



Liverpool Women's
NHS Foundation Trust

Dedicated to you

Quality Report

Liverpool Women's NHS Foundation Trust

2023-2024



Why publish a Quality Report?

The purpose of a Quality Report is to inform you, the public, about the quality of services delivered by Liverpool Women's NHS Foundation Trust. All providers of NHS Services in England are required to report annually on quality; the Quality Report enables us to demonstrate our commitment to continuous, evidence-based quality improvement and to explain our progress to the public. The Quality Report forms an important part of the Trust's Annual Report. This is the Trust's 13th Quality Report.



Part 1 Statement on Quality from the Chief Executive



Welcome to Liverpool Women's NHS Foundation Trust's 13th Annual Quality Report.

This provides an opportunity for us to report on the quality of healthcare provided during 2023/2024, celebrate our achievements, and share with you the Trust's key priorities for quality in the next reporting year of 2024/25. This is a critically important document for us as it highlights our commitment to putting quality at the heart of everything we do.

This past year has seen us continue to strive towards excellence in all aspects of our service delivery. We remain steadfast in our vision to lead in healthcare for women, babies, and their families, ensuring that our services are not only comprehensive but also of the highest quality. Through the dedication and resilience of our staff, we have navigated another challenging year, adapting to evolving healthcare needs and maintaining our focus on patient safety, clinical effectiveness, and patient experience.

We are proud to highlight several key achievements in this report.

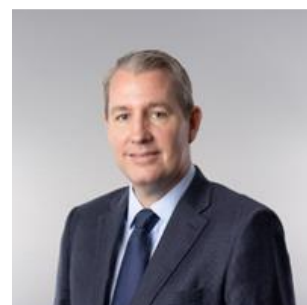
- **Neonatal Care Excellence:** Our neonatal unit has been recognized as a positive outlier nationally for delayed cord clamping, reflecting our commitment to adopting practices that improve outcomes for the most vulnerable.
- **Leadership in Maternal Safety:** The introduction of the extreme preterm pathway and our proactive management of maternity safety incidents have led to improved survival rates and safety for mothers and babies.
- **Advancements in Patient Safety:** The implementation of the Patient Safety Incident Response Framework (PSIRF) has enhanced our ability to respond swiftly and effectively to safety incidents, ensuring continuous learning and improvement.

Our ongoing commitment to safety and excellence has been recognised in various clinical audits, and our engagement in national research studies underscores our contribution to advancing medical science and treatments. Additionally, our quality improvement programs have brought about significant enhancements in our service delivery, reflecting our proactive approach to addressing patient needs and adapting to feedback.

As we look to the future, our focus remains clear. The priorities set forth for 2024/25 will guide our efforts to further elevate the standard of care we provide. We are committed to continuous improvement, fostering an environment where quality and innovation thrive. Our strategic objectives are aligned with national health priorities and are designed to ensure sustainable, high-quality care that meets the expectations of our community and stakeholders.

In making this statement I can confirm that, to the best of my knowledge, the information contained in this Quality Report is accurate and there are no concerns regarding the quality of relevant health services that we provide or sub-contract.

James Sumner
Chief Executive Officer










Part 2 Priorities for improvement and statements of assurance from the Board



1 Priorities for Improvement in 2023/24

At Liverpool Women’s (LWH), our vision is to become the recognised leader in healthcare for women, babies, and their families. We believe that to achieve quality in the services we provide, we must focus on achieving excellence in four key areas: Patient Safety, Clinical Effectiveness, Patient Experience, and Staff experience (our quadruple aim). These components formed the foundations for our ambitions for quality, which are outlined in our Clinical Quality Strategy. Our ambitions set the long-term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we do.

Our Values	 Care	 Ambition	 Respect	 Engage	 Learn
Our Aims	To develop a well led, capable, motivated and entrepreneurial workforce.	To be ambitious and efficient and make best use of available resources.	To deliver safe services.	To participate in high quality research to deliver the most effective outcomes.	To deliver the best possible experience for patients and staff.
Our Ambitions	We will be an outstanding employer.	We will deliver maximum efficiency in our services.	Our services will be the safest in the country.	Outcomes will be best in class.	Every patient will have an outstanding experience.
Our Quality Improvement Priorities	Create a fair and just culture. Deliver comprehensive Human Factors training.	Adopt relevant tested interventions. Deliver national targets in context of COVID-19 recovery.	Create a culture of safety. Deliver outstanding medicines safety, maternity and neonatal safety.	Outcomes will be best in class.	Improve adult mortality and extended perinatal mortality. Deliver all NICE quality standards.
Our supporting strategies and plans	Patient Experience Communications, Marketing and Engagement	Long Term Financial Model Risk Management Research & Development	Leadership and Talent Digital Generations Operational Plan	Putting People First Nursing, Midwifery and AHPs Quality Improvement	

2.1 Our Ambitions for Quality Improvement

In keeping with the wider NHS, we use a three-part definition of quality, described in the 2008 Darzi NHS Next Stage Review (Department of Health 2008) as:

- Patient Safety, Clinical Effectiveness and Patient Experience.

Three of our Trust aims map directly to our definition of quality; however, we also recognise that work streams within each of our five aims have an impact on quality and our ability to improve quality within our clinical services.

At LWH our vision is to become the recognised leader in healthcare for women, babies and their families. We have developed a set of ambitions aligned to our aims, which set the long term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we do. Our ambitions help create an environment where we are constantly reaching for excellence and where continuous improvement in quality is always at the top of our agenda.









2 Clinical and Quality Strategy Aims and Priorities for 2020-2025

LWH has a proud history of providing world-leading clinical care to women, babies and their families dating back to 1796, when a dedicated group of local people set up the 'Ladies Charity' to help care for women in the city who were giving birth.

Over the years we have delivered our unique set of services from a variety of locations across the city, coming together under one roof in our current location on Crown Street in 1995. From here we now provide care to thousands of people from Liverpool and beyond every year, as the country's only standalone specialist Trust for women and their babies.

Since 1995 Liverpool Women's Hospital has:

 <p>200^x thousand</p> <p>accompanied 200,000 women safely through their pregnancy and birthing experiences whatever their challenges;</p>	 <p>undertaken 225,000 gynaecological procedures to alleviate a full range of highly debilitating diseases and cancers;</p>
 <p>cared for 25,000 babies in need of highly specialised medical care often in the most extreme of circumstances;</p>	 <p>established one of the largest and most successful NHS fertility services in the country;</p>
 <p>built a world-recognised fetal medicine service which is run by some of the best clinical specialists in the country;</p>	 <p>created a leading genomics centre which supports multiple other strands of medical care using ground breaking technologies.</p>

3 Quality Improvement Framework

Our Quality Improvement (QI) Framework sets out our commitments and aims to develop and sustain a culture of continuous improvement that drives quality in everything we do and is evident from the experience of our patients. This framework allows us to outline the actions the Trust will take to make this happen and communicates the methodologies we use in the QI work we carry out across our Trust. It is one of a suite of complementary approaches that we have developed to meet our organisational strategic aims.

Learning opportunities have been provided in conjunction with the Advancing Quality Alliance (AQuA) at introductory, practitioner and leadership levels. The introductory learning is available via the AQuA website. The Trust has been granted permission to deliver the practitioner learning (QI Evolve) independently of AQuA. Two QI Evolve programmes are scheduled for 24/25, with each accommodating up to 15 participants. Quality Improvement and associated activities are now incorporated into the Trust's induction programme. All activity is closely aligned to the NHS Model for Improvement and Trust' strategy.

Over the course of 23/24 QI systems and processes were reviewed to ensure they were clear and accessible. This review will continue in 24/25 with the aim of further simplification where appropriate. Part of the review process identified the prevalence of service evaluations was impacting on the availability of resources for improvement and limiting the Trust's capacity to focus on established priorities. As a result, all project proposals are required to clearly articulate where improvement can be generated.

In response to external inspection, evaluation of incidents, and internal audit, staff have been supported to register 188 new projects in 2023/24. This represents a 12% increase over the previous year. Projects have focused on a range of topics including improving safety, patient experience, compliance with regulation, staff support, and governance. One project supported the implementation of the revised Maternal Sepsis Guidelines. Another explored ways to reduce late admissions to the Neonatal Intensive Care Unit, while a third project promoted standardisation and adherence to best practice in relation to pelvic health. The results of the Be Brilliant Accreditation Scheme and Infection Prevention and Control audits generated a significant number of improvement projects. Each of the projects demonstrated levels of improvement through systematic measurement and will be monitored over time to ensure changes in practice are sustained.

The Trust has been represented at the recently formed Cheshire and Merseyside Improvement Network (CaMIN) and has established relationships to share resources and best-practice. The appointment of a joint Chief Executive with Liverpool University Hospitals Foundation Trust (LUHFT) has provided a platform for this relationship to flourish. As a result, LUHFT will be providing resources to support a LWH improvement collaborative with a focus on care of the deteriorating patient.

Systems for requesting, approving, monitoring, and reporting on projects will be subject to further review. Dashboards are in development which will provide more effective oversight of performance relating to incidents, clinical audit, NICE

compliance, and improvement projects. The revised systems will allow the Trust to demonstrate how improvement activity is linked to priorities.

To ensure we achieve maximum impact from the work completed to date and that planned going forward, we will continue to work in partnership with LUHFT and other Cheshire and Merseyside partners to support our Continuous Improvement journey.

4 Quality Priorities

5.1 Priority 1 - Create a fair and just culture

The Fair and Just Culture Programme commenced in April 2018 and a short while later the Trust identified the Fair and Just Culture model advocated by David Marx, an author and CEO of Outcome Engenuity, as the preferred model for the Trust.

Over the last 12 months we have continued to build knowledge of Fair and Just Culture across the organisation and embed new ways of decision making and workplace justice.

Key highlights have included

- 79% of leaders have completed Fair and Just Culture Training (4 hour course)
- A Senior Leadership Forum (attended by execs, clinical leads and senior managers) was devoted to Fair and Just Culture
- Quarterly communities of practice events have been well attended and staff have come together and explore how they are using fair and just to create a better workplace culture at a local level
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5.2 Priority 2 - Create a Culture of safety. Deliver outstanding medicines safety, maternity, and neonatal safety

Neonates

The Neonatal unit is proud of its strong reporting culture in reporting incidents. There is a positive reporting culture as manifest by the incidents reported that are benchmarked against national comparators. .

As part of the governance framework within the unit, the senior nursing team, governance lead[s] and safety champion meet weekly to review incidents and actions. The unit hold a monthly risk meeting which feeds into our integrated governance meeting.

The unit has implemented the Patient Safety Incident Response Framework (PSIRF) and uses a range of PSIRF tools and methodologies to manage incidents and engages with those involved in safety incidents to identify opportunities for learning. A monthly learning meeting has been established to share learning identified from safety incidents and deaths across the Liverpool Neonatal Partnership. This meeting is recorded and shared on a learning platform and can be accessed by all staff.

Medication errors continue to be the highest rate of incidents reported. The medicines management team meet monthly to review all errors and issues. At this meeting themes and trends are discussed and learning is identified with the emphasis on the systems around people to help to reduce errors. Undisturbed drug rounds have been implemented.

Over the last year the team have seen more incidents relating to quality and availability of medicinal and other products. The team are working with procurement to ensure that the most appropriate products are available at all times and robust systems are in place for alternatives.

The team have focused on improving mortality on the unit over the last year. This has seen the introduction of the extreme preterm pathway, which ensures the most senior staff are present and caring for the most premature babies. Further quality improvement projects are

in progress across the unit namely golden hour antibiotic and reducing the number of accidental extubation on the unit. Although work is ongoing, the unit is seeing steady changes to practice with improvement. The NICU was recognised by NNAP as a positive outlier nationally for delayed cord clamping.

Maternity

Maternity and Neonatal Voices Partnership (MNVP) and Engagement

Weekly meetings are held between the MNVP Chair/Deputy Chair and Maternity and Neonatal staff, and quarterly meetings between MNVP members and Trust staff. Throughout 23/24 a trial was introduced on the Maternity Ward (Mat Base) for 24hr visiting, providing women with support from one birth partner. The formal evaluation at the end of the trial period, has concluded recommending that 24hr visiting continue as per feedback from service users.

Positive feedback was obtained from a listening event with families at the NEST (Non-English-speaking antenatal clinic).

Maternity Safety Check-in

Monthly meeting set up by the Maternity Safety Champions to ensure that clinical staff receive feedback on any safety concerns that are escalated to Trust Board. The Perinatal Quality Surveillance Dashboard is circulated in advance, all maternity staff are invited, the session is recorded to allow wider distribution of information. A Maternity Safety newsletter is planned to ensure that opportunities for shared learning are maximised.

Increase in Obstetric Consultant hours on site: Resident consultant on delioverly suite continues at 110 hours a week. Further recruitment is planned in 2024, which will enable implementation of 24/7 consulnat residence pending contractual negotiations .

Ockenden: The Family Health Division have provided evidence of progression for compliance against the 15 IEA of the Ockenden report.

Medicine Safety

Medicines Safety Week (#MedSafetyWeek) was supported in November and focussed on the importance of the management of controlled drugs (CDs) in the organisation by sharing learning from recent medication incidents involving CDs. Staff were informed of good practices around CD register documentation, the safe administration of CDs, the safe storage of CDs and the correct disposal of CDs. The Medicines Safety Group (MSG) also raised awareness of #MedSafetyWeek by sharing a medicines safety quiz on CDs for staff to complete.

