Liverpool Women's
NHS Foundation Trust

Quality Report
Liverpool Women's
NHS Foundation Trust
2020-2021

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


CELEBRATING 25 YEARS
25
YEARS
LIVERPOOL WOMEN'S HOSPITAL

Contents

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 10th Quality Report.

Part 1

Statement from the Chief Executive

Welcome to Liverpool Women's NHS Foundation Trust's 10th annual Quality Report. This provides an opportunity for us to report on the quality of healthcare provided during 2020-2021, celebrate our achievements and to share with you the Trust's key priorities for quality in the next reporting year of 2021-22. This is a critically important document for us as it highlights our commitment to putting quality at the heart of everything we do.

By reporting to you annually through our Quality Report we demonstrate how the Trust has performed against the ambitious, specific targets we set ourselves each year. Clearly 2020/21 was not an 'ordinary' year and it has been hard to comprehend at times the extent to which the pandemic has dominated so much of our lives with so many people lost and a complete change to our way of life. That said, the response of our staff during this period has been astounding and the lengths that our teams have gone to, to keep not only our patients safe but those of the wider health system has been truly humbling.

As well as reporting on performance 2020/21, the Quality Report also identifies our priorities for the coming year. The Trust has produced a new Clinical and Quality Strategy for 2021-25 and this sets out a range of ambitious aims for the organisation.

Whilst acknowledging the significant challenges brought about by the pandemic, we do not accept that we should only target recovering back to pre-Covid-19 levels. During the year, the Trust has strengthened its approach to Quality Improvement
(QI) and details of this and some of the projects undertaken during the year are outlined in the report.

I would also like to take this opportunity to discuss some of our quality highlights of 2020-21. Each of them is an initiative or piece of work that we have either led or been involved with over the past 12 months that will change the lives of patients and their families for the better:

- During the year, the Trust piloted the
- use of a 'da Vinci X Robot', a piece of advanced technology that allows the surgeon to perform robotic assisted surgery with impeccable precision.
- The Trust and Alder Hey have been using new and innovative telemedicine robots to ensure that babies are provided with the best possible care without the clinician being in the room.
- The Safeguarding Team was shortlisted for a 'Learning Disabilities Initiative of the Year' award at this year's HSJ Patient Safety Awards, recognising their outstanding contribution to healthcare

Following our CQC inspection in December 2019 and the Well Led element in February 2020 (were the Trust was rated 'Good' overall), good progress has been made throughout the year to track and implement the necessary actions identified to make improvements to our services.

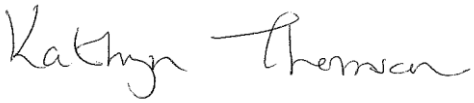
We continue to work hard to develop plans for the long-term future of our services. This started with our Future Generations Strategy in 2015 and has continued through our work with Liverpool CCG

and other stakeholders as part of the One Liverpool strategy. Whilst co-location on an acute site remains the Trust's long-term priority for the safety and sustainability of our services, the Trust was successful in securing £6.5m Capital Financing in order to address some of the clinical challenges on the Crown Street site. During the year, Interserve also handed over the redevelopment of our Neonatal Unit to provide a safer and better environment for babies, families, and staff.

Whilst this has been a challenging year, I have never been more proud of our staff and their efforts to lead an organisation where our people have a clear focus on providing safe and effective healthcare, delivered in a friendly and caring environment. We expect 2021/22 to continue to present challenges, and it will be more important than ever for the organisation to be a strong voice for the health of women, babies and their families, particularly in light of the findings from the Ockenden Report.

I encourage you to read the report in full and to see the range of measures that are in place to continually improve and sustain quality by reducing harm, reducing mortality and improving the experiences of our patients and families.

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.



Kathryn Thomson
Chief Executive


Liverpool Women's
AMBULANCE
EMERGENCY AMBULANCE
North West Ambulance Service NHS Trust
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Novel Coronavirus (Covid-19) Pandemic: Implications on Quality of Care

In March 2020 a Global pandemic was declared in relation to Novel Coronavirus (Covid-19), which has last over 12 months with the UK experiencing 3 waves of infections, this had had significant effect on most aspects of life in the UK and all aspects of healthcare. For some NHS Trusts, providing treatment for acute Covid-19 presentations is the focus whereas for others such as Liverpool Women's NHS FT (LWH), it is a matter of dealing with the many significant direct and indirect consequences of the pandemic. In this high level summary, the challenges which LWH faced are described together with the Trust's responses on behalf of its patients.

Mandated suspension versus continuation of workstreams

LWH has a limited clinical portfolio but provides tertiary level care in each of its specialties. The suspension or continuation of services has been mandated by NHSE on a specialty by specialty basis since the pandemic's arrival in the UK, as follows:

- Maternity – continuation of all aspects of high and low risk care but with altered pathways of care
- Neonatology – continuation of all aspects of care
- Gynaecological Cancers – continuation of services but with altered pathways of care and postponed investigations and treatment if no likely physical impact upon outcomes
- Acute Gynaecology – continuation of all aspects of care
- Benign non-acute gynaecology – suspension of services requiring review in person
- Fertility – suspension of services other than on-going maintenance of laboratory facilities
- Termination of Pregnancy – continuation of all aspects of care but with altered pathways of care
- Genetics / Genomics – suspension of services requiring review in person
- Anaesthetics – key supporting role switching away from elective towards acute care provision.
- Continued workstreams – altering the working model to keep patients and staff safe

The risk of patients and staff passing the coronavirus on to one another was and continues to be reduced by an incremental increase in the use of personal protective equipment (PPE) in the Trust in keeping with national guidance from Public Health England and under the guidance of the Trust's own Director of Infection Prevention and Control (DIPC). The availability of PPE was been an area of focus for the Trust and nationally, but throughout the pandemic and to date all necessary equipment has been available at its point of need. The Trust remains vigilant in this respect. Oversight is provided at the Trust's Command and Control meetings which were daily but in later part of 2020-21 has moved to biweekly and weekly.

The requirement for rigorous PPE usage provided obstacles to rapid clinical response in hyper-acute scenarios such a category one caesarean section (common at LWH) and cardiac arrest (uncommon at LWH). A systematic increased in the use of clinical drills was therefore been implemented across the Trust, led by the Trust's clinical and resuscitation leads.

With the suspension of several benign workstreams, some staff members were released from their usual duties and have therefore been able to support other clinical areas in the Trust. This has

been important because Covid-related staff absences on clinical rotas had to be covered if acute care was to be provided at normal safe standards. All medical, nursing and midwifery rotas were covered successfully without compromising clinical care throughout the pandemic.

The reduction in some clinical services previously described allowed for the formation of resilience rotas in obstetrics, gynaecology and anaesthetics, giving greater (direct) clinical support and (indirect) psychological support to medical trainees, nursing staff and midwives in those specialties. In obstetrics and anaesthetics, consultant presence on-site has been provided on a 24/7 basis throughout and in gynaecology, a split consultant rota has allowed for a significant increase in the presence of consultant gynaecologists in the Gynaecology Emergency Department.

Suspended work streams – vigilance for harm

The key areas requiring vigilance for harm have been those subject to suspension including some parts of the gynaecological cancer service and all of the non-acute benign gynaecological services. To maintain safety a number of new measures have been introduced:

- Consultant Gynaecologists were available by video link to GPs for advice and guidance
- All suspended cases at potential risk of harm were and continue to be reviewed on paper by consultant gynaecologists
- Women at risk of clinically significant deterioration were and continue to be are contacted for review by a consultant
- If the level of risk is increasing, a proposal for review and / or surgery is put to CAG (see below)
- If surgery is agreed by CAG on clinical grounds, liaison takes place with anaesthetics and theatres

The clinical criteria for surgical intervention include the development of severe pain uncontrollable by other means, the advent of bleeding requiring blood transfusion which is uncontrollable by other means and / or an increased risk of a malignancy developing in a pre-malignant condition.

No harm has been detected in women being cared for in the Trust's suspended services throughout the pandemic and this remains an area of focus.

Performance

The Trust continued to monitor all key aspects of its performance despite the suspension of some of its services and despite the unique pressures of the pandemic. Performance has continued to be reported separately to the Quality Committee and the Clinical Commissioning Group.

Incident Reporting

A fall in the overall incident reporting rates on Ulysses was noted during the pandemic. A full review was completed which identified that this was probably due to the recued numbers of staff, visitors and patient on site and that the types of incidents by percentage had not dropped. It was therefore indicated that there had been no risk identified in relation to the reduction in the number of incidents being reported. Data concerning incident reporting, serious incidents and never events are provided to the Quality Committee under separate over.

Covid-19 Infection Prevention and Control (IPC) Assurance Framework

An NHSE IPC Covid-19 board assurance framework (BAF) was completed by the Trust on five occasions and updates provided to NHSE/I and the CCG. The IPC BAF was also presented to the

Trust Board and Quality Committee as part of the assurance mechanisms around Cvoid-19 Pandemic.

Workforce Issues

The national response to Covid-19 generated multiple workforce issues including the need:

- to risk assess staff who may be at increased risk of contracting the disease
- to risk assess staff who are more likely to have a poor outcome if they become infected
- to offer swab testing for symptomatic staff and their household members
- potentially to offer swab testing for asymptomatic staff as a screening tool
- to minimise the risk of staff contracting the disease
- to respond in line with all national directives.

The oversight of workforce issues was provided through the Trust's Putting People First Committee so no additional detail is provided in this report.

Governance

A governance structure was created in the Trust at the outset of the pandemic to ensure that an optimal response was provided to the challenges ahead. The system's structure remains intact although the frequency of meetings (other than Command and Control) has reduced slightly as the pace of change has reduced.

At the time of this report a Covid-19 Oversight & Scrutiny Group meets monthly having moved from twice weekly initially, then to weekly and fortnightly, but has maintained its role as Covid-specific capacity throughout to provide oversight and to consider material discussed at regional and national forums of relevance to Covid-19. It informs and assures the Trust's Executive Team and Board of Directors.

Command and Control met daily to note and ensure the enactment of externally mandated changes to service, but has moved gradually to once a week. It is the key operational group which reports into the Oversight & Scrutiny Group.

The Clinical Advisory Group at the time of this report has been suspended, only meeting when required, having moved from daily (7days a week) to three times week and then to weekly. The role remained to provide clinical advice and interpretation and to assist with the enactment of changes to service. Its advice is considered by both the Executive Group and Command and Control.

The daily safety huddle predates Covid-19. It takes place daily, shortly before the Command and Control meeting, and is an effective forum for the provision of clinically and operationally relevant information, for the dissemination of information and for the enactment of change.

Throughout the pandemic and the challenges faced by the organisation and its staff at all levels the Trust has worked hard to maintain the safety of all by means of strict process, procedures and policies which were regularly audited and via the close working of the command and control group and the divisions and corporate services the Trust has not seen a single case of hospital acquired Covid-19.

Listening to Patient and Families during Covid-19

During Covid-19 in 2020 LWH gathered feedback during Covid 19 from patient and families by using social media; overall the feedback was really positive. The Head of Audit, Effectiveness and Experience created a video that was shared via social media which asked for feedback. By mid-May this had approximately 4K views. Feedback was placed on the website and emails were also sent directly to the Patient Experience Team as a result of this. There were also phone calls made to the patient experience team discussing the excellent experience that our ladies had during the pandemic.

Not all positive but overall lots of positive amazing feedback, below are some of the not so positive feedback.

- Patient concerned about lack of social distancing at the hospital site, in particular around the front entrance, and security not wearing masks.

- Patient contacted the Trust as her Gynaecology appointment had been cancelled and she was upset that an alternative date had not been given yet.

There were various concerns relating to the visiting restrictions put in place. The vast majority of these related to Maternity, either partners not being able to attend scans or partners not being able to be in attendance during induction of labour and visiting on the ward. Many of the issues relating to the concerns relating to attendance during labour were raised prior to the due date with mothers becoming anxious about not having this support available to them and feeling very vulnerable and were dealt with by the midwifery team.

Prior to coming into hospital anxieties have been quite high, with concerns and questions about the different process's that had been put in place across the Trust. Ladies attending for scans were concerned their partners would miss out on the bonding experience of the scan, especially as no amendment had been made to allow paternal recording or video calls to be made during the appointment. Maternity ladies who were due to deliver were concerned about the support they would have prior to being in established labour and when they were transferred to the ward where their partner could not be.

However, once in hospital and going through the procedures put in place, the feedback that we have had has been overall positive. The only area that concerns were raised about help and support was in Transitional Care as the mum's that were spoken too raised concerns about visiting being allowed for both parents on NICU but once transferred to transitional care then only the mum was allowed to stay. Some mum's said that they were in hospital quite a while so would have really appreciated the help from their partner or other member of the family. One lady on Gynaecology said that she does not like hospital food so would have normally asked relatives and visitors to bring her in some additional food that she does like so felt quite isolated when it came to what she could eat. This was escalated to the ward manager at the time.

Actions implemented in response

Walkabouts were initially on hold due to service restrictions relating to COVID-19 but on the 18th May 2020 the PEX team were able to get back out in the areas and talk to patients. The team began to attend the ward areas (Gynae Unit, Mat Base, Jeffcoate (if in use) and Neonatal and started to collect some valuable data. The staff were advised to be bare below the elbow, have no jewellery and regularly clean their hands between wards and areas within the wards. They also maintained the 2m distance guideline within the areas.

A survey was developed to identify how our women and patients felt with all of the changes that had been put in place as a result of COVID-19. The questions were chosen by the areas and are key in how this Trust goes forward into the new normal. In the first week of the survey and when this report was collated the results and responses are detailed in the main report.

As we all know this was a very difficult time for the women, patients and families who are accessing our services and we knew that they would have many concerns relating to coronavirus (Covid-19). To help support them to overcome some of the challenges that have impacted on Liverpool Women's services, such as the restricted visiting in place, we launched a dedicated Family Liaison Service to hopefully help make things a little easier.

The Family Liaison Service was put in place to address any concerns women, patients and families had before coming into hospital, as well as helping families and friends to keep in touch when they were separated.

The Family Liaison Service consists of members of our Patient Experience Team, who also have access to a number of clinicians who are on hand to provide any general advice, support and reassurance. There was a midwife who was shielding who offered her services to help with the queries that have come through. The Patient Experience Team found this support a fantastic help and the midwife in question was really responsive and was really impressed with the amount of work that goes on behind the scenes that she had not previously been exposed to.

On the 27th March 2020 NHS England and NHS Improvement recommended all Trust's to pause the NHS complaints process stating that due to the on-going COVID19 pandemic NHS England and NHS Improvement are supporting a system wide "pause" of the NHS complaints process which would allow all health care providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to COVID-19.

On the 26 March 2020, the Parliamentary and Health Service Ombudsman stopped accepting new NHS complaints and has stopped work on open cases. LWH continued to work on the on-going complaints but all complainants were advised that there may be a delay to their original expected response date due to the availability and clinical commitments of other staff. All complainants were accepting of this and they have been kept regularly informed of the progress of their investigation. In reality we have been able to assign any new complaint and commence investigations as the members of staff needed have been available, but we have not committed to a specific response date with the complainant as we are aware the situation and availability may change rapidly.

PALS contact was restricted to telephone, letter and email queries only from 18/03/2020. The facility for people to discuss concerns Face to Face with the Patient Experience Officers was removed to help limit personal contact. This decision is reviewed on a regular basis and to ensure we are adhering to the latest guidance. Any requests from areas to attend and speak to members of the public are declined and they are directed to Telephone and email provisions.

