

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Council of Governors Meeting

12 November 2020



Meeting of the Council of Governors
Thursday 12 November 2020 at 1730
Virtual Meeting, via Zoom

Item no. 2020/21	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item	CQC Fundamental Standard
030	Welcome & Apologies for absence	Receive apologies	Verbal	Chair	1730 (5mins)	Well led
031	Meeting guidance notes	Receive and note	Written guidance	Chair		Well led
032	Declarations of interest	Identify and avoid conflicts of interest	Verbal	Chair		Well led
033	Minutes of the previous meeting – 30 July 2020	Confirm as an accurate record the minutes of the previous meeting	Written minutes	Chair		Well led
034	Matters arising and action log	Provide an update in respect of any matters arising	Verbal	Chair		Well led
035	Chair's announcements <ul style="list-style-type: none"> Annual Members Meeting 2020 Governor Elections 2020 – welcome Quality & Patient Experience 037Sub-Group Chair Feedback from NHS Providers Governor Conference Chief Executive update <ul style="list-style-type: none"> Director appointments 	Report recent and announce items of significance not elsewhere on the agenda	Verbal	Chair, CEO & Executive Directors	1735 (15 mins)	Well led

MATTERS FOR RECEIPT / APPROVAL						
036	Activity Report from the Governor Group Meetings. 1. <i>Finance and Performance Group</i> 2. <i>Quality and Patient Experience Group</i> 3. <i>Communications and Membership Engagement Group</i>	Receive activity reports for assurance	Verbal Written Written	Group Chairs	1750 (10mins)	All
037	Report from the Council of Governors Nomination & Remuneration Committee	For noting and approval	Written	Chair	1800 (10mins)	Well-Led
038	Council of Governors Effectiveness Survey – reflection on progress	For noting and discussion	Written	Trust Secretary	1810 (5mins)	Well led
039	Trust Covid-19 Response – Patient & Staff Experience	For information	Written	Interim Director of Nursing & Midwifery	1815 (10mins)	Well led
040	Quality Report 2019/20	For assurance and comment	Written / Presentation	Interim Director of Nursing & Midwifery	1825 (10mins)	Well led
041	Trust Strategy – Strategic Aims	To participate in the development of the Strategic Aims	Workshop	Head of Strategy	1835 (25 mins)	Well led
ITEMS FOR INFORMATION AND DISCUSSION						
042	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1900 (5 mins)	Well Led
043	Any other business	Consider any urgent items of other business	Verbal or written	Chair		Well Led
044	Review of meeting	Review the effectiveness of the meeting	Verbal	Chair / all	Meeting end 1905	Well Led

Date, time and place of next meeting: Thursday 11 February 2021 at 1730 – Venue TBA

Meeting attendees' guidance using Microsoft Teams

Under the direction and guidance of the Chair, all members are responsible for ensuring that the meeting achieves its duties and runs effectively and smoothly.

Before the meeting

- Prepare for the meeting in good time by reviewing all reports
- Submit any reports scheduled for consideration at least 8 days before the meeting to the meeting administrator
- Ensure your apologies are sent if you are unable to attend and *arrange for a suitable deputy to attend in your absence
- Notify the Chair in advance of the meeting if you wish to raise a matter of any other business

*some members may send a nominated representative who is sufficiently senior and has the authority to make decisions. Refer to the terms of reference for the committee/subcommittee to check whether or not this is allowable

Microsoft Teams

- Arrive in good time to set up your laptop/tablet for the virtual meeting
- Switch mobile phone to silent
- Find the appointment and open
 - If you have been sent the appointment as a diary invite click on Calendar on the left hand column. Open appointment and click join. Alternatively click on the link within the emailed diary appointment 'Join Microsoft teams'
 - If you have been asked to join an **existing** TEAM then please open Microsoft Teams, Click on Teams on the left hand column. Click on the relevant team you want to open, then click on Meet Now.
- Four screens (participants) can be viewed at one time. Those speaking will be viewable automatically.
- Click Show Participants to see who has joined the call as only 4 screens can be viewed at one time.
- Mute your screen unless you need to speak to prevent background noise
 - Only the Chair and the person(s) presenting the paper should be unmuted
 - Remember to unmute when you wish to speak
- Show conversation: open this at start of the meeting.
 - This function should be used to communicate with the Chair and flag if you wish to make comment
- Open files within Microsoft teams
 - Within your team, click on Files – top of the page.
- Use headphones if preferred
- Camera on option
- Screen sharing
 - If you wish to share a live document from your desktop click on share and identify which open document you would like others to view
- Use multi electronic devices to support teams.
 - You might find using both mobile and laptops is useful. One for Microsoft teams and one for viewing papers

At the meeting

- Focus on the meeting at hand and not the next activity
- Actively and constructively participate in the discussions
- Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary
- Make sure your contributions are relevant and appropriate
- Respect the contributions of other members of the group and do not speak across others
- Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated
- Do not use the meeting to highlight issues that are not on the agenda that you have not briefed the chair as AoB prior to the meeting
- Re-group promptly after any breaks
- Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc)
- Consent agenda items, taken as read by members and the minutes will reflect recommendations from the paper. Comments can still be made on the papers if required.

Attendance

- Members are expected to attend at least 75% of all meetings held each year

After the meeting

- Follow up on actions as soon as practicably possible
- Inform colleagues appropriately of the issues discussed

Standards & Obligations

1. All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting
2. Agenda and reports will be issued 7 days before the meeting
3. An action schedule will be prepared and circulated to all members 5 days after the meeting
4. The draft minutes will be available at the next meeting
5. Chair and members are also responsible for the committee/ subcommittee's compliance with relevant legislation and Trust policies
6. It is essential that meetings are chaired with an open and engaging ethos, where challenge is respectful but welcomed
7. Where consensus on key decisions and actions cannot be reached this should be noted in the minutes, indicating clearly the positions of members agreeing and disagreeing – the minute should be sufficiently recorded for audit purposes should there need to be a requirement to review the minutes at any point in the future, thereby safeguarding organisational memory of key decisions
8. Committee members have a collective duty of candour to be open and honest both in their discussions and contributions and in proactively at the start of any meeting declaring any known or perceived conflicts of interest to the chair of the committee
9. Where a member of the committee perceives another member of the committee to have a conflict of interest, this should be discussed with the chair prior to the meeting
10. Where a member of the committee perceives that the chair of the committee has a conflict of interest this should be discussed with the Trust Board Secretary
11. Where a member(s) of a committee has repeatedly raised a concern via AoB and subsequently as an agenda item, but without their concerns being adequately addressed the member(s) should give consideration to employing the Whistle Blowing Policy
12. Where a member(s) of a committee has exhausted all possible routes to resolve their concerns consideration should be given (which is included in the Whistle Blowing Policy) to contact the Senior Independent Director to discuss any high level residual concerns. Given the authority of the SID it would be inappropriate to escalate a non risk assessed issue or a risk assessed issue with a score of less than 15
13. Towards the end of the meeting, agendas should carry a standing item that requires members to collectively identify new risks to the organisation – it is the responsibility of the chair of the committee to ensure, follow agreement from the committee members, these risks are documented on the relevant risk register and scored appropriately

Speak well of NHS services and the organisation you work for and speak up when you have Concerns

Page 129 Handbook to the NHS Constitution 26th March 2013

COUNCIL OF GOVERNORS

Minutes of a meeting held on Thursday 30 July 2020 at 17:30 held virtually

Present:	Robert Clarke	Chair
	Sarah Carroll	Public Governor (Central Liverpool)
	Adrian O'Hara	Public Governor (North Liverpool)
	Sara Miceli-Fagrell	Public Governor (South Liverpool)
	Pat Speed	Public Governor (Sefton)
	Jackie Sudworth	Public Governor (Knowsley)
	Denise Richardson	Public Governor (Rest of England & Wales)
	Evie Jefferies	Public Governor (Rest of England & Wales)
	Kate Hindle	Staff Governor (Admin & Clerical)
	Mary McDonald	Appointed Governor (Community/voluntary/orgs)
	Cynthia Dowdle	Appointed Governor (Faith Organisations)
In Attendance:	Kirsty Cassidy	Neonatal Nurse
	Tracy Ellery	Non-Executive Director
	Lynn Greenhalgh	Medical Director of the North West Genomics Laboratory Hub (for item 20/21/23)
	Mark Grimshaw	Trust Secretary
	Eva Horgan	Deputy Director of Finance
	Jen Huyton	Head of Strategy and Transformation (for item 20/21/23)
	Ian Knight	Non-Executive Director
	Jerri Lewis	External Auditor, KPMG (for item 20/21/19)
	Susan Milner	Non-Executive Director
	Jo Moore	Non-Executive Director
	Dan Nash	Divisional Manager
	Devender Roberts	Deputy Medical Director
	Kathryn Thomson	Chief Executive
	Michelle Turner	Director of Workforce & Marketing
	Louise Hope	Assistant Trust Secretary (minutes)
Apologies:	Isaac Olaitan Okeya	Public Governor (Central Liverpool)
	Mary Doddridge	Public Governor (Central Liverpool)
	Si Jones	Public Governor (North Liverpool)
	Janice Mayer	Public Governor (South Liverpool)
	Carole McBride	Public Governor (Sefton)
	Anne Lawler	Public Governor (Knowsley)
	Pauline Kennedy	Staff Governor (Midwives)
	Gillian Walker	Staff Governor (Nurses)
	Angela Coleman	Appointed Governor (Liverpool Council)
	Valerie Fleming	Appointed Governor (University)
	Andrew Loughney	Medical Director
	Gary Price	Director of Operations
	Jenny Hannon	Director of Finance
	Caron Lappin	Director of Nursing and Midwifery

20/21/14 Welcome and Apologies for absence

Apologies as noted.

It was noted that the meeting was being recorded for the purposes of those not in attendance.

20/21/15 Meeting guidance notes

Received and noted.

20/21/16 Declarations of Interests

None declared. See Council of Governor Register of Interests declared.

20/21/17 Minutes of the previous meeting held 14 May 2020

The minutes of the previous meeting held on 14 May 2020 were reviewed and agreed as a true and accurate record.

20/21/18 Matters arising and action log

There were no matters arising nor outstanding actions.

20/21/19 Annual Report and Accounts 2019/20

Jerri Lewis, External Auditor, KPMG led the Council through a presentation detailing the external audit plan completed during 2019/20. She explained that the Covid-19 pandemic had impacted on the way the external audit had been conducted by being completed remotely in its entirety. She confirmed that the remote audit had worked satisfactorily, and they had worked with the Trust to meet the statutory timescales to submit the annual report and accounts to the regulator and to parliament.

The External Auditor informed the Council that additional work had been undertaken in relation to the Going Concern section as additional disclosures had been required in response to Covid-19. The External Auditor also informed the Council that the external assurance opinion on the Quality Report had not been required due to the Covid-19 pandemic and no detailed analysis had been undertaken by the auditors. The Chair noted that the Trust had made the decision to continue and produce a Quality Account for 2019/20 separate from the normal timescales which would be shared with the Governors in October 2020.

The Governors agreed that a robust process had been undertaken despite the challenges of remote working.

The Council of Governors:

- noted the Annual Report and Accounts for the year ended 31 March 2020

Jerri Lewis left the meeting at this point.

20/21/20 Chair's Announcements and Chief Executive's Update

The Council had received a video update to view prior to the meeting to allow for discussion at the virtual Council meeting.

Within the introductory video the Chair noted:

- he had maintained regular contact with members of the Board and North West region Chairs during the Covid-19 pandemic;
- the upcoming 2020 Governor Elections and the respective timetable; thanks were extended to the following governors who's term was coming to an end:

- Gillian Walker
- Adrian O'Hara
- Sarah Carroll
- Pat Speed
- a Governor effectiveness survey update;
- Annual Members Meeting 8 October 2020, to be held virtually and potentially using the rest of the week for shorter engagement sessions;
- 25th Anniversary of Liverpool Women's Hospital celebrations including invitation to take part in the 25th birthday quiz on 7 August 2020.

The Chief Executive noted the following:

- Electronic Patient Record (EPR) business case approved by Board;
- published National Inpatient Survey 2019 results for Gynaecology;
- Freedom to Speak Up Index Report 2020;
- Neonatal new build remained on track and to budget;
- Liverpool Neonatal Partnership as a positive example of working to achieve better patient pathways across organisational barriers.

The Chief Executive informed the Council that the Care Quality Commission (CQC) had returned to the Trust on 21 July 2020 to conduct a follow up inspection following the medicines management warning notices issued in December 2019. The Council would be kept updated.

The Council of Governors:

- Received and noted the video and verbal briefings from the Chair and Chief Executive.

20/21/21 Minutes from the Governor Sub-Group Meetings

1. Finance and Performance Group

Denise Richardson, Public Governor reported an effective meeting had been held summarising Audit and FPBD Committee business. The Group had noted that the Neonatal Capital Build was nearing completion and had been achieved both on time and on budget despite Covid-19. Denise Richardson informed the Council that both committees demonstrated a satisfactory review of risks against the Board Assurance Framework which provided significant assurance to the Governors.

2. Quality and Patient Experience Group

Pat Speed, Public Governor reported that effective meetings had been held during the Covid-19 pandemic which included regular reviews of the impact of Covid-19 on both patients and staff, assurances of quality of care for patients, and continued progress with the CQC action plans.

3. Communications and Membership Engagement Group

Cynthia Dowdle, Appointed Governor informed the Council that the group had agreed to develop a 'membership charter' to help define and clarify the membership role for current and new members. The group also noted that progress on the revised LWH Communications & Engagement Strategy had been limited due to the Covid-19 outbreak. It was reported that development of the strategy had been deferred for a year extension, and the production of an addendum to the current Membership Strategy outlining the Trust approach over the rest of 2020/21 had been produced.

The Council of Governors:

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

20/21/22 Patient/Staff Story: Day in the life of a Neonates Nurse

Kirsty Cassidy, Neonatal Nurse provided an account of a day from her working life on the Neonatal Unit. She described the 1:1 nurse:baby ratio and care administered during the day including administering of drugs and feeds, reassuring parents, referral to honeysuckle team, organising baptism, and holding the paediatric bleep and supporting new staff in an intense environment.

She informed the Council that practice had changed in response to the Covid-19 pandemic. Kirsty reported that shifts started and ended earlier and later to accommodate Covid-19 checks, a reduction of staff due to those off sick or shielding, and other issues. Visiting was limited to parents only, which she explained had been particularly challenging for end of life care as no other family member could visit or provide a support network for the parents who were relying on staff for emotional support.

The Council thanked Kirsty for her honest account of her working day and expressed thanks to both Kirsty and her colleagues for the care and support provided in such difficult circumstances. Pat Speed, Public Governor added that the emotional health and wellbeing of staff was important to the Governors. The Governors agreed it had been an emotional story to listen to, but it had helped them appreciate the unit and job role effectively. Cynthia Dowdle, Appointed Governor agreed that it was inspirational and suggested that videos relaying this style of information would be beneficial to inform members what we do at the Trust.

The Chair informed the Council that the same talk had been delivered to the building team ahead of commencing work on the Neonatal Build which had helped develop a good working relationship between the clinicians and building team. Kirsty Cassidy confirmed that the building team had been brilliant and adaptable. Ian Knight, Non-Executive Director asked would onsite MRI scanners have an impact on the service. Kirsty responded that providing this service onsite would reduce the impact on the patient and families who currently were being transferred offsite for the scan, transported back to the Trust for care, and waiting for the results to be relayed to Trust clinicians before informing the family.

Kirsty informed the Council of the opportunity with the creation of the Liverpool Neonatal Partnership for Neonatal Nurses to take a 3 or 6 month rotation between Alder Hey Children's Hospital and Liverpool Women's Hospital which had been a valuable learning experience to share expertise of caring for young children and neonatal babies.

The Council:

- Noted the staff story.

Kirsty Cassidy left the meeting at this point.

Jen Huyton and Lynn Greenhalgh joined the meeting at this point.

20/21/23 Clinical and Quality Strategy

The Council received a video update presented by the Medical Director and the Head of Strategy & Transformation to view ahead of the meeting as an introduction to the Trust's Clinical and Quality Strategy 2020-2025.

A workshop was facilitated which consisted of 4 groups including Governor and Board members to consider the following questions:

Group 1: Becoming accountable to our community

Group 2: Learning from patient experience

Suggested areas to discuss:

- What do you think we do well already?
- What do you think we need to improve on?
- Is this goal important to you? Why?
- How do you think we can achieve this?
- What else do you think we should be doing to improve experience?

The Head of Strategy and Transformation took the feedback from each focus group advising that it would be used to inform strategy development. The following key points were noted against the respective questions:

1) Becoming accountable to our community

- Important to recognise that the Trust's 'community' is not only Liverpool but the wider Cheshire & Merseyside region
- The Trust has a strong social presence and has led on issues such as safeguarding, bereavement and the practical translation of research
- Whether there is a need for the Trust to reflect on whether it sees the accountability to regulators as a greater priority than the community. It was questioned whether the Trust fully understood what was important to communities in relation to the services provided.
- Whilst front-line staff were accountable on a day-to-day basis to patients, it was noted that the escalation of this feedback through the organisation could be strengthened.
- Noted that the Trust could do more to provide effective accountability to hard-to-reach groups and individuals.

2) Learning from patient experience

- Agreed that the Trust's PALS process and system was working effectively
- That the triangulation of information provided through complaints and compliments with other sources of data could be strengthened with common themes identified
- Noted that it was important to view the whole patient journey and not just the clinical care received
- For the Board to set a clearer direction regarding the collation and use of patient experience information
- How the Trust can embed the lessons learned from the Covid-19 pandemic.

Jen Huyton and Lynn Greenhalgh left the meeting at this point.

20/21/24 COVID-19 – Assurance on Trust response

The Council received a video presented by the Chief Operating Officer to view ahead of the meeting as an update on Covid-19 pandemic matters alongside the written report.

It was noted that the Trust was in a recovery phase, with all services functioning within visiting and social distancing restrictions and following stringent infection prevention and control standards. Currently the Trust's key priority was to treat longest waiters and most clinically urgent patients. The Trust was waiting for national guidance, due July 2020, on the NHS proposal to tackle backlog and performance measures.

The Council of Governors:

- Received and noted the report for information and assurance.

20/21/26 Extension of External Audit Contract

Tracy Ellery, Non-Executive Director and Chair of Audit Committee informed the Council that KPMG had been appointed as external auditors of the statutory accounts and quality accounts audit for a three-year period from 01/04/2017 to 31/03/2020, with an option to extend for a further two years.

Tracy Ellery, Non-Executive Director reported that there had been no concerns raised with performance of the current auditors and there had been appropriate challenge to the Trust with a strong depth of understanding of the Trust demonstrated by KPMG. She advised of the challenges faced by the regime due to Covid-19 and likely higher fees if the Trust was to change provider at this point. The Deputy Director of Finance confirmed that the Trust was unlikely to save money should it undertake a competitive tender exercise and current intelligence suggested a limited response. On behalf of the Audit Committee, Tracy Ellery, Non-Executive Director informed the Council that the Audit Committee recommended that KPMG be re-appointed for a further two years until 31/03/2022 in line with the terms of the original contract award. The Council of Governors approved the recommendation.

The Council of Governors:

- Received and noted the report
- Approved the recommendation of the Audit Committee to extend the External Auditors reappointment for a further two years until 31/03/2022

20/21/25 Membership Engagement Refresh

As raised earlier by the Communications and Membership Engagement Group, item 20/21/21, the Council was asked to review and approve an addendum to the Membership Strategy which outlined several membership engagement objectives for 2020/21. One of these objectives being the development of a 'membership charter' to provide clarity on the 'offer' of membership which was included as Appendix 2 for the Council to review.

The Chair thanked the governors for their contribution to the addendum and noted that a comprehensive refresh would be required to develop the new LWH Communications & Engagement Strategy. The Chair noted the proposal for oversight of the strategy development be provided by the Communications & Membership Engagement Group. The Governors approved the addendum to the Membership Strategy.

The Council of Governors:

- Received and noted the report
- Approved the addendum to the Membership Strategy and recommended that the Board also provide approval

20/21/27 Review of risk impacts of items discussed

The Council noted the risks associated on financial and operational performance due to the impact of Covid-19.

20/21/28 Any other Business

The Council was asked to note the resignation of Janice Mayer, Public Governor for South Liverpool.

20/21/29 Review of meeting

The Chair noted the benefit of the workshop discussions related to the Clinical and Quality Strategy.

Date, time and place of next meeting

Annual Members Meeting 8 October 2020

Council of Governors Meeting Thursday 12 November 2020 at 1730

Council of Governors
12 November 2020
Action Log

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
13 February 2020	19/20/74	Council of Governors to receive a presentation on the C-Gull Research Project	Director of Operations	November 2020 Overdue	Trust Secretary has contacted the University of Liverpool regarding the production of publicity material for the C-Gull Project. This is expected shortly and should be available to circulate in advance of the end of the calendar year.
13 February 2020	19/20/79	To progress responses to findings from Council of Governors Effectiveness Survey	Trust Secretary / Chair	November 2020 Completed	Update provided on the November 20 agenda. Whilst actions not fully complete, it is suggested to remove the action from the tracker as further updates will be tabled.