Safety Check In webinars were provided for staff covering a different Medicines Safety topic each week – the content of the webinars is based on medication incidents that have occurred in the hospital and the learning is shared across all Divisions. The Trust L&D team keep an archive of the weekly webinars that staff can access for further learning and education.

The new Trust wide EPR system (digiCare) was launched in July which included significant improvements to electronic prescribing and medicines administration (EPMA) processes for clinical staff. The new system will help to provide a reduction in prescribing errors and administration errors by providing immediate access to clinical decision support resources, prescribing medication with pre-determined doses and real-time medicine interaction checking. An updated and modernised *Safe Use Of Insulin* module was added to the mandatory training records of clinical staff. This work was part of a wider programme to improve insulin education and training for staff across the hospital and reduce incidents relating to insulin prescribing and administration.

5.3 Priority 3 – Outcomes will become best in class

LWH wants to ensure that we achieve world-leading outcomes for our women, babies, and families. To do this, effective partnership working is critical. We have built strong partnerships across Liverpool, Cheshire and Merseyside, and beyond, but we remain focused on improving those partnerships, learning from our partners, and working together as a system for the benefit of people who use our services. We have several successful partnerships in place with other provider Trusts in Liverpool and Cheshire and Merseyside: to reduce the clinical risks caused by our isolated site, to improve pathways for women receiving care at other hospitals in Liverpool, and to improve patient and staff experience. We are working in partnership with the Cheshire and Merseyside Integrated Care Board to determine a long-term sustainable solution for the issues caused by our isolated site, and we are working with our primary care and public health colleagues to deliver the national Women's Health Strategy in Liverpool, as well as develop our model of care for the future of our services.

LWH wants to ensure our services are financially sustainable in the long term. We have a good track record in demonstrating efficient and effective use of resources, and our recently developed Finance and Procurement Strategy has set out clear objectives to support ongoing delivery. We are focused on ensuring we have a balanced long-term financial plan that supports delivery of clinically and financially sustainable women's services. To achieve this, we will need to continue to work closely with our provider and commissioner partners across Liverpool and Cheshire and Merseyside, realising opportunities for greater collaboration and efficiency identified in the recent Liverpool Clinical Services Review.

We recognise the importance of research and innovation in achieving world-class outcomes. The new Research, Development and Innovation Strategy was launched this year and good progress is being made to deliver its aims. We continually promote and encourage nursing and midwifery leadership in our research activities (please see the research section further on in this report).

Developing a set of standards against which to measure quality of care is central to demonstrating continuous improvement. The Trusts' Be Brilliant Accreditation Scheme (BBAS) has been developed to bring together key measures of clinical care, operational performance, governance etc into one overarching framework to enable a comprehensive assessment of quality, safety and, care at ward, department or team level.

Since the launch of the BBAS framework in July 2022 all areas have now had as a minimum at least one BBAS accreditation. Most areas have shown demonstrable improvements across many of the standards. Ongoing work includes the launch of a new framework and set of standards which is more aligned to the CQC Quality statements which is to be launched in Q1.

A proposal for a Quality and Safety walkaround schedule which will provide additional assurance of standards is also under review.

5.4 Improve adult mortality and extended perinatal mortality

This section of the report focuses on three main areas in relation to mortality and the Trust work to reduce this:

1. Zero Direct Maternal Deaths,
2. Zero unexpected deaths in women having gynaecological treatment,
3. Deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate
4. Zero stillbirths

Do you use the Hospital Standardised Mortality Rate (HSMR)?

The government uses a standardised measurement to calculate mortality across the NHS. This ratio, HSMR, compares a hospital's actual mortality rate to the mortality rate that would be expected given the characteristics of the patients treated. This is not a useful tool for LWH since maternal deaths, stillbirths and neonatal deaths are all excluded and the Trust has a very small number of deaths in the gynaecology service.

Our Priority Effectiveness Zero Direct Maternal Deaths – **not achieved in 2023-24**

What we said we'd do A direct maternal death is one which is directly related to a complication of pregnancy (such as haemorrhage, pre-eclampsia or sepsis). We said we would keep this at zero level.

An adult mortality strategy was written and implemented in 2017 and updated in 2018, 2019 and 2022. The strategy prioritises up to date guidelines and audit in order to reduce the risk of adult mortality. A process for reviewing all adult deaths, using an Adult Mortality Audit sheet which complies with recognised and validated methodology detailed in PRISM studies continued to be undertaken via the Trust Ulysses system.

A LeDeR policy remains in place. ([National Guidance on Learning from Deaths. National Quality Board \(2017\) Available at \[www.england.nhs.uk\]\(http://www.england.nhs.uk\)](#)) ([Learning Disabilities Mortality Review \(LeDeR\) Programme \(2017\) Available at \[www.bristol.ac.uk/sps/leder\]\(http://www.bristol.ac.uk/sps/leder\)](#))

The Quality Committee have continued to receive quarterly mortality reports and as part of the serious incident report HSIB cases are also identified. From February 2021 all HSIB cases have to be reported on StEIS in line with HSIB reporting criteria: any direct maternal death in the perinatal period (except suicide) will undergo a Health Safety Investigation Branch (HSIB) review. <https://www.hsib.org.uk/maternity/>.

What the data shows

In 2023-24 there were two direct maternal death of women who booked their pregnancy at Liverpool Women's Hospital. Both cases were subject to a Maternal and Neonatal Safety Investigation (MNSI). One of the reports has been received and the other is awaited at the time of publication.

The MNSI report has been disseminated in the division with action plans developed. The report has also been presented at the public trust board. The learning from the MNSI report has fed into the Trust's work on the deteriorating patient, safety culture and anti-racism work.

Data Source: Submission to HSIB

What happens next?

The MNSI report for the second case will be received and an action plan developed.

The trust are committed to the improving care for deteriorating patient which will include introducing a Medical Emergency Team to provide additional clinical staff 24/7.

The following is included in Clinical and Quality Strategy for 20-25:

Improve Adult Mortality; Our isolation from other acute adult services at LWH increases the risk to our adult patients in maternity and in gynaecology. It is vital that we maintain the highest possible quality of care at all times, across all of our medical, midwifery and nursing specialties. We will strive to continue to achieve zero maternal deaths, have zero unexpected deaths in women having gynaecological treatment and provide high quality care for women dying as an expected result of gynaecological cancer.

Our Priority Effectiveness

Zero unexpected deaths in women having gynaecological treatment - **achieved in 2023-24**

What we said we'd do

An unexpected death is one which is not related to an end-of-life condition or which occurs as a result of treatment received. We measure using HES data and report mortality rates to the Quality Committee.

All deaths within the hospital, whether cancer-related or not, are reviewed using the adult mortality tool to ensure the appropriate action was taken (see maternal death section above).

The Trust's Quality Committee and ultimately the Board have an overview of the delivery of this work. The Trust published an Adult Mortality Strategy in 2022.

What the data shows In 2022-23 there has been no unexpected deaths following Gynaecology treatment.

Data Source: Hospital Episode Submission Data (HES)

What happens next? We will continue to review all adult deaths whether expected or not to learn and improve the care provided to our patients.

We now report the deaths of women who have had treatment at LWH but then transfer to other hospitals as in-patients for on-going care. Although not defined as an LWH death we believe there is learning to be had from reviewing such cases and monitoring the number of these deaths.

Our Priority Effectiveness To deliver our risk adjusted neonatal mortality within 1/1000 of the national Neonatal Mortality Rate – **achieved 2023/24**

What we said we'd do Neonatal mortality rate (NNMR) is accepted to be a useful indicator of the effectiveness of a perinatal healthcare system and two-thirds of infant deaths occur in the neonatal period (<28 days). The neonatal service at LWH cares for one of the largest populations of preterm babies in the NHS and it is extremely important that survival of these babies is monitored to ensure that the quality of care we are providing is maintained.

We benchmark our booked and in-born mortality against the national NMR published from the Office of National Statistics, having previously committed to remaining within 1/1000 of the NMR and reported to Safety and Effectiveness Sub Committee. We also benchmark against mortality data from MBRRACE-UK, NNAP (UK national neonatal audit programme) and VON (Vermont-Oxford Network), a collaborative network of neonatal care providers both nationally and internationally, which is committed to improving the quality of new-born infant care.

What the data shows The most recent data from the ONS states a crude UK national NMR of 2.7/1000 live births (2021). In 2023/2024 for all babies booked and born at LWH the neonatal mortality rate was **1.9/1000 livebirths**. This is below the neonatal mortality rate for the UK from the latest published ONS data from 2021.

These data include pregnancies transferred to LWH following an antenatal diagnosis of a congenital anomaly that requires delivery in a tertiary hospital, but exclude babies born in LWH following ante-natal transfer for higher level specialist care, including extreme prematurity and congenital abnormalities.

Our Priority Effectiveness

Zero Still Births – **not achieved in 2023-24**

What we said we'd do

The Trust has an ambitious target of zero stillbirths. A stillbirth is defined as the death of a baby in utero after 24 weeks of gestational age. We adhere to the Saving Babies Lives Care Bundle and other initiatives/recommendations such as from the Ockenden review and perinatal optimisation to reduce the risk of stillbirth as well as neonatal death.

We undertake a detailed review of the antenatal and postnatal care provided to all women who have experienced a stillbirth in LWH trust is arranged utilising the nationally recommended PMRT process. The findings of these reviews with learning outcomes are reported every Quarter to the Family Health division.

All intrapartum stillbirths are reviewed by the Maternity and Neonatal Safety Investigation team with a report provided to the trust/ An action plan is then developed from the lessons learnt.

What the data shows

In 2023-24 there were 16 stillbirths in LWH (excluding termination of pregnancy).

This is an adjusted stillbirth rate of 2.3/1000 live births and is the lowest stillbirth rate in LWH for the past 5 years/

	2019/20	2020/21	2021/22	2022/23	Rate 2022/23
Rate/1000 births	2.9	3.4	4.9	3.5	2.3

Data Source: Submission to PMRT/MBRR

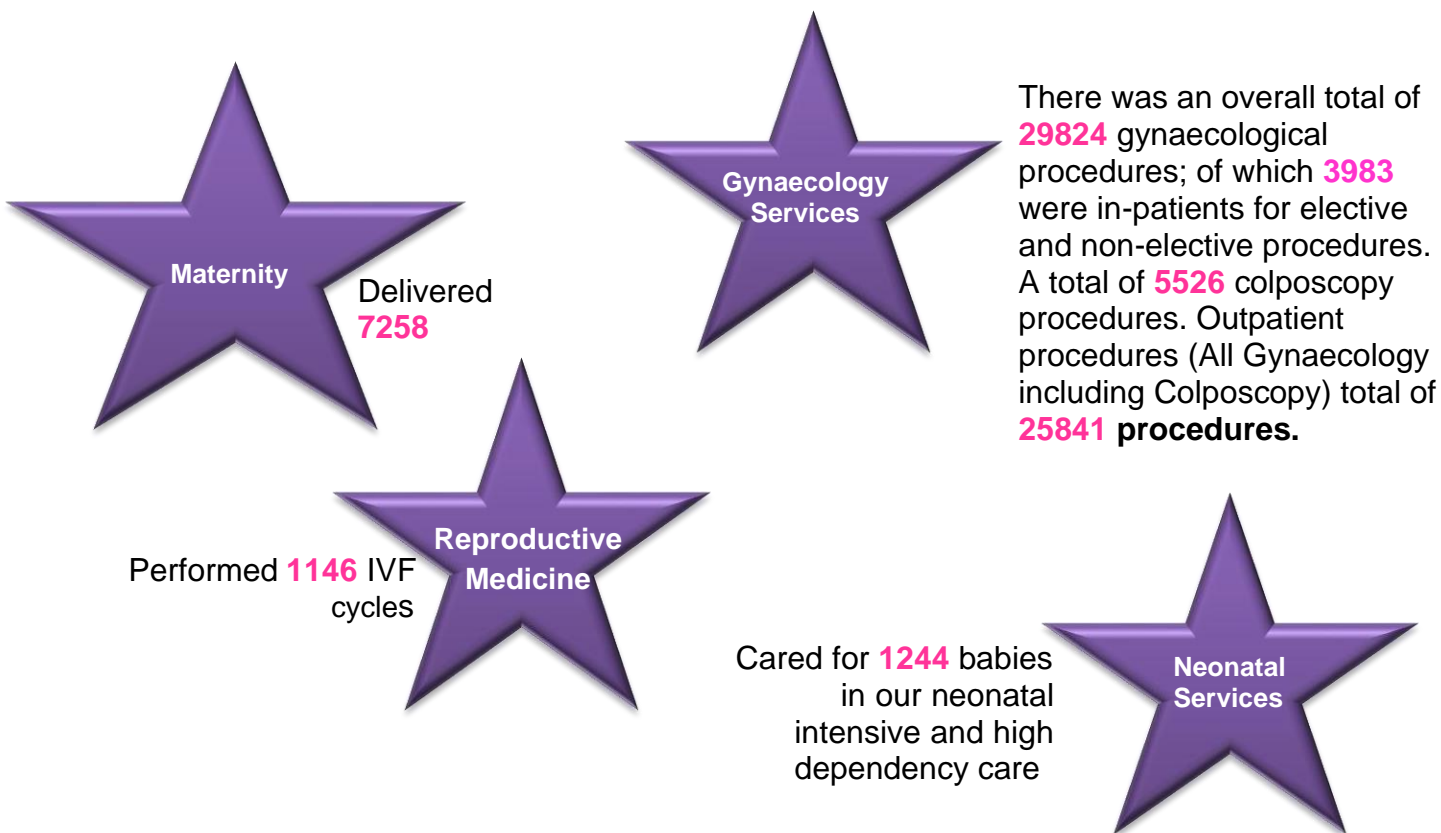
What happens next?

