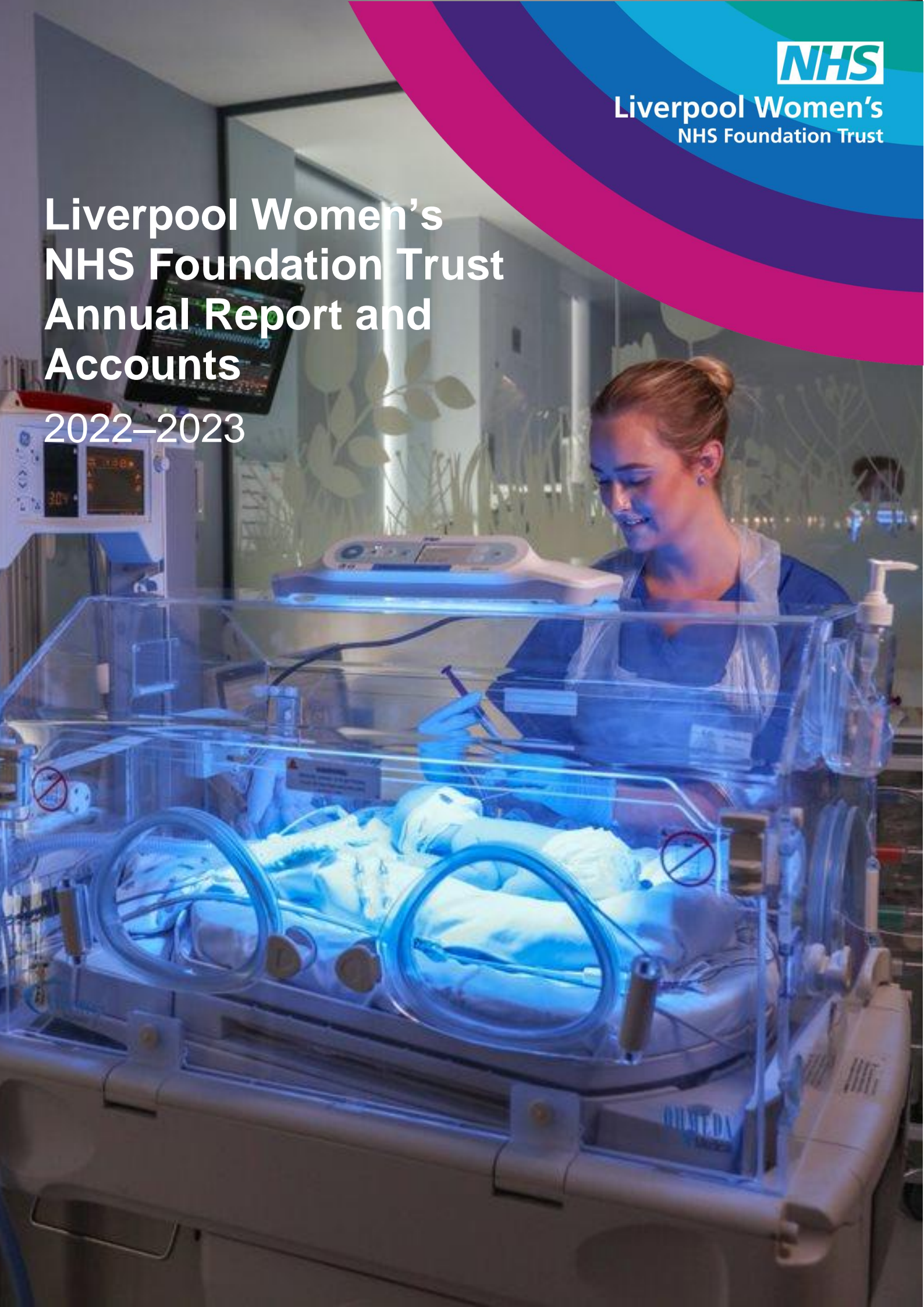




Liverpool Women's
NHS Foundation Trust

Liverpool Women's NHS Foundation Trust Annual Report and Accounts 2022–2023



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

ANNUAL REPORT & ACCOUNTS 2022/23

**Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) of
the National Health Service Act 2006**

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1. Foreword from the Chair & Chief Executive

It is with great pleasure that we introduce the Annual Report and Accounts for Liverpool Women's NHS Foundation Trust covering the period 1 April 2022 to 31 March 2023.

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. The Trust is working hard to reduce these waiting times and ensure that patients receive the care they need to recover fully – further information on the actions being taken is included in the performance report.

The Trust has a long-standing strategic aim to seek a sustainable solution to the risk posed by providing services from a site isolated from other adult acute services – this is known as the 'Future Generations Strategy'. During the year, an independent review of Liverpool's clinical services (carried out by consultancy firm Carnall Farrar) concluded that resolving the clinical sustainability issues within women's services, caused by the configuration of acute sites, was an urgent priority for Liverpool. The Trust has been fully engaged the NHS Cheshire and Merseyside Integrated Care Board (ICB) led programme and it is hoped that a preferred option can be developed during 2023/24.

This is a good example of system level working and 2022/23 saw the dissolution of the Clinical Commissioning Groups and the formation of Integrated Care Systems. This has accelerated the importance of collaboration across the NHS and the Trust has worked to build on its existing track record of building and maintaining successful partnerships to effectively deliver services – something that has always been necessary due to isolated site issues. We recognise that partnership working is increasingly important in the new landscape, and we are actively engaging with system and Place partners in planning and service delivery.

The Trust has continued to enhance safety during 2022/23 through our Crown Street Enhancements Programme. Progress has been made during the year in the creation of a Community Diagnostic Centre (CDC) at the Crown Street site and this had led to the installation of permanent CT and MRI scanners which became fully operational in February 2023. These new permanent scanners will give patients in the community access to diagnostics much earlier than they would have had before and will also reduce transfers for LWH patients who would ordinarily have to go over to other hospital sites for such tests. The mobile units that were in place during the majority of 2022/23 have enabled us to scan over 9,000 patients providing significant diagnostic support to the wider system.

Critical to the Trust continuing to be able to invest in quality and safety enhancements is achieving financial sustainability. For the first time in several years, the Trust was unable to meet its financial plan for 2022/23. A number of the drivers for this deficit position are structural but the Trust also recognises its responsibilities in ensuring that there is robust financial management, effective cost control, and a long-term approach to planning and investment. This will be a key area of focus going into 2023/24 and beyond.

The year has been bookended by significant issues relating to maternity services. 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 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 be a priority to meet all the actions fully. The response to the recommendations is also factoring in the findings from an independent investigation to maternity services in East Kent led by Dr Bill Kirkup CBE.

Towards the end of the year, the Trust was subject to a CQC inspection. This included a well-led inspection, an inspection of the gynaecology services and an inspection of maternity services. The 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.

It is important to highlight that we also received positive feedback across many areas of the Trust from the team of CQC inspectors who visited us. We have also achieved national recognition as a top performing Trust within the NHS Workforce Race and Equality Standard, improved in our rating as an inclusive employer as well as being among the top performing trusts in the country for our Gynaecology Inpatient Survey results. None of the Trust's many achievements during the year would be possible without the dedicated and skilled team of healthcare professionals who make up the Trust. From our doctors and nurses to our support staff and volunteers, everyone plays a critical role in ensuring that patients receive the best possible care.

In conclusion, we would like to thank everyone at the Liverpool Women's NHS Foundation Trust for their hard work and dedication over the past year. Your commitment to providing exceptional care to women and their families is truly inspiring, and we are proud to be associated with such a remarkable organization. We are hopeful that the information provided in this Annual Report document will provide readers with a good appreciation and understanding of the Trust's overall performance and progress during 2022/23.



Robert Clarke
Chair
29 June 2023



Kathryn Thomson
Chief Executive
29 June 2023

2. Performance Report

2i. Overview of performance

The purpose of the Overview is to give the reader a summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to achievement of its objectives and how it has performed during the year.

Brief History of Liverpool Women's NHS Foundation Trust

Liverpool Women's NHS Foundation Trust was authorised as a foundation trust on 1 April 2005. Before this date, the Trust operated as Liverpool Women's NHS Hospital Trust. That Trust was created in 1995 when all services for women and babies in Liverpool came together under one roof at Liverpool Women's Hospital on Crown Street in Toxteth, Liverpool, a purpose-built hospital designed for providing care in the twenty-first century. We also began providing services at the Aintree Centre for Women's Health in 2000, which provides care to women from north Liverpool, Sefton and Knowsley.

The Trust is a specialist trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. It is also the recognised specialist provider in Cheshire and Merseyside of high-risk maternity care including fetal medicine, the highest level of neonatal care, complex surgery for gynaecological cancer, reproductive medicine and laboratory and medical genetics. During 2019/20, the Trust transferred its Genetic Laboratory services to Manchester University Hospitals NHS Foundation Trust as part of a national programme for the consolidation of services into seven Genomic Laboratory Hubs across England. The Trust remains a partner and stakeholder and continues to provide Clinical Genetic services.

Divisional Structure

Individual services are delivered through our Divisions which are led by a Divisional Manager with the support of a Senior Leadership Team including a Divisional Clinical Director and a Divisional Head of Nursing/Midwifery. Our divisional arrangements were subject to a fundamental review in 2018/19 with a revised divisional structure implemented from 1 April 2019. Oversight of divisional performance is provided by the Executive Team. There is an 'earned autonomy' model of performance management in place (first initiated during 2020/21) with a 'sliding scale' of Executive intervention when required, most notably through weekly oversight meetings. This 'earned autonomy' model was formalised during 2021/22 with the implementation of a 'Governance and Performance Framework'.

Our Divisions are supported by a full range of in-house corporate services which include Finance & Procurement, Workforce & Organisational Development, Corporate Nursing, Information Management Technology and Estates & Facilities.

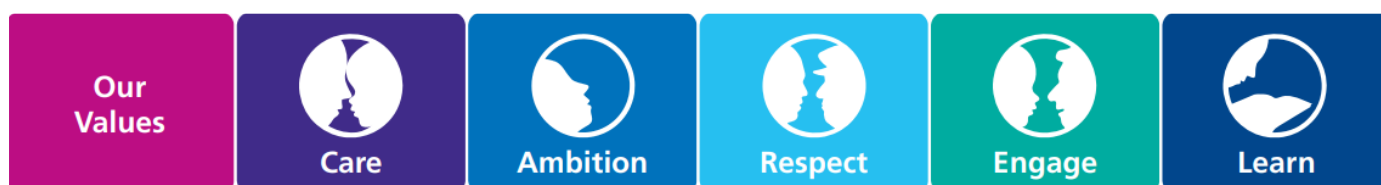
Business Model

The Trust's business model is that of an NHS Foundation Trust. NHS Foundation Trusts are legal entities in the form of public benefit corporations and operate under a licence which is issued by NHS England, the sector regulator for health services in England. The model has a framework of local accountability through a unitary Board of Directors, members and a Council of Governors, which replaced central control from the Secretary of State for Health.

Our vision, aims and values:

To be the recognised leader in healthcare for women, babies and their families

Our shared vision at Liverpool Women's is simple and has withstood the test of time. It is underpinned by a shared set of values based around the needs of our people. We encourage these behaviours in all our staff, partners and volunteers to make sure our values are delivered in the same way, every day, to every person we care for.



We have a set of five strategic aims which are central to all of our strategies and plans, and through working with patients, staff, governors and our partners we have developed a series of ambitions to push those aims one step further, helping us create the mind-set we need to achieve our vision and be outstanding in everything we do:



Our partnerships with other providers and organisations across the city are central to delivering our aims; we know we need to work together to make this happen. We are a member of the Liverpool Integrated Partnership Board and Cheshire & Merseyside Acute and Specialist Provider Collaborative.

Chief Executive Overview of Performance and Key Risks

Last year we wrote that the NHS faced a unique challenge of recovering its services back to pre-pandemic levels whilst managing significant backlogs that had built up over the last couple of years. As COVID-19 restrictions were lifted and the public gained greater confidence and assurance in accessing healthcare services, this also led to significant increases in referrals to clinical services, further adding to the number of patients requiring to be seen who had suffered a delay in care because of the pandemic.

These challenges have persisted into 2022/23 and for these reasons, the Trust has presented a mixed picture of performance during the year, with the most challenged areas reflecting long-existing pressures in the wider health system around Referral to Treatment and Cancer. The Trust has been responsive to these concerns and took the following key actions:

- Participated in the Gynaecology Optimal Pathway Programme which was launched in 2022/23 by the Cheshire & Merseyside Cancer Alliance
- Established a Cancer improvement plan and this has seen an improvement in performance for two week waits (2WW) with performance regularly achieving the 93% standard and 31-day treatment consistently achieving 80-85% compliance
- Appointment of two Consultant Oncologists with a key focus to improving local Liverpool pathways
- Implemented an Outpatient Improvement Group in 2022/23 which is working on improving the Patient Initiated Follow Up (PIFU) rate
- Carried out an external validation audit of the waiting list in line with NHS England recommendations for Elective Recovery

There have been significant staffing and workforce challenges throughout 2022/23, with the most significant impact being in maternity. However, in the 2022 Staff Survey results we saw an encouraging trend of improvement across all themes, against a backdrop of national deterioration. We have been highlighted nationally as the joint most highly improved Trust in England for the Staff Engagement score.

If we want to achieve our quality and performance aims, it is vitally important that we achieve our financial targets. For the first time in several years, the Trust did not meet its financial target for 2022/23. Several of the drivers for this deficit position are structural but the Trust also recognises its responsibilities in ensuring that there is robust financial management, effective cost control, and a long-term approach to planning and investment. This will be a key area of focus although it is likely that the Trust will forecast a deficit position as it looks toward 2023/24.

Summary of key risks

The Trust maintains an active and dynamic Board Assurance Framework, and this serves to inform the Board of the most significant risks to the achievement of its strategic aims and objectives. Risks that were rated within the 'extreme' (score of 15 or above in a 5x5 risk scoring matrix) category during the year were as follows:

- Failure to recruit & maintain a highly skilled & engaged workforce
- Failure to progress our plans to build a new hospital co-located with an adult acute site
- Failure to develop our model of care to keep pace with developments and respond to a changing environment
- Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system
- Major and sustained failure of essential IT systems due to a cyber attack
- Failure to ensure our services are financially sustainable in the long term
- Failure to deliver the agreed 2022/23 financial plan (this risk was added approximately halfway through the financial year once the challenge to delivering the plan became evident)

Whilst there are day-to-day operational issues that underpin these risks and mitigations that remain within the control of the Trust, the underlying connection between all areas is the fact that the Trust remains on a single isolated site. Whilst there well documented clinical risks caused by our isolated location, remaining on a single site also impacts the Trust's financial sustainability and our ability to recruit staff, particularly in high-risk specialties.

The Trust is making good progress on available mitigations on the Crown Street site, most notably with the development and delivery of a Clinical Diagnostic Centre. However, the Trust remains committed to moving services closer to an adult acute site to reduce these risks to an acceptable level. During the year, an independent review of Liverpool's clinical services (carried out by consultancy firm Carnall Farrar) concluded that resolving the clinical sustainability issues within women's services, caused by the configuration of acute sites, was an urgent priority for Liverpool. The Trust has been fully engaged the NHS Cheshire and Merseyside Integrated Care Board (ICB) led programme and it is hoped that a preferred option can be developed during 2023/24. Further detail on this is outlined in the 'Strategy' section below.

Further information on the Trust's risk management arrangements is detailed in the Annual Governance Statement 2022/23 which can be found in section 3vii of the report.

In summary, the recovery from COVID-19 pandemic, the associated demands, and the staffing capacity and demand in Maternity (and other) services have continued to create a difficult environment for the Trust in 2022/23. Despite these challenges, the Trust has continued to deliver safe and effective care and has had many successes – some examples of which are listed below:

Achievements against the Trust's **WE SEE** strategic aims during 2022/23

WORKFORCE

- 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
- Gynaecology shortlisted in the HSJ Awards in the category of 'Most effect contribution to clinical redesign' for the gynaecology cancer review with the transformation unit team.

EFFICIENT

- The Trust has worked with commissioners and other local providers to develop plans to deliver long term clinical and financial benefits
- Investment in a new Community Diagnostic Centre (CDC) on the Liverpool Women's Hospital site to provide earlier diagnosis through faster and easier diagnostic tests.
- High assurance ratings from Internal Audit for financial control and systems.

SAFE

- Continued our Crown Street Enhancements Programme by installing a mobile CT scanner on site and opened a dedicated Colposcopy and Vulval unit.
- Our mobile CT scanner treated over 1,000 patients
- Permanent CT and MRI scanners were installed within the Crown Street Community Diagnostic Centre (CDC).
- Maintained HFEA Accreditation for our Hewitt Fertility Centre

EFFECTIVE

- Raised dedicated funds to purchase a Mona Lisa Laser to assist with further research for the management of urogenital atrophy
- Supported Ukraine by donating Life Saving Neonatal Equipment
- Life-saving surgery performed on unborn twins with Twin-to-Twin Transfusion Syndrome (TTTS) using pioneering surgery with the babies still in the womb
- The Trust continued its collaboration with Alder Hey as part of the Liverpool Neonatal Partnership

EXPERIENCE

- Performed 'better than expected' across 20 areas compared to other trusts in the Gynaecology Inpatients Survey

- The Hewitt Fertility Centres were the first fertility clinic in the UK to introduce the Cryo Robot Select

Headlines 2022/23

In 2022/23 the Trust:

- Delivered 7,440 babies (2021/22, 7,770) – an average of 20 babies born at Liverpool Women's every day (2021/22, 21)
- Undertook gynaecological inpatient procedures on 3,619 women (2021/22, 3,399) and 24,856 gynaecological outpatient procedures (2021/22, 24,207)
- Cared for 1,238 babies in our neonatal intensive and high dependency care units (2021/22, 1,235)
- Performed 1278 cycles of in vitro fertilisation (IVF) (2021/22, 1206).

Strategy

2022/23 was the second year of delivery of our five-year plan for Liverpool Women's Hospital. Launched in April 2021, 'Our Strategy' sets out the path the Trust will follow to achieve its aims and ambitions over the next five years. When we created Our Strategy, we asked the people who use our services, our staff, and our community what was most important to them. Our Strategy's core focus, to have the **best people**, giving the **safest care**, providing **outstanding experiences**, grew from that conversation.

