

Council of Governors - Public

18 July 2024, 5.30pm
Blair Bell Lecture Theatre

Council of Governors - Public

Location	Blair Bell Lecture Theatre
Date	18 July 2024
Time	5.30pm

AGENDA					
Item no. 24/25/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PRELIMINARY BUSINESS					
011	Introduction, Apologies & Declaration of Interest	Note	Verbal	Chair	17.30 (5 mins)
012	Minutes of the meeting held on 16 May 2024	Approve	Written	Chair	
013	Action Log and matters arising	Note	Written	Chair	
MATTERS FOR CONSIDERATION					
014	Chief Executive Report	Note	Written	Chief Executive	17.35 (15 mins)
015	Annual Report and Accounts 2023/24	Note	Presentation	Trust Auditor, Grant Thornton UK	17.50 (15 mins)
016	Lead Governor Report	Receive	Written	Lead Governor	18.05 (10 mins)
CONCLUDING BUSINESS					
017	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	18.15 (5 mins)
018	Chair’s Log	Identify any Chair’s Logs	Verbal	Chair	
019	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	
	Jargon Buster	For information and reference	Written	Chair	
Finish Time: 18.15					

Date of Next Meetings:
 Annual Members Meeting 19th September 2024 at 1300hrs Blair Bell Lecture Theatre
 Council of Governor Meeting 21 November 2024 at 1730hrs Blair Bell Lecture Theatre

Council of Governors

Minutes of the Council of Governors
held in the BlairBell Lecture Theatre, LWH at 17.30hrs
on Thursday 16 May 2024

PRESENT

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

IN ATTENDANCE

Jackie Bird	Non-Executive Director
Louise Martin	Non-Executive Director
James Sumner	Chief Executive
Michelle Turner	Chief People Officer
Mark Grimshaw	Trust Secretary
Louise Hope	Deputy Trust Secretary (minutes)

APOLOGIES:

Cllr Julie Fadden	Appointed Governor (Liverpool City Council)
Thania Islam	Public Governor (Central Liverpool)
Sadeea Kaleem	Appointed Governor (Faith Groups)
Carol O'Keeffe	Public Governor (Sefton)
Niki Sandman	Appointed Governor (University of Liverpool)
Dipali Verma	Staff Governor (Doctors)

Core members	May	July	Nov	Feb
Peter Norris	✓			
Pat Denny	✓			
Thania Islam	A			
Angela Ranson	✓			
Ruth Nicol	✓			
Annie Gorski	✓			
Carol O'Keeffe	A			
Jackie Sudworth	✓			
Olawande Salam	✓			
Dipali Verma	A			
Deborah Ward	✓			
Alison Franklin	✓			
Rebecca Lunt	✓			

Kate Hindle	✓			
Cllr Julie Fadden	A			
Niki Sandman	A			
Jane Rooney	✓			
Sadeea Kaleem	A			
Rachael Stott	✓			
Tina Atkins	✓			

24/25/	
01	<p>Introduction, Apologies & Declaration of Interest Apologies: noted above.</p> <p>Declaration of Interest: No new declarations received.</p>
02	<p>Minutes of previous meeting held on 22 February 2024 The minutes of the previous meetings were reviewed by the Committee and agreed as an accurate record.</p>
03	<p>Action Log and matters arising The action log was noted.</p>
04	<p>Chair's announcements The Chair noted the following matters:</p> <ul style="list-style-type: none"> • a revised format of the Council meeting agenda including a substantive report from the Chief executive and Lead Governor • the annual Non-Executive Director appraisals were underway and should be completed by the end of June 2024. A formal report would be submitted to the Council Remuneration and Nomination Committee when completed. • continued planning regarding Non-Executive Director recruitment. A proposal would be submitted to the Council Remuneration & Nomination Committee ahead of a formal CoG meeting. • noted the appointment of Angela Ranson, Public Governor onto the Council Remuneration and Nomination Committee to represent Public Governors. A staff governor representative was being sought to join this committee. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the briefing from the Chair.
05	<p>Chief Executive Report The report sets out details of key issues the Council of Governors need to be appraised of, and activity which the Chief Executive has been involved in, since February 2024.</p> <p>The Chief Executive noted the following matters:</p> <ul style="list-style-type: none"> • System Oversight Group: there is a requirement for the Trust to attend System Oversight Group meetings with the Cheshire & Merseyside Integrated Care Board (ICB). Work to date had been focused on developing the exit criteria for the Trust to move from segment three to segment two of the National Oversight Framework (NOF). A key mechanism for the Trust to deliver the necessary actions would be through the Improvement Plan. • Governance and Assurance Framework Update: the Trust had undertaken a comprehensive review of its governance and assurance framework, prompted by systemic challenges and a need for clearer operational and assurance role distinctions. Several changes had been implemented inducing a shift towards risk assessment as a key driver for operational management and assurance activities. The changes should provide a more defined structure that separates the management of day-to-day operations from the oversight functions. • Improvement Plan Mobilisation: the improvement plan had been shared with the wider workforce to commence the delivery phase. It was noted that the Board of

Directors, Governors, and the ICB would be kept regularly updated via a highlight report providing an overview of progress, risks, and benefit realisation for each of the programmes and underpinning projects.