Overall as a Trust we listened and acted upon a lot of the concerns raised and by putting different processes in place and introducing the Family Liaison Service we have hopefully helped in what could have been a really frightening time.

Part 2

Priorities for improvement and statements of assurance from the Board

Priorities for Improvement

The section of the report looks at the Trust's quality priorities, how we have performed against them during 2020-2021 and how we plan to monitor progress during the coming year.

During 2020-21 whilst the new Liverpool Women's NHS Foundation Trust Clinical and Quality Strategy was in development the Trust continued to ensure that the three key priorities from the 2017-2020 Quality Strategy remained at the centre of our work and development.

These priorities are a combination of national and local issues and wherever possible are identified by as wide a range of stakeholders as possible; this includes patients, their families, the wider public, our staff and commissioners. The Trust's priorities can be summarised by our three goals: to reduce harm, reduce mortality and provide the best patient experience. The Trust priorities ensure that Safety, Effectiveness and Experience, set out by the Department of Health as the three central principles of quality healthcare, remain at the core of all activity at Liverpool Women's.

Reduce Harm

Safety is of paramount importance to our patients and is the bottom line for Liverpool Women's when it comes to what our services must be delivering.

Reduce Mortality

Effectiveness is providing the highest quality care, with world class outcomes whilst also being efficient and cost effective.

Provide the best Patient Experience

Our patients tell us that the **experience** they have of the treatment and care they receive on their journey through the NHS can be even more important to them than how clinically effective care has been.

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	To deliver safe services.	To participate in high quality research to deliverthe 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 safestin the country.	Outcomes will be best in class.	Every patient will have an outstanding experience.

Quality Improvement Development during 2020/21

During 2020-21 whilst developing a new Clinical and Quality Strategy and dealing with the pandemic the Trust continued to develop our Quality Improvement process including staff training and the number of projects being initiated and completed as well as support service evaluations to identify where QI projects may be required.

The Trust Quality Improvement framework sets out our ambition to embed and encourage a quality culture to ensure that quality counts and that there are significant and continuous improvements to the quality of care we provide for our patients. We will do this through extensive quality improvement training opportunities for all members of the Trust and aligning the QI work to our strategic aims.

This will include supporting all nursing grades and clinical grades, to become champions for quality improvement, support nursing areas to engage and lead on QI projects to demonstrate and provide sustainable improvements.

Programme for delivery of training: Who will we train?/ Who did we train in 2020

All staff (clinical and non-clinical grades); we had made steady progress with rolling out the PDSA (PLAN, DO, STUDY, ACT) methodology during 2019 into 2020, when the Covid-19 pandemic hit, initially training face to face was stopped for a short period of time. However, we continued to extend our current programme to train as many staff in PDSA (PLAN, DO, STUDY, ACT) methodology, this included junior doctors at induction via Microsoft Teams platform.

All training was supported by an intranet page containing training packages, latest publications, frequently asked questions, lessons learnt, and themes of current and past QI projects was developed for all staff to access and went live end of June 2020.

Staff members involved in or leading QI projects

We prioritised training of staff involved in or leading QI projects in PDSA and other QI methodologies, all Matrons who were supported by the trust QI lead with one to one QI clinics to suit their needs.

Senior Leaders in the Trust

We have planned a programme for LEAN methodology and more intensive QI training for senior leaders in the organisation to commence later in 2021.

Board Members

Board training on QI will be delivered via annual Quality Assurance masterclasses through the provision of knowledge in relation to the basics of QI and the methodology used at LWH as well as bespoke sessions on key aspects of Qi or specific Qi projects which have been completed or are in progress at WLH.

Wider organisational QI

To prevent Qi becoming very nursing orientated the new Quality Improvement Group is chaired by the Deputy Medical Director and has medical representation for all clinical specialities and the Trust Quality Improvement Lead who can assist in identifying QI projects or elements of them which require non-clinical services input.

Shared learning

The Quality Improvement Lead will establish new and specific learning and sharing hubs dedicated to quality improvements; these will be on a number of levels to encourage learning within departmental teams, but also with colleagues across other departments and divisions.

The Quality Improvement Clinics commenced across the trust with Matrons and Clinical Effectiveness leads, to provide a platform for staff to discuss all matters relating to quality improvement.

For the coming year ahead the Quality Improvement Lead will be working with the key Executives to establish external links to various scientific networks and quality improvement teams external to Liverpool Women's, that will include experts from other industries to share their experiences of bringing about change and improvements that are sustainable and continuous, so that we can reach our ambition to be outstanding and continue as a place of excellence for both women's and babies health.

Examples of our success

Below are some examples of where the PDSA cycles has been used and the outcomes achieved.

Gynaecology Outpatients Department

Issue – Recurrent miscarriage blood tests errors

Plan - Why were the errors occurring?

- Handwriting of blood bottles
- Blood bottles not being inverted the correct amount of times to prevent clotting
- Lack of training or confidence with staff
- Different blood tests being ordered
- New coloured bottles to the monovette system

DO

- All actions were implemented
- A refresher training session was held for all staff
- Any new members of staff were allocated time with senior members of staff on blood clinic
- Huddles that took place during the 4 week period discussed the recurrent miscarriage bloods.
- Blood requests sent remotely, ID labels were printed at reception by the staff member who picks up the requests.

Study

- Analysis of the data took place, over the 4 week period, apart from staff off shielding, every member of staff had been provided with the information regards correct sampling for recurrent miscarriage bloods.
- Week 1 – 7 errors, Week 2 – 4 errors, Week 3 – 2 errors, Week 4 – 1 error.
- Further analysis of data has since shown, no errors over a 2 month period.

ACT

- The objective of the improvement project has been met.

- No further changes need to made, however, need to ensure any new staff members receive the correct training.
- ICE results continue to be checked on a daily basis that will highlight any errors. If errors start to occur again, it will then be investigated further.

Learning from PDSA project

- The implementation of this relatively small quality improvement project demonstrates how team work and dedication really works in achieving better outcomes.
- As a result of these small changes, women are not being asked to return for further tests that could cause upset and distress in already difficult circumstances.

Bedford Ward

Issue – Introduction of Manual Vacuum Aspiration Service

Plan: Why ? What is the objective ?

- CQC key lines of enquiry stated that services should be able to provide surgical termination without resort to general anesthesia.
- Removes risk related to general Anaesthetic
- Wider suitability i.e. contraindications for GA
- RCOG and NICE guidance published in 2019 suggested the consideration of local and general anesthesia or conscious sedation
- More cost effective than GA
- Release of Theatre time , allowing other services to utilise
- Competitors – MVA services already launched in a number of public and private sector organisations

DO

- Business case – Value creation identified
- Stakeholders identified – working group , Nursing team members , consultants , Finance, operations
- Networking forum arranged for Nursing staff
- Treatment rooms designed
- 5-6 Month timescale predicted for implementation to start
- Training – counselling, informed consent arranged

Study

- Plan commenced
- COVID 19 pandemic – relocation of unit
- Procured consumables
- Patient information created
- Staff training ongoing
- Continued study from working group to identify adjustments and prepare for next cycle

Act

- Staff involvement was important aspect of implementing the new service
- Staff were given the chance to contribute to ideas through regular meetings and were asked for ideas/input on a regular basis.
- Staff were kept up to date with change process at every stage through regular team meetings
- Staff participated in networking forum having the opportunity to meet with people from other Trusts to discuss the way their services were implemented

- Working group review of previous cycle
- Small changes required
- Impact of pandemic – reduced theatre slots for MVA
- Further environmental adjustments required , lighting etc.
- Honeysuckle team involvement/training
- Staff feedback

Learning

- Utilising both staff and patient feedback
- We now provide MVA service to patients who have miscarried when referred from the Gynaecology Emergency Department. This was launched in August 2020
- MVA has a success rate in missed and incomplete miscarriage of 98 – 99% Durbin Global (2019)
- Referral process developed between Bedford and GED staff and has been a smooth process and strengthened inter departmental relationship
- This has resulted in a reduction in patients requiring theatre slots supporting Covid-19 restrictions
- We currently provide this service every Thursday and will soon be increasing this to every Tuesday therefore MVA will be provided to patients at the Bedford Centre approximately 5 days a week
- Honeysuckle team are currently devising Feedback collection tool for patients who have had an MVA procedure following a miscarriage

Development of the LWH Clinical and Quality Strategy for 2020-2025

From the end of 2019 and through 2020 a challenging process of developing a new Clinical and Quality Strategy has been undertaken and completed. To support the strategies development a number of listening events with staff and the Trist governors were held as well as engagement meetings with the divisional triumvirates and clinical colleagues.

In the strategy we define quality to be made up three key components: Patient Safety, Clinical Effectiveness and Patient Experience. At Liverpool Women's, 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.

Our extensive engagement work in preparing this strategy culminated in the identification of a number of key priorities for delivering quality improvement in the first years of this strategy, moving us towards achieving our ambitions and realising our vision. We will regularly monitor, review and refresh where needed these priorities, to make sure we are still firmly on track to deliver outstanding care in all of our services, all of the time.

Our Core Focus

Listening to the views of our staff, patients and community was central to the development of this strategy. We asked what was most important to you, what you value most about Liverpool Women's and where you think our main focus for the future should be. All the groups we engaged with were clear and consistent in what they told us:

- Our people are our most important asset and our success hinges on getting this right. Therefore our first priority should be our people; making sure we have the best staff enabled to provide the best care.

- Safety is of paramount importance to everyone; staff and patients. Patients told us that each and every person they meet while using our services has a role in making them feel safe.

- Experiences in healthcare can be life-changing, and making sure that every patient has the best experience possible is equally important to our staff and the people using our services. We know that having the best people as part of our team is central to making sure this is achieved.

Each of our quality improvement priorities will have a detailed implementation plan with defined outcome measures to track progress.

The Quality Committee will regularly review progress against each priority. Our achievements will be reported through our annual Quality Report and we will evidence our progress through Clinical audits, patient feedback, clinical outcomes and mortality ratios. We will outline detailed plans for delivery of clinical priorities each year through our operational planning process.

Our performance against each clinical priority will be monitored through our divisional assurance processes. We will:

- Make sure every person working in each of our services understands how their role contributes to the delivery of our plans through the PDR process;
- Make sure each of our corporate divisions understands their role in supporting the clinical services to deliver these priorities for the benefit of patients;
- Identify the resource needed to deliver these priorities through our operational planning process;
- Review our strategy regularly to make sure we are responding to our environment appropriately; and
- Refresh our strategy and priorities where appropriate

Ongoing Quality Work during 2020-21

During 2020-2021 whilst the new 2020-2025 Clinical and Quality Strategy was being developed an approved, the Trust continued to focus on key areas which had been delivered in the 2017/2020 Quality Strategy. The aim was to ensure that there was continued monitoring and assurance in relation to key areas and if required intervention identified where compliance began to fall below expected levels. The key areas were: Reducing Mortality (adult and Paediatric), Learning from Deaths, Nice Quality Standards, Seven Day Service and Best Patient Experience.

Reducing Mortality

This section of the report on three main areas in relation to mortality and the Trust work to reduce this: Zero Direct Maternal Deaths, Zero unexpected deaths in women having gynaecological treatment, To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate and Learning from Deaths. Given the nature of the services we provide at Liverpool Women's, such as looking after the very premature babies born or transferred here and providing end of life care for cancer patients, we do see deaths, many of which are expected. However, our quality goal is to reduce mortality and improve best clinical outcomes wherever possible.

As is explained on the right, the use of HSMR 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 very carefully by the Trust and we have committed to monitoring our mortality by focussing on each clinical area separately. We will record our mortality rates in those areas and benchmark against national standards.

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 Liverpool Women's since maternal deaths, stillbirths and neonatal deaths are all excluded.

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 failures of care may be learned.

Our Priority	**Zero Direct Maternal Deaths**
Effectiveness	**Achieved in 2017-20 Strategy, achieved in 2020-21**

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 April 2017 and updated in April 2018 and January 2019. 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) (**Learning Disabilities Mortality Review (LeDeR) Programme (2017) Available at **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/.**
During 2020-21 the Trust has reported 11 (5 rejected) cases to HSIB and has continued to be fully involved and support of the investigation process.

What the data shows

No direct maternal deaths were recorded in 2020-21.

As well as assessing each individual case very closely, the Trust benchmarks using figures provided from MBRRACE-UK. The latest available MBRRACE-UK data shows a national rate of 9.2 direct maternal deaths per 100,000 of the population. 2019 (this report): Surveillance data on maternal deaths from 2015-17.

Direct Maternal Deaths			
2017-18	**2018-19**	**2019-20**	**2020-21**
0	**0**	**0**	**0**

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The following has been included in the New Clinical and Quality Strategy for 20-25:

Improve Adult Mortality; Our isolation from other acute adult services at Liverpool Women's Hospital 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 achieve zero maternal deaths, zero unexpected deaths in women having gynaecological treatment and high quality care for women dying as an expected result of gynaecological cancer.

Our Priority Effectiveness

Zero unexpected deaths in women having gynaecological treatment
Archived in 2017-20 Strategy, not achieved in 2020-21

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 2019.

This priority will continue to be reported in the Quality Report but will be reported under the redefined priority of Adult Mortality.

What the data shows

In 2020-21 there have been 2 unexpected death following Gynaecology treatment.

One in patient death and one following discharge.
No issues with care and treatment identified on review which directly contributed to the in-patients death.

The case relating to the post discharge at the time of the report being written is being investigated jointly with Liverpool University Hospital NHS Foundation Trust as a Serious Incident. All cases have been reported to the coroner and awaiting inquests.

There were 5 expected oncology deaths in hospital in Gynaecology in 2020-21 and 1 death not related to an end of life condition.

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The following has been included in the New Clinical and Quality Strategy for 20-25:

Improve Adult Mortality; Our isolation from other acute adult services at Liverpool Women's Hospital 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 achieve zero maternal deaths, zero unexpected deaths in women having gynaecological treatment and high quality care for women dying as an expected result of gynaecological cancer.

Our Priority Effectiveness

To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate
Achieved in 2017-20 Strategy, not achieved in 2020-21

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 Liverpool Women's 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 the care that we are providing is maintained.

We benchmark our mortality against the national NMR published from the Office of National Statistics, having committed to remaining within 1% of the NMR and reported to Effectiveness Senate. Furthermore, we benchmark against mortality data from 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

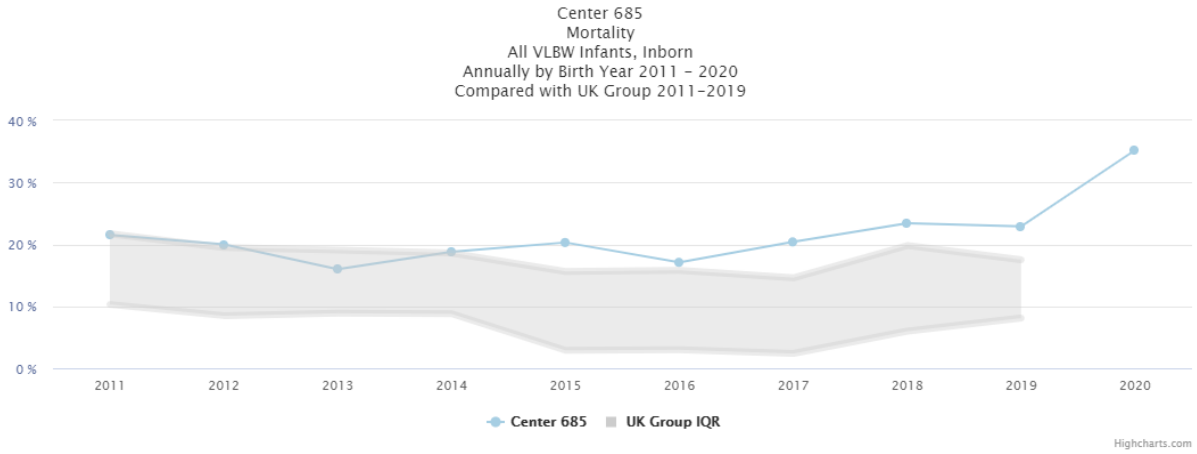
The most recent data from the ONS states a UK national NMR of 2.8/1000 live births (2018), in 2019/20 for babies both booked and delivered at LWH the neonatal mortality rate is 6.2/1000 livebirths. The rate is similar to the previous year and remains lower than the NNMR. If we include babies born in LWH following ante-natal transfer for specialist care, including extreme prematurity and congenital abnormalities, the mortality rate is higher at 3.8/1000 live births.