Our core strategic objectives, are:

People

- Be recognised as the most inclusive organisation in the NHS with zero discrimination for staff and patients
- Recruit and retain key clinical staff

Safety

- Progress our plans to build a new hospital co-located with an adult acute site
- Develop our model of care to keep pace with developments and respond to a changing environment
- Implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

Experience

- Deliver an excellent patient and family experience to all our service users

We have also set objectives to help us keep improving our **Efficiency** and **Effectiveness**:

- Ensure our services are financially sustainable in the long term

- Expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS
- Progress our research strategy and foster innovation within the Trust
- Fully implement the CQC well-led framework throughout the Trust

In 2021/22, we focused on embedding delivery of Our Strategy into our planning and everyday activities, making sure everyone at Liverpool Women's is working together to deliver our aims and objectives.

In 2022/23, we made strong progress towards delivery of our plans. Progress is reviewed by our Trust Board and shared publicly, and we use the learning from our progress reviews to shape our detailed plans for the next year.

Our 2022/23 review of progress showed that despite significant challenges and pressures, such as the continued impact of COVID-19, elective recovery, and national workforce challenges, we are on track to deliver most of our objectives on time and as we planned to.

However, making sure we have the **best people**, giving the **safest care**, providing **outstanding experiences**, is more than just delivering on our specific objectives. Our Strategy is delivered through ensuring that everyone in the organisation understands our focus on people, safety, and experience, and by encouraging the values and behaviours necessary to achieve our vision. These values and behaviours have been promoted through the Trust's Be Kind campaign, and through our leadership development programmes.

As well as delivery of the specific strategic objectives, there are many projects and pieces of work ongoing throughout the organisation that contribute to achieving our aims, ambitions, and our vision. We have recognised success and celebrated these achievements through the Trust's Be Brilliant campaign, through Trust Board, our annual Dedicated to Excellence awards, and at our recent Annual Members Meeting.

We are proud of what we have achieved this year. We have worked hard to maintain and strengthen our relationships with our partners across the Liverpool City region and throughout Cheshire and Merseyside, to progress towards having the **best people**, giving the **safest care**, providing **outstanding experiences**. Some of examples of our achievements are shared below:

People

- Completion of our Talent Management Strategy, to develop and grow our people.
- New personal development process with a greater focus on career conversations.
- Support package implemented for new leaders during their first 12 months in post.

- Increased Health and Well Being offer to staff.
- Comprehensive support offered to staff following the major incident in 2021.
- Recruitment of full Gynaecology consultant workforce.
- Successful appointment to key clinical leadership roles.
- Support for clinical leadership roles.
- New service offered to staff to enable access to evidence based psychological therapies, support, and training and workshops around the potential impact of trauma.
- 100% of midwives under preceptorship remained with the Trust in 2022, following completion.
- Fair and Just Culture Programme work recommenced.

Safety:

- Under the Crown Street Enhancements programme, we opened our brand-new permanent CT scanner in February 2023 followed by our MRI scanner in March 2023. These new imaging services will reduce the need for our patients to be transferred to other hospitals for tests, as well as reducing the waiting list for patients from across the region.
- Successfully opened our new Colposcopy Suite in July 2022, also under the Crown Street Enhancements programme, improving staff and patient experience.
- Arrangements for mitigating risks in delivering planned and unplanned care reviewed and further developed with partners.
- Partnership board with Liverpool University Hospitals established.
- Progress made towards establishing 24/7 transfusion laboratory onsite.
- Completion of new Fetal Medicine Unit and established new twin to twin laser service.
- Successfully established a Community Diagnostic Centre.
- Established Europe's first Neonatal Telemedicine Service with Alder Hey.
- Expansion of Telemedicine programme to obstetric service.
- Expansion of partnership working with multiple Trusts across Liverpool.
- Completion of the Trust's Quality Improvement Framework.
- Implementation of a highly successful Robotic Assisted Surgery service.

Experience:

- We were among the best performing trusts in the country within the Gynaecology Inpatients Survey for 2021.
- New fetal medicine service is reducing need for families to travel long distances to receive care.
- The Trust's baby loss support worker, Sarah Martin, won the 'Exceptional Support Worker of the Year' at the National 'Our Health Heroes awards'.
- Continued Increase in breastfeeding rates, in particular within Continuity of Carer Teams.
- The Trust has completed and launched its 'Patients with Additional Needs' strategy.
- Recruitment of a new Patient Experience Matron, who is successfully building links with community groups and sharing learning from patient experiences with the Trust Board and throughout the organisation.

- Recruitment of new Culture Midwife.

Modern Slavery Act 2015

The Trust's Modern Slavery Act 2015 statement can be found on the following link:

<https://www.liverpoolwomens.nhs.uk/media/4437/modern-slavery-act-2022-annual-statement.pdf>

Going concern disclosure

The Liverpool Women's NHS Foundation Trust annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The Trust have further considered the going concern in light of the Trust's deficit position in 2022/23, the cash support being received, the deficit financial plan for 2023/24, the underlying deficit for the Trust and the long-term financial model. The Trust will continue to work with the ICS and NHSE to explore long term sustainable options for the Trust and the patients it serves. Meanwhile, the Trust has confidence that adequate funding and cash support will be forthcoming to deliver services for the short to medium term and a going concern basis is adopted.

2.ii Performance Analysis

Operational Performance

The Trust has continued to strengthen its approach to performance reporting and monitoring against national priorities. During 2022/23, further work was undertaken to enhance the narrative provided to explain Statistical Process Chart (SPC) deviation and/or missed targets on an exception basis and this has enabled more robust monitoring and challenge of performance, leading to improvements in some areas.

The performance reports are 'integrated' in nature and provide reporting across the Trust's five strategic aims. This supports and enables triangulation of key issues. Metrics reported to Board focus on the relevant System Oversight metrics and more detailed underpinning Key Performance Indicators are reported to the subsidiary meetings.

Performance against key national targets during 2022/23 was as follows:

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%	44.8%	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%	88.1%	Not Achieved
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There has been collaborative working with NHS England and other partners to deliver key performance priorities and ensure that long waits for patients are reduced.

Continuing to deliver high quality, timely and safe care has remained a key focus for the Trust despite there being significant operational delivery challenges in 2022/23. The impact of the COVID-19 pandemic continues to be realised with significant increases in demand in 2021/22 and continued impact to capacity in 2022/23 resulting in a significant increase to the number of patients waiting longer for treatment being seen in the first half of 2022/23. Demand in cancer referrals saw unprecedented levels with an increase of over 30% being referred in 22/23 placing significant pressure on available resources. The impact of Industrial Action during Q3 & Q4 was felt across the organisation and resulted in numerous challenges to the delivery of services.

The Trust has focussed on improving its Operational processes through the establishment of a number of transformation programmes, these are;

- Maternity Transformation – improving Patient Flow
- Theatre Utilisation
- Outpatient Improvement

The Trust has seen some initial successes with the implementation of these programmes including an improvement of over 10% utilisation for Theatre time, a sustained 1% reduction in Outpatient Did Not Attends (DNAs) and improved Maternity Assessment Unit (MAU) triage times with over 95% of women being triaged within 30 minutes in Q4.

These programmes will continue in 2023/24 to support the delivery of operational performance metrics, improve patient experience and to maximise use of resources in the most effective manner.

Cancer

Cancer performance levels were significantly challenged during 2022/23. The Trust saw an unprecedented increase in Cancer referrals with demand over 30% higher than pre-pandemic levels. This has had a significant impact in performance with more patients waiting longer than 62 days to be treated. Challenges with diagnostic capacity internally and externally have contributed to longer waiting times.

The Gynaecology Optimal Pathway Programme was launched in 2022/23 by the Cheshire & Merseyside Cancer Alliance and has developed new policies and procedures to support the Trust, and other organisations, with performance improvement. An improved pathway has been developed to prevent unnecessary referrals onto the Cancer pathway and this is being piloted with a number of GP practices in Q1 2023/24. The development of the Community Diagnostic Centre at

LWH and implementation of CT and MRI services is improving access for imaging diagnostics

A Cancer improvement plan has been established and this has seen an improvement in performance for 2WW with performance regularly achieving the 93% standard and 31-day treatment consistently achieving 80-85% compliance, however, the achievement of the Faster Diagnosis Standard and 62-day referral to treatment standard has been challenging particularly through Q4. In 2023/24 the Trust will be working closely with the Cancer Alliance to improve performance against these standards

In 2022/23 the Trust saw the appointment of two Consultant Oncologists with a key focus to improving local Liverpool pathways. These posts commenced in Q3 2022/23 and is anticipated that benefits will be seen to be realised throughout 2023/24. 2022/23 also saw the move of the Royal Liverpool Hospital to its new site which also enabled the establishment of a weekly Oncology list for LWH. This went live in October 2022 and has seen improved access to Theatre for the most complex of patients requiring joint site working. The Trust is continuing to work with Liverpool University Hospitals (LUHFT) to further improve the services we deliver

Gynaecology Emergency Department

In line with other A&E providers across Cheshire & Merseyside, the Trust saw significant challenges in achieving the 95% 4-hour target. The Trust saw an increase of almost 10% in terms of attendances based on pre-pandemic levels. Amongst other operational pressures including Industrial Action, this has impacted performance particularly in Q4 where performance was between 82-85% on average. Whilst this fairs better comparatively to other trusts performance there are further improvements that can be made.

National planning guidance for 2023/24 has placed a national target of 76% for the 4 hour AED target however through local planning, a target of 90% for LWH has been set. A review of the pathway related to pregnancy related attendances and location of some services will aim to improve performance through Q1 2023/24 and be sustained throughout the rest of the year.

Referral to Treatment (RTT)

The Trust has worked hard to ensure that longest waiting patients are cared for appropriately to mitigate risk of harm where standards are not achieved, and we have worked productively throughout the year with commissioners and partners to effect improvements in performance. Changes to the Gynaecology management structure took place in Q2 2022/23 which has improved management and oversight of waiting lists.

The impact of increased referral demand in 2021/22 following the pandemic resulted in a significant increase of patients waiting beyond 52 weeks. An increase in capacity

during Q4 has helped to significantly reduce the number of patients waiting over 52 weeks from 2700 to 1500 by the end of March 2023.

The national focus for 2022/23 was to reduce the number of 78+ week wait patients and the Trust ended the year with 20 patients still awaiting treatment although this was due to patient choice or clinical reasons. The focus for 2023/24 is to reduce the number of 65+ week patients to zero by the end of March 2024. The Trust will be working closely with NHSE regional colleagues to progress this. The Elective Recovery programme established in 2022/23 will be refreshed to reflect the new 2023/24 Operational Planning priorities

In 2022/23, the Trust carried out an external validation audit of the waiting list in line with NHSE recommendations for Elective Recovery. The validation exercise reviewed over 10,000 records to review processes and the quality of application of RTT rules and policy. The exercise demonstrated that the Trust had strong management of its waiting lists, with a less than 2% data quality rate which was noted to be one of the best rates across many NHS Acute Providers and rated as the best for Gynaecology services.

The Trust has implemented an Outpatient Improvement Group in 2022/23 which is working on improving the Patient Initiated Follow Up (PIFU) rate; which is a national priority for improving elective performance and for reducing unnecessary follow ups. The Trust has an ambition to meet a minimum 2% rate across Gynaecology services by March 2024. Work already undertaken is showing an improving rate with performance at 1.8% by March 2023. Further work will be undertaken in sub specialist areas such as Menopause services, in Q1 2023/24, to further improve this percentage and meet the 2% target.

Maternity & Neonatal Services

Neonatal Service performance remained consistently high throughout the year as did maternity services despite continued significant staffing challenges. Cot occupancy remained high throughout 2022/23

Deliveries in 2022/23 reduced by 4.1% from 7662 in 2021/22, to 7349. However, the percentage of C-Sections, both Elective and Emergency, has increased by almost 5% year on year (c. 40% in 2022/23) demonstrating a change in the delivery model.

Improvements have been made in Q4 22/23 to Maternity Assessment Unit (MAU) triage times with over 95% consistent performance against the 30-minute triage time standard. Further improvements are planned in Q1 2023/24 to reduce this to 15 minutes in line with BSOTS (Birmingham Symptomatic Obstetric Triage System). The focus for Maternity & Neonatal services in 2023/24 will be delivery against the 3-year Single Delivery Plan released by NHSE at the end of March 2023.

Diagnostics

The Trust has continued to maintain strong performance against the national 6-week diagnostics standard in 2022/23. Whilst there were challenges in the early part of

2022/23 related to workforce capacity, the Trust has improved this position to meet 90-95% compliance in Q4 – with strong performance in non-obstetric ultrasound. Key challenges remain regarding Urogynaecology diagnostics and these services will be a key focus for 2023/24.

The development of the Community Diagnostic Centre has introduced permanent CT and MRI facilities to the Trust which will have a significant impact on improving outcomes for patients. Through partnership working with other Trusts, the objective for 2023/24 will be to improve access to these services and improve performance across all services.

Financial Performance

The Trust is reporting a deficit of £2.7m in the financial year compared to a surplus of £0.04m for 2021/22.

	2022/23 £000's	2021/22 £000's
Income	155,411	142,953
Operating expenses	(155,853)	(140,486)
Financing and Public Dividend Capital	(2,281)	(2,425)
Retained surplus / (deficit)	(2,723)	42

The Trust received fixed block income values for the year, along with system funding payments and elective recovery funding.

The Trust delivered an overall Use of Resources (UoR) rating of 3 as in 2022/23. The UoR rating measures a provider's financial sustainability, financial efficiency and financial controls. A breakdown of the Trust's UoR ratings is provided in section 3v Oversight Framework.

Capital expenditure in 2022/23 comprised of investment in the estate, medical equipment, the continuation of a major redevelopment on the Crown Street site including a Community Diagnostic Centre (CDC) and investment in an integrated Electronic Patient Record (EPR). The Trust received £2.2m of Public Dividend Capital to fund frontline digitisation and radiology diagnostics. The Trust's land and buildings were revalued by external valuers Cushman and Wakefield, resulting in a £0.8m decrease in the value of the estate and a corresponding decrease in the revaluation reserve.

Capital expenditure	2022/23 £000s	2021/22 £000s
Buildings	1,339	4,929

Furniture and Fittings	0	55
Information Technology	2,884	3,612
Medical Equipment	6,845	3,160
Total	11,068	11,756

During the year the Trust received and repaid £6m of cash support from the ICS and in March 2023 received £4.5m of Revenue Support Funding which was retained into 2023/24 financial year.

A strong focus has remained through 2022/23 on debt collection. At 31 March 2023 the Trust had invoices outstanding to a local trust for services - £4.5m of this was settled in April 2023.

The Trust has one remaining capital loan with £0.9m outstanding. This will be fully repaid in September 2024.

Full details of the Trust's financial performance in 2022/23 can be found in the Annual Accounts section within this report.

Link with Joint Forward Plan

The Cheshire and Merseyside Integrated Care System developed a draft, interim strategy during Q3 of 2022/23, and the Integrated Care Board, together with provider organisations, developed a draft Joint Forward Plan (JFP) in Q4. The two documents are closely linked. The strategy describes how the assessed health, care and wellbeing needs of the population are to be met by the Integrated Care Board (ICB), Local Authority (LA) and NHS organisations, and addresses integration of health, social care, and health-related services. The Joint Forward Plan is delivery focused, and bridges between the strategy and annual operational plans at a system and provider level.

During the development of the strategy, Liverpool Women's Hospital engaged with the team responsible, to advocate for the inclusion of specific women's health priorities, in line with the national women's health strategy and priorities in women's health and maternity across Liverpool and Cheshire and Merseyside. Women's health priorities are specifically referenced in the strategy, and the Trust's own priorities are well-aligned.

Building on that engagement, the Trust has continued to engage throughout the development of the Joint Forward Plan. This has taken place through:

- Cheshire and Merseyside Acute and Specialist Trust (CMAST) provider collaborative Directors of Strategy Network collectively engaging with the ICB team developing the JFP, including the sharing of organisational 'strategies on a page' with each other and with the ICB to support alignment of plans

- A series of joint workshops between CMAST Medical Directors and Directors of Strategy, attended by the ICB team developing the ICP, which focused on identifying shared priorities and fragile services
- Engagement with the Local Maternity and Neonatal System, who acted as content leads for women's and maternity services in the JFP.

At the time of writing, the Trust has received the draft Joint Forward Plan and is in the process of reviewing content and confirming alignment with organisational plans.

Workforce

The Trust employed 1,741(headcount) / 1,579 (WTE) people as of 31 March 2023. Supporting and developing our workforce remains our top priority and as we emerge from COVID-19 recovery we are seeing positive signs of improved morale and engagement within our workforce, with an increased staff survey rate, improvements across all themes of the staff survey, and a sickness rate which is starting to decline.

We have focused on leadership over the last 12 months and over 100 of our leaders and managers have attended our CMI-accredited programmes designed to give them the competence and confidence to lead a workforce in challenging times. We continue to engage and listen in a range of ways, Leadership Forums bring senior managers together with the Executive Team to engage in joint development, staff have a voice via the monthly 'Great Place to Work' group and the local 'Let's talk' surveys. Our bi-annual 'Big Conversations' bring together senior managers and front-line staff to share ideas for improvement. 2022 saw the launch of our psychologist-led Staff Support service which offers a full range of mental health support to staff on site. We have made improvements in our mandatory training compliance rates and continue to improve systems to make it easier for staff to access training. We have continued to improve our vacancy position and welcomed international recruits to maternity and theatres and introduced the new role of Physicians Associates within maternity and neonatal.

Further information on a wide range of workforce-related activities can be found at section 3iii Staff Report.

Health Inequalities and Equality of Service Delivery

Liverpool Women's NHS Foundation Trust is committed to reducing health inequalities and promoting health equity in the community. The Trust recognises that certain groups, such as ethnic minorities, people in the LGBT+ community, those living in poverty, and people with disabilities, are more likely to experience poor health outcomes.

It is our ambition to become one of the most inclusive organisations in the NHS. To achieve this, the trust has invested in Equality, Diversity and Inclusion (EDI) expertise with a 50:50 commitment to workforce and service user issues. The Trust has refreshed EDI Objectives that are focussed on improving access to services, improving outcomes for service users from ethnically diverse communities and

improving engagement with service users, partners, and local communities to reduce health inequalities. There are various ongoing initiatives in the Trust focussed on addressing health inequalities e.g., Maternity Transformation and Outpatients Transformation Workstreams.