	Completed actions: concluded before the next board or on the agenda of the next Board
	Progress paused due to Covid-19 pandemic
	In Progress - either at Committee stage or awaiting presentation at Board or Board workshop
	in progress - missed original deadlines agreed at Board

Chair's Announcements

November 2020

- **Annual Member's Meeting 2020**
 - Feedback?
 - Welcome to our new Governors; Yaroslav, Kiran, Carol and Peter.
- **Quality & Patient Experience Sub-Group Chair**
 - To agree
- **Feedback from NHS Providers Governor Conference**
 - Denise, Evie and Jackie

CEO Announcements

November 2020

- **Update on Director Appointments**
- **Neonatal New Build** – project has completed on track and to budget
- **Temporary Suspension of birth / support partners in the antenatal and postnatal inpatient areas** – we will cover the impact to patient experience later on in the agenda.
- **Health Tech Newspaper 2020 Awards** – very successful event for the Trust.
- **University Hospital Status** – work continues to progress this.
- **Flu Campaign continues**

Council of Governors Quality and Patient Group
Monday, 21st September 2020 at 1730hrs
Boardroom/via Teams, Liverpool Women's NHS Foundation Trust

	Items Covered
Attendance:	Mary McDonald, Jackie Sudworth, Evie Jeffries
Board:	Robert Clarke (Chair of meeting), Tony Okotie (NED), Andrew Loughney (Medical Director), Janet Brennan, (Deputy Director of Nursing & Midwifery), Mark Grimshaw (Trust Secretary), Michelle Turner (Chief People Officer).
Present:	Jan Owen (Executive Personal Assistant/Minute Taker),
012	Apologies for absence Pat Speed, Angela Coleman, Denise Richardson, Gillian Walker, Sara Miceli-Fagrell, Cynthia Dowdle, Jo Moore.
013	Meeting Guidance notes Noted. Robert Clarke welcomed everyone to the meeting and explained the recent changes that had occurred to the membership and Chairing of the Trust's Board Committees. This had in turn, resulted in a change to those NED representatives who would now attend the Council of Governors Quality and Patient Experience Group, namely, Tony Okotie and Jo Moore.
014	Declarations of interest There were no declarations of interest.
015	Minutes of Meeting The minutes of the meeting of the Group held on Monday, 22 nd June 2020 were approved.
016	Matters Arising There were no outstanding matters on the Action Log.
017	Care Quality Commission (CQC) Update The Deputy Director of Nursing and Midwifery updated the Committee on the CQC Action Plan. It was noted that the Trust had had an Unannounced Inspection from December 3 rd to December 5 th , 2019 and that a Warning Notice had been received on December 13 th 2019. This was followed by a Well-Led Inspection, which had taken place on January 14 th to 16 th 2020, when the overall rating for the Trust had been assessed as 'Good'. Janet Brennan reported that actions had been put in place following both those inspections and that these were now being monitored by the Divisions and through the usual Governance processes. She advised the Committee that the Trust had had a further Focussed Inspection on July 28, 2020, specifically relating to the Warning Notice, with a focus on Medicines Management and resuscitation issues, which had been highlighted previously. One of the outcomes from this most recent Inspection was an issue with fridge monitoring temperatures and subsequent immediate actions had been put in place to address the areas highlighted. Janet Brennan continued to report that the CQC Report following the focused reinspection had now been received, advising that the Trust had met the requirements of the Warning Notice and that the CQC were satisfied with all the improvements that had been made.

	<p>Janet Brennan commended those staff involved for all their continued hard work and commitment in supporting this improvement process. It was noted that each Division had produced their own specific action plans for further development, in addition to an overarching Trust-wide Quality Improvement Plan, which would be monitored through Quality Committee.</p> <p>One area for particular focus and review would be the Trust's Under 18 Pathways where a Gap Analysis was currently being conducted. One emergent action included exploring opportunities for collaboration with Alder Hey (e.g. implementing a Service Level Agreement for developing shared work). Actions had been put in place to mitigate some of the current associated risks with this area of work.</p> <p>Janet Brennan reported that the Trust was confident and assured that the progress being made was positive and that all actions were being monitored appropriately, with the aim of continually moving the organisation on from 'Good' to 'Outstanding' in readiness for the next CQC Inspection.</p> <p>Resolved The Committee received and noted the Update. The Chair thanked the Deputy Director of Nursing and Midwifery for the update.</p>
018	<p>Director of Nursing and Midwifery and Medical Director Recruitment Update</p> <p>The Chair updated the Committee regarding the recent retirement of the former Director of Nursing and Midwifery, Caron Lappin. It was noted that the Board had thanked Caron for her valuable contribution at the last Board Meeting and took the opportunity to wish her well for her retirement. In addition, the Chair reported that the Medical Director, Andrew Loughney, who had been in post with the Trust for the last four years, had secured a new post as Medical Director at Stockport NHS Foundation Trust. He advised the Committee that a leaving date had not yet been confirmed but would be finalised in due course.</p> <p>The Committee noted that the recruitment process was now underway for these two Board positions.</p> <p>The Chief People Officer reported that Gaynor Thomason, the Interim Director of Nursing and Midwifery, would remain with the Trust until such time as a new substantive Director of Nursing and Midwifery was appointed and in post to allow a suitable handover period. She advised the Committee that a Recruitment Agency – Harvey Nash - was being used for this purpose, which the Trust had commissioned successfully on previous occasions for both Executive and Non-Executive appointments.</p> <p>The Interviews for the Director of Nursing and Midwifery would take place on October 22nd and the Interviews for the Medical Director would take place on November 3rd. It was noted that there would need to be flexibility regarding the processes adopted for these interviews, given the current potential implications of COVID-19. She highlighted that whilst it may be preferable to undertake interviews on a face-to-face basis, this might not be practical or safe in the circumstances and it could be necessary to adopt virtual or hybrid approaches. Decisions on the specific arrangements would be confirmed nearer to the time. Michelle Turner reported that it was unlikely that the new appointees would start in post before Christmas 2020.</p>

	<p>The Chair assured the Committee that he had no major concerns or issues about the process, given the robust nursing leadership that was currently in place, under the experienced direction, supervision and support of the Interim Director of Nursing and Midwifery. However, he also pointed out that the Trust would clearly want to ensure a smooth transition for these two new Board Directors and noted that the next 12 months would be a key time of change.</p> <p>Resolved: The Committee received and noted the update.</p>
019	<p>Quality Account 2019/20</p> <p>Mark Grimshaw provided the Committee with an update on the Quality Account for 2019/2020.</p> <p>He advised the Committee that a Quality Account had not yet been formally published due to changes influencing the timescales for submission brought about by the restrictions of COVID-19, with the latest deadline being set for December 15th 2020. It was noted that although the content of the final draft document had been submitted to Quality Committee, this also needed to have both internal and external stakeholder feedback and comments before final approval could be given., e.g. from Healthwatch, Scrutiny Committees of Local Authorities; LWH Governors, etc.</p> <p>Mark Grimshaw reported that key headlines of the Quality Account 2019/2020 would be presented at the Annual Members Meeting (AMM) and that the full document would also be shared at the November meeting of the Council of Governors, to enable comment and feedback.</p> <p>Mark Grimshaw introduced a brief presentation to the Committee outlining the three key quality priorities of the Quality Account 2019/2020. These were: (1) Reducing Harm; (2) Reducing Mortality and (3) Providing the best patient experience. It was noted that the Quality Account broadly outlined the Trust's performance against those key headings and provided brief details on the findings and measures adopted for each of those priority areas.</p> <p>It was noted that the Quality Account reported against the Trust's Quality Strategy and Governors were aware that a new Clinical and Quality Strategy had been developed for 2020-2025, with some ambitious statements and aims contained within that document. Mark Grimshaw advised the Committee that the Quality Account 2021/22 would seek to demonstrate progress made against those aims and objectives.</p> <p>Jackie Sudworth enquired whether it would be possible to have feedback on Patient Experience in a future QPEG meeting. The Trust Secretary advised that COVID-19 had impacted patient experience and was an area that has been monitored closely. It was agreed that it would be valuable to facilitate an opportunity to outline to governors how the Trust had tried to maintain a positive patient experience during COVID-19 and to provide assurance on the practical strategies being adopted to achieve this.</p> <p>Action: Report on maintaining a positive patient experience during Covid-19 to be received by the January 2021 QPEG and for this to include a patient story.</p> <p>The Chief People Officer noted that it would be useful to arrange for a patient to speak virtually about their experience during COVID-19. She advised the Committee that the Trust</p>

	<p>has already gathered some valuable feedback from maternity patients and neo parents on their experiences thus far. This feedback had clearly demonstrated how staff had been flexing to try and maintain the best possible experience for patients despite limitations.</p> <p>Resolved: The Committee received and noted the update on Quality Account 2019/20.</p>
020	<p>(1) Chairs Report from Quality Committee held on 21st September 2020</p> <p>Tony Okotie updated the Committee on the items covered in the meeting of 21st September 2020. This included discussion on issues related to: -</p> <ul style="list-style-type: none"> • The Board Assurance Framework (BAF) and any changes around that; Given that the implications of COVID-19 were evolving quickly, it was noted that the respective BAF Risk would be reviewed in further detail in October 2020 to ensure it accurately reflected the risk profile to the Trust. • The Sub-Committee reports; It was noted that there was a piece of work on-going to review how effectively current Committee structures and governance meetings provided assurance. • Performance Report and CQC Action Plan Update; • IPC COVID-19 Framework; It was noted that the CQC was currently looking closely at Infection and Prevention Control for COVID-19 with all Trusts. It was reported that the Trust was in a positive position against the key indicators outlined within the IPC COVID-19 Framework; • Never Events in Theatres. The Trust had experienced five Never Events over the last three years. Susan Milner, as the previous Chair of the Quality Committee, had requested a deep dive into this area to find out whether there had been any common themes identified and to establish what had been learnt from these Never Events. It was noted that a thorough discussion had taken place related to the culture of the organisation and the basics of leadership and management which enabled staff to feel able to speak up. A further piece of work around Never Events would be conducted over the coming months. • Fair and Just Culture. Michelle Turner advised the Committee that Fair and Just Culture had been an area of development work within the Trust over the past two to three years. This had involved training senior leaders as well as starting to review some of the policies and processes that the Trust had in place to ensure that all staff felt that they could raise concerns and that everyone had an equal voice. <p>The Trust was about to embark on its third year of Fair and Just and this would see a roll out of training so that all levels of the organisation became familiar with the concept. The Board was going to be formally trained and were also going to take part in a Book Club with other staff. It was noted that, in due course, there would also be an opportunity for Governors to be part of this training process.</p> <ul style="list-style-type: none"> • Quarterly Report on Mortality and lessons learnt; It was noted that there had been an increase in stillbirths in a particular quarter for two consecutive years and Devender Roberts, the Deputy Medical Director, was asked

	<p>to provide a detailed report for the December 2020 Quality Committee explaining this.</p> <ul style="list-style-type: none"> Items for approval; The Research and Development Annual Report; The Trust's Annual Statement against the Francis Report.
020	<p>(2) Chairs Report from the Putting People First Committee</p> <p>Robert Clarke updated the Committee on the items covered in the meeting of 21st September 2020. These included issues related to: -</p> <ul style="list-style-type: none"> The impact of Covid-19 and the overarching COVID BAF risk; Concerns on the availability of staff when NHS Test, Trace and Track measures were fully operational and when schools send children home from school and the difficulty in maintaining some of the non-clinical but workplace related restrictions e.g. maintaining adherence to social distancing; reinforcement for social areas/gatherings; Navigating different phases of the COVID-19 pandemic flexibly as an organisation; A Review of Performance Dashboards e.g. absences, training, resuscitation; A Comparison of the Trust's own People Plan with the National NHS People Plan that was released during the last month; A deep dive into the LWH Staff Survey results; Several teams historically had reported lower engagement scores in the Staff Survey and the Committee had reviewed how that position had developed and recommended strategies to support managers to improve engagement and involvement; An Update from the Freedom to Speak Up Guardian which had outlined how concerns were signposted and dealt with effectively within the Trust. An update on Equality, Diversity and Inclusion quality standards including Workforce Race related quality standards and workforce disability related quality standards and how the Trust was performing against those key indicators. A Board Workshop on these particular themes was going to be held on this area of work in October 2020. A review of the different ways the Trust was currently engaging with staff, including the Leadership and Talent Strategy. Policies for approval. <p>The Chair reiterated the importance of staff well-being and staff welfare at this challenging time and highlighted this particular priority as being high on the list of concerns for the Trust's leadership team.</p>
021	<p>Governor Representative Report from Experience Senate</p> <p>Mary McDonald updated the Committee on three items that had been raised in the Experience Senate recently. These included issues related to:-</p> <ul style="list-style-type: none"> The Trust providing Virtual Interpreter support for patients who were involved in

	<p>Teams or Zoom Meetings to ensure that everyone had access to services and a voice, irrespective of disability or language issues. It was noted that this topic was now being followed through by the CSS Division and Procurement.</p> <ul style="list-style-type: none"> The development of a new policy which would outline the referral process for women who had smoking or alcohol consumption issues, as well as the support services that were available to them. <p>The reduction in complaints made and/or received by the Trust during the COVID-19 situation. Mary McDonald noted that it was not known whether this related to the fact that the PALS Team had not been able to work to their full capacity during COVID-19, and/or whether it had occurred as there were less staff and patients on site. Andrew Loughney reported that feedback from patients during this time had shown a more positive experience and this had been reflected in things like increased breast-feeding rates and greater satisfaction on the post-natal wards, as well as less incidents being reported.</p>
022	<p>Any Other Business</p> <p>The Committee noted that it would be valuable to take some of the issues that came out of the Experience Senate for review within the Communications and Engagement Sub Group.</p> <p>A discussion was held in relation to exploring how well the Trust was actively engaged and 'plugged into the local community' as a means of understanding and listening to what local people needed.</p> <p>It was agreed that it would be increasingly important for the Trust to collaborate with the wider Liverpool system as an Integrated Care Partnership, the chair commented that Liverpool City Council had experienced particular success when adopting neighbourhood-level engagement strategies with local groups. This approach as an integrated care partnership had the potential to strengthen the Trust's ability to shape and design health services and to disseminate health messages more effectively within communities.</p> <p>Mark Grimshaw reported that some work has already been done recently by the Trust to identify local community links for three key areas: -</p> <ul style="list-style-type: none"> Women's Health Groups; Under-represented groups (however those are defined) e.g. women from certain ethnicities; Young People e.g. under 18's pathways. <p>Mark Grimshaw highlighted that Governors had an important role to play in this area. Firstly, by helping to strengthen the Trust's links with community groups and in gathering local intelligence and secondly, by helping the Trust to understand how to utilise that information effectively for the benefit of patients, staff and the wider organisation.</p> <p>The Chair encouraged all members to attend the Annual Members Meeting (AMM) to be held on Thursday, 8th October 2020.</p> <p>The Chair thanked everyone for their contribution and for their attendance at the meeting.</p>
	<p>Review of meeting</p> <p>Good discussion and debate and meeting kept to time.</p>

	<p>Date of next meetings:</p> <ul style="list-style-type: none">• The next full Public Board – Thursday, 5th November• The Next Full Council of Governors - Thursday, 12th November at 5.30pm in the Boardroom/via Teams• Next QPEG – Monday 25th January 2021
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draft

Council of Governors Communication and Membership Engagement Group
Thursday 24th September at 1730hrs
Virtual Meeting via Microsoft Teams

Present: Cynthia Dowdle (CD) (Chair of meeting), Robert Clarke (RC), Susan Milner (SM), Michelle Turner (MT) (Chief People Officer), Andrew Duggan (AD) (Head of Communications & Marketing), Jackie Sudworth (JS), Mary McDonald (MM), Mark Grimshaw (MG) (Trust Secretary – minute taker).

Apologies from: Denise Richardson (DR), Evie Jeffries (EJ), Sara Miceli-Fagrell (SMF)

20/21/10	Apologies for absence As above.						
20/21/11	Meeting guidance notes Noted.						
20/21/12	Declarations of interest None declared.						
20/21/13	Minutes from the meeting of the Communications and Membership Engagement Group held on Thursday 25th July 2020 The minutes of meeting were approved.						
20/21/14	Matters arising and action points No overdue actions noted.						
20/21/15	Membership Strategy Addendum – Actions Update MG noted that several actions had been identified as part of the Membership Strategy Addendum, approved by the full Council of Governors in July 2020. Each action was discussed with updates noted as below: <table><tr><th colspan="2">Year Four, 2020 - 2021</th><th>Update</th></tr><tr><td>10</td><td><p>Develop new categories of engagement level – ‘inform’ and ‘involve’.</p><ul style="list-style-type: none">• Inform - receive information and updates from us about important changes to healthcare• Involve - receive information, and be involved, from time to time, in activities, such as focus groups, surveys, consultations and be invited to attend health events<p>To ensure that email addresses are held for members who choose the ‘involve’ option.</p><p>Purpose: To cleanse the Trust’s membership database and ensure that we have the appropriate contact information for those members who wish to communicate with the Trust on a regular basis.</p></td><td><p>The Committee was informed that the creation of ‘categories’ for membership would require a mailout – something that would cost approximately c. £3k.</p><p>The Committee asserted that identifying members that were willing to be ‘involved’ would underpin other identified actions and it was therefore agreed that the mailout should proceed.</p></td></tr></table>	Year Four, 2020 - 2021		Update	10	<p>Develop new categories of engagement level – ‘inform’ and ‘involve’.</p> <ul style="list-style-type: none">• Inform - receive information and updates from us about important changes to healthcare• Involve - receive information, and be involved, from time to time, in activities, such as focus groups, surveys, consultations and be invited to attend health events <p>To ensure that email addresses are held for members who choose the ‘involve’ option.</p> <p>Purpose: To cleanse the Trust’s membership database and ensure that we have the appropriate contact information for those members who wish to communicate with the Trust on a regular basis.</p>	<p>The Committee was informed that the creation of ‘categories’ for membership would require a mailout – something that would cost approximately c. £3k.</p> <p>The Committee asserted that identifying members that were willing to be ‘involved’ would underpin other identified actions and it was therefore agreed that the mailout should proceed.</p>
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		Measure: All members categorised into engagement levels on the existing MES database system and to have email addresses for all members who identify as wanting 'involve' level engagement.	
11	<p>Publish and communicate a membership charter (appendix 1)</p> <p>Purpose: To provide clarity on what it means to be a member of the Trust, supporting the categorisation of engagement levels and recruitment.</p> <p>Measure: Membership Charter agreed by the Council of Governors, published on the Trust website and circulated to members via email (reference included within 2020 election material).</p>	The Committee noted that the Membership Charter would be explained and included within the mailout noted above. The Trust website was to be updated also.	
12	<p>Develop and deliver a programme of 'Behind the Scenes' events following a canvass of opinion from members on what areas would be popular. These will be virtual at first and then moved into physical locations when appropriate (whilst maintaining virtual option). These will be followed by 'governor sessions' to enable members to discuss issues with governors.</p> <p>Purpose: To improve engagement with members and links with governors.</p> <p>Measure: Four 'Behind the Scenes' events to be held before the end of March 2021.</p>	It was noted that the Communications Team was progressing with identifying areas for Behind the Scenes events.	
13	<p>Develop enhanced links with organisations aligned to underrepresented groups to improve engagement and involvement with these demographics</p> <p>Purpose: Improve the representation of several areas of the membership demographic through targeted recruitment</p> <p>Measure: Formal connections made with organisations aligned to underrepresented groups with evidence fed back to the Communications & Membership Engagement Group of feedback sought and received.</p>	<p>The Committee was informed that approaches wereto be made with groups with particular connections to:</p> <ul style="list-style-type: none">• Women's health• Underrepresented groups• Young People (16-24) <p>In relation to the latter, MT noted the work that the Trust was involved in with schools and colleges and identified an opportunity to link this with the membership.</p> <p>Action: MG to liaise with Anne Bridson regarding an opportunity to promote membership with schools and colleges.</p>	
14	<p>To improve links with young people e.g. through the Young People Forum in place at Alder Hey NHS Foundation Trust.</p> <p>Purpose: Improve engagement with particular groups e.g. young people</p>	MG reported that a discussion had been held with representatives from AHH. They suggested that the Trust attempt to find out how young people would want to engage with the Trust. Work was	

	<p>Measure: Mechanism for feedback from young people established and reporting to the Communications & Membership Engagement Group</p> <p>progressing with the Deputy Head of Patient Experience on how to effectively capture this intelligence.</p>
15	<p>Improve connection and accountability between governors and members</p> <p>Purpose: To develop regular communications with members and improve links / accountability with governors.</p> <p>MG noted that a video summary of the upcoming November 2020 CoG meeting would be produced and circulated to members.</p> <p>Measure: Mechanisms such as using video summaries post meetings, quarterly e-briefing and producing a governor annual report in place.</p> <p>AD noted that the Trust was in the process of producing an updated quarterly newsletter that would be circulated to members in addition to staff. CoG summaries would be included within this publication.</p>
	<p>The Committee noted the report.</p>
20/21/16	<p>Process for developing updated Membership Strategy</p> <p>MG noted that there was a requirement to update the Trust's Membership Strategy for 2021-24. It was suggested that a task and finish group be established to undertake governor led work to understand the following aspects:</p> <ul style="list-style-type: none"> • The Trust's overarching overall strategic context and how patient / public / staff engagement can support these aims • Current developments and plans for patient / public / staff engagement and how the membership strategy could align with this • Review of the Trust's current membership database to understand whether gaps exist and whether these require action to close out in order to support the wider aims of the strategy. <p>It was noted that this work should proceed in order to produce a draft strategy for consideration by the February 2021 Council of Governors meeting.</p> <p>The Committee noted the update.</p>
20/21/17	<p>Annual Members Meeting Update</p> <p>MG reported that the upcoming Annual Members Meeting (AMM), scheduled to take place on 8 October 2020, would take place virtually. The Communications Team had recorded several videos showcasing the Trust's achievements over the 2019/20 and these would be released via social media and the Trust website to advertise the formal AMM.</p> <p>The Committee noted the update.</p>
20/21/18	<p>Governor Elections</p> <p>MG reported that there had been six governor seats up for election this year. Two had been filled as uncontested seats and one was contested (central Liverpool). Governors appointed to uncontested seats were:</p> <ul style="list-style-type: none"> • Yaroslav ZHUKOVSKY to the public seat of Sefton • Kiran JILANI to the staff seat – Doctors <p>The contested election was scheduled to close on the 25th September and the results would be known in time for the Annual Members Meeting.</p> <p>There was one public seat (North Liverpool) and one staff seat (Nursing) unfilled. These would be vacant until the 2021 elections were held.</p>

	The Committee noted the update.
20/21/19	Any Other Business None.
20/21/20	Review of meeting The group agreed that the meeting had productive with a number of good ideas shared and discussed. Those who attended were thanked for their contribution and time by CD.
20/21/21	Date, time and place of next meeting: Thursday 17 December 2020 at 1730, location TBC

DRAFT

		Agenda Item	20/21/037
MEETING	Council of Governors		
PAPER/REPORT TITLE:	Report from the Council of Governors Nomination & Remuneration Committee		
DATE OF MEETING:	Thursday, 12 November 2020		
ACTION REQUIRED	Receive		
EXECUTIVE DIRECTOR:	Robert Clarke, Chair		
AUTHOR(S):	Mark Grimshaw, Trust Secretary		
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/> To be ambitious and efficient and make the best use of available resource <input type="checkbox"/> To deliver safe services <input type="checkbox"/> To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/> To deliver the best possible experience for patients and staff <input type="checkbox"/> 		
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/> Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/> 		
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>		

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	The Council of Governors is asked to approve: <ul style="list-style-type: none"> • The appointment of Kiran Jilani to the Committee membership • The appointment of Susan Milner as SID • the appointment of two or three NEDS to cover the following skill sets; <ul style="list-style-type: none"> ○ quality improvement ○ regulatory compliance ○ finance/audit ○ Strong connection to the local community served by the Trust with a high level of commitment and empathy to vulnerable and disadvantaged groups • In the instance where community links are not covered adequately across three appointments then the Trust should only appoint two and hold the third NED post and go out to recruit again to find a suitably qualified /skilled person with community links. • the Candidate Pack contained as Appendix 1 • the appointment process and timeline as Appendix 2. 	
PREVIOUSLY CONSIDERED BY:	Committee name _____	Choose an item. Or type here if not on list: Click here to enter text.
	Date of meeting _____	

Report

Introduction

The Council of Governor's Nomination & Remuneration Committee met on the 27 October 2020 to consider the following matters:

- Non-Executive Director and Chair appraisal outcomes
- The appointment of the Senior Independent Director
- The recruitment process for Non-Executive Directors 2021

The outcome of the Non-Executive Director and Chair appraisals will be reported to the private section of the agenda.