The latest available data (2020) from the VON network for all infants <1500g, born in Liverpool Women's Hospital shows the mortality rate was 35%. Though this falls out with the interquartile range for units who participate in VON throughout the UK, it is notable that the data has not been adjusted to take account of the specialist care we provide. We are a regional referral centre for fetal medicine and neonatal intensive care, meaning we look after a large number of high-risk pregnancies. As a result, we would expect to have a higher mortality rate when compared with units that do not provide this same level of specialist care.

Data Source: Office for National Statistics (ONS), Vermont Oxford Network
Note: NMR is calculated as the number of deaths per 1,000 live births

The 2020 increase is notable, there is yet to be a trend analysis the whole comparator group for 2020, this is usually available in June of the following year. Previously we have remained at the upper end of or above the interquartile range for mortality but have mostly followed the trend.

VON Data



LWH Neonatal Mortality 20-21

NICU	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Discharges	110	99	78	102	108	91	94	98	90	91	92	89	1142
Total Mortality	3	0	4	9	3	9	0	3	4	6	4	2	47

Births	584	572	631	658	677	681	669	605	605	610	618	658	7568
Mortality Rate per 1000 births	5.1	0	6.3	13.6	4.4	13.2	0	4.9	6.6	9.8	6.5	3.0	6.2

What happens next?

The Trust will continue to benchmark against national data from the Office of National Statistics, annual data from Vermont-Oxford Network and MBRRACE-UK.

All neonatal deaths are reviewed using the national perinatal mortality review tool, with external representation and parental engagement; we will continue to ensure a high quality review process with a focus on learning, reporting and action to improve future care.

The Trust recognises that the current Neonatal Mortality rate is above our goal and following internal reviews and a review by Birmingham Womens Hospital Neonatal Team an external review has been commissioned via the North West Neonatal Operational Delivery Network will undertake a Independent Mortality review commencing in March 2021 which will take approximately 6 months to report back.

The Trust will continue to undertake review internally of all neonatal death and provide a quarterly report to the Quality committee and Trust board as part of the Trust Learning from Deaths Policy.

Learning from Deaths

The following section of the report provides information as to how the trust learns 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 very carefully 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.

The below table provides an overview of all reviews or investigations conducted for each adult and perinatal deaths within LWH. The quarterly percentage includes both adult and perinatal deaths, in total there were 53 deaths, of this 5 were expected gynaecological oncology patients on a palliative care pathway, 1 unexpected Gynaecology death and the remaining 47 deaths were infants who died as a result of their serverity and/or complexity of their clinical condition

Overall deaths (adult and paediatric deaths)	**%**
Estimate of the number of deaths during reporting period 01 April 2020 – 31 March 2021 for which a case review or investigation has been carried out	92.0%
Number of the patient deaths during the reporting period 01 April 2020 – 31 March 2021 which are judged to be more likely, than not, to have been due to problems in the care provided to the patient	11.2%

	(Neonatal only on PMRT)
Number of overall deaths as a percentage in Q1 (No of overall deaths 7)	13%
Number of overall deaths as a percentage in Q2 (No of overall deaths 23)	44%
Number of overall deaths as a percentage in Q3 (No of overall deaths 9)	17%
Number of overall deaths as a percentage in Q4 (No of overall deaths 14)	26%

Neonatal

Since January 2019 all neonatal deaths on NICU have been 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. Reviews are planned for 6-8 weeks after the baby has died. Where there has been an in-utero transfer for 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 care. If a joint review is not possible care at LWH is reviewed and the booking / delivery hospital is contacted and asked to complete a local review. Each case is then assigned a grade (A-D, see below) for each of the following areas: antenatal care, neonatal care and care 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 a grading of C or D has been assigned will be then reviewed further 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.

Of the reviews held to date we identified care issues in the neonatal management in 7 of 11. In 4 of those cases the care issues identified did not affect the outcome. Three of the cases were deemed to have neonatal care issues which may have affected the outcome for the baby. For one of those cases the care issues identified related to management in the birth hospital prior to transfer to LWH for higher level intensive care, the birth hospital will address this issue. Two cases were found to have issues with neonatal care at LWH which may have affected the babies' outcome. Both cases will have in depth table top reviews of the issues contributing to the C grading, which for both was early respiratory

management in extreme preterm babies although in different ways. The table top reviews are pending at this time.

The issues identified which did not have affected the outcome for the baby (grade B) include:

- Unplanned extubation
- Prolonged handling for central line insertion
- Delay in performing septic screen
- Hypothermia on admission (birth hospital actions)
-

Actions to address the above issues:

- Unplanned extubation audit and QIP – commenced May 2021
- New admission and early management protocol for extreme preterm babies – education and training commenced May 2021, launching June 2021
- LOTW May 2021 – golden hour septic screen for administration of antibiotics within 1 hour of decision to screen
- Hypothermia – related to equipment issue and will be addressed by the birth hospital

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.

They 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. 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.

Compliance with NICE Quality Standards

During 2020-21 the Trust ensured to continue to maintain its robust approach to the reviewing and actioning of NICE quality Standards whish are relevant to the services provided by the Trust. The information below provides an update for the 2020-21 period.

Our Priority Effectiveness	**Increase compliance with NICE Quality Standards** **Achieved in 2017-20 Strategy, achieved in 2020-21**
What we said we'd do	Demonstrate compliance with evidenced based practice and aim to be in the top performing 20% of trusts for anticipated critical outcomes by: • Agreeing implementation plans for NICE Quality Standards in each division. • Auditing compliance. • Identifying a suite of clinical indicators for each division, establishing baseline data. • Developing and implementing improvement plans for clinical indicators that fall outside the top 20% against appropriate peers. • Increasing oversight of delivery via the Effectiveness Senate and Quality Committee.
What the data shows	The data shows that: • Implementation plans for all relevant NICE Quality Standards in each division are agreed and recorded monthly. • All NICE Quality Standards released in 2020-21 have been considered for applicability to the Trust and where applicable, allocated appropriately. • NICE Quality Standards which are recorded as being 'fully implemented / compliant' were considered for inclusion in the Annual Clinical Audit Forward Plan. • In order to increase oversight of delivery of the Quality Standards, this is reported monthly to the Information Team via the Performance Report (Power BI) and at both the Effectiveness and Safety Sub Committee and the Quality Committee. • Of the 8 NICE Quality Standards deemed applicable 7 (87.5%) have completed baseline assessments, 4 (57%) of which we are fully compliant with and 3 (43%) have actions in progress in order for us to become fully compliant and 1 (12.5%) has a baseline assessment in progress to establish compliance.
What happens next?	To continue with current processes and encourage audit of implemented Quality Standards.

Seven Day Hospital Services

Due to the Coronavirus pandemic, the Spring Seven Day Service return was scheduled for September 2020 but in June 2020 the Regional Seven Day Service team informed trusts that due to the ongoing pressures that trusts are under, it is felt that a September BAF would be unreasonable and would not necessarily reflect business as usual (BAU) in regards to the 4 priority Seven Day Service standards. The **September Return was CANCELLED and there are no current plans to collect a Regional BAF return this year.**

Further returns are not envisaged from a regional perspective. We await clarity from the NHSE-I Regional Medical Directors in regard to how they wish to seek assurance to the delivery of this agenda. It is assumed this will be via a local assurance process with commissioners but this has not been confirmed as yet.

Findings (Self-Assessment in September 2020)

The Trust has dropped slightly from its position of compliance against the target for priority Standard 2 from 96% in spring 2020 to 87.5%. This was due to two women being seen by a Consultant outside 14 hours. They were admitted at the weekend after the Consultant ward round and were reviewed the following morning. Both had comprehensive management plans in place and were reviewed by senior trainees.

The successful round of Consultant recruitment to the Gynae Emergency Dept (GED) on 4th May 2020 has expectedly improved the week-day cover and patient access to Consultant led decision making. Further development of the acute Gynaecology service model and the embedding of learning gained from the Covid-19 pandemic response, in terms of triage, efficiency of clinical pathways and the assimilation of new clinical techniques into normal practice are expected. From the types of cases admitted to LWNHSFT, there is no indication currently that a significant change in weekend cover is required. Comprehensive management plans were in place for all admissions.

As previously reported, there has been no significant progress against the requirements of Standards 5 & 6 as these ostensibly require co-location with an adult acute site to be fulfilled. There is now an agreed MoU with Liverpool University Hospitals NHS FT. (See table below)

In the most recent survey, 16 women were eligible for entry into the survey at LWH. Most emergency gynaecological admissions in the Trust are for miscarriage and hyperemesis. For this report, hyperemesis cases have been excluded by agreement with the CCG and 7DS assurance service as there are standard pathways in place for its management. The 7DS standards therefore apply to a small proportion of women admitted to LWH. 14 were seen within 14 hours in this survey with some being seen almost immediately in the GED.

STANDARD	SELF ASSESSMENT	SCORE
Priority Standard 2 – All emergency admissions must be seen by a suitable Consultant at the latest within 14 hours from time of admission (target >90%)	In this survey, 87.5% of admitted women were assessed in person by a Consultant within 14 hours of admission, a slight drop in the Trust compliance since the last survey. Most emergency gynaecological admissions in the Trust are for early pregnancy problems including miscarriage and hyperemesis. All have review and decisions at senior level. Patients requiring thorough clinical assessment by a suitable Consultant were seen daily.	**Not met**

	The current job plans do not specifically make reference to 7DS but the on-call rotas cover Consultant ward rounds and emergency admissions. The significant challenge posed by the Covid-19 pandemic should be considered. The team continued to maintain a service throughout the pandemic. For 2021/22 the Trust has invested in an additional 4.2wte Consultant posts to support the Clinical Case for Change working towards 24/7 medical cover on site. This builds on the existing consultant numbers that we have continued to invest in since 2017/18. Whilst we have invested in this number, there are still issues in actually recruiting into the roles, particularly within Anaesthetics. Medial staffing is closely monitored by the Medical Director and the Trust board and where required identify mitigating action to maintain safety.	
Priority Standard 5 – Hospital inpatients must have 7 day access to diagnostic services & Consultant directed diagnostics	MoU being developed with LUFT regarding access to diagnostic series for urgent cases (24/7 days) these pathways are not as streamlined as they could be work activity required. To refine fine these pathways with partners in LUFT	**Not met**
Priority Standard 6: Hospital inpatients must have 24 hr access to consultant delivered interventions on site or through formally agreed arrangements	Key consultant delivered interventions can be accessed but these are generally provided outside specialty specific guidance due to stand-alone site of LWH. MoU with LUFT in place.	**Not met**
Priority Standard 8: All HDU patients have twice daily Consultant review and at least once every 24 hrs once a clear pathway has been agreed	100% return achieved with evidence of multi-disciplinary involvement including from adult acute Trust. Care is also provided off – site to women admitted in other hospitals e.g. RLBUHT/Aintree if needed. Increasingly LWH treats women assessed pre-operatively as potentially needing ITU care in the post-operative period at the acute Trust rather than on the stand-alone site.	**Met**

Providing the Best Patient Experience

At Liverpool Women's we also know that the experience that our patients have whilst under our care is of great importance. We understand that many of our patients have contact with us at some of the most significant times in their lives; with that in mind it is our ambition to make the experience of everyone who steps through our doors the best that it can possibly be. We also know that this goal of a great patient experience can only be delivered by a workforce who are engaged, competent and motivated to deliver high quality care.

Staff Survey Results

The 2020 National Staff Survey was conducted from October to December 2020, with the results being published nationally on 11th March 2021. Clearly, the survey period coincided with the covid 19 pandemic, and it is possible that this might have had an effect of some of the results.

The survey is carried out by all NHS organisations using a nationally agreed set of questions. As in previous years, the Trust surveyed its entire staff rather than just the required minimum sample, and the survey was undertaken by Quality Health, one of the DH approved contractors. Also as in previous years, our comparator group is 'specialist acute Trusts' which is made up of fourteen trusts across the country, although in reality, our services are more akin to those provided by a (general) acute Trust.

The survey itself contains a total of 31 questions, many with multiple parts, but for the nationally published results, these are statistically analysed grouped & weighted, and presented as ten key themes: equality diversity & inclusion, health & wellbeing, immediate managers, morale, quality of care, safe environment (bullying & harassment), safe environment (violence), safety culture, staff engagement, and team working (last year there was also a separate 'theme' for quality of appraisals). The results are presented as a score out of ten for each theme.