Some of the notable work that has taken place in equality, diversity and inclusion over the last year includes:

- Adopted the Essential Parent App which has content that is divided into age categories for fertility, pregnancy, babies, toddlers, children and teenagers, as well as separate categories for Women's Health in over 26 languages.
- 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.
- Antenatal classes are being offered with midwives in different languages. This includes Arabic and Tigrinya.
- Due to stillbirths in high deprivation areas, the Continuity of Carer teams are deployed to identified areas to support families in quitting smoking.
- 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.
- Outpatient Transformation Workstream recently produced the Trust DNA (Did not attend/was not brought) plan, combining all initiatives to reduce DNAs with inclusion of groups from all protected characteristics considered throughout. This plan was positively acclaimed by the ICS and presented at Cheshire & Merseyside Elective Recovery and Inequalities Group. The Trust DNA plan includes 'InTouch Check-In Kiosks'. Kiosks are now online and being used- these allow check in from kiosks to reduce the line to reception, they also have multiple language selections to support users who may not have English as a first language, and deaf patients
- Outpatients Transformation Workstream successfully delivered on 'Waiting List Text Validation'. This is where the Trust sends a text message/letter to the new patients on the waiting list over 52 weeks to ask about their condition and if they still require an appointment. The questionnaire has the capability to translate into 104 languages, with many of them spoken to increase inclusivity in our waiting list management and validation

In addition to this, the EDI Committee is chaired by the Chief People Officer (this will be the Chief Executive in 2023/24). Through the EDI Committee, divisions are required to report bi-monthly on the work that they are doing to reduce health inequalities with consideration of all protected characteristics under the Equality Act 2010. These reports allow us to continuously monitor ongoing work in our organisation to increase

equitable access to healthcare services and patient outcomes. This is an action that developed from the Equality Delivery System. The aforementioned provides the organisation with qualitative data about the impact that staff have in reducing health inequalities. This is supported by an EDI Dashboard that was developed by the Information Team. The EDI Dashboard shows live anonymised data for all departments. This data can be filtered to show data in the past and in the present and be broken down by the protected characteristics of service users including postcodes e.g., this data can show how many service users attended the Gynaecology Department at Liverpool Women's between October 2021 and October 2022 from L4. Other forms of intelligence gathering include:

- Collecting Patient Friends and Family Test (FFT) data on a quarterly basis, and this is broken down into protected characteristic groups. 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 three categories:
 - Age
 - Ethnicity
 - Disability

The Trust also assesses the FFT responses that record a disability in response to the question "Do you feel your views were considered within the decision-making process/care plan?" This is to assure the Trust that patients with disabilities continue to be included in decisions about themselves.

All information collected in from the FFT is made available daily via our information system, 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 for divisional and departmental leaders to record in Power BI the actions they have taken in response to the individual comments left.

- Collaborating with local community engagement leads, partners and service users to develop action plans that are informed through meaningful consultation.

The Trust is also committed to providing culturally sensitive care to its diverse patient population. In 2023, Liverpool Women's Hospital Trust made a commitment to becoming an actively anti-racist organisation. This is an important and necessary initiative for any organisation committed to promoting equity, diversity, and inclusion. Some of the ongoing work includes providing comprehensive education and training programs for all staff and stakeholders to increase awareness and understanding of racism, unconscious bias, and systemic racism e.g., workshops for all leaders at Liverpool Women Hospital; conducting a thorough review of all policies, procedures, and practices to identify and eliminate any discriminatory practices that may perpetuate racism or contribute to inequity e.g., hiring and disciplinary procedures; ensuring that diversity and inclusion are prioritised at all levels of the organisation, including leadership positions; implementing initiatives to attract, hire, retain, and promote diverse talent to create a workforce that is reflective of the communities the Trust serves; and collaborating with other organisations, including partners,

community groups, and other stakeholders to collectively address racism and promote anti-racist initiatives.

Overall, Liverpool Women's NHS Foundation Trust is committed to reducing health inequalities and promoting health equity in the community. The Trust is working to ensure that all members of the community have access to high-quality healthcare services and that cultural awareness and sensitivity are embedded in all aspects of care delivery. By working collaboratively with community organisations and local authorities, the Trust is making a positive impact on the health and wellbeing of the people it serves.

Quality (including quality governance data quality)

Further information on the Trust's 2022/23 quality performance can be found in the Quality Report and the Annual Governance Statement.

Corporate Objectives

Performance across all domains is driven by a series of Corporate Objectives agreed on an annual basis by the Board of Directors. Each Corporate Objective supports achievement of a Strategic Objective and progress in delivery was reviewed at six months by the Board of Directors, as well at year-end. A total of 18 Corporate Objectives were identified for 2022/23 with outcomes for the year reported to the Board of Directors on 6 April 2023.

Emergency preparedness, resilience, and response (EPRR)

The Trust has a duty under the Civil Contingencies Act 2004 to prepare for emergency and business continuity incidents and to ensure the capability to provide an effective response to emergency situations.

The Trust aims to meet its duties within a framework that is safe, effective, caring, responsive and well-led. The Trust EPRR agenda is led by the EPRR Accountable Emergency Officer (Chief Operating Officer) supported by the Emergency Planning & Business Continuity Manager. In order to meet its legal duties, the Trust holds a portfolio of emergency and business continuity plans which have been developed in consultation with divisional teams and relevant corporate leads.

The Trust is required to work in cooperation with other Category 1 Responders including other NHS Trusts and the emergency services, in relation to emergency planning processes and incident response. The Trust is represented at the Merseyside Local Health Resilience Partnership at both strategic and operational level. The partnership led by NHSE aims to coordinate and direct cooperative working including in relation to risk management and shared learning from exercises and incident response.

The Trust Incident Control Centre (ICC) led by the Chief Operating Officer was activated to manage and monitor episodes of industrial action from December 2022 - April 2023, with command and control arrangements in place. A major / critical incident was not declared during these activations.

An EPRR Assurance Board Report was submitted (November 2022) based on the outcomes of the NHSE EPRR Core Standards self -assessment review for 2022. In summary 56 EPRR Core Standards were applicable to NHS Specialist Trusts with an additional 13 deep dive criteria. Assessment of the deep dive criteria is not included within the overall compliance rating. The NHSE quality assurance process included peer review sessions led by the Integrated Care Board and submission of evidence against randomly selected standards.

The Trust fully met 48 of the 56 EPRR Core Standards with a rating of 'Green'. The remaining 8 standards were partially met with a rating of 'Amber'. In addition to the above the Trust fully met 8 of the 13 deep dive criteria with a rating of 'Green' and 4 criteria were partially met with a rating of 'Amber'. The remaining criterion was rated as non-compliant / 'Red.'

The Trust submitted an overall compliance rating of '86% / Partially Compliant' to the Integrated Care Board. An integral part of the EPRR annual assurance process is the development of an action plan to ensure achievement of compliance against outstanding core standards. An action plan was submitted to the Integrated Care Board with actions monitored via the EPRR Sub-Committee.

Security Management

As stated within last year's report, the NHS no longer regulates a framework for Security Management although they do continue to monitor Cyber Security and Fraud separately.

Since the Major Incident in November 2021, the Trust has been supported by statutory agencies to recover and to assist learning for the wider NHS and partners. After commissioning an independent review, the Trust continues to build its own framework for Security, Safety and Response. A project proposal to devise our own strategy with an embedded operational workplan was completed with a plan to complete in 2023/24. The outcomes will support the Trust to understand its threats/vulnerabilities and the steps required to enhance its security footprint to maximise the security and safety of services users, workforce, and assets.

A new Trust workgroup was introduced to manage safety/security and there is a proposal to amend the Trust's Governance Framework to assist in managing security, safety and response risks in a more consistent and more efficient manner. Resources have been identified and applied to this body of work which will continue in to 2023/24 until the project is completed. This will provide the Trust with greater assurance to be able to manage safety threats/risks and respond effectively to minimise impact on service users and business.

Countering fraud and corruption

The Trust is committed to countering fraud and corruption. It engaged the services of a registered counter fraud specialist and is compliant with the requirements of the counter fraud manual. The Trust fully cooperates with NHS Counter Fraud Authority

and responds to the national proactive reviews. The Trust's work in respect of countering fraud and corruption is overseen by the Audit Committee.

There is clear strategic support for anti-fraud and bribery work at the Trust. The Mersey Internal Audit Local Counter Fraud Service is actively supported by the Chief Finance Officer and the Audit Committee. A counter fraud work plan is agreed with the Chief Finance Officer at the start of each year and provided to the Audit Committee for approval. The work plan outlines the core activities to be undertaken during the financial year and allocates resource against each NHS Counter Fraud Authority standard for providers which enable all activities to be delivered. Counter fraud policies are set out in the Trust's Standing Financial Instructions which form a part of our corporate governance manual, reviewed annually. The Trust also has in place a whistle-blowing policy. The Trust's accountable officer for fraud is the Chief Finance Officer and the Head of Financial Services is the nominated Fraud Champion. This role involves:

- Promoting awareness of fraud, bribery and corruption within the organisation
- Understanding the threat posed by fraud, bribery and corruption and,
- Understanding best practice on counter fraud.

Environmental Matters

The NHS Net Zero ambition sets out a challenge for the NHS to significantly reduce its carbon footprint by the year 2045. Individual trusts are required to produce a Green Plan to identify objectives towards supporting this goal.

In Autumn 2021 a multidisciplinary task and finish group comprising staff from all areas of the Trust formed to identify schemes that aim to improve the Trust green footprint and contribute towards carbon reduction. The Trust sought external facilitation in developing this plan through support of the 2030 hub, this is a Local United Nations (UN) hub with a focus on UN sustainability goals. The areas of focus identified are:

- Communications, workforce, and system leadership
- Sustainable models of care
- Informatics
- Travel and Transport
- Estates and facilities
- Medicines
- Supply chain and procurement
- Food and Nutrition

The key areas of work identified are included within Appendix 1 of the Green Plan (<https://www.liverpoolwomens.nhs.uk/media/4095/our-green-plan.pdf>). These are overseen via a Green Plan steering group that will produce a quarterly summary of progress.

During the year, the Trust put into place a shared sustainability agreement with Liverpool University Hospitals NHS Foundation Trust. Priorities of this additional resource are (and these will progress into 2023/24):

- Carbon Footprint:
 - Calculation of scope 1 and 2 carbon footprint. Using Smart Carbon software the exercise will be conducted in line with Greenhouse Gas Protocol. Stage 1: Data collection has commenced.
- Development of a communications plan
- Sustainable/active travel

Other key achievements during the year include:

Anaesthetic Gases

- Audit of nitrous oxide manifold complete – assurance received that leakage was minimal
- Desflurane has been removed from general use – available on request only

Travel

- Participated in Cycling UK's Big Bike Revival programme with Dr Bike event on site
- Responded to Liverpool City Council cycle infrastructure consultation

Finance

- Trust's charitable fund ceased direct fossil fuel investment

Engagement

- Hosted first green volunteer meeting and generated programme of volunteer activities for 2023
- Planted trees for Queen's Green Canopy with Lord Lieutenant and deputy Lieutenant of Merseyside. Included the planting of mulberry trees to continue variety of edible plants onsite for staff, patients, and visitors to pick.
- Project with Archbishop Blanch secondary school students to design a re-planted hospital roundabout
- Work with the Caribbean Centre beekeepers and beehives

Procurement

- Signed up to the Social Value Portal

Key Issues and Risks

The Board of Directors has identified its strategic objectives and associated principal risks, and these are detailed in a Board Assurance Framework which is subject to

regular monitoring and review by both the Board and the Board Committees. The Trust continuously reviews all potential significant risk exposures in the future and content of the Board Assurance Framework is updated where appropriate to ensure effective oversight of mitigating actions and controls. The Trust's approach to risk management and tolerance of risk is informed by a Risk Appetite Statement approved each year by the Board of Directors.

The principal risks to achievement of the Trust's strategic objectives included in the Board Assurance Framework in 2022/23 were (ordered by risk rating):

BAF Risk 2.3: Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

Risk score at the beginning of the year – 20 (4 (likelihood) x 5 (consequence))

Risk score at the end of the year – 20 (4 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation and to patient safety. Good progress is being made on mitigating measures to make the Crown Street site safer with a number of significant capital projects either completed, underway or planned. It should be acknowledged that the impact of this risk cannot be fully mitigated whilst the Trust operates on an isolated site.

BAF Risk 4.1: Failure to ensure our services are financially sustainable in the long term

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

The Trust has a well-defined and evidence backed case that whilst it remains on a single site, long-term financial sustainability will be compromised. Progress has been made to identify strategic solutions to this issue, but these remain unresolved, and it is fully expected that the Trust will forecast a significant deficit position for 2023/24.

BAF Risk 4.3: Failure to deliver the agreed 2022/23 financial plan

Risk score at the beginning of the year – N/A (risk was added in November 2022)

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

Like many NHS organisations, the Trust faced a significant financial challenge in 2022/23 did not deliver its financial plan despite recovery efforts being in place. Whilst the Trust has been in deficit in the past, this has been agreed with regulators and planned for when it has happened.

This risk was added during the year to the BAF as it became meet the financial plan became increasingly challenging. During the last quarter, the likelihood of this risk increased to 'almost certain' from 'likely'.

Further work will be undertaken for 2023/24 and beyond to try to move the organisation to a more sustainable financial footing where this is possible, noting the structural, underlying deficit that is in place.

BAF Risk 1.2: Failure to recruit & maintain a highly skilled & engaged workforce

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

Whilst the Trust has a significant number of controls and sources of assurance, the Trust does have acute and chronic staffing challenges in several areas and a higher than target sickness rate. During the year, the Board (with the support of its Committees) considered whether the on-going industrial action during the latter half of the year meant that the score should be increased. The fact that the impact of industrial action had been well mitigated through the year and that the Trust retained strong relationships with staff and its union representatives meant that it was felt inappropriate to escalate the likelihood to a '5'. The Board remains cognisant that this risk will continue to present one of the most acute challenges to the organisation moving into 2023/24.

BAF Risk 2.4: Major and sustained failure of essential IT systems due to a cyber attack

Risk score at the beginning of the year – 20 (4 (likelihood) x 5 (consequence))

Risk score at the end of the year – 16 (4 (likelihood) x 4 (consequence))

The Trust's Digital Services department places cyber security management at the core of operational activities, ensuring it maintains its Cyber Essentials standard. Various controls are implemented that are considered effective and this reduces the likelihood of a cyber-attack impact. However, if a cyber-attack was successful the impact would likely be catastrophic to Trust services, likely rendering digital systems that clinical services are increasingly dependent on, unavailable for a period of time. The Digital Services department continued to strengthen controls through process refinement and the introduction of security technologies during the year. On this basis of this, the impact score was reduced from '5' to '4'. Due to recent world events, the environment risk or likelihood for a cyber-attack increased from possible (3) to likely (4). The NHS has reflected the increased threat through guidance issued to all NHS providers and arm's length bodies during March 2022.

BAF Risk 2.2: Failure to develop our model of care to keep pace with developments and respond to a changing environment

Risk score at the beginning of the year – 16 (4 (likelihood) x 4 (consequence))

Risk score at the end of the year – 16 (4 (likelihood) x 4 (consequence))

Whilst the Trust could demonstrate evidence of being open and responsive to change in service development and delivery during the year, the risk score reflected the

significant risk to the organisation of a lack of an EPR (and as a corollary, having in place a disparate number of clinical systems).

This will remain a significant risk moving into 2023/24 but this should reduce with implementation of an integrated Meditech EPR system in July 2023. Work is also in place to support the approach to horizon scanning and longer term, strategic planning at a Divisional level.

BAF Risk 2.1: Failure to progress our plans to build a new hospital co-located with an adult acute site

Risk score at the beginning of the year – 15 (3 (likelihood) x 5 (consequence))

Risk score at the end of the year – 15 (3 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation. The Trust can demonstrate strong controls in relation to developing the clinical evidence base for the move and has achieved buy in from significant stakeholders. There remains however, a lack of definitive commitment to secure the capital required. This issue will now progress with the Women's Services Sub-Committee of the NHS Cheshire and Merseyside Integrated Care Board.

BAF Risk 1.1: Failure to be recognised as one of the most inclusive organisations in the NHS with zero discrimination for staff and patients (zero complaints from patients, zero investigations)

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has several strong controls in place against this risk and can demonstrate effective performance in comparison with other NHS trusts (see 2022 WRES report for example). The Trust also recently benchmarked within the top 50 inclusive places to work and improved its position from 2021/22 to 2022/23. However, this is an ambitious aim within the Trust's 2021-25 strategy and will require significant cultural change to achieve together with a continued and unrelenting focus.

BAF Risk 3.1: Failure to deliver an excellent patient and family experience to all our service users

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust continues to receive positive feedback from significant patient surveys. To improve further, it is imperative that the organisation ensures that it can listen to patient voices and the local community and ensure that services are responsive and can cater to differing needs. The evidence for how effective the organisation is undertaking this can be strengthened from the current position and will be a key focus for the Trust in 2023/24.

BAF Risk 5.2: Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has a current rating of 'requires improvement' for well-led from the most recent CQC inspection. The outcome from the 2023 CQC inspection was published on 23 June 2023 and further work will be required in 2023/24 to refine process and to ensure that the Trust remains 'inspection ready'.

BAF Risk 5.1: Failure to progress our research strategy and foster innovation within the Trust

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has a well-established and successful research process. To strengthen this area and further mitigate this risk, the Trust will look to widen participation in research across the organisation making links explicit with quality improvement activity. There is also an opportunity to further enhance the Trust's research profile in the local system but also nationally and internationally. The Children Growing Up in Liverpool longitudinal birth cohort study is due to start in 2023/24 and this is a project being supported by the Trust.

BAF Risk 4.2: Failure to expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has well defined partnerships and relationships with several key stakeholders. The regulatory and system landscape remains nascent, and the Board has sought additional clarity on governance arrangements (and the Trust's role in this) during 2022/23 in order to mitigate this risk and work towards the target score. It has also been agreed to provide enhanced reporting on partnership arrangements (and their efficacy) during 2023/24 through to the Board.