- Cancer Tier 1: the Trust received confirmation from NHS England, that following a review of cancer performance, and in agreement with the regional team, the Trust would be in Tier 1 for Cancer from the week commencing 29 April 2024. The move to Tier 1 would involve regular meetings to discuss delivery progress and any required support. NHS England had acknowledged steady improvement by the Trust in reducing the backlog of patients waiting for treatment and patients receiving a diagnosis within 28-days however performance remained below national cancer performance ambitions. The Trust would continue to work collaboratively with Cheshire & Merseyside Cancer Alliance and the regional NHS England teams to accelerate performance improvements.
- Women's Hospital Services in Liverpool Programme Board: chaired by the LWH Chief Executive, the objective of the Programme Board is to address and resolve the challenges currently faced by hospital maternity and gynaecology services in Liverpool, aiming for a comprehensive improvement in both quality and safety for these critical services. An engagement phase had commenced, with an initial event held on 03 May 2024, which invited clinicians and individuals with lived experience from across the city to provide their views and highlight risks and issues. Feedback from the engagement phase during 2024/25 would inform the approach to designing future services.
- Financial Performance: financial challenges anticipated to continue for 2024/25 with a planned deficit of £29.5 million. The Board recognised the seriousness of the size of the deficit and was committed to holding the management accountable for the areas within the Trust's control while working to influence the more systemic drivers of the deficit.
- Staff Survey 2023: the staff survey questions are grouped into nine broader themes which represent the many factors which influence overall staff experience. In the 2023 survey there had been no statistically significant changes in any of the themes, although individual questions did demonstrate wider variations in scores. It was noted that the Big Conversation event had been held that day to hear views of staff.

Peter Norris, Public Governor, queried did the Integrated Care Board (ICB) continue to lead the Women's Services Committee. The Chief Executive confirmed that this remained to be the responsibility of the Cheshire and Merseyside ICB and that the Women's Hospital Services in Liverpool Programme Board acted as an operational group and reported to the Women's Services Committee.

Jackie Sudworth, Public Governor, asked would the term 'Future Generations' continue to be used. The Chief Executive advised that the term Future Generations would no longer be utilised due to the significant connotation with a new site the term had developed. He advised that focus needed to be on devising a sustainable, long-term solution that would bring about substantial enhancements to the care and safety of the services provided to women in Liverpool.

Rachael Stott, Appointed Governor, queried would third sector parties be included in the engagement phase. The Chief Executive responded that the initial event had been held to restate the clinical case for change and that further engagement events would be held.

Peter Norris, Public Governor, referred to the Staff Survey response rate decrease from 60% to 52%, and asked did this demonstrate any issues. The Chief Executive responded that response rates had deteriorated nationally and that the Trust performed well against the national position and noted that survey fatigue might have impacted the response rate, as staff are also asked to complete Pulse surveys and attend Big Conversation events throughout the year as other methods of providing feedback.

Jackie Sudworth, Public Governor queried was data available to demonstrate responses to the Staff Survey by staff cohort. The Chief People Officer responded that this information

was available and noted that the response rate from Maternity staff had been disappointing. This could reflect multiple surveys issued at the same time and a change to an online only version of the staff survey being accessible. She reported that the response rate from staff from the global majority had been low and that the response rate from staff from disability groups had improved.

Rachael Stott, Appointed Governor, noted the actions to address racism issues included within the Improvement Plan and queried what actions were being taken to address disability issues. The Chief People Officer responded that several actions had been undertaken to support staff with disabilities, including a single point of contact for staff to make reasonable adjustments within the workplace. Rachael Stott, Appointed Governor, offered her support as Appointed Governor representing Liverpool Charity and Voluntary Services as they had several contacts with disability groups across the city.

Peter Norris, Public Governor, queried did the Trust recycle its waste and have a Green Policy in place. Rebecca Lunt, Staff Governor confirmed that the Trust did recycle its waste. The Chief People Officer confirmed that the Trust has a Green Plan and workstreams in place overseen by the Chief Operating Officer.

Jackie Sudworth, Public Governor requested an update in relation to progress towards the availability of onsite blood services. The Chief Executive responded that the Trust was considering a robotic solution and had viewed the system in use in Germany. This would be significantly less costly than opening a blood laboratory and included many efficiency benefits. Pat Denny, Public Governor queried would training be provided and would the innovative approach be marketable. The Chief Executive confirmed that training would be provided by the manufacturer. He advised that the Trust would be the first hospital in the UK to utilise a robotic solution for blood services and could demonstrate implementation to other trusts that did not have access to on-site blood services.

Provider Licence – Governor Training Declaration

The Provider License is the main tool through which providers are regulated and sets out several obligations. The Board must declare that it is satisfied that during the financial year 2023/24 the Trust had provided the necessary training to its Governors, as required in s.151(5) of the Health and Social Care Act, ‘to ensure they are equipped with the skills and knowledge they need to undertake their role’. It was confirmed that training had been offered and attended by governors during 2023/24, and included training sessions facilitated by the Trust, other local trusts and by external providers.

The Council of Governors:

- received and noted the content of the report.
- noted that training had been made available to Governors during 2023/24 to support the Board’s eventual Provider Licence declaration.

06

Lead Governor Report

The Council received a Lead Governor’s Report which provided a high-level overview of the key activities of the Council of Governors since its last meeting of February 2024.

Kate Hindle, Lead Governor highlighted the following key updates:

- Lead Governor role: Peter Norris, Public Governor had been nominated and elected unopposed as Lead Governor, as of 19 September 2024. Kate Hindle would continue as Lead Governor until this point.
- Governor resignations and elections: The Council noted the resignation of Iris Cooper, Public Governor for rest of England and Wales. The Lead Governor thanked Iris on behalf of the Council for her contributions during her tenure. Council elections would commence over summer 2024. Governors were asked to consider the vacant seats and to promote the roles within their networks. Existing Governors coming to the end of the first term were reminded that they would need to re-apply for a second term of office.

