NHS
Liverpool Women's
NHS Foundation Trust

Dedicated to you

Quality Report
Liverpool Women's NHS Foundation Trust
2022-2023

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 12th Quality Report.

Part 1 Statement on Quality from the Chief Executive

Welcome to Liverpool Women's NHS Foundation Trust's 12th Annual Quality Report. This provides an opportunity for us to report on the quality of healthcare provided during 2022/2023, celebrate our achievements, and share with you the Trust's key priorities for quality in the next reporting year of 2023/24. This is a critically important document for us as it highlights our commitment to putting quality at the heart of everything we do.

Towards the end of 2020, the Trust published its Clinical and Quality Strategy for 2021-25. Our vision as an organisation is to become the leading provider of healthcare for women, babies, and their families. We have created a strategic framework, within which there are several aligned strategies and plans, mapping out the future direction for our organisation and the steps we need to take to realise our vision. This Clinical and Quality Strategy forms a pivotal part of that framework and is a key driver in shaping the overall direction of the Trust.

The Strategy sets out our ambitious goal of the three Zeros - zero stillbirths, zero maternal deaths, and zero never events. This is a challenging and ambitious strategy and by reporting to you annually through our Quality Report, we demonstrate how the Trust has performed towards these goals. As well as reporting on performance in 2022/23 the Quality Report also identifies our priorities for the coming year.

As we reflect on the past year, we cannot ignore the challenges that the COVID-19 pandemic has continued to present to our healthcare system. As we move forward and strive to get 'back to normal', the Trust has continued to face challenges, including long waiting times for appointments and procedures because of the pandemic. Our staff have once again gone above and beyond in working to deliver our quality priorities and achieving what we have has only been possible through their dedication and by working together and with our partners.

I would like to take this opportunity to discuss some of our quality highlights of 2022/23. 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:

- Continued our Crown Street Enhancements Programme by installing a mobile CT scanner on site and opened a dedicated Colposcopy and Vulval unit
- Life-saving surgery performed on unborn twins with Twin-to-Twin Transfusion Syndrome (TTTS) using pioneering surgery with the babies still in the womb
- Professor Asma Khalil was a finalist in the Chief Scientific Officer's Excellence in Healthcare Awards 2022 as well as being appointed Vice President of the Royal College of Obstetricians and Gynaecologists
- Jennifer Deeney, Head of Nursing was awarded the March of Dimes Excellence in NICU Leadership award
- Launch of a collaborative world-leading programme of research focused on improving the health and well-being of children and their families within the Liverpool City Region (LCR). The 'Children Growing-up in Liverpool (C-GULL)' research study is led by Professor Louise Kenny. The data resource will be used to better understand and improve the lives of LCR children and their families. This will be the first newly established longitudinal birth cohort to be funded in the UK for almost 20 years

The Trust was inspected by CQC in January & February 2023. In addition to a trust-wide well-led inspection, Maternity & Gynaecology Services were also inspected. The final CQC report was published on 23 June 2023 and the Trust was made aware in advance of improvements that were required which are being addressed through a robust action plan. Full details and actions that the Trust is taking will be published via the Trust website following the publication of the final report.

We continue to work hard to develop plans for the long-term future of our services and whilst

remaining on a single isolated site remains the most significant risk to the safety and sustainability of our services, our Crown Street Enhancements Programme has made important strides during 2022/23. As noted above, our new Fetal Medicine Unit (FMU) opened, and new CT and MRI scanners are now in place. We can now offer a wide range of diagnostic activity accessible to all patients across the city as well as give Liverpool Women's patients access to timely and more convenient diagnoses in emergencies.

On 30 March 2022, Donna Ockenden published the final report of the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust. We issued an initial Trust response following the publication of the report with a commitment to immediately work towards delivering against the 15 immediate and essential actions for all maternity care providers. We are already delivering against many of these actions, and it will continue to be a priority to meet all the actions fully. The response to the recommendations is also factoring in the findings from an independent investigation of maternity services in East Kent led by Dr Bill Kirkup. We are committed to avoiding a 'tick box' approach to our response to these reports and we are focused on identifying the factors that will make the biggest difference to women and their 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


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

1 Global Coronavirus (COVID-19) Pandemic: Implications on Quality of Care

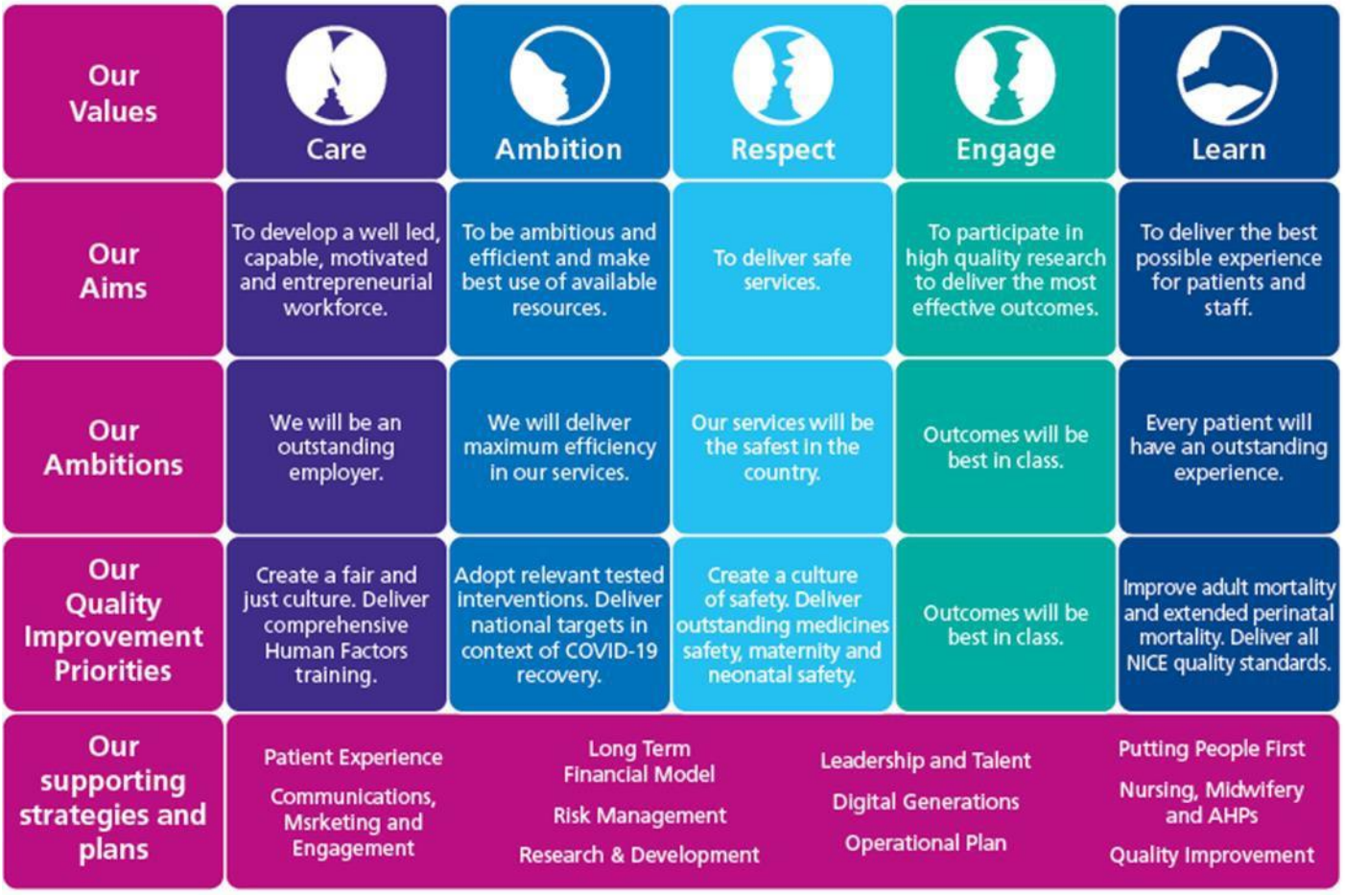
2022-23 saw continued COVID-19 activity however the success of the vaccination programme and changes in the virus lessened the clinical impact of the disease. Nationally, and locally, there were small peaks in prevalence in July, October and December 2022.

In 2022-23 the Trust managed 75 patients with COVID-19 infection. There were no hospital acquired cases.

Guidance on testing patients has changed throughout the pandemic and in July 2022 was reduced to symptomatic patients only. The IPCT have worked with the Trust to implement new guidance on testing and infection control precautions as the pandemic has progressed.

2 Priorities for Improvement in 2022/23

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



2.1 Our Ambitions for Quality Improvement

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

- Patient Safety, Clinical Effectiveness and Patient Experience.

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

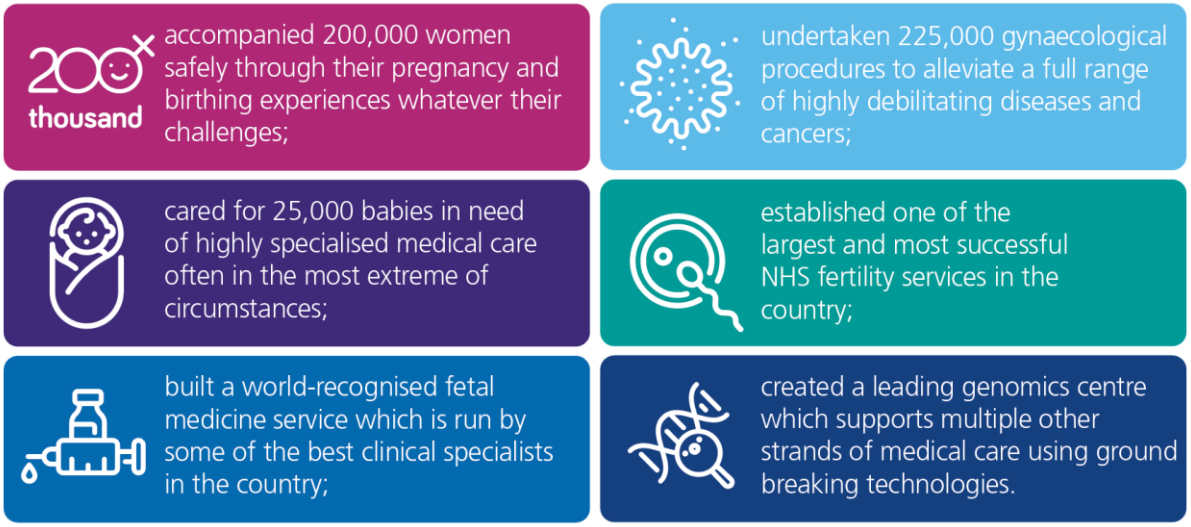
At LWH our vision is to become the recognised leader in healthcare for women, babies and their families. We have developed a set of ambitions aligned to our aims, which set the long term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we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

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

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

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

Since 1995 Liverpool Women's Hospital has:



4 Quality Improvement Framework

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

Over the course of 22/23 the framework was reviewed to ensure it remained fit for purpose. This review resulted in significant changes to the structure of the quality improvement team and greater alignment to research, clinical audit, and service evaluation activity. Existing quality improvement and service evaluation projects have also been reviewed and, where necessary, refreshed. Leaders in the Trust have been supported to register a significant number of new projects in 2023. It is anticipated this activity will accelerate over the course of the year as improved systems and process are made available.

Learning opportunities have been identified and tested which will develop the skills, competencies, and confidence of staff at all levels in relation to quality improvement and project management. A full programme of learning will be rolled-out over the course of the year. Quality Improvement and associated activities will be incorporated into the Trust's induction programme from May 2023. All activity is closely aligned to the NHS Model for Improvement and Trust' strategy.

With effect from 3 April 2023, the functions and structures of the quality improvement and clinical audit and effectiveness teams were merged. The newly formed 'Continuous Improvement Team' will ensure opportunities for improvement and learning are maximised across the Trust for the express benefit of patients and staff.

Systems for requesting, approving, monitoring, and reporting on projects have been reviewed. Processes are underway to digitise them, which will, in turn, improve performance, reduce waste, and maximise learning opportunities. The revised systems will reduce approval steps to simplify systems and encourage staff to launch new projects. There will be an additional requirement to consider how learning arising from a project is shared and embedded. Project leads will also be required to quantify the resource implications of any proposals.

To ensure we achieve maximum impact from the work completed to date and that planned going forward, we have engaged AQUA to advise and support our Continuous Improvement journey. Over the next financial year AQUA will:

1. Support through co-design an integrated Quality Improvement Strategy which will assist the organisation to take a strategic approach to developing capacity, capability, and leadership for improvement.
2. Work with nominated staff to create a cohort of improvement leaders.
3. Offer a call off bespoke consultancy offer for targeted support to more complex redesign and pathway improvements.

5.1 Priority 1 - Create a fair and just culture

Deliver comprehensive Human Factors training

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

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

Key highlights have included

- 64% of leaders have completed Fair and Just Culture Training (4 hour course)
- A Senior Leadership Forum (attended by execs, clinical leads and senior managers) was devoted to Fair and Just Culture
- Quarterly communities of practice events have been well attended and staff have come come together and explore how they are using fair and just to create a better workplace culture at a local level
- Human Factors Training is separate to Fair and Just, but has many complementary principles, primarily understanding systemic reasons why things go wrong in healthcare rather than seeking to blame. A comprehensive multi- level programme of training has been rolled out including 2 hours face to face essential training for clinical staff and an online programme for non-clinical staff

Human Factors training was written by colleagues (clinical and non-clinical) with significant experience of human factors in collaboration with an External partner in preparation for the rollout of the Patient Safety Incident Response Framework from September 2023. The training was formally ratified by the LMNS.