As the Council of Governors cannot delegate decision-making powers to its Committees, the recommendations from the Nomination & Remuneration Committee require consideration, and if deemed appropriate, approval from the full Council of Governors.

Issues for Consideration

Committee Membership

The Terms of Reference of the Committee require that staff governors have a representative present. It is proposed that Kiran Jilani (Staff – Doctor) assume this position in place of Gillian Walker (Staff - Nurse) who's term came to an end in October 2020.

Appointment of the Senior Independent Director (SID)

The Trust's constitution notes the following:

- 1.1** The Board of Directors may appoint a non-executive Director as a Senior Independent Director. The Senior Independent Director may be the Vice Chair.
- 1.2** Any appointment of a Senior Independent Director pursuant to the preceding paragraph shall require the approval of the Council of Governors.

As part of the Non-Executive Director appraisal process, it was recognised by the Chair and the incumbent SID (Tony Okotie) that the role required a smooth transition and continuity and for this to happen in advance of Tony's term ending. Therefore, the Chair asked Susan Milner to take on the role, which has been endorsed by the full Board and has been recommended for approval (in line with the Constitution) from the Council of Governors Nomination & Remuneration Committee.

NED Appointment Process 2021

During 2021 three Non-Executive Directors will come to the end of their term of office at Liverpool Women's NHS Foundation Trust (highlighted in the table below). There is therefore a requirement to recruit at least two Non-Executive Directors to maintain a Non-Executive majority on the Board of Directors.

	Commencement date	Term of Office expiry date
Robert Clarke	01 March 2016	28 February 2022
Tony Okotie	01 July 2015	30 June 2021
Phil Huggon	04 April 2016	31 March 2021
Ian Knight	04 April 2016	31 March 2021
Jo Moore	04 April 2016	31 March 2022
Susan Milner	01 June 2016	31 May 2022
Louise Kenny	01 March 2019	28 February 2022
Tracy Ellery	01 March 2019	28 February 2022

* Constitution allows for 7 Non-Executive Directors (not including the Chair).

The responsibility for appointing Non-Executive Directors (NEDs) lies with the Council of Governors (CoG), following recommendations provided by the CoG's Nomination and Remuneration Committee (NARC).

The CoG has previously agreed that as part of the review of NEDs appraisals and any recommendation on re-appointment / appointment that the NARC should review on its behalf and update the Non-Executive Director skill mix.

The NARC received the views of the wider Board and agreed that the following skills / experience areas were desirable:

- Cyber-security / digital
- Experience of NHS regulatory framework
- Quality Improvement
- Financial / Audit
- Strong connection to the local community served by the Trust with a high level of commitment and empathy to vulnerable and disadvantaged groups

The NARC agreed that the desired outcome was to cover the aforementioned range of skills between two or three appointments. It was stated that community links should be part of a package of professional skills and not the only appointment criteria / justification. Therefore, if the range of skills including community links can be found in two or three candidates then the two or three NED posts can be appointed to. If community links are not covered adequately across the three then the Trust should only appoint two and hold the third NED post and go out to recruit again to find a suitably qualified / skilled person with community links.

Non-Executive Director Appointments – Job Descriptions/Specifications

The NARC considered and recommended for approval a Job Description and Person Specification for a Non-Executive Director role. These have been incorporated into a 'Candidate Pack' which can be found in Appendix 1.

The Person Specification has been left generic rather than specific to a particular skill set. This will hopefully encourage a wide range of applications and will enable the appointment panel to 'mix and match' skill sets.

Non-Executive Director Appointments – Process

Previous NED recruitment processes have utilised an external recruitment agency. This approach has its advantages, namely; links with known individuals, less resource intensive for the Trust, low risk as they have done it before. However, there is a cost related to these services (approx. £20k) and there is an opportunity to undertake this round of recruitment internally. Whilst this presents some risk (inexperience in this specific recruitment area), this would provide an opportunity to develop skills within the Trust and it is also more likely that the Trust has stronger links with the local community compared to a recruitment agency.

The NARC has recommended that the Trust manages this NED recruitment round internally. This would not be completely without cost as it is likely that there would be a need to place adverts in the following locations:

- HSJ Standard Listing - £2,995
- Guardian Jobs - £1100
- Diversity Job site - £675

In addition to adverts, the Trust would also utilise existing community links, appeal to staff and local contacts to recommend community and / or business leaders and maximise the NHSI/E NED network.

The Trust will also be commissioning a video to be produced outlining the role which can be shared widely on social media and other platforms.

A proposed timeline for the recruitment process can be found at Appendix 2.

Recommendation

The Council of Governors is asked to approve:

- The appointment of Kiran Jilani to the Committee membership
- The appointment of Susan Milner as SID
- the appointment of two or three NEDS to cover the following skill sets;
 - quality improvement
 - regulatory compliance
 - finance/audit
 - Strong connection to the local community served by the Trust with a high level of commitment and empathy to vulnerable and disadvantaged groups
- In the instance where community links are not covered adequately across three appointments then the Trust should only appoint two and hold the third NED post and go out to recruit again to find a suitably qualified /skilled person with community links.
- the Candidate Pack contained as Appendix 1
- the appointment process and timeline as Appendix 2.

Appendix 1

Recruitment of Non-Executive Director

Candidate Information Pack

Chairman's Covering Letter

November 2020

Dear Candidate

Recruitment of Non-Executive Director

Thank you for your interest in the position of Non-Executive Director on our Board. You would be joining a broad-based, high-calibre team at a time of exciting and challenging developments both within the Trust and in the wider NHS, as we not only progress our regular services but also respond to the Covid-19 pandemic. We are a strong organisation, recently assessed as Good by the Care Quality Commission, and we pride ourselves in delivering high standards of patient care to the local community, the wider system and beyond. This is an opportunity for you to play a key role in a continuing our success story.

The enclosed information pack provides comprehensive information about the position and about the attributes we are looking for in candidates. This should answer many of the questions you may have, and I urge you to read the information carefully before proceeding with your application.

It is important to appreciate that this recruitment process involves both Directors and Governors of the Trust, but that the formal power to appoint a Non-Executive Director rests with the Governors. The Non-Executive Directors report to myself as Chair.

You may find it useful to read some of our past Board papers and Minutes, which are available online at <https://www.liverpoolwomens.nhs.uk/about-us/our-board-of-directors/our-board-meetings/> to gain a good understanding of the business of the Board.

Opportunities for an informal meeting (virtual or otherwise) or telephone conversation with myself, Kathy Thomson, Chief Executive or Mark Grimshaw, Trust Secretary will be available for interested candidates.

I am sure you will see this position as an opportunity for you to really make a difference to the quality of healthcare provided to our local community, and I wish you well with your application.

Yours sincerely

Robert Clarke

Chair

Advertisement

Liverpool Women's NHS Foundation Trust is currently seeking to appoint individuals with experience in one or more of the following areas; quality improvement, regulatory compliance, finance/audit. We are also keen to appoint individuals who have a strong connection to the local community.

The Trust Liverpool Women's NHS Foundation Trust is a specialist trust that specialises in the health of women, babies and their families. As one of only two such specialist trusts in the UK and the largest women's hospital in Europe the trust holds a unique position.

Liverpool Women's delivers care across the city and the wider region in the community and from our main hospital site in Crown Street near Liverpool city centre. The teams deliver around 8,000 babies and perform some 10,000 Gynaecological procedures each year. The Trust delivers some of the country's leading and innovative care in our specialist fields and has a well-regarded and extensive research and development portfolio nationally and internationally.

The changing environment in which the NHS operates means that we are utilising opportunities for strategic working with key partners across the health and social care economy, while at the same time identifying new business opportunities for the Trust. Re-establishing services following the peak of the Covid-19 pandemic also brings a number of challenges for the organisation, which the Board is working through. Central to this work is the ability to harness those new ways of working created by the pandemic for the benefit of patients This is therefore an exciting opportunity for a strategic thinker and strong team player to join us in exploring innovative solutions as well as providing additional constructive challenge as a non-executive member of the Board.

Successful applicants should have the following experience:

- Governance responsibility at Board or senior management level in a large and/or complex organisation
- Demonstrable record of achievement in a senior position of responsibility
- Experience in one or more of the following areas; quality improvement, regulatory compliance, finance/audit
- Strong connection to the local community served by the Trust with a high level of commitment and empathy to vulnerable and disadvantaged groups

Remuneration will be £13,000pa plus travel and subsistence reimbursement in line with Trust policy, for an average time commitment of 3 to 4 days per month.

We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit. We believe that the best boards are those that reflect the communities they serve.

We particularly welcome applications from women, people from the local black and minority ethnic communities, and disabled people who we know are under-represented in chair and non-executive roles.

Our recruitment processes are conducted in accordance with the Code of Governance to ensure that they are made on merit after a fair and open process so that the best people, from the widest possible pool of candidates, are appointed.

Job Description

Role: Non-Executive Director
Accountable to: Chairman and Council of Governors
Role summary: A Non-Executive Director will work with other Non-Executives, the Chairman and the Executive Directors as an equal member of the Board of Directors. They will also work in partnership with the Council of Governors who is also charged with holding the non-executive directors to account for the performance of the Board of Directors.

The Non-executive Director acts as an objective member of the Board and will be required to contribute to setting the strategic direction of the Trust, participate fully in all meetings of the Board and Board committee meetings, ensuring effective challenge, governance and compliance as well as meeting performance targets required by NHS Improvement, NHS England, the Care Quality Commission and other regulatory bodies.

The Non-executive Director will ensure that the Board acts in the best interests of service users, their families, carers, members and the wider public.

The Non-executive Director commits to working to, and encouraging within the Trust, the highest standards of probity, integrity and governance and contribute to ensuring that the Trust's internal governance arrangements conform to best practice and statutory requirements.

The Non-executive Director will be expected to use their skills together with their personal experience of the community and the NHS to guide the work of the Liverpool Women's NHS Foundation Trust.

Key functions:

- To consult and work with the Council of Governors on the strategic and annual plans of the Trust to ensure that the health needs of the population served by the Trust are fully considered.
- To ensure that the Trust establishes clear objectives to deliver the agreed plans and meet the terms of its licence and to regularly review performance against these objectives.
- To ensure the best use of financial resources to maximise benefits for patients and that effective financial control arrangements are developed across the Trust to secure high levels of probity and value for money.
- To ensure that processes and procedures are in place to deliver high standards of professional, clinical, administrative and personal behaviours across the Trust.
- To uphold the values of the Trust, be an appropriate role model and to ensure that the Trust promotes equality and diversity for all its patients, staff and other stakeholders.
- To lead or participate in committees or Sub-Groups of the Board charged with specific activities to support the delivery of services.
- To support and challenge where appropriate, the Chairman, Chief Executive and other Directors of the Trust Board to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions.

- To represent the Trust's views with national, regional or local bodies or individuals to ensure that the view of a wide range of stakeholders are considered and to be an ambassador for the Trust

Person Specification

Knowledge, Skills, Experience & Qualities	Essential	Desirable
Senior management experience in public, private or third sector	X	
The ability to analyse and understand complex information and situations before reaching an objective conclusion. The ability to think clearly and creatively.	X	
Ability to question, constructively challenge, influence and be independent-minded	X	
Committed to the values and vision of the NHS and Liverpool Women's NHS Foundation Trust.	X	
An interest and understanding of how the NHS and local health and social care community operates.	X	
Willing to maintain and uphold accountability of self and others. A high level of probity, integrity, discretion and fairness and the ability to maintain confidentiality. Able to uphold the principles of effective corporate governance.	X	
Excellent interpersonal and communication skills	X	
Ability to meet the time commitment.	X	
Strong connection to the local community served by the Trust with a high level of commitment and empathy to vulnerable and disadvantaged groups		X
Have experience of working with diverse populations and representing a range of interests within a local and regional community		X
Knowledge and experience of quality improvement methodologies and their effective application		X
Knowledge of the requirements and demands of a complex regulatory environment		X
Experience of corporate finance, venture capital, banking, investment or audit in a large commercial enterprise		X
Qualified as an accountancy professional (ability to Chair an Audit Committee)		X
Experience of cyber security / digital agenda		X
Ability to anticipate and exploit change.		X

KEY RELATIONSHIPS

Non-Executive Directors' key relationships are with:

- Trust Chair
- Chief Executive

- Directors
- Trust Secretary
- Governors

How to Apply

To apply, please utilise the TRAC system on NHS jobs.

Further Information

Links to useful information relevant to the Trust

Annual Report and Summary of Accounts

<https://www.liverpoolwomens.nhs.uk/media/3502/lwh-annual-report-and-accounts-final-19-20.pdf>

Board Papers

<https://www.liverpoolwomens.nhs.uk/about-us/our-board-of-directors/our-board-meetings/>

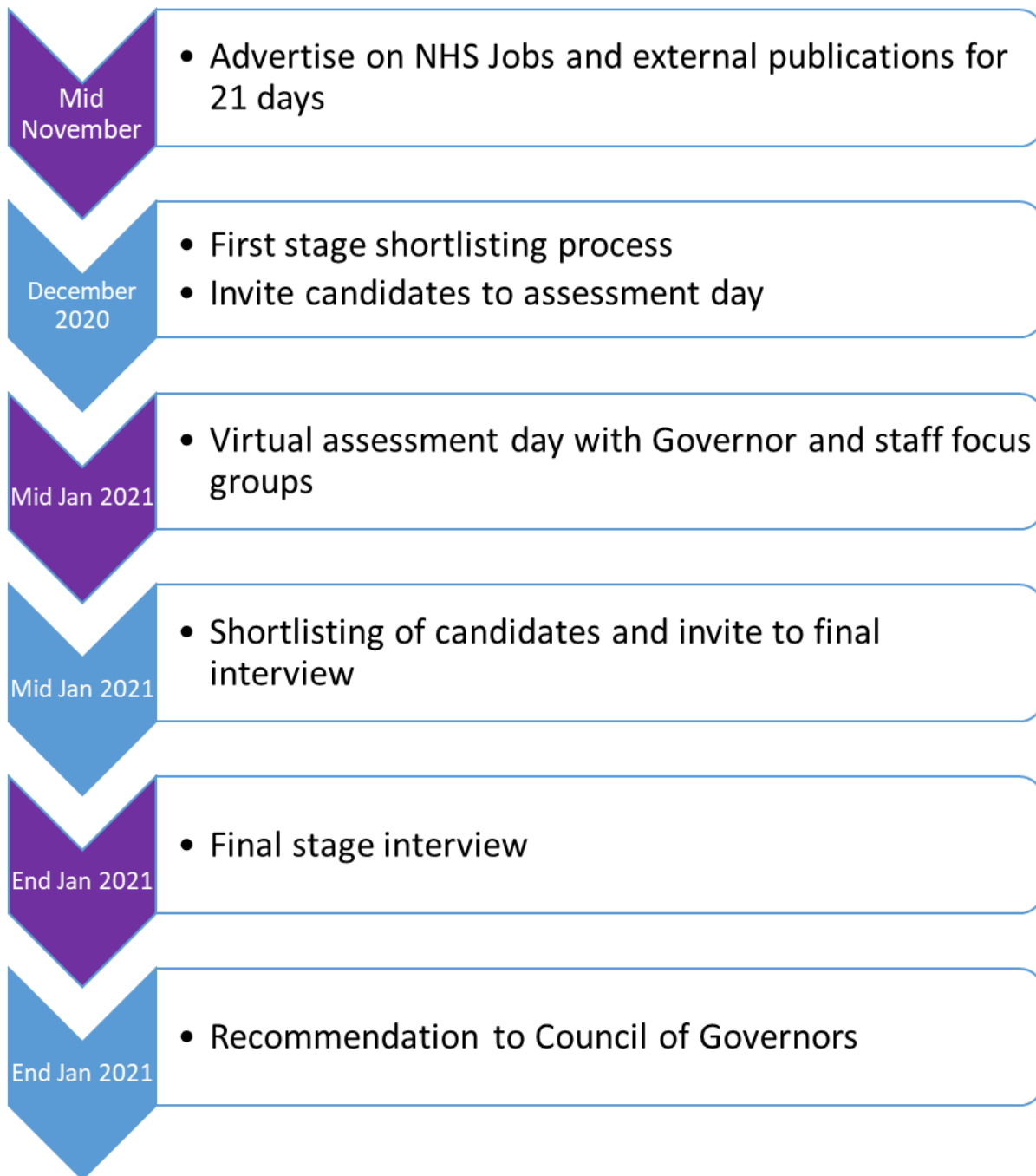
Trust Constitution

<https://www.liverpoolwomens.nhs.uk/media/2422/constitution-2018.pdf>

NHS Improvement

<https://improvement.nhs.uk/>

Appendix 2



Agenda Item 20/21/038

MEETING	Council of Governors	
PAPER/REPORT TITLE:	Council of Governors - Effectiveness Survey 2020 - Update	
DATE OF MEETING:	Thursday, 12 November 2020	
ACTION REQUIRED	Receive	
EXECUTIVE DIRECTOR:	Mark Grimshaw, Trust Secretary	
AUTHOR(S):	Mark Grimshaw, Trust Secretary	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input type="checkbox"/></p> <p>3. To deliver safe services <input type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>	

	supports learning and innovation, and promotes an open and fair culture. ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	The Council of Governors is recommended to: <ul style="list-style-type: none"> Note the updates against the identified actions and consider the best way forward to progress outstanding areas. 	
PREVIOUSLY CONSIDERED BY:	Committee name Date of meeting 	Choose an item. Or type here if not on list: Click here to enter text.

Report

Introduction

It is recognised good practice for the Council of Governors to carry out periodic reviews of its effectiveness and collective performance, and this good practice is reflected as a requirement in the NHS Foundation Trust Code of Governance.

A survey was published on 15 January 2020, with a deadline for completion of 31 January 2020. A total of 14 responses were submitted, out of a total of 23 Governors invited to complete the survey, with a response rate of 61%. The response rate suggested that, whilst clearly not unanimous, outcomes from the survey provided a representative reflection of Governor views.

Issues for Consideration

Outcomes from the survey were reported to the February 2020 Council of Governors meeting. These were RAG-rated to identify specific areas for further consideration by the Council of Governors and to identify development plans, where applicable. The RAG-ratings were as follows:

	Positive response from majority of respondents – no action required
	Responses suggest scope for further consideration by the Council of Governors
	Responses suggest action is required for the specific subject

It was encouraging that the overall outcomes from the survey were positive with 27 green-rated questions, 5 amber-rated questions and 2 red-rated questions (both of which relate to learning and development).

The survey included a number of questions where Governors were invited to provide free text responses. These questions covered the following subject areas:

- Scheduling of Council of Governors meetings
- Themes / subjects Governors would like to see included on meeting agendas
- Barriers that may impair Governor contribution at meetings
- Development needs which would enhance contribution to the Council of Governors

The responses provided for these areas informed the content for a workshop session which was held during the Council of Governors meeting on 13 February 2020.

Actions emerging from the workshop session with progress updates

The table below outlines the actions identified in the workshop (from three areas of discussion). The majority of these have been impacted by the Covid-19 pandemic (with the exception of the expansion of virtual meetings, in which arguably accelerated adoption). Due to progression being slowed by the pandemic, suggested further work has been identified and Governors are asked to consider this and agree the best way forward.

Action	Progress to date	Suggested further work
Barriers to participation / Council agenda items		
Use of 'virtual' meetings methods to engage governors who have other commitments.	The Trust has maintained Council of Governor meetings through the use of software such as Teams and Zoom. This has enabled the business of the Council to continue but attendance rates remain low.	Trust Secretary to engage with governors who have not been able to attend to offer and provide support. Are timings of meetings an issue?
Dedicated resource to approach membership	Resource has been identified but will only be available for dedicated membership purposes from November 2020 onwards.	Priority areas will be established to take forward action.
Learning & Development for Governors		
Development of an e-learning package for governors	Due to Covid-19 and current resources, this has not been progressed apart from governors being invited to attend national conferences and training (e.g. induction for new governors provided virtually).	Governors to confirm that they would be interested in the Trust Secretary providing 'virtual training' via Zoom / Teams. To also confirm whether governors would find recorded videos useful for training – can specific topics be identified? Would Governors be interested in providing peer learning / training in areas of interest / expertise?
Include patient / staff stories at Council of Governor meetings	Staff story received at the July 2020 meeting.	Attempts will continue to be made to include a patient or staff story at future Council of Governor meetings.
Governors – public / member engagement		

AMM run over an afternoon, less formal Workshops or Fair	The AMM was held over an afternoon albeit virtually. The less 'formal' elements of the AMM were released as videos in advance of the AMM.	Feedback on the AMM has been positive and the use of recorded elements will be retained for future events.
Utilise existing events for membership engagement	Events have been reduced due to Covid-19 but invites have been extended to on-line events where possible. The Trust's updated newsletter is now also circulated to the membership.	Opportunities will continue to be identified and utilised.
Demonstrating impact of governors and improving accountability to members	Not yet undertaken although methods outlined in Membership Strategy Addendum.	A summary of the November 2020 Council meeting will be included in the Trust newsletter and this will be accompanied by a video from the Chair, Trust Secretary and Lead Governor.

Recommendation

The Council of Governors is recommended to:

- Note the updates against the identified actions and consider the best way forward to progress outstanding areas.

Agenda Item 20/21/039

MEETING	Council of Governors	
PAPER/REPORT TITLE:	Trust Covid-19 Response – Patient & Staff Experience	
DATE OF MEETING:	Thursday, 12 November 2020	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Michelle Turner, Chief People Officer	
AUTHOR(S):	Mark Grimshaw, Trust Secretary	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver safe services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input type="checkbox"/></p>	

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FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Council of Governors is requested to note the report for information and assurance.</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable Or type here if not on list: Click here to enter text.
	Date of meeting	

Executive Summary

The pandemic outbreak of Covid-19 continues to place pressure on the whole of the NHS. Liverpool Women's NHS FT has responded to this pressure to date as part of the Cheshire and Mersey system response. The nationally declared level 4 incident was maintained throughout April, May and June 2020. The level of incident had been stepped down in July 2020 to a level 3, however the Trust remains under command and control. In October the Liverpool city region move into new Tier 3 measures with increased restrictions in society and pressures on the NHS.