- Community Engagement: noted a positive increase of Community engagement events attended by Governors during 2023/24 and into 2024/25. Governors were reminded of the invitation to be present in the 'Help Hub' as an opportunity to speak to members of the public about Trust services and be representative on site.
- Governor Engagement Event Outcome 09 May 2024: attendees at the event considered the effectiveness and logistics for Council and sub-group meetings and reviewed membership and NED engagement. The Governors in attendance agreed that the quarterly Council meetings should be held in person, with dial in facilities provided on an exceptional basis. It was agreed that the purpose and efficacy of the sub-groups had been lost and that the Quality and Patient Experience Sub-Group and the Finance and Performance Sub-Group should be stood down, on the agreement that other mechanisms would be sought to ensure governor and non-executive director interaction.
- Dates for the diary: dates of future events highlighted.

Tina Atkins, Appointed Governor asked did the Trust target under-represented groups to become Governors. The Trust Secretary acknowledged that the Council could be better represented and that further work to encourage applicants could be undertaken. Peter Norris, Public Governor, suggested that the Council should utilise the Family Hub Centres as a useful venue to engage with service users and could target centres based in various areas across Liverpool. Tina Atkins, Appointed Governor asked if there was a role description that could be shared with prospective governors. The Trust Secretary agreed to circulate the information.

Action: circulate information on becoming a governor to share with prospective governors.

Jane Rooney, Appointed Governor, expressed her disappointment of the decision taken to hold Council meetings on a face-to-face basis and asked how the decision had been taken. The Chair noted the importance of ensuring and maintaining a working relationship between the Council and the Board as critical to ensure a committed approach to driving forward the Trust's aims and objectives. To enable relationships to develop it was agreed that a forum to meet in person would be beneficial and the preferred option to hold the four Council meetings in person was agreed. It was reflected that hybrid meetings felt significantly more transactional than an in-person meeting. The Chair noted that it was not the intention to isolate or damage existing relationships with governors. The Trust Secretary informed the Council that a survey to consult on the start time of the Council meetings would be issued to request a preference.

Peter Norris, Public Governor queried would the NED/Governor joint Safety and Experience visits continue as they had been beneficial. The Chairman responded that they would.

The Council of Governors:

- Received and noted the report.

07

Fit and Proper Persons & Non-Executive Director Independence – Annual Review

The Council received a report detailing the Trust's arrangements for meeting the Fit and Proper Persons Test and Declaration of Interest for the Board Directors.

The Trust Secretary informed the Council that the review undertaken in March 2024 provided evidence that all Board members were compliant with the requirements of the Fit and Proper Person Test. For Non-Executive Directors, full compliance was also evidenced including in terms of the test of independence. The review confirmed that all Board Directors had completed declarations in relation to their relevant and material interests. It was noted that appraisals had been undertaken for all individuals during 2023/24 with the outcome previously being reported to the Council of Governors. The Trust Secretary confirmed that the appraisal process for 2024/25 were ongoing and would be reported to a future Council meeting.

	<p>The Council noted the contents of the report and the Trust's compliance.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> noted the report.
08	<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 Cancer Tier 1 performance
09	<p>Chair's Log</p> <p>None noted.</p>
10	<p>Any other business:</p> <p>Peter Norris, Public Governor queried would the Trust be responding to the All-Party Parliamentary Group (APPG) Birth Trauma inquiry report. The Chief Executive responded that the Trust had contributed to the report and would formally respond to the findings and identify any associated actions. An update could be provided in the next CEO Update report to the Council.</p> <p>Action: include Trust response to the All-Party Parliamentary Group (APPG) Birth Trauma inquiry report in the CEO Update report.</p> <p>The Chairman reflected on the new format of the agenda providing appropriate information to the Council and noted the addition of fortnightly meetings between the Chair and the Lead Governor to allow for update on any matters.</p> <p>The Chairman informed the Council that this would be Mark Grimshaw's last meeting as Trust Secretary as he had secured a new role as Head of Transformation Delivery Unit at the Liverpool Women's Hospital NHS Foundation Trust. The Council offered their congratulations and thanks to Mark Grimshaw for his support to them during his tenure as Trust Secretary.</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
18 July 2024

Key	Complete	On track	Risks identified but on track	Off Track
-----	----------	----------	-------------------------------	-----------

Meeting Date	Ref	Agenda Item	Action Point	Owner	Action Deadline	RAG Open/Closed	Comments / Update
16 May 2024	24/25/06	Lead Governor Report	Circulate the 'becoming a governor' information pack to Governors to share with prospective governors ahead of the election period.	Trust Secretary	May 2024		Information on governor elections available on Governor page on the Trust website
16 May 2024	24/25/10	Any other business	Include Trust response to the All-Party Parliamentary Group (APPG) Birth Trauma inquiry report in the CEO Update Report.	Trust Secretary	July 2024		Update included within CEO Update

Council of Governors

COVER SHEET

Meeting Date	Thursday, 18 July 2024	Item Reference	24/25/014
Report Title	Chief Executive's Report		
Author	<i>James Sumner, Chief Executive Officer</i>		
Responsible Director	<i>James Sumner, Chief Executive Officer</i>		

Purpose of Report	To provide the Council of Governors with details of key activities and issues from the Chief Executive since the last update in May 2024.
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 May 2024.
Key Areas of Concern	No areas of concern noted.
Trust Strategy and System Impact	The Chief Executive Report provides the Council of Governors with crucial updates and highlights the Chief Executive's activities since May 2024, aligning with the Trust's strategy and NHS Cheshire and Merseyside system priorities by addressing health and wellbeing, service quality, and resource efficiency. It ensures compliance with the 'triple aim' by considering impacts on health inequalities, service benefits, and sustainability.