There were approximately 1100 staff members identified covering all of maternity and colleagues within the divisions with a responsibility for incident oversight and investigation.

Phase 1 commenced in December 2022, covering 15 days delivering 3 sessions per day in 2-hour slots.

Phase 2 is due to commence in May 2023 which will be delivered remotely to approximately a further 600 staff. This will include Senior Leadership Teams, Executive Directors and Non-Executive Directors.

The human factors training was designed to support the National Patient Safety Training levels 1 and 2 which has been scheduled a mandatory training for all staff, which has already shown good compliance rates in excess of 80% to date.

Feedback from approximately 250 staff has been positive and is being used to continue to develop the training further.

5.2 Priority 2 - Create a Culture of safety. Deliver outstanding medicines safety, maternity, and neonatal safety

Neonates

We pride ourselves in a strong reporting culture on the unit and report above the national average of 4% of our unit admissions. The senior nursing team, Governance lead and safety champion meet weekly to review incidents and actions. On a monthly basis a meeting is held for staff to attend to review incidents and outcomes. This is recorded and shared with slide on My Paediatrics APP. This can be accessed by all staff. The unit hold a monthly risk meeting these feeds into our integrated governance meeting.

Medication errors continue to be our highest rate of incidents. There is a medicines management team that meet monthly to review all errors and issues. At this meeting patterns of incidents are discussed, and plans made to reduce them with emphasis on the systems around people to help to reduce errors. Red tabards have been reintroduced to help reduce interruptions.

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

The team have focused on improving mortality on the unit over the last year and this has seen the introduction of the Extreme preterm pathway, which ensure the most senior staff are present and caring for baby, further QI projects are also in place around golden hour antibiotic and reducing the number of accidental extubation on the unit. This is ongoing work, but we are already seeing steady changes to practice. The NICU was recognised by NNAP as a positive outlier nationally for delayed cord clamping.

Maternity

Telemedicine:
The pilot of telemedicine in the ICU at LUHFT (Royal site) has completed. The technology was underutilised during this period due to the small number of ICU admissions of pregnant/recently pregnant women and a decision has been made to relocate the machine to the LWH site, with a view to developing pathways so that it can be used by LUHFT clinicians for women requiring medical or surgical review whilst inpatients at LWH.

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

Local and regional Placenta Accreta MDT: These are now up and running and allow cases to be discussed local and across the region. This has helped support diagnosis and thoroughly plan management of cases to ensure patient safety. A business case is in development for the support services required for the MDT e.g., MDT coordinator and specialist midwife.

Increase in Obstetric Consultant hours on site: The Resident consultant present continues at 110 hours a week. Further recruitment is planned in 2023-24, which will enable

implementation of 24/7 working pending agreement regarding financial remuneration. The medical staffing model for MAU is being reviewed following the recent CQC inspection.

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

Medicine Safety
Medicines Safety Week (#MedSafetyWeek) was supported in November and focussed on the importance of reporting suspected adverse reactions to medicines & vaccines and encouraged the reporting of suspected problems with medical devices to the MHRA's Yellow Card scheme. The Medicines Safety Group (MSG) also raised awareness of #MedSafetyWeek by sharing a medicines safety quiz for staff to complete and also visiting clinical areas with the Medicines Safety Bus to share learning from recent medication incidents.

Work continues with the development of the new Trust wide EPR project (DigiCare) which will make significant improvements to medicines processes by having prescribing, administration and pharmacy integrated within a single system to inform clinical decisions and offer treatment protocols, including fully digitising the order process and introducing close loop medications for improved patient safety.

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

Capital funding was identified to procure air conditioning units for medicine storage areas across the hospital. These units were fitted in several different clinical areas to improve the storage conditions of medicines and ensure medicines are safe to use for our patients.

5.3 Priority 3 – Outcomes will become best in class

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

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

We recognise the importance of research and innovation in achieving world-class outcomes, which is why we are refreshing our Research, Development and Innovation Strategy, and why we have promoted and encouraged nursing and midwifery leadership in our research activities (please see the research section further on in this report).
The ambition is to fully implement and embed the Trusts accreditation programme by ensuring all wards and departments have, as a minimum, had a Baseline assessment undertaken by September 2022.

The BBAS framework provides wards and departments with an evidence based, coordinated set of standards which are tailored to each individual ward/area against which the quality and safety of care can be measured. The framework is supported by the Nursing Audits and KPI assurance framework.

The standards are based on the Trusts Five Key Strategic Aims and Ambitions to support the Trust Vision to be outstanding in everything that we do, as well as the CQC`s assessment framework.
To date a total of 9 areas have received a Baseline Assessment and one area has been reaccredited. A further 13 areas are scheduled for Baseline assessments and 5 areas are scheduled for reaccreditation. Recognition and sharing of best practice across the organisation is in progress for those areas who have achieved Gold status.
A proposal for a Quality and Safety walkaround schedule which will provide additional assurance of standards is also under review.

5.4 Improve adult mortality and extended perinatal mortality

Given the nature of the services we provide at LWH, 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

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

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

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

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

The use of HSMR is not appropriate for this organisation; it excludes a large number of our deaths, and there are only a small number of deaths in our gynaecology patients. Using this metric has been considered 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 LWH is at the absolute forefront of practice, LWH goes a step further than most other hospitals by ensuring that every case in which there is a death is reviewed individually so that any lessons regarding failures of care may be learned.

Our Priority Effectiveness	Zero Direct Maternal Deaths – not achieved in 2022-23
What we said we'd do	A direct maternal death is one which is directly related to a complication of pregnancy (such as haemorrhage, pre-eclampsia or sepsis). We said we would keep this at zero level. An adult mortality strategy was written and implemented in 2017 and updated in 2018, 2019 and 2022. The strategy prioritises up to date guidelines and audit in order to reduce the risk of adult mortality. A process for reviewing all adult deaths, using an Adult Mortality Audit sheet which complies with recognised and validated methodology detailed in PRISM studies continued to be undertaken via the Trust Ulysses system. A LeDeR policy remains in place. (National Guidance on Learning from Deaths. National Quality Board (2017) Available at www.england.nhs.uk) (Learning Disabilities Mortality Review (LeDeR) Programme (2017) Available at www.bristol.ac.uk/sps/leder) The Quality Committee have continued to receive quarterly mortality reports and as part of the serious incident report HSIB cases are also identified. From February 2021 all HSIB cases have to be reported on StEIS in line with HSIB reporting criteria: any direct maternal death in the perinatal period (except suicide) will undergo a Health Safety Investigation Branch (HSIB) review. https://www.hsib.org.uk/maternity/.

What the data shows

In 2022-23 there was one direct maternal death of a women who booked her pregnancy at Liverpool Women's Hospital. There was a second death of a woman who was booked elsewhere but elected to deliver her baby at LWH. Both of these cases are under investigation via HSIB and will report in 2023-24.

As well as assessing each individual case, the Trust benchmarks using figures provided from MBRRACE-UK. The latest available MBRRACE-UK data for 2018-2020 shows that 10.9 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

LWH Direct Maternal Deaths				
2018-19	**2019-20**	**2020-21**	**2021-22**	**2022-23**
0	**0**	**0**	**0**	**1**

Data Source: Submission to HSIB

What happens next?

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

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

Our Priority Effectiveness

Zero unexpected deaths in women having gynaecological treatment - not achieved in 2022-23

What we said we'd do	An unexpected death is one which is not related to an end of life condition or which occurs as a result of treatment received. We measure using HES data and report mortality rates to the Quality Committee. All deaths within the hospital, whether cancer-related or not, are reviewed using the adult mortality tool to ensure the appropriate action was taken (see maternal death section above). The Trust's Quality Committee and ultimately the Board have an overview of the delivery of this work. The Trust published an Adult Mortality Strategy in 2019. This priority will continue to be reported in the Quality Report but will be reported under the redefined priority of Adult Mortality.
What the data shows	In 2022-23 there has been 2 unexpected deaths following Gynaecology treatment. There were 2 expected oncology deaths in hospital in Gynaecology in 2022-23 Data Source: Hospital Episode Submission Data (HES)
What happens next?	The following has been included in the New Clinical and Quality Strategy for 20-25: Improve Adult Mortality; Our isolation from other acute adult services at LWH increases the risk to our adult patients in maternity and in gynaecology. It is vital that we maintain the highest possible quality of care at all times, across all of our medical, midwifery and nursing specialties. We will strive to achieve zero maternal deaths, zero unexpected deaths in women having gynaecological treatment and high quality care for women dying as an expected result of gynaecological cancer.

Our Priority Effectiveness	To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate – achieved 2021/22

What we said we'd do	Neonatal mortality rate (NNMR) is accepted to be a useful indicator of the effectiveness of a perinatal healthcare system and two-thirds of infant deaths occur in the neonatal period (<28 days). The neonatal service at LWH cares for one of the largest populations of preterm babies in the NHS and it is extremely important that survival of these babies is monitored to ensure that the quality of care we are providing is maintained. We benchmark our mortality against the national NMR published from the Office of National Statistics, having previously committed to remaining within 1% of the NMR and reported to Safety and Effectiveness Sub Committee. We also benchmark against mortality data from MBRRACE-UK, NNAP (UK national neonatal audit programme) and VON (Vermont-Oxford Network), a collaborative network of neonatal care providers both nationally and internationally, which is committed to improving the quality of new-born infant care.

What the data shows

The most recent data from the ONS states a crude UK national NMR of 2.7/1000 live births (2021), in 2022/2023 for all babies booked and delivered at LWH the neonatal mortality rate is **2.8/1000 livebirths**. These data include pregnancies transferred to LWH following an antenatal diagnosis of a congenital anomaly that requires delivery in a tertiary hospital, but exclude babies born in LWH following ante-natal transfer for higher level specialist care, including extreme prematurity and congenital abnormalities.

Neonatal deaths can be reported in several ways. The population can include in-born babies only, LWH booked pregnancies or all babies cared for in LWH (including babies transferred to LWH from other care providers). Deaths may be those within 28 days (reported in MBRRACE), those occurring prior to discharge from the NICU and those who die following transfer to another hospital. The data may include or exclude babies with congenital anomalies.

At LWH we benchmark our mortality national and internationally. A particular focus has been on our extreme preterm mortality due to benchmarking via NNAP demonstrating our higher mortality in this population between 2015 – 2018. As discussed above, there are many factors which influence mortality within this group. The neonatal service has introduced a preterm pathway focussing on care in the first few days of life.

The Vermont Oxford Network (VON) is an international network of 1400 neonatal units which allow benchmarking the outcome for infants born less than 1500g (Very Low Birth weight). Benchmarking via the Vermont Oxford Network has identified that for 2021 (the most recent complete data set)
the mortality for the LWH cohort was within the expected range, with the observed mortality being the lowest since participation in the network began (see below).