We will continue to adhere to the updated Saving Babies Lives Care Bundle with assurance of adherence through the Trusts submission to the Maternity Incentive Scheme.

All stillbirths will be continued to be reviewed through a PMRT process and the intrapartum stillbirths through MNSI. This will result in additional actions to reduce the risk of stillbirth.

5 Statements of Assurance from the Board

6.1 Review of Services



LWH has reviewed all the data available to them on the quality of care in all of these relevant health services. The Gynaecology and IVF figures are lower than in 2021-22 due to the impact of COVID-19- 19 and the stand down in elective activity for a number of months. A recovery plan is in place following national guidance for 2022-23.

6.2 Participation in Clinical Audits and National Confidential Enquiries

During 2023-24, 8 national clinical audits and 2 national confidential enquiries covered relevant health services that Liverpool Women's NHS Foundation Trust provides. During 2023-24 Liverpool Women's NHS Foundation Trust participated in 100% of relevant national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in, and for which data collection was completed during 2023-24 are listed below alongside the percentage of the number of registered cases required by the terms of that audit or enquiry.

The report of 1 national clinical audit was reviewed by the provider in 2023-24. An additional report has been received and is under review. The remaining reports are expected later in 2024. Liverpool Women's NHS Foundation Trust intends to take relevant actions to improve the quality of healthcare provided.

Relevant National Clinical Audits	Did the Trust participate?	Cases Submitted	Actions Taken
National Pregnancy in Diabetes Audit (NPID) (2023)	✓	100%	Data Quality Report received.
National Institute for Health & Care Excellence (NICE) QS60 Induction of Labour	✓	100%	Awaiting local report.
Stillbirth (MBRRACE-UK) 2021-2024 (2023)	✓	100%	National report received in Nov 23
National Neonatal Audit Programme (NNAP) 2023 (For data on 2022 babies)	✓	100%	Audit registered in January – local report due at end of March 24
National Comparative Audit of Blood Transfusion a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138	✓	100%	National Report received in March 24
National Comparative Audit of Blood Sample Collection and Labelling (LWH)	✓	100%	Extension requested for report to be produced in Jun-24
Care of Dying Adults in the last days of life (Including National audit of care at end of life (NACEL) Requirements if applicable – 2023-24	✓	100%	Local Report due in May 2024
Reviewing reporting and management of patients with structural and copy number variants found in cancer susceptibility genes	✓	100%	Local report received and no actions required.

Relevant National Confidential Enquiries	Did the Trust participate?	Cases Submitted
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal Morbidity	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Morbidity & Mortality	✓	100%

6.2.1 Actions arising from Clinical Audits The reports of 23 local audits were reviewed by the provider in 2023-24. The balance are due to report in the next audit year. Liverpool Women's NHS Foundation Trust has either already taken or intends to take the following actions to improve the quality of healthcare provided. This is a selection of key actions that have improved healthcare or made a difference to patients as a result of local clinical audit; they are those we feel are most relevant from the Liverpool Women's NHS Foundation Trust Clinical Audit programme this year.

Audits with Improvement Actions

Anti-D Prescription in Gynaecology

Successes

There was more than 80% overall compliance in following the trust guidance in administering Anti-D.

Actions planned

There was more than 5% lag in documentation, prescription, and administration of Anti-D despite there being Trust guidance in place, and one third women were not tested for their blood group during their treatment period. These audit results have since been presented at Trust-wide meetings to promote education. A review of how Digicare can be used to improve guideline implementation and compliance is also underway.

National Neonatal Audit Programme (NNAP) 2022

Successes

As part of NNAP, delayed cord clamping rate at LWH was outstanding in UK at 76.2% compared to national average of 43%. There was very good use (91%) of antenatal steroids at LWH.

Actions planned

Need to monitor the rates of Bronchopulmonary dysplasia, Intraventricular haemorrhage and Cystic periventricular leukomalacia in yearly National Neonatal Audit Programme (NNAP). Plan in place to monitor data monthly in Liverpool Neonatal Partnership meeting and in yearly NNAP report. There were also documentation issues within 2021 NNAP data for parental presence in ward rounds. There is a documentation QI (started April 2023) ongoing in the unit to address this issue.

Reaudit on Childhood Immunisations

Successes

As part of the provision of routine childhood immunisations and Hepatitis B vaccination at LWH there was written consent gained in all babies, the vaccination was given at correct time in all babies eligible/suitable, and rotavirus was given before day 104 in all babies as recommended.

Actions planned

As part of the provision of routine childhood immunisations and Hepatitis B vaccination at LWH, not all patients were prescribed paracetamol following routine vaccination, very few babies had a swab alert completed on Badgernet, and not all babies had documented barrier nursing on Badgernet. Work is ongoing within the trust on e-consent for vaccinations that will improve these issues and work is ongoing with the NICE low dependency nurses regarding swab alerts and documented barrier nursing to be placed on BadgerNET.

Retinopathy of Prematurity Screening and Treatment

Successes

90.1% patients were screened within the recommended time window during retinopathy of prematurity screening and treatment.

Actions planned

As part of the retinopathy prematurity screening and treatment it was identified that 4 babies had a poor structural outcome, further analysis as well as an MDT will be performed to improve compliance.

National Comparative Audit of Blood Sample Collection and Labelling (LWH)

Successes

There were no incidents of Wrong Blood in Tube (WBIT) at LWH detected as part of the National Comparative Audit of Blood Sample Collection and Labelling for the specified data collection time frame despite this incident being on the rise nationally.

Actions planned

Training compliance for Blood sampling collection and labelling remains low in Family Health therefore direct training was completed within the clinical areas to improve compliance and an accurate sample error reporting database is now accessible to identify staff involved in incidents.

Re-audit for Image Quality of Posterior-Anterior (PA) Chest X-rays (CXR's)

Successes

As part of the Image Quality of Posterior-Anterior Chest X-rays audit there was 95% compliance of images being of diagnostic quality with no need to repeat any examinations.

Actions planned

As part of the Image Quality of Posterior-Anterior Chest X-rays audit rotation was the area with the most scope for improvement and will be targeted as a priority by the radiographic team. This audit has been disseminated at Imaging team meeting as well as to all radiographic staff via email.

Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) Re-audit

Successes

All recorded Dose area products (DAPs) were compliant with the local diagnostic reference level (LDRL) for the Ionising Radiation Regulations re-audit.

Actions

It was identified as part of the Ionising Radiation Regulations that last menstrual period (LMP) guidance was not followed for all patients of childbearing potential. LMP forms are now scanned on to CRIS for each female of childbearing age.

Re-audit to assess the Royal College of Radiologists (RCR) Standards for the Communication of Radiological Reports and Fail-safe alert notification

Successes

100% of ultrasound examinations were reported in one day and overall improvement in time taken for reports to be completed.

Actions

The digital reporting log for X-rays will be spot checked monthly to ensure daily checks are being carried out to ensure we improve in compliance levels on the next audit cycle.

Early Help

Successes

There is clear evidence that staff are routinely asking about Early Help, recognising additional needs, and are appropriately referring families for support. There are also positive examples of interagency/collaborative working.

Actions

The plan is to implement neglect/risk screening toolkits for staff to improve identification of concerns and professional decision making.

Sample Audits with No Improvement Actions

Patient Information Process 2023-24

The audit has shown that the amendments to the approval checklist made following the 2022 audit have greatly improved results overall. 100% of the 30 leaflets had documented patients had been involved in the development process and 100% were evidence based. All the leaflets had documented that the leaflet reflected current guidance, services, legal frameworks or national guidance but only 87% gave details. The accessibility of patient leaflets caters for different languages and sight problems. Leaflets can also be printed off and discussed with any patients who do not have digital access. The Trust needs to ensure that young people and people with additional needs/learning disabilities are involved in the development process of leaflets.

Compliance against Domestic Abuse Protocol / Procedure

This audit shown that the Trust Domestic Abuse Policy and national guidance identifies that clinicians must be proactive in their approach to identifying domestic violence and abuse, therefore it is essential that routine enquiry is completed. We require 100% compliance of routine enquiry, unless it is clearly documented that it is not safe to do. Whilst limited assurance has been evidenced, with 96% demonstrating routine enquiries have taken place and providing evidence of a reason why it was unsafe to complete; there is an improvement in compliance when compared to the domestic abuse audit completed in 2021/22 in which 90% of cases contained evidence of routine enquiry. The Trust are reporting over 90% compliance for safeguarding level 1 and level 2 adults and children training. With the compliance being above the required level at the time of this report, the Trust can be assured that staff are up to date with their mandatory training in relation to domestic abuse.

Do not Attempt Cardiopulmonary Resuscitation (DNACPR)

This audit shown that all forms were appropriately filled and there was good documentation in the hospital notes regarding the decision of DNACPR. It shown that there were good discussions with the family in all cases which was documented clearly in hospital notes.

Management of Severe Ovarian Hyperstimulation Syndrome (OHSS)

The results show that we have a very low incidence rate of moderate and severe/critical OHSS cases (1.06%) compared to the national average (3 to 8%). The majority of patients were given the correct dose of Gonadotrophin as per protocol, and all Patients who presented with symptoms were managed appropriately with Analgesia, blood investigations, Ultrasound and were advised regarding fluid intake/output. All patients with severe/critical OHSS received LMWH, and all cases of severe/critical OHSS were reported to HFEA.

What is Clinical Audit?

Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

New Principles of Best Practice in Clinical Audit (Healthcare Quality Improvement Partnership, January 2011)



6.3 Participation in Clinical Research

The Trust is continually striving to improve the quality of its services and patient experience. Research is recognised by the organisation as being pivotal to this ambition.

Our commitment to conducting clinical research demonstrates our dedication to improving the quality of care we offer and to making our contribution to wider health improvements. Our healthcare providers stay up to date with new and innovative treatment options and are able to offer the latest medical treatments and techniques to our patients.

The Trust worked with the Department of Health and Social Care (DHSC), NHS England, the NIHR Clinical Research Network (CRN) and all delivery partners across the sector to restore a diverse and balanced portfolio of studies which were impacted due to the pandemic. During 2023/24 the Research Reset programme continued to be addressed – a cross-sector collaboration which aimed to build back a thriving, sustainable and diverse R&D portfolio within the NHS and to give as many studies as possible the chance of completing and yielding results, generating the evidence needed to improve care and sustain our health and care system.

During 2023/24 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to maintain our subsequent numbers of NIHR recruitment accruals. We also continue to focus our efforts on collaborative research with academic partners to ensure the research we conduct is not only of high quality, but is translational, providing clinical benefit for our patients in a timely manner.

The number of patients receiving relevant health services provided or sub-contracted by LWH in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was 2,782 of which, 2,106 were recruited into NIHR portfolio studies.

The Trust was involved in conducting approximately 132 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2023/24. At the end of 2023/24 a further 25 studies were in set up, including 4 industry studies.

There were approximately 251 clinical staff contributing to research approved by a research ethics committee at the Trust during 2023/24. These staff contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials, to health systems research about healthcare delivery in the community.

Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, individuals affiliated to the Trust contributed to 144 research publications, which shows

our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Key research achievements during 2023/24 can be summarised as follows:

- The successful implementation of the Research, Development & Innovation Strategy 2023-28. The strategy comprises a series of principles and aims which are aligned to five overarching components: People, Potential, Project, Partners and Place. The strategy was developed through an extensive consultation exercise, involving members of the RD&I Sub-Committee, the Board of Directors, the Trust Governors, external stakeholders, users, and all Trust employed members of staff. This approach has enabled us to gain a clear understanding of our current situation and our priorities over the next five years.
- A collaborative world-leading programme of research focused on improving the health and wellbeing of children and their families within the Liverpool City Region (LCR) has been awarded funding from the Wellcome Trust. The 'Children Growing-up in Liverpool (C-GULL)' research study is led by Professor Louise Kenny. The data resource will be used to better understand and improve the lives of LCR children and their families. This will be the first newly established longitudinal birth cohort to be funded in the UK for almost 20 years.

Currently, Liverpool ranks badly in terms of the highest rates of child mortality and conditions such as asthma, type 2 diabetes, epilepsy and risk factors for poor health such as obesity, poor nutrition and low levels of physical activity. To help develop a better understanding of these issues, researchers will follow the lives of over 10,000 babies and their families, starting in pregnancy and onwards to adulthood, to understand more about what influences the health and wellbeing of children living in our City and how in turn early experience influence later life outcomes. This will bring together citizens, researchers and clinicians across the Liverpool City Region to make one of the largest family studies in the UK. The programme of work at the Trust has commenced, opening for recruitment in Spring 2023/24.