The underlying connection between all risk areas is the fact that the Trust remains isolated on a single site. Whilst there well documented clinical risks caused by our isolated location, remaining on a single site also impacts the Trust's financial sustainability and our ability to recruit staff, particularly in high-risk specialties. It is not anticipated that the risk profile for the Trust will change significantly from 2022/23 to 2023/24.

Further information on the Trust's risk management arrangements is detailed in the Annual Governance Statement 2022/23 which can be found in section 3vii of the report.

A handwritten signature in black ink that reads "Kathryn Thomson". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Kathryn Thomson
Chief Executive
29 June 2023

3. Accountability Report

3i(a) Directors' report

The Board of Directors

During the period 1 April 2022 to 31 March 2023, the following were members of the Board of Directors:

Non-Executive Directors

Robert Clarke	Chair
Tony Okotie	Non-Executive (until July 2022)
Jackie Bird	Non-Executive Director (from 1 April 2022)
Dr Susan Milner	Non-Executive Director & Senior Independent Director (until May 2022)
Tracy Ellery	Non-Executive Director & Vice Chair
Prof. Louise Kenny CBE	Non-Executive Director (Senior Independent Director from June 2022)
Louise Martin	Non-Executive Director
Zia Chaudhry MBE	Non-Executive Director
Gloria Hyatt MBE	Non-Executive Director
Sarah Walker	Non-Executive Director

Executive Directors

Kathryn Thomson	Chief Executive	
Michelle Turner	Chief People Officer & Deputy Chief Executive	
Jennifer Hannon	Chief Finance Officer	from 1 January 2023
Gary Price	Chief Operating Officer	
Marie Forshaw	Chief Nurse & Midwife	to 31 August 2022
Dr Lynn Greenhalgh	Medical Director	
Eva Horgan	Chief Finance Officer	to 31 December 2022
Dianne Brown	Chief Nurse	from 21 December 2022
Matt Connor (1)	Chief Information Officer	

Notes:

(1) Matt Connor is a non-voting member of the Board.

Directors' responsibility for preparing the financial statements

The Directors are responsible for preparing the Annual Report and Accounts and consider that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Statement of disclosure to auditors

In accordance with the requirements of the Companies (Audit, Investigations and Community Enterprise) Act 2004, the Trust confirms that for each individual who was a Director at the time that the Director's Report was approved, that:

- ❖ so far as each of the Trust Directors is aware, there is no relevant audit information of which the Trust's auditor is unaware; and

- ❖ each Director has taken all steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

For the purposes of this declaration:

- ❖ relevant audit information means information needed by the Trust's auditor in connection with preparing their report; and
- ❖ that each Director has made such enquiries of his/her fellow Directors and taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the Trust to exercise reasonable care, skill and diligence.

Compliance with the Code of Governance

The Trust's response to this requirement can be found in Section 3iv, Disclosures set out in the NHS Foundation Trust Code of Governance.

The Code also requires the directors to make specified information available in the annual report, or to provide certain descriptions of governance arrangements. The annual report addresses these requirements, placing much of the information and appropriate statements in the content of the report.

Board meetings and attendance

The Board of Directors met on a total of 11 occasions during 2022/23. And the record of member attendance at both Board of Directors meetings and Committee meetings is included below. The Board also held development workshops throughout the year, usually on the same day as a Board meeting. The exception to this was the development session held in March 2022.

	BOARD OF DIRECTORS	AUDIT COMMITTEE	QUALITY COMMITTEE	PUTTING PEOPLE FIRST COMMITTEE	FINANCE PERFORMANCE AND BUSINESS DEVELOPMENT COMMITTEE	CHARITABLE FUNDS COMMITTEE
Robert Clarke*	11 of 11					
Tracy Ellery	10 of 11	5 of 5			10 of 11	3 of 3
Prof Louise Kenny CBE	6 of 11		8 of 11			
Louise Martin	11 of 11			5 of 6	9 of 11	3 of 3
Gloria Hyatt MBE	9 of 11		9 of 10	6 of 6		
Zia Chaudhry MBE	11 of 11	4 of 5		6 of 6		
Sarah Walker	7 of 11		9 of 11		8 of 10	
Jackie Bird	9 of 11	5 of 5	11 of 11			3 of 3
Tony Okotie (to 30 June 2022)	3 of 4		3 of 3		2 of 2	

Dr Susan Milner (to 31 May 2022)	2 of 2		1 of 2	2 of 2		
Kathryn Thomson	11 of 11				9 of 11	
Michelle Turner	10 of 11		9 of 11	5 of 6		1 of 3
Dr Lynn Greenhalgh	10 of 11		10 of 11			
Gary Price	10 of 11		11 of 11	5 of 6	11 of 11	
Jennifer Hannon (from 1 January 2023)	2 of 2		2 of 3			
Eva Horgan (to 31 December 2022)	9 of 9		6 of 8		8 of 8	2 of 2
Dianne Brown (from 21 December 2022)	2 of 2		3 of 3	1 of 2	1 of 3	1 of 1
Marie Forshaw (to 31 August 2022)	4 of 5		4 of 4	2 of 2	4 of 4	0 of 1
Matt Connor**	11 of 11					

*Robert Clarke, Chair, attends Board Committee meetings on an ad hoc basis. His attendance is not included in the table as he is not an actual member of any of the Committees.

**Matt Connor is a non-voting member of the Board

How the Board operates

For most of the year under review, the Board comprised of eight independent non-executive directors, including the chair and senior independent director, and seven executive directors (one non-voting), including the Chief Executive. Between April and June 2022, there were ten non-executive directors and then from June 2022 to July 2022 there were nine non-executive directors due to timings with terms of office.

The Trust is committed to having a diverse board in terms of gender and diversity of experience, skill, knowledge, and background. The biographical details of the directors, together with details of the vice chair and senior independent director can be found in section 3i(c) Board of Directors pen portraits. All Board and Board Committee meetings held during the year were quorate with the exception of one Putting People First Committee meeting held in March 2023. All decisions made by the Board and its Committees were approved unanimously and recorded appropriately.

The Non-Executive Directors bring a wealth of experience at Board level and complement the Executive Director representation on the Board in the provision of challenge and scrutiny on operational and strategic matters. Further details on the appointment of Executive and Non-Executive Directors can be found in section 3ii Remuneration Report.

The Board has a collective responsibility for setting the strategic direction for the Trust, and the effective stewardship of the Trust's affairs, ensuring compliance with its provider licence, constitution, mandatory guidance and contractual and statutory duties. The Board provides effective and proactive leadership of the Trust within a robust governance framework of clearly defined internal controls and risk management processes and approves the Trust's financial and operational plans, taking into

account the views of governors. The Board sets the Trust's vision, values and standards of conduct and behaviour, ensuring that its obligations to stakeholders, including patients and members are met; ensures the quality and safety of services, research and education and application of clinical governance standards including those set by NHS England, the Care Quality Commission, NHS Resolution and other relevant bodies. The Board has a formal schedule of matters reserved for Board decisions; these are included in the Trust's scheme of reservation and delegation.

The unitary nature of the Board means that Non-Executive Directors and Executive Directors have equal responsibility to challenge Board decisions and for development of Trust operations and strategy. The Board delegates operational management and the execution of strategy to the Executive Team and has established an integrated governance committee structure to provide it with assurances that it is discharging its responsibilities.

All directors have full and timely access to relevant information to enable them to discharge their responsibilities and during 2022/23 the Trust continued to utilise an electronic system for the production and circulation of Board packs. This was supplemented using Microsoft Teams to share relevant documentation and to communicate on key issues. At each of its meetings the Board reviews the Trust's key performance information, including reports on quality and safety, patient experience and care, operational activity, financial analyses, and strategic matters. The proceedings at all Board and committee meetings are documented through a process that allows any director's concerns to be recorded in the minutes and assurances provided. The Board meetings are held in public and associated papers are published on the Trust's website in advance of meetings.

Directors can seek individual professional advice or training at the Trust's expense in the furtherance of their duties. The directors and governors have direct access to advice from the Trust Secretary who ensures that procedures for Board meetings, Council of Governors meetings and Committee meetings are followed and that arrangements are compliant with any applicable regulations.

Balance, completeness, and appropriateness

There is a clear division of responsibilities between the Chair and Chief Executive, which has been agreed by both parties and the Board. Further clarity on this division is provided through the adoption of the Board Terms of Reference (first adopted in May 2020 and reviewed annually). The Chair is responsible for leadership of both the Board of Directors and the Council of Governors, ensuring their effectiveness individually, collectively and mutually. The Chair is also responsible for ensuring that members of the Board and Council receive accurate, timely and clear information appropriate for their respective duties and for effective communication with patients, members, clients, staff and other stakeholders. It is the Chair's role to facilitate the effective contribution of all directors and ensuring that constructive relationships exist between the Board and the Council of Governors. The Chief Executive is responsible for the performance of the Executive Directors, the day-to-day management of the

Trust and the implementation and delivery of the Trust's approved strategy and policies.

In accordance with the requirements of the NHS Foundation Trust Code of Governance, all our Non-Executive Directors, including the Chair, are considered to be independent. The biographical details set out in section 3i(c) Board of Directors pen portraits, demonstrate the wide range of skills and experience that they bring to the Board and each of our Non-Executive Directors have signed a letter of appointment to formalise their terms of appointment. The Non-Executive Directors also complete a certification of continuing independence on an annual basis.

Performance evaluation of the Board, its Committees and individual Directors is undertaken in a number of ways including; annual review of its work plan; annual review of Committee Terms of Reference and annual reports detailing achievements during the year from each of its Committees. At the conclusion of each meeting the Board and its Committees assess the effectiveness of the meeting.

The Board believes that its members have a good balance of skills, experience and length of service, but also recognises the value of effective and timely succession planning. All Directors participate in an annual appraisal process which includes evaluation of their performance against objectives agreed at the beginning of each year. The Chair appraises all Non-Executive Directors, and the Senior Independent Director appraises the Chair, taking into account the views of other Board members, members of the Council of Governors and external stakeholders (e.g., Chair's from system partners) as part of this process. The outcomes from appraisals of the Chair and Non-Executive Directors are reported to the Council of Governors. The Chief Executive appraises Executive Directors, and the Chair appraises the Chief Executive. A report on outcomes of these appraisals is presented to the Nomination and Remuneration Committee of the Board of Directors.

The Chair's other significant commitments, and those of other Directors, are detailed in section 3i(c) Board of Directors pen portraits and are recorded in the Board of Directors' Register of Interests. Members of the public can find the register of interests at www.liverpoolwomens.nhs.uk.

Directors can be contacted by email via the 'contact' link on the Trust's website at [www.liverpoolwomens.nhs.uk/Contact Us/](http://www.liverpoolwomens.nhs.uk/Contact_Us/) or via the Trust Secretary.

Understanding the views of the governors, members and the public

The Board recognises the value and importance of effective engagement with Governors to ensure that Governors can properly fulfil their role as a conduit between the Board and the Trust's members, the public and other stakeholders.

The Board of Directors and Council of Governors enjoy a good working relationship, and each body is kept advised of the other's progress through the Chair. The agenda for both Board of Directors and Council of Governors meetings includes a standing item for the Chair to share any views or issues raised by directors, governors, and

members. Members of the Board routinely attend both Council of Governors meetings and the Council's Group meetings (see section 3i(d) for more information).

Members of the Council of Governors have access to Board meeting agendas and papers and, along with other members of the public, are welcome to attend and observe meetings of the Board held in public to gain an understanding and appreciation of the business being conducted by the Board of Directors. Governors are encouraged to attend the Board meetings to observe the participation of the Non-Executive Directors in their scrutiny and challenge of reports presented by the Executive Directors. This helps the governors to discharge their duty of holding the Non-Executive Directors to account, individually and collectively, for the performance of the Board. As Board meetings have been held as hybrid meetings since the pandemic, Governors and members of the public are able to attend via the on-line meeting platform if they cannot attend in person to observe proceedings.

Non-Executive Directors attend Council of Governor meetings and Governor Group meetings where they report on matters discussed by the Board of Directors and Board Committees and explain how they have obtained assurance on specific matters. This provides Governors with the opportunity to put questions to Non-Executive Directors and seek clarification on any matters that may have arisen at Board or Board Committee meetings.

Patient care and Stakeholder Relations

Community Diagnostics Centre

Liverpool Women's Hospital was chosen as one of three sites for the newly formed Community Diagnostic Hubs across Cheshire and Merseyside (CDC) that launched in 2021/2022.

The centres will help to achieve:

- earlier diagnoses for patients through easier, faster, and more direct access to the full range of diagnostic tests needed to understand patients' symptoms.
- a reduction in hospital visits which will help to reduce the risk of COVID-19 transmission
- a reduction in waits by diverting patients away from hospitals, allowing them to treat urgent patients, while the community diagnostic centres focus on tackling the backlog a contribution to the NHS's net zero ambitions by providing multiple tests at one visit, reducing the number of patient journeys, and helping to cut carbon emissions and air pollution.

GPs will be able to refer patients to the CDC's so they can access lifesaving checks closer to home and be diagnosed for a range of conditions, rather than travelling to hospital. This will be more convenient for patients, more efficient and more resilient to the risk of cancelled tests.

During 2022/23 a new permanent CT Scanner was installed and became fully operational. This new permanent CT Scanner will give patients in the community

access to diagnostics much earlier than they would have had before and will also reduce transfers for Trust patients who would ordinarily have to go over to the Royal Liverpool Hospital for such tests. In addition, this will not only benefit Liverpool Women's patients but many others across the region who are waiting for diagnostic care including patients from Liverpool University Hospitals (LUHFT), Liverpool Heart and Chest (LHCH) and Clatterbridge Cancer Centre (CCC). Towards the end of the year a permanent MRI scanner was also installed within the Community Diagnostic Centre.

Consultations

No formal public consultations in respect of proposed changes to the Trust's services were carried out during the year but plans continue in respect of consulting our patients, staff and stakeholders in respect of the proposed future strategic direction for women's health services.

Register of interests

A register of significant interests of directors and governors which may conflict with their responsibilities is available from the Trust Secretary and on our internet site www.liverpoolwomens.nhs.uk.

Board committees

The Board has three statutory committees: the Charitable Funds Committee and the Audit Committee, both chaired by an independent Non-Executive Director; and the Nominations and Remuneration Committee, chaired by the Trust Chair. There are three additional committees; the Quality Committee; Putting People First Committee; and Finance Performance and Business Development Committee. Each works closely with the Audit Committee but report directly to the Board by way of Committee Chair reporting. Urgent matters are escalated by the Committee Chair to the Board through the Chair's Reports as deemed appropriate. Throughout the year, a 'Chair's Log' process has been in place which formalises the delegation of actions between Committees and the Board. Each Committee is chaired by an independent Non-Executive Director with exception of the Nominations and Remuneration Committee which is chaired by the Trust Chair.

In October 2022, the Board agreed to sign a Joint Working Agreement with the Cheshire and Merseyside (C&M) acute and specialist provider collaborative (CMAST). The main function of CMAST to provide a vehicle to support member trusts to collaborate on matters that can be best progressed and responded to, at scale, and through shared focus or action. Part of the governance arrangements that the Trust agreed to included the formation of a Committee in Common which is intended to meet in specified circumstances. Whilst a meeting was not held during 2022/23 the Committee in Common forms part of the Trust's formal corporate governance arrangements.

Further details on the work of the Committees can be found at:

- Audit Committee - section 3i(b);

- Nominations Committee and Remuneration Committee - section 3ii Remuneration report;
- Quality committee, the Putting People First committee and the Finance Performance and Business Development committee - section 3vii Annual Governance Statement.

NHS England's well-led framework

NHS England (then NHS Improvement) published its Well-Led Framework in June 2017. The Framework provides a means for trusts to undertake developmental reviews to assess their arrangements for effective leadership and governance. The Framework is based on eight Key Lines of Enquiry (KLOE), consistent with those used by the Care Quality Commission for inspection purposes, and outcomes of periodic reviews inform the content of Board-owned development plans to enhance practice, as appropriate, across the range of KLOE subject areas.

The Trust last commissioned an external review in 2021 (commencing in January 2021, final report received in July 2021) by Grant Thornton. Grant Thornton was appointed following a tender exercise and were fully independent from the Trust.

The independent review confirmed that there were no material governance concerns and several areas of good practice were noted, particularly:

- The Trust is focussed on quality and sustainability and this features in meetings throughout the levels of the organisation
- The data and information available to Divisions is of good quality and used to guide operational performance conversations at Divisional meetings and performance reviews, providing a 'golden thread' between Divisions and the Board
- The Trust has many examples of how it has worked extensively with its partners on the delivery of its services

Some areas for further work and opportunities for improvement were also highlighted, which the Board of Directors acknowledged, and these were the subject of an action plan. Examples included:

- Ensuring that best practice is shared between the respective Divisions to work towards a maturity level parity.
- The need to ensure that a documented Quality Improvement Methodology is in place
- Learning from serious incidents is an area that requires strengthening.

There is an expectation that trusts will, in addition to an independent external validation being undertaken every three years, undertake annual development review activities, with the scope determined by the Board of Directors. In September 2022, the Trust reviewed its current well-led action plan alongside several published documents that related or impacted NHS provider governance to help to ensure that the Trust's well-led aims are aligned with these. This included the update of the Code of Governance

NHS England guidance documents on good governance and collaboration; and an addendum on the role of foundation trust councils of governors.

As expected, there is a significant focus on 'system' within the documents and therefore the updated well-led action plan focused upon areas of improvement to support the Trust's approach to being a 'good partner' as the Integrated Care System matured and developed.

There are no material inconsistencies between the Annual Governance Statement, the Corporate Governance Statement, and the Annual Report.

Care Quality Commission

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

The Trust underwent a CQC inspection during January and February 2023 and the final report was published on the 23 June 2023. 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. Following the inspection, the Trust was issued with a Section 29 Warning Notice – more details about which are detailed in item 3vii Annual Governance Statement.