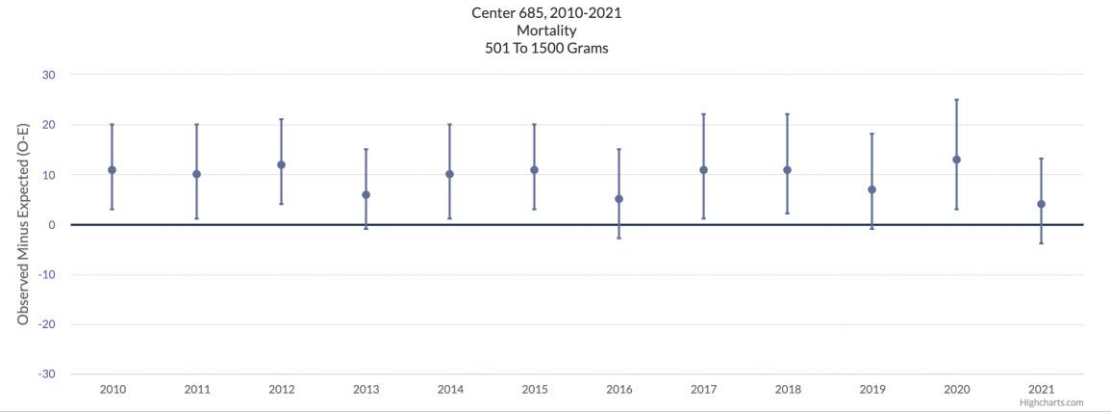
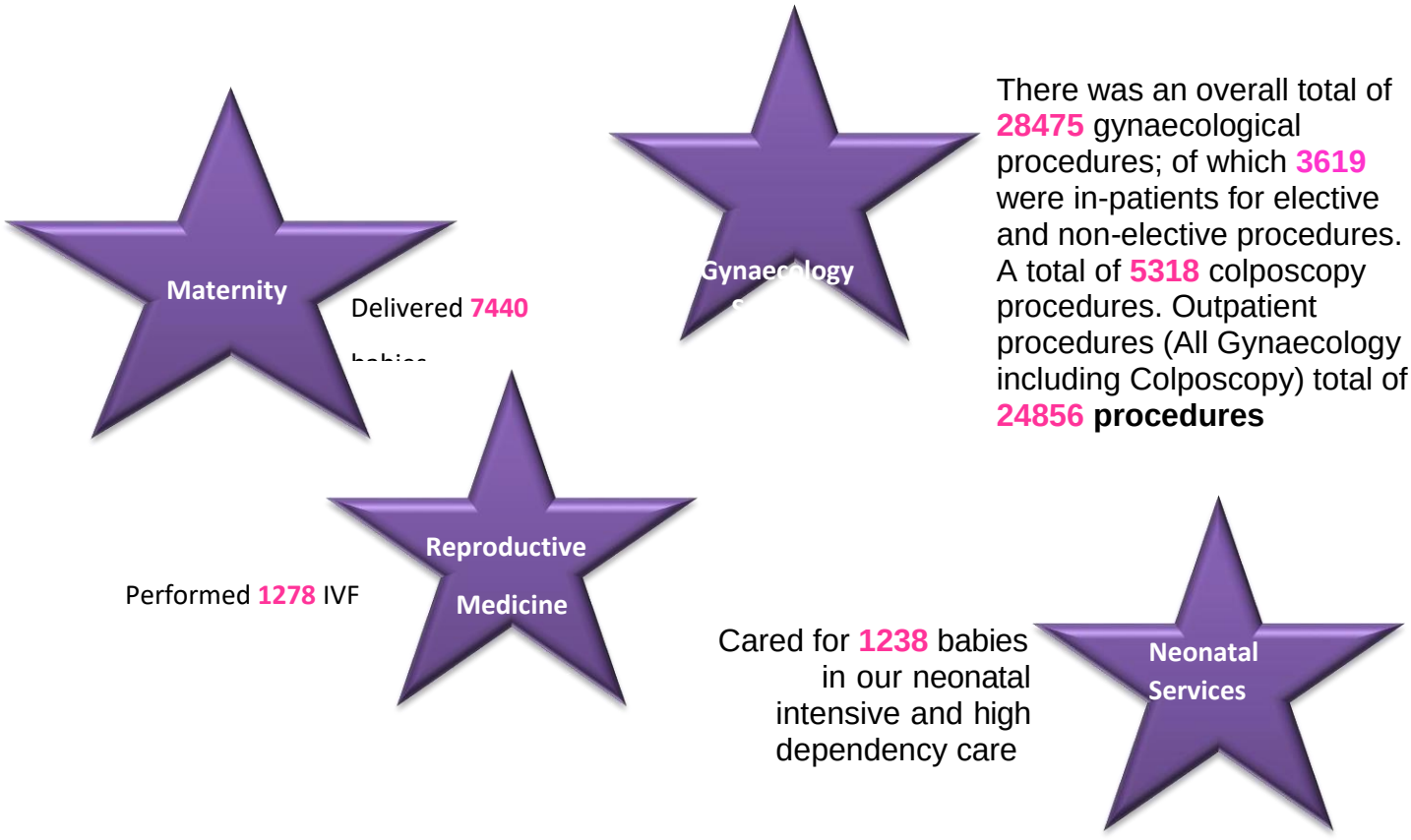


Figure. Observed vs expected mortality for VLBW infants at LWH since 2010. The vertical line indicates the 95% confidence interval for the standardised mortality rate. If the line crosses the 0 horizontal line (as in 2013, 2016 and 2021) it demonstrates that the observed infant mortality is within the expected range.

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. We also have benchmarking data through the NWODN on a quarterly basis. All neonatal deaths are reviewed using the national perinatal mortality review tool, with external representation and parental engagement; we will continue to ensure a high-quality review process with a focus on learning, reporting and action to improve future care. The Trust will continue to undertake review internally of all neonatal death and provide a quarterly report to the Quality committee and Trust board as part of the Trust Learning from Deaths Policy.

6.1 Review of Services



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

6.2 Participation in Clinical Audits and National Confidential Enquiries

During 2022-23, 8 national clinical audits and 3 national confidential enquiries covered relevant health services that Liverpool Women's NHS Foundation Trust provides. During 2022-23 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 2022-23, are listed below alongside the percentage of the number of registered cases required by the terms of that audit or enquiry.

The report of 1 national clinical audit was reviewed by the provider in 2022-23 and the remaining reports are expected later in 2023 and Liverpool Women's NHS Foundation Trust intends to take relevant actions to improve the quality of healthcare provided.

Relevant National Clinical Audits	Did the Trust participate?	Cases Submitted
National Neonatal Audit Programme (NNAP)	✓	**100%**
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Stillbirth	✓	**100%**
National Pregnancy in Diabetes Audit (NPID)	✓	**100%**
National Maternity and Perinatal Audit (NMPA)	✓	**100%** *(Data automatically and routinely collected centrally).*
2022 National Comparative Audit of Blood Sample Collection and Labelling	✓	**100%**
National Comparative Audit of Blood Transfusion (NCABT): 2021 Audit of Patient Blood Management & National Institute for Health & Care Excellence (NICE) Guidelines	✓	**100%**
Serious Hazards of Transfusion (SHOT) *(actions to be included in annual Bedside Transfusion Audit report)*	✓	**100%**
Learning Disability Mortality Review Programme (LeDeR)	**No cases to submit**	

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

The report of 1 national clinical audit was reviewed by the provider in 2022-23 and the remaining

reports are expected later in 2023 and Liverpool Women's NHS Foundation Trust intends to take relevant actions to improve the quality of healthcare

National Clinical Audits	Actions Taken
Neonatal Intensive and Special Care (NNAP)	National report in the process of being reviewed prior to provision of local report and action plan.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Stillbirth	Awaiting National Report.
National Pregnancy in Diabetes Audit (NPID)	Awaiting National Report.
National Maternity and Perinatal Audit (NMPA)	Actions in progress as a result of local report.
2022 National Comparative Audit of Blood Sample Collection and Labelling	Awaiting National Report.
National Comparative Audit of Blood Transfusion (NCABT): 2021 Audit of Patient Blood Management & National Institute for Health & Care Excellence (NICE) Guidelines	Awaiting National Report.
Serious Hazards of Transfusion (SHOT) *(actions to be included in annual Bedside Transfusion Audit report)*	Wellbeing eConsent platform has been purchased and implemented and competency training and SHOT checklist been updated. Governance team now provide weekly email to notify of any Anti D incidents in the Trust which are then reviewed and reported to SHOT if they meet the criteria.
Learning Disability Mortality Review Programme (LeDeR)	Although Liverpool Women's NHS Foundation Trust planned to participate in this project, LWH had no cases to submit.

6.2.1 Actions arising from Clinical Audits

The reports of 42 local audits were reviewed by the provider in 2022-23 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 the Liverpool Women's NHS Foundation Trust Clinical Audit programme this year.

Re-audit for Image Quality of Posterior-Anterior (PA) Chest X-Rays (CXR's)
The results from this audit have positively confirmed that the adult x-ray provision provided at Liverpool Women's Hospital is safe and effective, as a 100% compliance rate of images being of diagnostic quality with no need to repeat any examinations was achieved. Of the subjective areas audited (Inspiration, Rotation, Penetration, Definition, Collimation/AOI and Artefacts) there were no images with "poor" ratings. The majority of subjected areas had "good" ratings, demonstrating an excellent level of image quality being achieved at LWH. Whilst there were no real issues identified from this audit, there was still room for improvement where 'acceptable' imaging could be improved to 'good' imaging, hence, a reaudit was planned for 2023 to establish if improvements have been made.

Management of Multiple Pregnancies at Liverpool Women's Hospital (LWH) Reaudit
A previous audit carried out in 2018-19 established a baseline for complication rates in monochorionic twins and pregnancy outcomes for both monochorionic and dichorionic pregnancies at LWH. This reaudit reviewed the baseline demographics, complications and pregnancy outcomes established in the first multiple pregnancy audit in 2018 along with providing more detail regarding neonatal outcomes and evaluation of the roll out of cervical length scanning. This reaudit demonstrated good compliance with NICE guidance, established a baseline for neonatal outcomes, and highlighted stable maternal and neonatal outcomes demonstrated in our cohort of twin pregnancies. When reviewing appointment schedule for growth scans, however, it became apparent dichorionic pregnancies were not receiving 2 antenatal appointments with a consultant during pregnancy. Changes have since been implemented in the care of dichorionic pregnancies at LWH, with appointment of a dedicated consultant who now provides two antenatal consultations during pregnancy as per NICE guidance 137 (1.3.7). Further, the implementation of K2 will improve staff's ability to gather information/data, aiding the reaudit planned for October 2023.

Unplanned Extubations in the Neonatal Intensive Care Unit
The objective of this audit is to determine compliance with an expected standard of 0% accidental extubations. The most common theme identified for instances of unplanned extubations was that most infants were being handled and/or were outside of the incubator. LWH introduced measures directly aimed at reducing unplanned extubations when moving an infant out of the incubator, for example, 2 members of staff required to move the infant out of the incubator and securing the ventilation tubing with a clip or tape whilst they are out for cuddles. In the 6 months following these interventions, the number of unplanned extubations had reduced by a third. Although the number of unplanned extubations were <1 per 100 ventilated days, there are still areas for improvement if we endeavour to move closer to an expected standard of 0%. To ensure we achieve this in the near future, training has been disseminated to staff, a quality improvement project is underway, and a reaudit has been planned for 2024-25.

Compliance with NICE and International Continence Society (ICS) Recommendations for Urodynamic Test Re-Audit
This re-audit was carried out to determine if the actions and recommendations produced from the first cycle of this audit were met, ensuring that the Urogynaecology department comply with

the guidelines set by NICE and the International Continence Society (ICS). The reaudit highlighted significant progress in practice since the last audit, as 6 out of the 8 standards audited against achieved 100% compliance. For the standards where 100% compliance were not achieved (Equipment calibration and filling cytometry standards) actions such as calibration spot checks and the dissemination of audit findings to aid staff awareness, have since been implemented to ensure LWH are more compliant with these standards moving forward. Notably, although LWH were not 100% compliant with two standards, improvements for both had still been made from the first audit cycle to this re-audit, showing encouraging and positive change. Hence, because substantial improvements have been made since the original audit, and any remaining issues actioned, another re-audit was not deemed necessary.

Assessment of the Implementation of a Modification to Insemination Concentration Protocol for Conventional In Vitro Fertilisation (IVF)

This audit set out to prospectively assess the outcomes of the modified new insemination calculation at the Hewitt Fertility Centre against outcomes from before the change in practice. During the pre-modification time period audited, IVF insemination practice misaligned with existing literature and breached professional guidance. Implementation of the modification, however, led to 100% compliance with ESHRE Recommendation 9.1.1, highlighting the success of this change in practice. Whilst Embryo utilisation was found to reduce significantly following the modified insemination protocol, it is important to state that embryo utilisation rates can reflect other factors such as internal embryo selection processes, and therefore it is possible that this was an incidental finding, reflecting other changes in practice. Nonetheless, this was addressed through a separate service evaluation project and notably, embryo utilisation was above professional accepted limits both before and after the modification.

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

The aim of this annual safeguarding audit was to determine compliance with both the Mental Capacity Act 2005, Section 1(2-5) when a decision has been made to complete an investigation and /or treatment in the best interest of a person deemed to lack capacity to provide informed consent, and the identification, authorisation and notification of outcome of deprivations of liberty within LWH. The findings of this audit provide assurance that the legal standard for establishing a lack of capacity to make the required decision were met (Standards 1,3 & 4), and the outcome of the assessment and decision is clearly documented in accordance with the Act (Standard 6). Additionally, it is reassuring that in all the cases reviewed, an assessment identifying the need for reasonable adjustments to be made to support communication and assist in demonstrating capacity had been completed. (Standard 2). Therefore, the results of this audit show LWH are fully compliant with MCA and DOLS.

Patient Information Process

NHS Constitution directs all providers to provide easily accessible, reliable, and relevant information to support people to make informed choices. Hence, 30 patient information leaflets that had been recently approved were audited against. It was found that 100% of the leaflets can be changed into different fonts, contrasts and languages. Additionally, all leaflets are in the Trust format and are on the Trust webpage for all to access. Whilst not all the leaflets had both patients and stakeholders involved in developing it, the majority did. This is also the case for the inclusion of evidence-based information that had a clear purpose. Changes in practice have been implemented to ensure all leaflets include the standards above, mainly through producing more suitable guidance on creating patient information leaflets. These implemented changes will be re-audited to ensure that LWH are fully adhering to NHS Constitution and CQC guidance in the future.

National Comparative Audit of Blood Transfusion: 2021 Audit of Patient Blood Management (PBM) & NICE Guidelines

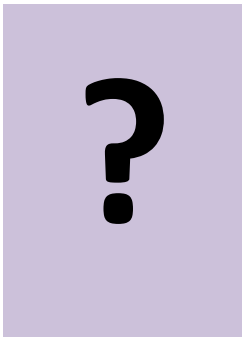
All trusts within the UK were invited to participate in this national audit, aimed to gather local evidence of compliance with the NICE quality standard QS138 for blood transfusion, to provide this data to hospital teams to improve patient care, and to allow the transfusion community to benchmark the progress of PBM. 153 sites contributed data on 4679 patients. The audit found evidence of significant compliance with elements of the four NICE Quality Statements for Blood Transfusion, but with some way to go to achieve uniformly good practice. For the standard that LWH provided data for (QS4, Consent), 100% compliance was demonstrated. A reaudit has been planned for 2023 to further generate data for the standards proposed.