Updates on the Trust response to the Covid-19 pandemic have been provided to the May and July 2020 meetings with the following issues covered:

- Restoring outstanding clinical services through a culture of quality improvement
- Workforce
- System working
- New Models of Care: Learning and Digital
- Testing and PPE

Governors can access operational updates in respect to the Covid-19 pandemic from the Board papers. Considering the role that Governors have in representing public and staff members, it was felt germane to focus the following update on the work that is being undertaken to maintain a positive patient and staff experience during the pandemic.

Report

1. Introduction

The pandemic outbreak of Covid-19 continues to place pressure on the whole of the NHS. Liverpool Women's NHS FT has responded to this pressure to date as part of the Cheshire and Mersey system response. The nationally

declared level 4 incident was maintained throughout April, May and June 2020. The level of incident had been stepped down in July 2020 to a level 3, however the Trust remains under command and control. In October the Liverpool city region move into new Tier 3 measures with increased restrictions in society and pressures on the NHS.

Difficult decisions have been required in order to maintain patient safety. It is recognised that on occasion, these can have an impact on the patient experience and the Trust has been working to monitor and mitigate this as much as possible.

In order to restore and develop our services we must accept it may be a challenge for staff and therefore there is a need to support our workforce after their efforts in the initial Covid-19 response. As a Trust we will do this in several ways, and these are outlined in the report below.

2. Patient Experience

The promotion and achievement of a positive care experience is of paramount importance. Delivering a high-quality experience for women, babies and their families and is important because:

- It is fundamentally the right thing to do for our women, babies and their families.
- It is central to building and strengthening the Trust's reputation and increasing public confidence
- It is what we would expect for our family and friends
- It has been linked to more positive clinical outcomes
- It is our duty to get things right for our women, babies and their families first time, every time.

The experience of our women, babies and their families is integral to Liverpool Women's NHS Foundation Trust's core purpose and therefore all members of staff employed by the Trust have a duty to ensure that all those who use our services receive an experience that meets or exceeds their physical and emotional needs and expectations. During these unprecedented times where there has been lots of change our Trust have been working with the women, patients and families to understand what that has meant for them and to ensure we can still achieve the best possible experience throughout.

Gathering feedback during Covid-19

Use of Social Media

LWH continued to gather feedback during Covid 19 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. Below are some examples of the social media feedback we received.



Rachael Williams recommends Liverpool Women's Hospital.

25 April at 12:06

I gave birth to my little girl at the Women's last week and I can honestly say I had a wonderful experience with the staff and the care I received. All the staff were very accommodating, but I would like to make a special mention to Paula and Alice who's care I was under, and who's calming manner really helped me and my partner through the birth.



Tanya Ingram recommends Liverpool Women's Hospital.

20 April at 14:21

I gave birth to my son on 17th April via emergency c section and I could not thank all the staff enough. Staff in MAU were amazing and midwife Gemma on the labour ward who came into theatre with me. I was very anxious and the theatre staff were amazing keeping me calm. I was then taken to mat base bed 33 and the student Faye looked after me amazing as my husband couldn't come in to the ward I would not have got through the first day without Faye. All the midwives, HCAs and catering staff were amazing. Looking after me to the best ability in such difficult times. I was never left. I had regular medication to keep on top of the pain and I was discharged swiftly. I honestly receive amazing care. Thank you so much.



Lisa Turner recommends Liverpool Women's Hospital.

8 April at 08:54

After spending the last 2 days in Liverpool Women's Hospital I'm even more in awe than ever of the nurses, doctors, midwives, theatre staff, healthcare assistants and all the other staff there. I have been a patient of LWH for 19 years now. From antenatal care, giving birth there, miscarriage clinic, emergency room, Gynae ward, theatre, they always go above and beyond to give the absolute best care possible and are still continuing to do so, even in the very difficult circumstances they are having to work in. Thank you all so much for looking after me. I am eternally grateful as always



Kazz Jones recommends Liverpool Women's Hospital.

23 April at 20:22

I gave birth on Sunday 19th April to my second baby boy, come in and straight away felt at ease and safe. I was in established labour when checked and was being looked after by my midwife Jayne on MLU, she stayed with me and my partner nearly the whole time, made sure we had drinks and something to eat! Even though these times are horrible and not everyone's birth plans are going ahead, the staff at the women's are brilliant and this is why I chose it again second time round, we were in and out and we couldn't be happier so thank you!! here's our little quarantine baby Logan,



Meghan Passingham recommends Liverpool Women's Hospital.

29 March at 19:54

Had the most amazing experience here again at Liverpool women's. I had the nicest midwives on the induction suit and then found out the most amazing midwife, that induced me last time with my little boy was going to be delivering our baby was just amazing! Although painful it was the best experience of my life. Victoria knew exactly what type of birth I wanted and made sure it all happened thank you for making it so special! Can't stop crying with happiness everytime I think about it! Thank you so much Victoria you made everything amazing (I'm hoping you'll see this) and this is the reason we have named our little girl Thea Louise Victoria (we will pass thank you gifts once lockdown is over)



Elaine Turner I was in on the gyn ward for a full hysterectomy due to stage 3 cancer.

Not the best time to being alone as you have no visitors but the staff from all departments were fantastic and made you feel reassured.

I was very well looked after and we were given a goody bag each day as we had no visitors

I have nothing but my full admiration as some of the staff are living apart from there family's to look after strangers.

Sophie Paul Had my 20 week scan a few weeks ago and it was the first time I'd been out the house in 4 weeks so I was nervous anyway but the midwife scanning me made me feel so relaxed and reassuring me baby looked well and scan was a success , my 3rd child now to be born at Liverpool women's hospital and I wouldn't go no we're else . Perfect Everytime xx

Abbie Thompson Arrived at the women's hospital Friday evening to be induced, left on Sunday with my baby, was made to feel so at ease even with everything going on! the midwives on the induction ward and matt base were amazing!! Xx

Lisa Turner I posted this review on the LWH page a few weeks ago; After spending the last 2 days in Liverpool Women's Hospital I'm even more in awe than ever of the nurses, doctors, midwives, theatre staff, healthcare assistants and all the other staff there. I have been a patient of LWH for 19 years now. From antenatal care, giving birth there, miscarriage clinic, emergency room, Gynae ward, theatre, they always go above and beyond to give the absolute best care possible and are still continuing to do so, even in the very difficult circumstances they are having to work in. Thank you all so much for looking after me. I am eternally grateful as always.

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. (This was feedback to the Patient Facilities Manager, social distancing visibility has been improved around the main entrance and plans are in place for further social distancing signage in the main traffic areas of the hospital)
- 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 have been various concerns relating to the visiting restrictions put in place. The vast majority of these relate 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 are raised prior to the due date with mothers becoming anxious about not having this support available to them and feeling very vulnerable. Examples of the comments received in relation to this are:

- "This is also placing pressure on women at a time when they should be avoiding stressful situations, they are having their support torn away from them at the hospital entrance"
- "I was in the emergency scan room alone, worried sick about our baby with my husband taken away from me, equally worried sick waiting in the hospital car park!"
- "I am concerned with the lack of flexibility the trust has shown during this situation; more specifically restrictions on recording, video conferencing or phone call with the father (during the scan) so that they can see and hear their baby for the first time... When we contacted the hospital to enquire whether we could carry out a facetime during the scan, we were informed that this would be distracting for the healthcare professional"

- “I am very worried and I feel like breaking down in tears this is my first baby and I don’t know what to do when I’m Labour and I thought my partner (birthing partner) can be with me with all times..... I’m too scared and my anxiety will go out the roof and I will end up having a panic attack and my partner is the only one who can calm me down.”

Engagement mechanisms

- **Patient Experience Walkabouts to gather feedback**
- **Family Liaison Service**
 - To help support women to overcome some of the challenges that have impacted on services, such as the restricted visiting currently 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. All family liaison contacts were dealt with in the same way as a PALS issue to ensure we captured any themes or trends that needed to be reviewed.
- **Complaints**
 - On the 27th March 2020 NHS England and NHS Improvement recommended all Trust’s to pause the NHS complaints process whilst maintaining a ‘log’ and highlighting that there would be a delay to responses. LWH continued to work on the ongoing 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. New complaints are still able to be logged and triaged by the Patient Experience Team, with any issue in relation to immediate issues of patient safety, practitioner performance or safeguarding being escalated immediately.
- **Pal and Pals +**
 - 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.
- **F&F – overview**
 - The National rollout of the changes to the Friends and Family Test has been suspended by NHS England. Work in the Trust on the national changes to the Friends and Family Test will continue and will be implemented as soon as completed. Initially the cards were removed from all of the areas due to the spread of the infection and the texting facility was still up and running. This was then stopped, and it started again on 18th May 2020.
- **National Patient Surveys**
 - The 2020 National Patient Surveys had been suspended or dates moved to later on in the year. There was a decision to protect NHS Trusts from unnecessary burden during these unprecedented times, and as a result the Maternity Survey was cancelled for 2020. The National Inpatient Survey has been rescheduled to survey patients receiving care in November 2020 instead of July 2020. The CQC will still continue to monitor the proposed schedule for the NHS Patient Survey Programme in response to the on-going Covid-19 pandemic.
- **Patient Experience Activities**
 - Healthwatch Listening Event at Liverpool Women’s was scheduled from March 20 but postponed due to Covid 19.

Other mechanisms

Communications

Success of the #AskAlice social media campaign - Ask Alice was a video content campaign launched in March 2020 which aimed to provide support and assurance to pregnant women during Covid-19. Support was provided by Alice Bird and other maternity staff who answered social media questions via short video clip replies. 16 videos were posted over a 4 week period, generating 27k views and wider exposure on Sky News, BBC North West, and BBC Radio Merseyside (total audience of c.3.6m). The campaign was also supported and utilised by NHS England.

Dedicated 'Covid-19 Information Hub' on Trust website – This was introduced in April 2020 in response to the growing volume of information, guidance and advice that needed to be communicated. The Covid Hub was developed to centralise this information for easy and clear signposting as well as providing an opportunity to keep the sections updated with live updates. Throughout the pandemic this hub has been our main method of signposting for all key updates such as visiting restrictions and latest guidance. Between April – September 2020, the Covid Hub has been visited **50,000** times by women, patients and families.

Text message reminders – The Trust sends regular text reminders for appointments to patients. During the pandemic, these text messages were amended to signpost people to the Covid Hub on the website for the latest guidance and restrictions in place before visiting. This provided a good solution given the limitations on characters that are permitted for text reminders and also ensured that the information being signposted to was/is current and up to date given the continuous changes that can occur.

Clinical Activity - running face to face / telephone / virtual (Attend Anywhere) clinics, with a view to reducing footfall on the hospital site, unless completely necessary. This has meant that LWH has changed all patient correspondence (letters) so that they are aware not to attend the hospital site for telephone and virtual clinics. A link is sent through to patients via text message, and letter, so they are aware of the steps to follow to attend their consultation virtually.

Governance Oversight

The Trust has an Experience Senate which continues to closely monitor patient experience. This is reported through a Chair's Report to the Quality Committee for assurance. The Quality Committee has commissioned the Experience Senate to undertake 'deep dives' into patient experience when this has been deemed necessary.

3. Staff Support

As a result of the unprecedented demands of Covid, there was a requirement to at very short notice, develop effective systems of staff support within the Trust. Although, LWH did not care for large volumes of Covid positive patients, it was nonetheless a very uncertain and anxious time for both staff and the managers trying to support them. The Trust has a small OD/ training resource but the team pulled together will colleagues from other departments to deliver a really comprehensive staff support offer.

This is a summary of some of the key actions taken:

Resilience Sessions

Staff in clinical areas were provided with resilience training sessions which were delivered on wards and departments, in flexible ways with differing sizes of groups to respond to the needs of that particular department.

Mental Health First Aider Support and the Staff Supporter Team

The Trust's existing team of mental health first aiders were supported by additional willing volunteers (some who are trained as HWB or Dignity at Work Champions) to do twice daily walk arounds. They wore specific 'Staff Supporter' jackets so were immediately visible to staff and were a source of advice and support on a range of topics

- They distributed the Covid FAQs and daily emails
- They distributed the 'goodies' that were gifted to the Trust
- They collected feedback on issues such as PPE, visiting times, queries about annual leave, uniforms and childcare etc and fed this back into the centre to be discussed at daily Covid meetings
- They signposted staff to specialist support services for example financial support and domestic violence support etc

This role has now been developed further into a **Staff Supporters Network** with over 30 staff committed to play a role in supporting the wellbeing of other staff with regular comms bulletins, walkarounds and focus groups on issue that matter to staff, as well as feeding back themes and concerns of the workforce to Trust senior management.

Supporting Managers to support staff working remotely

Facilitated sessions with teams who are working mostly remotely such as finance to get whole team talking and interacting about the challenges and positives of the new ways of working.

Leader Pack

Detailed, practical guides for line managers on how to manage during covid including health and wellbeing support

Manager Peer Support Network

Established in recognition that managers supporting staff also need support . Weekly virtual meetings set up incorporating technology in MS Teams to use breakout groups for more interaction. Topics covered include personal challenges, maintaining routines, motivating teams.

Weekly mental health support messages

Written by a Consultant Obstetrician with an interest and expertise in mental health, these have covered a range of topics including stress, psychological first aid, self-care and bereavement. The consultant has also acted as a point of personal contact for the medical workforce.

BAME Listening event, survey and network

Recognising the particular needs of this group, the BAME Covid lead and Freedom to Speak up Guardian co-ordinated a Listening Event, the themes of which were fed back to Trust Board. From this a BAME network was established. From the feedback from the BAME survey, the Trust offered Vitamin D testing to all staff.

Return to work mentoring workshops

Aimed at managers supporting staff who are returning following long term absence or shielding, these sessions cover the practical aspects of completing risk assessments and having conversations with staff who are feeling vulnerable

Dedicated health and wellbeing intranet page and daily HWB emails

Intranet includes support documents on mindfulness, links to sleep apps, physical activities.

How are you feeling today project

Interactive 'stations' in a number of departments allowing staff to track their levels of stress and wellbeing at different points during the working day.

Trust wide virtual Listening Event on Covid and next steps

Listening event with the theme of Covid to gain staff opinions on the Trust response. We had a great response to this and very positive feedback, listening events are now part of the Trust culture of gaining ideas from all employees and further are booked.

Relaxation Room and 'Wobble room'

Set up Trust wide and in maternity, equipped with relaxing lights, music, food and drink, and opportunity to write concerns / questions on a white board.

Governance Oversight

The Trust's Putting People First Committee receives a regular update on staff wellbeing and direct assurances have been sought by the Board since the beginning of the pandemic.

At a more operational level, there is a weekly Covid-19 Oversight and Scrutiny Group that regularly considers staff wellbeing and monitors the efficacy of the measures being put in place.

4. Conclusion

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. Patients 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 patients 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.

Continuing pressures on staff wellbeing are also recognised. Verbal feedback from staff was very positive and the intention is to continue with the Staff Support Walkrounds on a fortnightly basis. A staff survey was conducted and 81% of staff said they felt well supported during covid.

5. Recommendation

The Council of Governors is requested to note the report for information and assurance.

		Agenda Item	20/21/40
MEETING	Council of Governors		
PAPER/REPORT TITLE:	Quality Report 2019/20		
DATE OF MEETING:	Thursday, 12 November 2020		
ACTION REQUIRED	Receive and comment		
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director		
AUTHOR(S):	Mark Grimshaw, Trust Secretary		
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input type="checkbox"/></p> <p>3. To deliver safe services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/></p>		
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>		
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p>		

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution	<input checked="" type="checkbox"/>	4. NHS Constitution	<input checked="" type="checkbox"/>
	2. Operational Plan	<input type="checkbox"/>	5. Equality and Diversity	<input type="checkbox"/>
	3. NHS Compliance	<input checked="" type="checkbox"/>	6. Other: Click here to enter text.	
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting			
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Council of Governors is asked to review the 2019/20 Quality Report, providing comment ahead of its final approval at the December 2020 Board of Directors.</i>			
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable Click here to enter text.		
	Date of meeting	Click here to enter a date.		

Executive Summary

The quality report incorporates all the requirements of the Quality Account Regulations as well as a number of additional reporting requirements set by NHS Improvement and NHS England. The quality report specifically aims to improve public accountability for the quality of care.

Governors will be aware that the Quality Report is usually included as part of the Annual Report and is audited by the Trust's External Auditors. Due to the Covid-19 pandemic, NHS foundation trusts were not required to include a quality report in their 2019/20 Annual Report. Assurance work on quality accounts and quality reports also ceased and for NHS foundation trusts, there was no formal requirement for a limited assurance opinion or governors' report.

Nevertheless, primary legislation continues to require providers of NHS services to prepare a quality account for each financial year. The amended regulations have simply meant that there is no fixed deadline by which providers needed to publish their 2019/20 quality account. It has been recommended that NHS providers publish by a revised deadline of 15 December 2020. Draft quality accounts should be provided to stakeholders (for 'document assurance' as required by the quality accounts regulations) in time to allow scrutiny and comment. This has been undertaken for Healthwatch and Clinical Commissioning Groups, and the purpose of including the draft report at the Council of Governors meeting is for this same reason. A key area of feedback sought from governors is regarding the quality priorities set for the 2020/21 year and beyond. Governors will note that these have been aligned to the Trust's recently approved Clinical & Quality Strategy 2020-25 for which a governor workshop was held in July 2020.

An outline of the key messages in the Quality Report can be found in the following video - <https://vimeo.com/476286060>

Governors are encouraged to view this video in advance of the meeting in order to maximise the amount of time available for questions.

Report



Liverpool Women's
NHS Foundation Trust

Dedicated to you

Quality Report

Quality Report Liverpool Women's NHS Foundation Trust 2019-2020

DRAFT 2019-20

Final Draft

Liverpool Women's NHS Foundation Trust



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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 11th Quality Report.



Part 1

Statement from the Chief Executive

Welcome to Liverpool Women's NHS Foundation Trust's 9th annual Quality Report. This provides an opportunity for us to report on the quality of healthcare provided during 2019-2020, celebrate our achievements and to share with you the Trust's key priorities for quality in the next reporting year of 2020-21. 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. It is through striving to deliver each of these individual targets that we will be able to achieve the long-term objectives in our Quality Strategy. As well as reporting on performance 2019/20, the Quality Report also identifies our priorities for the coming year. These priorities range from nationally published measures through to our own locally selected issues.

The trust monitors data quality through a regular data quality sub-committee that reports through the information governance committee to FPBD and focusses on specific specialties to ensure regular representation from senior managers and clinicians. This provides a forum for informatics and operational staff to discuss issues and key data items relating to their specialty. Regular data quality reports, validations and audits are undertaken provides me with assurance that submitted data is representative of the Trust's activity.

I would like to take this opportunity to discuss some of our quality highlights of 2019-20. 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.

It will come as no surprise that towards the end of 2019-20, our services were heavily impacted by the global coronavirus (Covid-19) pandemic. Like all of the NHS, our services and workforce had to respond in

a way not seen in peace time. 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.

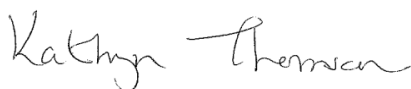
This year has seen the continuation of our £15m project to upgrade and expand our existing Neonatal Unit which will help to keep our most vulnerable patients safe and will improve the facilities and comforts for families of babies being cared for on the unit. Part of the new unit opened in February 2020 and the send phase opening in August 2020. Having been on a number of tours of the new unit during the project, I can confirm that it is a truly fantastic environment that will keep our most vulnerable babies safe.

Following our recent CQC inspection in December 2019 and the Well Led element in February 2020 that Trust was rated 'Good' overall. This is a testament to the quality of our services and the commitment of our staff in demonstrating the excellent care that is delivered to our patients every day.

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, which we hope will lead to a public consultation on the future of our services in the near future. We continue to focus on our Future Generations Strategy with the long-term safety of our services and patients being our number one priority.

This report contains many more indicators as to the quality of the care and service provided by all of the staff here at Liverpool Women's and the above are just a small selection. 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



Part 2

Priorities for improvement and statements of assurance from the board

DRAFT 2019-20

Part 2

Priorities for Improvement

The section of the report looks at the Trust's quality priorities, how we have performed against them during 2019-2020 and how we plan to monitor progress during the coming year.

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 3 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 3 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.

Key

Level 0 – No action to date (red)

Level 1 – Process in place (amber)

Level 2 – Improvement in practice (blue)

Level 3 – Complete (green)

Quality and Safety Improvement Priority	Target	2019-2020	2018-19
Reducing Avoidable Harm (Safety)	Zero never events	Level 2	Level 2
	Reduce medication incidents resulting in harm	Level 3	Level 3
	100% sepsis screening	Level 3	Level 3
	Reduce avoidable admissions	Level 3	Level 2
	Reduce avoidable returns to theatre	Level 3	Level 2
	Reduce avoidable term neonatal admissions	Level 3	Level 3
Reducing Mortality - Achieve the best clinical outcome (Effectiveness)	Zero maternal deaths	Level 3	Level 3
	Zero unexpected deaths in women having gynaecological treatment	Level 3	Level 3
	Reduce avoidable stillbirth	Level 3	Level 3
	Reduce avoidable neonatal deaths	Level 3	Level 3
	Increase compliance with NICE Quality Standards	Level 3	Level 3
Providing the Best Patient Experience (Experience)	Increase the percentage of staff recommending the Trust as a place to work	Level 3	Level 3
	Increase the Trust's staff engagement score	Level 3	Level 3
	Reduce PALS contacts regarding patient access to triage systems	Level 3	Level 3
	Health & Wellbeing; to improve staff health and wellbeing	Level 3	Level 3

Reduce Avoidable Harm

This section of the report looks at how the Trust ensures Safety through the use of its first quality goal, “to reduce harm”. Despite the best efforts of every healthcare professional, harm occurs every day to patients in every hospital. Catastrophic events are rare but we acknowledge that unintentionally a significant number of patients experience some harm in the course of their care. Given the nature of the services we provide, harm can sometimes result in lifelong consequences for women, babies and families.

As a specialist Trust, Liverpool Women's has thought carefully about the types of harm that are particularly relevant to the services we provide and the patients we care for. The priorities that have been selected are therefore specific to us and to the issues most relevant to you, our patients and families, and your safety. They give the best overview of how we are tackling harm and working hard to reduce it.