- FOCUS 2 - A grant award of approximately £268,000 in response to a commissioned call by the National Institute for Health Research RfPB will support a 2 year study aiming to evaluate whether the Fear of Childbirth Questionnaire is an accurate measure for fear of childbirth, and if routine use of the questionnaire in maternity care is feasible and acceptable for women and midwives. The study opened to recruited during 2023/24.
- Research led by Professor Colin Morgan has led to the development of an idea for a new parenteral nutrition product that comprises a specific amino acid formulation concentration. A programme of further work to examine the changes in gene expression present in arginine supplemented infants <30 weeks' gestation between day 3 and day 10 of postoperatively has commenced. The changes in gene expression will be compared with those seen between day 3 and day 10 in unsupplemented preterm and term infants.
- OASIS 4 – a trial investigating whether elinzanetant, a non-hormonal therapy can reduce the effect

We recognise the value of the regulatory framework and its importance in identifying areas for improvement. To this end, the Trust has responded to recent inspections by developing, implementing, and monitoring extensive improvement plans. Where applicable, these plans have incorporated recognised methodologies to ensure improvement is measurable and sustainable. The unrated inspection in February 2024 reflected our progress to date, and highlighted where improvement was not fully embedded.

Our BBAS accreditation scheme has been developed to reflect regulatory requirements and CQC's Single Assessment Framework. Every ward has had a baseline assessment completed. The results of these assessments have led to a range of improvement projects which have directly impacted patient safety and experience. To enhance performance further, 35 staff have completed training in improvement methodologies at practitioner and leadership levels. Further training is scheduled for 2024/25.

The Trust's approach to regulation, internal assessment, research, and learning has provided a robust platform to deliver a programme of improvement as a key component in an enhanced continuous improvement culture.

6.6 Data Quality

LWH monitors data quality through regular updates to the Data Quality Sub-committee and the Digital Hospital Sub-committee that reports through to the Finance, Performance and Business Development Committee. This provides a forum for digital and operational staff to discuss issues and key data items relating to their specialties. Regular data quality reports, validations and audits are undertaken to provide assurance that submitted data is representative of the Trust's activity. Both a data quality policy and data quality strategy underpin the approach to monitoring data quality at the Trust.

The Trust continues to follow an internal programme of validation of important data sets and selected key performance measures. The Trust utilises benchmarking tools to focus on data quality improvements and a bi-weekly working group is focussed on making improvements in the Trusts statutory submissions and Data Quality Maturity Index, which is also reported through divisional boards and committees. An internal clinical coding audit programme continues to show high levels of coding accuracy and focussed audits are undertaken based on benchmarking data to ensure this data can be used with confidence. An annual external audit for clinical coding has now also commenced.

The quality of performance information used across the Trust is assessed using a structured approach. The Trusts EPR is linked to the NHS Summary Care Record to keep patient details consistent with primary care, patient level activity data is validated against plan monthly, including consistency checking across hospital/clinical patient record systems and a central data warehouse, and datasets are verified through external sources. Our data is then further reviewed against other providers to ensure our data quality is satisfactory or better using data provided via CHKS (an independent provider of healthcare benchmarking intelligence and for validation against national expectations using data provided by SUS (Secondary Uses Service) which is part of the NHS, as well as other NHS benchmarking tools such as the SUS+ dashboards. Summary and data level reports are provided to our clinical divisions following a quality checking process to allow them to correct any errors and review data entry processes.

Performance reports are in place across meetings and committees and the Trust uses statistical process control (SPC) charts across KPIs measuring both performance and the underlying data. Performance reports have undergone continued redevelopment through 23/24 to provide focussed reports utilising the NHS England Making Data Count suggested best practice.

6.7 Data Security and Protection

The normal reporting schedule for the Data Security and Protection (DSP) Toolkit was previously altered by the COVID-19 pandemic and, even though the pressures created by the pandemic have now passed, the reporting deadlines have remained in place. This means the normal end of year deadline remains the end of June, instead of the end of March, as was previous and is no longer aligned with the end of the financial year.

Because of this, and at time of writing, the Trust did not have an end of year DSP Toolkit submitted position. The Trust is managing activities to align with a submission to be made in June 2024.

The Trust made its submission to the Data Security Protection Toolkit (DSPT) in accordance with the national submission deadline of the 30 June 2023, which is the most up to date submission available. The position that was submitted was “Standards Met”.

During 2023/2024 there have been no instances of incidents that required reporting to the Information Commissioner’s Office (ICO). The Trust was contacted by the ICO on one occasion following a complaint an individual made about the way their Subject Access Request was managed. There was no indication that the ICO considered the Trust had breached the rights of the individual concerned but did ask that certain actions are taken in response to their complaint. The required actions were taken, and no further contact has been received from the ICO.

The Trust Information Governance Committee is the committee that oversees information governance activities, and which reports to the Digital Hospital Sub-Committee. Information Governance Committee meetings are scheduled to be held bi-monthly. The committee met 4 times between 1st April 2023 and the date this report has been written. 2 temporary changes to the meeting schedule were made, which resulted in there being less meetings than was originally planned for.

6.8 Clinical Coding

LWH commissioned an external audit of the accuracy of clinical coding in 2023/24. The overall accuracy of clinical coding was found to be of a good standard, achieving the ‘Standards Met’ level. The Trust has a good level of assurance that the clinical coded data submitted is accurate and complete, supporting patient care and contributing to effective management. All clinical coding staff are up to date with the specialist training required for the role

6.9 Learning from Deaths

The use of Hospital Standardised Mortality Rate (SHMI) is not appropriate for this organisation as it excludes a large number of our deaths. Using it may give false concern or reassurance. This has been considered by the Trust Board and we have committed to monitoring our mortality by focussing on each clinical area separately and using crude mortality data.

We record our mortality rates in those areas and benchmark against national standards. To ensure effectiveness in the Trust is at the absolute forefront of practice, the Trust goes a step further than most other hospitals by ensuring that every case in which there is a death is reviewed individually so that any lessons regarding quality of care may be learned.

Neonatal

All neonatal deaths on Neonatal Intensive Care Unit (NICU) are reviewed using the standardised national perinatal mortality review tool (PMRT). There is a monthly multi-disciplinary review meeting with representation from neonatal, obstetrics, bereavement support and palliative care teams. Where there has been an in-utero transfer or a baby has been transferred post-natally for higher level care, the other hospitals or care providers involved are invited to the meeting to complete a joint review encompassing all aspects of the mother and babies' care. The care provided for each case is then assigned a grade (A-D, see below) for each of the following areas: care of the mother up to the birth of the baby, care of the baby from birth to death and care of the mother (family) after the baby has died.

A	No issues with care identified up to the point that the baby was confirmed as having died
B	Care issues which the panel considered would have made no difference to the outcome for the baby
C	Care issues which the panel considered may have made a difference to the outcome for the baby
D	Care issues which the panel considered were likely to have made a difference to the outcome for the baby

Cases where care issues identified may have or are likely to have affected the outcome (a grade C or D) are then reviewed in more detail as a table-top review, or if deemed appropriate a formal review or serious incident. Local mortality review outcomes and learning are shared within the

department and at the Clinical Effectiveness Group for Cheshire and Mersey NWODN. The PMRT outcomes are reported to the regional child death overview panel (CDOP).

The PMRT process encourages parental engagement, all parents are informed of the review process at the time the baby dies, a letter detailing the process and how they can engage is provided. Any comments / questions / concerns which the parents send in are addressed as part of the review and parents are provided a written response and offered an appointment to discuss the response thereafter.

Gynaecological (Oncology + Non-oncology) and Maternity (Adult Deaths)

All expected and unexpected adult deaths in the Trust are reported on the Ulysses Risk management system as soon after death as practicable by the nurse or clinician providing care to the deceased patient.

We will thereafter, complete an Adult Mortality Review on Ulysses Risk Management System within 48 hours of the patient's death. This records performance against a predefined set of standards, using the recognised and validated methodology detailed in PRISM studies. In each clinical area, the Clinical Director provides feedback to clinicians if individual errors or omissions in care have been identified by use of this audit tool. The Risk and Patient Safety Manager and Deputy Medical Director analyse the data and identify any emerging Trust-wide themes. These are highlighted and reported in the Quarterly Adult Mortality Report.

If any deaths are graded as NCEPOD 5 or <3 (very poor/poor care) on structured judgement review then a second stage review will be performed according to the RCP SJR process.

For unexpected gynaecological deaths and all maternal deaths, either a Level 2 or a Level 3 Root Cause Analysis is performed, as well as MNSI for all maternity deaths. One of the main aims of the Root Cause Analysis is to identify case-specific errors and systematic flaws. All Root Cause Analyses are scrutinised by the Head of Governance and Quality and Risk and Patient Safety Manager, who pool data and identifies any emerging Trust-wide themes. The lessons learnt and the SMART Action Plans are highlighted in the Quarterly Adult Mortality Report.

6.10 Freedom to Speak Up

At LWH we are committed to developing and maintaining an open and constructive culture whereby all staff feel comfortable in raising any concerns they might have regarding the Trust and the services that it provides. All staff should feel able to raise concerns in the knowledge that they will be taken seriously, that their concerns will be addressed, and without any fear of reprisal or detriment.

The Trust continues to monitor the visibility and accessibility of the speaking up channels provided by undertaking a biannual "temperature check" survey with the staff relating to the accessibility and visibility of the Freedom to Speak Up Guardians at the Trust.

The Guardians play an active and visible role in raising awareness of the importance of speaking up, including attendance at all Trust and staff inductions, with a particular focus on junior doctors and attendance at all their inductions. The Guardians also collate feedback from the junior doctors after they have left from an FTSU perspective and liaise with the medical education team to improve future experience for trainees in various specialities. Screensavers with photos and contact details the guardians are on all Trust PCs plus signposting posters/stickers placed around the Trust. Staff at LWH are able to contact the Trust Guardians in several ways including via a confidential email, MS forms that allow for anonymity, mobile phone, and visits to departments. Weekly drop in meetings are offered to staff via teams and this service will increase to include face to face drop in sessions as the Trust has committed to providing a dedicated safe and confidential space for Guardians to speak to staff who want to discuss concerns.

Developing staff skills is also an area of focus while ensuring that our governance processes are robust and effective. During 2022/23, 2 Freedom to Speak up modules, - '*Speak Up*' core training for all workers and '*Listen Up*' for managers at all levels were launched by the National Guardian office. LWH adopted these 2 of these modules and they were categorised as "essential" training. In September 2023 the final module '*Follow Up*' was launched. Developed for senior leaders – including executive and non-executive directors, lay members and governors, this module aims to

promote a consistent and effective Freedom to Speak Up culture across the Trust. Current compliance for 'Speak Up' is 89.37%, 'Listen up' is 84.83% and 'Follow Up' is 70.53%. Focus over the next quarter will be on achieving a 100% compliance in all departments with communication being sent out to all divisions regarding the importance of completing these modules. Close working relationship with other teams within LWH are fostered and attendance at network meetings helps to raise awareness. We work closely with EDI team and support any issues from that perspective as well.

6.11 Statement on Junior Doctors

Post Graduate Doctors (PGD's) play a pivotal role in keeping the services at LWH safe and make up a large percentage of the medical workforce. However, across the PGD workforce there has been a reduction in the number of doctors in training working at the Trust. This was and still is most predominant in Obstetrics and Gynaecology (O&G), however the Trust is seeing this trend across Anaesthetics (in the main due to a change in training) and Neonates. There has been an increase in sickness due to mental health and restrictive working patterns. In the main this is due to burn out (after COVID-19) and pre-existing health conditions and services have seen an increase in maternity leave.

Obstetrics and Gynaecology

The Trust continued to fund additional Trust employed doctors who are employed to support the PG doctor rotas within O&G. The service is keen to continue with the research posts as the posts benefit the Trust by covering gaps and supporting the rotas, whilst the research posts give the doctors a good foundation in research enabling them to apply for future subspecialty posts. The service has reviewed these posts and are recruiting to 10 locally employed doctors to mitigate gaps in the service. We have also implemented a project with a medium term aim of training and recruiting 10 Advanced Clinical Practitioner's to work alongside medical staff and mitigate against PGD shortfall.

Anaesthetics

Anaesthetics continue to workforce plan by appointing 9 senior Locally Employed Doctors who will support the postgraduate doctor workforce and provide a third tier of doctors on-call. This will mitigate the challenges faced by less experienced doctors and provide supervision for them out of hours.

Neonates

As previously detailed, the neonates' junior doctor staffing is well supported by Neonatal Advance Nurse Practitioners. There are no current concerns around the junior workforce across neonates

Genetics

Staffing in genetics remains consistent with no concerns regarding staffing. The service does not work out of hours therefore there is no requirement to cover vacancies.

6.12 Seven Day Hospital Services

A substantial body of evidence exists which indicates significant variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. This variation is seen in mortality rates, patient experience, length of hospital stay and re-admission rates. Additionally medical, nursing, other health professional and managerial staffing levels, as well as trainee doctors' perceptions of supervision by consultants, also vary by day of the week.

To tackle this, in 2013 the NHS Services, Seven Days a Week Forum developed 10 clinical standards to end variations in outcomes at the weekend. Trust Boards should demonstrate their performance against four priority standards;

1. Ensure that patients have access to consultant-directed assessment (Clinical Standard 2),
2. Diagnostics (Clinical Standard 5),
3. Interventions (Clinical Standard 6) and
4. Ongoing review (Clinical Standard 8).