Better payment practice code

The Better Payment Practice Code requires that 95% of undisputed invoices relating to trade creditors are paid within 30 days of receipt. The Trust's performance during 2022/23 and 2021/22 is shown below:

	2022/23	2022/23	2021/22	2021/22
Description	Number	Value in £000's	Number	Value in £000's
Non-NHS				
Total Non-NHS bills paid in the year	13,833	76,882	14,600	60,594
Total Non-NHS bills paid within target	10,990	59,575	11,869	53,576
Percentage of Non-NHS bills paid within target	79.4%	77.5%	81%	88%
NHS				
Total NHS bills paid in the year	856	29,182	1,088	33,036
Total NHS bills paid within target	442	24,338	345	26,155
Percentage of NHS bills paid within target	51.6%	83.4%	32%	79%
Total				
Total bills paid in the year	14,689	106,064	15,688	93,630
Total bills paid within target	11,432	83,913	12,214	79,730
Percentage of Total bills paid within target	77.8%	79.1%	78%	85%

No interest was paid to suppliers under the Late Payments of Commercial Debts (Interest) Act 1998.

Cost Allocation and Charging Guidance issued by HM Treasury

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Income disclosure required by Section 43(2A) of the NHS Act 2006

During the year Liverpool Women's NHS Foundation Trust generated income due to the provision of private patient services in fertility services. The income received from this source in 2022/23 was £3,877k (2021/22, £3,855k) which was 2.6% (2021/22, 2.7%) of all Trust income.

This satisfies the requirements of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) where the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Any profits arising from the provision of private patient services are reinvested into patient care at the hospital. The directors consider that the income received otherwise than from the provision of goods and services for the purposes of the health service in England has not had an impact on the provision of goods and services for those purposes.

Additional reporting information

Additional information or statements which fall into other sections within the annual report and accounts are signposted below:


- ❖ The Trust has not made any political donations during the year.
- ❖ A statement on accounting policies for pensions and other retirement benefits are set out in note 9 to the accounts and details of senior employees' remuneration can be found in the section 3ii Remuneration Report.
- ❖ Trust policies on employment and training of disabled persons can be found in the Staff Report section 3iii.
- ❖ Details of sickness absence data can be found in the Staff Report section 3iii.
- ❖ Details of the Trust's approach to communications with its employees can be found in the Staff Report section 3iii.
- ❖ Details of the Trust's financial risk management objectives and policies and exposure to price, credit, liquidity and cash flow risk can be found in note 27 of the annual accounts.

Related Party Transactions

The Trust has several significant contractual relationships with other NHS organisations which are essential to its business. A list of the organisations with which the Trust holds the largest contracts is included in note 29 to the accounts.

Appointment of External Auditors

During the year an audit panel was formed with representatives of the Council of Governors. In November 2022 the Council of Governors approved Grant Thornton LLP as the preferred bidder and the Trust's new External Auditors. A handover was provided by the previous auditors KPMG LLP. Further information can be found in section 3i(b) – Audit Committee Report.

A handwritten signature in cursive script that reads "Kathryn Thomson".**Kathryn Thomson**

Chief Executive

29 June 2023

3i(b) Audit Committee report

The Audit Committee comprises solely of independent Non-Executive Directors. The Chair of the Committee was Tracy Ellery. The other members of the committee during the year under review were Zia Chaudhry and Jackie Bird. Attendance at meetings held during is shown in 3i(a) Directors Report. Tracy Ellery has recent and relevant financial experience in accordance with NHSI's Code of Governance (provision C3.1).

The Chief Finance Officer, Deputy Chief Finance Officer, Trust Secretary, Financial Controller and external and internal auditors are usually in attendance at meetings of the Committee. Executive directors and other managers are required to attend for specific items, as is the local counter fraud specialist.

The Committee is responsible on behalf of the Board of Directors for independently reviewing the Trust's systems of governance, control, risk management and assurance. The Committee's activities cover the whole of the organisation's governance agenda, and not just finance. The Committee also has a duty to monitor the integrity of the financial statements and related reporting. The latest Terms of Reference for the Committee were approved by the Board in April 2023 and are available on request from the Trust Secretary.

The Committee has reviewed relevant disclosure statements for 2022/23, in particular the annual governance statement, internal audit board assurance framework opinion which when combined together with receipt of the head of internal audit opinion, external audit opinion and other appropriate independent assurances provides assurances on the Trust's internal control and risk management processes.

Action plans in response internal audits were overseen by the Committee with independent assurance provided by follow up by internal audit. There were two limited assurance reports received during 2022/23 –

- Ockenden Review – issues highlighted related to the check and challenge of and the availability of the evidence underpinning actions taken against recommendations.
- Intra NHS SLAs and Contracts Review - Overall, the review identified that controls relating to CSS Intra NHS SLAs and Contracts had not been designed appropriately and/or had not been operating effectively.

The Committee remitted that additional oversight be provided on these issues to the Finance, Performance & Business Development Committee and Quality Committee respectively. The resulting actions will be monitored by the Audit Committee during 2023/24 via the follow up process.

With regards to discussion of key matters, during the year the Committee has:

- Reviewed amendments to the Trust's Corporate Governance Manual

- Received a report which detailed the range of governance processes in place to provide assurance on the effectiveness of internal control arrangements.
- Receive assurance that the Trust had been able to evidence robust processes when completing the HFMA Sustainability Checklist.
- Received a report on the Trust's approach to managing conflicts of interest.
- Receive assurance that the Trust had strengthened its controls relating to external inspections and accreditations.
- Considered the Clinical Audit Annual Report and Forward Plan
- Received a report seeking approval for the write-off of aged debt. The Committee was assured on the reasons why the various debts were deemed to be unrecoverable and approved the write-off.
- Been updated on work to improve the maturity of divisional governance arrangements. It was agreed that divisions would be invited on a rota basis from July 2023 onwards to update the Committee on their progress.

At the March 2023 meeting, the Committee received a report from the external auditor on the external audit plan for the annual report and accounts 2022/23. This included an analysis of the external auditor's assessment of significant audit risks (improper revenue recognition, fraud in expenditure recognition, management override of controls, valuation of land and buildings, opening balances and hosting arrangements), the proposed audit strategy, audit and reporting timetable and other matters. The Committee discussed and approved the proposed plan recognising that the approach would be responsive to the many changes affecting the Trust.

The Committee reviewed the accounting policies and annual financial statements prior to submission to the Board and considered these to be accurate. It has ensured that all external audit recommendations had been addressed.

The going concern statement was presented to Audit Committee at the Committee meeting on 23 June 2023 where it was discussed and approved for recommendation to the Board of Directors.

Internal Audit

Internal Audit Services, which include an Anti-Fraud service, have been provided by Mersey Internal Audit Agency (MIAA) during 2022/23. The main purpose of the Internal Audit Service is:

- To provide an independent and objective opinion to the Accountable Officer, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives; and
- The provision of an independent and objective consultancy service specifically to assist the Trust's management to improve the organisation's risk management, control and governance arrangements.

MIAA deliver a risk-assessed audit plan, which is approved each year by the Audit Committee. This is delivered by appropriately qualified and trained Internal Auditors led by a nominated Audit Manager. Owing to emerging challenges throughout the year, there was a need to be flexible with progressing the elements within the 2022/23 Internal Audit Plan. Nevertheless, the majority of the plan was delivered (considering approved plan variations). This position has been reported within the progress reports across the financial year. The total cost for the service during 2022/23 was £70,000 (for both Internal Audit and Counter Fraud).

Countering Fraud and Corruption

Counter Fraud services are provided by MIAA. The Trust's Anti-Fraud Specialist (AFS) regularly attends the Committee to update on anti-fraud activity, ongoing cases and progress against the work plan agreed by the Committee. The Anti-Fraud Services Annual Report was considered by the Committee in June 2023. The annual declaration which was based on the self-assessment of compliance against the Protect Standards was considered with overall performance assessed as 'green'. This indicates a high level of compliance with the specified standards with areas for improvement relating to ensuring staff awareness of fraud prevention policy guidance.

External Audit

During the year the Trust was informed by KPMG LLP of their intention to extend its contract for the provision of External Audit Services in 2022/23, caveated with a late submission in July 2023; along with no further options to extend past 2022/23. As a result, the Trust wished to explore market options to assess appetite, and viability of a successful appointment to an alternative External Audit partner.

During the year, an External Audit Procurement Panel, comprised of three Governor representatives, the Chair of the Audit Committee, the Chief Finance Officer, the Trust Secretary and the Head of Procurement and Contracts, was formed to provide advice and opinion to Council of Governors around procurement options for the provision of external audit. In November 2022 the Council of Governors approved Grant Thornton LLP as the preferred bidder and the Trust's new External Auditors. A handover was provided by the previous auditors KPMG LLP.

The contract with Grant Thornton is for three years from 2022/23 to 2024/25. The contract does not cover any non-audit services to the Trust. A policy is in place to outline how auditor objectivity and independence would be safeguarded if such work was performed.

The fees for the 2022/23 annual audit were £109,490 plus VAT (2021/22 - £80,040).

Work planned for 2023/24

The key issues facing the Audit Committee for the year 2023/24:

- The transition to a statutory integrated care system (ICS). This is a major change for the NHS, and it will be important for the Trust to ensure that it is well-prepared. The Audit Committee will need to monitor the Trust's progress in its continuing transition to working within an ICS, and to provide assurance that the Trust is working effectively in the new arrangements.
- The quality of care. The Audit Committee will need to continue to focus on the quality of care provided by the Trust. This includes ensuring that the Trust has effective systems in place to monitor and improve the quality of care, and that it is responding to any concerns raised by patients and staff. This includes monitoring the triangulation of key issues and the balance of risk between the respective Board Committees – ensuring that challenges are seen holistically.
- Financial sustainability. The Trust (and the wider NHS) is facing a significant financial challenge, and it will be important to ensure that sufficient processes are in place to monitor the financial position and that effective action is being put into place to improve longer term financial sustainability.
- Governance and risk management. The Audit Committee will need to continue to focus on the Trust's governance and risk management arrangements. This includes ensuring that the Trust has effective systems in place to identify, assess and manage risks, and that it is reporting on its governance and risk management performance to the Board. This will include seeking assurance on the maturity of governance structures and processes within each Division.

These are just some of the key issues facing NHS Foundation Trust Audit Committees for the year 2023/24. The Audit Committee will need to work closely with the Board to ensure that the Trust is well-managed and that it is providing high-quality care to patients in the context of significant challenge.

3i(c) Board of directors - pen portraits

Non-Executive Directors

Robert Clarke – Chair

Robert joined the Board of Liverpool Women's in March 2016. He has a wide range of Board experience having spent seven years as a non-executive Director at Lancashire Teaching Hospital NHS Foundation Trust, where he held a number of positions culminating in the role of vice chairman.

Robert is the managing partner of a family dairy farm and has also had experience of a small start-up business, collecting agricultural plastics for recycling, through to large National businesses in the agricultural cooperative sector. He has held directorate roles at Zenith Milk Ltd, the Royal Association of British Dairy Farmers and Dairy Farmers of Britain Ltd in addition to his NHS roles.

Tracy Ellery (Vice-Chair)

Tracy joined the board of Liverpool Women's on 1 March 2019 from the North West Ambulance Service (NWAS) where she retired as Director of Finance on 31 January 2019. In addition to Finance her remit at NWAS covered responsibility for Patient Transport Services, Fleet, Estates, IT, Procurement and Contracting.

Tracy began her NHS career in 1982 in East Cheshire and is a professionally qualified accountant (FCCA) with a business degree. Her previous roles included being Deputy Chief Executive/Director of Finance at Manchester Mental Health and Social Care Trust, a post she held for 10 years. She brings over 16 years' experience at Board level and has been a Director of Finance in five NHS organisations spanning mental health, learning disabilities, community, primary care, commissioning and acute organisations.

Prof Louise Kenny CBE – Non-Executive Director (Senior Independent Director from 1 June 2022)

Louise joined the board of Liverpool Women's on 1 March 2019 Louise is the Pro Vice Chancellor of the Faculty of Health and Life Sciences at the University of Liverpool; Professor of Maternal and Foetal Health. She is a Founding Director of the Science Foundation Ireland (SFI) funded Irish Centre for Foetal and Neonatal Translational Research and was until December 2017 Professor of Obstetrics and Gynaecology at Cork University Maternity Hospital where she worked as a Consultant Obstetrician and Gynaecologist from 2006-2018.

Louise has a longstanding clinical and research interest in hypertensive disorders of pregnancy. Her research group is supported by more than €30 million of peer reviewed funding and has resulted in >200 peer reviewed original papers, reviews and book chapters. She has received numerous awards for her work, most recently the prestigious title of Researcher of the Year by SFI (2015) and 2015 Irish Tatler magazine Woman of the Year Award for STEM.

Louise Martin – Non-Executive Director

Louise joined the Liverpool Women's Hospital board in April 2021. She worked in the NHS for fifteen years in various clinical and management roles, before moving to specialise in asset management for international investment companies where she led large multidisciplinary consortia in the development and delivery of complex infrastructure projects.

Louise has served as a non-executive director in NHS organisations for over twenty years and is currently Chair of PropCare Limited, a wholly-owned company of the Clatterbridge NHS Foundation Trust, which oversaw the construction and delivery of the new Liverpool Cancer Centre in 2020.

A resident of Liverpool and user of the Trust's services, Louise is committed to the delivery of the highest levels of patient satisfaction, staff engagement and service quality.

Gloria Hyatt MBE – Non-Executive Director

Gloria joined Liverpool Women's in December 2021. She has a wide-ranging background, having worked as a Head Teacher in the secondary education and adult learners sector before changing direction in 2005 becoming Founding Director of Teach Consultancy. Her work has involved undertaking consultancy roles for The Office of Deputy Prime Minister and The General Teaching Council for England. She has worked on behalf of a significant number of LA's, City Council's, and organisations across the country and sectors, consulting and delivering on education, change management, business, research, race equality and community engagement commissions.

She has held Board and Chair positions at Liverpool John Moores University, The General Teaching Council for England and a number of charitable organisations. She is currently Chair of The Liverpool City Regions Race Equality Business Support Working Group and a Board Member of Liverpool City Region, Local Enterprise Partnership. Gloria was a recipient of a MBE for services to education in 2003, and has numerous other awards. She is Liverpool's first Black Head Teacher, a qualified Teacher, Trainer and Corporate and Executive Coach.

Zia Chaudhry MBE – Non-Executive Director (from 1 December 2021)

Zia joined the Board of LWH in December 2021 having spent 27 years as a barrister specialising in criminal law.

Aside from his legal work he has been involved in interfaith work for over twenty years and in 2013 wrote Just Your Average Muslim. In 2015 he was awarded an MBE for services to interfaith relations and in 2017 was conferred with an Honorary Fellowship by Liverpool John Moores University for his services to community relations.

In 2018 he left the Bar in order to head up LJMU's civic engagement work. Since then he has founded Premier Advocacy which helps organisations seeking training in

presentational skills as well as improving their diversity awareness. In 2019 Zia was appointed a Deputy Lieutenant of Merseyside and in 2020 joined the Education Improvement Board. He remains keen on outreach work and using his story to inspire others, particularly those from minority backgrounds.

Sarah Walker – Non-Executive Director

Sarah joined the Liverpool Women's Hospital board in December 2021. She worked for BT for 24 years across a variety of roles, and is currently the Managing Director, Enterprise for Cisco. She is also the Chair of the Board of Trustees for Greater Manchester Communication Academy.

Sarah has worked with a number of charitable organisations to raise awareness of Baby and Infant loss and is an avid ambassador for Mental Health & Wellbeing.

Jackie Bird MBE – Non-Executive Director

Jackie retired as a nurse after over 40 years in the NHS her last role being that of NHSE Regional Chief nurse for the North West. Jackie is a dual registered nurse and has a BSc (Hons) in Nursing Studies and MA in Management and Leadership. Her clinical practice was in the field of Oncology, she was the first Nurse Director of the Greater Manchester & Cheshire Cancer Network.

Jackie held Chief Nurse positions in two Foundation Trusts since 2007, latterly at The Christie in Manchester, where she led the organisation to a CQC outstanding rating in 2016 and 2018. She was awarded two Florence Nightingale scholarships and through these she was able to build upon her passion for quality, patient safety, experience and improving outcomes.

Dr Susan Milner – Non-Executive Director & Senior Independent Director (to 31 May 2022)

Susan joined the Board of Liverpool Women's in June 2016. She has held senior roles in the NHS, academia and local government for the past 20 years. She lives in Liverpool and has worked within commissioning of health services in Liverpool & Halton. Susan continues to work within public health undertaking interim work as Director of Public Health (DPH) in a number of high-profile Local Authority Councils. Whilst working at Liverpool PCT, Susan had responsibility for commissioning services for women and babies.

Susan is a trained nurse and a registered public health specialist and demonstrates a breadth and depth of experience which has taken her from dealing with individual patients in a hospital ward to a population-wide strategic leadership role across the health and social care economy.

Tony Okotie (to 30 June 2022)

Tony joined the Board of Liverpool Women's in July 2015. He has a wide-ranging background, having worked in retail banking and then the regional newspaper

business before changing direction in 2002 to work in the voluntary sector, undertaking a variety of roles. He was Chief Executive of Liverpool Charity and Voluntary Service until December 2016 and is now currently working for BBC Children in Need. Prior to his appointment at Liverpool Women's, Tony was a Non-Executive Director and Vice-Chair with Derbyshire Community Health Services NHS Trust, one of the first Community Foundation Trusts in the country. Tony has a BSc in Social Policy, an MSc in Voluntary Sector Management and is a qualified coach

Executive Directors

Kathryn Thomson – Chief Executive

Kathryn joined the board of Liverpool Women's in September 2008 from the University Hospital of South Manchester NHS Foundation Trust (UHSM), where she was an Executive Director for six years. During that time, she supported the Trust through a major financial and performance recovery plan and subsequent achievement of Foundation Trust status. UHSM had a substantial service and research portfolio and investments were made in significantly improving both services and research in a number of areas including the Medicines Evaluation Unit and breast cancer, through alignment into the state of the art Genesis Centre and investment in a Cardiac Centre including the North West Heart Transplant Centre.

Kathryn's professional background is Human Resources and Organisational Development, and she continues to maintain a focus in these areas. For some years she chaired the Cheshire and Merseyside Local Workforce and Education Group, and she is a Board member of Liverpool Health Partners. Kathryn is the Senior Responsible Officer for the Cheshire and Mersey for the Local Maternity and Neonatal System and also workforce lead for the Cheshire and Mersey Acute and Specialist Trusts Provider Collaborative.