Our Priority Safety**Zero Never Events****Level 3 – Complete****What we said we'd do**

The Trust takes extremely seriously its duty to prevent harm and provide care in a safe environment. This will be monitored via our Ulysses incident reporting system and reported to Safety Senate.

What the data shows

The Trust reported 1 'Never Events' in the period 01/04/2019-31/03/2020 and consequently did not meet this target.

An incident occurred on 13th August 2019 in the Obstetric theatres involving a patient undergoing an elective caesarean section. The incident involved a swab being left in the abdomen during a caesarean section. Suturing had been completed prior to the realisation that a swab was unaccounted for. The patient was reopened under the original spinal anaesthetic and the retained swab was removed. The patient was fully informed during and after the incident had occurred.

The incident and investigation has been referred to the Trust's Local Safety Standards for Invasive Procedures (LocSSIPs) working group for inclusion in their ongoing work to ensure the Trust meets the National Standards for Safer Invasive Procedures. The Trust reported 1 'Never Events' in the period 01/04/2019-31/03/2020 and consequently did not meet this target.

Financial Year	No. of Never Events per Financial Quarter				
	Q1	Q2	Q3	Q4	TOTAL
2016-17	0	0	2	1	3
2017-18	1	0	1	0	2
2018-19	0	1	1	0	2
2019-20	0	0	1	0	1

Data Source: Ulysses Risk Management System

What happens next?

Our ongoing aim is to ensure that no 'Never Events' occur and a key to this is staff vigilance as to what are 'Never Events'.

As part of the Trust Risk Management Strategy, the Governance team and the Trust LLocSSIPs working group will continue to work to raise the profile of what 'Never Events' are and the lesson learnt from any which may occur.

Where a 'Never Event' may occur we will continue to report them to the CCG and ensure a full investigation is completed and root causes and lesson learnt identified and disseminated across the organisation.

Our Priority Safety**Reduce medication incidents resulting in harm Level 3 – Complete****What we said we'd do**

Improving the reporting culture and having the correct processes to review and learn can have a positive impact on patient safety. This will be measured using data from the Trust's Ulysses system and reported to Safety Senate.

What the data shows

There were a total of 762 medication incidents reported during 2019/20 which is a significant increase in the total number from the previous year (583 for 2018/19) and continues to reflect a greater awareness for reporting medication incidents and near misses across the Trust.

Of these 762 incident reports 48 (6%) were recorded as near-misses, 602 (79%) caused no harm, and 111 (15%) were recorded as causing low harm. The Trust reported one medication related incident as causing moderate harm and no incidents relating to severe harm during this period, reflecting the position achieved consistently since 2016/17. As in 2018/19, the large majority of reported medication incidents caused no harm (79% and 80%) and the proportion of incidents causing low harm remained stable (15% and 15%). Low harm medication incidents are defined as 'any medication incident that required extra observation or minor treatment', even if the outcome of the monitoring was normal and there was no actual adverse effect caused by the incident. 2019/20 saw a slight increase in the proportion of near misses when compared to the previous year (6% vs. 5%). The single medication incident that caused moderate harm (Data Source: Ulysses Risk Management System)

What happens next?

Individual service areas across the Trust are responsible for managing medication related incidents and their medication safety programme, with support as required from the governance and pharmacy departments. The Trust's Medicines Management Committee receives bi-annual medication related incident reports from Divisions to increase assurance that key lessons learned from incidents are being disseminated and actioned across the areas. To improve oversight and organisational learning, the Medicines Management Committee has recently introduced a Medicines Safety Group to review medication related incidents on a weekly basis. The primary purpose of the Medicines Safety Group is to improve systems for safer medicines practice throughout the Trust and reduce harm from medication errors.

In the past year, the Medicines Management Committee reviewed the delivery of medicines management training to clinical staff, to provide a greater focus on medication safety and reporting. An interactive eLearning module was launched which highlighted key aspects of overarching medicines management policies and replaced the previous workbook that staff were asked to complete. All clinically-focused staff at Liverpool Women's Hospital must now complete this module upon induction, as well as every 2 years, as part of their mandatory training. In the coming year, the Medicines Management Committee will work with the Trust governance department to increase awareness of Adverse Drug Reactions (ADRs) & Yellow Card reporting. Encouraging ADR reporting is positive and shows that a healthcare team is committed to patient safety.

The Medicines Management Committee is a reporting group of the Trust's Safety Senate and has executive support from the Medical Director to enable it to deliver its work plan.

Our Priority Safety**100% Sepsis Screening****Level 3 – Complete****What we said we'd do**

The Trust takes extremely seriously its duty to recognise and treat sepsis in a prompt and appropriate manner. Quarterly reports are prepared to check compliance with this target.

What the data shows

These data demonstrates that for all patients presenting to the Emergency room with suspected sepsis, and all hospital in-patients who developed symptoms, screening was undertaken in an appropriate manner and compared to previous years, we have seen 100% compliance maintained with our systems and processes of early interventions and diagnoses.

We are continually seeing low numbers of patients being seen and treated at Liverpool Women's Hospital suffering or showing symptoms of Sepsis. However these low numbers can impact on our performance by skewing the figures when benchmarking or comparing with our comparative hospital groups and peers. In all but two cases potentially lifesaving antibiotic therapy was administered within one hour in compliance with National Guidelines.

Timely Identification and Treatment	2016-17	2017/18	2018/19	2019/20
Timely Identification of Sepsis in ED	100%	100%	100%	100%
Timely treatment of Sepsis in ED	20%	93%	100%	100%
Timely identification of Sepsis in Inpatients	100%	100%	100%	100%
Timely treatment of Sepsis in Inpatients	100%	100%	100%	100%

Data Source: LWH IT Performance Team

What happens next?

Sepsis, its recognition and treatment remains a standing agenda item at monthly and quarterly Critical Care Meeting (CCM) meetings, with monthly CQUIN (Commissioning for Quality and Innovations) reporting in place. A rolling monthly audit on sepsis takes place to form the main quarterly report after review at the CCM.

Education on the importance of prompt recognition and management for new medical staff commencing in the Trust will continue. Sepsis awareness week and regular updates. Streamlining data collection process and analysis continues across the Trust. This regime of monitoring and training is providing effective outcomes and improved safety to patients.

To promote our safe service ethos, we will be benchmarking our Trust against other hospitals in our region, using NHS England and Sepsis Trust Data to assist us to maintain our high standards of care and aim to be outstanding.

Our Priority Safety**Reduce avoidable readmissions****Level 3 – Complete****What we said we'd do**

Planning patient discharges as early as possible and ensuring clear discharge plans are in place leads to safer care. Targeted clinical audits to understand patient flow will be in place and reported to Safety Senate.

Each patient, is reviewed and individualised discharge planning commences at the point of admission. Discharge planning is flexible dependent upon which clinical pathway the patient takes which helps to support Expected Date of Discharges.

What the data shows

Data table demonstrating Readmissions 2019-20

KPI ID	Source	Service ID	Target < or >	Target Value	Trend	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E: Unplanned Reattendances within 7 days (Non Pregnancy Related)						Owner - Head of Nursing Gynaecology											
KPI014	Quality Schedule	Gynaecology	<=	7.0%	Numerator	20	32	28	30	23	19	36	28	19	32	21	35
					Denominator	350	375	340	375	349	304	391	341	275	355	371	263
					Performance	5.71%	8.53%	8.24%	8.00%	6.59%	6.25%	9.21%	8.21%	6.91%	9.01%	5.66%	13.31%
					Trend												

Data Source: LWH IT Performance Team

What happens next?

Criteria nurse led discharge is in place for the majority of day case procedures, which is working well and supports enhanced patient flow. Consultant led ward rounds are completed 7 days per week which supports appropriate and timely decision making and discharge planning.

In 2019-20, performance against this metric will be monitored via a quarterly report to the Gynaecology Divisional Governance meeting. This report will also explore and themes or trends in un planned returns or admissions to hospital.

Our Priority Safety**Reduce avoidable returns to theatre****Level 3 – Complete****What we said we'd do**

Monitoring and understanding why patients are returned to theatre unexpectedly including analysing variation as part of the revalidation process. Conducting root cause analysis and learning from these investigations will be reported to Safety Senate.

What the data shows

Looking at the details of the cases returned to theatre, obstetric cases related to management of complications of surgically assisted birth.

In Gynaecology, cases of return to theatre, the indications vary but primary causation is bleeding after major or laparoscopic surgery; post-operative bleeding after loop excision and after hysterectomy and required a further laparotomy.

The number of returns to theatre over the reporting year of gynaecological surgical procedures performed in theatres excludes incomplete surgical evacuation of uterus after miscarriage or termination of pregnancy (which might occur up to 4 weeks from original surgical evacuation procedure).

Returns to theatres in 2019-20

KPI ID	Source	Service ID	Target < or >	Target Value	Trend	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Returns To Theatre (exc EVACS)																	
KPI190a	Quality Strategy	Trust	<=	0.7%	Numerator	2	1	0	2	3	3	2	3	5	3	0	4
					Denominator	656	664	647	727	714	701	757	669	628	660	616	652
					Performance	0.30%	0.15%	0.00%	0.28%	0.42%	0.43%	0.26%	0.45%	0.80%	0.45%	0.00%	0.61%

Returns to Theatre figures excluded evacs from September 2018.

Data Source: LWH IT Performance Team

What happens next?

Following an analysis of the detailed information in relation to each return to theatre, are reviewed and reported individually via the Ulysses Risk Management Database. There will be ongoing monitoring of returns to theatre via monthly performance dashboard, scrutiny and overview at Gynaecology Divisional monthly meetings.

**Our Priority
Safety****Reduce avoidable term neonatal admissions****Level 3 – Complete****What we
said we'd
do**

A key aim of the Trust and its staff is the safety and welfare of our patients. Minimising term admissions reduces potentially avoidable separation of mothers and babies, reduces unnecessary investigation and treatment and allows better utilisation of resources in the neonatal unit, means that mothers and babies are cared for together whenever possible and is a national priority area.

Reduce harm from avoidable admissions to the neonatal unit in infants born at term (≥ 37 weeks' gestation). A multidisciplinary clinical team from Maternity and Neonatal Services will review all admitted term babies on a case-by-case basis and decide whether or not their admission could have been prevented.

We will identify any learning opportunities and put actions in place to minimise the number of unnecessary admissions. We will monitor the frequency of such admissions and aim to reduce their occurrence.

**What the
data shows**

This table shows the number of babies admitted at term whose admission was deemed to be 'potentially avoidable' has remained at this low level in 2019/20 at 4.1%.

Period	% of total admissions classified as potentially avoidable
2016/17	16.2%
2017/18	9.1%
2018/19	7.1%
2019/20	4.1%

Data Source: Neonatal Admissions Database

**What
happens
next?**

We will continue to monitor our overall term admission rates as well as those considered potentially avoidable.

We will continue to enable an admission criteria to try and allow more babies to be cared for in the postnatal wards, thus preventing unnecessary separation of mother and baby.

We will continue to enhance midwifery and neonatal training and education to support staff looking after babies in the postnatal areas.

Reducing Mortality

This section of the report considers how the Trust seeks to “achieve the best clinical outcomes”, ensuring the effectiveness of our services for our patients. 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. 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.

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.

Our Priority Effectiveness

Zero Direct Maternal Deaths

Level 3 – Complete

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.

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 was implemented on Ulysses in 2017/18. A LeDeR policy was also written. (**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)

What the data shows

-No direct maternal deaths were recorded in 2019-20.

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
0	0	0

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The Quality Committee will continue to receive a quarterly mortality report. From February 2019 until the funding runs out, 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/>

Investigations will:

- identify the factors that may have contributed towards death or harm
- use evidence based accounts to establish what happened and why

HSIB can bring standardised approach to maternity investigations and will not attribute blame or liability. HSIB will set out the facts of what happened in each case and generate recommendations and aggregate the findings from reports and draw out wider learning for the whole system.

During 2019-20 the Trust has reported 17 cases to HSIB and has continued to be fully involved and support of the investigation process.

Our Priority Effectiveness

Zero unexpected deaths in women having gynaecological treatment **Level 3 – Complete**

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.

In 2019-20 there have been no unexpected death following Gynaecology treatment.

How we help and deal with our patients who have serious or terminal diseases is important both in our dealings with the clinical issues around their care, but also in terms of the support and assistance we give to the patients and their families during this time.

We committed in our Quality Strategy to offering palliative end of life care to Gynaecology cancer patients in the Liverpool Women's, and providing help and support for patients and their families whether their preferred place of death is the Liverpool Women's Hospital or home.

What the data shows

There were 7 expected oncology in hospital deaths in Gynaecology in 2018-19 and one death not related to an end of life condition.

Data Source: Hospital Episode Submission Data (HES)

What happens next?

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 benchmarks its mortality data against peer Trusts using the Capita Healthcare Knowledge System (CHKS).

We will continue to benchmark in this way to complement the close monitoring of our mortality data internally. 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 2017.

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

Our Priority Effectiveness**Reduce avoidable still birth****Level 3 – Complete****What we said we'd do**

We said we would reduce stillbirths due to small for gestational age (SGA) babies by 20% from the 2013 rate of 42.5%.

What the data shows

Following a year on year reduction since 2014, unfortunately for year 2018/19 the analysis shows that the contribution of undetected Small for Gestational Age towards stillbirth cases has increased to 25%. We acknowledge the increase in stillbirth rate due to undetected SGA, the stillbirth committee will review all these cases and report back if this is a true increase or an unexpected temporary deviation from a general trend in the coming financial year. Appropriate recommendations will then be made to address this. It is possible that this increase may be just an anomaly, or may reflect a true increase, as stillbirth is complex and multifactorial and not all causes are detectable or preventable antenatally.

In 2019/20, we have been implementing new recommendations of the Saving Babies Lives-2 and GAP-2 programmes which will address issues around undetected Small for Gestational Age. We will keep this figure under review as new recommendations are implemented, to ensure we provide assurances to our patients and the Trust.

The stillbirth rate for 2018-19 was 3.91/1000. In 2019/20, this rate has reduced to 2.89/1000 suggesting that the Trust is progressing in its aim to reduce stillbirth

- All babies undergo a multidisciplinary review panel meeting
- All parents are informed of the review process and are supported to submit questions through the Honeysuckle Bereavement Team
- The Perinatal Mortality Review Tool (PMRT) review panels have identified some relevant issues which have formed the basis of the action plan for 19/20 and 20/21
- When different care would have prevented the outcome a thorough level 3 investigation has been undertaken
- Adequate progress is being made on the action plan.
 - Screening for pre-term labour is now part of the Meditech booking questions
 - SOP for assessment of domestic violence risk is written, has been approved by safeguarding and is awaiting sign off at division
 - PGD for aspirin prescription and simplifying the aspirin prescription in pregnancy is under discussion
 - Pre-term labour guideline for counselling and management of extreme prematurity labour is on hold due to COVID 19
 - Junior doctor teaching is on hold for COVID – 19
 - Partogram in labour - a lesson of the week has gone out but as this is a culture change it will need consistent reinforcement from shift leaders and senior obstetricians

Stillbirth rate (excluding terminations) per quarter

Quarter	Rate
Q1	4.0
Q2	4.1
Q3	1.5
Q4	1.7

Stillbirths >24 weeks

501 - OBS	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
Total stillbirths	2	8	4	7	7	6	5	2	3	3	1	2	50
Stillbirths (excluding terminations)	1	5	2	4	2	3	1	1	1	1	1	1	23
Births	665	684	666	714	750	711	703	583	664	638	562	608	7949
Rate per 1000 births	3.0	11.7	6.0	9.8	9.3	8.4	7.1	3.4	4.5	4.7	1.8	3.3	6.29
Rate (excluding TOP) per 1000	1.5	7.3	3.0	5.6	2.7	4.2	1.4	1.7	1.5	1.6	1.8	1.6	2.89

What happens next?

The Trust has an action plan for the national Saving Babies Lives Care Bundle.

It will continue to monitor compliance against all elements of this care bundle. Alongside SBL-2 care bundle, we will also continue to implement the GROW/GAP-2 programme through Perinatal Institute Birmingham to align the saving babies lives bundle recommendations into our routine clinical practice

Cessation of Smoking in pregnancy remains a key area for improving outcomes with regards to reducing small for gestational age babies and reducing stillbirth rates and poor neonatal outcomes where a direct link to smoking in pregnancy can be made. This work, will be monitored at both a local and regional level via our dashboard figures and monitoring themes from PMRT reviews.

Our close links to our stop smoking services and local smoking commissioners and public health links will continue to build upon the work already completed within the trust. Work will continue to improve smoking in pregnancy rates by further engaging staff across the maternity division, improvements such as increasing training for midwives in very brief advice and implementing the BabyClear risk perception intervention.

Debrief process needs streamlining to ensure families are debriefed in a consistent and time appropriate manner. If parents do not wish a debrief, a letter should be offered. If parents decline the letter a plan for future pregnancy needs to be documented.

Co-ordination of appointments for non-English speaking women with medical disorders needs to come through the LINK clinic and NEST team. A service evaluation is required to ensure the service is meeting the needs of the women.

Our Priority Effectiveness

To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate Level 3 – Complete

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 2.4/1000 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 (2018) from the VON network for all infants <1500g, born in Liverpool Women's Hospital shows the mortality rate was 24.5%. 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

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.

Our Priority Effectiveness**Increase compliance with NICE Quality Standards Level 3 – Complete****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 bi-monthly.
- All NICE Quality Standards released in 2019-20 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 Governance Databook and quarterly at both the Effectiveness Senate and the Quality Committee.
- Of the 9 NICE Quality Standards deemed applicable; 8 (89%) have completed baseline assessments and are fully compliant with, 1 (11%) has actions in progress in order for us to become fully compliant.

Guidance ID	Guidance Title	Baseline Assessment complete Y/N	Guidance Status
QS183	Physical activity: encouraging activity in the community	Y	Fully implemented / compliant
QS187	Learning disability: care and support of people growing older	Y	Fully implemented / compliant
QS101 (updated from Oct 2015)	Learning disability: behaviour that challenges	Y	Fully implemented / compliant
QS35 (updated from Jul-13)	Hypertension in pregnancy	Y	Fully implemented / compliant
QS135 (updated from Oct-16)	Preterm labour and birth	Y	Fully implemented / compliant
QS15 (updated from Feb 2012)	Patient experience in adult NHS services	Y	Fully implemented / compliant
QS46 (updated from Sep-13)	Multiple pregnancy: twin and triplet pregnancies	Y	Fully implemented / compliant
QS190	Flu vaccination: increasing uptake	N	Actions in progress – relates to 2020/21 winter season
QS192	Intrapartum care: existing medical conditions and obstetric complications	N	Fully implemented / compliant

Data Source: NICE National Quality Standards

What happens next?

To continue with current processes and encourage audit of implemented Quality Standards.

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 40 deaths, of this 7 were expected gynaecological oncology patients on a palliative care pathway and the remaining 33 deaths were infants who died as a result of their severity and/or complexity of their clinical condition

Overall deaths (adult and paediatric deaths)	%
Estimate of the number of deaths during reporting period 01 April 2019 – 31 March 2020 for which case review or investigation has been carried out	100%
Number of the patient deaths during the reporting period 01 April 2019 – 31 March 2020 are judged to be more likely than not to have been due to problems in the care provided to the patient	100%
Number of overall deaths as a percentage in Q1 (No of overall deaths 13)	32.5%
Number of overall deaths as a percentage in Q2 (No of overall deaths 11)	27.5%
Number of overall deaths as a percentage in Q3 (No of overall deaths 8)	20%
Number of overall deaths as a percentage in Q4 (No of overall deaths 8)	20%
A revised estimate of the number of deaths during the previous reporting period taking into account the deaths judged to be more likely than not to have been due to problems in the care provided to the patient.	100%

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.

19/20 Neonatal PMRT Summary

	Q1	Q2	Q3	Q4	Total
NICU deaths	9	10	7	8	34
LWH booked NICU deaths	5	7	5	5	22
Mortality rate /1000 deliveries	4.6	4.8	3.6	4.5	4.4
LWH booked mortality rate / 1000 deliveries	2.5	2.9	3.1	2.8	2.9
PMRT Reviews completed	9	10	7	6	32
No. of deaths were care issues were identified (grade B/ C/D)	5	6	4	2	18
No. of deaths were care issues may have or were likely to have affected the outcome (grade C/D)	1	0	0	0	1
Non-NICU deaths of babies cared for on NICU	4	6	3	5	18

Themes

For the year 2019/2020 themes which have emerged from neonatal PMRT reviews include:

- Access to paediatric sub-speciality services
- Unplanned extubation
- Umbilical line dislodgement
- Thermal management
- Timely involvement of palliative care
- Documentation
-

Actions which have been taken to address these themes include:

- Development of the Liverpool Neonatal Partnership
- All unplanned extubations to be reported and reviewed
- Thematic review of umbilical line incidents, in particular fixation of the lines
- Include umbilical line fixation training in junior doctor induction programme
- QIP for thermal management at birth
- Palliative care nurse specialist weekly attendance at ward rounds

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.

Seven Day Hospital Services

Following instruction from NHSE, the Trust will submit its spring return on the seven day services Assurance Framework formally on 30th September 2020. This is a deferred return due to the novel Coronavirus (Covid-19) pandemic. The information describes the Trust's 7DS provisional status as of end March 2020 for assurance purposes.

This most recent survey has shown a significant increase in meeting the target for priority Standard 2. In spring 2020, the Trust reached a position of compliance against this standard for the first time, with 96% of emergency admissions meeting the target. Only one case - a miscarriage - was not seen by a Consultant within 14 hours but was reviewed by a Senior Trainee within 14 hours of admission. The data analysed for this submission pre-dates the 'lockdown' and pre-dates the changes made to rotas in response to the Covid-19 pandemic.

This improvement has come about because of an increasing frequency of Consultant ward rounds, reflected in job plans. Following a further successful round of Consultant recruitment to the Gynae Emergency Dept (GED) on 4th May 2020 we now expect this improved position to be maintained long term. This will also allow 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.

One admission met the criteria for Standard 8 in the reporting period - management was compliant with requirements involving emergency surgery by a multi-disciplinary team with direct involvement from the acute Trust.

In contrast, 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. The possibility of agreeing an over-

arching SLA with Liverpool University Hospitals NHS FT continues to be explored by Executive team, however, and LWH's reported performance against Standards 5 & 6 will then be reassessed.