In February 2022 a revised Board Assurance framework was developed which reduced the internal data collection.

The assurance framework includes the following key lines of enquiry.

- 1. The daily hospital sitrep shows significant variation in LOS associated with the day of the week patients are admitted. NO**
- 2. The daily hospital sitrep shows significant variation in the number of discharges by day of the week. NO**
- 3. Job plans for consultants in all acute specialties provide scheduled on-site consultant cover every day that reflects the likely demand for that specialty. No**
 - i. Job plans for our gynaecology emergency room and Maternity Assessment Unit do not provide on-site cover at the weekend. There is a second Obstetric consultant at the weekend to support the Maternity service and MAU. There is an on-call anaesthetic service at the weekend, rather than the resident service Monday to Friday. The neonatal unit has 24/7 consultant presence.
- 4. 24/7 access to emergency diagnostic tests. PARTIAL** We have improved our services to provide on-site CT scanning available 7 days/week. We now have on site MR scanning, but this is only available for in-patients Monday to Friday. Due to the isolated nature of the LWH site, other diagnostic tests are available within the network of hospitals in Liverpool, but not on-site.
- 5. 24/7 access to emergency consultant-led interventions PARTIAL** Gynaecological surgery and caesarean section are available on site. All other surgery is provided by other acute providers

The main hospital site at Crown Street, Toxteth, is isolated from other adult services and consequently, is less able to manage acutely ill or rapidly deteriorating patients, women with complex

surgical needs and women with significant additional medical conditions. Therefore, women continue to be transferred to and from other Trusts for the care they need, often when they are at their most clinically vulnerable.

In 2024/25 we have several trust wide improvement programs to include the provision of a blood laboratory service, increase out of hours consultant presence for anaesthetists and obstetricians, develop the acute gynaecology service and improve care for deteriorating patients which will mitigate some of the risks of working on an isolated site.

Patient Safety Incidents

Between 01 April 2023 and 31 March 2024, there were 8165 Patient Safety Incidents. 6 severe harm and 3 deaths relating to patient safety incidents. This equates to 0.001 % of all PSI.

8 cases were deemed potential for improvement. 1 case of severe harm remains under investigation.

5 cases related to Gynaecology and 4 to Maternity services. Of these cases, there were 3 unexpected deaths. 2 within Maternity and 1 with Gynaecology.

- 1 related to a maternal death within Maternity, linked to an Intensive Care Transfer to an external Trust and remains under external investigation by the Maternity and Newborn Safety Investigations Team . The Trust identified some immediate learning and actions following internal review.
- 1 related to an Antepartum Fetal Death >24 weeks. The Trust referral the death externally via the National Perinatal Mortality Review Tool. The Trust identified some immediate learning and actions following external review.
- 1 related to a maternal death following a critical care transfer to an external Trust. The death was investigated by the Maternity and Newborn Safety Investigations Team which concluded that an unconscious cultural bias delayed the timing of diagnosis and response to her clinical deterioration. The Trust identified significant learning and a number of actions in immediate response to the findings within the report which has formed a significant part of the Trust's ongoing improvement plan.

Part 3 Other information – Quality Performance in 2023/24



7 Performance against Key National Priorities and National Core Standards

NHS England sets out their approach to overseeing NHS Foundation Trusts' compliance with the governance and continuity of service requirements of the Foundation Trust licence. This section of the report shows our performance against the indicators NHS England set out in this framework, unless they have already been reported in another part of this report.

As part of 23/24 Performance monitoring, specific performance targets were set by NHS England for the Trust to work towards. Details of the national targets that are required to achieve are set out below, together with our actual performance:

Indicator Name	23/24 NHSE Set Target (delivery by March 2024)	Performance 2023/24 (as at March 2024)
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	90%	90.5%
28 Day Faster Diagnosis Standard	70%	62%
Patients waiting beyond 63+ days on a Cancer pathway	65	106
Patients waiting beyond 65+ weeks	0	140
Maximum 6-week wait for diagnostic procedures	90%	92%
Clostridium difficile due to lapses in care (accumulated figure)	0	0
Never Events	0	3
Incidence of MRSA bacterium	0	0

2023/24 was another significantly challenging year for the NHS, which included the continued focus on elective recovery and the reduction in patients waiting over 52+ weeks from Referral to Treatment (RTT). Industrial Action across a range of staff groups throughout 23/24 has placed significant challenges on the organisation. The Trust implemented a new Electronic Patient Record (EPR) in July 2023 which was a significant undertaking for the organisation and brought a number of challenges in its implementation however it brings a number of benefits to the way in which the organisation manages patient pathways.

Following surges in demand as a result of the COVID-19 pandemic, there were significant increases in the elective waiting list and a high proportion of patients waiting longer than 52 weeks for Referral to Treatment (RTT). In line with Operational Planning guidance, the focus for 2023/24 was to achieve Zero patients waiting longer than 65 weeks. Significant periods of Industrial Action impacted waiting lists nationally and as a result, the target to achieve this has now been moved by NHS England to end of Q2 24/25. At year end, the Trust continued to have some patients waiting beyond 65+ weeks but zero patients waiting beyond 78+ weeks. The focus for the Trust in 24/25 will be to eliminate all 65+ week waits by end of Q1 24/25 and to significantly reduce the number of 52+ weeks by the end of the financial year.

Cancer waiting times standards were revised nationally in October 2023 with the number of Cancer performance standards reducing to 3 key metrics;

- 28 Day Faster Diagnosis
- 31 Day Decision to Treat
- 62 Day Referral to Treatment

The Trust has had significant challenges in 23/24 related to Cancer Performance. Cancer demand increased significantly in 23/24, with an overall increase of 25% in referrals year on year with the Trust seeing it's highest number of referrals on record. The Trust implemented a Cancer Improvement Programme in 23/24 to address a number of issues. Despite significant challenges, the Trust has improved in performance particularly with the 28 Day Faster Diagnosis Standard. There has been significant pressures to achieving the 62-day standard due to the increase in referral demand, its impact on diagnostics required and pressures with other partners. Moving into 2024/25 the Trust will be working with the Cheshire & Merseyside Cancer Alliance to support improvements that can be made to ensure more patients are treated within 62 days.

Urgent Care demand through the Emergency Department has increased in 2023/24, with the Trust seeing increases of up to 10% on previous year attendances but despite this the Trust has managed to sustain performance and regularly achieve well above the national planning guidance ask of 76%, achieving above 90% by year end. The national aim for 24/25, in line with operational planning guidance, is to achieve 78% against the AED 4-hour target

Diagnostic performance has significantly improved in 23/24 due to improvements made in workforce recruitment and retention. The Trust has supported partners in the system by delivering activity through the Community Diagnostic Centre (CDC) which has also had a positive impact for Liverpool Womens patients with the permanent location of MR & CT services. The Trust will be working towards implementing new services through the CDC in 24/25 to further improve access for patients. The Trust will be aiming to achieve 95% of all diagnostic patients being seen within 6 weeks, by March 2025

Significant work has taken place in 23/24 in regard to Maternity & Neonatal Transformation and

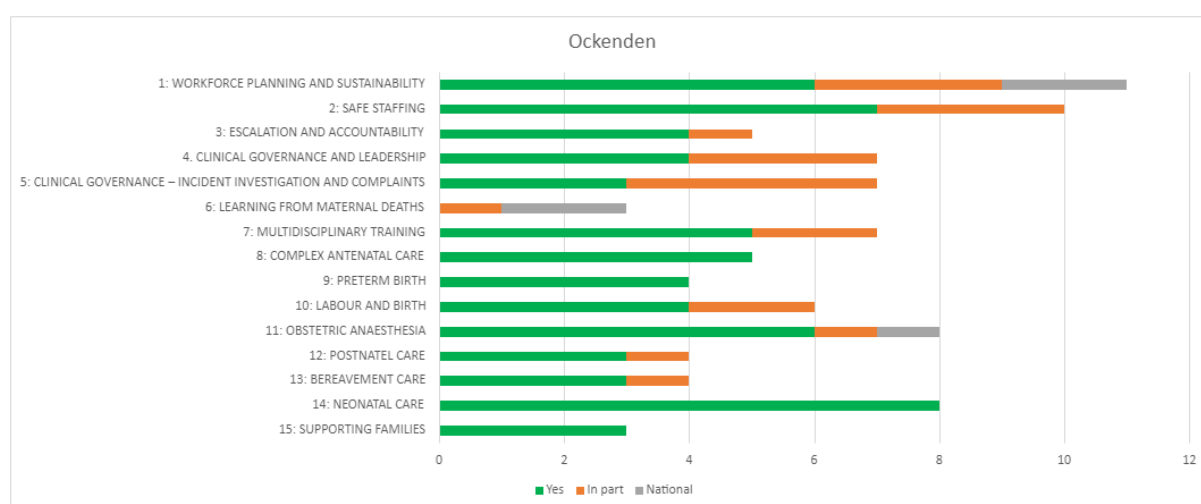
in particular with maternity triage. This work has delivered improvements in bed occupancy, times to triage in the Maternity Assessment Unit and timeliness of discharge so that women are able to go home earlier in the day. The 15-minute triage target time was achieved for >95% patients consistently from May 2023 onwards, a significant improvement on previous years and ensuring the Trust is managing its most urgent and vulnerable women in a timely manner.

8 Ockenden Report – LWH Trust Response

The Ockenden report outlines the progression towards completion of the identified 15 Immediate and Essential Actions (IEAs) which cover the following areas:

1. Workforce planning and sustainability.
2. Safe staffing
3. Escalation and accountability
4. Clinical governance-leadership
5. Clinical governance – incident investigation and complaints
6. Learning from maternal deaths
7. Multidisciplinary training
8. Complex antenatal care
9. Preterm birth
10. Labour and birth
11. Obstetric anaesthesia
12. Postnatal care
13. Bereavement care
14. Neonatal care
15. Supporting families

Progress with implementation of Ockenden recommendations:



MIAA Audit on implementation of the Ockenden Recommendations

An audit completed in 2023 concluded:

“The Trust demonstrated a good mechanism for monitoring the implementation of the Immediate and Essential Actions including checking and challenging

evidence since the establishment of Workstream 1 in September 2022.

Some issues were identified which resulted in the below 3 recommendations:

1. The Trust needs to retrospectively review the responses and evidence for the Immediate and Essential Actions marked as completed prior to the establishment of Workstream 1. It is recommended that Workstream 1 undertakes an exercise to check and challenge all Immediate and Essential Actions. The exercise needs to include a review of the evidence base to demonstrate the Trust meets the requirements of the Immediate and Essential Actions.
2. It is recommended that Workstream 1 re-review the evidence provided and RAG status specifically for 4.7 and 7.5 to establish the appropriate RAG status based on the evidence available. Workstream 1 also need to review the process by which the group agrees to change the RAG status for an Immediate and Essential Action and the updating of the action plan to ensure that the group's check and challenge is accurately reflected in the action plan.
3. The Maternity Transformation Board need to ensure that actions identified from the minutes are robustly documented within the minutes. It is recommended that the Group embeds the action tracker in the papers. This would provide a good audit trail of the progression of actions as well as ensuring that key information/documents linked to the Group are available in one place.

Following MIAA recommendations, a trajectory was set to review all Green Rated actions by the end of September 2023. This has been achieved. One of the Ockenden essential actions required review of the Maternity National Self-Assessment, consisting of 192 actions. A full review of the Maternity Self-Assessment was completed in 2023.

Maternity Transformation Board

In line with the release of the Maternity and Neonatal 3-year plan Family Health Division (FHD) revised its Maternity Transformation Programme Structure in November 23. This has enabled the programme to reflect the ambitions outlined within the NHS Three-Year delivery plan which are as follows and incorporate CQC and MNSI action plans into the workstreams.

Theme 1 Listening to and working with our families and partners.

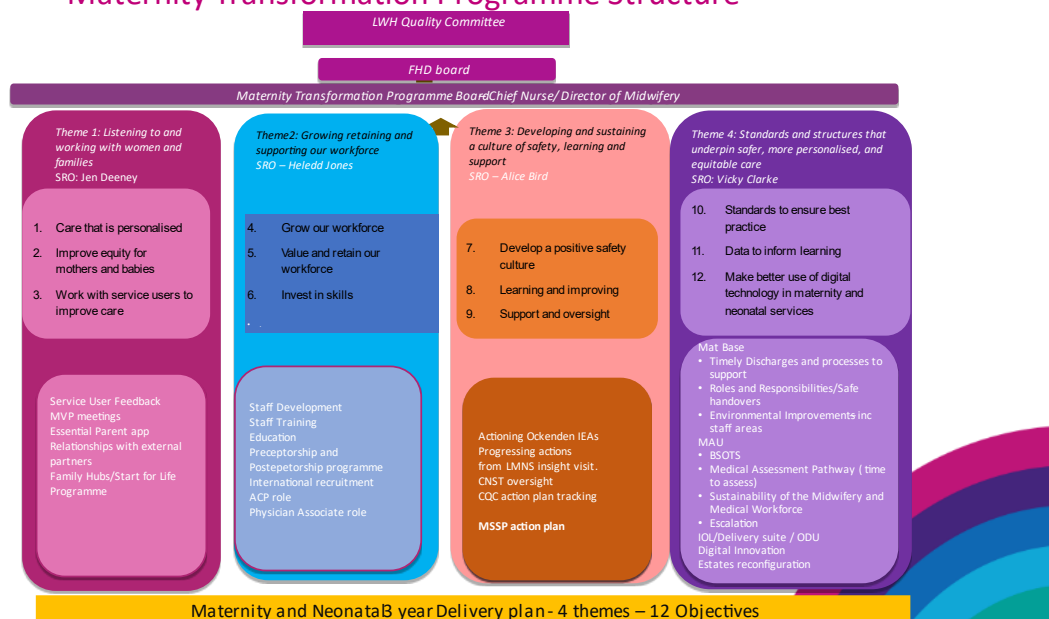
Theme 2 – Growing retaining and supporting our workforce.