Michelle Turner – Chief People Officer & Deputy Chief Executive

Michelle joined the board of Liverpool Women's in April 2010. Committed to creating great places to work, Michelle is responsible for ensuring the Trust has a competent, engaged and truly motivated workforce focused on delivering the best possible patient experience. She is also responsible for the Trust's communications and marketing functions.

A member of the Chartered Institute of Personnel and Development, Michelle has a long a varied NHS career, working in patient-facing roles early in her career and undertaking senior human resources roles more recently.

Gary Price – Chief Operating Officer

Gary joined the Trust in 2019. His role is to support our clinical teams to deliver the best possible care for our patients and improve performance. He has overall responsibility for the day to day running of Trust operations.

Gary has worked in the NHS for over 20 years. He has a clinical background then moved to hold senior management roles working across all areas of healthcare including Primary, Community, Mental Health, Secondary and Tertiary Care. He has extensive experience managing Women's and Neonatal services.

Dr Lynn Greenhalgh – Medical Director

Lynn first joined Liverpool Women's in October 2002 as a Consultant Clinical Geneticist and joined the Board of Directors in January 2021. She has held various leadership positions within the Trust including being Clinical Director of the Cheshire and Merseyside Regional Genetics Service. Prior to joining the Trust Board, Lynn was appointed as the Medical Director of the North West Genomics Laboratory Hub which is hosted by Manchester Foundation Trust and provides genomics services for the North West.

Lynn trained as a doctor at St Bartholomew's Medical College in London and completed junior doctor jobs in the Midlands, North West and London. After completing a master's degree in Clinical Genetics at Great Ormond Street Hospital she moved to Bristol to complete her specialist training in Clinical Genetics.

Jennifer Hannon – Chief Finance Officer (from 1 January 2023)

Jenny first joined Liverpool Women's in 2012, becoming Deputy Director of Finance in 2014. She joined the Board of Directors in October 2017, undertaking the role of Director of Strategy and Planning on an interim basis, before taking up the post of Director of Finance in February 2018. After a short spell with Lancashire and South Cumbria NHS Foundation Trust, Jenny returned to the Trust as Chief Finance Officer in January 2023.

Jenny trained with professional services firm EY and is a Chartered Accountant and Fellow of the Institute of Chartered Accountants in England and Wales. She has held a number of senior finance roles across a range of organisations and has long standing ties with Liverpool as well as experience of working on national and international projects.

Dianne Brown – Chief Nurse (from 21 December 2022)

An experienced board director, Dianne was appointed Chief Nurse on 21 December 2022. She was previously Chief Nurse at the Trust prior to joining Aintree University Hospital in April 2017 and then Liverpool University Hospitals NHS Foundation Trust following the merger with the Royal Liverpool Hospitals NHS Trust. In 2019. She has had a variety of leadership and managerial roles prior to her appointment as Chief Nurse.

Dianne has extensive experience in all areas of acute care, but her passion lies within Women's Health, choosing to specialise in her earlier career within the field of Gynaecology.

Dianne is passionate about providing safe, effective, and compassionate care for all patients and their families at Liverpool Women's.

Marie Forshaw – Chief Nurse & Midwife (until 31 August 2022)

Marie has a master's degree in General Practice, specialising in community, commissioning organisations, integrated organisations, acute, community and specialist trusts. Marie is driven to providing high quality, safe and effective services, where patients and service users have a positive experience. Marie is committed to leading the midwives, nurses and AHP workforce to be the best that they can be.

Eva Horgan – Chief Finance Officer (until 31 December 2022)

Eva joined the Trust in July 2018 as Deputy Director of Finance and was appointed as Chief Finance Officer in October 2021. Her role included ensuring the Trust's resources are used as effectively as possible, as well as responsibility for strategy and procurement. Eva started her career on the NHS Graduate Training scheme in 2004 and has worked in senior finance roles at a number of NHS organisations across community, mental health, acute and commissioning sectors.

Eva is a Chartered Management Accountant (CIMA) and has a BA (Hons) in Mathematics and Philosophy.

Non-voting Board Members

Matt Connor – Chief Information Officer

Matt joined the Trust in December 2019. Committed to Digital excellence, he is responsible for a diverse Digital Services department encompassing Information, & Digital Systems, Information Technology, Digital Projects, Information Governance, Clinical Coding and Patient Records.

Since 1999, Matt has worked within various Digital Services roles across Cheshire and Merseyside NHS organisations and has held a number of senior roles most recently at Mid-Mersey Digital Alliance and Southport and Ormskirk Hospital NHS Trust.

He is the Cyber Security Digital Lead and Chair for the Cheshire and Merseyside ICS.

3i(d) Council of Governors & Members

Council of Governors

The Council of Governors (Council) ensures that the interests of the community served by the Trust are appropriately represented.

The Council is made up of the following representative constituencies:

14 Public Governors - elected by the Trust's public membership who represents the local community, as follows:

- ❖ Central Liverpool – four Public governors
- ❖ North Liverpool - two Public governors
- ❖ South Liverpool - two Public governors
- ❖ Sefton – two Public governors
- ❖ Knowsley – two Public governors
- ❖ The rest of England and Wales – two Public governors

5 Staff Governors - elected by the Trust's staff members, who they represent, as follows:

- ❖ Doctors – one Staff governor
- ❖ Nurses – one Staff governor
- ❖ Midwives – one Staff governor
- ❖ Scientists, technicians and allied health professionals – one Staff governor
- ❖ Administrative, clerical, managers, ancillary and other support staff – one Staff governor.

8 Appointed Governors - nominated by partner organisations who work closely with the Trust, as follows:

- ❖ Liverpool City Council – one Appointed Governor
- ❖ Sefton Borough Council – one Appointed Governor
- ❖ Knowsley Borough Council – one Appointed Governor
- ❖ University of Liverpool – one Appointed Governor
- ❖ Faith Organisations – one Appointed Governor
- ❖ Community & Voluntary Organisations – one Appointed Governor
- ❖ Liverpool Hope University/ Liverpool John Moores University/ Edge Hill University - one Appointed Governor
- ❖ University of Liverpool/ Liverpool Hope University/ Liverpool John Moores University/ Edge Hill University – one student Appointed Governor

The names of the Governors and the constituencies they represent are set out below. The term of office for governors begins and ends at the annual members' meeting of

the Trust held in September / October each year. The terms of office have been rounded to the nearest year.

Council of Governors Meetings

Each year the Council of Governors meets on at least three occasions, in public. Between April 2022 and March 2023, the Council met on four occasions in public. Governors also participate in meetings of the Council's four sub-groups/committees, details of which are provided below. Details of governor attendance at the full council meetings are set out in the table below.

Public Governor (Elected)	Term in Office	From	To	Council of Governors meetings attended, April 2022 - March 2023
Central Liverpool				
Carol Darby-Darton	3 Years	2020	2022	0 of 1
Peter Norris	3 Years	2020	2023	4 of 4
Pat Denny	3 Years	2021	2024	3 of 4
Ruth Parkinson	3 Years	2021	2024	4 of 4
Irene Teare	3 Years	2022	2025	0 of 2
North Liverpool				
Vacant				
Vacant				
South Liverpool				
Sara Miceli-Fagrell	3 Years	2019	2022	1 of 2
Carol Didlick	3 Years	2021	2024	0 of 4
Angela Ranson	3 Years	2022	2025	2 of 2
Sefton				
Yaroslav Zhukovskyy	3 Years	2020	2023	3 of 4
Annie Gorski	3 years	2021	2024	3 of 4
Knowsley				
Jackie Sudworth	6 Years	2019	2025	4 of 4
Vacant				
Rest of England and Wales				
Evie Jefferies	3 Years	2019	2022	1 of 2

Iris Cooper	3 Years	2021	2024	4 of 4
Olawande Salam	3 Years	2022	2025	0 of 2

Staff Governor (Elected)	Term in Office	From	To	Council of Governors meetings attended, April 2021 - March 2022
Doctors				
Dr Kiran Jilani	3 Years	2020	2023	0 of 4
Nurses				
Rebecca Holland	2 Years	2021	2023	1 of 4
Midwives				
Pauline Kennedy	6 Years	2016	2022	1 of 2
Alison Franklin	3 Years	2022	2025	2 of 2
Scientists, technicians and allied health professionals				
Rebecca Lunt	3 Years	2021	2024	3 of 4
Administrative, clerical, managers, ancillary and other support staff				
Kate Hindle	6 Years	2018	2024	2 of 4

Appointed Governor (Elected)	Organisation	Council of Governors meetings attended, April 2021 - March 2022
Cllr Lena Simic	Liverpool City Council	2 of 3
Cllr Lucille Harvey	Liverpool City Council	1 of 1
Cllr Patricia Hardy	Sefton Borough Council	2 of 4
Cllr Marie Stuart	Knowsley Borough Council	0 of 3
Niki Sandman	University of Liverpool	4 of 4
Rev Dr Miranda Threfall-Holmes	Faith Organisations	1 of 4
Vacant	Community & Voluntary Organisations	
Jane Rooney	Education Institutions	3 of 4

Vacant	Education Institutions – Student Representative	
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Governor elections 2022/23

Governor elections are carried out by Civica (formerly Electoral Reform Services) and the returning officer was Abi Walcott-Daniel. Elections were carried out between August 2022 and September 2022 with eight governor seats available:

Four were filled as uncontested seats and one was contested (South Liverpool).

Governors appointed to uncontested seats were:

- Olawande Salam to the public seat of Rest of England and Wales
- Irene Teare to the public seat of Central Liverpool
- Jackie Sudworth to the public seat of Knowsley
- Alison Franklin to the staff seat of Midwives

Governors appointed to the contested seats were:

- Angela Ranson to the public seat of South Liverpool

There were three public seats (North Liverpool (x2) and Knowsley) unfilled. This will be vacant until the 2023 elections are held.

We also welcomed Cllr Lena Simic (Liverpool City Council) and Cllr Marie Stuart (Knowsley Borough Council) as new appointed governors.

Lead governor

Kate Hindle, Staff Governor, has been lead governor throughout 2022/23. The Lead Governor is the point of contact between NHS England (NHSE) and the Council, in circumstances only where it would be inappropriate for NHSE to contact the Trust Chair.

Role of the Council of Governors

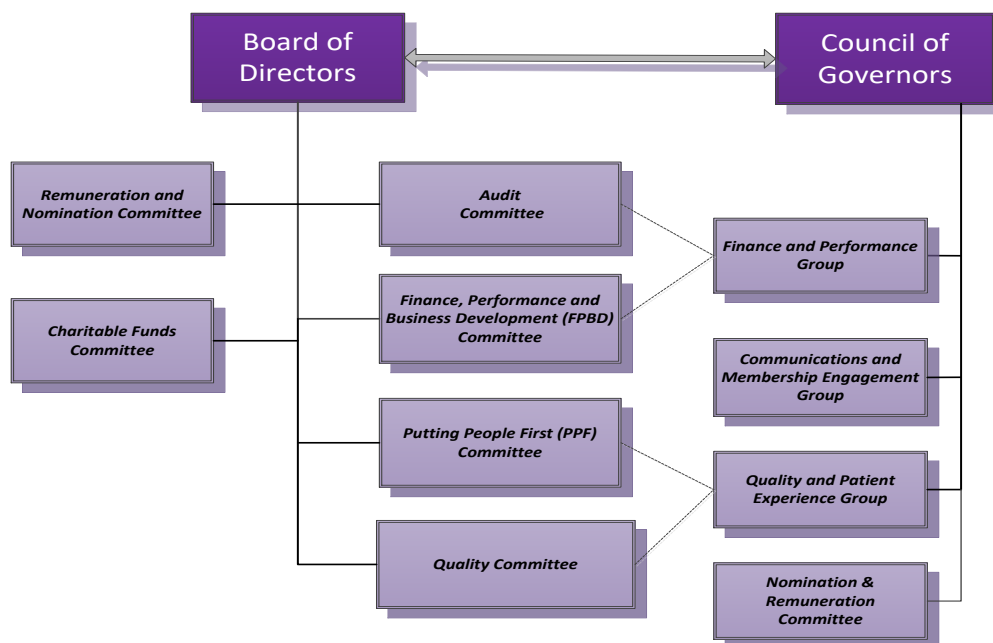
The Council has responsibility for representing the interests of the members, partner organisations and members of the public in discharging its statutory duties which include:

- holding the Non-Executive Directors to account individually and collectively for the performance of the Board
- the appointment and, if appropriate, removal the Chair
- the appointment and, if appropriate, remove the other Non-Executive Directors
- approve the remuneration and allowances, and other terms and conditions of office of the chair and other Non-Executive Directors
- approve the appointment of the Chief Executive on recommendation from the Board Nominations and Remuneration Committee
- appoint, re-appoint and, if appropriate, remove the auditor

- receive the annual report and accounts and any report on these provided by the auditor
- approve any 'significant transactions' as defined within the Trust's constitution
- approve an application by the Trust to enter into a merger, acquisition, separation or dissolution
- decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions, and
- approve amendments to the Trust's constitution.

Council of Governors Group Structure

Since 2017 there has been an assurance sub-group structure in place. The sub-groups mirror the Board Committee structure (see diagram below) and supports the governors in obtaining assurance on the operation of the Trust. The 'sub-group' structure for the Council of Governors comprises of a Communications and Membership Engagement Group; a Quality and Patient Experience Group; and a Finance and Performance Group. Each sub-group has their own terms of reference and are chaired by a Governor and supported by Non-Executive Directors and Executive Directors/Managers. This provides the governors with additional opportunity to address any concerns they may have with Non-Executive Directors that may have arisen during a Board meeting or within the Trust.



Communications and Membership Engagement Group: The purpose of the Group is to assist the Council in the performance of its duties, including recommending objectives and strategy in the development of Communications and Membership matters, having regard to the interests of its Public & Staff members, its patients and other stakeholders.

Quality and Patient Experience Group: The purpose of the Group is to assist the Council in the performance of its duties in the provision of assurance concerning the delivery of quality and safe healthcare; by gaining greater understanding of the influences that impact on the provision of care and services in support of getting the best outcomes and experience for patients.

Finance and Performance Group: The purpose of the Group is to assist the Council in the performance of its duties in the provision of assurance of the Trust's financial and operational performance

Nomination and Remuneration Committee: The work of the Council's Nomination and Remuneration Committee is outlined in section 3ii Remuneration Report.

Each of the Council's sub-groups reports to the Council and makes recommendations for its consideration appropriate to their terms of reference.

There continues to be a positive and constructive working relationship between the Council and the Board of Directors, and this has continued throughout the pandemic through maximizing the use of online platforms. Governors effectively fulfil their statutory duties, and the Council provides both constructive challenge and support to the Board. Executive and Non-Executive Directors regularly attend meetings of the Council and governor groups to understand governors' views and concerns and all directors receive agenda for the Council's meetings. The Board has a standing invitation to attend all meetings of the Council.

During the financial year, the Governors have not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006.

At the November 2022 and February 2023 meetings the Council of Governors were appraised of the Trust's strategy development and key system issues that would inform the Trust's planning assumptions and approach for 2023/24. Governors were able to provide views and comments during these meetings.

Governors' attendance at organised and supported events

Alongside the formal meetings and sub-groups/committees, briefing sessions and communications have taken place to both inform the governors of Trust initiatives and work programs and gain their views and support.

This included a joint training session with the Non-Executive Directors, facilitated by NHS Providers, to consider roles and responsibilities. Governors have also been given specific briefings on the Trust's Fair & Just Culture and emerging outcomes from the CQC inspection. Regular bespoke bulletins have been shared together with video messages from the Chair.

A new initiative put into place during 2021/22 has been the sharing of governors training and briefing opportunities with partner NHS organisations in the Liverpool City region. This has been in recognition that governors across the city are often dealing with the same issues, and this has only increased as the NHS continues to move

towards more collaborative ways of working under the Integrated Care System model. This is something that will continue to grow into 2023/24 and beyond.

Governors are not remunerated but they are entitled to claim expenses in connection with their duties.

A governors' register of interests is maintained. Members of the public can find the register of interests at www.liverpoolwomens.nhs.uk.

All Directors invited to attend meetings of the Council held during 2022/23 is set out below:

		Quarterly Meetings attended April 2022 to March 2023
Non-Executive Directors		
Robert Clarke	Non-Executive Chair ⁽¹⁾	4 of 4
Tony Okotie	Non-Executive Director	1 of 1
Dr Susan Milner	Non-Executive Director & Senior Independent Director (until May 2022)	1 of 1
Prof Louise Kenny CBE	Non-Executive Director & Senior Independent Director (from June 2022)	1 of 4
Tracy Ellery	Non-Executive Director	3 of 4
Louise Martin	Non-Executive Director	3 of 4
Gloria Hyatt MBE	Non-Executive Director	4 of 4
Zia Chaudhry MBE	Non-Executive Director	2 of 4
Sarah Walker	Non-Executive Director	1 of 4
Jackie Bird	Non-Executive Director	4 of 4
Executive Directors		
Kathryn Thomson	Chief Executive	4 of 4
Michelle Turner	Chief People Officer	3 of 4
Jennifer Hannon	Chief Finance Officer	1 of 1
Gary Price	Chief Operating Officer	2 of 4
Marie Forshaw	Chief Nurse & Midwife	2 of 2
Dr Lynn Greenhalgh	Medical Director	4 of 4
Matt Connor	Chief Information Officer	2 of 4
Eva Horgan	Chief Finance Officer	3 of 4
Dianne Brown	Chief Nurse	0 of 1

(1) Robert Clarke is chair of the Board of Directors and the Council of Governors and attends the Council of Governors as a member with full voting rights.

Members

Any member of the public over the age of 12 years who lives in England and Wales can be a member of the Trust. Most members come from the areas where the Trust provides clinical services: the local authority areas of Central Liverpool, North Liverpool, South Liverpool, Knowsley and Sefton.

Membership of the Trust is made available to all Trust staff automatically where they have a permanent contract of employment or have worked for the Trust for at least 12 months. Members of staff are able to opt out of being a member if they wish.

As at 31 March 2022 the Trust had 11,137 members:

Public	Number
Central Liverpool	2,746

Knowsley	1,106
North Liverpool	1,542
Sefton	1,227
South Liverpool	1,321
Rest of England	1,411
Total public membership	9,353
Staff	Number
Doctors	119
Nursing	442
Midwifery	378
Scientists/Technicians & AHPs	116
Non Clinical & Clinical Support Staff	729
Total staff membership	1,784

Led by its Communications and Membership Engagement Group, the Trust's Council developed and approved a new Membership Strategy 2021-25. The Strategy is clear that membership engagement cannot be an isolated task and should be embedded into wider patient / public engagement and involvement activity. There is also an opportunity for the membership to play a significant role in helping the Trust to engage with all aspects of the community.