Links to Board Assurance Framework		-
Links to Corporate Risk Register (scoring 10+)		-

Assurance Level	1. SUBSTANTIAL - Good system of internal control applied to meet existing objectives
------------------------	--

Action Required by the Board	The Council of Governors is asked to: <ul style="list-style-type: none"> note the content of the report
-------------------------------------	--

REPORT DEVELOPMENT:

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

MAIN REPORT

ITEMS FOR INFORMATION

System Oversight Group Meeting

The National Oversight Framework (NOF) was established by NHS England to monitor Integrated Care Boards (ICBs) and NHS trusts. It aims to ensure quality care, access, financial stability, and effective leadership and uses five national themes for assessment: quality, access, prevention, resources, and leadership. Trusts are placed in a segment following assessment with a sliding scale of autonomy and intervention from segment one (least) to segment four (most). The Trust has been placed in segment 3 and as a result the Trust attends System Oversight Group meetings with the Cheshire & Merseyside Integrated Care Board (ICB) to discuss progress against the exit criteria that was agreed in April 2024.

The latest System Oversight Group meeting was held on 10 July 2024 and therefore I will provide a verbal update on the key headlines at the Council meeting.

Women's Hospital Services in Liverpool Programme

The Women's Hospital Services in Liverpool (WHSIL) Programme aims to develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool. This will involve assessing the current clinical risks and issues in hospital-based maternity and gynaecology services in Liverpool and developing short, medium, and long-term solutions and proposals for mitigating, controlling, and resolving the risks and issues.

A significant amount of work has been undertaken since the previous report to the Board in May 2024. A draft Case for Change was considered by the Board in a private session in June 2024 and this has also been reviewed by the Boards of Liverpool University Hospitals NHS FT, Alder Hey Children's Hospital NHS FT and Clatterbridge Cancer Centre NHS FT, with all noting their support. Ongoing progress with the case is expected until September 2024 as additional evidence and comparative data become available.

Other actions taken in the period include:

- A strategic plan for communications and engagement has been developed.
- The plan for recruiting lay advisers and establishing a lived experience panel is ready but recruitment is on hold until after the election.
- A draft plan for pre-consultation and engagement has been reviewed and will be presented to the programme board in July 2024.

Future action will be focused on finalising the Case for Change and the continued recruitment of lay advisers and establishment of the lived experience panel.

Executive Risk and Assurance Group

The Executive Risk and Assurance Group has met twice since the previous Council of Governors meeting – on the 12 June 2024 and 3 July 2024. There has been good engagement from attendees and

whilst the meeting will continue to develop, there is clear evidence of the risk-focussed approach becoming increasingly embedded.

The Executive Risk & Assurance Group (ERAG) meeting on 12 June 2024 discussed several key issues. The Gynaecology Division's Duty of Candour compliance dropped due to a governance facilitator change, necessitating a re-audit. Personal Development Review rates were below expectations, particularly in non-clinical areas. Maternity base challenges, including estate configuration and medication management, are under review with immediate actions and weekly audits. Out-of-date policies remained a concern, with a goal of zero overdue policies set for July 2024. Additionally, acute out-of-hours medical cover risks in Gynaecology and CSS were noted.

The ERAG meeting was again held on 3 July 2024, and it was agreed that the updated risk management approach has led to a more transparent understanding of risks, allowing for better management and control within the organisation. Significant progress was made in reducing overdue policies from 57 to 13, with Maternity and Gynaecology now achieving zero overdue policies. The Group will now receive a report by exception due to a new tracking dashboard included within the Integrated Performance Report. Concerns were raised about the integration of digital systems, particularly affecting pharmacy operations and reporting. There is an ongoing review to address these issues, with a focus on improving system connectivity and mitigating potential risks. Clarification was provided on the Maternity Estate risk, distinguishing between clinical safety risks and experiential risks due to estate limitations. A commitment was made to resolve these issues, not confined by capital constraints, to ensure patient safety and experience. The CSS Division reported progress in addressing the anaesthetics capacity out of hours risk, with Task and Finish groups in place to review Gynaecology and Obstetrics capacity and clinical patient pathways. Ongoing recruitment is underway in Anaesthetics with an aim to increase middle grade presence.

Improvement Plan Update

Background

The Trust has developed its Improvement Plan to provide a clear direction of travel for the next 12-18 months, with a focus on making improvements in some key priority areas, particularly where we have clinical challenges and risks.

The vision for Our Improvement Plan is to:

Embed a culture of continuous improvement and safety for all, minimising risks and ensuring high-quality, sustainable services through collaboration, challenge, and openness.

Our Improvement Plan is not a long-term strategy for the Trust but a roadmap for the short-medium term. Focussing on the immediate priorities for the Trust will allow us to then look at a longer-term strategy for the next 3-5 years.

The Improvement Plan Highlight Report can be found in Appendix A.