Theme 3 Developing and sustaining a culture of safety, learning and support.

Theme 4 Standards and structures that underpin safer, more personalised, and equitable care.

Each workstream has a member of FHD quadrumvirate as Senior Responsible Officer (SRO) and monthly project team meetings take place. Each workstream meets monthly and has project documentation in place which include project initiation documents, terms of reference, workstream objectives and risk and issue logs. Output reports are prepared in the form of a highlight report and presented monthly to Maternity and Neonatal Programme Board meeting, which going forward will be Chaired by Director of Midwifery. A comprehensive workplan exists for each of the individual workstreams.

Maternity Transformation Programme Structure



9 Providing the Best Patient Experience

Our belief is that we cannot be the recognised leader in health care for women, babies, and their families unless we deliver outstanding care. We understand that care can have just as significant impact as clinical outcomes. Our ambition is to exceed expectations and deliver an outstanding experience for everyone who uses our services. This means ensuring that people who use our services are valued as individuals, listened to, and assured that what is important to them is important to us. Patients and families need to be informed and supported so that they can be equal partners in making meaningful decisions about their care.

The Patient Experience Matron (PEM) and Patient Engagement and Involvement officer (PEIO) have been establishing links across the city through meetings with communities, established groups and attending Health Events. The aim is to develop and build positive and long-lasting relationships to assist in improving Liverpool Women’s (LWH) services through their feedback.

The work of PEM and PEIO is ongoing, and the links and connections have started to develop a road map into other organisations and establishing connections with communities to demonstrate credibility and commitment. Updates are provided at the Trust Patient Involvement and Experience subcommittee and the PEM leads on arranging patient/staff stories that are taken to Trust Board monthly meetings. Over the year, seven of the Board meetings have stories presented. The table below reflects the stories taken to Trust Board with any actions required and an outcome achieved.

Presenter	Presented	Topic	Action	Outcome
Lead Physiotherapist	Trust Board February 2023	Patient Story – Sexual Health	Patient wanted her anonymised story to be shared. As a 72-year-old	A positive story that challenges what can be

			being sexually active was important to her. Due to urogynaecology problems sex had been extremely difficult.	perceived as a taboo subject of people of a certain age wanting to be sexually active.
Lead Scientist	Trust Board April 2023	Hewitt Centre Transformation	Lead scientist gave an overview of the work in Hewitt centre.	No action to take forward.
X-Ray and Scan Manager	Trust Board May 2023	Staff Story	For the Patient Involvement & Experience Sub-Committee to receive an update from the Patient Experience Matron on the work to enhance patient information regarding baby scans and the development of a central offer for childcare/family support during and post scans.	Ultrasound manager /Head of CSS have reviewed the information sent out on letters to patients attending for scans to explain why children should not (where possible) accompany the patient.
Patient Experience Matron	Trust Board July 2023	Staff Story. A member of staff who uses a wheelchair and requires assistance /support with daily living activities.	For the Board to receive an update in six months on the progress made to improve the accessibility of the Trust's estate. To look at installing a changing place facility	Update provided at Feb 2024 board meeting
Consultant Lead Menopause	Trust Board September 2023	Patient Story	To explore the formalisation of collaboration and joint working with mental health care providers relating to the Trust's menopause service.	Action deadline April 2024
Volunteers' Manager	Trust Board November 2023	Staff story	For the Charitable Funds Committee to explore the potential opportunities to support the Trust's Volunteer Service.	Discussion underway between Volunteer team and fundraising to explore potential funding support.
Matron for Hewitt Centre	Trust Board December 2023	Patient Story	A positive heart-warming story of same sex couple having a healthy baby via a surrogate friend.	No action to take forward

The Executive Team are hearing first -hand both positive things that are happening regarding patient experience and some of the things that we do not get right and how this can have a negative impact on patient experience. Examples of how changes have been made following stories taken to Trust Board are:

- A changing place facility has now been opened and is being registered on the national data base to highlight that LWH now has this facility . A staff member used their lived

experience to help design the area. In addition, a remodelled 'anyone' toilet facility has now been opened.

- Environmental Access audit has been completed during the week of 27th November 2023. Estates and Facilities Manager is in the process of completing an action plan and securing funding for any remedial works that need to be undertaken. The action plan was shared at Patient Involvement and Experience Sub Committee in February 2024.

One of the main objectives of the role of PEM and PEIO is to engage with our external stakeholders locally and across the city. This has afforded the opportunity to explore three key themes about the Services we provide at Liverpool Women's Hospital in the hospital and community setting:

- Listen
- Learn
- Act

The examples below show how we are making changes in relation to the above:

- Attendance at the Congolese community event gave the community the opportunity to raise concerns to the PEIO regarding a lack of interpreters with the correct dialects and language. The changes made included enabling and encouraging the Congolese community to direct the known Congolese Interpreters to join Language Line to support future access available of dialects.
- Homeless/sex workers had no tangible things to remember their baby. PEM worked with the Honeysuckle Bereavement team and because of this, small memory bags were given to the link workers to distribute.
- Afro Caribbean Centre asked for information regarding job vacancies and how to volunteer at LWH. PEIO attended a volunteering and health event at the Afro Caribbean centre.
- Refugee Women Connect asked for more information on Pelvic Health. LWH led a pelvic health session to a group of women refugees.
- Chinese community wanted more information on how to register with a GP and to understand what services LWH provided and to be reassured regarding confidentiality.
- Porchfield Centre attendees wanted to know more about funding for fertility treatments. PEIO provided information on how to contact Hewitt fertility Centre and gave information out from Hewitt centre.

- Trust Governors, Head of Fundraising and the Learning and Development facilitator attended Ahmadiyya Muslim Women's association – UI Mosque Anfield to discuss work that is being undertaken to support the diverse needs of the communities that we serve. and discussed. Attendees were made aware of our Equality, Diversity and Inclusion Manager and the NEST team (Midwives who support our non-English speaking women.)
- Bi -Lingual volunteers have been established to support patients from a pastoral perspective.
- Therapy dogs are visiting once a week in Gynaecology Outpatients on Oncology clinic day.
- A Help Hub is now open in the main entrance of the hospital which is manned by a Patient Experience Officer Monday to Friday. There is an interpreter on wheels (computer for translation including British sign language) if required to communicate with patients and service users. The Brian charity are based in the Hub (currently one day a week) to offer support and information and going forward, other organisations will be based in the Hub.

Through listening, learning and acting with our stakeholders we have learnt that poverty is prevalent and accessing services is difficult because of travel costs. Communities would welcome one stop clinics for smear testing and pelvic health issues and key information on menopause, endometriosis, and fertility. Communication with letters and appointments that are in accessible format was also highlighted. This intelligence is shared through Trust Patient Involvement and Experience subcommittee and used to support service changes and plan future engagement events.

9.1 Complaints 23/24

Complaints are a valuable source of information on the quality of service the Trust is providing. The trust regularly reviews the factors that may lead to complaints, what can be done to address these factors, and whether the Trust's response to complaints can be deemed to be both appropriate and sufficient. Making a complaint is never easy and it is important that there is an effective and sympathetic process for dealing with complaints. Those who complain should feel that they have been listened to and that learning has taken place. The Trust continues to work hard to ensure that its complaint process is personal and responds to the needs of the individual to ensure that their experience is listened to and put right simply and quickly. This philosophy aligns with the Health Service Ombudsman's Principles of Good Complaints Handling which promotes a customer

focused.

The key findings in 2023-24 are: -

- There were 64 complaints received which shows a decrease from the 77 the previous year.
- The primary issue in the majority of complaints related to communication. Individual instances of these were noted a total of 121 times in the 64 complaints received.
- 77 complaints were resolved in the last year which includes complaints received in 2022-23. This is an increase from 66 the previous year.
- Of the 77 complaints closed, 7 complaints have been upheld, 15 complaints have not been upheld and 47 complaints have been partially upheld. 8 complaints were withdrawn.

The primary conclusions of the report are: -

- There are well established mechanisms to capture the experience of patients and their families to drive continuous improvement. These include the “Friends and Family” patient feedback programme, use of information gathered through complaints and PALS, information gathered from Care Opinion, listening to patient stories at the start of the Trust Board meeting and National and Local Patient Surveys. There has also been a lot more involvement and engagement with the communities that we serve and listening events have been held with both local and city-wide groups, these include the hard-to-reach groups with protected characteristics. All patient experience is used to motivate and drive service improvement.
- Complaints received during 2023-24 have continued to see a wide-ranging number of HOC per complaint.
- There continues to be a need to focus on evidencing and promoting the changes that occur in practice from the Trust learning lessons from complaints. New processes around action plan monitoring have been introduced which show positive improvements, and in 2023-24 a Trust level KPI is still monitoring this. has been introduced to monitor this.

Complaint Levels

The Trust received 64 complaints in 2023-24, which is decrease from the previous year figure of 77.