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%)	As per agreement with the 7DS assurance service and the CCG, hyperemesis has been excluded from this survey as patients are admitted for management on a defined pathway of rehydration and discharged, this not meeting the criteria for 7DS return. Most other women attending as emergencies are miscarriage related and as such do not necessarily need Consultant review as the process and pathways in GED support decision making to improve the patient pathway. However, in this report, it is clear that all have had review and decisions at senior level. Patients requiring thorough clinical assessment by a suitable Consultant were seen daily by a Consultant. The current job plans do not specifically make reference to 7DS but the on-call rotas cover Consultant ward rounds and emergency admissions. In this survey, 96% of admitted women were assessed in person by a Consultant within 14 hours of admission, a significant improvement and the first time the Trust has been compliant with the standard. Recent appointment of GED Consultants and learning from the changes made during the Coronavirus (Covid-19) pandemic response will help maintain compliance with this further.	Met
Priority Standard 5 – Hospital inpatients must have 7 day access to diagnostic services & Consultant directed diagnostics	No formal arrangements for this but there are pathways in place for ad hoc diagnostics. This access is not ring-fenced and clinicians spent a lot of time negotiating transfers and transport of patients to the acute site.	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. No formal arrangements but there is an ad-hoc understanding with the acute sites. Feasibility for an over-arching SLA is being explored by the Finance Director for Strategy.	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. RLBH/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

We have discussed already our priorities for ensuring our patients are safe and receive effective care. However 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.

Our Priority Experience **Increase the percentage of staff recommending the Trust as a place to work**
Level 3 - Complete

What we said we'd do

Aim to increase the number of staff who would recommend the Trust as a place to work and increase overall levels of engagement as measured by the Staff Survey.

Actions to improve engagement are varied and include our health and wellbeing strategy, our approach to leadership development, engaging and involving our staff through varied communications channels and ensuring we reward and recognise our workforce.

What the data shows

2019 staff survey results saw a statistically significant increase in the number of staff recommending the Trust as a place to work. Over the last 12 months the link between place to work and place to have treatment has been explored through focus groups and listening events and it is positive to note that both have improved.

LWH Staff Survey Results

Would you recommend as a place to work? (Staff Survey)

2016	2017	2018	2019
56%	61%	60%	67%

Would you recommend as a place to have treatment? (Staff Survey)

2016	2017	2018	2019
81%	80%	78%	81%

Data Source: NHS Staff Survey (Picker Institute)

What happens next?

Progress against these indicators will be tracked via the Year Two action plan of the Putting People First strategy.

All Division and Corporate service have been tasked with and engagement with staff to understand issues developing an action plan to support staff in the workplace and any concerns they have. These will be monitored via the Putting People First Committee

Our Priority Experience**Increase the Trust's staff engagement score****Level 3 - Complete****What we said we'd do**

There are well evidenced links between staff engagement and good outcomes for patients. By supporting our staff to develop, listening to their feedback and involving them in decision –making we aim to improve both staff and patient experience. It is measured via the engagement score in the annual staff survey and reported to Experience Senate.

What the data shows

Since 2016 the engagement trend has been positive and 2019 saw a statistically significant improvement in the engagement score which reflects a period of iterative work where staff engagement has been a focus through the Putting People First strategy.

Overall engagement score (Staff Survey- out of a maximum of 10)

2016	2017	2018	2019
6.9	7.0	7.0	7.2

Data Source: NHS Staff Survey (Picker Institute)

What happens next?

Actions will be tracked through Divisional People Plans and Trust wide actions through the Year 2 Action Plan of the Putting People First strategy.

Action areas are in line with last year in and include investment in leadership training, embedding a talent management process, improving quality of Personal Development Reviews (PDRs) and objectives, continuing with robust workforce planning and succession planning processes.

Our Priority Experience

We will promote a positive experience that allows the trust to deliver a high quality carer and family experience - Level 3 – Complete

What we said we'd do

Respond to themes from PALS, Complaints and Feedback and surveys. This will begin with improving patient access to telephone triage systems and will be reported to Experience Senate.



What the data shows

The data shows that **5.7%** of the Patient Advisory and Liaison Service (PALs) contacts for **2019/20** involved an element of telephone calls not being answered in the Trust. This is down from **9.7%** in **2018/19**. 70% of these concerns relate to trying to access the administration and admissions teams. These issues were identified throughout the previous year and steps were put in place to address these. Actions have continued to be taken to increase the staff numbers and bolster the systems. System limitations, such as no engaged tone, IVR messages or queue information, are being addressed which has had an effect of decreasing the issues escalated to the PALS team.

As it was identified that the Friends and Family Test (FFT) response rates continued to require improvement, steps have been taken over the last year to assist with this. We have continued to push this message to staff and provided instructions about the feedback collection methods to ensure all areas understand their responsibilities within this process.

To support the improvement needed in response rates we expanded the roll out of a text message service. This provides patients with a web link to complete, via their mobile phone or other device, the F&F Test once they have had an appointment or contact with the hospital. Roll out this year has continued within Maternity and has been introduced for Gynaecology patients and people using the Genetics service.

This change has already seen a considerable increase in response rates from 5821 in 2018/19 to 18,584 in 2019/20. This will only increase as the Text Service roll out continues into other services in the hospital such as Neonatal, Imaging and Physiotherapy services during 2020/21.

PALS relating to Telephone calls not being answered		FFT Responses	
2018/19	2019/20	2018/19	2019/20
9.7%	 5.1%	5821	 18584

Data Source: Power Bi

What happens next?

Telephony improvements will continue to be monitored to ensure they are having the desired impact on patient experience. Friends and Family Test text service roll out will continue into other services in the hospital such as Neonatal, Imaging and Physiotherapy services during 2020/21. Focus for 2020/21 will move away from response rates and focus on the improvements made from feedback and how this is shared across the Trust and the patient population. The progress of these issues will continue to be monitored via the patient experience senate.

Our Priority Experience**Health & Wellbeing; to improve staff health and wellbeing (HWB) Level 3 – Completed****What we said we'd do**

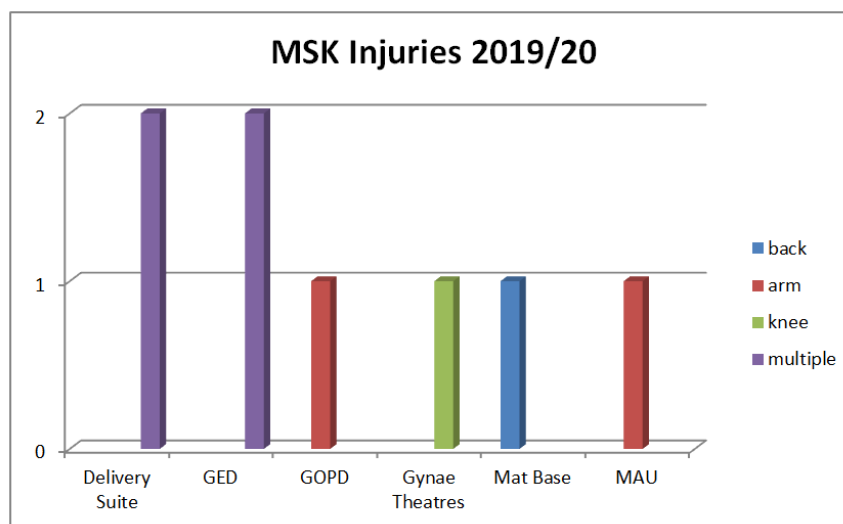
We will strive to create a workforce that is aware of and takes ownership of how to maintain its physical and psychological welfare. This includes a culture in which leadership is focused on the wellbeing of its staff. There will be a range of accessible and utilised facilities, information and resources to support individuals and leaders to maintain a culture of wellbeing.

What the data shows

Staff Survey results over the last 3 years for health and wellbeing remain stable. The significant focus on health and wellbeing over the last year has not resulted in an improvement in staff's overall perception that the organisation takes health and wellbeing seriously. The health and wellbeing committee continues to be very active and has new objectives aligned to those in the Putting People First strategy. There is now an annual programme of health and wellbeing activities and monthly public health campaigns. The Trust has made progress in achieving more elements of the Workplace Wellbeing Charter and has embedded its team of Mental Health First aiders.

MSK Reported Injuries

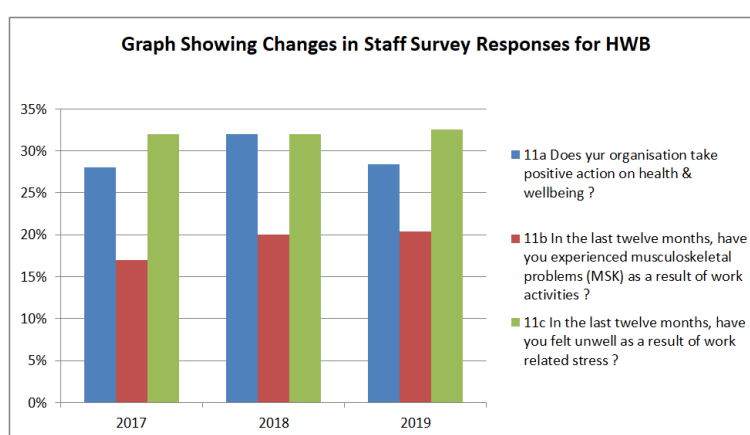
Interrogation of the Ulysses incident reporting system showed that eight incidents of musculoskeletal injuries were reported in the 2019/20 period compared to nine the previous year. This is significantly lower than the comparator group. High compliance rates with mandatory training and early referral to occupational health have supported this.



LWH Staff Survey Health & Well Being Results

Question	LWH	average for acute specialist trusts	average for acute trusts	national average
11a Does your organisation take positive action on health & wellbeing ?	28%	34%	29%	30%
11b In the last twelve months, have you experienced musculoskeletal problems (MSK) as a result of work activities ?	20%	25%	29%	27%
11c In the last twelve months, have you felt unwell as a result of work related stress ?	33%	36%	40%	40%

Data Source: NHS Staff Survey



Data Source: NHS Staff Survey

What happens next?

All managers now have health and wellbeing objectives as part of their PDRs and the effectiveness of these objectives will be audited.

There are ongoing challenges of taking health and wellbeing activities to the clinical areas. The Covid-19 situation has demonstrated how well mental health, wellbeing and resilience sessions on clinical area have worked. The going home checklists have been another positive way in which staff have been supported.

Mental health first aiders have been working with other staff as part of a wider staff support network and this has proved effective and a wider 'staff support network' will be established once Covid-19 has passed.

The NHS Employers tool *How Are you Feeling Today?*, tool which identifies stress hotspots will be rolled out in other areas. This will be supported by the quarterly online and paper surveys which will be rolled out in Summer 2020 and will include health and wellbeing questions. Follow up interventions will be targeted in areas based on the results of both tools.

HWB will be embedded in the new Leadership Strategy and will support the Fair and Just Culture

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
- 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.

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 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.

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.

WORKFORCE

AMBITION

WE WILL BE AN OUTSTANDING EMPLOYER

- We will value and care for our staff
- We will listen to our staff and act accordingly
- We will welcome staff and volunteers from all parts of our community
- We will attract outstanding people to deliver outstanding care to our patients
- We will invest in our staff to develop them
- We will promote research and foster innovation amongst our teams

QUALITY PRIORITY

Create a Fair & Just Culture

At Liverpool Women's, we are undertaking a long-term programme of cultural change to ensure we embed a culture where the focus is on clear accountability, supporting each other and learning from events, where staff are empowered to act and speak out in the interests of safety. Successful delivery of this programme will have a clear impact on both quality improvement and safety; creating an open environment where we can extract the best learning from incidents and complaints.

Implementation of this work stream is part of the Putting People First Strategy and is monitored by the Putting People First Committee.

Deliver Comprehensive Human Factors Training

Human Factors is an established scientific discipline used in many safety critical industries. It offers an integrated, evidenced and coherent approach to patient safety, quality improvement and clinical excellence. Embedding Human Factors approaches within our clinical services will allow us to deliver optimum outcomes, through better understanding the behaviour of individuals, their interactions with each other and with their complex clinical environments.

Implementation of this work stream is part of the Quality Improvement Strategy and will be monitored by Effectiveness Senate

Supporting Strategies and Plans

Putting People First, Nursing Midwifery & AHPs, Quality Improvement, Leadership and Talent

EFFICIENT

AMBITION

MAXIMUM EFFICIENCY, OPTIMUM USE OF RESOURCES

- We will value the time of every person using or providing our services
- We will make best use of all our resources

QUALITY PRIORITY

Adopt Relevant Tested Interventions

The National Patient Safety Strategy recognises that ensuring the adoption and spread of tested methodologies has a material impact on safety and quality within clinical services. In our Quality Improvement Strategy, we outline our methodology for ensuring that all relevant, tested interventions will be implemented.

Implementation of this work stream is part of the Quality Improvement Strategy and will be monitored through the Effectiveness Senate

Deliver National Targets in the Context of COVID Recovery

National targets provide key benchmarks against which we compare our performance. Meeting national targets is vital to ensure we are achieving both the best outcomes and experience for our women, babies and their families. Performance against national targets has worsened significantly across the NHS as we respond to COVID-19; it is imperative that we retain our focus on meeting these targets as we recover from the pandemic and bring services back online.

Implementation of this work stream is monitored through our Operational Plan and Performance Reports

Supporting Strategies and Plans

Digital.Generations, Operational Plan, LTFM, Nursing, Midwifery & AHPs

SAFE

AMBITION

THE SAFEST CARE FOR OUR WOMEN, BABIES AND THEIR FAMILIES

- We will develop services with safety at their core
- We will learn from the mistakes of ourselves and others

QUALITY
PRIORITY**Create a Culture of Safety**

The National Patient Safety Strategy sets out what the NHS will do to continuously improve patient safety. It features two key strands; embedding a patient safety culture and a patient safety system. We will develop a local implementation plan to ensure this national strategy is delivered at Liverpool Women's and that staff feel supported and empowered to act and speak out, enabling us to achieve our ambition of zero never events.

Deliver Outstanding Medicines Safety

We will deliver a robust system for ensuring the safe and secure management of medicines across all areas of the Trust to protect patients from harm, meet regulatory requirements and avoid medicines safety errors. We will participate in the national Medicines Safety Improvement Programme, focusing on high risk drugs, situations and vulnerable patients.

Deliver Outstanding Maternity and Neonatal Safety

We will participate in the national Improvement Programme for Maternity and Neonatal Safety, aiming to deliver the goals set out in the national patient safety strategy; reducing the rate of stillbirths, neonatal deaths and asphyxial brain injury by 50% by 2025.

Supporting
Strategies
and Plans

Putting People First, Nursing Midwifery & AHPs, Risk Management

EFFECTIVE

AMBITION

OUTSTANDING OUTCOMES

- We aim to deliver the 3 zeros - zero stillbirth, zero maternal deaths, zero never events
- We will achieve world leading cancer outcomes

QUALITY
PRIORITY**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.

Reduce Still Birth, and Deaths in the First 28 Days of Life

The death of a baby before or after birth is a devastating event. We will strive to ensure there are no avoidable deaths of babies before or after their birth.

Deliver All Possible NICE Quality Standards

At Liverpool Women's NICE Quality Standards are used to review current services and to show that high quality care or services are being provided and highlight areas for improvements. We will demonstrate compliance with evidenced based practice where feasible (some standards are unachievable due to the separation from other services).

Supporting
Strategies
and Plans

Putting People First, Nursing Midwifery & AHPs, Risk Management, Research and Development Strategy

EXPERIENCE

AMBITION

EVERY PATIENT WILL HAVE AN OUTSTANDING EXPERIENCE

- Service users will be partners in decisions about their care
- We will be accountable to our community, members and governors
- We will be inclusive of all members of our community
- We will seek your views and listen to what you say

QUALITY PRIORITY

Accountability to Our Community

Shared decision making, at both individual and collective levels, leads to better decisions and a better experience. We want to empower our community to inform what we do and shape our services for the future, so that we become as accountable to the community that we serve as we are to our regulators. We will build on our existing relationships and seek out best practice so that we become more accountable to our community.

Learning from Patient Experience

At Liverpool Women's we recognise that we will only deliver the highest quality care and best patient experience when our patients are equal partners in decision making about their care, and when we listen to and act on what patients tell us about their experiences of our services. We will learn from what each of our patients tells us about their experience.

Implementation of this work stream is monitored through the Patient Experience and Nursing, Midwifery and AHPs Strategies

Supporting Strategies and Plans

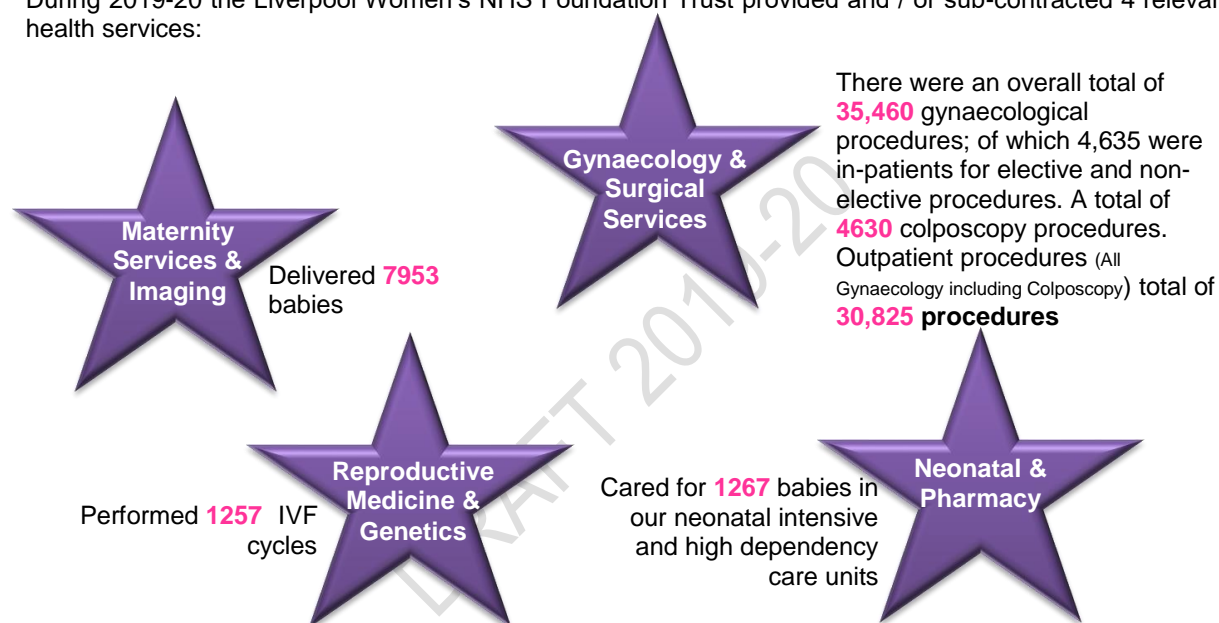
Putting People First, Nursing Midwifery & AHPs, Patient Experience, Communications

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 2019-20 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.

Participation in Clinical Audit

During 2019-20 8 national clinical audits and 2 national confidential enquiries covered relevant health services that Liverpool Women's NHS Foundation Trust provides. During 2019-20 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 2019-20, 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%
National Comparative Audit of Blood Transfusion Programme – Massive haemorrhage	✓	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%
Learning Disability Mortality Review Programme (LeDeR)	No cases to submit	
National audit of the Management of Maternal Anaemia	✓	100%
Serious Hazards of Transfusion (SHOT) (<i>actions to be included in annual Bedside Transfusion Audit report</i>)	✓	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%
Acute Bowel Obstruction	✓	N/A (Organisational Questionnaire returned. No Casenotes requested).

The reports of 2 national clinical audits were reviewed by the provider in 2019-20 and the remaining reports are expected later in 2020 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.
National Comparative Audit of Blood Transfusion Programme – Massive haemorrhage	Interim National Report received. No local actions required at this time. Awaiting National Report.

Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Stillbirth	National report in the process of being reviewed prior to provision of local report and action plan.
National Pregnancy in Diabetes Audit (NPID) 2019	<p>As a result of the most recent National Report received which looked at 2017 and 2018 deliveries, a local report including action plan was developed and the following actions are in progress:</p> <p>Promote pre-pregnancy counselling clinics in Aintree and RLUH to patients and primary care.</p> <p>Change format of discharge letters to GP after delivery to emphasise need for pre pregnancy counselling, HbA1c target of <48mmol/mol and 5mg folic acid.</p> <p>Incorporate educational sessions on Continuous Glucose Monitoring (CGM) and diabetes issues in ward based teaching sessions.</p> <p>Audit to explore reasons for higher preterm delivery and large for gestational age (LGA >90th centile) babies in pre-existing diabetes to assess the utility of VRIII for Ante Natal steroids and in labour in adherence to LWH guidelines, specifically looking at compliance to CBG monitoring, timing of administration of steroids, utility of insulin and pregnancy outcomes in these cases.</p> <p>Create an electronic database with the assistance of the I.T. department, for collecting future NPID data.</p>
National Maternity and Perinatal Audit (NMPA)	<p>As a result of the most recent National Report received regarding 2016-17 data the following actions were completed:</p> <p>Due to the lack of understanding of the intrapartum factors associated with variations in the 5 Minute Apgar score, performance metrics were developed and monthly trend analysis are conducted.</p> <p>As a result of higher than expected 5 Minute Apgar scores not being investigated, a Root Cause Analysis (qualitative and quantitative) was conducted.</p> <p>Due to inaccuracy of the Apgar scoring system, an expanded Apgar scoring sheet was developed and implemented.</p> <p>An evaluation of the use of expanded Apgar scoring sheet is to take place including a trend analysis of 5 Minute Apgar scores in Term singleton babies.</p> <p>Awaiting next National Report.</p>
Learning Disability Mortality Review Programme (LeDeR)	Although we planned to participate in this project, we had no cases to submit.

National Audit of the Management of Maternal Anaemia	Awaiting National Report.
Serious Hazards of Transfusion (SHOT) <i>(actions to be included in annual Bedside Transfusion Audit report)</i>	Awaiting Final Local Bedside Transfusion Audit Report.

The reports of 49 local clinical audits were reviewed by the provider in 2019-20 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.

Audit on reporting of radiology images by on-call neonatal consultant

Although the proportion of images with a documented review by any clinician has increased since the previous audit, it is still lower than our standard of 100%. As a result of this, individual feedback is now sent to consultants. A SOP has been modified to include the morning handover as a time when imaging studies from the previous night are performed. This has also been incorporated into the Badger system's induction training. A Lesson of the week for medical trainees and ANNPs about the need to record the consultant's name when they are entering the results of an x-ray review was circulated. Change request forms have been submitted to suppliers of the Badger system to improve the electronic form used to record radiology reviews with prompts for the name of the reviewing consultant.