Key Focus Last Period

In May 2024, the Improvement Plan was nearing the end of its mobilisation phase. It has since been formally launched within the Trust, beginning with the 'In the Loop' briefing, continuing through internal communication channels and key meetings such as the Trust Management Group and the Senior

Leadership Forum. Rather than general updates, each month focuses on one or two projects to highlight progress and transformation.

During this period, the focus has been on establishing key processes and systems for effective project monitoring. This includes identifying qualitative and quantitative benefits, setting up programme huddles, and identifying risks. These efforts have enhanced the plan significantly, providing confidence in reporting accuracy through tools like the heat map.

Key Focus This Period

All projects are progressing well without significant barriers. A change process has been implemented to govern amendments to project scope or milestone dates appropriately. With systems and processes now established, the focus is shifting towards quality assurance, reviewing risk articulation, and ensuring effective scoring. As milestones are achieved, the Transformation Delivery Unit will verify these updates, providing evidence of integration and sustainability. Further work is required to actively manage and maintain project plans. Huddle meetings, crucial for governance, have matured but still offer room for improvement in agenda use, action tracking, and milestone checks.

Key Points from Respective Programmes:

- **CQC/MSSP:** Plan moved from 'red' to 'green'; milestone for Birmingham Symptom Specific Obstetric Triage System (BSOTS) implementation closed.
- **Safety Culture:** Rated 'red' due to missing controlled drugs milestones.
- **Cost Improvement Programme (CIP):** Rated 'red' due to outstanding Project Initiation Documents (PIDs); meetings scheduled for 5 July 2024.
- **Deteriorating Patient Collaborative:** Launched with 55 attendees.
- **Transfusion Lab:** Progressing well, rated 'amber' due to required gateways.
- **Waiting List:** Full project plan now in place.
- **Workforce Enhancement:** Progress includes appointing Advanced Clinical practitioners (ACPs) and clinical fellows, with further interviews and consultations ongoing.

Risk & Issue Profile

Two high-scoring risks (12+) were identified, both linked to the Enhanced Workforce for Acute Workload project. The risk related to Post Graduate Doctors (PGDs) and ACPs has been reduced to '9', but the recruitment of consultant anaesthetists remains the highest scoring risk. The CIP programme faces escalating risks, with meetings scheduled to discuss control measures. A Clinical Digital Risk has been added to the Deteriorating Patient Collaborative Project Risk Register, with efforts ongoing to address system connectivity and mitigate potential risks.

Benefits Profile

Two face-to-face sessions with project leads have developed a benefits profile for each project, aiming to provide assurance that project actions deliver the desired impact. Some projects will identify benefits further into their timelines, and KPIs in development will be available in the next report iteration. The benefits aim to provide assurance regarding causality rather than repeating the Integrated Performance Report, with some projects relying more on qualitative judgements.

'Big Conversation'

For a number of years, the Trust hosted quarterly Listening events, face to face in the Blair Bell where staff were required to book a place in advance. During covid we adapted this to a virtual listening event,

utilising MS teams. In response to feedback and limited levels of engagement, a decision was taken in 2022 to host a **24-hour Big Conversation** on a bi-annual basis. This requires volunteers from the Executive team, Non-Executive Directors, Senior Leaders, and the Workforce team to visit different teams / departments throughout the 24-hour period (with some follow ups over the week).

The most recent Big Conversation took place during May 2024 and the top five themes were as follows:

- **Staffing:** Increase headcount for clinical staff and add more Ward Clerk/Administrative support across various departments.
- **Processes:** Address issues with interpreter services, improve email etiquette, implement green strategies, reduce recruitment delays, and standardise pay dates.
- **Leadership:** Increase senior leadership presence, set realistic work timelines, and clarification on future Trust strategy.
- **Space:** Update changing/shower facilities, improve staffrooms, and enhance patient facilities with private spaces and larger rooms.
- **Estates:** Improve response times, cleanliness, signage, ventilation, and car parking conditions.

All divisions and their areas are now in receipt of their feedback packs and have been asked to draft an action plan on some of the identified areas of improvement. HR will support the areas with the “You Said, Together We Will...” updates, to feed back to staff.

The attached infographic (Appendix B) has been circulated to all staff.

PERFORMANCE SUMMARY

The Executive Team with the Informatics Team have undertaken a review of Key Performance Indicators (KPI) for 2024/25. The updated integrated performance report includes additional metrics and makes better use of statistical process control (SPC) and benchmarking to improve the understanding and escalation of these metrics.

All Key performance metrics have been through all Trust Executive Groups for review. Below are the key metrics/areas where statistical variation has been noted and were escalated for further oversight and assurance.

The latest Integrated Performance Report can be found in the July 2024 Board pack - <https://liverpoolwomens.nhs.uk/media/5523/2024-07-11-public-trust-board.pdf>

Operational Performance

Overall size of the waiting list – The waiting list continues an improving trend, showing statistical reduction since a peak seen in October 2023 and introduction of the Trust Improvement Plan. Forecast data for June 2024 demonstrates that the waiting list size has reduced further to 17687, showing a better-than-expected figure against the Trust set trajectories with NHS England for 24/25. The key focus through Q2 24/25 will be increased validation of the waiting list and ensuring that Data Quality principles and processes are adhered to alongside increased activity in Gynaecology to reduce outpatient waiting times.

Elective Recovery – 65+ weeks continue to demonstrate statistical improvement with further reductions made including a 50% reduction from M1 and in line with NHSE set trajectories. Cheshire & Merseyside ICB requested that the Trust support the regional gynaecology position by providing mutual aid to other Trusts of which 50 patients >65+ weeks were accepted. 52+ weeks continues to statistically show a sustained reduction and significantly ahead of NHSE targets.