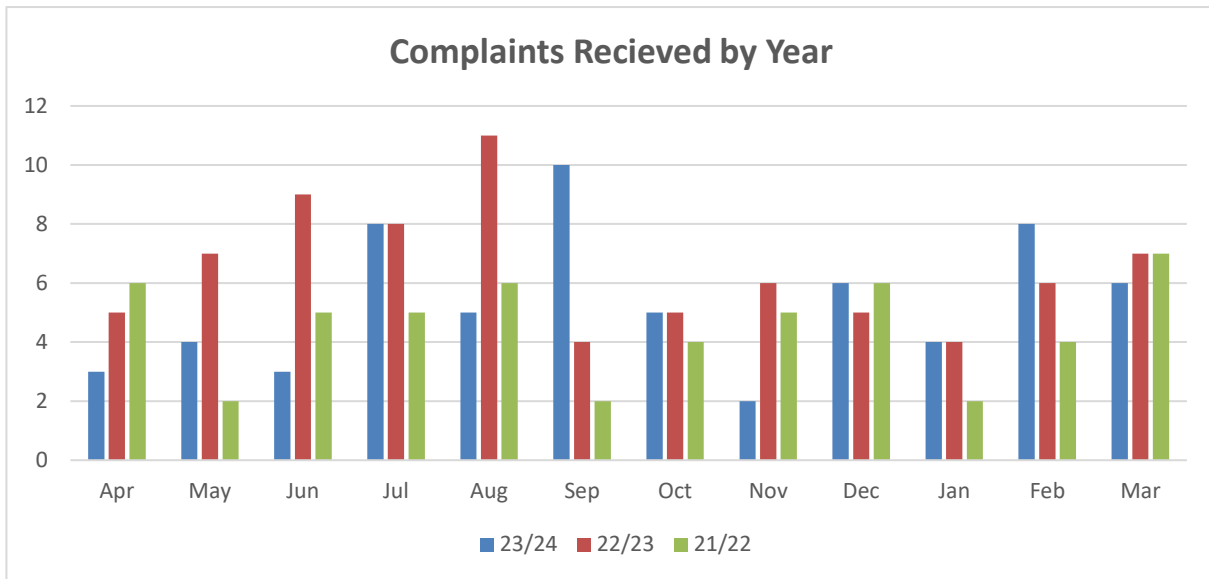


Figure 1: LWHFT Complaints comparison by month

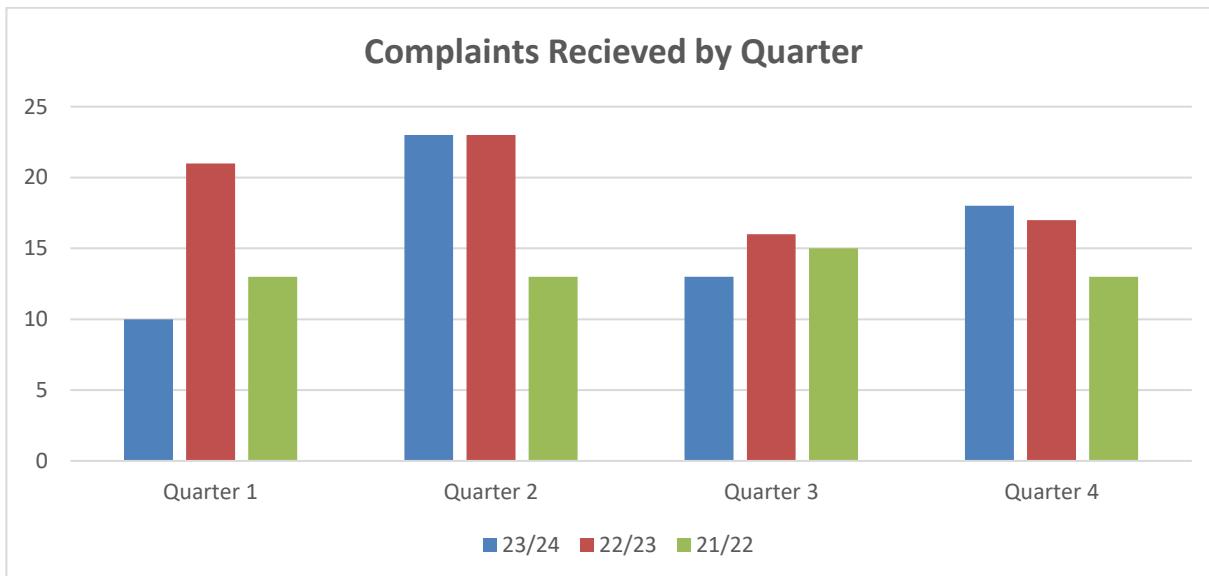
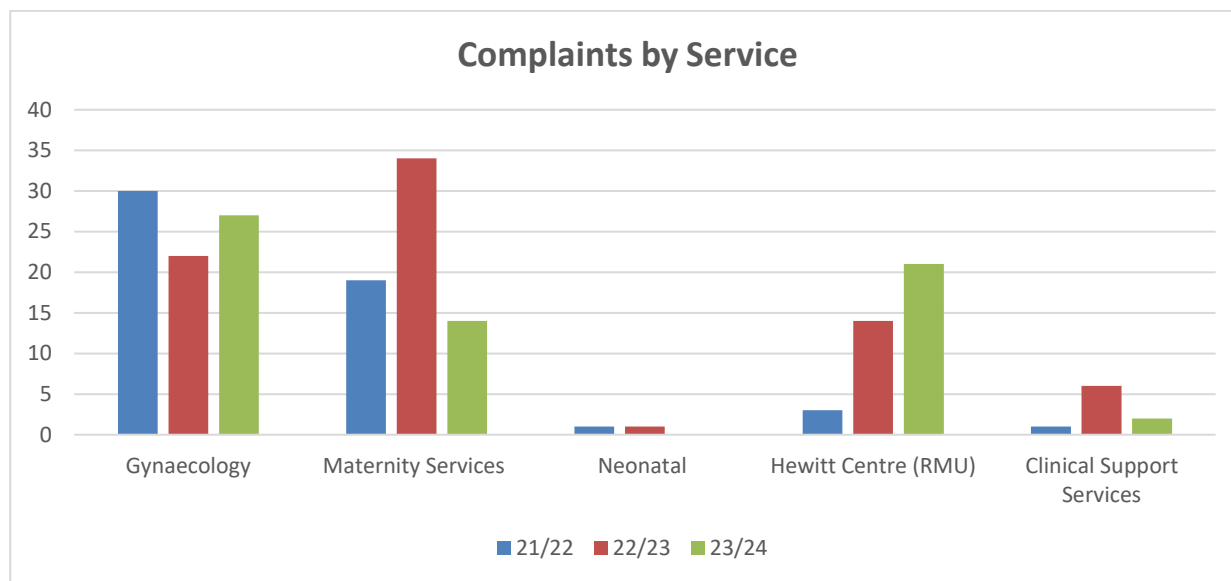


Figure 2: LWHFT Complaints by Quarter, yearly comparison

The Trust is committed to widening the number of channels through which patients can access the complaints arena. It continues to receive feedback via Care Opinion websites and its Twitter and Facebook accounts which can in turn be registered formally. Nevertheless, the specifics of all complaints are continually analysed to ensure problem areas are identified with appropriate

actions drawn up and implemented to effect change.

Figure 3: Complaints Breakdown by Service



*Clinical Support Services include Genetics, Imaging, Theatres and Pharmacy

9.3 Lessons Learnt

Repairing relationships is the primary focus of complaint handling. An investigation is concerned with establishing the facts in order to reach a judgment in the matter of complaint and organisational learning is a by-product of the activity. The trust is committed to implementing the learning and recommendations from every complaint where improvements have been identified and recommended.

During 2023 - 24 some examples of the lessons learnt, and the actions taken are:

Issue identified/ Lesson Learnt by Investigation	Action Details
Sepsis assessment tool not completed on admission	Audit of the use of the sepsis tool is undertaken monthly. To assist with compliance, a recent modification of the training has been introduced to include completion of the sepsis assessment and sepsis six wizards. There have also been more computers on wheels purchased so the sepsis tools can be opened simultaneously to show the CTG for women who are in labour. Completion of the tool has been highlighted and been a recent 'lesson of the week'.

Screening information currently given to patient regarding pre/post egg collection is unclear	Patient Information Leaflet updated so patients are aware of screening required and the risks/benefits of delayed genetic screening. Standard Operation Procedure has also been updated.
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Post-mortem protocols were not clear to staff	Training for staff to consent post-mortem. Alderhey Childrens Hospital pathology department ensure all gender reports are forwarded to the Honeysuckle Team as soon as known.
Regular communication and updates were not being undertaken for all women who are undergoing Induction of Labour.	Multidisciplinary (MDT) ward rounds on Delivery Suite now discuss with patients' plans for ongoing or delayed Induction of Labour.
Delay in prescription completion resulting in delay to patient.	In addition to daily prescription completion, all patient's due imminent treatment will have their prescription completed in clinic by the Consultant / Medical staff / Nurse prescribers that have seen the patient.
Delays identified for complex joint surgeries that require Liverpool Universities Hospital Foundation Trust (LUHFT) colleagues	Meetings with LUHFT already instigated and in place to ensure cases are actively monitored.
No Gelatine free alternative Vitamin K supplied as stock to wards.	Stock of Neokay supplied to Delivery suite. All intrapartum staff informed via email of stock/supply/location
No support with visiting Neonatal Unit and storing of breast milk.	Neonatal Intensive Care Unit feeding meet regularly with infant feeding lead for Maternity to support and trouble shoot. Maternal resources regarding breast milk are included with the expressing packs provided. Regular staff updates and education for infant feeding occurs on NICU, with neonatal nursing staff also supporting in-patient mothers when expressing and storing milk.
No explanation or demonstration on how to administer blood thinning injections.	Discharge checklist changed to include discussion and demonstration of injections if required.

<p>Pressure ulcer risk recorded retrospectively.</p>	<p>K2 maternity pressure ulcer risk assessment template adjusted to show the individual risks and scores to reflect the Trust guideline when assessed and prompt action to be taken.</p>
<p>No recorded documentation of pressure area checks.</p>	<p>Addition to K2 documentation now includes pressure ulcer prevention changes of position template, this is for documentation of evidence of position and change of position.</p>
<p>Pain assessment documentation is duplicated whereby it has the potential for staff to be able to record information in an incorrect place therefore creating the risk of duplication or recordings being missed.</p>	<p>A full review of the pain assessment documentation was undertaken. Updated documentation now on DigiCare Electronic Patient Record system.</p>
<p>Not all staff appear to be familiar with the Pain assessment document.</p>	<p>Formal training has taken place for all staff.</p>
<p>Patient did not receive adequate information regarding wound care.</p>	<p>Lunch and learn sessions have been commenced on the ward and wound care is one of the topics covered.</p>
<p>Conflicting information regarding catheter care identified.</p>	<p>Ward managers now perform monthly audit of Situation Background Action Recommendations (SBAR) completion for every shift change and transfer between clinical areas.</p>
<p>Pressure ulcer risk recorded retrospectively.</p>	<p>K2 maternity pressure ulcer risk assessment template adjusted to show the individual risks and scores to reflect the Trust guideline when assessed and prompt action to be taken.</p>

9.4 Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a survey which asks patients, amongst other things whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. The national FFT and family data can be found at: <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

LWH contacts patients who have received care or attended appointment via text message to ask them to complete the online survey. The survey is also available to complete via the LWH website at any time.

The overall results in 2023/24 showed:

Recommendation score - this score is based on the responses to the question "Thinking about the service we provided, overall, how was your experience of our service?"	91.25%
Overall experience score (satisfaction report) – this score is based on the responses to the question "Please rate your overall experience (Poor=1 to Good=10)"	89%%
Total number of responses	9564

The FFT ask patients some equality monitoring questions to enable us to monitor if any of these characteristics are having a detrimental impact on their experience by comparing both overall experience and recommendation scores. These are reviewed under 3 categories:

- Age
- Ethnicity
- Disability

All information collected in from the FFT is made available daily via Power BI. This contains full details of all the positive and negative comments from the respondents along with suggestions for improvements they would like to see. There is an ability by divisional and departmental leaders to record in Power BI the actions they have taken in response to the individual comments left

9.5 Staff Survey Results

The NHS Staff Survey is one of the main ways we get to hear how staff are feeling and is used in addition to the *People Pulse* surveys which run 3 times per year, the twice yearly '*Big Conversation*' and the *Great Place to Work Group*, as well as local and divisional forums to hear the views of staff.

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

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

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

We classed as a Specialist Acute Trust and are compared against Trusts such as Clatterbridge and the Walton Centre.

What is getting better?

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

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

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

Where do we need to improve?

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

We continue to strive to improve the experience of every member of staff but recognise there are many day-to-day challenges. Although we are in a financially challenged position we have continued to invest in our staff

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

- Over 100 staff have completed a Management and Leadership Programme
- All managers offered a coach or mentor.
- Over 200 staff accessed our Anti Racism & Inclusion training.
- 20 staff per month accessing our Staff Support service giving access to on site psychological support and introduction of wellbeing coaches.
- Pre-employment programmes and 'Volunteer to career' programmes providing job opportunities for people in our local community and people with disabilities
- Ongoing support for staff with menopause and other women's health issues
- Flexible working opportunities increasing – all areas of maternity and gynaecology can make unlimited requests for shifts on their rotas.
- Award of 41st place in Inclusive Companies awards recognising our progress to create a more inclusive workplace.
- Improvements to staff facilities including staff rooms and rest areas including the opening of the junior doctors' mess and purchase of sleep pods
- Given the 'Pastoral Care Quality Award' to recognise support for international nurses & midwives.
- Staff continue to support colleagues with £500 of donations per month for the Staff Pantry
- Every clinical area has been provided with breakfast items for staff
- Divisions continue to listen to staff, engagement events in maternity and 'Dragons Den' staff suggestion schemes in CSS.

Summary of issues and priorities for action

- The 2023 Staff Survey does not point to a significant shift in a positive or negative direction in respect of staff experience at LWH.

- The increase in numbers of staff experiencing discrimination based on ethnicity and disability is of immediate concern albeit anticipated, as the Anti-Racism and inclusion programmes of work are proactively targeted to raise awareness that discrimination will not be tolerated at LWH and actively encourage the raising of concerns.
- Sexual Safety at work is a priority area of focus with the Trust having already signed the NHS Sexual Safety Charter which committed the Trust to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. Signatories to the charter committed to implementing all ten commitments by July 2024; the Board will receive a further update in July.
- Immediate action is required to ensure that quality food options are available to staff outside of 'office' hours and this is already being reviewed this year via a procurement process.
- A review will be undertaken in respect of access to necessary materials, goods and supplies required to ensure that any financial grip and control has not impacted adversely on ability to order essential supplies given the continued deterioration in this score over the last three years.
- The responses around learning and development need further interrogation to ensure there is equity of access, as there are more opportunities on offer than in any year previously, and a very robust process for the allocation of TNA and CPD monies for staff training.
- Action has already been taken to appoint a lead for Reasonable adjustments for the Trust who will support managers & staff and oversee the procurement process for equipment to a rapid response whilst ensuring value for money.
- It is positive to see that investments in staffing and robust workforce planning processes have led to an improvement in staff feeling their department is appropriately staffed.
- The establishment of the psychologist led Staff Support Service continues to have high demand of 20 staff per month but does appear to positively correlate with a reduction in work related stress being reported through the survey.
- Ongoing focus on improving flexible working opportunities in clinical areas is reflected in improvements in scores in these areas.
- The Trust was successful in bidding for a 12 month 'People Promise Manager' role funded by NHS England which will support a programme of 'mid-career development' for nurses, midwives and AHPS, focused on career enrichment and retention in this important group of staff. In addition, through realignment of roles within the HR team, a role has been redefined to provide a specific focus on staff experience

9.6 Duty of Candour

Duty of Candour 23/24 completed in April 24

Key messages from the audit were:

Where there is a defined process which is managed directly with knowledgeable staff, Duty of Candour does not meet the required regulations.

Where the Duty of Candour process is not monitored then there is significantly reduced compliance further still.

Current knowledge and understanding of Duty of Candour appears to remain below the required standard.

Ulysses data in respect of Serious / Patient Safety Incident Investigations and incidents of moderate harm or above outside of Serious / Patient Safety Incident Investigations is wholly unreliable and a true and accurate measurement of Duty of Candour cannot be ascertained from this audit.

Actions required:

Relaunch of the Duty of Candour Policy across the Divisions via the Divisional Governance Managers.

All closed incidents relating to moderate harm are to be quality checked by the Divisional Governance Managers monthly and updated regarding compliance if required and includes those incidents reviewed following the audit.

Further reaudit to be completed in 3 months by the Associate Director of Governance and Quality.

9.7 Trusts Responsiveness to Personal Needs of Patients

The Trust services across Family Health Division and Gynaecology Division offer reasonable adjustments to individuals with additional needs. This ensures a personalised approach to care delivery with consideration of aspects that are important to the individual and their family.