Issues for Consideration Overall Theme Scores

The results of the national staff survey are now headlined as ten key themes. The nationally published reports display these showing comparisons against other similar Trusts (we are classed as an acute specialist trust, for which the comparator group includes 14 organisations), and against our previous years' scores. The tables below represent a summary of these comparisons:

Comparisons Against Other Acute Specialist Trusts:

equal to best	1	equality, diversity & inclusion
above average	1	safe environment – bullying & harassment
equal to average	3	health & wellbeing safe environment – violence team working
below average	1	morale
equal to worst	4	immediate managers quality of care safety culture staff engagement

Comparisons against Our 2019 Survey Results:

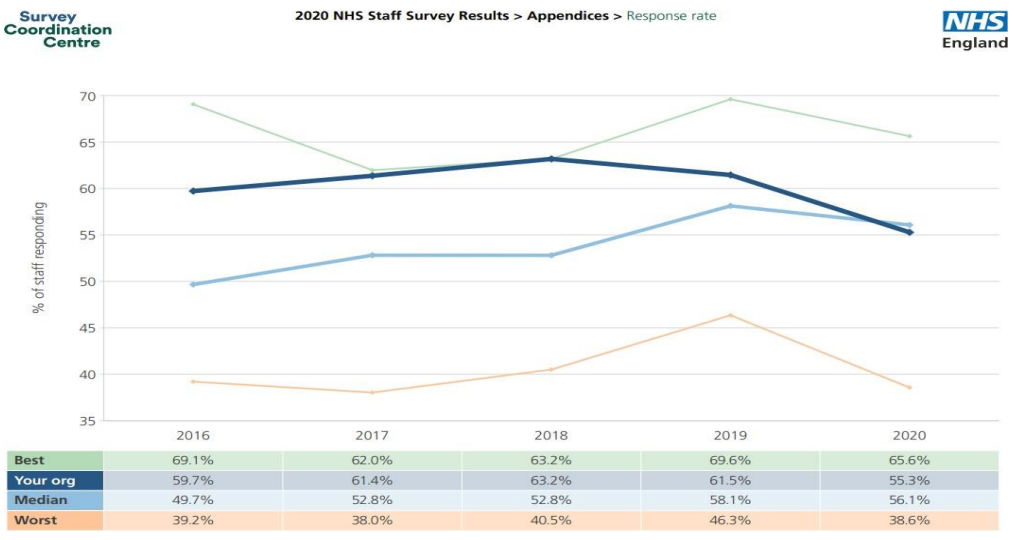
improved	3	equality, diversity & inclusion (9.4□9.5) health & wellbeing (6.4□6.5) team working (6.6□6.8)
unchanged	4	morale quality of care safe environment – bullying & harassment safety culture
deteriorated	3	immediate managers (6.9□6.8) safe environment – violence (9.9□9.8) staff engagement (7.2□7.1)

However, it should be noted that **none of the changes** in our overall theme scores were deemed to be **statistically significant**:

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.4**	822	**9.5**	788	Not significant
Health & wellbeing	**6.4**	830	**6.5**	796	Not significant
Immediate managers †	**6.9**	826	**6.8**	790	Not significant
Morale	**6.3**	814	**6.3**	789	Not significant
Quality of care	**7.6**	746	**7.6**	681	Not significant
Safe environment - Bullying & harassment	**8.7**	819	**8.7**	788	Not significant
Safe environment - Violence	**9.9**	822	**9.8**	790	Not significant
Safety culture	**6.9**	826	**6.9**	792	Not significant
Staff engagement	**7.2**	831	**7.1**	789	Not significant
Team working	**6.6**	816	**6.8**	776	Not significant

Response Rate

The table below shows that although our response rate didn't manage to reach the same level as previous years, this was reflected across our comparator group. The same pattern of lower response rates was also seen nationally, and is likely to be a result of the survey being conducted during the covid 19 pandemic, when staff and services faced vastly increased pressures and challenges:

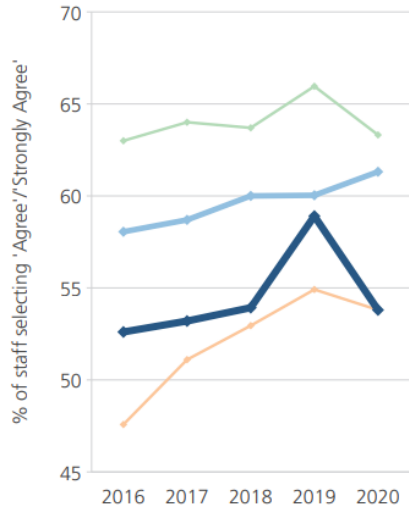


	2016	2017	2018	2019	2020
Best	69.1%	62.0%	63.2%	69.6%	65.6%
Your org	59.7%	61.4%	63.2%	61.5%	55.3%
Median	49.7%	52.8%	52.8%	58.1%	56.1%
Worst	39.2%	38.0%	40.5%	46.3%	38.6%

Individual Question Scores:

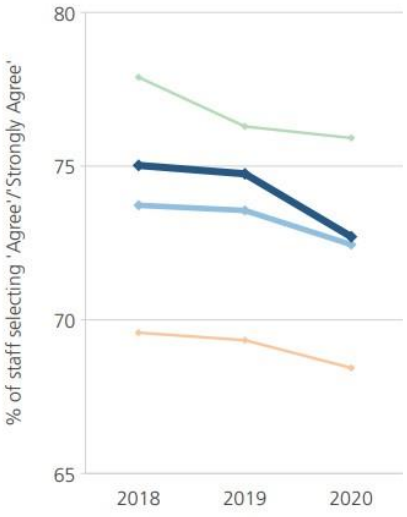
The published reports also provide more detail in relation to individual questions. Whilst the overall pattern of little or no change is also reflected at the individual question level, there are some that stand out as issues that would bear closer examination:

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



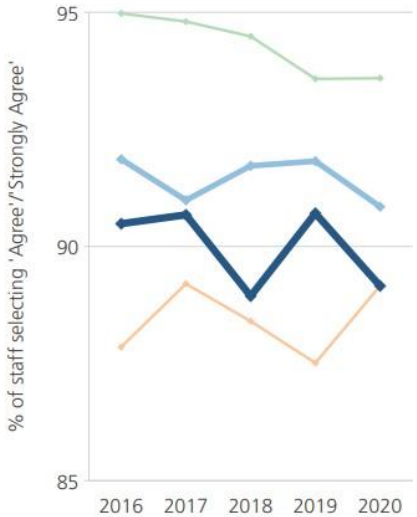
	2016	2017	2018	2019	2020
Best	63.0%	64.0%	63.7%	66.0%	63.3%
Your org	52.6%	53.2%	53.9%	58.9%	53.8%
Average	58.1%	58.7%	60.0%	60.0%	61.3%
Worst	47.6%	51.1%	52.9%	54.9%	53.8%

Q4j
I receive the respect I deserve from my colleagues at work



	2018	2019	2020
Best	77.9%	76.3%	75.9%
Your org	75.0%	74.7%	72.7%
Average	73.7%	73.6%	72.4%
Worst	69.6%	69.3%	68.4%

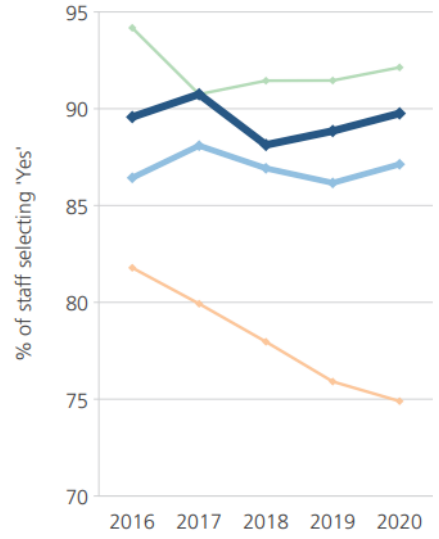
Q7b
I feel that my role makes a difference to patients / service users



	2016	2017	2018	2019	2020
Best	95.0%	94.8%	94.5%	93.6%	93.6%
Your org	90.5%	90.7%	88.9%	90.7%	89.2%
Average	91.9%	91.0%	91.7%	91.8%	90.8%
Worst	87.9%	89.2%	88.4%	87.5%	89.2%

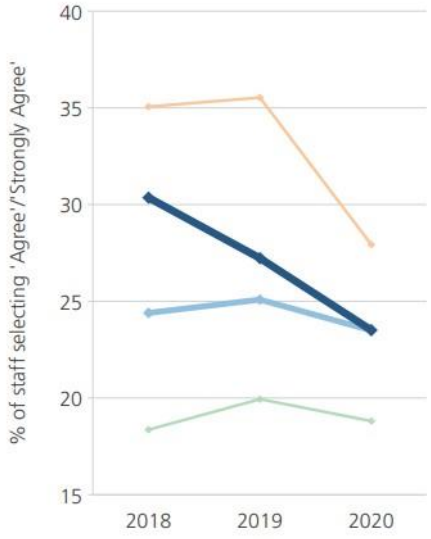
Equally, there are also some that stand out as cause for optimism/celebration:

Q14
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



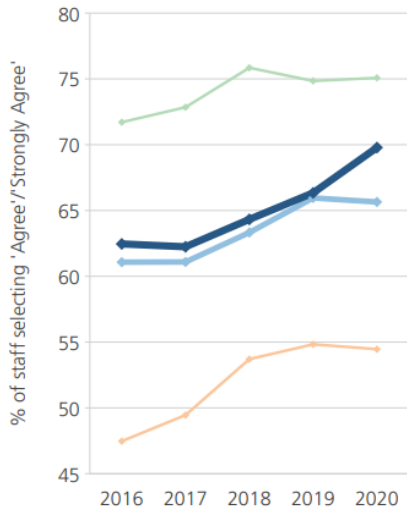
	2016	2017	2018	2019	2020
Best	94.2%	90.7%	91.4%	91.5%	92.1%
Your org	89.6%	90.7%	88.1%	88.8%	89.8%
Average	86.4%	88.1%	86.9%	86.2%	87.1%
Worst	81.8%	79.9%	78.0%	75.9%	74.9%

Q19a
I often think about leaving this organisation



	2018	2019	2020
Worst	35.1%	35.5%	27.9%
Your org	30.4%	27.2%	23.5%
Average	24.4%	25.1%	23.5%
Best	18.4%	19.9%	18.8%

Q16d
We are given feedback about changes made in response to reported errors, near misses and incidents



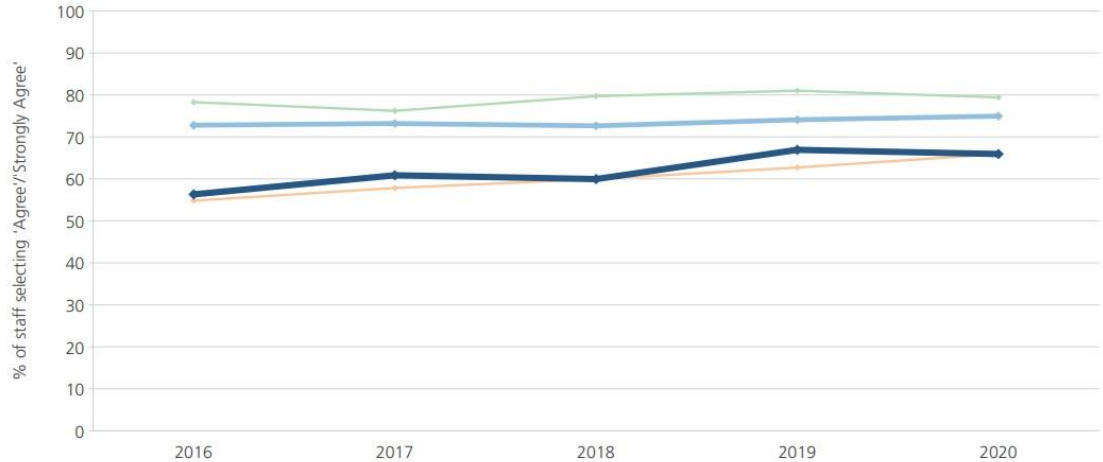
	2016	2017	2018	2019	2020
Best	71.7%	72.8%	75.8%	74.8%	75.1%
Your org	62.5%	62.2%	64.3%	66.3%	69.8%
Average	61.1%	61.1%	63.3%	66.0%	65.6%
Worst	47.5%	49.5%	53.7%	54.8%	54.5%

For the two key questions regarding recommending the Trust as either a place to work or receive treatment, the changes from last year's scores were minimal:

Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your organisation > Q18c > I would recommend my organisation as a place to work

NHS England

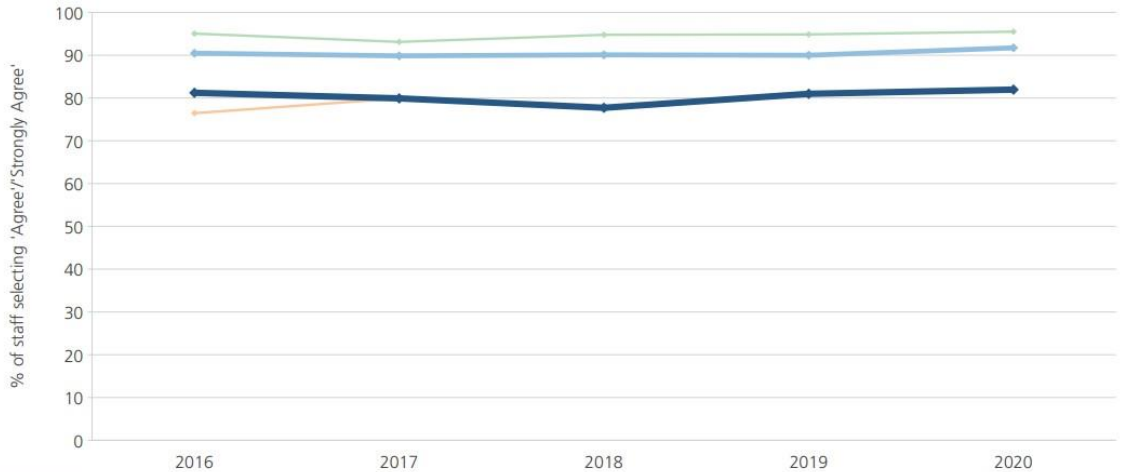


	2016	2017	2018	2019	2020
Best	78.3%	76.2%	79.7%	81.0%	79.4%
Your org	56.3%	60.9%	60.0%	66.9%	65.9%
Average	72.8%	73.2%	72.6%	74.1%	75.0%
Worst	54.8%	57.8%	60.0%	62.7%	65.9%
Responses	841	863	866	820	790

Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your organisation > Q18d **>** If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

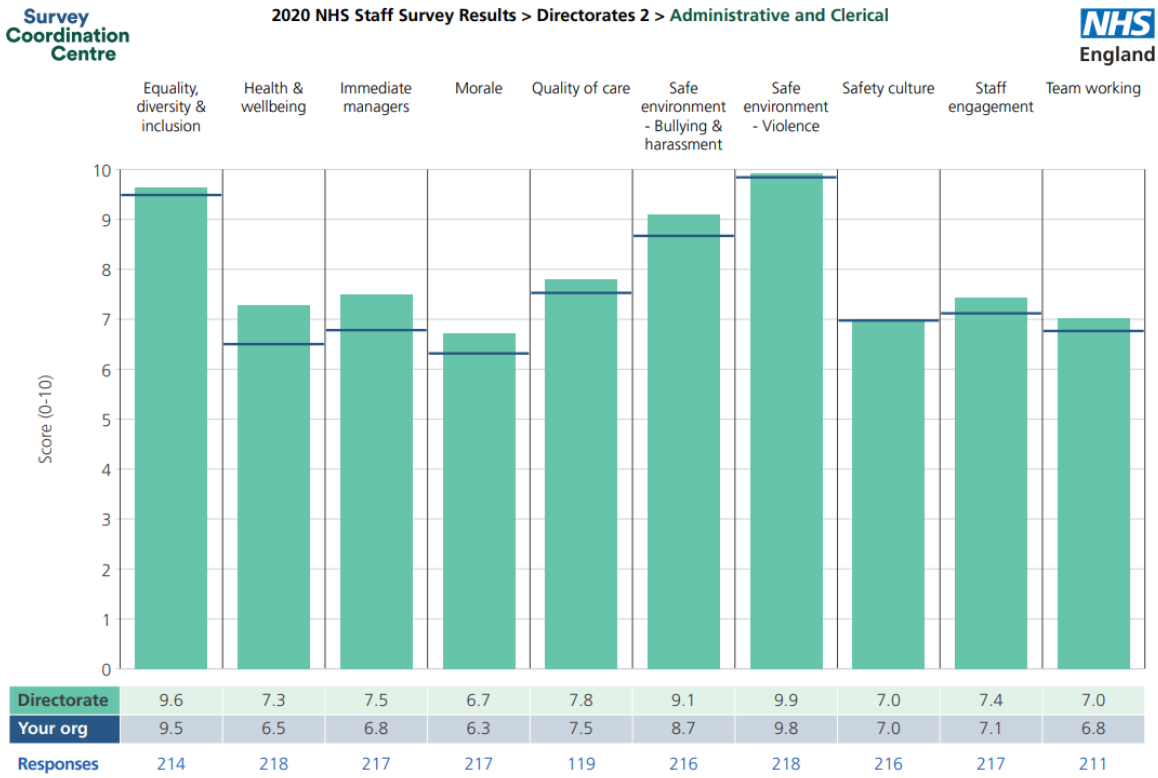
NHS England



	2016	2017	2018	2019	2020
Best	95.1%	93.1%	94.8%	94.9%	95.5%
Your org	81.2%	79.9%	77.7%	81.0%	82.0%
Average	90.5%	89.9%	90.1%	90.0%	91.7%
Worst	76.5%	79.9%	77.7%	81.0%	82.0%
Responses	841	864	861	820	793

Divisional and Staff Group Results
Below are some of the examples of the variation in scores across the divisions:

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.7	7.0	6.8	6.7	7.8	8.9	9.9	7.8	7.4	7.0
Your org	9.5	6.5	6.8	6.3	7.5	8.7	9.8	7.0	7.1	6.8
Responses	143	144	144	144	143	142	141	144	143	142



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.6	7.3	7.5	6.7	7.8	9.1	9.9	7.0	7.4	7.0
Your org	9.5	6.5	6.8	6.3	7.5	8.7	9.8	7.0	7.1	6.8
Responses	214	218	217	217	119	216	218	216	217	211

Across the Staff Groups:

Full comparisons for all divisions and staff groups are included in the nationally published directorate report. These reports are being included with the feedback given at division and directorate levels so that local management can see where they stand in relation to the bigger Trust wide picture, and

therefore identify specific local issues that need addressing.