Underpinning the overall objectives and priorities are annual actions that will be reviewed and updated each year. The first two-year actions have been focused on providing a 'baseline' whether that be through establishing effective reporting and intelligence gathering mechanisms or building relationships and partnerships with key organisations.

In addition to pan-Liverpool Governor training being developed, there has also been a commitment from Liverpool based NHS Foundation Trusts to share and offer access to membership engagement events. This has enabled a wider offer of NHS based activity to our members. During the year, this has now been formalised into a Pan-Liverpool Membership Group that is hosted by the Trust.

Members can contact governors at the Trust by:

- ❖ Post – trust offices, Liverpool Women's NHS Foundation Trust, Crown Street, Liverpool L8 7SS;
- ❖ Telephone – 0151 702 4018;
- ❖ Email – communications@lwh.nhs.uk

3ii Remuneration report

Chair's annual statement on remuneration

This report includes details of the activity of the Board of Director's Nominations and Remuneration Committee and the Council of Governor's Nominations and Remunerations Committee.

For the purposes of the remuneration report the term senior managers relates to those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust and covers the Chair, the Executive and Non-Executive Directors of the Trust.

The Board of Directors delegates the responsibility to a Board Nominations and Remuneration Committee (Committee) to make decisions regarding the nomination, appointment, remuneration and conditions of service for Executive Directors including the Chief Executive. The membership of the Committee is constituted from the Non-Executive Directors only. This Committee has general oversight of the Trust's pay policies, but only determines the reward package for directors and staff not covered by agenda for change.

The Committee made several decisions during the year relating to the Executive Directors including: the appointment of the Chief Nurse and Chief Finance Officer, a review of performance of executive directors, and agreeing a new Fit and Proper Persons Policy. For further details see the paragraph 'Annual Report on Remuneration'.

Senior Managers' Remuneration Policy

The Trust does not apply performance related pay conditions linked to Executive Directors' or Non-Executive Directors' remuneration and no formal policy exists in setting the remuneration of either Executive Directors or Non-Executive Directors. The Trust is required to report what constitutes the senior managers' remuneration in tabular format set out below:

Components of Remuneration Package of Executive and Non-Executive Directors	Basic pay in accordance with their contract of employment (executive) and letters of appointment (non-executive)
Components of Remuneration that is relevance to the short and long term Strategic Objectives of the Trust	The directors do not receive any remuneration tailored towards the achievement of Strategic Objectives.
Explanation of how the Components of Remuneration operate	<p>Basic pay of the executive directors is determined by the Board nominations and remuneration committee, taking into account past performance, future objectives, market conditions and comparable remuneration information from trusts within the locality. Executive directors receive pay increases each year linked to pay increases for staff under agenda for change.</p> <p>Basic pay of the non-executive directors is determined by the Governor nominations and remuneration committee.</p>

Maximum amount that could be paid in respect of the component	Maximum payable is the director's annual salaries as determined by the relevant nominations and remuneration committees.
Explanation of any provisions for recovery	If an individual is overpaid in error, there is a contracted right to recover overpayment.

The Trust is committed to increasing the diversity of its workforce at all levels of the organisation. During the year, it was a corporate objective to make progress towards the organisational goal of 25% of our leadership workforce (Band 7 and above) being from an ethnically diverse background. Between April 2022 and January 2023, staff in these roles increased from 25 to 31. Whilst not achieving the 2022/23 target of 10, this remains good progress.

This steady trend of increase is being supported by career conversations, reciprocal mentoring and general mentoring and coaching opportunities. Training and support are in place for managers to identify opportunities for development. There has also been promotion of the Trust as an inclusive employer through recruitment branding and attendance at a range of careers and community events.

The Trust was also successful in 2021/22 in increasing the diversity of the Board by specifically inviting applications from individuals with protected characteristics and from under-represented socio-economic groups in the recent recruitment for NED positions.

The Trust's Executive Directors are not employed under fixed-term contractual arrangements and are required to give and receive six-months' notice under the terms of their contract of employment.

Compensation payments payable to Executive Directors are in accordance with their contract, which entitles them six months' pay on termination by the Trust. Both the employee and employer contribute to the NHS pension scheme and note 1.3 of the annual accounts provides an explanation of how pension liabilities are treated in the accounts.

The Chair and Non-Executive Directors are appointed by the Council of Governors for fixed terms of office, usually for an initial term of office of three years, following which they may be appointed for an additional term of three years, with annual extensions thereafter up to a maximum of nine years in total. The Chair and Non-Executive Directors have a notice period of three months and are not entitled to compensation for loss of office.

The term of office of the current Chair and Non-Executive Directors are listed below:

	Commencement date	Term of Office expiry date
Robert Clarke	01 March 2016	28 February 2024*
Louise Martin	01 April 2021	31 March 2024
Prof. Louise Kenny CBE	01 March 2019	28 February 2025
Tracy Ellery	01 March 2019	28 February 2025
Gloria Hyatt MBE	01 December 2021	30 November 2024
Zia Chaudhry MBE	01 December 2021	30 November 2024
Sarah Walker	01 December 2021	30 November 2024
Jackie Bird MBE	01 April 2022	31 March 2025

*Please see section on Council of Governors Nomination & Remuneration Committee for further detail.

Civil Service Remuneration Threshold

In the 2022/23 financial year two (2021/22: one) of the Executive Directors were paid more than the £150,000 threshold level which the Civil Service use as a threshold for approval by the Chief Secretary to the Treasury as set out in guidance issued by the Cabinet Office. The Foundation Trust has satisfied itself that this level of remuneration is reasonable by comparison to remuneration in previous years and benchmarking against Executive pay in other Foundation Trusts and the wider NHS.

Annual report on remuneration

The Nominations and Remuneration Committee of the Board of Directors determines the remuneration, terms and conditions of the Trust's Chief Executive and Executive Directors. During 2020/21, a Working Group was formed to develop updated Executive pay ranges and underpinning principles for remuneration. An approach was agreed by the Committee in October 2020 that would ensure that the Trust was able to:

- recruit and retain high calibre individuals
- remain competitive within its peer group
- evidence value for money in our approach to executive pay.

The principles agreed upon included continuing to apply a Specialist Trust 15% Premium to published NHSE pay ranges, defining the Trust's comparator peer group as 'Small Acute Foundation Trusts (excluding London)' and for an option for pay progression to accommodate experience, development and growth within an existing role and for this to be supported by appraisal outcomes.

In July 2022, the Committee considered Executives' annual appraisals / PDRs. Each Executive Director has objectives set at the beginning of the financial year which are aligned with the Trust's agreed corporate objectives. Performance against these objectives is reviewed annually by the Chief Executive and details shared with the Board's Nomination and Remuneration Committee. The Chair appraises the Chief Executive who in turn appraises Executive Directors.

The outcomes of the appraisals helped to inform the Committee's decisions regarding amendments to Executive remuneration. Also considered in this decision-making was reviewing pay ranges against benchmark information and ensuring that remuneration levels were commensurate with the established principles set out above.

The membership of the Board's Nomination and Remuneration Committee comprised the Trust's Chair and the Non-Executive Directors. The Trust Secretary is the secretary to the Committee. At the Committee's invitation and in accordance with its terms of reference, the Chief Executive and Chief People Officer attend the meeting when required/appropriate. The Committee attendance during the year was as follows:

	Number of meetings
Robert Clarke, Chair	5 of 5
Tony Okotie, Non-Executive Director	1 of 1
Dr Susan Milner, Non-Executive Director	1 of 1
Prof Louise Kenny CBE, Non-Executive Director	5 of 5
Tracy Ellery, Non-Executive Director	4 of 5
Louise Martin, Non-Executive Director	5 of 5
Gloria Hyatt MBE, Non-Executive Director	5 of 5
Zia Chaudhry MBE, Non-Executive Director	5 of 5
Sarah Walker, Non-Executive Director	2 of 5
Jackie Bird, Non-Executive Director	4 of 5

A summary of the key discussions and decisions made by the Committee are as follows:

Chief Finance Officer Appointment: The Committee oversaw and approved the recruitment for the above-named position. Jenny Hannon, Chief Finance Officer, assumed the role from 1 January 2023.

Chief Nurse Appointment: The Committee oversaw and approved the recruitment for the above-named position. Dianne Brown, Chief Nurse, assumed the role from 21 December 2022.

Fit and Proper Person Policy: The Trust had processes to meet the requirements, and these were outlined in the Recruitment and Selection Policy. The draft Code of Governance specifically states that the Trust should have a clear policy for the management of Fit and Proper Person Requirements – the Committee therefore approved a specific policy to be adopted for this purpose.

Council of Governors Nomination and Remuneration Committee

The Nomination and Remuneration Committee of the Trust's Council of Governors oversees the appointment of the Non-Executive Chair and Non-Executive Directors to the Board; reviews the annual appraisal of the Chair and Non-Executive Directors; and determines their remuneration and terms and conditions. Recommendations on these matters are made to the full Council of Governors where consideration and approval is provided. The Committee is chaired by the Trust's Chair and its members during the year were: public – Kate Hindle (Lead Governor), Peter Norris (Public Governor), Kiran Jilani (Staff Governor) and Niki Sandman (Appointed Governor).

The Committee met formally three times during the year to: review the performance appraisal of the Chair and Non-Executive Directors (a mid-year review was also undertaken for the latter), determining any increase or changes to their remuneration and terms and conditions, and to oversee the extension of the Chair's term of office.

Appraisal process

The Committee received outputs from the non-Executive appraisal process which was overseen by the Chair. The process had included seeking feedback from Executive directors and from governors, either verbally or via an online survey. It was recommended to the Council of Governors that there was no justification for adjustment to the remuneration levels for the Non-Executive Directors as the current level was in line with guidance published by NHS England (then NHS Improvement) published in November 2019.

For the Chair appraisal process, the Committee utilised the Chair Role Description to align with the guidance provided in the Framework for Development of NHS Provider Chairs. This process was overseen by the Senior Independent Director and involved seeking feedback from Governors, Executive Directors, Non-Executive Directors and Chairs from system partners. It was also noted that the Chair's Term of Office was scheduled to end in February 2023. Previous discussions had been held regarding offering a year extension, but this had been subject to a satisfactory appraisal process. Following the outputs of the appraisal, a recommendation was made and agreed by the full Council of Governors to extend the Chair's Term of Office until 28 February 2024. The Council also noted the intention to extend the Chair's term of office to February 2025, subject to satisfactory appraisal outcomes and a ratified decision at the Council of Governors.

The guidance from NHS England had recommended that by 1 April 2022, minimum remuneration for any Chair should be consistent with the median value associated with the relevant range (£43,000 for small trusts). It was therefore recommended the remuneration of the Chair be increased to £43,000 from the previous value of £40,000. The Council of Governors agreed to this position, and it came into effect from 1 August 2021. This level of remuneration was maintained during 2022/23.

Non-Executive Director Recruitment

There was no Non-Executive Director recruitment undertaken during 2022/23.

Senior Manager's Remuneration and Pension

The audited remuneration and pension benefits of senior managers are disclosed in this report and can be found below. Accounting policies for pensions are set out in note 9. There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally, there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

Salary Entitlements of Senior Managers
2022/23

		Salary and Fees	All Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonuses	All Pension- Related Benefits	Total	Expenses
Name	Position Held	(in bands of £5,000)	(total to the nearest £100)	(in bands of £5,000)	(in bands of £5,000)	(in bands of £2,500)	(in bands of £5,000)	(in bands of £100)
Kathryn Thomson	Chief Executive (1)	185 - 190	16,200	-	-	80 – 82.5	285 - 290	-
Lynn Greenhalgh	Medical Director (2)	155 - 160	-	25 - 30	-	72.5 - 75	255 - 260	-
Jennifer Hannon	Chief Finance Officer - from the 1 January 2023	35 - 40	-	-	-	67.5 - 70	100 - 105	-
Eva Horgan	Chief Finance Officer - to the 31 December 2022	95 - 100	-	-	-	40 - 42.5	135 - 140	-
Gary Price	Chief Operating Officer	130 - 135	-	-	-	47.5 - 50	180 - 185	-
Michelle Turner	Chief People Officer & Deputy Chief Executive (3)	140 - 145	18,900	-	-	-	160 - 165	-
Marie Forshaw	Chief Nurse & Midwife - to the 31 August 2022	50 - 55	-	-	-	-	50 - 55	-
Diane Brown	Chief Nurse & Midwife – interim from the 1 September 2022 & substantive from 21 December 2022	70 - 75	-	-	-	7.5 - 10	80 - 85	-

Robert Clarke	Chair	40 - 45	-	-	-	-	40 - 45	20-21
Tony Okotie	Non-Executive Director - to the 30th June 2022	0 - 5	-	-	-	-	0 - 5	-
Susan Milner	Non-Executive Director - to the 31st May 2022	0 - 5	-	-	-	-	0 - 5	-
Tracy Ellery	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Zia Chaudhry	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Gloria Hyatt	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	1-2
Sarah Walker	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Jackie Bird	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
Louise Martin	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	1-2
Louise Kenny	Non-Executive Director	10 - 15	-	-	-	-	10 - 15	-
	Band of Highest Paid Director's Remuneration (in band of £5,000)	185 - 190						
	Median Total Remuneration (£)	34,774						
	Ratio	5.39						
<i>Audited by Grant Thornton</i>								

- (1) Kathryn Thomson (Chief Executive) opted out of the pension scheme in March 2019 and took part in the Trust's Pension Contribution Alternative Award Scheme, that went live in April 2019. The figures in her taxable benefits relates to the respective Pensions Restructuring Payments from the scheme that she received in the 2022/23 financial year. However, she opted back into the NHS Pension scheme on the 1st October 2022 and so has pension related benefits at the end of the financial year.
- (2) The remuneration of Lynn Greenhalgh includes an Annual Performance Related Bonus in relation to Clinical Excellence Awards she received in relation her clinical role.
- (3) There are no pension related benefits figures for Michelle Turner (Chief People Officer & Deputy Chief Executive) as she opted out of the pension scheme in March 2019 and now takes part in the Trust's Pension Contribution Alternative Award Scheme, that went live in April 2019. The figures in her taxable benefits relates to the respective Pensions Restructuring Payments from the scheme that she has received in the 2022/23 financial year.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Salary Entitlements of Senior Managers 2021/22

		Salary and Fees	All Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonuses	All Pension-Related Benefits	Total	Expenses
Name	Position Held	(in bands of £5,000)	(total to the nearest £100)	(in bands of £5,000)	(in bands of £5,000)	(in bands of £2,500)	(in bands of £5,000)	(in bands of £100)
Kathryn Thomson	Chief Executive (1)	180 - 185	24,300	-	-	-	205 - 210	-
Lynn Greenhalgh	Medical Director (2)	145 - 150	-	25 - 30	-	277.5 - 280	450 - 455	-
Jennifer Hannon	Chief Finance Officer - to the 30th September 2021	65 - 70	-	-	-	45 - 47.5	110 - 115	-
Eva Horgan	Chief Finance Officer - from the 1st October 2021	60 - 65	-	-	-	67.5 - 70	130 - 135	-
Gary Price	Chief Operating Officer	125 - 130	-	-	-	47.5 - 50	170 - 175	-
Michelle Turner	Chief People Officer & Deputy Chief Executive (1) & (3)	135 - 140	18,900	-	-	-	150 - 155	-
Marie Forshaw	Chief Nurse & Midwife	125 - 130	-	-	-	5 - 7.5	130 - 135	-
Robert Clarke	Chair	35 - 40	-	-	-	-	35 - 40	13 - 14

Ian Knight	Non Executive Director - to the 2nd September 2021	5 - 10	-	-	-	-	5 - 10	-
Tony Okotie	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
Susan Milner	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
Joanne Moore	Non Executive Director - to the 8th September 2021	5 - 10	-	-	-	-	5 - 10	-
Tracy Ellery	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
Zia Chaudhry	Non Executive Director - from the 1st December 2021	0 - 5	-	-	-	-	0 - 5	-
Gloria Hyatt	Non Executive Director - from the 1st December 2021	0 - 5	-	-	-	-	0 - 5	-
Sarah Walker	Non Executive Director - from the 1st December 2021	0 - 5	-	-	-	-	0 - 5	-
Louise Martin	Non Executive Director - from the 1st April 2021	10 - 15	-	-	-	-	10 - 15	0 - 1
Louise Kenny	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
	Band of Highest Paid Director's Remuneration (in band of £5,000)	180 - 185						
	Median Total Remuneration (£)	32,776						

	Ratio	5.57						
Audited by KPMG								

- (1) There are no Pension related Benefits figures for Kathryn Thomson (Chief Executive) and Michelle Turner (Chief People Officer & Deputy Chief Executive) as they both opted out of the pension scheme in March 2019 and now take part in the Trust's Pension Contribution Alternative Award Scheme, that went live in April 2019. The figures in their taxable benefits relates to the respective Pensions Restructuring Payments from the scheme that they have received in the 2021/22 financial year.
- (2) The remuneration of Lynn Greenhalgh includes an Annual Performance Related Bonus in relation to Clinical Excellence Awards she received in relation her clinical role.
- (3) Michelle Turner (Chief People Officer) also became the Deputy Chief Executive on the 1st July 2021.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Pension Benefits

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally, there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

Name	Position Held	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022
		£000	£000	£000	£000	£000	£000	£000
Kathryn Thomson	Chief Executive (1)	2.5 - 5	7.5 - 10	80 - 85	230 - 235	1,772	112	1,953
Lynn Greenhalgh	Medical Director	2.5 - 5	2.5 - 5	65 - 70	130 - 135	1,188	80	1,330
Jennifer Hannon	Chief Finance Officer - from the 1 January 2023	0 - 2.5	-	25 - 30	0	258	7	315
Eva Horgan	Chief Finance Officer - to the 31 December 2022	0 - 2.5	0 - 2.5	30 - 35	45 - 50	395	17	441
Gary Price	Chief Operating Officer	2.5 - 5	0 - 2.5	30 - 35	50 - 55	405	29	465
Michelle Turner	Chief People Officer & Deputy	-	-	0	0	0	0	0

	Chief Executive (2)							
Marie Forshaw	Chief Nurse & Midwife - to the 31st August 2022 (3)	-	-	0	0	1,147	0	0
Diane Brown	Chief Nurse & Midwife – interim from the 1 September 2022 and substantive from 21 December 2022.	0 - 2.5	-	40 - 45	95 - 100	770	10	821
<i>Audited by Grant Thornton</i>								

(1) There are no prior year pension figures for Kathryn Thomson (Chief Executive) as she was not a member of the pension scheme, however, she opted back into the scheme on the 1 October 2022.