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 can access and share in the learning.

What is Clinical Audit?

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

New Principles of Best Practice in Clinical Audit (Healthcare Quality Improvement



6.3 Participation in Clinical Research

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

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

The Trust worked with the Department of Health and Social Care (DHSC), NHS England, the NIHR Clinical Research Network (CRN) and all delivery partners across the sector to restore a diverse and balanced portfolio of studies which were impacted due to the pandemic. During 2022/23 the Research Reset programme was implemented – a cross-sector collaboration which aimed to build back a thriving, sustainable and diverse R&D portfolio within the NHS and to give as many studies as possible the chance of completing and yielding results, generating the evidence needed to improve care and sustain our health and care system.

During 2022/23 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to maintain our subsequent numbers of NIHR recruitment accruals. We also continue to focus our efforts on collaborative research with academic partners to ensure the research we conduct is not only of high quality, but is translational, providing clinical benefit for our patients in a timely manner.

The number of patients receiving relevant health services provided or sub-contracted by LWH in

2022/23 that were recruited during that period to participate in research approved by a research ethics committee was 1,431 of which, 1,016 were recruited into NIHR portfolio studies.

The Trust was involved in conducting 121 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2022/23. At the end of 2022/23 a further 22 studies were in set up, including 4 industry studies.

There were approximately 163 clinical staff contributing to research approved by a research ethics committee at the Trust during 2022/23. These staff contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials, to health systems research about healthcare delivery in the community.

Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, individuals affiliated to the Trust contributed to 159 research publications, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Key research achievements during 2022/23 can be summarised as follows:

- The launch of the Research, Development & Innovation Strategy 2023-28. The strategy comprises a series of principles and aims which are aligned to five overarching components: People, Potential, Project, Partners and Place. The strategy was developed through an extensive consultation exercise, involving members of the RD&I Sub-Committee, the Board of Directors, the Trust Governors, external stakeholders, users, and all Trust employed members of staff. This approach has enabled us to gain a clear understanding of our current situation and our priorities over the next five years.

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

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

- Commencement of FOCUS 2 - A grant award of approximately £268,000 in response to a commissioned call by the National Institute for Health Research RfPB will support a 2 year study aiming to evaluate whether the Fear of Childbirth Questionnaire is an accurate measure for fear

of childbirth, and if routine use of the questionnaire in maternity care is feasible and acceptable for women and midwives.

- HPV Vaccine Trial – High risk HPV is the main cause of cervical cancer. The trial will test whether the investigational vaccine is safe and well tolerated and whether it helps to clear infection with high-risk human papillomavirus (HPV) that will not go away on its own. Recruitment for this extremely important trial is currently underway.

- Research led by Professor Colin Morgan has led to the development of an idea for a new parenteral nutrition product that comprises a specific amino acid formulation concentration. A programme of further work to examine the changes in gene expression present in arginine supplemented infants <30 weeks' gestation between day 3 and day 10 of postoperatively has commenced. The changes in gene expression will be compared with those seen between day 3 and day 10 in unsupplemented preterm and term infants.

- BaMSS – Baby and Mum Samples Study, a research project that aims to answer the question "what is the best way to take a sample to sequence a baby's genome?". The feasibility study run by Genomics England will inform further research where thousands of babies will have their genome sequenced when they're born. This could help doctors find out if they have a particular genetic condition, and if they need any treatments when they're young.

- OASIS 4 – a trial investigating whether elinzanetant, a non-hormonal therapy can reduced the effect of hot flushes following hormonal therapy treatment for breast cancer. As a result of the hard work by the research team, the Trust was able to both screen and randomise the first UK participant to the trial.

6.4 Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

The CQUIN schemes for 23/24 have been agreed within the organisation and ICB.

6.5 Statements from the Care Quality Commission (CQC)

The Trust was inspected by CQC in January & February 2023. In addition to a trust wide well-led inspection, Maternity & Gynaecology Services were also inspected. The final report was published on 23 June 2023. The current published inspection ratings are as follows.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓ Jun 2023	Good →← Jun 2023	Good →← Jun 2023	Good →← Jun 2023	Requires Improvement →← Jun 2023	Requires Improvement ↓ Jun 2023

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.

The ratings for the trust and all its locations and services are outlined below

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led
Requires Improvement – June 2023	Good – June 2023	Good – June 2023	Good – June 2023	Requires Improvement – June 2023

Ratings for acute services/acute trust (Liverpool Women's Hospital)

Safe	Effective	Caring	Responsive	Well-led
Requires Improvement – June 2023	Good – June 2023	Good – June 2023	Good – June 2023	Good – June 2023

Ratings for Liverpool Women's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Neonatal services	Good Apr 2020	Good Apr 2020	Good Apr 2020	Good Apr 2020	Good Apr 2020	Good Apr 2020
Outpatients and diagnostic imaging	Good May 2015	Not rated	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Gynaecology	Good ↑ Jun 2023	Good ↑ Jun 2023	Good → ← Jun 2023	Requires Improvement → ← Jun 2023	Good ↑ Jun 2023	Good ↑ Jun 2023
Maternity	Inadequate ↓↓ Jun 2023	Good Apr 2020	Good Apr 2020	Outstanding Apr 2020	Requires Improvement ↓ Jun 2023	Requires Improvement ↓ Jun 2023
Overall	Requires Improvement ↓ Jun 2023	Good → ← Jun 2023	Good → ← Jun 2023	Good → ← Jun 2023	Good ↑ Jun 2023	Good → ← Jun 2023

Ratings for Liverpool Women's Hospital at Aintree

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015

6.6 Data Quality

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

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

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

Performance reports are in place across meetings and committees and the Trust uses statistical process control (SPC) charts across KPIs measuring both performance and the underlying data. Performance reports have undergone continued redevelopment through 22/23 to provide focussed reports utilising the Making Data Count suggested best practice.

6.7 Data Security and Protection

The normal reporting schedule for the Data Security and Protection (DSP) Toolkit was previously altered by the COVID-19 pandemic and, even though the pressures created by the pandemic have now largely eased, the reporting deadlines have not yet returned to their pre-pandemic schedules. This means the normal end of year deadline remains the end of June, instead of the end of March, as was previous.

Because of this, and at time of writing, the Trust did not have an end of year DSP Toolkit submitted position. The Trust is managing activities to align with a submission to be made in June 2023.

The Trust made its submission to the Data Security Protection Toolkit (DSPT) in accordance with the national submission deadline of the 30 June 2022, which is the most up to date submission available. The position that was submitted was “Standards Met”. Because the Trust held Cyber Essential Plus certification and submitted a position of “Standards Met”, this was automatically re-assigned by NHS Digital to “Standards Exceeded”, which was the Trust’s end of year official position for 2021/2022.

During 2022/2023 there were 3 incident related matters that resulted in formal communication with the Information Commissioner’s Office (ICO). 1 of the incidents related to a claim, by a patient, that their confidentiality had been breached by sharing information with another Trust. The other 2 incidents related to misdirected communication (1 by telephone and 1 by post).

All 3 of these incidents have since been closed by the ICO and, of those 3 incidents, only 1 has not been closed by the Trust due to the fact that some internal changes to policy and processes were made that require ongoing monitoring.

The Trust Information Governance Committee is the committee that oversees information governance activities, and which reports to the Digital Hospital Sub-Committee. Information Governance Committee meetings are held bi-monthly. The committee met 5 times during 2022-2023. A temporary change to the meeting schedule was made, which resulted in there being one less meeting than was originally planned.

6.8 Clinical Coding

LWH conducts an annual clinical coding internal audit programme. In 2022/23 the overall accuracy of clinical coding was found to be of a good standard, achieving the ‘Standards Met’ level. The Trust has a good level of assurance that the clinical coded data submitted is accurate and complete, supporting patient care and contributing to effective management.

All clinical coding staff are up to date with the specialist training required for the role. The last external clinical coding audit in 2019/20 noted good practice in relation to the structure of the clinical coding department, which was found to provide a supportive working environment, well-structured policies and procedures that effectively support the running of the department, and active engagement from clinical staff.

6.9 Learning from Deaths

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

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

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

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

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

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

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

Gynaecological (Oncology + Non-oncology) and Maternity (Adult Deaths)
All expected and unexpected adult deaths in the Trust are reported on the Ulysses Risk management system as soon after death as practicable by the nurse or clinician providing care to the deceased patient.

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.

6.10 **Freedom to Speak Up**

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

During 22/23 the Trust has relaunched the policy covering this area, moving from a "whistleblowing" policy to a "speak out" policy. The policy meets the requirements set out following the joint work by the National Guardian Office and NHS England. Two online National Guardian training modules were also introduced as essential training for all workers and managers in the Trust.

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

The guardians play an active and visible role in raising awareness of the importance of speaking up, including attendance at all Trust and staff inductions, developing staff skills, while ensuring that our governance processes are robust and effective

6.11 Statement on Junior Doctors

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

Obstetrics and Gynaecology
The Trust continued to fund additional Trust employed doctors who are employed to support the PG doctor rotas within O&G. The service is keen to continue with the research posts as the posts benefit the Trust by covering gaps and supporting the rotas, whilst the research posts give the doctors a good foundation in research enabling them to apply for future subspecialty posts. The service has reviewed these posts and there is a recruitment process underway to recruit to the vacant Trust funded posts.

Previously, the service was able to double up some doctors during out of hours due to the service being over established through the recruitment of Trust doctors. Unfortunately, this has not been possible during this year due to gaps in the rotas. The service is aware that less experienced doctors such as foundation and GP trainees may require extra support when working out of hours as some of these doctors have not worked in obstetrics before and could at times find it daunting. Therefore, the service would like to reintroduce this model when possible. As an interim measure, the rota coordinator may offer additional locum shifts to more experienced doctors so that that they can support others which is a less cost-effective model. The rotation was reviewed at 6 months and it was evident the staffing numbers had dropped leaving gaps across the SHO grade rota, resulting in the rota template being amended to reduce the impact of the gaps. The current cohort of doctors who are familiar with the patients and hospital systems and protocols have filled in the gaps as locum doctors reducing the reliance on agency doctors.

Anaesthetics
Anaesthetics continue to workforce plan by appointing Trust grade doctors who are in-between training or those who need some additional support when sitting their exam to gain ST3 placements. As the Anaesthetic service receives a number of CT2 trainees who do not have obstetric experience the Trust grade doctors support the rotas whilst the CT2 trainees are trained in obstetrics enabling them to work out of hours safely. Due to the national change in training, there is a concern that the Trust will receive less skilled trainees (grades of ST3+) this may impact on the consultant workforce for support and increase the need to recruit to Trust doctor posts.

Neonates

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

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

6.12 Seven Day Hospital Services

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

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

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

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

The assurance framework includes the following key lines of enquiry.

1. **The daily hospital sitrep shows significant variation in LOS associated with the day of the week patients are admitted. NO**
2. **The daily hospital sitrep shows significant variation in the number of discharges by day of the week. NO**
3. **Job plans for consultants in all acute specialties provide scheduled on-site consultant cover every day that reflects the likely demand for that specialty. No**

i. Job plans for our gynaecology emergency room and Maternity Assessment Unit do not provide on-site cover at the weekend. We are currently providing a second Obstetric consultant at the weekend to support the Maternity service and MAU, but this is outside of job plans. There is an on-call anaesthetic service at the weekend, rather than the resident service Monday to Friday. The neonatal unit has 24/7 consultant presence.

4. **24/7 access to emergency diagnostic tests. PARTIAL** We have improved our services to provide on-site CT scanning available 7 days/week. We now have on site MR scanning, but this is only available for in-patients Monday to Friday. Due to the isolated nature of the LWH site, other diagnostic tests are available within the network of hospitals in Liverpool, but not on-site.
5. **24/7 access to emergency consultant-led interventions PARTIAL** Gynaecological surgery and caesarean section are available on site. All other surgery is provided by other acute providers

The main hospital site at Crown Street, Toxteth, is isolated from other adult services and consequently, is less able to manage acutely ill or rapidly deteriorating patients, women with complex surgical needs and women with significant additional medical conditions. Therefore, women continue to be transferred to and from other Trusts for the care they need, often when

they are at their most clinically vulnerable.

In 2020 we completed a £15m refurbishment to improve and upgrade our existing Neonatal Unit and we have recently commenced a £6.5m Crown Street Enhancements Programme to further address some of the clinical challenges we face on the current Liverpool Women's site. This will see a number of additional services added to the Crown Street site including services available through the CDC (including CT/MRI) and Colposcopy Suites. We also have potential plans to develop a Blood Bank on site. However, only co-location with an adult acute site will provide on-site access to specialist services including intensive care, consultant led interventions and diagnostics.

In addition to the above there are medical staffing strategies in place to increase consultant presence out of hours. Corporate objectives will be reviewed to determine if increased consultant presence out of hours remains in 2023/24.