Benchmarking with other local Trusts
At North West level 5 out of 20 Acute Trusts were on or above the national benchmark on all 10 themes within the survey. STHK were above on all 10 9. Bolton and East Lancashire also performed well.

All acute specialist organisations achieve above average in all 10 themes **except LWH where we fell below in 6 of the 10 national themes.**

As usual, we perform less favourably than other (specialist) Trusts in the region on the key score of **Staff Engagement:**

Liverpool University Hospitals Trust	6.9
Birmingham W&C NHS Foundation Trust	7.2
Liverpool Women's NHS Foundation Trust	**7.2**
Alderhey NHS FT	7.4
STHK	7.6
Walton Centre	7.6
Liverpool Heart and Chest Hospitals	7.6

Let's Talk Survey Results
In parallel to the national staff survey, the rust also runs a quarterly local survey under the strapline "Let's Talk". The most recent of these was completed in December 2020, and a summary of the results is available on request. This summary has been shared with local managers along with their staff survey results to help them establish a wider evidence base to inform the development of their action plans.

Overall, there has been little change in this year's staff survey results. While on the one hand it is disappointing that more progress has not been made in key areas, it is also apparent that the continuing covid 19 pandemic is likely to have had an effect on the results, and on some of the key issues that are measured by the survey.

The results have been drilled down to division, directorate and ward/department level, and summaries have been distributed to the divisional management teams. The divisions have been g asked to pick a key theme from the results to focus on for improvement, with each ward/department being asked to identify a sub-theme and then follow through with an action plan to address the issues/barriers/problems within that sub-theme. Successes will then be shared across divisions and throughout the Trust as a whole as examples of best practice, thereby maximising the impact of changes driven by the staff survey results.

It is important that the Staff Survey data and key themes are used to inform the objectives within the Trust's Putting People First action plan and specific work streams emanating from that including

- Health and wellbeing strategy
- Cultural diagnostic programme
- Roll out of Fair and Just Culture training to 200 managers over next 3-6 months
- Leadership and Talent strategy
- How we learn from the lessons of covid and move forward towards recovery

The Trusts newly appointed Head of Culture, Inclusion, Engagement and Wellbeing will lead on

utilising the staff survey results to inform plans for cultivating and developing staff engagement across the Trust (both local and Trust-wide levels) and in taking forward the work to embed Fair & Just Culture into everything that we do.

While the current covid pandemic presents certain challenges to achieving these goals, it also offers the opportunity to be more creative and imaginative in coming up with solutions, building on some of the excellent work done during the pandemic around agile working, flexible support for staff and alternative delivery methods for learning and teaching.

Priorities for Improvement in 2020-25

As has been outlined in the report so far, the Trust has 3 clearly defined quality goals; to reduce harm, to reduce mortality and to provide the best patient experience. You have seen already how we have performed during 2019-20; the tables below set out what our priorities will be in the coming 5 years with the new quality and clinical combined strategy.

Our priorities are a combination of national and local issues and wherever possible are identified by as wide a range of stakeholders as possible as well as by the Trust. This includes patients, their families, the wider public, our staff and commissioners. We have held listening events and engagement sessions to allow all our stakeholders the opportunity to assist in choosing this year's priorities. The priorities are driven by the Trust's Quality Strategy and will allow us to achieve our vision of being the recognised leader in healthcare for women, babies and their families

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 Liverpool Women's, 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.

Quality improvement is a part of everything we do; naturally then some of this work is described elsewhere within our strategies and plans; where this is the case, we have made this clear. We will not duplicate work; we strive to be efficient in how we approach quality improvement throughout our organisation.

Clinical and Quality Strategy Aims and Priorities for 2020-2025

Liverpool Women's Hospital 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:

This ambitious Clinical and Quality Strategy focuses on our aim to be the leading provider of healthcare for women, babies and their families. We aspire to be recognised as an outstanding organisation.

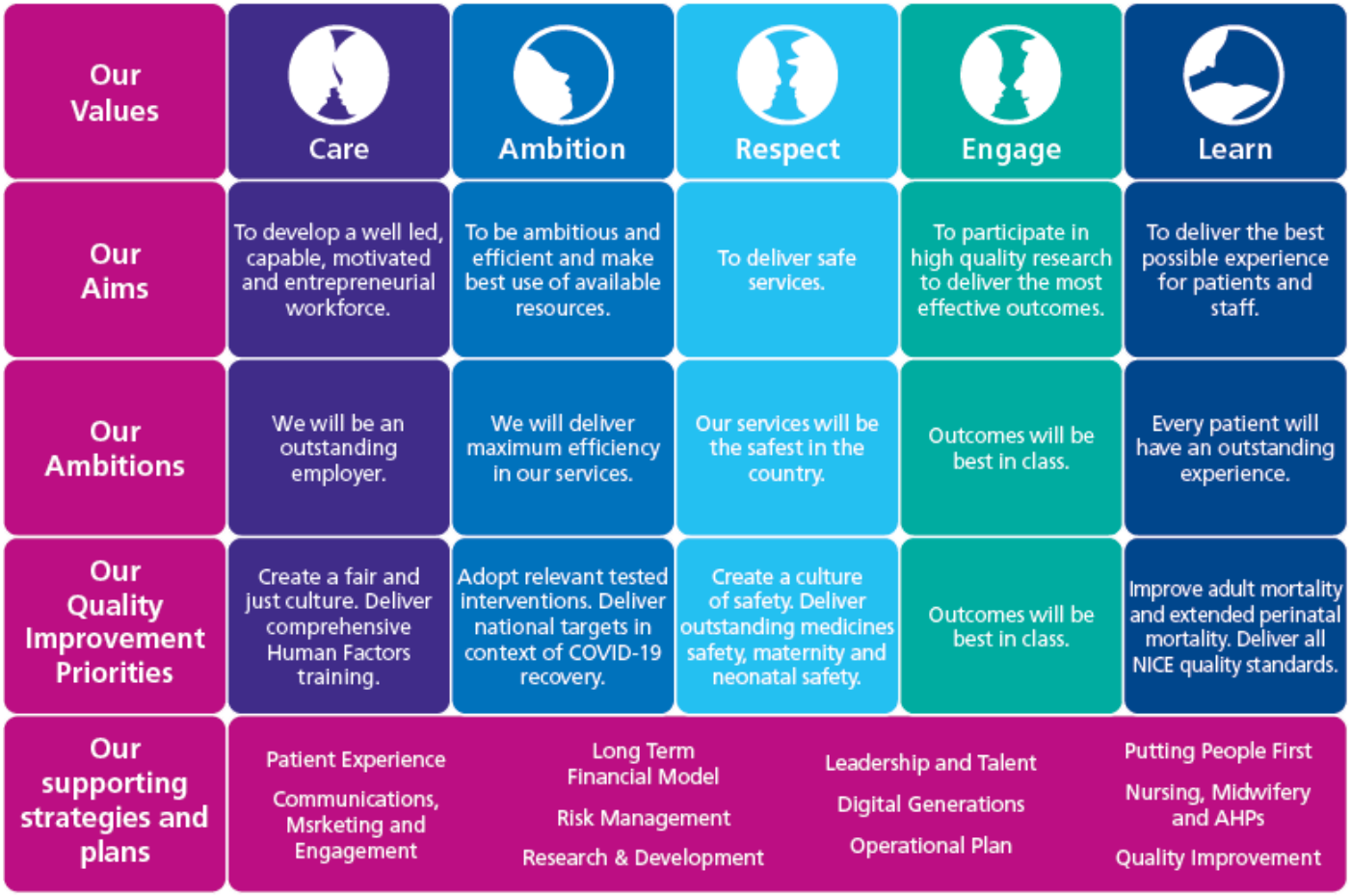
It sets out our ambitious goal of the three **Zeros - zero stillbirths, zero maternal deaths, and zero never events.**

This is a challenging and ambitious strategy but I know that with the right support, investment, training and encouragement, the team at Liverpool Women's will pull together to deliver a marked improvement in outcomes and experience for our patients and their families.

This strategy was developed through conversations with our staff, patients and governors. We have done this in a variety of ways; through individual discussions, listening events, engaging through social media, and increasingly through virtual meetings. We value the diverse perspectives we have gained from engaging with these different groups; they all have a part to play in shaping our future.

We have also considered our previous achievements and performance to help inform our priorities as well as using the feedback we have received from patients about our services, the clinical challenges that we face and our compliance against key clinical standards and service specifications.

Our leading roles in research, innovation, education and digital medicine underpins this strategy, driving forward improvement in the quality of care we provide.



How are we going to get there?

How we will deliver our goals:
Our methodology for delivering Quality Improvement is outlined in a separate strategy, because we recognise that Quality Improvement underpins all of our work, not just our clinical services.

The strategy has a number of key themes:

- QI methodologies and training
- Dissemination and implementation of lessons learned
- Human Factors training
- Ward accreditation, including pressure ulcers, falls, nutritional monitoring
- Patient safety training

We will aim to develop a flexible resource within the Trust to support our front line staff in delivering quality improvements and we will we will involve our patients as partners in the changes we make.

The Trust's QI projects will be centrally logged with the Governance Department but owned and acted upon by the Divisions with their embedded QI Champions.

Measuring our success

- Each of our quality improvement priorities will have a detailed implementation plan with defined outcome measures to track progress. The Quality Committee will regularly review progress against each priority.

- Our achievements will be reported through our annual Quality Report and we will evidence our progress through Clinical audits, patient feedback, clinical outcomes and mortality ratios.

- We will outline detailed plans for delivery of clinical priorities each year through our operational planning process. Our performance against each clinical priority will be monitored through our divisional assurance processes. We will:

- Make sure every person working in each of our services understands how their role contributes to the delivery of our plans through the PDR process;

- Make sure each of our corporate divisions understands their role in supporting the clinical services to deliver these priorities for the benefit of patients;

- Identify the resource needed to deliver these priorities through our operational planning process;

- Review our strategy regularly to make sure we are responding to our environment appropriately; and

- Refresh our strategy and priorities where appropriate.

We will communicate our success through:

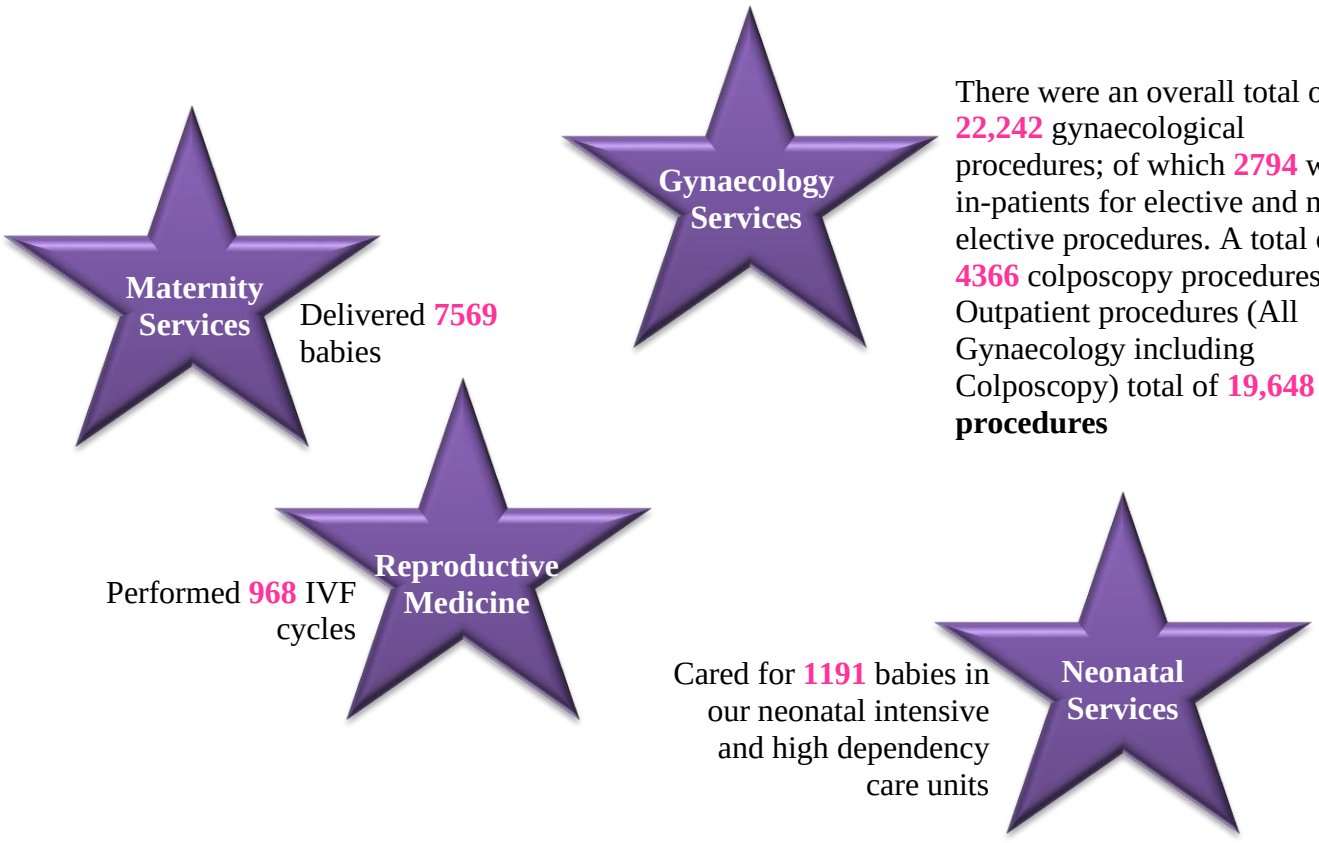
- Published reports to the Quality Committee and the Board;
- Patient experience forums, including our Maternity Voices Partnership;
- Social media channels;
- In The Loop and staff newsletters; and
- Individual and Divisional performance reviews.
- Awards and recognition of achievements

Statements of Assurance

The Trust is required to include statements of assurance from the Board. These statements are nationally requested and are common across all NHS Quality Accounts.

Review of Services

During 2020-21 the Liverpool Women's NHS Foundation Trust provided and / or sub-contracted 4 relevant health services:



The Liverpool Women's NHS Foundation Trust 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 2019-20 due to the impact of Covid-19 and the stand down in elective activity for a number of months. A recovery plan is in place following national guidance for 2021-22.