Cancer – All metrics show an improving position in May albeit unvalidated at this stage. The 28 Day Faster Diagnosis Standard continues its positive trend over the last 5 months with May performance demonstrating further improvement at 63%. 31 Day has significantly improved to >90% and whilst 62 Day has improved by 15% on the previous month there is still further work to do to improve performance. The Trust continues to be monitored through national Tier 1 performance oversight. A review of tiering is due to take place in mid-July. The Trust has been awarded >£500k of national funding to support continued improvements in performance. The Cancer Improvement Plan continues to be reviewed and accelerated where possible to ensure trajectories are met.

Quality

Never Events – There are currently 3 ongoing Never Event investigations. All investigations are being progressed and in accordance with the Trust governance processes. The Quality Committee have received a detailed summary of immediate actions taken and will be updated on conclusion of the investigation findings.

Number of Open PSIs – 23 open with investigations ongoing, reflecting no significant change in assurance, however high numbers of variation noted will decrease when a review of PSIRF is completed in Q1/Q2, 24/25 as the review will refine priorities and what we declare as a full investigation. All PSI have been reported to the ICB and received an initial target date of completion.

Number of PSI (rolling) - the position reflects the cumulative number of PSIs declared since launching PSIRF in September 2023. This number is expected to reduce and therefore be capable of remaining under threshold, with planned review of PSIRF.

FFT A&E Percentage Positive – Deterioration of FFT in A&E at 65.91% from previous month, reflecting the process is missing the target with a special cause variation of a concerning nature. Themes noted include long waits to be seen during evenings and lack of availability of scans out of hours and weekends. The divisional senior leadership team are well sighted on themes and the GED improvement plan will draw together and monitor progress to meet the target and sustain position when met.

FFT Maternity Percentage positive - Maternity have deteriorated (86.17%) from previous improvements being made, reflecting a position of consistently failing to meet the target with no significant change to common cause variation. 8 displeased comments received and analysed with no correlation or themes noted from the displeased comments and none related to the previous themes of IOL. Maternity continues to be sighted on issues and improve.

3rd and 4th Degree Tears - The reported tear rates have previously been much lower than the national average and Maternity have had a good culture for using the Obstetric and Sphincter Injury (OASI) bundle and access to Episissors (adapted surgical scissors used for episiotomy). The division are aware of the increase in rates and have already received audit findings for the management of tears from diagnosis, presented to the clinical meeting in June 2024. All individual cases are reviewed to identify risk factors and ensure the Postnatal care is to the level expected whilst also looking at rates in cohorts of clinical staff. However, due to the increase in rates, and the limitations of learning from reviewing individual cases, a thematic analysis has been commissioned to be undertaken by the Consultant Midwife and an Obstetric Trainee that will provide clinician level detail to support continuous understanding of the position and support any recommended improvements, including supportive training.

Workforce

Clinical Mandatory Training – Although this figure has remained static over the preceding 12 months, it is under the 95% target. Recruitment to a new role within the practice education team is expected to deliver an improvement in the planning and delivery of mandatory training and opportunities cross-division and cross-speciality maximised. PODEG reviewed and supported a recommendation to reduce the targets for mandatory training compliance for core, clinical and local mandatory training from **95% to 90%** to ensure alignment with the region, following a benchmarking exercise with other Trusts in C&M.

Sickness Absence – At 4.86%, this metric is improving and although below the 4.5% target, the rate is the lowest recorded since 18/19. Adherence to policy and process remains in place, with a focus on quality return to work interviews and wellbeing conversations (65% compliant) with additional training being provided to managers on wellbeing conversations by the Health and Wellbeing Coach. Prevalence of anxiety/stress/depression has reduced as the primary reason for absence, supporting the rationale for focused psychological intervention through the staff support service. Significantly reduced vacancies within clinical areas and further extension of flexible working in clinical areas can also be seen as a positive contributor.

PDR Rate - PDR compliance remained a concern with an overall Trust performance of 79% against target of 90% and a deteriorating trend over the last 12 months. Engagement with staff and managers confirmed support for a group PDR model for some staff groups and bands and this is in the process of being rolled out. Improved compliance with the PDR window of March and April for Band 8as and above is required to ensure consistent and targeted objective setting across the organisation.

<p><u><i>Equality, Diversity & Inclusion Implications</i></u></p> <p>Not applicable</p>

<p><u><i>Quality, Financial or Workforce implications</i></u></p> <p>Not applicable</p>

RECOMMENDATION

The Council of Governors is asked to:

- note the content of the report

SUPPORTING DOCUMENTS

Appendix A – Improvement Plan heatmap
Appendix B – Big Conversation Infographic



Liverpool Women's NHS FT

Improvement Plan Highlight Report



Organisation	Overall	Overall DoT	Plan	Plan DoT	Benefits	Benefits DoT	Issues	Issues DoT	Risk	Risk DoT	Resource	Resource DoT	Stake holders	Stake holders DoT
LWH	Y	→	Y	↘	G	→	G	→	Y	↘	G	→	G	→
1. Quality and Safety	G	→	G	→	G	→	G	→	Y	→	G	→	G	→
1.1 Deteriorating Patient Collaborative	Y	↘	Y	→	G	→	G	→	A	↘	G	→	G	→
1.2 CQC and MSSP Actions	G	→	G	→	G	→	G	→	G	→	G	→	G	→
2. Clinical Effectiveness	Y	→	Y	↘	G	→	G	→	A	↓	Y	→	G	→
2.1 Enhanced Workforce for Acute Workload	Y	↘	Y	↘	A	→	G	→	R	↓	A	↓	G	→
2.2 Acute Gynae Services	Y	↘	Y	↘	G	→	G	→	R	↓	G	→	G	→
2.3 LWH Transfusion Lab	Y	↘	A	↓	G	→	G	→	R	↓	G	→	G	→
2.4 Medicines Safety	G	→	Y	↘	G	→	G	→	G	→	G	→	G	→
3. Operational Performance	Y	→	Y	↘	G	↗	G	→	A	→	G	→	G	↗
3.1 Cancer Improvement	Y	→	G	→	A	↑	G	→	R	↘	G	→	G	↑
3.2 Reduced Waiting List	Y	↘	A	↓	G	→	G	→	G	→	G	→	G	→
4. People and Culture	Y	↘	A	↓	A	→	G	→	A	↘	G	→	Y	↘
4.1 Safety Culture	Y	↘	R	↓	A	→	G	→	A	↓	G	→	G	→
4.2 Actively Anti-Racist Organisation	Y	↘	A	↓	A	→	G	→	A	↘	G	↗	A	↓
5. Financial Sustainability	Y	→	A	↓	G	→	G	→	Y	→	G	→	G	→
5.1 Delivering the Three Year Financial Plan	G	→	Y	↘	G	→	G	→	G	→	G	→	G	→
5.2 2024/25 CIP Delivery	Y	↘	R	↓	G	→	G	→	A	↘	G	→	G	→
6. Well Led	G	→	G	→	G	→	G	→	G	→	G	→	G	→
6.2 Streamlined Governance	G	→	G	→	G	→	G	→	G	→	G	→	G	→
6.3 Risk Management	G	→	G	→	G	→	G	→	G	→	G	→	G	→
6.4 Partnership Governance	G	→	G	→	G	→	G	→	G	→	G	→	G	→

BIG CONVERSATION

ONE BIG
CONVERSATION



46 AREAS
JOINED THE
CHAT

OVER 600 PIECES
OF FEEDBACK
RECEIVED

16 KEY
TRUST THEMES
IDENTIFIED

WHAT YOU LOVE THE MOST ABOUT WORKING AT OUR TRUST



"Great working relationships across the divisions"



"People value and respect each other"



"Supportive Management and Leadership"



"The work we do is amazing"



"A great learning culture for training and development"

WHAT YOU THINK ARE OUR BIGGEST OPPORTUNITIES FOR IMPROVEMENT:



Staffing: though vacancy rates have improved, more resource to support the workload is required



Processes: some local and internal processes feel like a barrier to achieving excellence and need to be reviewed



Leadership: support from management feels good but more visibility from leadership would be appreciated



Space: our staff recognise that structural changes are difficult to make, however some TLC is required to changing, toilet and break areas



Estates: a priority system is in place to triage estates issues, our staff would like to see better signage and better ventilation across the Trust

WHAT HAPPENS NEXT?

All feedback has been shared with divisional leadership teams and immediate actions will be progressed. Please look out for **'You said, together we will'** communications in your areas.

Council of Governors

COVER SHEET

Meeting Date	Thursday, 18 July 2024	Item Reference	24/25/018
Report Title	Lead Governor Update		
Author	Kate Hindle, Lead Governor and Staff Governor Louise Hope, Deputy Trust Secretary		
Responsible Director	<i>James Sumner, Chief Executive Officer</i>		

Purpose of Report	To provide the Council of Governors with details of key activities and issues from the Lead Governor since the last update in May 2024.
Executive Summary	The report provides an update on issues and activities undertaken by the Lead Governor and Governors since May 2024.
Key Areas of Concern	No areas of concern noted.
Trust Strategy and System Impact	-

Links to Board Assurance Framework		-
Links to Corporate Risk Register (scoring 10+)		-

Assurance Level	1. SUBSTANTIAL - Good system of internal control applied to meet existing objectives
------------------------	--

Action Required by the Board	The Council of Governors is asked to: <ul style="list-style-type: none"> note the content of the report
-------------------------------------	--

REPORT DEVELOPMENT:

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

EXECUTIVE SUMMARY

The report provides an update on:

- Lead Governor role
- Upcoming Governor Elections
- Community Engagement
- Governor Sub-Group Feedback
- Governor Survey Feedback
- Dates for the diary

MAIN REPORT

Introduction

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

Lead Governor role

Since the appointment of Peter Norris as the elected Lead Governor, Peter has commenced shadowing myself, (Kate Hindle, Lead Governor) and has been included in various meetings during the past few months towards onboarding him to the role prior to my departure. Peter will substantively pick up the role at the Annual Members Meeting on 19 September 2024.

Fortnightly meetings with the Chair and Lead Governor are held to provide information on appropriate issues and develop a working programme to support Governors. If there is anything governors would like me to raise at these meetings, please let me know.

Upcoming Governor Elections

The governor election process is underway and would be open for nominations as of Tuesday 16th July 2024. The election process is undertaken by Civica Election Services, as per previous years, as the independent electoral provider to administer the elections on behalf of the Trust. The nomination deadline is 5:00pm on Wednesday 31 July 2024. For those of you eligible for re-election please could you submit your nomination forms as soon as possible, the forms are available on the Trust website or we can send you a form directly.