6.13 Reporting against Core Indicators

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

30 Day Emergency Readmission Rates

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

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

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Readmissions within 30 days	TBC	1.93%	2.25%	2.35%	3.35%	3.95%	3.22%	3.10%	2.38%	3.61%	3.44%	2.23%	1.09%
Returns to Theatre	<=0.7%	0.14%	1.38%	0.14%	0.13%	0.63%	0.50%	0.38%	0.38%	0.59%	1.36%	0.87%	1.05%

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

Patient Safety Incidents

Between 01 April 2022 and 31 March 2023, there were 7402 Patient Safety Incidents. 10 severe harm and 3 Death relating to patient safety incidents 13 in total) This equates to 0.17 % of all PSI.

2 cases were deemed appropriate care (severe harm).
11 were potential for improvement.
7 cases related to Gynaecology, 2 to Neonatal, 1 to Maternity and 1 to Imaging.
Of these cases, there were 2 unexpected deaths.

1 relates to a maternal death that is still subject to ongoing SUI investigation within Gynaecology following a critical care transfer to an external Trust ITU. There has been no immediate learning identified,

1 related to a Neonatal Death of an extremely pre-term baby. The SUI investigation. Issues identified related to the practice of securing tracheal tubes and communication both written and verbal within the clinical team. There were no directions from HM Coroner in respect of these ideas or the quality of care delivered by the Trust,

Part 3 Other information – Quality Performance in 2022/23

7 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.

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

Indicator Name	Target	Performance 2022/23	Achieved/Not Achieved
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	95%	**88.8%**	**Not Achieved**
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation (accumulated figure)	90%	**66.7%**	**Not Achieved**
Cancer 31 day wait for second or subsequent treatment – surgery (accumulated figure)	94%	**80%**	**Not Achieved**
Cancer 31 day wait from diagnosis to first treatment (accumulated figure)	96%	**84.2%**	**Not Achieved**
Cancer 2 week (all cancers) (accumulated figure)	93%	**82%**	**Not Achieved**
Clostridium difficile due to lapses in care (accumulated figure)	0	**0**	**Achieved**
Never Events	0	**1**	**Not Achieved**
Incidence of MRSA bacterium	0	**0**	**Achieved**
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	**44.78%**	**Not Achieved**
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation (accumulated figure)	85%	**19%**	**Not Achieved**
Maximum 6-week wait for diagnostic procedures	99%	**88.07%**	**Not Achieved**

2022/23 was another significantly challenging year for the NHS, which includes the focus on elective recovery following the COVID-19 pandemic as well as significant pressures seen in Autumn/Winter due to Industrial Action.

Following significant surges in demand following the COVID-19 pandemic, there were significant increases in the elective waiting list and a high proportion of patients waiting longer than 52 weeks for Referral to Treatment (RTT). In line with Operational Planning guidance, the focus for 2022/23 was to achieve Zero patients waiting longer than 78 weeks. At year end, the Trust finished on a position of 20 patients all of which were either patient choice or not clinically appropriate to be treated by the end of March 2023. The Trust saw great reductions and improvements in this position particularly through Q4 and this will continue into 2023/24. The focus for 23/24 will be to reduce the number of patients waiting longer than 65+ weeks, of which the Trust has already made significant progress in Q4 22/23 to reduce the numbers waiting.

Cancer demand increased significantly in 22/23, with an overall increase of 30% in referrals on historic figures. Significant increases in 21/22 resulted in an impact to the 2WW performance in early 22/23 however this has now stabilised in line with national standards. There has been significant pressures to achieving the 62 day standard due to the increase in referral demand, its impact on diagnostics required and pressures with other partners. Moving into 2023/24 the Trust will be working with the Cheshire & Merseyside Cancer Alliance to support improvements that can be made to ensure more patients are treated within 62 days. There will be a focus in 23/24 to reduce the number of patients waiting over 62 days and also to improve compliance against the Faster Diagnosis Standard

Urgent Care demand through the Emergency Department has increased in 2022/23, this is in line with other Cheshire & Merseyside Acute Providers and has impacted performance. The national aim for 23/24 is to achieve 76% against the AED 4-hour target however for LWH this target has been set at 90%.

Diagnostic performance has been challenged in 22/23 due to workforce pressures however significant work has taken place to resolve this and now seeing significant improvements with performance, particularly in Non-Obstetric Ultrasound. A Diagnostics recovery plan has been established and will continue into 23/24 with the aim of achieving 95% compliance by the end of 23/24

Significant work has taken place in 22/23 in regards to Maternity Transformation and in particular with Patient Flow. This has seen improvements in bed occupancy, times to triage in the Maternity Assessment Unit and time of discharge so that women are able to go home earlier in the day. Moving into 23/24 there will be a key focus during Q1 on achievement against the BSOTS 15 minute standard for MAU triage

8 Ockenden Report – LWH Trust Response

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

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

Maternity Transformation Board

The Ockenden workstream forms part of the Maternity Transformation Board which reports onwards to the Trust Quality Committee. The monthly workstream meeting is chaired by the Head of Midwifery and has attendance from a multi-professional team.

MIAA Audit

The MIAA conducted an audit of the workstream in Quarter 3, their findings were that:

"The Trust demonstrated a good mechanism for monitoring the implementation of the Immediate and Essential Actions including checking and challenging evidence since the establishment of Workstream 1 in September 2022. Checking and challenging evidence prior to assigning changes to compliance.
levels against the Immediate and Essential Actions prior to this [the establishment of Workstream 1]
was not evident."

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

1. The Trust needs to retrospectively review the responses and evidence for the Immediate and Essential Actions marked as completed prior to the establishment of Workstream 1. It is recommended that Workstream 1 undertakes an exercise to check and challenge all Immediate and Essential Actions. The exercise needs to include a review of the evidence base to demonstrate the Trust meets the requirements of the Immediate and Essential Actions.

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

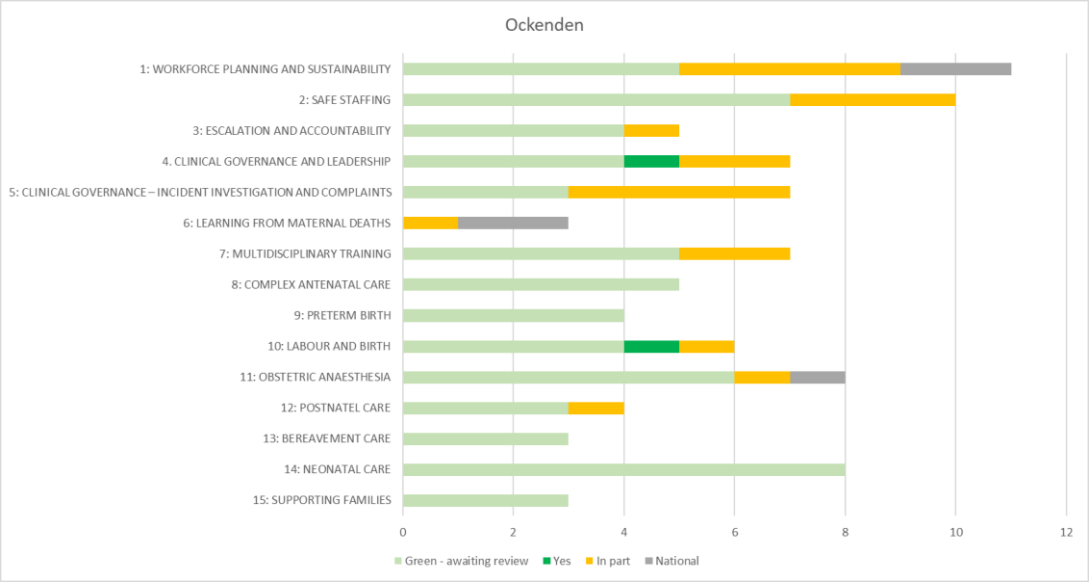
The recommendations have been actioned with recommendation one still in progress, in terms of the check and challenge for the actions previously rated as Green.

The HoM attended the Trust Audit committee in March to present a progress update on the MIAA recommendations.

Progression of IEAs

The focus of the workstream has been to review the Amber actions as a priority for Q4. Attendance of the multi-professional members allows for the appropriate check and challenge to take place.

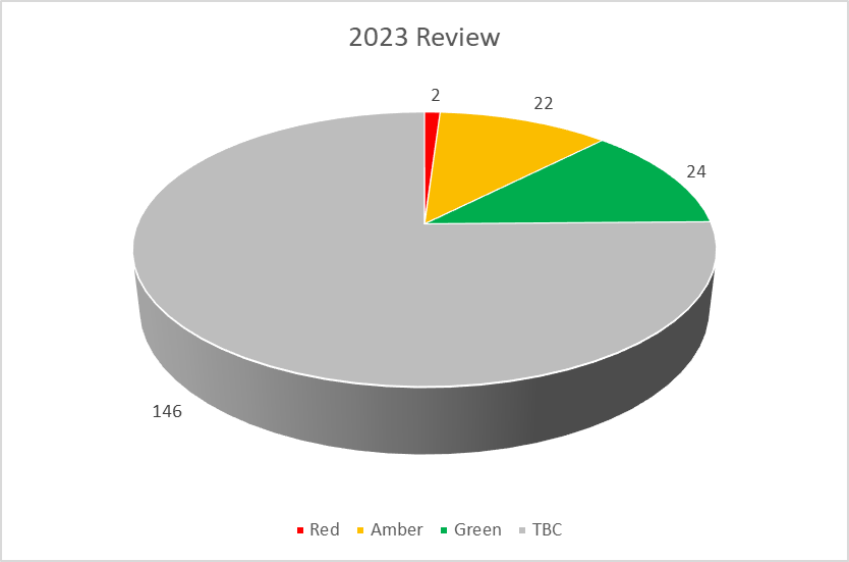
Following MIAA recommendations, a trajectory has been set to review all Green Rated actions by the end of September. A new status has therefore been introduced to reflect the actions that required review. Please see the below graph.



Within the Ockenden actions there is a single action that relates to the Maternity National Self-Assessment, which requires the review of 192 other actions.

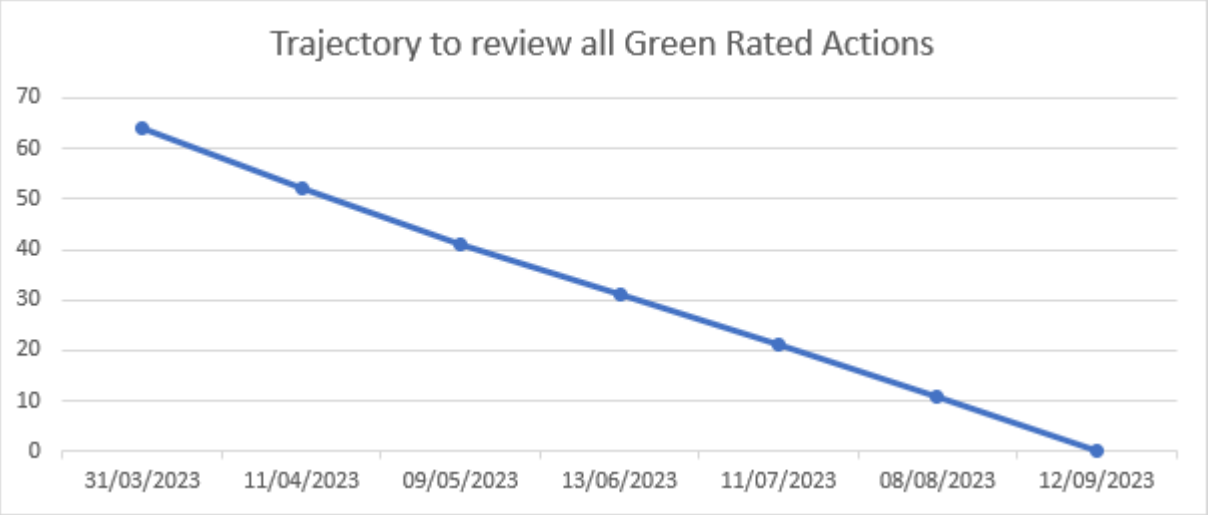
4.2 All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board.

The current status of actions is indicated below, there are 153 actions that require review. The internal deadline for this is the end of June 2023.



Timeline and Trajectory

The trajectory to achieve the September target date for the review of the Ockenden Green action is detailed below:



To achieve completion as above would require:

- Consideration that the PMO contract mid-May.

- Engagement by the workstream stakeholders and regular attendance at the meetings.
- Possible requirement to increase the frequency of meetings.