Participation in Clinical Audit

During 2020-21, 6 national clinical audits and 1 national confidential enquiry covered relevant health services that Liverpool Women's NHS Foundation Trust provides. During 2020-21 Liverpool Women's NHS Foundation Trust participated in 100% of national clinical audits and 100% of 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 2020-21, are listed below alongside the percentage of the number of registered cases required by the terms of that audit or enquiry.

Relevant National Clinical Audits	Did the Trust participate?	Cases Submitted
Neonatal Intensive and Special Care (NNAP)	✓	**100%**
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality	✓	**100%**
National Pregnancy in Diabetes Audit (NPID)	✓	**100%**
National Maternity and Perinatal Audit (NMPA)	✓	**100%** *(Data routinely collected from Maternity Services Dataset-MSDS).*
Learning Disability Mortality Review Programme (LeDeR)	**No cases to submit**	
Serious Hazards of Transfusion (SHOT) *(actions to be included in annual Bedside Transfusion Audit report)*	✓	**100%**

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

The report of 1 national clinical audit was reviewed by the provider in 2020-21 and the remaining reports are expected later in 2021 and Liverpool Women's NHS Foundation Trust intends to take relevant actions to improve the quality of healthcare provided.

National Clinical Audits	Actions Taken
Neonatal Intensive and Special Care (NNAP)	National report in the process of being reviewed prior to provision of local report and action plan.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Stillbirth	Awaiting National Report.
National Pregnancy in Diabetes Audit (NPID) 2019	Awaiting National Report.
National Maternity and Perinatal Audit (NMPA)	Awaiting National Report.
Learning Disability Mortality Review Programme (LeDeR)	Although we planned to participate in this project, we had no cases to submit.
Serious Hazards of Transfusion (SHOT) *(actions to be included in annual Bedside Transfusion Audit report)*	Awaiting Local Bedside Transfusion Audit Report.

The reports of 38 local & 1 regional clinical audits were reviewed by the provider in 2020-21 and 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 our Clinical Audit programme this year.

Trust Compliance with the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DOLS)

This audit found that there is full compliance with Trust policy in respect to establishing a lack of capacity, a decision made in Best Interest and the identification, authorisation, and notification of the outcome of deprivations of liberty within Liverpool Women's Hospital. To streamline processes further, external factors for reduction in admissions will be explored and Clinical Divisions will promote the need to complete the online mandatory training MCA module for identified staff groups. To support the move to a more robust, paperless service, the use of the MCA & Best Interest template on the Patient Electronic Notes System (PENS) will be promoted and an MCA & Best Interest template will also be developed for the Trust's K2 Athena system.

Re-audit to Assess Patient's Understanding and Recollection of Consent Process Pertaining to Obstetric Analgesia

A significant success from this audit was the level of patient engagement with the consent questionnaire with patients offering opinions on what they thought may enhance antenatal care in the future. The Anaesthetic Team is very involved with patient care as confirmed by the ability for women to ask for further advice. This is an improvement and future rotational trainees will be encouraged to continue this. To improve the consent process further, relevant information cards relating to consent are now present in all rooms on Delivery Suite and the Midwifery Team know to offer them to patients as soon as possible/appropriate. Discussions have also been held with the

Senior Midwifery Team as to whether information cards could be provided in the Induction Suite so that patients can read them prior to pain/opioids being a confounding factor. The findings of this audit have been discussed with the Anaesthetic Team to raise awareness of any identified problems with patient consent and to consider best options for distributing antenatal information, particularly if limited face-to-face contact continues as a result of the current pandemic. The findings of this audit were also widely disseminated via email and presented at the Anaesthetic Business Meeting.

Renal Cancer Screening Recommendations in Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC)

This audit highlighted that different screening modalities and regimes are being utilised by their respective healthcare providers, highlighting the importance of communicating the up-to-date screening recommendations. As a result, all patients identified, and their healthcare providers are being contacted in writing to inform them of the current renal screening guidelines in individuals with confirmed pathogenic familial hypercholesterolaemia (FH) variants. Parents of children who were too young for genetic testing at the time of last contact will be made aware of the current recommendations to offer genetic testing to at-risk children from the age of 10 years. Family member letters are also being prepared and will be provided to patients to be shared with their wider at-risk family members, as appropriate. The results of this audit were presented to the Clinical Genetics Team and a re-audit of compliance with screening guidelines is scheduled.

Patient Access to Fertility Preservation Treatment Re-audit

This re-audit was carried out to determine whether adherence to the National Institute for Health & Care Excellence (NICE) guidance has improved and to reassess our current management of fertility preservation referrals, length of time taken to treat patients and to understand reasons for any delays. The re-audit demonstrated improvement with adherence to NICE guidance, however, the referral to consultation interval can still improve further and the date of receipt of the referral was not always documented. As a result, this finding will be communicated to the fertility preservation team who receive the referrals stating that letters of referral are to be dated on the day of receipt. This will enable us to facilitate estimating the correct referral to review interval on the next re-audit and hopefully improve the referral to consultation interval further. To further ensure the public are fully aware of the referral pathway and the fertility preservation services that we provide, the section relating to fertility preservation on the Hewitt Fertility Centre website will be reviewed and updated if required.

Covid 19; An audit into triage standards in the Gynaecology Emergency Department (GED)

This audit was carried out to review if the processes for triaging within GED had been affected following changes in processes as a result of the Covid-19 pandemic. This audit found that patient triage was not always performed within the expected 15 minutes of arrival to the GED department, the GED escalation process required improvement and the physical location of the triage area required review. As a result, the triage process has been reviewed and staff training is underway to ensure the escalation of any delays and identification of high priority patients to Senior Staff. GED has physically relocated to allow for the initial assessment to be performed within the expected 15 minutes of arrival with a more in-depth Nursing assessment carried out following this. The findings of the audit were disseminated, and a re-audit is scheduled.

Re-audit to Assess the Image Quality of the Anomaly and Growth Scans
This audit was carried out to ensure compliance and consistency with scanning techniques and increase the likelihood of detecting any malformations in growth or development. 85% of the examinations scored a high standard however room for improvement was noted. As a result of the audit, individual sonographer findings were escalated to the management team for results to be disseminated to staff in one-to-one meetings. The Standard Operation Procedure (SOP) was altered to move the 'cardiac views' section under the 'structures examined for normality' to ensure this was included in every scan. A peer-review programme has been put in place which will involve all staff members and ensure the process is standardised. Staff are auditing images on a monthly basis and taking part in discrepancy meetings.

Compliance with the policy for filing of ICE results
This audit was completed to establish if all ICE results are being filed as per Departmental Standard Operating Procedures (SOPs). This was the first audit completed by the Trust having formulated the Electronic Result Reviewing and Filing (ERRaF) Policy and this will now be the benchmark audit to measure future performance against. As a result of the audit, both Maternity and Gynaecology SOP's will be reviewed to ensure they are consistent, clear and are reflective of manageable and sustainable current working practices. Pending any changes to the associated SOP's, the ERRaF policy will be updated and relaunched across the Trust. The re-audit is scheduled.

Postpartum bladder care Re – Audit
This re-audit aimed to demonstrate compliance with the new Obstetric Bladder Care guideline. The results found that postvoid residual volume (PVR) measurement at review had 94% compliance; there was an 89% compliance to protocol as per flowcharts and 100% compliance to referral at urogynaecology. Following a review of this audit against the 2019 audit, this re-audit helped to highlight the deficiencies in the management of women with postpartum retention. Earlier detection and management of retention has helped to reduce the volume of retention noted this year and has avoided long term complications. As a result of this audit, a repeat audit is recommended following the implementation of K2 documentation of obstetric care to ensure that all deficiencies noted have been rectified. Additionally, the department will invest in more bladder scanners in obstetrics.

Transitional Care Admissions
The aim of this audit was to assess compliance with the Transitional Care Admission Criteria of Liverpool Women's NHS Foundation Hospital (2018 – version 10 – NICU 34). The results found that compliance was 100% for meeting the current admission criteria to Transitional Care. The audit demonstrates that transitional care is an active part of the neonatal care provided at Liverpool Women's Hospital, preventing unnecessary separation of mother and baby and also reduces admission to the neonatal unit. As a result of this audit, a lesson of the week will be distributed to staff in regard to improving documentation and addressing what extra care can be added to Transitional Care compared to normal postnatal care. Written criteria for referrals to the Neonatal Outreach team will be developed and a Monthly Neonatal Dashboard will also be established to provide continuous monitoring of Transitional Care activity at Neonatal Multi-disciplinary team meetings.

The Trust annually prepares a Clinical Audit Programme. This programme prioritises work to support learning from serious incidents, risks, patient complaints and to investigate areas for improvement. The results of all audits, along with the actions arising from them, are published in the Trust Clinical Audit Annual Report and on the Trust's intranet to ensure all staff are able to access and share in the learning.

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)

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.

In response to the outbreak of SARS-CoV-2 and the subsequent statement by the Department of Health and Social Care, the set-up of all new clinical research projects and the participation of individuals in the majority of active clinical research projects were halted in March 2020. Exception was made to those studies where discontinuing them would have a detrimental effect on the ongoing care of individual participants involved. Following this decision, the Trust prioritised the delivery of COVID-19 research activity, a key element of the Government's overall response to the pandemic.

As the peak incidence of individuals admitted to hospital with COVID-19 reduced significantly towards the end of May 2020, attention was given to the identification of which of the portfolio of clinical research studies could start to reopen at the Trust. The policy was in line with Department of Health and Social Care and NIHR guidance, "Supporting the restart of paused NIHR research activities".

During the latter half of 2020/21 the Trust continued its efforts to contribute to quality National Institute for Health Research (NIHR) studies; focus efforts on collaborative research with academic partners to ensure the research conducted is of high quality, translational, providing clinical benefit for our patients in a timely manner; whilst balancing the prioritisation of the delivery of COVID-19 research activity.

Despite the challenges faced by the Trust, the number of patients receiving relevant health services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 1,316 of which, 880 were recruited into NIHR portfolio studies.

Liverpool Women's was involved in conducting 118 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2020/21. This figure also included 14 COVID-19 related studies that were opened and delivered at the Trust during the year. At the end of 2020/21 a further 28 studies were in set up, including 6 industry studies and a further 2 COVID-19 research studies.

There was approximately 87 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2020/21. 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, 109 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.
Key research achievements during 2020/21 can be summarised as follows:

- The response to the COVID-19 pandemic within Liverpool demonstrated willingness to pool and manages collective resources. The Strategic One Liverpool Partnership for COVID (STOP COVID) was established - a city-wide framework which aimed to support, accelerate and assess research-based innovations within the Liverpool City region by providing a single approval route for all grant applications for COVID related research, to ensure that the University and NHS partners, where applicable, had the capacity to undertake research safely.

- Participation in the City-wide Gold / Silver / Bronze research command and control process provided a structured approach to cross-organisational discussion, decision making, and an ideal platform for successful collaboration.

- In response to a surge in COVID-19 research activity in Liverpool as a result of the second/third waves, the Trust became actively involved in supporting the Liverpool School of Tropical Medicine with the delivery of the Astra Zeneca / Oxford and the COMCOV II vaccine trials. Research nurses were also deployed to Liverpool University Hospitals NHS Foundation Trust in order to provide support to interventional COVID research trials.

- Commencement of COPE: The Carboprost or Oxytoin haemorrhage Effectiveness study. A grant award of approximately £1.8 million in response to a commissioned call by the National Institute for Health Research HTA will support a 4 year study aiming to randomise nearly 4,000 women following a clinician's decision to give treatment to stop bleeding caused by a postpartum haemorrhage.

- The "Communication Assessment in personal Protective Equipment (CAPE)", designed and undertaken by Dr Alexander Malin a Clinical Fellow in Anaesthesia investigated the effects of personal protective equipment (PPE) including face masks and visors on verbal communication. As the use of PPE increased in frequency due COVID-19 the study sought to assess how much PPE can limit verbal communication as well as identifying potential methods to overcome these barriers. Dr Malin presented his findings at the combined Mersey & North Anaesthetic Trainee regional meeting and was awarded second place out of 26 presentations. He was also awarded the Jackson Rees Medal from the Liverpool Society of Anaesthetists.

- Following the appointment to the post of Consultant in Sexual and Reproductive Health, Dr Paula Briggs in association with Robinson Healthcare, has developed a speculum to assist in the diagnosis of urogenital atrophy for use in both primary and secondary care. The validation of this objective method of diagnosing urogenital atrophy and assessing response to treatment will facilitate ongoing research in relation to this condition.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

Activity related to CQUINS was suspended during the cvovid-19 Pandemic. As with all activity which was suspended form central monitoring the Trust continued to ensure where able we continued to focus on and achieve key requirements:

- Staff Flu Vaccinations – in 2020 the Trust achieved over 70% of staff receiving the vaccination
- Three High impact Falls – falls continued to be monitored monthly as part of the trust performance report at the Safety Senate.
- Alcohol & Tobacco – Screening and Advice – work on this area continued as part of the Trust MECC process in line with the CCG
- Neonatal Staffing – this is closely monitored on a daily basis and as part of the monthly staffing report to board and the biannual report.

Care Quality Commission

Liverpool Women's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions".

The Care Quality Commission has not taken enforcement action against Liverpool Women's NHS Foundation Trust during 2020/21.

Liverpool Women's NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during the reporting period.

What is the Care Quality Commission?

The Care Quality Commission (CQC) undertakes checks to ensure that Trusts are Safe, Caring, Responsive, Effective and Well-led. All NHS Trusts are required to register with them. If the CQC has concerns about a Trust it can issue a warning notice or even suspend or cancel a Trust's registration.

When Liverpool Women's was last formally inspected, in 3rd to 5th December 2019 for core services and 14th to 16th January 2020 for 'well-led', the CQC rated it as overall **GOOD**. Full results are shown in the table that follows:

Safe	Effective	Caring	Responsive	Well-led	Overall
Good → ← Apr 2020	Good → ← Apr 2020	Good → ← Apr 2020	Good → ← Apr 2020	Requires improvement ↓ Apr 2020	Good → ← Apr 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Liverpool Women's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Outstanding ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020
Gynaecology	Requires improvement ↓ Apr 2020	Requires improvement ↓ Apr 2020	Good ↔ Apr 2020	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020
Neonatal services	Good ↓ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020
End of life care	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Outpatients	Good Mar 2020	Not rated	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Overall*	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The Trust received an overall rating of 'Good' with a 'Requires improvement' for Well- Led.

- Maternity received an overall 'Good' with **'Outstanding'** for Responsiveness
- Gynaecology received an overall 'Requires improvement' with 'Good' for Caring
- Neonatal services received an overall 'Good'.

During the Core Services inspection conducted 3-5 December 2019, the CQC issued the Trust with a warning notice which stated a failure to ensure that systems and processes were effectively established to ensure the proper and safe management of medicines. All requirements of the notice were met in the required timeframe with evidence provided; the notice was lifter by the CQC. As part of the development in relation to medicines safety two initiates have been implemented; weekly medicines safety meeting, which reviews all medicines incidents from the previous week and the medicines safety bus which goes round wards and department weekly discussing incidents findings and providing support and advice to staff.

During 2020-21 the Trust has continued to work on the action contained in the action plan with monitoring by the Quality Committee. Noe process and producers have been introduced with associated local audits for assurance. None new process which has been implemented is the automated monitoring of fridge temperatures with the system 'Moinca', which will also alert pharmacy staff to identify when a fridge temperature has gone out of range.

There are two actions which remain outstanding at the time of this report and continue to be monitored by the Quality Committee: care of the under 18 year's olds in all areas and compliance with Referral to Treatment (RTT).