Information provision on safer sleeping

Following a review of this audit against the January 2019 audit, there has been a significant improvement in all the standards. There is now an option on Meditech to record that a visit is a 36 week visit. All midwives are now recording the antenatal discussion of the safe sleep messages and completing the 36 week check list. The findings of this audit also demonstrated that all of the 54 records reviewed had the antenatal, intranatal and postnatal records, scanned into EDMS. All community midwives are now using the updated 36 week check list. Furthermore patient action plans completed are now being revisited at discharge from the community.

Bladder Care After TVT/Surgery

This audit highlighted that improvement in compliance with the Trial Without Catheter (TWOC) guideline was required.

Following this audit, a printed and laminated copy of the TWOC pathway has been made available to all staff working on the Gynaecology Ward. The full guideline is now also accessible via the Trust Intranet. A flowchart has been created on the Patient Electronic Notes System (PENS) to aid with robust documentation of bladder care following TWOC and gynaecological surgery; Staff on the Gynaecology Ward have also been informed of how to use this document correctly. The current guideline has been reviewed and updated based on findings of this audit and Nursing Staff on the Gynaecology Ward have been informed of the standards outlined in the current guideline. A re-audit following the introduction of the updated guideline will take place in the 2020-2021 audit year.

Patient Information Process

The results of this audit demonstrated that there is a good process in place with regards to Patient information leaflets within the Trust.

The accessibility of Patient leaflets caters for all and leaflets can also be printed supporting those who may not have access to the internet etc. as Staff can print off required documentation at the time of an appointment or inpatient episode if necessary.

It was identified from this audit that 3 of the Trust leaflets did not receive patient involvement when being produced which is crucial in the development of a Patient leaflet. As a result, the checklist for creating a Patient leaflet has now been amended to include Patient involvement as a mandatory section when being compiling the document.

Audit to Assess Compliance with the Ionising Radiation (Medical Exposure) Regulations 2017

The need to ensure that x-ray examinations are reported on within a set time frame and that a plan is in place to make certain this is happening was noted as a result of this audit. There is currently a standard of practice in place but this will be updated to include a time-frame so that it is clearly documented when the reports should be completed. As a fail safe to ensure that requests are not missed in future, a system will be put in place which assesses x-ray requests weekly to determine whether there is a report on the system. Radiographers will sign a document weekly to confirm that they have assessed all of the requests for the past two weeks to ensure there is a report. If there is not a report on the system, Radiologists will be contacted in a timely manner and advised that this should be completed. A spot check will be performed 6 months following this audit to assess compliance with these new implementations.

Auditing the compliance against Domestic Abuse Protocol/Procedure

This audit found that compliance remains high in respect of routine enquiry and that Staff clearly demonstrate awareness of when it is not safe to complete routine enquiry and that there is understanding and adherence to internal safeguarding referral processes.

With regards to actions for improvement as a result of this audit, Level 3 Children/Adult and also bespoke Safeguarding training will be reviewed to ensure this will improve competence and confidence in understanding the dynamics of domestic abuse and levels of need in respect of children and families. The Safeguarding Team will create an additional essential training competency for Staff required to be able to complete Safe Lives DASH risk assessments. There will be specific training needs analysis (TNA) for areas where there is a known higher likelihood of disclosure. The Safeguarding Team will also work with IT systems to increase Safeguarding prompts within various pathways/assessments.

Re-Audit to assess compliance with new patient triage criteria in Clinical Genetics

The results of this audit found that the majority of referrals are triaged correctly and in line with the triage criteria. This means that the right Patient is seeing the right Clinician, at the right time. The weekly referral meeting catches most of the small number incorrectly triaged but they cannot catch the inappropriate clinics. The findings of this audit were presented and circulated to all relevant Staff and all Clinicians were sent reminders of the triage guidelines via email. As a 'safety-net', Principal Genetic Counsellors were encouraged to challenge any triages that they deemed incorrect moving forward.

Assess effectiveness of the Hewitt Centres Multiple Birth Minimisation Strategy (MBMS)

This audit identified within a limited data-set, potential trends and findings which if confirmed by future work, provide evidence based methods for revising the current MBMS. Standardisation of data recording and accurate policy documentation has been improved as a direct result of this audit. Conversations were also stimulated with senior Scientific Staff, as to the next moves in terms of both updating the MBMS and exploring options for better embryo selection tools. The results and conclusions of this audit were discussed with the Scientific Director and Lead Embryologists and the data was used for the review and update of the MBMS and local Standard Operating Procedure (SOP) in relation to MBMS.

Bedside Transfusion Re-audit

We have maintained or improved upon the compliance for the majority of the standards for this audit. This includes 100% compliance with patient identification, consent, transfusion episode complete within 4 hours, traceability and dating of blood components.

There were some areas of improvement identified from this audit and appropriate actions have been drawn up to ensure these areas are addressed. Audit findings are to be communicated to all Staff involved in delivering blood transfusions in clinical practice. Relevant department/ward Managers will be advised of the

improvements needed and that all Staff are required to be compliant and up to date with their mandatory training and competency assessments. It will be requested that ward/department Managers identify potential Staff from key areas to be prioritised for cascade training and that this continues to be monitored monthly. Relevant Staff will be informed of any areas of documentation requiring improvement whilst highlighting the importance of this. The Serious Hazards of Transfusion (SHOT) report and review of incident will be circulated alongside the findings of the audit to all of the relevant Staff. The data collection tool for this audit will also be reviewed ahead of the future audit to ensure it is fit for purpose and user friendly.

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)

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.

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.

During 2019/20 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to maintain our subsequent numbers of NIHR recruitment accruals. We also continue to focus our efforts on collaborative research with academic partners to ensure the research we conduct is not only of high quality, but is translational, providing clinical benefit for our patients in a timely manner. Our commitment to conducting clinical research demonstrates our dedication to improving the quality of care we offer and to making our contribution to wider health improvements. Our healthcare providers stay up to date with new and innovative treatment options and are able to offer the latest medical treatments and techniques to our patients.

The number of patients receiving relevant health services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1,458 of which, 840 were recruited into NIHR portfolio studies.

Liverpool Women's was involved in conducting 109 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2019/20. At the end of 2019/20 a further 25 studies were in set up, including 6 industry studies.

There were approximately 189 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2018/19. 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, 75 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 2019/20 can be summarised as follows:

- A new collaborative world-leading programme of research focused on improving the health and wellbeing of children and their families within the Liverpool City Region (LCR) has been awarded funding from Wellcome. The 'Children Growing-up in Liverpool (C-GULL)' research study and data resource will be used to better understand and improve the lives of LCR children and their families. This will be the first newly established longitudinal birth cohort to be funded in the UK for almost 20 years.

Currently, Liverpool ranks highly in terms of the highest rates of child mortality and conditions such as asthma, type 2 diabetes, epilepsy and risk factors for poor health such as obesity, poor nutrition and low levels of physical activity. To help develop a better understanding of these issues, researchers will collect information from 10,000 babies and their families, starting in pregnancy and over the first years of life, allowing changes in their health and development to be monitored and recorded over time. The information gathered will provide important evidence for policy, practice and research that will ultimately help improve child health and development in the area.

C-GULL will launch at Liverpool Women's Hospital next year bringing together citizens, researchers and clinicians across the Liverpool City Region and wider to make one of the largest family studies in the UK.

- In June 2019, had the Trust had the privilege of hosting the annual meeting of the European Network for Individualised Treatment of Endometrial Cancer (ENITEC). ENITEC is a pan-European academic Network for Translational Researchers in Gynaecological Oncology, who gather together to share their expertise in uterine cancer research, with a particular focus on integration of molecular studies to improve and individualize patient care. The ultimate goal of the Network is to improve and individualize treatment of women with uterine cancers by integrating the best science in state of the art clinical care, and enabling every patient to access benefits from translational research.
- Research led by Dr Colin Morgan has led to the development of an idea for a new parenteral nutrition product that comprises a specific amino acid formulation concentration. During 2019/20 the research team, together with the R&D Department and a team of expert patent attorneys have undertaken further work to protect the IP by formally submitting an international patent. This has allowed the team to publish the preliminary data without other parties (especially commercial) using the information for commercial gain whilst additional scientific analysis is undertaken.
- During 2019/20, the Trust was awarded approximately £341,765 by the NIHR Health Technology Assessment programme. The funding will support delivery of the FERN – Intervention or Expectant Management for Early Onset Selective Fetal Growth Restriction in Monochorionic Twin Pregnancy research study. It is anticipated that the clinical research study will commence during 2020/21.
- During 2019/20 the Trust commenced collaborative discussions with the TMRW Group. The TMRW Group, based in New York, have developed an integrated system for automated, software guided embryology and cryo-management. The Hewitt Fertility Centre will be the first in Europe to test out this new cryogenic storage solution during 2020/21.
- The Trust was a finalist in the "Excellence in Commercial Life Science Research" award at the North West Coast Research and Innovation Awards 2020, for its participation in a clinical trial researching effective treatments for premenstrual dysphoric disorder (PMDD). PMDD has a negative effect on a woman's daily life and relationships. No treatments have been developed specifically for the treatment

of PMDD, antidepressants are often prescribed with moderate effect and tolerability. The aim of the study was to evaluate the effect of Sepranolone on premenstrual symptoms, provide further understanding of dose-confirmation and evaluate the safety and effectiveness of this potential new medication for PMDD – leading to the development of better treatment for this debilitating condition. Due to the hard work of the research team comprising, Dr Paula Briggs, Consultant Nurse Kathie Cooke and Research Nurse Pamela Corlett, LWH achieved top UK site status for both consented and randomised participants, and second highest recruitment site according to randomisation across all countries

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

A proportion of Liverpool Women's NHS Foundation Trust's income in 2019/20 was conditional upon achieving quality improvement and innovation goals agreed between Liverpool Women's NHS Foundation Trust and any other person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The main areas covered by the framework are:

- Staff Flu Vaccinations
- Three High impact Falls
- Alcohol & Tobacco – Screening and Advice
- Neonatal Staffing

Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at: www.liverpoolwomens.nhs.uk/About_Us/Quality_and_innovation.aspx.

The total monetary value of the income in 2019/20 conditional upon achieving quality improvement and innovation goals was £1,042,774. The monetary total for the actual payment in 2019/20 was ,£950,291 (Please note – CQUIN targets reduced between financial years as half of overall CQUIN value is now reimbursed via tariff

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 2019/20.

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, the CQC rated it as **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.

The Trust responded to the warning notice by the 10 January 2020 deadline, noting the immediate steps that had been taken to ensure patient safety was not compromised. An immediate action taken was to implement twice weekly audits of medicine management with any resulting issues escalated as appropriate.

The trust internal audits have demonstrated ongoing compliance with the failings identified by the CQC warning notice. Following a focused inspection in relation to the warning notice the Trust has been informed that the warning notice has been lifted.

Liverpool Women's agreed an Action Plan with the CQC to address the Regulatory Breaches and those areas that the CQC had made recommendations and the Trust felt could be further enhance the care of our patients. The action plan has been monitored monthly via the Trust Quality Committee.

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 establishment of these meetings has led to an increase in the number of data quality reports available to clinical areas to support the quality of data being provided and identifies key areas for additional training requirements.

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 recently commissioned an external audit of its RTT and Cancer data in line with NHSI IST guidance. Results showed 100% accuracy for cancer pathways and over 95% for RTT data. The Trust will continue to commission external audits focussing on RTT and Cancer Waiting Times data.

The Trust maintains a high score on the DQMI (%) as measured by NHSD throughout 2019/20, as reported below.

	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
AE	99.0	99.2	98.9	99.2	98.2	98.3	97.9	98.1	98.7	98.4	98.5	97.9
APC	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
OP	99.9	99.9	99.9	99.9	99.9	99.8	99.8	99.6	99.9	99.7	99.7	99.7
MSDS	99.9	99.9	99.9	99.9	99.9	99.8	99.8	99.8	99.8	99.8	99.7	99.9
DID	99.1	99.1	99.3	99.2	99.2	99.2	99.1	99.1	99.1	99.2	99.0	99.0

Date source: <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality>

The DQMI is a monthly publication about data quality in the NHS, which provides data submitters with timely and transparent information.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 99.1% for admitted patient care
- 99.7% for Outpatient
- 99.5% for accident and emergency

This is important because the patient NHS number is the key identifier for patient records while accurate recording of the patient's General Medical Practice Code is essential to enable the transfer of clinical information about the patient from a Trust to the patient's General Practitioner.

Information Governance

In March 2020, the Trust was faced with the operational challenges of responding to the Covid-19 virus outbreak, which caused disruption in almost every area of the Trust. In response to the outbreak, the requirements for reporting against the Data Security and Protection (DSP) Toolkit were relaxed, meaning that a delay in reporting because of having to manage the outbreak was accepted, if Trusts felt that it was necessary to do so.

Whilst Covid-19 had caused some disruption, it was felt that the Trust was sufficiently prepared for the end of year submission that it was decided to submit the Trust position, as expected, in March 2020. The submitted Trust position was "Standards Met".

In the weeks prior to the DSP Toolkit submission, the Trust was subject to independent audit, which gave an assurance opinion of "Significant Assurance".

There still remain some areas that require review and further development, namely: reviewing the management and central control of computer systems and other information assets; ensuring the continued development of IG compliant processes; reviewing and renewing the trust central registers to ensure they are accurate and up to date; and taking steps to improve the compliance with Information Governance training.

During 2019/2020, the Trust has had no new incidents of sufficient seriousness to require reporting to the Information Commissioner's Office (ICO) but there was one incident that was first identified during the 2018/2019 reporting period that remained under active investigation and carried over into the current reporting period.

That incident, which involved unauthorised use of Trust information for research purposes, has now concluded. The ICO took no action against the Trust having been satisfied that the Trust had taken appropriate actions, had an ethical policy in place at the time and that these were the actions of an individual employee acting in isolation.

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. This found the overall accuracy of clinical coding to be of a high standard, meeting 'Standards Exceeded' level for DSPT. 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 Trust has a high level of assurance that the 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 September 2019 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.

Gosport and Freedom to speak up processes

The Trust is committed to developing and maintaining an open and constructive culture whereby all staff feel comfortable in raising any concerns in the knowledge that they will be taken seriously, that their concerns will be addressed, and without any fear of reprisal or detriment. The ways in which staff can raise a concern are incorporated in the LWH Whistleblowing Policy & Procedure.

As well as the formal roles of the Senior Independent Non-Executive Director and the Freedom to Speak up Guardian, there are a range of other peer supporter roles including Mental Health First Aiders and Dignity at Work Advisors which are currently being amalgamated into one Staff Supporter role, that provide a further avenue for staff to raise concerns. These are supplemented by regular Trust wide Listening Events and smaller focus groups as required, plus quarterly internal staff surveys. The national staff survey shows an improving trend between 2015-2019 where staff confidence to report unsafe clinical practice increased from 67% to 75%.

In the twelve months April 2019 to March 2020, no formal concerns were raised under the Trust's Whistleblowing Policy. In the last 12 months a total of 34 contacts were made to the Freedom to Speak up Guardian (F2SUG). During 2019/20 the Board also completed the 'Freedom to Speak Up Review Tool for NHS Trusts'.

Fair and Just Culture

A Fair and Just (F&J) Steering Committee has been created for the 15 F&J trained leaders and others across the Trust 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. One area where this has become evident relates to individuals who continue not to follow medicines policies are in receipt of appropriate management using a fair and just culture approach.

Summary of Picker Inpatient Survey 2019 – Gynaecology Inpatients

Picker is an international charity dedicated to ensuring the highest quality health and social care for all always.

The National In-Patient Survey data was collected in July 2019. A total of 835 Gynaecology patients from Liverpool Women's Hospital Trust were invited to complete the survey. A total of 362 patients completed the survey, giving a response rate of 45%, which has decreased from the previous year (49%). The average response rate for the 74 'Picker' Trusts was 44%, meaning that as an organisation our response rate is lower than the average.

There are 62 questions which make up the inpatient survey, which are designed to mirror the patient journey through the hospital. The Picker survey enables the Trust to review its historical results from previous surveys and also allows the Trust to benchmark against other organisations. By reviewing the survey results the Trust is able to monitor historical trends and themes, which enables focus on those areas. The results also enable the Trust to review areas where performance has improved, which supports assurance and evidence that the effects of any service improvements or change in practice have occurred.

Respondents:

Of those who responded 15% accessed the Gynaecology service via an urgent or emergency pathway, the remaining patients (83%) were admitted on the elective pathway. The age range of the patients who responded were between 16-and 80+ with the majority of responses (60% coming from patients who were aged 40-69). The reported ethnic group of the patients were predominantly white (96%), other ethnic groups

Results

Key improvements:

There have been a number of significant improvements since 2018's survey. LWH have improved in respect of planned admissions, where the admission date was not changed by the hospital. Our patients have reported that during their inpatients stay there is always or nearly enough nurses on duty. During the admission process more patients reported that they did not have to wait long before they were allocated a bed on the ward. In addition to these improvements, patients also reported that staff helped with their care needs within a reasonable time. Patient also reported that they were told what to expect following their procedure or operation.

Compared to other "Picker" Trusts:

When compared to "Picker" average scores. LWH scored better than other Trust in a number of elements. The top five scores were mainly around admission and discharge processes. As mentioned in the previously patients reported that they did not have to wait long before they were allocated a bed on the ward. Regarding discharge patient reported that they were provided with written / printed documentation explaining what they should do /or not do following their discharge. The patients also reported that they were advised of danger signs to look for and they also reported that they were counselled regarding side effects of medications. Patients also reported that Doctors did not talk in front of them as if they were not there.

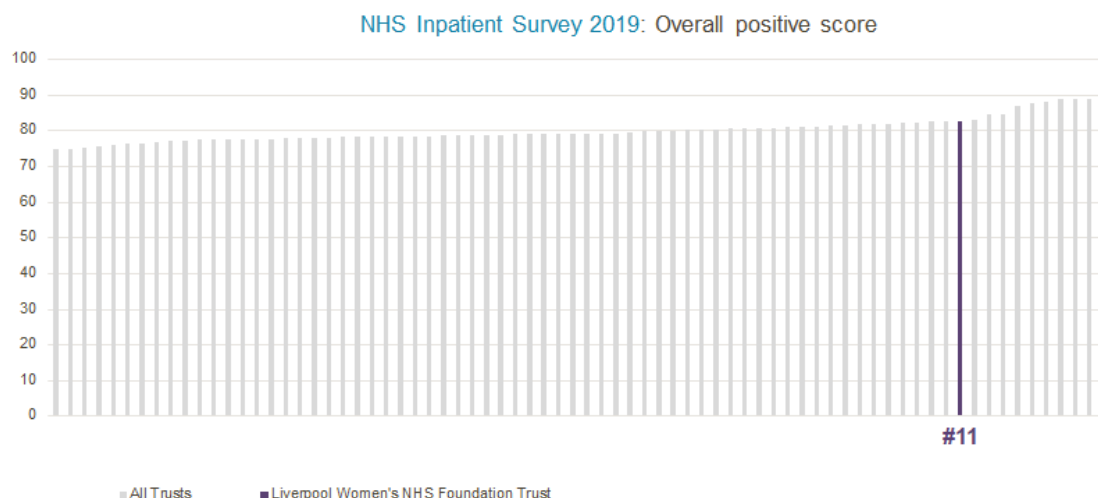
Least Improved from last Survey:

Of the five least improved elements from the survey, four domains related to the discharge of patients from the ward. Patients reported that staff did not discuss the need for additional

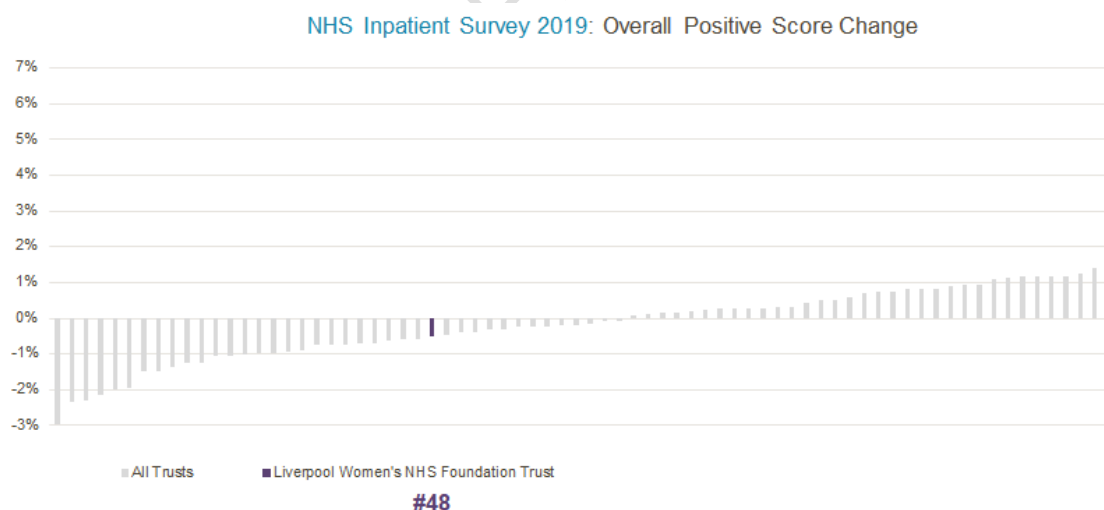
equipment, that expected care and support was available if it was needed. Specifically around discharge, patients also reported that staff did not discuss the need for further health and social care support or that they actually got enough support from health or social care professionals.

League Table of Results

This year's League table of positive results LWH scores number 11th out of 74 Picker Trusts, last year the Trust were placed at 11th.



The historical league table demonstrates how LWH's overall positive score has changed from last year's survey and how this change compares to other organisations. The Division is delighted to report that this has seen a significant improvement from 77th to 48th.



Historical trends of LWH

Utilising historical trends the Trust is able to identify where we have improved or performance has deteriorated over time. Based upon the 2019 scores LWH have improved in 28 of the survey points, as opposed to improving in only 5 areas in 2019, this is a considerable improvement. Key areas of improvement in scores relate to the care which our patients are given and in relation to nursing staff.

Based upon 2019 scores LWH have deteriorated in 26 areas within the survey compared to 50 areas in 2018. Demonstrating that although LWH have seen a drop in some scores this has not been as significant as the previous year.

Key Themes

Within the data it is quite clear that there are key themes, where we need to focus on improvement. The data demonstrates that our patients are not satisfied with both the food we are providing them nor are we supporting the patients during mealtimes. Patients have also identified that they do not get enough help from staff to wash or keep clean, and access to take their own medications is not supported.