9 Providing the Best Patient Experience

We believe that we cannot be the recognised leader in health care for Women, babies, and their families unless we deliver outstanding care, and we understand that the experience of that care, can have just a significant impact as clinical outcomes. Our ambition is to exceed expectations and deliver an outstanding experience for everyone who uses are services. This means ensuring that people who use our services are valued as individuals and listened to: that what is important to them is important to us and that patients and families are informed and supported so that they can be equal partners in making meaningful decisions about their care.
The Patient Experience Matron (PEM) was recruited in 21/22, The PEM has now been in post for 18 months. The team has further been strengthened with the addition of a Patient Experience Facilitator in January 2023
The PEM continues to develop relationships with key stakeholders both internally and externally. The work of the PEM is ongoing, and updates are provided at the Trust Patient Involvement and Experience subcommittee. These reports provide assurance that LWH is progressing towards every patient having an outstanding experience as per the Women, Babies and Family's Strategy. The PEM leads on arranging the patient stories that are taken to the Trust Board meetings. The feedback from The Executive Team had been very positive and thought provoking. The PEM has taken a blended approach when identifying stories to take to Board. These have included:

- A Deaf Lady provided an overview of her role within the Merseyside Deaf community and continued to outline the key themes around communication issues that patients, relatives, and British sign language interpreter's encounter
- Reasonable adjustments that were made for a patient has blood injury injection phobia, which led to Tokophobia (fear of pregnancy)
- A patient who had been restricted in their ability for a natural birth due to significant fibroids. Robotic surgery was used, and this led to ensuring minimal incisions were required to remove
- the fibroids, which reduced length of stay in recovery
- The patient relayed their experience of receiving oncology services at the Trust.
- Patients have found it really beneficial to discuss their experiences with the board and know that their stories have been heard.

The Executive Team are gaining first-hand some of the small things that we don't get right for patients and the huge impact that it would have in improving their experience if we did.
The PEM works across all areas in the Trust to ensure that Experience key performance indicators are regularly reviewed and to identify any quality improvements that will ensure that every patient achieves an outstanding experience. Examples of the improvement work undertaken are:

- New patient menus were introduced in December 2022. Listening to feedback form patients it was identified that new crockery, cutlery, trays, beverage/breakfast trolleys were required to ensure toast remained hot throughout breakfast service and hot drinks provision would be more co-ordinated in assisting the hostesses to streamline the service
- Enhanced provision for BSL interpreters resulted in a new provider being identified and implemented. The lived experience of members of Merseyside Society for Deaf People. (MSDP), were used to help shape the provision required.

To support this great commitment to engage with service users there have been events and activities across the trust with stakeholders including community engagement leads and service users. Some of the events include:

- Chinese New Year, Cultural Celebrations with the involvement of senior leaders from third, health and social care and pollical sectors
- Chinese New Year, Health and Well-being Celebrations with an exhibition of art and health and social information for publicity
- Merseyside Society for Deaf People Liaison Manager attended Trust Board during Deaf Awareness Week in May 22 and was invited by the Trust Chief Information Officer and Chair of the Meditech User Network to be a speaker at the conference in September 2023.

One main objective of the role of the PEM and Patient Experience Facilitator is to have an awareness and be part of the local neighbourhood team`s agenda, educate staff around the diversity of concerns and how to refer appropriate support agencies as necessary, be focused and develop services within the Ethnically diverse Communities and providing and leading service provision within an MDT approach. Equality, Diversity & Inclusion at LWH achievements during 2022 included

- An interpreter on wheels has been procured and following successful pilot, more units have been procured to support translation services for people who do not communicate in English.
- Continuity of Carer teams have been deployed in areas of high deprivation and in areas where there are high numbers of people from racially minoritised backgrounds.
- Due to still births in high deprivation areas, the Continuity of Carer teams are deployed to identified areas to support families in quitting smoking
- Antenatal classes are being offered with midwives in different languages. This includes Arabic and Tigrinya.
- The Non-English-Speaking Team (NEST) are facilitating clinics for non-English speaking women in Liverpool, Sefton and Knowsley.
- NEST have been doing work to support service users with protected characteristics and also those who are in the Core20Plus5 and other health inequalities groups e.g., case loading vulnerable families, caring for women who have suffered from trafficking, asylum seekers. Also, women with recent refugee status, safeguarding, domestic abuse, isolation and housing issues.

9.1 Complaints 22/23

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

complaints system.

The key findings in 2022-23 were:-

- There were 77 complaints received which shows an increase from the 54 the previous year.
- The primary issue in the majority of complaints related to communication. Individual instances of these were noted a total of 197 times in the 77 complaints received.
- The amount of Heads of Complaint (HOC) per complaint received decreased slightly from an average of 6.8 HOC per complaint in 2021/22 to 6.1 HOC per complaint which shows the concerns being raised cover a wide range of issues.
- 66 complaints were resolved in the last year which includes complaints received in 2021/22. This is an increase from 58 the previous year.
- Of the 66 complaints closed 5 complaints have been upheld, 8 complaints have not been upheld and 44 complaints have been partially upheld. 9 complaints were withdrawn.

9.2 Complaint Levels

The Trust received 77 complaints in 2022-23, which is higher from the previous year figure of 54.

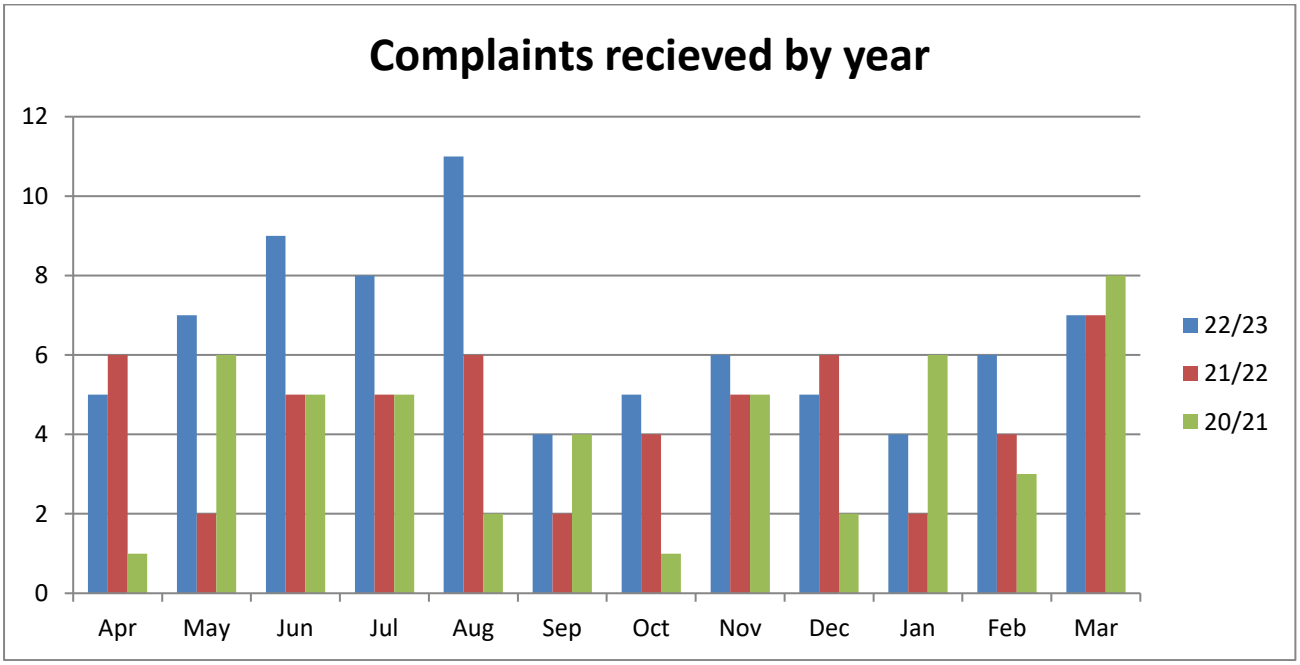


Figure 1: LWHFT Complaints comparison by month

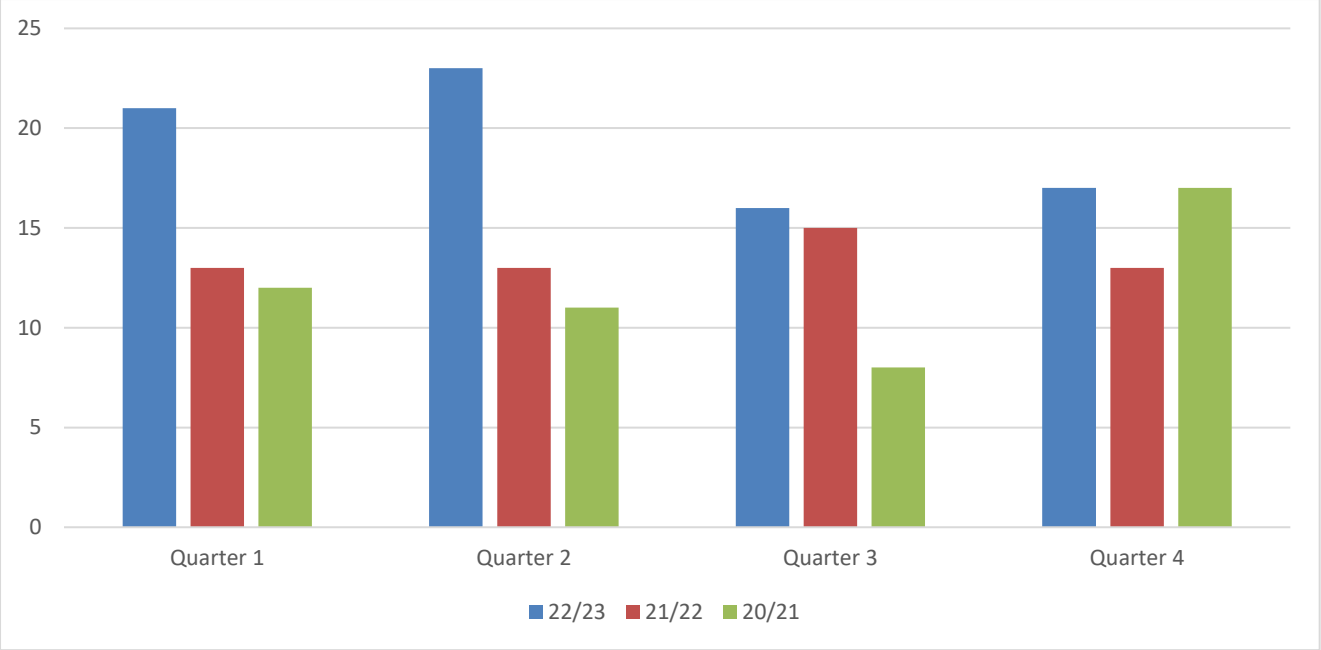


Figure 2: LWHFT Complaints by Quarter, yearly comparison

9.3 Lessons Learnt

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

During 2022 - 23 some examples of the lessons learnt, and the actions taken are:

Issue identified/ Lesson Learnt by Investigation	Action Details
Confusion around fertility funding information Identified, specifically around eligibility for Welsh patients	Chart containing funding criteria for each ICB now provided and placed in all clinical rooms across both sites (Knutsford and Liverpool). Quarterly meeting with WHSCC now reviews funding criteria to identify and changes that have occurred
Identified that all Midwives did not have access to PENS	IT team rectified issues to ensure all Maternity staff that required PENS had access.

Full medical history not written on post-mortem paperwork as required.	all staff responsible for completing post-mortem paperwork have been reminded to include maternal medical history. Post-mortem paperwork will be audited for 3 months to ensure this is being included.
Noise on the maternity ward affecting patients' ability to rest and other patients use of mobile phones disturbing other patients	Notices have been laminated and displayed in all clinical areas on the maternity ward to remind patients to keep noise to a minimum when using mobile telephones and other technology devices.
Lack of electronic postnatal discharge notification process between maternity services and health visiting services.	An electronic process for postnatal discharge to notify Health Visiting service is being created. The Business Intelligence team at LWH Trust is working to support the resolution of the issue with the Health Visiting Service.
Postnatal analgesia information not currently included in the patient electronic record.	Change made so postnatal analgesia information is to be included in My Pregnancy Notes
Pain assessment documentation is duplicated whereby it has the potential for staff to be able to record information in an incorrect place therefore creating the risk of duplication or recordings being missed.	A full review of the pain assessment documentation was undertaken. Evidence of review provided at monthly Divisional Governance meeting with information provided on changes
Not all staff appear to be familiar with the Pain assessment document	Training put in place for all staff
Patient was left alone in private room and in pain.	A review of the comfort round system within the Gynaecology Emergency Department was conducted. Changes made which ensured this covered all rooms where patients are waiting.

Parents felt they missed out on information given during the Neonatal ward round if they could not be in attendance.	Changes made to enable video calling parents who cannot be present on ward round or for medical reviews
Parents felt there was a lack of practical, emotional, and mental support for parents whose baby is admitted to the Neonatal unit.	These facilities are on offer and include psychologist support as well as photographs, visits and regular updates. Work was undertaken with the staff to ensure all parents are aware this support is available.
Mandatory VIP assessments of cannulas were not routinely undertaken.	'Lesson of the Week' with reference to Mandatory VIP assessments communicated to all staff within maternity
Lack of Standard Operating Procedure (SOP) with regards to blood results, with clear guidance in relation to parameters and ranges for preoperative nurses to adhere to, in relation to contacting patients and their G.P to advise them accordingly.	Blood results SOP created and ratified by CSS Divisional Governance Meeting to address this issue
Lack of Admissions SOP for staff to consistently follow which created confusion for the patient and staff around a planned procedure.	Admissions SOP created to provide clear instructions and guidance as to when surgery can be booked. This as specific guidance to follow if the Consultant has requested surgery not to be booked, or if there are outstanding investigations or possible reasons for deferring surgery.
Different patient demographics held between Meditech and CRIS systems.	Standardisation of processes for updating patient demographics undertaken on Meditech to ensure communication to the CRIS system in the Imaging Department
Voice mail message left disclosing confidential patient information without verifying the identity of the recipient of the message	Localised guidance developed and training on acceptable methods of communicating confidential information to patients provided.