Under 18 Year olds – a lot of work has been undertaken in relation to this area of children's and young person's being cared for at LWH, including the production of a trust policy for the management of care, pain score, care of the deteriorating patient procedure, Standards for vital sign monitoring, plan to introduce PEWS (Paediatric Early Warning Score) chart linked to the deteriorating patient

and the recruitment of a lead nurse of Children and Young Persons. Work is ongoing to develop a bespoke in house training programme for clinical staff caring for children and young persons.

Referral To Treatment (RTT) – Due to the pandemic RTT and clinical activity came under national and regional control and guidance and the Trist has followed this throughout. The activity has continued to be monitored by the CCG and NHSE/I. As per national guidance all patients waiting for treatment have had regular reviews and also harms review to ensure where symptoms or requirements changed these were reprioritised and if required the care of the patient continued. The Trust has a full recovery plan in place in line with national guidance.

Data Quality

Liverpool Women's NHS Foundation Trust continues to hold regular data quality subcommittees to support the improvement of the data available to clinicians and senior managers within the Trust. These focus on specific specialties and have representation from key decision makers within the Divisions.

The Trust continues to follow an internal programme of audit of important data sets and selected key performance measures and reports a high standard of completeness in the results of these audits.

The Trust monitors data quality through a regular Data Quality Sub-Committee that reports through the Information Governance Committee to the Finance, Performance and Business Development Committee and focusses on specific specialties to ensure regular representation from senior managers and clinicians. This provides a forum for digital and operational staff to discuss issues and key data items relating to their specialty. Regular data quality reports, validations and audits are undertaken to provide me with assurance that submitted data is representative of the Trust's activity.

During 2020/21, the Trust commissioned external audits with regards to Referral to Treatment (RTT) and Cancer Waiting Times (CWT). RTT accuracy was 97%, CWT 100%. Internal clinical coding audits undertaken by an approved clinical coding auditor continue to show high levels of accuracy in line with previous external audits and the Data Security & Protection Toolkit high assurance requirements.

The quality of performance information used across the Trust is assessed using a structured approach. All patient NHS numbers are checked and validated against national data on a weekly basis, patient level activity data is validated against plan on a monthly basis, including consistency checking across hospital/clinical patient record systems and a central data warehouse, and datasets are verified through two external sources. Our data is then further reviewed to compare against other providers to ensure our clinical performance 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). 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 has implemented the use of statistical process control (SPC) charts across every KPI measuring both performance and the underlying data.

Information Governance

The defining feature of the 2020/2021 financial year was the impact that the Covid-19 healthcare emergency had on almost every area of the Trust. As well as affecting the operations of the Trust, the Covid-19 emergency also changed the compliance external reporting requirements to which the Trust must operate, which was most evident in the relaxing of some reporting deadlines. Ordinarily, all Trusts are required to submit their end of year Data Security and Protection (DSP) Toolkit position at the end of March each year but the effects of Covid-19 meant that the normal end of year deadline was moved from the end of March 2021 to the end of June 2021. Because of this, at the time of writing, the Trust did not have an end of year DSP Toolkit submitted positon The Trust though is, as always, operating with an expectation that the submitted position that will be made in June, will be "Standards Met".

In November 2020 the Trust was subject to an independent readiness audit, which was not intended to give an actual assurance opinion but instead provide an indicative opinion on whether the Trust's Information Governance processes were operating effectively. There were no issues raised by the audit that would suggest the Trust's Information Governance processes and arrangements were not operating effectively, which itself signalled that the Trust was well positioned in its overall aim to achieve "Standards Met" by the June submission deadline.

During 2020/2021 there were no incidents that required reporting to the Information Commissioner's Office (ICO).

Clinical Coding

Liverpool Women's NHS Foundation Trust commissioned an external clinical coding audit in 2019-20 in line with the Data Security & Protection Toolkit guidelines. Good practice was noted in relation to the structure of the Clinical Coding Department, which was found to provide a supportive working environment with good channels for professional progression within the structure. The audit reported well-structured policies and procedures that effectively support the running of the department with active engagement from clinical staff.

The Clinical Coding Department's Internal Audit Programme in 2020/21 found the overall accuracy of clinical coding to be of a high standard, meeting 'Standards Exceeded' level for DSPT. The Trust has a high level of assurance that clinical coded data submitted is accurate and complete, supporting patient care and contributing to effective management.

Duty of Candour

The Francis Inquiry report into Mid Staffordshire NHS Foundation Trust recommended that a statutory duty of candour be introduced for health and care providers. This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of regulated activity.

In interpreting the regulation on the duty of candour Liverpool Women's NHS Foundation Trust use the definitions of openness, transparency and candour used by Robert Francis in his report. The thresholds and harm definitions of moderate and severe harm are consistent with existing National Reporting and Learning System (NRLS) definitions, including prolonged psychological harm. The Trust records all specified instances in which it applies duty of candour on its Ulysses Risk Management system.

Duty of Candour requirements are covered by the Care Quality Commission's (CQC) Regulation 20. Trust Management are keen to confirm compliance with key aspects of Regulation 20, where they are aware that an incident has arisen requiring a Duty of Candour response.

A Duty of Candour Trust Audit completed in In April 2021 demonstrated that the Trust was 100% compliant with the Regulatory requirement for Duty of Candour. The audit examined the Trust policy and procedures and reviewed all incident where Duty of Candour Applied to identify if all requirements had been completed.

Fair and Just Culture

A Fair and Just (F&J) Steering Committee has continued to meet with the 15 F&J trained leaders and others across the Trust, although at a reduced rate during the Cvoid-19 Pandemic to continue to develop an operational plan and focus on staff and patient engagement. Policies have been reviewed to incorporate Fair & Just principles and processes. The steering committee continue to review areas where the use of F&J framework can be most beneficial to staff and the Trust. The Trust has been reviewing it Root Cause Analysis training for patient safety incidents to become a more generic Investigator training so staff has the same level of abilities and skill to undertake all types of investigations across the Trust.

During the Covid-19 pandemic a review of the current method for providing F&J training for all staff has been undertaken with alternative methods rather than face to face books clubs being identified and reviewed a new training framework is planned for 2021-22.

The use and implementation of the F&J decision framework continues to be worked on and the trust has seen a changes in the language used when dealing with issues and incidents to one of being more fair and just rather one of blame. The senior management team have continued to re-inforce the principles of the Fair and Just not just in meeting but as part of communication to staff.

Junior Doctor Staffing

During 2020 - 2021, junior doctors worked differently due to covid. This included working emergency rota patterns, telemedicine working and virtual clinics. As noted in Guardian of Safe working of Hours, covid did have an impact on training and this was addressed by the Director of Medical Education with a clear plan in place to ensure no trainee was disadvantaged when normal rotas were re-introduced to the services. The Guardian has also saw an increase in exception reporting due to hours worked and missed breaks. The Guardian continues to work with the clinical leads to ensure any issues regarding exception reports are managed and addressed.

Due to the national government guidance and the requirement for staff to shield for health issues and those staff from 28 weeks pregnant and long-term sickness. There was also an increase in doctors in difficulty during these periods that were well supported by both the Trust and the Lead Employer. The gaps throughout the year fluctuated more than usual and therefore the number of gaps is not detailed in this paper due to the differing numbers on a monthly basis.

Obstetrics and Gynaecology

The Trust continued to fund an additional 11 WTE Trust employed doctors who are employed to support the junior doctor rotas within O&G. Although there has been much success over the years, there was a financial impact to the Trust as the O&G rotation was over established. The Trust posts also enabled the service to cover absences due to Covid including shielding. 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 will continue to review these posts throughout the coming year.

The over establishment allowed the service to double up some trainees during out of hours. This was put in place to ensure the less experienced doctors such as foundation and GP trainees had support when working out of hours as some of these doctors have not worked in obstetrics before and could at times find it daunting. There has also been an increase in mental health illness amongst trainees and again, these trainees are well supported when on shift. It also, when necessary enables struggling trainees to work part of an on call block.

Due to the above, the service has not relied on agency doctors to cover gaps on the junior doctor rota. The current cohort of doctors have been able to cover the gaps ensuring that the areas are covered by doctors who are familiar with the patients and hospital systems and protocols.

Anaesthetics
Anaesthetics continue to workforce plan by appointing Trust grade doctors who are in-between training or those who need some additional support when sitting their exam to gain ST3 placements. As the Anaesthetic service receives a number of CT2 trainees who do not have obstetric experience the Trust grade doctors support the rotas whilst the CT2 trainees are trained in obstetrics enabling them to work out of hours safely. The service saw an increase in absences much related to covid during the year and were able to cover all gaps with doctors in training.

Neonates
As previously detailed, the neonates' junior doctor staffing is well supported by Neonatal Advance Nurse Practitioners. During quarter 1 of this year, 2 trainees were seconded to Alder Hey to help support their services. This is not impact on the LWH due to good robust planning.

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.

Reporting against Core Indicators

All NHS Trusts contribute to national indicators that enable the Department of Health and other organisations to compare and benchmark Trusts against each other. As a specialist Trust, not all of them are relevant to Liverpool Women's. This section of the report gives details of the indicators that are relevant to this Trust with national data included where it is available for the reporting year.

30 Day Emergency Readmission Rates

The first category of patients benchmarked nationally is those aged 0-15. The Trust admits fewer than 10 patients in this age category each year and so benchmarking of readmissions with other Trusts is not of any meaning.

The table below shows the percentage of patients aged 16 and above who were readmitted as an emergency within 30 days:

Trust 2020/21	Trust 2019/20	Trust 2018/19	National Average 2018/19 figures
3.35%	3.04%	9.85%	14.4%

Liverpool Women's considers that this data is as described for the following reasons: readmission rates can be a barometer of the effectiveness of all care provided by a Trust. Liverpool Women's is committed to providing effective care.

Liverpool Women's intends to take the following actions to improve this indicator and so the quality of its services: continue to monitor the effectiveness of surgical and post-operative care using this indicator.

Trusts Responsiveness to Personal Needs of Patients

One of the care goals of the Liverpool Women's NHS Foundation Trust is to provide the best patient experience. We use the information provided from our patients to tell us that the experience they have of the treatment and care they receive on their journey through the NHS and how we can be even more important to them than how clinically effective care has been.

To be able to achieve this we work to ensure that all patient individual personal needs are identified and dealt with in the most appropriate manner. Working with patients in partnership is key to a good patient experience which can have a significant impact on their maternity experience and the birth of their baby, experience of the gynaecology services throughout patients department and inpatient ward and their recovery or a peaceful death.

In relation to Neonatal care a close relationship is built up with parents who have babies on the neonatal unit no matter how short a time that may be to ensure not only that the parent scan be involved in their babies care as much as they are able but to also allow them to form a key essential bond with their baby. This has been even further evidenced by the successful completion of the new Neonatal Unit, the design of which was influenced by engagement with the parents of babies who have been on the Unit.

Within the Gynaecology in patient service all patients have an individualised care plans in place form when they are admitted, which are updated as the patient condition changes. These are reviewed by the Matrons and Head of Nursing to ensure that they are of a high quality and meet the patient's needs. There is a close working relationship with the safeguarding team in relation to ensuring that patient with Learning disabilities have reasonable adjustments in place prior to coming into hospital and for patients with Mental health issues is that there are process and procedures in place to support them whilst in the hospital environment.

Also within the unit there is a process of intentional rounding completed by the ward staff, ward manager and matrons to ensure that core care requirements are being met. This process is monitored via the use of ward nursing metrics system. The gynaecology ward had also introduced a daily huddle to clearly identify patients' needs and where applicable additional support if required.

In relation to the maternity service, all women have an individualised birth plans which is developed during their pregnancy, to ensure that as far as is possible during the woman's maternity care she has the best experience she would like to have to meet with her own personal needs. Birth plans are viewed by one of the Matrons to ensure that the plans are appropriate and written to meet the personal needs of the individual women.

NHS Trusts are required to have robust processes in place to ensure that essential standards of quality and safety are maintained in line with standards set by the Care Quality Commission (CQC) and Health and Social Care Act (2008). The desired outcome is that a patient's experience of care is safe, positive and clinically effective.

The process of Ward Accreditation has been introduced by the Director of Nursing and Midwifery which is a system of assessment of clinical environments to ensure that the highest standards of care and environmental safety are achieved. Where there are issue then an action plan is put in place to address these with oversight by the Quality Committee. One assessed the ward or departments are given an award level, Gold, Siler, Bronze and White. From the first round of assessment Neonatal Unit was given a gold award, Delivery Suite was given a silver award, Midwifery lead Unit was given and Silver award as was Maternity base and the Gynaecology Unit and Theatres were given a white award.

Liverpool Women's Hospital Safeguarding Team was shortlisted for a 'Learning Disabilities Initiative of the Year' award at this year's HSJ Patient Safety Awards 2020, recognising their outstanding contribution to healthcare.

The project 'Using Virtual Reality as a Reasonable Adjustment', is bespoke to Liverpool Women's, and offers patients, who may find coming to hospital distressing, an immersive experience using three-dimensional virtual reality so they can experience the hospital and its surroundings before attending their appointment. By experiencing the hospital in the safety of their own home, it is hoped anxiety will be reduced thereby improving the experience for both the patient and their carer, removing a potential barrier to accessing care and reducing health inequalities. The project was been supported by external partners including those who support patients with learning disabilities and autism, and whilst virtual reality has been used as a therapeutic tool for reducing anxiety and phobias on an individual basis this will be the first time virtual reality has been used as a Reasonable Adjustment.

Whilst we, as a Trust, are always happy to accommodate the needs of those who find coming into hospital distressing and use various methods to reduce anxiety and provide reassurance; we have been limited to trying to describe what to expect using words and pictures or visiting when the hospital is quiet. This project not only embraced digital innovation but provides a much needed opportunity for our patients and their carers to experience actually being in hospital whilst remaining in the safety of their own home.

The Safeguarding Team was shortlisted despite the tough competition from hundreds of applicants. They have been selected based on their ambition, visionary spirit and the demonstrable positive impact that their project has on patient and staff experiences within the health and/or social care sector. The project unfortunately did not win at the HSJ Patient Safety awards but did wind a Digital Innovation Award

Staff who would recommend the Trust to their family or friends

All Trusts are asked to record the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the trust as a provider of care to their family or friends. The table below shows how Liverpool Women's compares with other specialist Trusts nationally:

LWH 20-21	LWH 2019-20	LWH 2018-19	Goal
82.0%	80.9%	77.5%	95.0%

Liverpool Women's considers that this data is as described for the following reasons: although below the national average when measured against Specialist Trusts, Liverpool Women's performs more favourably if grouped with other Acute Trusts

Whilst there was only a small increase in staff recommending the Trust as a place to receive treatment this is in line with an overall improving trajectory since 2017 in the Trust's engagement score.

Venous Thromboembolism (VTE)

All Trusts are asked to record the number of patients receiving a VTE assessment expressed as a percentage of eligible 'ordinary' admissions. The table below shows how Liverpool Women's compares nationally:

2020-21	2019-20	2018-19	2017-18	2016-17	National Target
91.06%	97%	97%	98%	98%	90%

Liverpool Women's considers that this data is as described for the following reasons: the Trust has well established processes for assessing patients' risk of VTE and consistently performs above average.

Clostridium Difficile

All Trusts are asked to record the rate of Trust apportioned C.difficile per 100,000 bed days. The table below shows how Liverpool Women's compares for past 4 years:

LWFT 20-21	LWFT 19-20	LWFT 2018-19	LWFT 2017-18	National Average
0	0	0	0	N/A

Liverpool Women's considers that this data is as described for the following reasons: the Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment.

