council of Governor’s Financial and Operational Performance Group to explore the Trust’s 2024/25 operational and financial planning process at its next meeting later in the month.

The Trust is working on some potential changes to its governance framework to support the delivery of the Improvement Programme and an update on this can be brought to a future Council of Governors meeting if deemed appropriate.

Recommendation

To receive the report.

Council of Governors

COVER SHEET

Agenda Item (Ref)	23/24/081		Date: 22/02/2024	
Report Title	Election of Lead Governor			
Prepared by	Louise Hope, Deputy Trust Secretary			
Presented by	Mark Grimshaw, Trust Secretary			
Key Issues / Messages	Consider the proposal for an election of a Lead Governor.			
Action required	Approve <input checked="" type="checkbox"/>	Receive <input type="checkbox"/>	Note <input type="checkbox"/>	Take Assurance <input type="checkbox"/>
	To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it	For the intelligence of the Board / Committee without in-depth discussion required	To assure the Board / Committee that effective systems of control are in place
	Funding Source (If applicable):			
	For Decisions - in line with Risk Appetite Statement – Y If no – please outline the reasons for deviation.			
	The Council of Governors is asked to agree the proposed process and timetable to elect a Lead Governor.			
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 type="checkbox"/>
Strategic Objective(s)			
To develop a well led, capable, motivated and entrepreneurial workforce	<input type="checkbox"/>	To participate in high quality research and to deliver the most effective Outcomes	<input type="checkbox"/>
To be ambitious and efficient and make the best use of available resource	<input type="checkbox"/>	To deliver the best possible experience for patients and staff	<input type="checkbox"/>
To deliver safe services	<input type="checkbox"/>		
Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)			
Link to the BAF (positive/negative assurance or identification of a control / gap in control) Copy and paste drop down menu if report links to one or more BAF risks		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 Council of Governors is required to have a Lead Governor. At the present time this role is fulfilled by Staff 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.

Recommendations

The Council of Governors is asked to confirm the proposed election process and timetable.

MAIN REPORT

1. Introduction

The Council of Governors is required to have a Lead Governor. At the present time this role is fulfilled by Staff Governor Kate Hindle who was elected to the position by the Council on 20 February 2019.

The Lead Governor is appointed for a single term of up to three years or until their term ends, whichever is the sooner. 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.

2. The role of Lead Governor

The Lead Governor’s role is described in Monitor’s reference guide for Governors as follows:

Monitor has recommended that the Council of Governors appoints a lead governor who would be the main point of contact in a few specific circumstances in which Monitor may need to contact the Council of Governors or the other way round. Trust Secretaries will usually disseminate communications from Monitor to Governors. These occasions are likely to be infrequent but one example may be a meeting discussing the appointment of the chair. The lead governor should be elected by the Council of Governors. The lead governor will not deputise for the deputy chair of the board of directors.

The role description of the Trust’s Lead Governor is provided as Appendix 1.

3. Who can stand for election?

Currently, 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.

4. Election process and timescale

The following process and timetable is proposed:

What?	When?
-------	-------

What?	When?
All Governors to be invited to nominate to the role. ¹ Governors may self-nominate or be put forward by another Governor provided they agree to being put forward. Governors may only nominate themselves or one other Governor. The Governor self-nominating or nominating another Governor must seek a seconder to the nomination. Governors may only second one Governor.	Thursday 22 February 2024
Close of nominations. Nominations (duly seconded) must be sent via email to the Trust Secretary at mark.grimshaw@lwh.nhs.uk	Thursday 07 March 2024
Validly nominated Governors (whose term of office will not end before September 2025) to be asked to prepare a 250 word statement in support of their wish to carry out the role.	Monday 11 March 2024
Deadline for submission of candidate statements.	Monday 18 March 2024 by 1700hrs
Candidate statements to be distributed to all Governors and a secret ballot to be conducted. Where there is only one candidate the Governor will be elected unopposed.	Wednesday 20 March 2024
Close of ballot.	Wednesday 27 March 2024 at 1700hrs
Ballot results announced.	Thursday 16 May 2024
Tenure commences at conclusion of Annual Members' Meeting.	Thursday 19 September 2024

5. Conclusion

The term of office of the incumbent Lead Governor will end at the conclusion of the Annual Members' Meeting on Thursday 19th September 2024. It is therefore necessary for the Council of Governors to put in place arrangements to elect a new Lead Governor.

6. Recommendation/s

The Council of Governors is asked to:

- a. Confirm the election process and timetable.

¹ Governors whose term of office is at least to September 2025 are eligible to stand for the role.

Appendix 1

The Trust's role specification for the Lead Governor

- a. Chair such parts of the meetings of the Council of Governors (CoG) which cannot be chaired by the person presiding due to a conflict of interest in relation to the business being discussed. *(Note, the Constitution states that The Chair of the Trust or, in her absence, the Vice Chair of the Board of Directors or, in her absence, one of the non-executive Directors is to preside at meetings of the Council of Governors. Only when these are unable to chair due to conflicts shall the Lead Governor chair).*
- b. Sit on the Nominations Committee that oversees the arrangements for appointing (and removing) the Chair and other Non-Executive Directors
- c. Input to the Chair's annual appraisal on behalf of the Council of Governors
- d. Sit on the Remuneration Committee of the Council of Governors, which will consider the remuneration, allowances and other terms and conditions of office of Non-Executive Directors
- e. Be appointed for a single fixed term of up to a three year period or until their term ends, whichever is the sooner
- f. Meet routinely with the Chair of the Board of Directors and Council of Governors, and the Trust Secretary, to inform the Chair of Governor views and plan and prepare the agenda for CoG meetings
- g. Contribute to the induction and training of Governors
- h. Work with individual Governors who need advice or support to fulfil their role as a Governor, thereby acting as a mentor / buddy
- i. Represent the Council of Governors at Trust or other events when appropriate
- j. Meet with members of the Council of Governors at least once a year, without the Chair being present
- k. Ensure recommendations concerning the Council's effectiveness are followed up
- l. Coordinate and Chair informal meetings of Governors

This role is not remunerated.

The person

To be able to fulfil this role effectively the Lead Governor will:

- a. Have the confidence of Governor colleagues and of members of the Board of Directors
- b. Have the ability to influence
- c. Be able to present well-reasoned argument
- d. Be committed to the success of the Foundation Trust
- e. Be able to commit the time necessary

Approved by the Council of Governors 1 October 2015

Jargon Buster

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

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

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

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

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

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

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

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

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

E

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

F

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

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

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

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

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

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

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

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

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

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

O

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

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

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

Q

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

R

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

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

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

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

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

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