No alternative way of accessing discharge information other than 'My pregnancy notes' for women who have suffered pregnancy loss.	Change in practice and policy to enable women who have suffered a pregnancy loss to access discharge information in a more empathetic way.
Preoperative Nursing team did not complete Reasonable adjustment assessment and care plan at first contact with patient	Complaint shared with team for learning. Team informed to complete at first contact with patient
Policy for the use of interpreters does not include British sign language interpreters or the process required to secure bookings	BSL now included in the policy which details the steps to be undertaken to secure a booking
Voicemail message left on answer machine regarding a scan appointment	A standard operating procedure (SOP) was compiled in collaboration with the Information Governance team to instruct staff how to leave an appropriate message for patients.
Patient was not informed of blood results following a pre-op appointment	Recommendations have been made to ensure that all preoperative nurses follow the preoperative guidance re: results and specific parameters for notifying patients and their G.P regarding results that may require advice.

9.4 **Friends and Family Test (FFT)**

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

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

The overall results in 2022/23 showed:

	Recommendation score - this score is based on the responses to the question “Thinking about the service we provided, overall, how was your experience of our service?”	91.14%

	Overall experience score (satisfaction report) – this score is based on the responses to the question "Please rate your overall experience (Poor=1 to Good=10)"	88.57%
	Total number of responses	10439
	Total Number of responses with free text comments	9706

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

- Age
- Ethnicity
- Disability

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

9.5 Staff Survey Results

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

In the 2022 survey, we achieved a very positive response rate of 60%, one of the highest in England and an improvement on last year's rate of 53%.

Overall, we improved our score across all of the 9 themes within the staff survey and scored higher than the national average score for 8 out of 9 themes. We were the joint most improved Trust for our 'Engagement' score (from 6.9 in 2021 to 7.1 in 2022). We do compare less favourably when benchmarked against our comparison group of 12 other 'Acute Specialist Trusts'.

What is getting better?

Divisionally, there have been improvements in many areas, with Clinical Support of note, who have increased their scores in most questions compared to 2021.

- More staff recommend Liverpool Women's as a place to work, 56.6% in 2021 to 61.6% in 2022
- 71.6% of staff would recommend the Trust as a place to have care compared with 69% last year, although the best performing organisation scored 92%
- Staff feel they are treated fairly when they are involved in an incident or error (61.7% to 64.3%)
- More staff feel they have opportunities for career development (50.3% to 56.2%)
- Overall support from line manager has improved
- Overall teamworking has improved
- Staff feel able to make suggestions to improve their team or department and are involved when changes are being made (50.1% to 58.3%)
- More people feel safe to speak up (61.3% to 67.5%)

Where do we need to improve?

- Satisfaction with level of pay has decreased from 27.6% to 27.1%
- More staff are feeling burnt out and exhausted from their work
- As in previous years staff are still saying their PDR does not help them do their job, only 20.9% of staff found it helpful.
- Flexible working- although there has been an improvement in people getting a work life balance, feeling able to talk to their immediate manager about flexible working, only 50% of staff are satisfied with the opportunities for flexible working (the same as 2021).
- Fewer staff felt they had the necessary materials and supplies to do their work (58.4% compared to 64.2%).
- There has been an increase in staff reporting experiencing discrimination on the basis of ethnic background, gender and religion (though a decrease for disability and sexual orientation).

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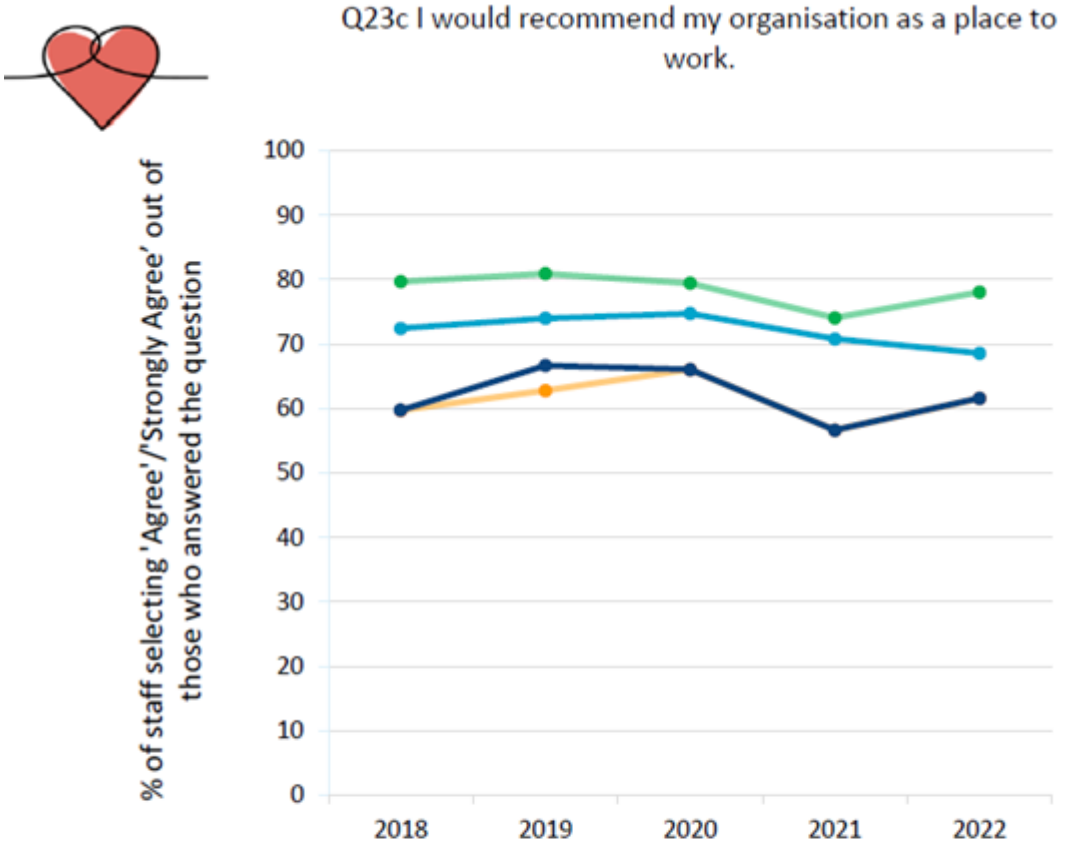
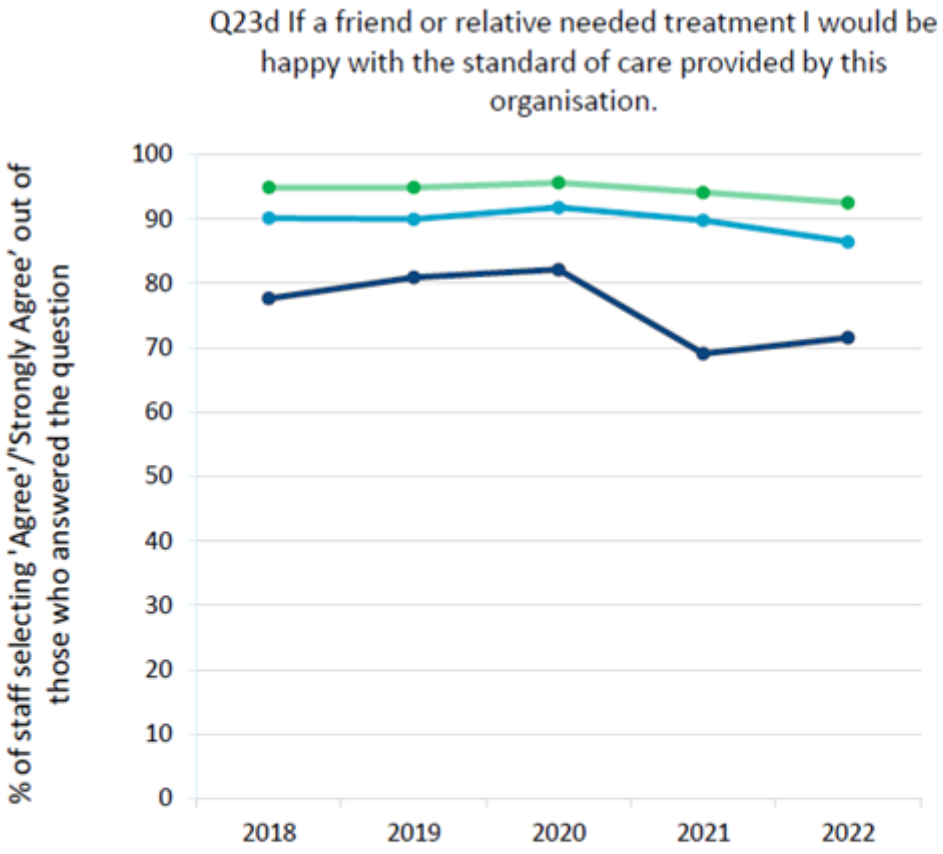
We continue to strive to improve the experience of every member of staff but recognise there are many day to day challenges. Although we are in a financially challenged position, we have continued to invest in new roles and development opportunities.



	2018	2019	2020	2021	2022
Your org	59.7%	66.7%	66.1%	56.6%	61.6%
Best	79.7%	80.9%	79.5%	74.1%	78.1%
Average	72.4%	74.0%	74.7%	70.8%	68.6%
Worst	59.7%	62.8%	66.1%	56.6%	61.6%
Responses	866	820	790	778	952



	2018	2019	2020	2021	2022
Your org	77.7%	81.0%	82.1%	69.1%	71.6%
Best	94.9%	94.9%	95.7%	94.1%	92.5%
Average	90.1%	90.0%	91.8%	89.8%	86.5%
Worst	77.7%	81.0%	82.1%	69.1%	71.6%
Responses	861	820	793	777	950

9.6 Duty of Candour

Duty of Candour for 21/22 and 22/23 was rolled in to 1 audit which was completed in April 2023.

Key messages from the audit were:
Where there is a defined process which is managed directly with knowledgeable staff, Duty of Candour does not meet the required regulations and has shown a significant decrease in compliance since the last audit.
Where the Duty of Candour process is not monitored then there is significantly reduced compliance further still.

There were incidents being incorrectly categorised as moderate harm or above and Duty of Candour was not applicable.
Current knowledge and understanding of Duty of Candour appears to remain below the required standard and compliance has significantly declined since the last audit in 2021.
Ulysses data in respect of Serious and Non-Serious Incidents is wholly unreliable and a true and accurate measurement of Duty of Candour cannot be ascertained from this audit.

Actions required:
Relaunch of the Duty of Candour Policy across the Divisions via the Divisional Governance Managers.
All closed incidents relating to moderate harm are to be quality checked by the Divisional Governance Managers monthly and updated regarding compliance if required.
Further reaudit to be completed in 3 months by the Head of Risk and Safety.

9.7 Trusts Responsiveness to Personal Needs of Patients

Despite the ongoing pressures on available resources, the service and experience the Trust provides in both gynaecology and maternity, to those with additional needs who received serious medical treatment continues to reflect its aspiration to provide equality of access and the highest quality of care.

In the most recent audit, covering 2021/22 the following were evidenced:

- The arrangements in place to identify and flag patients with learning disabilities, autism and or dementia from the point of admission through to discharge were effective.
- Reasonable adjustments to care pathways were made to ensure patients were able to access highly personalised care and achieve equality of outcomes.
- Most of those providing care had the specialist knowledge and skills to meet the unique needs of people with learning disabilities, autism and or dementia.
- The experiences of those included in the audit were better than the Trust Friends and Family Test (FFT) scores for patients without a learning disability, autism or dementia

In addition, two patient stories were presented to the Trust Board; one involving a woman with a phobia and another with a learning disability that required significant adjustments to care pathways and culminated in a positive outcome for the women.

Both cases demonstrated to the Board how the aspirations of the Trust, to promote equality of access to healthcare for all with additional needs are being put into practice and how the Trust continues to respect and promote the rights of those with additional needs by focusing on providing high quality, person- centred care for people with additional needs and their carers/families.