The most recent audit completed in 2022/23 covering a cross section of patients across Gynaecology and Maternity Services identified the following:

- All cases audited had correctly identified and flagged the individual as having an additional need and stated what this additional need was. This information was available to all staff involved with that patient journey.
- Reasonable adjustments had been offered in all cases, and appropriate adjustments implemented in 85% of cases with the remaining 15% not requiring reasonable adjustments.
- All cases reviewed identified personal needs and preferences for care were assessed and recorded in line with Trust guidance. These included pain control, mobility, nutrition, sleeping and continence support.
- Direct feedback was requested from all individuals following discharge, with 80% providing feedback and 20% not responding. Of those who responded all would recommend the Trust to a friend or their family.

Workstreams have commenced across the Trust in relation to Special Education Needs and Disability (SEND). This has identified positive practice in relation to transition of young adults from paediatric care into adult specialist care at the Trust. To support the transition, the Children and Young Person Nurse in partnership with each division / specialism has developed children

and young people pathway and offers each young person transition the opportunity to attend the Trust and meet a member of the team and be shown around departments.

A patient story was shared at Trust Safeguarding Sub Committee which included the words of the young person and her mum. This evidenced the positive impact this small adjustment had made to the transition process.

9.8 Infection, Prevention and Control

Trusts are required under the NHS Standard Contract to minimise rates of MRSA bacteraemia, *C. difficile* diarrhoea and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement.

All Trusts are asked to record the rate of Trust apportioned MRSA bacteraemias and *C.difficile* per 100,000 bed days. LWH Trust trajectory is zero for both these infection metrics, which the Trust has maintained. The Trust has not reported any cases of MRSA bacteraemia or *C.difficile* infection since 2020-21.

There is a national ambition to reduce Gram-negative bacteraemia (particularly *E. coli*) by 50%. The Trust has been set trajectories for the some of the main organisms in this category. LWH exceeded the target marginally this year with small increases against each organism. This increase has been occurred regionally, and nationally, and is not specific to Liverpool Women’s hospital. All cases are reviewed by a multidisciplinary team to ensure any Trust attributable factors are addressed.

ORGANISM	Target (HCAI)	LWH 2023-24	
		Healthcare Associated	Total
E.coli	5	8	10
Klebsiella spp	1	1	2
Pseudomonas aeruginosa	0	1	1

Annex 1: Statements from our Partners

Liverpool Women's shares its Quality Report with commissioners, local Health watch organisations and Local Authority Overview and Scrutiny Committees. This section of the report details the responses and comments we have received from them.

NHS Cheshire & Merseyside
Healthwatch Liverpool

Liverpool Women's NHS Foundation Trust, Quality Account 2023/2024

Comments received from Healthwatch Liverpool

Healthwatch Liverpool thanks Liverpool Women's NHS Foundation Trust for the opportunity to comment on their Quality Accounts for 2023/24.

This has been a transitional year for the Trust with changes at a senior level and a move to work more closely with Liverpool University Hospitals NHS Foundation Trust (LUHFT), and to continue to develop relationships with other local NHS Trusts and the diverse community of patients in Liverpool and beyond. As we noted in our comments last year, the Trust's priority must always be patient safety, and we therefore welcome the work to demonstrate a clinical case for change and to provide the safest possible care environment and reduce risk for patients – particularly those who are deteriorating – when being treated at a standalone site. The challenges are clearly set out in this document and we recognise the ongoing work to mitigate the risks.

We have been pleased to be involved in the Women's Services Committee Programme Board and the public engagement around these changes, and we support the Liverpool Women's Hospital Improvement Collaborative focus on care of the deteriorating patient.

The introduction of the Patient Safety Incident Response Framework (PSIRF) appears to be driving positive changes in Neonatal care alongside the Extreme Preterm Pathway and we will watch the ongoing improvements in mortality with interest. Congratulations to the NICU on being recognised by the National Neonatal Audit Programme (NNAP) as a 'positive outlier' for delayed cord clamping. We are glad to see that 24-hour visiting will remain on the Maternity Ward/Mat Base. We support the recent focus on medicines safety and the introduction of the digiCare electronic patient record system.

Whilst it is disappointing that the Trust did not meet its target of Zero Still Births this year, we are encouraged to note that the rate is continuing to decrease per 1000 births. Good progress is being made with Ockenden recommendations and we look forward to further advances in 2024/25.

It's good to note that there have, once again, been no C.Diff or MRSA cases this year, however work remains to be done in meeting other key national priorities and core standards, notwithstanding the challenges of the ongoing recovery from the increases to waiting lists (e.g. cancer) during the Covid-19 pandemic and periods of industrial action.

We have read the information on Clinical Audits and Confidential Enquiries with interest and are particularly interested in the successes and actions arising, which will be useful to follow in future years. We are similarly interested in the Trust's research achievements, particularly the ongoing C-GULL programme and the OASIS 4 trial.

The CQC inspection in January 2024 was generally positive but the Maternity ratings were very mixed with safety being a particular concern. We are therefore pleased that the CQC warning notice was removed in February and that work is ongoing to complete all three 'Must Do' actions by 31st May 2024 and to ensure compliance with the Single Assessment Framework.

The Quality Account notes the challenges raised by two recent direct maternal deaths. Whilst any direct maternal death is a tragedy, the fact that these two women were Black Africans has had a particular impact on the local community. We support the Trust's renewed commitment not only to achieve its target of zero direct maternal deaths in future years but to challenge any cultural bias within the Trust and to work actively to make Liverpool Women's Hospital an anti-racist institution – for the benefit of patients, family members, staff and the reputation of the Trust in the wider

community.

This year we have further developed our working relationship with the Trust's Patient Experience Team and have been in regular contact about issues raised by individual patients and by community groups – particularly to improve equality, diversity and inclusion, for example for deaf, blind, disabled and/or neurodivergent patients, patients whose first language isn't English, patients from diverse cultural backgrounds, patients who have experienced sexual trauma, and patients who are trans or non-binary.

We commend the Patient Experience Team's focus on community outreach and engagement and the improvements that this making to patients and their family members – as listed in the report. We also appreciate the introduction of the Special Educational Needs and Disability (SEND) workstream to support the transition of young adults from paediatric services to specialist care at the Trust.

We conducted a joint Listening Event and 15 Step exercise at the hospital this year with colleagues from Healthwatch Sefton. We were particularly impressed by the work of the Non-English Speaking Team (NEST) in supporting patients attending antenatal clinic appointments. We were also involved in the Endometriosis Engagement Event and the PLACE assessment visit. We would welcome an opportunity to become more closely involved with the Trust's Menopause Support Project. We are pleased to see that the number of complaints about the Trust's services have decreased by 20% from last year and that 17% more complaints were resolved. Poor communication remains the biggest single cause of complaints and this is reflected in the feedback that Healthwatch Liverpool receives from patients.

Patient Experience and safety are closely linked to staff experience, and we are concerned that junior doctors (in particular) are experiencing high levels of stress and sick leave, with Obstetrics and Gynaecology particularly impacted. We welcome all initiatives to address this situation. We congratulate Liverpool Women's NHS Foundation Trust on its achievements in 2023/24 and we look forward to a continued positive relationship with the Trust in the coming year.



Cheshire and Merseyside

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05 June 2024

SENT VIA EMAIL

To: Ms D Brown Chief Nurse/Midwife, Liverpool Women's NHS Foundation Trust.

Re: Quality Accounts 2023 - 2024.

Dear Ms Brown,

I am writing on behalf of NHS Cheshire and Merseyside, who, along with NHSE/I Specialist Commissioning had the opportunity to jointly comment on the Liverpool Women's Hospital (LWH) draft Quality Account for 2023-24. Partners express their thanks for the Quality account presentation that was delivered to Cheshire and Merseyside commissioners for 2023–2024 on Friday 17th May 2024.

NHS Cheshire and Merseyside recognise the pressures and challenges for the organisation and the local health economy in the last year.

We note the priorities, key achievements and progress made in 2023–2024:

- The Trust identified clear oversight in relation to personnel changes within the organisation - joint Chair/CEO with Liverpool University Hospitals NHS Foundation Trust (LUHFT).
- Acknowledgement of partnership working; Alder Hey, LUHFT Liverpool Neonatal particularly around governance and risk management and adopting LUHFT approach.
- Open and honest regarding the CQC inspection in Jan 2024. The presentation was clear on 3 'Must Do' actions and engagement with the CQC.
- Transparent regarding the 2 unexpected maternal deaths and the MNSI findings. Proactively identifying a robust action plan which was managed very closely, noting MNSI report was still awaited and a Trust internal investigation had been undertaken to identify gaps and evidence for improvement.
- Excellent innovative work around the menopause support project.
- Audit and research activity, highlighting innovation and best practice, also learning in respect of the potential need for changes in practice.

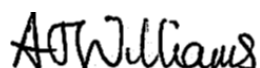
- The presentation was clear and focused on Trust improvement plan/roadmap for change to achieve key milestones to address issues; safety, antiracism, deteriorating patient as examples.
- The Trust have been honest in respect of ongoing challenges; case for change – isolated site in relation to risk and safety, reviewing the need for a medical emergency team.

NHS Cheshire and Merseyside note and accept the Trust's ambition and intention to continue the work in relation to maintaining supporting services to meet the increased acuity of patients, financial deficit, learning from incidents and the long-term clinical sustainability.

NHS Cheshire and Merseyside recognises the challenges for providers in the coming year. We look forward to continuing working with Liverpool Women's Hospital during 2024–2025 as you continue to deliver improvement in service quality, safety, and patient experience, as well as continuing to strengthen integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing within a strong, safe, and sustainable health and care system.

NHS Cheshire and Merseyside would like to take this opportunity to say thank you to Liverpool Women's Hospital staff for their care, courage, and commitment to the ensuring the people of Liverpool, Cheshire and Merseyside receive high quality, safe and effective care and for your on-going commitment locally to system partnership working.

Yours sincerely,



Amanda Williams

Associate Director of Quality & Safety Improvement, NHS Cheshire and Merseyside (Liverpool Place).

Annex 2: Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

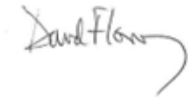
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets NHS England's Quality Accounts requirements 2023/24
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2023 to May 2024
 - papers relating to quality reported to the Board over the period April 2023 to May 2024
 - feedback from commissioners dated 5 June 2024
 - feedback from local Healthwatch organisations received in June 2024
 - the national staff survey
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated 27 June 2024
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm

that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.



David Flory CBE
Chair
27 June 2024



James Sumner
Chief Executive
27 June 2024

Annex 3: Glossary of Terms

Assisted Conception	The use of medical procedures to produce an embryo.
CCG	Clinical Commissioning Group – Local groups of GP practices commissioned health services from the Trust for their patients.
Epidural	Form of regional analgesia used during childbirth.
Established Labour	The period from when a woman is 4 cms dilated and contracting regularly.
Gynaecology	Medical practice dealing with the health of the female reproductive system.
Gynaecological Oncology	Specialised field of medicine that focuses on cancers of the female reproductive system.
Haemorrhage	The flow of blood from a ruptured blood vessel.
HES	Hospital Episodes Submission.
HFEA	Human Fertilisation & Embryology.
HIE	Hypoxic Ischaemic Encephalopathy is an acute disturbance of brain function caused by impaired oxygen delivery and excess fluid in the brain.
HSCIC	Health and Social Care Information Centre.
Intraventricular Haemorrhage	Bleeding within the ventricles of the brain.
Intrapartum	Occurring during labour and delivery.
LWFT (sometimes LWH)	Liverpool Women's NHS Foundation Trust.
Maternity	The period during pregnancy and shortly after childbirth.
MBRRACE -UK	Mother and Baby Reducing Risks through Audits & Confidential Enquiries across the UK.
Neurological	The science of the nerves, the nervous system and the diseases affecting them.
Neonatal	Of or relating to newborn children.
NICE	National Institute for Health and Care Excellence.
NIHR	National Institute for Health Research.
NNAP	National Neonatal Audit Project.
NMR / NNMR	Neonatal Mortality Rate; Deaths of infants in the newborn period.
NRLS	National Reporting & Learning System.
ONS	Office for National Statistics.
PALS	Patient Advice & Liaison Service.
Perinatal	The period surrounding birth.
Periventricular Leukomalacia	A form of brain injury involving the tissue of the brain known as 'white matter'.
PHE	Public Health England.
Postnatal	Term meaning 'After Birth'.
Post-operative	Period immediately after surgery.
Pre-eclampsia	A condition involving a number of symptoms including increased maternal blood pressure in pregnancy and protein in the urine.
RCOG	Royal College of Obstetrics & Gynaecology.
Root Cause Analysis	A method of problem solving used for identifying the root causes of faults or problems.
SGA	Small for Gestational Age.
Tissue Viability	Tissue Viability is about the maintenance of skin integrity, the management of patients with wounds and the prevention and management of pressure damage.

Ultrasound	Sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.
VTE	Venous Thrombo-embolism; this describes a fragment that has broken away from a clot that had formed in a vein.
VLBW	Very Low Birth Weight - babies born weighing less than 1500 grams
VON	Vermont Oxford Neonatal Network.
WHO	World Health Organisation.