The hospital & ward (part 2 of 2)

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q17+	Hospital: got enough help from staff to wash or keep clean	-	92%	90%	85%	84%	90%	84%
Q18+	Hospital: able to take own medication when needed to	-	92%	85%	84%	82%	79%	82%
Q19+	Hospital: food was very good or good	69%	67%	64%	62%	56%	59%	56%
Q20	Hospital: offered a choice of food	96%	96%	95%	95%	94%	94%	94%
Q21+	Hospital: got enough help from staff to eat meals	92%	88%	92%	79%	73%	82%	73%
Q22	Hospital: got enough to drink	-	-	93%	93%	94%	91%	94%

The other area where a clear theme has been identified is within the discharge from hospital process. Although some of our data evidences that we perform better in some areas than other Trust, this is the area where we have deteriorated the most since the 2018. It is not entirely clear on review why this area has deteriorated since the last report, however the ward has made improvements to the process prior to release of this survey.

Leaving hospital (part 1 of 2)

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q48+	Discharge: felt involved in decisions about discharge from hospital	90%	92%	91%	90%	91%	84%	91%
Q49	Discharge: given enough notice about when discharge would be	93%	94%	94%	92%	93%	87%	93%
Q50	Discharge: was not delayed	75%	79%	73%	71%	73%	60%	73%
Q52	Discharge: delayed by no longer than 1 hour	24%	27%	12%	14%	11%	12%	11%
Q54+	Discharge: got enough support from health or social care professionals	76%	77%	79%	74%	68%	78%	68%
Q55+	Discharge: knew what would happen next with care after leaving hospital	-	89%	90%	88%	85%	84%	85%
Q56	Discharge: patients given written/printed information about what they should or should not do after leaving hospital	87%	93%	90%	87%	84%	63%	84%
Q57+	Discharge: told purpose of medications	98%	97%	98%	97%	96%	91%	96%
Q58+	Discharge: told side-effects of medications	72%	78%	79%	75%	73%	57%	73%

Leaving hospital (part 2 of 2)

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q59+	Discharge: given clear written/printed information about medicines	91%	94%	95%	93%	91%	85%	91%
Q60+	Discharge: told of danger signals to look for	82%	86%	88%	86%	81%	64%	81%
Q61+	Discharge: family or home situation considered	86%	89%	89%	85%	86%	82%	86%
Q62+	Discharge: family, friends or carers given enough information to help care	67%	76%	81%	75%	74%	76%	74%
Q63+	Discharge: told who to contact if worried	94%	95%	96%	93%	91%	76%	91%
Q64+	Discharge: staff discussed need for additional equipment or home adaptation	70%	72%	84%	72%	66%	79%	56%
Q65+	Discharge: staff discussed need for further health or social care services	81%	82%	83%	80%	74%	81%	74%
Q66+	Discharge: expected care and support were available when needed	-	-	-	86%	79%	81%	79%

The Division of Gynaecology have reviewed the entirety of the report and its findings. There are a number of key areas in which we need to focus attention and implement actions to improve our patient's experience of care. In addition to this there are a number of areas which should be celebrated and continued.

Junior Doctor Staffing

In forward planning for the junior doctor workforce for year 19 – 20, the Trust agreed to fund an additional 11 WTE junior doctor posts within obstetrics and gynaecology as in previous years there has been a number of gaps / vacancies within this workforce.

The gaps were expected to continue in 19 – 20, however this has not been the case within O&G. The service received a full rotation resulting in the service being over established. This has enabled the service to run a shadow rota during out of hours giving doctors more support during out of hours from senior junior doctors.

Due to the over establishment in the workforce the Trust is relying less on agency and consultants to cover gaps in the rotas. Although other services are not over established they continue to achieve full staffing with minimal gaps and rota usage.

The trust continues to see under reporting in exception reporting although it is encouraged and the guardian of safe working has not issued any fines to services as all exceptions are settle with TOIL. There has also been an increase in the number of junior doctors able to attend teaching as the services are well staffed. However, there is an issue with ST3 trainees in O&G gaining competencies as the service received an increased number of ST3 trainees in quarter 2 of 2019.

It is important to note that, during this reporting year, an agreement was reached between NHS Employers, the British Medical Association (BMA) and the Department of Health and Social Care (DHSC) on the amendments to the 2016 terms and conditions for doctors in training. The updated contract is referred to as 'Junior Doctors 2018 contract refresh'. The refreshed contract focuses on safety, wellbeing, training, education and includes an investment to support the changes and support an uplift in pay.

The number of gaps fluctuated throughout the year. The highest number of gaps in O&G was 3.5 for a period of 5 months. Anaesthetics, ran with 0.6 – 1 WTE gap over a 9 month period. Neonates gaps were between 1 – 2.8 WTE over a period of 11 months and genetics continued to run with 1 WTE gap. In the main, these gaps were related to maternity leave and long term sickness.

NHS Staff Survey

The Trust is committed to listening to the views of our staff and recognising their achievements on a regular basis. We believe that motivated and engaged staff deliver better outcomes for our patients and our on-going aspiration is to improve levels of staff engagement on a year on year basis, as measured by the NHS Staff Survey. Improving levels of involvement and engagement is one of four priority areas in our five-year Putting People First Strategy and underpins all of our HR, OD and L&D activity.

The NHS Staff Survey is a core tool for the Trust to engage consistently with our staff each year to identify what is important to them and then take action to address identified issues. In 2019, we continued to opt for a full survey of all our staff, included for the first-time electronic surveys and received a positive response rate of 61%, far exceeding the national average.

The table below indicates how the Trust compares to its benchmarking group (Specialist Acute Trusts):

Theme	2019		2018		2017		2016	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity & inclusion	9.4	9.2	9.5	9.3	9.4	9.3	9.5	9.3
Health & wellbeing	6.4	6.3	6.3	6.3	6.3	6.3	6.3	6.3
Immediate managers	6.9	7.1	6.8	7	6.7	6.9	6.7	6.9
Morale	6.3	6.4	6.1	6.3	---	---	---	---

Quality of care	7.6	7.9	7.6	7.8	7.6	7.7	7.6	7.8
Safe environment – Bullying & harassment	8.7	8.3	8.6	8.2	8.3	8.4	8.4	8.3
Safe environment – Violence	9.9	9.8	9.9	9.7	9.8	9.7	9.9	9.7
Safety culture	6.9	7.0	6.7	6.9	6.7	6.9	6.6	6.9
Staff engagement	7.2	7.5	7	7.4	7	7.4	6.9	7.5
Team working	6.6	6.9	---	---	---	---	---	---

Overall the picture was one of improvement and we improved compared to last year in two overall 'themes' – *safety*, and *staff engagement*. We did not see a statistically significant decline in any of the eleven overall themes. We have moved closer towards the average or exceeded the average for Specialist Acute Trusts over a number of indicators. Areas where we remain further from the average include team working, immediate managers and quality of appraisals. The quality of appraisals has been highlighted as an issue for the last three years and the system will be reviewed in its entirety in 2020.

Analysis of key themes equality

Diversity & Inclusion

Although there was a minor drop from 9.5 in 2018 to 9.4 in 2019 (not statistically significant), this is still comfortably above the national average for our comparison group of 9.2.

Health & Wellbeing

There was a minor **increase** from 6.3 to 6.4 (not statistically significant) which is now above the national average of 6.3. For the specific question regarding whether staff have felt unwell as a result of work-related stress, the Trust figure of 32.2% is considerably lower than the national average for acute specialist Trusts of 36.6%.

Immediate Managers

There was a minor **increase** from 6.8 to 6.9 (not statistically significant) although this remains slightly below the national average of 7.1. It is encouraging that for the six questions that make up this theme, all saw improvements from our 2018 scores.

Morale

This figure **increased** from 6.1 to 6.3 (not statistically significant), which is now just below the national average of 6.4. It is notable that the specific question regarding involving staff in deciding changes that affect them saw an increase from 49.5% in 2018 to 57.2% in 2019. It should also be noted that the three questions regarding any intention to leave the Trust all saw improved scores.

Quality of Care

This score **increased** from 7.5 in 2018 to 7.6 in 2019 (not statistically significant), while the national average remained unchanged at 7.9. The score for the specific question regarding staff being able to deliver the care they aspire to rose from 70.7% in 2018 to 74.0% in 2019.

Safe Environment - Bullying & Harassment

This score **increased** from 8.6 to 8.7 (not statistically significant), which is markedly better than the national average of 8.3, and matches the best score nationally for acute specialist trusts. In particular, the score for the specific question regarding bullying by managers fell from 10.9% in 2018 to 7.9% in 2019 (having previously fallen from 15.5% in 2017).

Safe Environment - Violence

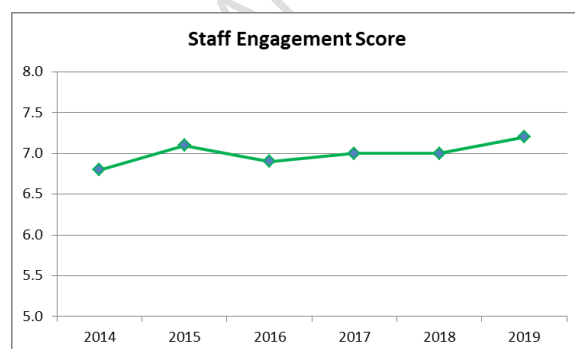
Our score remained unchanged at 9.9. This is better than the national average of 9.8, and matched the best score in our comparison group.

Safety Culture

This score **increased** from 6.7 to 6.9 and is now just 0.1 off the national average score of 7.0. Of particular note, the specific question concerning the Trust treating staff who are involved in incidents & near misses fairly saw an improvement from 50.5% in 2018 to 58.5% in 2019, and the number of staff said they would feel secure in raising concerns rose from 69.1% to 73.3%.

Staff Engagement

Our score **increased** from 7.0 in 2018 to 7.2 in 2019, although this is still below the national average of 7.5. Nevertheless, all nine questions that constitute this theme saw improvements.



Team Working

Our score remained unchanged at 6.6, as did the national average at 6.9. There were no significant changes in the scores for either of the specific questions that make up this theme.

It should also be noted that the scores for staff recommending the Trust as both a *place to receive treatment*, and as a *place to work*, reversed the fall in both these scores seen in the previous year. The significant rise in the score for recommending the Trust as a place to work is particularly encouraging.

Local results have been drilled down to division, directorate and ward/department level, and summaries have been distributed to the respective divisional management teams. They have been tasked with identifying key actions for their areas which will be signed off and monitored by the Divisional Boards. The local summaries also include a simple “you said /we did” pro- forma for local managers to use in sharing the results with their staff.

The results will also be used to refine and enhance the Putting People First Strategy Year 2 Action Plan which is performance managed via the sub-board level ‘Putting People First Committee’. Key Trust wide activities will include the implementation of a revised leadership strategy and the implementation of a talent mapping process. The local internal staff survey process will also be revised and a new paper based and electronic survey mirroring the key themes of the staff survey and other local priorities will be rolled out.

DRAFT 2019-20

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.

28 Day 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 average (mean) number of patients aged 16 and above who were readmitted within 28 days:

Trust 2019/20	Trust 2018/19	National Average 2017/18 figures
3.04%	9.85%	13.8%

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 can 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 from 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 patients with Learning disabilities have reasonable adjustments in place prior to coming into hospital and for patients with Mental health issues is that there are processes 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 issues 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, Silver, 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 a Silver award as was Maternity base and the Gynaecology Unit was given a white 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:

Recommend as a place to receive treatment:

LWH 2019	LWH 2018	Benchmark Average (2019)
80.9%	77.5%	90.0%

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

The increase in staff recommending as a place to receive treatment is a positive increase which is in line with the overall increase in the 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:

2019-20	2018-19	2017-18	2016-17	National Target
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.

Liverpool Women's intends to take the following actions to improve this indicator and so the quality of its services: the Liverpool Women's VTE guidelines have been updated in light of the NICE guidance NG98 2018 Venous thromboembolism in the over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. The Trust will conduct 6 monthly audits of compliance with VTE guidelines.

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 nationally:

LWFT	LWFT 2018-19	LWFT 2017-18	National Average
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 2019-20:

	LWFT 2019-20*
No. PSIs	4479
Total Bed days 2019-20	88991
Rate /1000 Bed Days	50.33

*Local unmoderated data PSI only data

The Trust considers that this data is as described accurately for the following reasons:

The data for this and the following Severe Harm and Death incidence measure is taken from the Trust's Incident reporting database used in combination with bed days activity data monitored nationally. The Trust has a strong culture of incident reporting giving confidence in incident capture.

The risk team continue to support staff in the reporting of incidents to keep relevant managers and executives aware and involved in the management of incidents ensuring that appropriate action is taken where necessary.

Liverpool Women's intends to take the following actions to improve this indicator and so the quality of its services:

The latest available benchmarking data to March 2020 is not available.

The Trust continues to work positively with the Clinical Commissioning Group and HSIB and values the potential to further improve the effectiveness of its incident management processes and responsiveness of appropriate actions taken.

All Acute Trusts are asked to record the number and proportion of reported incidents that result in severe harm or death in the reporting period. The table below shows this data for Liverpool Women's during 2019-20:

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

* Local unmoderated data

Part 3

Other Information

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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; all trusts were expected to provide the highest standards of care while achieving demanding efficiency savings. The trust continued to provide safe, high quality care to our patients. With the exception of Referral to Treatment and 62 Day Cancer, the trust continued to deliver the national targets. Alongside this, in a climate where many providers have struggled to achieve their financial plan, the trust has continued to deliver its financial performance.

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

Indicator Name	Target	Performance 2019/20	
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	95%	98.86%	Achieved
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation (accumulated figure)	90%	88%	Not Achieved
Cancer 31 day wait for second or subsequent treatment – surgery (accumulated figure)	94%	77%	Not Achieved
Cancer 31 day wait from diagnosis to first treatment (accumulated figure)	96%	71%	Not Achieved
Cancer 2 week (all cancers) (accumulated figure)	93%	95.38%	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%	82.43%	Not Achieved
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation (accumulated figure)	85%	43.2%	Not Achieved
Maximum 6-week wait for diagnostic procedures	99%	97.50%	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.

Performance against the Cancer standards has been impaired by clinical capacity and challenges in recruiting consultant staff in shortage specialties. 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. 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.

We were disappointed to record a Never Event during 2019/20 which related to a retained swab following completion of an elective caesarean section procedure. The incident was promptly investigated in accordance with local policy and national guidance and the investigation identified a root cause of both human error and system failure. The Trust responded quickly to address the operational issues raised by the incident and ensured rigorous monitoring to ensure that resultant changes in practice were embedded. Both commissioners and regulators were kept informed at each stage of the process.

Novel Coronavirus (Covid-19) Pandemic: Implications on Quality of Care

The current Novel Coronavirus (Covid-19) Pandemic is affecting 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 facing LWH 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 has been 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 has been an area of focus for the Trust and nationally, but 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 daily Command and Control meetings.

The requirement for rigorous PPE usage has provided an obstacle to rapid clinical response in hyper-acute scenarios such as a category one caesarean section (common at LWH) and cardiac arrest (uncommon at LWH). A systematic increase in the use of clinical drills has 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 have been 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 have to be covered if acute care is to be provided at normal safe standards. To date, all medical, nursing and midwifery rotas have been covered successfully without compromising clinical care.

The reduction in some clinical services previously described has 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 workstreams – 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 are now available by video link to GPs for advice and guidance
- All suspended cases at potential risk of harm are reviewed on paper by consultant gynaecologists
- Women at risk of clinically significant deterioration 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.

To date, no harm has been detected in women being cared for in the Trust's suspended services but this remains an area of focus.

Performance

The Trust has 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 will continue to be reported separately to the Quality Committee.

Incident Reporting

A fall in the overall incident reporting rates on Ulysses has been noted during the pandemic. Data concerning incident reporting, serious incidents and never events are provided to the Quality Committee under separate cover.

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

An NHSE IPC Covid-19 board assurance framework has been included separately on the agenda. It provides greater detail of the Trust's response to Covid-19 from an IPC perspective.

Workforce Issues

The national response to Covid-19 has thrown up 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 is 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.

The Executive Group meets once weekly (previously twice) in a Covid-specific capacity 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 Board of Directors.

Command and Control meets daily to note and ensure the enactment of externally mandated changes to service. It is the key operational group. It reports into the Executive Group.

The Clinical Advisory Group meets three times weekly (previously seven) 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 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.

Our recent successes

Our last Quality Strategy had three key areas of focus; reducing avoidable harm, reducing mortality and providing the best patient experience. We have successfully delivered material improvements in each area we set out to change; improving safety and outcomes, as well as staff and patient experience. The detail behind our performance is reported in our annual quality reports.

As well as our ambitious plans to build a new co-located hospital, our Future Generations Strategy also set out priorities for each service, focused on improving quality and safety while we remain in our current location. While approval to build a new hospital remains out of our control, we have successfully delivered significant improvements across all of our services over the last five years. We have heavily invested in our workforce; increasing our numbers of midwives, specialist nurses and consultants to help us deliver the safest care possible. We have also invested in developing our people; initiating a Fair and Just Culture programme to ensure our staff feel supported and empowered to speak out in the interests of their patients.

We have established formal partnerships across Liverpool; unique quality-driven interactions leading the drive to join up services across the whole city, targeting the specific clinical needs of our population, improving outcomes and helping to reduce health inequalities across our system. We have established the Liverpool Neonatal Partnership in conjunction with Alder Hey NHS FT, ensuring families with babies requiring surgical services experience consistent, trusted and familiar care throughout their whole journey, and we have developed complex gynaecology pathways in partnership with Liverpool University Hospitals NHS FT, delivering safer care and improved outcomes for women.

Neonatal Unit



In 2020 building work completed on our new Neonatal Unit. This 3 year, £15m project was established to address significant concerns regarding the existing Neonatal estate. Part of our planned programme of major enhancements at Crown Street, the unit provides state of the art facilities from which our clinicians can deliver world class tertiary care for our babies and their families.

Successful Partnerships

In recent years we have established a number of successful formal partnerships to improve our patient experience while mitigating some of the clinical risks that arise from our isolated site. We work in partnership to deliver maternal medicine, neonatal, genomics and complex gynaecology services.



Investing in Our Workforce



We have invested in our staff to improve safety, outcomes and experience for our patients. Over the last 5 years we have increased our numbers of midwives, increased consultant numbers in maternity, neonatology, gynaecology and anaesthetics as we aim to provide 24/7 consultant cover, and invested in Advanced Neonatal Nurse Practitioner roles.

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.

Knowsley Clinical Commissioning Group is leading on the response this year

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Liverpool Women's Hospital Quality Account 2019-20 commentary

Healthwatch Liverpool welcomes the opportunity to comment on the 2019-20 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 Quality Account highlights the conclusion of the 5-year plan (2015-2020). We are pleased to see that most of the targets the Trust had set itself over 5 years were met, and many improvements achieved.

Although most patient experience priorities focused on staff, it is positive to see that there were increases in the number of staff who recommended the Trust as a place to work and as a place for friends and family to receive treatment. Improved phone systems in reaction to patient feedback are also most welcome.

The Trust has progressed with 7-day working consultant cover, and is exploring a service level agreement with Liverpool University Hospitals Trust (LUFT) to be able to improve this. We believe that increased partnership work between the two Trusts will promote better outcomes for patients.

Other achievements include the opening of the new neonates department which the Trust is rightly proud of, and which should improve the experience of families using these facilities during a difficult time.

Lessons learnt from clinical audits are clearly explained in the report, and examples given of the clinical research the Trust has participated in. We particularly welcome the 'Children Growing-up in Liverpool' research project, which aims to improve child health, and may help to prevent future health inequalities.

We are pleased to note that the Trust once again was rated better than average for overall patient experience in the National Inpatient Survey, which covers patients discharged in July 2019. We look forward to seeing the actions the Trust will take on the themes that were identified for improvement.

At its most recent inspection the Care Quality Commission (CQC) rated most of the Trust as 'good', and it was positive to see that the responsiveness of maternity was rated 'outstanding'. We note that the Trust has been working hard to address those issues identified by the CQC as 'requiring improvement'.

The final quarter of 2019-20 brought rapid changes to services due to the Covid-19 pandemic, and we are pleased to see that the quality account document reflects this. It was particularly reassuring that the Trust has managed to maintain staff rota cover throughout.

However, although the Trust has been working to address cancer treatment waiting times, it is concerning that it was far from meeting several of the national targets. Even with minimal clinical impacts for the patients concerned, the overall effect on their experience is likely to be detrimental. An added concern is that the Covid-19 pandemic has the potential to extend waiting times further.

Future priorities have been set out to cover the next 5 years, in line with the Trust's overall 2020-25 clinical and quality strategy. We are pleased to note that this includes priorities addressing the effects of the Covid-19 pandemic, and others focusing on patient experience and community engagement. We look forward to learning what practical steps will be taken to progress these priorities in 2020-21.

Due to the pandemic there has been less regular engagement from the Trust, and we are working to try and re-establish this. At the current time we can't visit Trust sites to meet patients and visitors face to face and capture their feedback. We are working in different and new ways, for example by planning and facilitating online focus groups, one of which will be about maternity care.

We look forward to working with Liverpool Women's Hospital in 2020-21, 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.

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Commentary from Local Authority Overview & Scrutiny Committees (OSCs)

Knowsley Council - Requested but not received.

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Annex 2: Statement of Directors' Responsibilities

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

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

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- 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 2019 to May 2020
 - papers relating to quality reported to the board over the period April 2019 to May 2020
 - feedback from commissioners dated XX/XX/20XX
 - feedback from governors dated XX/XX/20XX
 - feedback from local Healthwatch organisations dated XX/XX/20XX
 - feedback from overview and scrutiny committee dated XX/XX/20XX
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 20/07/2020
 - the Gynaecology national patient survey July 2020
 - the national staff survey May 2020
 - the Head of Internal Audit's annual opinion of the trust's control environment dated XX/XX/20XX
 - 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

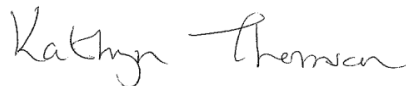
confirm that they are working effectively in practice

- [this point is only required where the foundation trust is not reporting performance against an indicator that otherwise would have been subject to assurance] as the trust is currently not reporting performance against the indicator [xxx] due to [xxx], the directors have a plan in place to remedy this and return to full reporting by [xxx]
- 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
Date



Kathryn Thomson
Chief Executive
Date

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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

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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.

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Dedicated to you

www.liverpoolwomens.nhs.uk