Liverpool Women's intends to take the following actions to improve this indicator and so the quality of its services: all cases will continue to be reported to the infection control team, will have a root cause analysis and will be reported nationally. The Trust will also review its range of interventions to ensure they remain fit for purpose.

Patient Safety Incidents

All Trusts are asked to record their number and rate of patient safety incidents per 1,000 bed days. The table below shows this data for Liverpool Women in the period 2020-21:

Indicator	LWFT 2019-20	LWFT 2020-21
No. PSIs	**4479**	**4233**
No. Severe Harm or Death incidents	**1**	**10**
Severe Harm and Death incidents as % PSIs	**0.0002%**	**0.002%**

A specific focus has been on Medicines Incidents with new medicines safety group being introduced which has been in place for almost 12 months at the time of writing this report. The group report to the Medicines Management Committee, meet weekly, chaired by Head of Nursing for Gynaecology, with a remit to review all meds incidents reported and closed. Identify themes, patterns and trends. Review assurance provided for closure and re-open where necessary. Meet with Matrons monthly to discuss issues. Matrons provide a regular report to the group to provide assurance and ongoing action to address issues.

The members of the Medicines Safety Group go out and about with the medicines safety bus to discuss medicines safety issues, share learning, discuss ongoing issues and seek staff views on how we can improve safety incidents.

A regular Lesson of The Week feedback to staff from Medicines Safety Group is on Trust learning page which is accessible from the desk top of all computers in the Trust.

Part 3

Other Information

Performance against Key National Priorities and National Core Standards

NHS improvement 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 Improvement set out in this framework, unless they have already been reported in another part of this report.

Last year was a particularly challenging one for the NHS; the covid 19 pandemic affected all trusts and we were no different. All trusts were expected to provide the highest standards of care while managing an evolving and ever changing landscape in response to the pandemic. The trust continued to provide safe, high quality care to our patients. With the cessation of all non-cancer elective activity between April and 1st June our performance against wait time standards understandably declined. With the exception of A&E wait times, Cancer 2 Week Wait time, Never Events, Incidence of MRSA and Clostridium Difficile Lapses we did not achieve national target.

Details of the national targets that are required to achieve are set out below, together with our actual performance:

Indicator Name	Target	Performance 2020/21	Achieved/Not Achieved
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	95%	**97.0%**	**Achieved**
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation (accumulated figure)	90%	**70%**	**Not Achieved**
Cancer 31 day wait for second or subsequent treatment – surgery (accumulated figure)	94%	**93.5%**	**Not Achieved**
Cancer 31 day wait from diagnosis to first treatment (accumulated figure)	96%	**90.8%**	**Not Achieved**
Cancer 2 week (all cancers) (accumulated figure)	93%	**96.3%**	**Achieved**
Clostridium difficile due to lapses in care (accumulated figure)	0	**0**	**Achieved**
Never Events	0	**1**	**Not Achieved**
Incidence of MRSA bacterium	0	**1**	**Not Achieved**
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	**62.0%**	**Not Achieved**

Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation (accumulated figure)	85%	**48.8%**	**Not Achieved**
Maximum 6-week wait for diagnostic procedures	99%	**72.37%**	**Not Achieved**

Overall, the Trust performed well against a range of national standards during the year but failed to achieve the key standards for Referral to Treatment, Cancer 31 day wait from diagnosis to first treatment and Cancer 62-day performance.

For Referral to Treatment, including diagnostics, the Trust has ensured that longest waiting patients are cared for appropriately to mitigate risk of harm where standards are not achieved, and we have worked productively throughout the year with commissioners and partners to effect improvements in performance. The Trust has implemented the national clinical validation programme across our elective care patients to ensure patients are treated on a clinical priority basis not just chronological date of referral.

Performance against the Cancer standards has improved from the previous year, and we have successfully recruited 2 full time sub speciality gynaecology-oncologists addressing the shortfall seen in previous year in clinical capacity and workforce shortages at a consultant level. We have worked collaboratively with the Cheshire and Mersey Cancer Alliance to ensure a pan-regional to address challenges associated with the Cancer standard and improve performance. In response to the COVID-19 pandemic we have been the gynaecology tumour hub for the Cheshire and Mersey Cancer Alliance supporting other trusts in delivering their care. This work has proved successful in identifying areas for further collaboration and facilitated a renewed focus on streamlined models of care and access to diagnostic services.

Ockenden Report – LWH Trust Response

On the 10th December 2020 the first report from Donna Ockenden was published following clinical review of the first 250 cases where concerns had been raised over the care the patients received from the maternity unit at The Shrewsbury and Telford Hospital NHS Trust. This report describes important findings from the significant concerns raised from these reviews and their associated actions for all Maternity Units in England and not just related to the Trust themselves.

https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust

The report states: ‘After reviewing 250 cases and listening to many more families, this first report identifies themes and recommendations for immediate action and change, both at The Shrewsbury and Telford Hospital NHS Trust and across every maternity service in England’ (p vi).

The report describes these changes Local Learning for The Shrewsbury and Telford Hospital NHS Trust and Immediate and Essential actions for all maternity services.

NHS England have requested that maternity services implement all 7 Immediate and Essential Actions (IEAs) described in the document and they have identified 12 urgent clinical priorities from

these 7 IEAs s. All maternity services have been asked to provide assurance that they comply with these 12 urgent clinical priorities.

The LMS asked for all maternity services within the region for assurance that these priorities have been implemented by 18th December 2020. This will then be discussed at an LMS meeting on the 21st December 2020. The LMS confirmed the assurance levels in the submission and signed off the document and it was forwarded to NHSE.

The maternity team have collated evidence regarding compliance against the clinical priorities described and these were then reviewed by the Acting Director of Nursing and Midwifery, Incoming Medical Director and the Director of Finance and the level of assurance scored accordingly. The Executive team reviewed this prior to submission.

Outline of the Liverpool Women's NHS Foundation Process for the review of the Ockenden Report and Associated Actions

LWH has collated the available evidence and assessed itself against these urgent clinical priorities and reported to NHSE via the LMS. There was one area of noncompliance and 4 areas of partial compliance. The Trust has been particularly rigorous in being able to fully demonstrate compliance before signing and has some additional actions and evidence that it wishes to pursue.

In order to enable a robust and complete review of the maternity service against the Ockenden report and previous reports i.e. Kirkup report and to implement the recommendations we will:

- Establish a task and finish group to support progression of actions with senior executive oversight.
- Create a standing agenda item on monthly maternity risk meeting to review the progress of action plans.
- Submit reports to Family Health Divisional Board for oversight and challenge against compliance.
- Submit monthly reports to Quality Committee for assurance.
- Submit quarterly reports to Safety Senate for assurance.
- Submit monthly updates to CCG and CQC for assurance.

At the time of this report the Task and Finish Group Chaired by the Director of Nursing and Midwifery has been established. A Trust action plan which includes core actions as well as action which are over the required actions have been included to ensure that care provided at LWH is safe and of a high quality. All actions required from the Ockenden report have all been completed with some work remaining on the additional Trust actions.

Kirkup report can be found at:
(https://www.gov.uk/government/publications/morecambe-bay-investigation-report)

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 Liverpool Clinical Commissioning Group
Quality Account Statement 2020-21
Liverpool Women's Hospital NHS Foundation Trust

Liverpool CCG, South Sefton CCG, Knowsley CCG, St Helens CCG and NHSE/I Specialised Commissioning welcome the opportunity to jointly comment on the Liverpool Women's Hospital NHS Foundation Trust Draft Quality Account for 2020/21. It is acknowledged that the submission to Commissioners was draft and that some parts of the document require updating. Commissioners look forward to receiving the Trusts final version of the Quality Account.

It is also acknowledged that the Trust has experienced unprecedented challenges this year due to the onset of the COVID-19 pandemic in early 2020.We would like to take this opportunity to thank the Trust and its staff for the work it has undertaken through the different waves of the pandemic to adapt and deliver care and for their support in providing mutual aid to support the wider system.

We have worked closely with the Trust throughout 2020-21 to gain assurances that the services they delivered were safe, effective, and personalised to service users. The CCGs share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care. The account reflects good progress on most indicators.

This account indicates the Trust's commitment to improving the quality of the services it provides and supports the key priorities for improvement of quality during 2020/21. Commissioners note the priorities and individual measures from 2019/20 were carried forward to 2020/21 while the Trust Clinical and Quality Strategy aims and priorities for 2020-2025 was being developed and those priorities for 2020/21 were:

1: Reduce avoidable harm
2: Achieve the best clinical outcomes 3:
Provide the best Patient Experience

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals, in line with the new Trust Clinical

and Quality Strategy Aims and Priorities for 2020-2025.

Through this Quality Account and on-going quality assurance process the Trust clearly demonstrates their commitment to improving the quality of care and services delivered.

The Trust places significant emphasis on its safety agenda; demonstrating commitment to continuous evidence based quality improvement and promotion of a fair and just culture. This is reflected in the work that the Trust has undertaken towards the Ockenden Report requirements for which the Trust have collated the available evidence and assessed itself against the urgent clinical priorities identified and reported to NHSE/I as required. The Trust has been particularly rigorous in being able to fully demonstrate compliance and has been open and transparent with the additional actions and evidence that it wishes to pursue in order to enable a robust and complete review of the maternity service against the Ockenden report.

The work that the Trust has undertaken to improve outcomes in 2020/21 on the following work streams is of particular note.

- Low numbers of Formal Complaints – demonstrating an effective PALs and PALs+ process.
- Open and transparent reporting of mortality and benchmarking described within the account in which the Trust have acknowledged the current Neonatal Mortality rate is above their goal and following a review by Birmingham Women's Hospital Neonatal Team an external independent review has been commissioned via the North West Neonatal Operational Delivery Network who will undertake an Independent Mortality review commencing in March 2021 to inform learning and improvement.
- Excellent achievement and work regarding Communication Assessment in personal Protective Equipment (CAPE)
- Reduction in still births
- Low numbers of HCAI maintained – MRSA=1, Clostridium difficile =0, hospital acquired Covid-19 = 0
- Sepsis CQUIN achieved with timely identification and screening and treatment carried out for all patients when sepsis was suspected.
- New Neonatal Unit opened

The CCGs acknowledge the Trust's work with commissioners and the continued involvement of patients and carers in developing options for the future, based on strong clinical evidence and the most rigorous standards of quality. CCGs would like the Trust to demonstrate a continued focus on clinical sustainability and safety as a stand-alone site through the implementation of the new Clinical and Quality Strategy.

Commissioners are aspiring through strategic objectives and five year plans to develop an NHS that delivers great outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care

and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified by the Trust for the coming year are reflective of the current issues across the health economy. We therefore commend the Trust in taking account of opportunities to further improve the delivery of excellent, compassionate, and safe care for every patient, every time.

Jane Lunt
Chief Nurse
NHS Liverpool CCG
25.06.2021

Signed on behalf of the chief Nurses for Liverpool, South Sefton, Southport & Formby and Knowsley CCGs

Liverpool Women's Hospital Quality Account 2020-21 commentary

Healthwatch Liverpool welcomes the opportunity to comment on this 2020-21 Quality Account for the Liverpool Women's Hospital NHS Foundation Trust.

We base our commentary on the Quality Account report itself, our engagement with the Trust, and feedback and enquiries that we receive throughout the year. Due to the Covid-19 pandemic our annual Listening Event at the Trust could not take place.

The document sets out the priorities for 2020-25 that the Trust has set itself, including the laudable but ambitious goal of zero stillbirths, zero maternal deaths, and zero never events. We look forward to learning about actions and outcomes in the coming years.

2020-21 has been a year like no other for the NHS and NHS staff, and the Quality Account refers to some of the challenges that the Trust has faced during the ongoing Covid-19 pandemic. This includes pressures on staffing levels due to staff being off with Coronavirus, having to self-isolate or having to shield. Earlier on in the pandemic certain elective (planned) activities were not carried out for several months, and many pathways were changed.

The document also reflects some of the impact of the pandemic on patients, who could not have anybody accompany them to appointments or receive visitors, and only have birth partners present at later stages. Some had appointments and/or procedures cancelled, and feedback we received reflected all of this. We were pleased to note that some patient feedback was included in the document.

We welcome that the Trust set up a Family Liaison Service in response to some of the restrictions, which although no substitute for seeing family and friends, helped patients and relatives to be kept informed in other ways.

Across the NHS delays to treatment increased as a result of the pandemic, including referral to treatment times and elective care.

However, the document outlines that regular reviews are carried out by the Trust to assess individual patients' risks, and that no harm has been detected. We believe that this is an important message to communicate and emphasise, to reassure patients and their families and friends during a worrying time for many.

The Trust has continued to address cancer treatment waiting times issues which were already apparent before the pandemic. Some improvements have been made, but most waiting time targets are yet to be achieved; we hope to see further improvements to this in the coming year, although we acknowledge the additional pressures.

We were pleased to see that the Trust did not have any direct maternal deaths again this year, and that learning from deaths in other areas continues, especially as there was an increase in neo-nates mortality this year.

The Trust is taking action to address the recommendations that came out of the Ockendon review of maternity services, published in December 2020.

In January 2021 a confidential national inquiry into maternal deaths reported the higher risks of dying during childbirth for Black, Asian and Minority Ethnic women. Whilst the Trust did not experience any direct maternal deaths we would be interested whether there are any learning points in terms of addressing any inequality issues.

We would like to congratulate the Trust for being shortlisted for a Health Services Journal Patient Safety Award for what looks to be an innovative virtual reality project that familiarises patients with the hospital environment before visits. The Quality Account mentions it is used for patients with a learning disability, but we wonder if it could be of benefit for anyone who is more apprehensive about hospital appointments and/or stays?

Regular engagement with the Trust was re-established this year after a hiatus due to the Covid-19 pandemic. When it is safe to do so, we aim to recommence our face-to-face engagement with patients and visitors at the Trust. In the meantime we continue to gather feedback via surveys, enquiries and online focus groups.

We look forward to working with Liverpool Women's Hospital in 2021-22, helping to ensure that patients' voices continue to be central in celebrating good practice, and in feeding back if and where improvements could be made.

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.

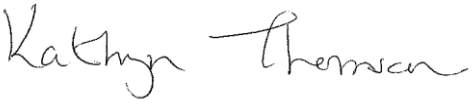
There is no requirement for a foundation trust to prepare a quality report and include it in its annual report for 2020/21. There is also no requirement for a foundation trust to commission external assurance on its quality report for 2020/21. However, directors should assure themselves that the content of the quality report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2020 to May 2021
- papers relating to quality reported to the Board over the period April 2020 to May 2021
- feedback from commissioners – received 25 June 2021
- feedback from governors – whilst a draft full Quality Report has not been presented to a Council of Governors meeting opportunities for discussions have taken place at the Quality & Patient Experience sub-group
- feedback from local Healthwatch organisations – received 24 June 2021
- feedback from overview and scrutiny committee - requested but not received
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- the national staff survey May 2021
- the Head of Internal Audit's annual opinion of the Trust's control environment
- CQC inspection report dated 22/04/2020

- 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 quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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



Robert Clarke
Chair
10th June 2021

Kathryn Thomson
Chief Executive
10th June 2021

Annex 3: External Auditor's Limited Assurance Report

Independent Auditors' Limited Assurance Report to the Council of Governors of Liverpool Women's Hospital NHS Foundation Trust on the Annual Quality Report

(Not required for 2020/21)

Annex 4: 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.