Upcoming vacancies:

- North Liverpool – 2 vacancies
- Knowsley – 1 vacancy
- Staff Administration, clerical, managers, ancillary & other support staff – 1 vacancy
- Central Liverpool – 1 vacancy (Pat Denny eligible to apply for a second term of office)
- Sefton – 1 vacancy (Annie Gorski eligible to apply for a second term of office)
- Staff Scientists, technicians and allied health professionals – 1 vacancy (Rebecca Lunt confirmed that she would not be applying for a second term of office)

The following Appointed Governor roles are also due. For those eligible for a second term please could you email myself or the Deputy Trust Secretary, Louise Florensa to confirm that you wish to continue for a second term of office.

- Appointed University of Liverpool – 1 vacancy (Niki Sandman eligible for a second term)
- Appointed Education Institutions – 1 vacancy (Jane Rooney eligible for a second term)
- Appointed Young Persons Advisory Service – 1 vacancy

Community Engagement

Since the last meeting of the Council in May 2024 governors had represented the Trust at the following events:

- Health Equity Liverpool Project – May 2024
- Tackling Racial Equality Event – May 2024
- Gender Diversity Event, Blair Bell Lecture Theatre - 29 May 2024
- African Oyé festival – 23 June 2024
- NHS Providers, Governor Focus conference 2024 – 09 July 2024
- Menopause Café, Picton Primary Care Network, Kensington Children's Centre – 28 May, 25 June and 30 July 2024 at 10am – 1pm
- LWH Help Hub – May and June 2024 received a positive response

I would like to remind Governors of the open invitation to be present in the 'Help Hub' in the main reception of the hospital. Governors are invited to attend and would be joined by a member of the patient experience team who routinely sits in this area. This provides governors the opportunity to speak to members of the public about Trust services and be representative on site.

Governor Sub-Group Feedback

Governor Remuneration and Nomination Committee

We requested a self-nomination from a Staff Governor to join the Governor Remuneration and Nomination Committee as required by its terms of reference. Since the last meeting in May 2024, Deborah Ward – Staff Governor has agreed to take on this role. The Council is asked to ratify the appointment of Deborah Ward to be the Staff Governor representative on the Governor Remuneration and Nomination Committee.

A Joint Governor Remuneration and Nomination Committee was held on 24th June 2024 to recommend approval and take forward recruitment for a Joint Non-Executive Director role for both the Liverpool Women's Hospital NHS Foundation Trust and Liverpool University Hospitals Foundation Trust. The Council of Governors received the recommendation report from the Committee, which included the timeline for recruitment, job description and recruitment brochure, and were asked to confirm approval or any objections electronically. We received 16 responses of 20 governors, of which 16 provided approval to proceed. A further Joint Governor Remuneration and Nomination Committee is being held on 18th July 2024 to shortlist candidates. The interviews have been planned to take place on 24th July 2024 following which an Extraordinary Council of Governor meeting will be arranged to approve the appointment of the Joint Non-Executive Director.

Communications and Membership Engagement Governor Sub-Group

We have held one Communications and Membership Engagement Governor sub-group since the Council meeting in May 2024, and met on 30th May 2024. The Group reflected on the need to enhance its prominence and effectiveness since the Quality and Finance Governor Sub-Groups had been disbanded and the subsequent additional time provided to Governors as a result. It was agreed that a review of the Groups objectives, terms of reference and membership of the sub-group and future support required should be undertaken. Consideration should be given towards joint working opportunities with the Communications and Membership Engagement Governor Sub-Group at the Liverpool University Hospital Foundation Trust.

Feedback from Engagement Events attended included:

- positive feedback from visit to the May Logan Centre, where attendees had expressed appreciation for the care they received,
- insights from an anti-racism event at the Pakistan Multicultural Centre, noting the high emotions and complex issues involved and the importance of ongoing dialogue to address these challenges effectively.

Forthcoming events were discussed and included the African Oyé festival in Sefton Park, at which the Trust would have a stall. The festival would provide an opportunity for Governors to connect with the local community at an event outside of formal meetings and community events.

The Group considered areas of focus during Quarter 2, 2024/25 and agreed to form a task and finish group to define objectives and strategy and to focus on re-energizing the Trust membership' and engagement with young people, by for example collaborating with universities during Freshers' week. focus on re energising the Trust membership'

A page has been added to the Trust website publicizing future engagement events, [Engagement Events - Liverpool Womens NHS Foundation Trust](#). If there is anything of interest to you that you would wish to attend as a governor representative please let us know.

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

Governor Survey - Outcome

Thank you to all who responded to the survey on timings of Council meetings. I will be meeting with the Chair to consider the feedback and agree the best approach forward.

Dates for Governors Diaries

- Menopause Café, Picton Primary Care Network, Kensington Children's Centre – 30 July 2024 at 10am – 1pm
- DAD (Disability Awareness Day), Walton Hall Park, Warrington - 21 July 2024
- Liverpool Pride Event, LGBTQ+ – 27 July 2024
- Community Health and Wellbeing Event, Bridge Community Centre, Norris Green – 29 August 10am – 3pm

Recommendation

The Council of Governors is asked to:

- note the update provided and;
- ratify the appointment of Deborah Ward to be the Staff Governor representative on the Governor Remuneration and Nomination Committee.

Jargon Buster

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

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

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

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

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

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

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

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

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

E

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

F

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

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

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

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

		which aims to understand the needs and experiences of NHS service users and speak on their behalf.
--	--	--

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

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

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

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

N		
---	--	--

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
--	---------------	---

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