9.8 Infection, Prevention and Control

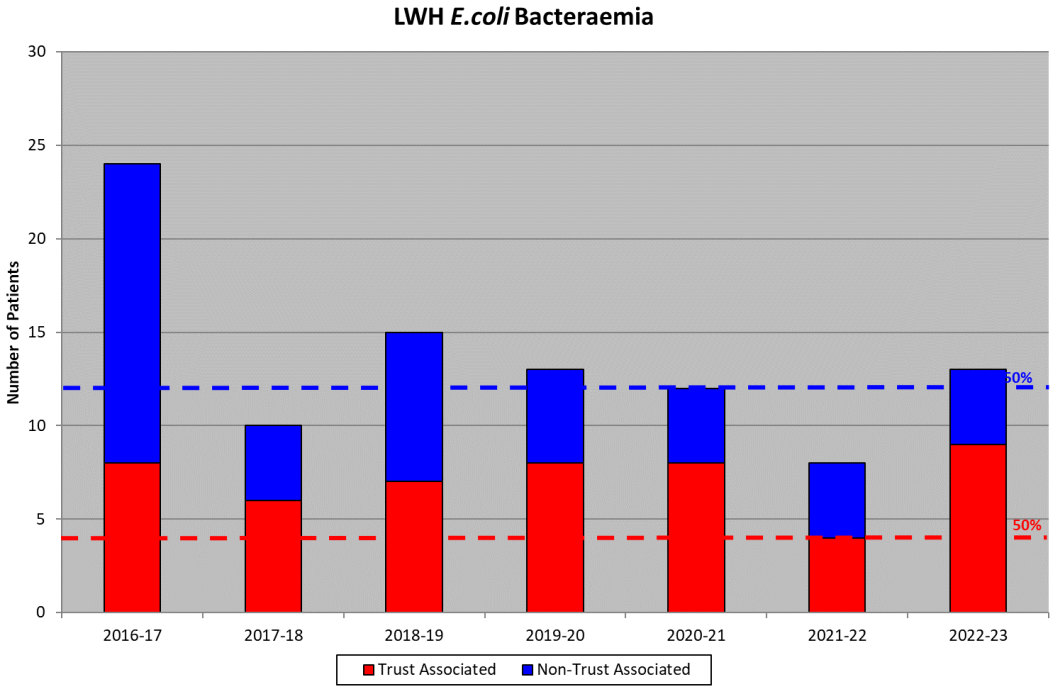
Trusts are required under the NHS Standard Contract to minimise rates of MRSA bacteraemia, C. difficile diarrhoea and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement. A focus across ICSs on reducing infection

levels is important as actions to reduce the risk of infections and to support early diagnosis and appropriate treatment will have beneficial effects for both patient outcomes and service demand.

All Trusts are asked to record the rate of Trust apportioned MRSA bacteraemias and C.difficile per 100,000 bed days. LWH Trust trajectory is 0 which the Trust has maintained.

Organism	Target/Trajectory	April 2020 - March 2021	April 2021 - March 2022	April 2022 – March 2023
MRSA Bacteraemia	0	1	0	0
***Clostridioides difficile* infection (CDI)**	0	0	0	0

There is a national ambition to reduce Gram-negative bacteraemia (particularly *E.* coli) by 50%. Although this is not a specific Trust target the IPCT have been working with regional groups facilitated by the ICS to reduce *E. coli* sepsis. Having attained a reduction in 2021-23 there has been an upturn in *E.coli* infection in 2022-23. This increase has been occurred regionally, and nationally, and is not specific to Liverpool Women's hospital. All cases are reviewed by a multidisciplinary team to ensure any Trust attributable factors are addressed.



Annex 1: Statements from our Partners

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

NHS Cheshire & Merseyside

NHS
Cheshire and Merseyside

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Executive Assistant: Debbie.Richardson@liverpoolccg.nhs.uk

Dr L Greenhalgh & Ms D Brown
Medical Director and
Chief Nurse/Midwife
Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool.
L8 7SS

1st June 2023

Dear Dr Greenhalgh and Ms Brown

Re: Quality Accounts 2022 – 2023

I am writing on behalf of Cheshire and Merseyside ICB representatives along with NHSE/I Specialist Commissioning who had the opportunity to jointly comment on the Liverpool Women's Hospital (LWH) draft Quality Account for 2022-23. Partners express their thanks for the Quality account presentation that was delivered to Cheshire and Merseyside commissioners for 2022 – 2023 on Thursday 18th May 2023.

This letter provides the response from NHS Liverpool place as lead commissioner on behalf of Cheshire and Merseyside ICB colleagues.

Cheshire and Merseyside ICB recognise the pressures and challenges for the organisation and the local health economy in the last year. The Trust affirmed the outstanding outcome of a recent CQC inspection.

We note the Priorities, key achievements and progress made in 2022 – 2023:

1. The Trust continues to address Ockenden 1 and 2 recommendations. The openness of the presentation allowed acknowledgement of the work still being addressed as well as the areas that still require further national guidance. Positive feedback from MIAA audit of Ockenden workstreams was acknowledged and the mechanisms implemented to monitor the ongoing progress were discussed.

2. The work to improve patient experience including the Patient experience matron and the Culture Midwife was identified as best practice by the panel. The roll out of the Interpreter on Wheels for no-English speaking service users as an initiative was welcomed and the panel look forward to seeing its development and positive patient experiences.

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3. The Trust identified clear focused quality improvement priorities with supporting strategies and plans to underpin the development. The presentation of audit and research activity highlighting impact, learning and actions supported the development and reviewing of quality improvement.

4. Zero C-Diff and MRSA was an excellent achievement for 2022 / 2023.

5. The panel agreed the focus of work in relation to neonatal mortality was a positive priority showing the lowest reported figures for the Trust for over five years. The work capturing learning from deaths for patients transferred out of the Trust has also shown positive patient outcomes.

6. The implementation of human factor training and safety culture being promoted throughout the organisation appear to have been delivered alongside the demands of post Covid targets.

On behalf of Cheshire and Merseyside ICB / Liverpool place have noted and accepted the Trust's ambition and intention to continue the work in relation to maintaining staffing levels and retention, as well as supporting services to meet the increased acuity of patients, financial deficit, learning from incidents and the long-term clinical sustainability.

Cheshire and Merseyside ICB / Liverpool Place recognises the challenges for providers in the coming year. We look forward to continuing working with Liverpool Women's Hospital during 2023 – 2024 as you continue to deliver improvement in service quality, safety, and patient experience, as well as continuing to strengthen integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing within a strong, safe and sustainable health and care system.

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

Yours sincerely

JL Lunt.

Jane Lunt
Associate Director for Quality and Safety Improvement
Liverpool Place.

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Liverpool Women's NHS Foundation Trust, Quality Account 2022/2023
Comments from Healthwatch Liverpool

Healthwatch Liverpool welcomes the opportunity to comment on Liverpool Women's NHS Foundation Trust's Quality Accounts for 2022/23. It has been another challenging year for the NHS and the Trust has not been exempt from these challenges, including ongoing recovery from the impact of the COVID-19 pandemic and industrial action.

The problems associated with being a 'stand-alone' site are highlighted in the document and remain a source of contention and concern. The prime concern for service delivery should always be patient safety and issues remain regarding, for example, a lack of consultants on site seven days a week at Crown Street (although we note the plans to recruit additional consultants in 2023/24), the need to transfer acute, rapidly deteriorating, or complex cases to other hospitals – at times when their health is at particular risk, and the reliance on blood being transferred from Liverpool University Hospitals NHS Foundation Trust (LUHFT).

We understand the challenges facing the Trust as it aims to deliver its Future Generations Strategy, now being overseen by a sub-committee of the Integrated Care Board (ICB). These include finances, maintaining safe staffing levels and clinical sustainability and caring for increasing numbers of acutely unwell patients.

In this climate, the Trust is to be congratulated for its innovations in telemedicine and robot work, as well as its successes in recruiting and retaining newly qualified midwives. The Crown Street Enhancements Programme and the introduction of new MRI and CT scanners and the opening of the new Fetal Medicine Unit (FMU) have also been very welcome.

We also support the Trust's commitment to a full and timely response to the Ockenden report and we look forward to future updates on progress made towards meeting the 15 immediate and essential actions for all maternity care providers, as well as to the findings from East Kent.

The C-GULL (Children Growing-up in Liverpool) research collaborative to improve the health and well-being of children and their families within the Liverpool City Region is an exciting initiative which we look forward to seeing positive results from.

We're pleased to learn that there were zero C. diff and MRSA cases in this year.

Whilst we understand the nature of the Trust's work and the inevitability of the deaths of those experiencing end of life care or those born very prematurely, we would hope to see the Trust meeting its targets of Zero Direct Maternal Deaths and Zero Unexpected Deaths in Women Having Gynaecological Treatment during the coming year.

We also hope to see continued improvements to Medicine Safety thanks to the introduction of the DigiCare system, Safety Check-In webinars and improvements to medicine storage.

Healthwatch Liverpool has a particular remit to consider patient experience and we are therefore pleased that the Patient Experience Matron (PEM) and Patient Experience Facilitator are now both in post and

working with patients, staff and community organisations to highlight good practice and make positive changes where there is room for improvement. We are particularly interested in the work of the Non-English-Speaking Team (NEST) and the Trust's collaborative work with Merseyside Society for Deaf People.

We are keen to work closely with them and the rest of the Patient Experience Team, PALS Team and Equality, Diversity and Inclusion (EDI) Lead to address issues raised by patients and family members, for the benefit of all. We hope to hold a Healthwatch Listening Event at Crown Street in summer 2023.

We note that formal complaints have risen by 42.5% on the previous year (from 54 to 77) and that the biggest issue of complaint has been Communication. This is something we would hope to see addressed in 2023/24. We also note that the number of complaints resolved has risen by 14%, and we were interested to read the Lessons Learnt section of the report and to see how issues raised by patients have led to positive change.

The Trust's commitment to providing an inclusive service for people with learning disabilities, autism and dementia is encouraging to see, although recent feedback we've received indicates that some neurodiverse patients can still find their hospital experience difficult, and this is something we're interested in working on more closely with Liverpool Women's Hospital. We'd also like to work collaboratively on Trauma Based Care.

The Trust's Friends and Family Test scores seem very positive, but it would have been useful to see them set out more clearly, so that the percentages related more clearly to patient responses to the FFT questions.

It's encouraging to read that Staff Survey results for 2022 have improved across the board from 2021 and that the Trust is joint 'most improved' for 'Engagement'. However, there is still much to do to improve staff satisfaction and reduce fatigue, improve work:life balance and address discrimination. Staff morale has a direct impact on patient experience and is crucial to overall Trust performance.

We congratulate Liverpool Women's NHS Foundation Trust on its achievements in 2022/23 and we look forward to a continued positive relationship with the Trust in 2023/24, when we hope to see an increase in gynaecological procedures and IVF cycles as the backlog of cases caused by the COVID-19 pandemic is addressed. We also look forward to reading the most recent Care Quality Commission inspection report once it is published.

Liverpool Women's NHS Foundation Trust.

Healthwatch Sefton would like to thank the trust for presenting the Quality Accounts for comment at the presentation day held on the 18th May.

Within the report, there is a clear and concise explanation of the purpose of the Quality Account, with evidence of where the Trust is coming from and describing a clear vision for the future which includes both patients and their families.

We have some small editorial points in relation to the readability of the document which are listed below:
Pages 15-25 - page numbers are not identified
Page 48 - "and we understand that the experience of that care" is written twice

There are several excellent patient stories included within the account, including instances of lessons learnt from those journeys, and describing the changes in practice that have occurred due to analysis of those lived experiences. We particularly note the introduction of new patient menus which were introduced after receiving patient feedback. Recognition of personal needs is acknowledged but the report does not include the contribution made by the Spiritual Team. There is confirmation that most patient leaflets have input from service users during the design process.

There is evidence of a learning culture from lessons learnt through complaints and patient journeys. Complaints include waiting times for appointments and communication issues. There is also confirmation of involvement with other hospitals and care providers following a neonatal death to ensure joint reviews and learning.

It is really good to read that the trust has not recorded any C.difficile or MRSA infections.

We note that there have been 2 maternal deaths recorded and how the neonatal mortality rate is the lowest reported in the last five years.

Healthwatch Sefton is aware that the Trust is developing innovative ways of addressing low numbers of responses to Friends and Family test data (FFT) in particular areas of the service.

We are also aware that the Trust is working with mental health services and reviewing issues around interpretation services including the use of Interpreters on Wheels and Language Line and how they have been working with Merseyside Society for Deaf People to co-design services.

However, within the report there is a Trust response to the Ockenden Report which does not seem to directly mention the impact of that report on patients and is not an easy read for the public.

There is frequent use of the phrase "across the city" but less evidence to show service evaluation and support for patients and families outside of the Liverpool area generally, including within the region and particularly within satellite services. For service users, the terms "Isolated Sites" may not be very reassuring with negative connotations for patients and families using those sites.

This year, Healthwatch Sefton have been involved in the PLACE audit and have been welcomed into the Patient Involvement and Experience Sub Committee. Future plans include Listening Events in collaboration with Healthwatch Liverpool and the Trust.

Healthwatch Sefton would like thank the Trust for their supportive and collaborative approach to working with us as a critical friend and in listening and responding to the stories and feedback from patients, carers and families. We understand the challenges which the trust has faced including financial, long term clinical stability, the changes in acuity of patients and maintaining safe staffing levels. We also recognise the operational pressures which have been placed on all NHS trusts with the recent ongoing strikes and no doubt the next 12 months will provide both opportunities and challenges and we look forward to working with the trust moving forward.

Healthwatch Sefton.

Commentary from Local Authority Overview & Scrutiny Committees (OSCs)

Not received.

Annex 2: Statement of Directors' Responsibilities

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

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

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

- the content of the quality report meets NHS England's Quality Accounts requirements 2022/23
- 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 2022 to May 2023
  - papers relating to quality reported to the Board over the period April 2022 to May 2023
  - feedback from commissioners dated 1 June 2023
  - feedback from local Healthwatch organisations received in June 2023
  - the national staff survey
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 23 June 2023
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm

that they are working effectively in practice

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

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

Robert Clarke
Chair
29 June 2023

Kathryn Thomson
Chief Executive
29 June 2023

Annex 3: Glossary of Terms

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

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