(2) There are no current or prior year pension figures for Michelle Turner (Chief People Officer & Deputy Chief Executive) as she was not a member of the pension scheme.

(3) Marie Forshaw (Chief Nurse and Midwife) left the Trust on the 31 August 2022 and is now in receipt of her pension.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer and uses movements in the Consumer Prices Index for the start and end of the period. The rate of inflation for 2022/23 is 3.1%.

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

For 2022/23, these figures should be based on the discount rate guidance that was extant on 31 March 2023. This is the approach that NHS BSA have used. NHS foundation trusts should disclose the following text beneath the table: "Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures."

Note: Any negative pension figures have been removed and made nil as per guidance in the Department of Health and Social Care Group Accounting Manual.

Fair Pay Disclosure

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Liverpool Women's NHS Foundation Trust in the financial year 2022/23 was £187,500 (2021/22, £182,500). This is a change between years of 2.7% as represented in the table below (2021/22, +5.8%). The banded remuneration of the highest paid director was 5.39 times (2021/22, 5.57) the median remuneration of the workforce, which was £34,774 (2021/22, £32,777). The highest-paid director did not receive any performance pay or bonuses in the 2022/23 or 2021/22 financial years and so the percentage change is listed as not applicable in the table below:

	2022/23		2021/22	
	Salary and allowances	Performance pay and bonuses	Salary and allowances	Performance pay and bonuses
Percentage change from the previous financial year in respect of the highest paid director	2.7%	Not Applicable	5.8%	Not Applicable
Average percentage change from the previous financial year in respect of employees of the entity, taken as a whole (1)	2.1%	-63.2%	25.6%	-37.0%
	Audited by Grant Thornton		Audited by KPMG	

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £81 to £595,415 (2021/22, £305 to £439,450). The percentage change in average employee remuneration (based on total for all employees on an annualised basis, excluding the highest paid director, divided by full time equivalent number of employees) between years is 2.1% (2021/22, +25.6%). In 2022/23, 13 (2021/22, 6) employees received total remuneration in excess of the highest-paid director and their remuneration ranged from £180,615 to £595,415 (2021/22, ranged from £213,655 to £439,450).

(1) As the calculation for the average percentage change is on an annualised basis, the large percentage reduction of 63.2% from the prior year is due to the comparatively large amount of Clinical Excellence Award payments paid in the final month of the 2021/22 financial year as compared with the final month of the 2022/23 financial year.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2022/23	25th Percentile	Median	75th Percentile
Salary component of pay (£)	£24,654	£35,572	£46,292
Total pay and benefits excluding pension benefits (£)	£23,987	£34,774	£46,108
Pay and benefits excluding pension: pay ratio for highest paid director	7.82	5.39	4.07

2021/22	25th Percentile	Median	75th Percentile
Salary component of pay (£)	£23,909	£34,395	£45,243
Total pay and benefits excluding pension benefits (£)	£23,127	£32,777	£44,466
Pay and benefits excluding pension: pay ratio for highest paid director	7.89	5.57	4.10

Payments for loss of office

No individual who was a senior manager received a payment for loss of office during the financial year (2021/22, £nil).

There were no other payments made to individuals in connection with termination of services as a senior manager, including outstanding long-term bonuses that vest on or following termination.

Payments to past managers

No individual had received any payments of money or other assets who had not been a senior manager during the financial year but had previously been a senior manager at the trust (2021/22, £nil).

2021/22 audited by KPMG

2022/23 audited by Grant Thornton

Governors' expenses

There was a total of 27 governors in post during 2022/23 (2021/22: 34). No governors claimed expenses during the 2022/23 year (2021/22, £nil).

A handwritten signature in black ink that reads "Kathryn Thomson". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Kathryn Thomson
Chief Executive
29 June 2023

3iii Staff report

Analysis of Average Staff Numbers and Costs

We are committed to supporting and investing in our staff to deliver services that are safe, effective and efficient and achieve the best possible experience for patients and their families.

The table below details the average number of staff engaged with the Trust for the period 2022/23. For clarity, there are no staff engaged overseas.

The following chart shows the average number of employees on a whole-time equivalent basis

Average number of employees (WTE basis)

	Permanent Number	Other Number	2022/23 Total Number	2021/22 Total Number
Medical and dental	185	1	186	110
Ambulance staff	-	-	-	-
Administration and estates	344	10	354	341
Healthcare assistants and other support staff	206	16	222	198
Nursing, midwifery and health visiting staff	670	44	714	707
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	75	7	82	103
Healthcare science staff	21	-	21	-
Social care staff	-	-	-	-
Other	-	-	-	2
Total average numbers	1,501	78	1,579	1,461
Of which:				
Number of employees (WTE) engaged on capital projects	10	13	23	23

Breakdown of year-end numbers of male/female staff

The Trust workforce profile as of 31st March 2022 shows that 90.21% of staff employed at the Trust are female and the remainder 9.79 % are male. This gender split is broken down as below:

Group	Female	Male	Total Headcount
Executive Director	6	1	7
Chair & Non-Executive Director	6	2	8
Medical	75	43	118
Senior Manager	42	12	54
Staff	1433	121	1554
Grand Total	1562	179	1741

The Trust's latest Gender Pay Gap report published on 30th March 2023 can be found on the following link: [gender-pay-gap-22-23.pdf \(liverpoolwomens.nhs.uk\)](https://liverpoolwomens.nhs.uk/gender-pay-gap-22-23.pdf)

Staff Costs

	Permanent	Other	2022/23 Total	2021/22 Total
	£000	£000	£000	£000
Salaries and wages	71,462	5,856	77,318	66,564
Social security costs	6,845	358	7,203	5,733
Apprenticeship levy	311	-	311	292
Employer's contributions to NHS pension scheme	11,243	-	11,243	10,154
Pension cost - other	-	-	-	36
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	38
Temporary staff	-	2,228	2,228	3,465
Total gross staff costs	89,861	8,442	98,303	86,282
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	89,861	8,442	98,303	86,282
Of which				
Costs capitalised as part of assets	1,020	1,021	2,041	1,070

2021/22 audited by KPMG

2022/23 audited by Grant Thornton

Sickness Absence Data

The sickness absence rate of staff within the organisation over the last 3 years is detailed below:

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum Year End
20 - 21 Sickness	7.92%	5.61%	5.21%	5.56%	4.98%	6.28%	8.16%	7.24%	6.92%	8.32%	7.08%	5.63%	6.41%
21 - 22 Sickness	5.41%	5.72%	6.21%	7.67%	7.99%	8.35%	8.03%	7.93%	10.26%	10.99%	7.64%	9.18%	8.10%
22 - 23 Sickness	7.57%	6.60%	6.63%	7.77%	7.35%	7.16%	7.98%	7.42%	9.18%	7.38%	6.50%	6.84%	7.50%
Trust Target	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%

The above table shows that cumulative year end sickness figure decreased from 8.10% in 2021/22 to 7.5% in 22/23. This reflects the reduction in COVID-19-related absence, however absence remains above pre-COVID-19 levels.

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum Year End
20 - 21 Special Leave	7.57%	6.09%	5.20%	5.14%	1.58%	1.94%	2.68%	3.48%	1.67%	4.25%	3.55%	3.57%	3.89%
21 - 22 Special Leave	0.69%	0.68%	1.19%	1.97%	0.88%	0.52%	0.39%	0.40%	0.66%	0.66%	0.53%	0.55%	0.76%
22 - 23 Special Leave	0.39%	0.30%	0.26%	0.29%	0.29%	0.27%	0.35%	0.39%	0.47%	0.41%	0.32%	0.36%	0.34%

The three main reasons for sickness absence in the last three financial years are outlined below. The category cough, cold, flu includes COVID-19-related absence, which at the start of the financial year accounted for 2.67% of overall absence, whereas at the end of the financial year, it accounted for 0.58%. The main reason for absence being anxiety, stress, depression has reverted to the pre-pandemic main reason for absence.

Financial Year	Reason 1	Reason 2	Reason 3
2019/2020	Cold, Cough, Flu - Influenza 20.99%	Gastrointestinal problems 20.08%	Anxiety/stress/depression 13.81%
2020/2021	Cold, Cough, Flu - Influenza 38.28%	Anxiety/stress/depression 15.2%	Gastrointestinal problems 10.96%
2021/2022	Cold, Cough, Flu - Influenza 34.06%	Anxiety/stress/depression 19.07%	Gastrointestinal problems 11.72%
2022/2023	Anxiety/stress/depression 29.1%	Cold, Cough, Flu - Influenza 25.6%	Other musculoskeletal 8.9%

Staff Turnover

Turnover has decreased from 13% to 10% as the pressures around COVID-19 and pension changes have decreased. Turnover remains consistently higher in certain departments of the Trust, and this is monitored, and appropriate actions put in place.

Financial Year	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
20 - 21 Turnover	9.00%	9.00%	9.00%	8.00%	9.00%	8.00%	8.00%	8.00%	9.00%	9.00%	9.00%	9.00%
21 - 22 Turnover	9.00%	9.00%	10.00%	11.00%	11.00%	11.00%	13.00%	12.00%	12.00%	13.00%	13.00%	13.00%
22 - 23 Turnover	13.00%	13.00%	12.38%	12.00%	11.77%	12.03%	11.70%	11.61%	11.35%	10.56%	10.94%	10.00%
Target	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%

Engagement, Culture and Inclusion

Liverpool Women's recognises that Staff Engagement is key to success in order to ensure excellent staff and patient experiences. Staff engagement can be measured through the national Staff Surveys, which has staff engagement as one of its 9 key themes as well as the local quarterly 'Let's Talk surveys',

Liverpool Women's has a strategic ambition outlined within the Trust Strategy 2021 – 2025 in relation to recruitment and retention of key clinical staff:

- ***Be in the top 10% of NHS organisations for staff engagement as evidenced by the Annual National NHS Staff Survey by 2024***

This is echoed in the Trust's Putting People First Strategy 2019 – 2024 where there is an ambition to:

- ***Create a workplace in which staff are healthy, resilient, engaged, motivated and show imitative and who are actively involved with the Trust...***

There are a range of ways in which we involve and engage with our staff. **The Great Place to Work Group** was developed in May 2021 the ambition of the group is to improve communication channels and staff engagement with the Leaders in the Trust, ensure the staff voice is listened to and the Trust learns from staff experience. Members of the group have taken the lead on projects to improve staff experience such as a refurbishment of rest areas and staff recreation spaces.

Our approach to ongoing internal communications **Three Key Messages** has been in place from April 2022. The three key messages include a Trust wide message, divisional message and a departmental / team message. Each department / team is encouraged to print and visually display the three key messages within their staff areas and to talk about these in their huddles / handover meetings.

The **'Big conversation'** happens twice a year over a 24-hour period where Executive Directors and Senior leaders visit all departments at LWH to hear feedback from frontline staff about their experiences of working here and hear suggestions and ideas.

Our commitment to creating a **Fair and Just Culture** continues with the roll out of training for all LWH leaders and regular communities of practice to discuss the practical aspects of implementing a culture of workplace justice. Our quarterly **senior leadership forum** provides an opportunity for Divisional Leaders to work with Executive Directors to discuss the key challenges of the Trust and access development and learning, fostering cohesion and Trust between Divisions and within the trust

LWH has clear Strategic ambitions in relation to **Equality Diversity and Inclusion (EDI)**. These are clearly outlined in the Strategies and regularly reported and monitored at Putting People First Committee and Trust Board. As outlined within the Trust Strategy 2021-25 LWH is

'Committed to being recognised as one of the most inclusive organisation in the NHS with Zero discrimination for staff and patients (zero complaints from patients, zero investigations)'

With ambitions to achieve this including:

- Trebling the number of staff from ethnic minority backgrounds in leadership roles (Band 7 and above) by 2022.
- Ensure our workforce matches the ward of Riverside in terms of % of staff from ethnic minority backgrounds by 2025.

In addition to this the Trust released a declaration of intent to become an anti-racist organisation. The statement defines anti-racism as "opposing racism through positive actions that purposefully identify, discuss, then challenge racism and the impact it has on our organisation, our systems and our people" with the fundamental goal of

“fostering an environment where colleagues, patients, their friends and families, from all backgrounds, can thrive-free from discrimination, inequity, unfairness and prejudice”. One of the positive actions that has been implemented successfully, is the introduction of guaranteed interviews for racially minoritised staff, which was already being offered to candidates with disabilities.

[Click here to read the full statement.](#)

Liverpool Women’s has made great strides in Equality, Diversity and Inclusion, and continues to progress across the Trust. Some of the highlights in the past 12 months include:

- **Inclusive Companies IT 50 list** (inclusive top 50 employers list) 7 place improvement in the from 41st to 34th most inclusive employer in the Inclusive Top 50 list for 2022
- **Top 10 performing Trusts nationally in 4 of WRES indicators** - top performing in 2 of these indicators
- **EDI Committee** chaired by Chief People Officer meets every other month, where Divisional progress against Strategic ambitions are monitored
- **Board and Leadership development** – commissioned expert to commence discussion on LWH journey in EDI and becoming an Anti-Racist organisation
- **Inclusive and Compassionate Leadership training** – launched a module which has been included in the Trust’s Leadership Development Programme
- **Established positive community engagement** – Patient Experience Matron has developed close links with groups such as the Deaf Society, Brain Society and Pakistani Centre. EDI Manager has expanded these links with the Maternity Voices Partnership and local refugee charities
- **Patient and Staff Lived Experience Stories** – continued learning shared at our Equality, Diversity & Inclusion Committee, Putting People First Committee and Trust Board meetings
- **Supported interns with disabilities** – ensuring they are ready for work when they become school leavers
- **Armed Forces Covenant** – signed the covenant and have Bronze accreditation, currently working towards Silver accreditation
- **Anti-racism declaration of intent** – released statement in February 2023 with the fundamental goal of fostering an environment where people from all backgrounds can thrive, free from discrimination, inequity, unfairness and prejudice
- **Guaranteed interview for racially minoritised candidates** – introduced this as a double tick process similar to the one available for candidates with a disability
- **Launched a Menopause Club in 2022** – for our staff who are experiencing symptoms. The club is run by in-house specialists in menopause and offers support around ‘hot topics’ followed by brief consultations and treatment plans on headed paper that can be shared with GP’s

- **Launched an inclusion network for LGBTQ+ staff** – new network launched to support staff from the LGBTQ+ community and opened this to allies, the Pride@LWH network launched in February 2023 and current focus is on Pride at Liverpool 2023 event
- **Supporting our Staff and their Families with Women's Health** – launched a support programme for all staff in relation to women's health, recognising men have family, friends, colleagues and direct reports who may require support. This includes support on menopause, endometriosis, pregnancy loss, premature births and fertility treatment. Changes have been made to Trust policy to allow extended time off for fertility treatment, pregnancy loss and premature births
- **Launch of new Staff Support Service** – in 2022 a new in-house service was launched to provide staff support in relation to support staff with the emotional and psychological demands of their role. This is lead by Consultant Psychologist with a speciality in trauma support

We continue to play an active role in our local community, and actively seek out ways in which we can support with careers and employment routes into Liverpool Women's for students and local residents. Highlights include:

- In collaboration with Southport College provision of 5 placements per term for Acorns/Cadets, 16 to 19 year olds who are doing a health and social care diploma.
- Supported interns with physical disabilities and neuro-diversity undertaking placements with the Trust
- School career events where we promote the wide choice of jobs in the NHS and including a group of 10 students who visited the Trust in February to learn about the Trust and to meet professionals, non-clinical and clinical.
- Working with Southport College, we have a maths and English tutor on site every week who support the apprentices but also provides lessons to staff who want to do standalone Maths and English.
- Previously run very successful pre-employment programmes working with DWP and Southport College, giving opportunities to long term unemployed, many of whom have been successful in getting jobs within the Trust at the end of the programme and some are now on apprenticeships.
- After successfully achieving the bronze standard for the Armed Forces covenant, we are looking to achieve silver and have a working group of staff looking at this including some staff who are ex forces.
- Apprenticeships are ongoing within the Trust and we have staff who have achieved apprenticeships in Operating Department Practitioner, Nursing associates, Finance, IT, Health and social care, Business admin, senior Leadership and Management. Looking at recruiting for midwifery apprenticeships.

Our **Volunteers** service continues to grow with our dedicated volunteers providing an invaluable service to the organisation

Volunteer Service

Reasons to be Proud 2022

Our Strategic Ambition:

- Is to align Volunteering with Trust priorities for patient care and to enable all staff to recognise and value the opportunities that working in partnership with Volunteers can bring and the positive impact this can have.
- To ensure that volunteers' experience is rewarding, enriching and creates opportunities that are safe, accessible and inclusive of our Riverside community

Successful bid from NHS England to expand our Volunteer Service Support Team, enabling us to recover the service post covid

Secured funding from HEE to develop a Volunteers to Careers programme with Maternity Services

Created volunteering opportunities for disabled people, adapting policies and onboarding processes to support disabled volunteers to help at LWH

Volunteers make up 10% of the workforce, in 21 roles, completing a total of 11071 hours (equivalent to 6 F/T staff)

Volunteer Responders have engaged with 12500+ patients & freed up nearly 1500hrs of staffs time to focus on delivering patient care.

Volunteering helped 5 volunteers gain employment & 3 start a Midwifery degree.

Recruited over 250 new volunteers in 2022 and continue to recruit new volunteers in 2023

Celebrated our longest serving volunteer of 19 years, with SEN, and crowned them Volunteer of the Year

Developed Volunteer to Volunteer Peer Supporters role gathering, volunteer, staff and patient feedback to develop and further improve services

Implemented a new half day Volunteer Induction & Training programme, replacing the Volunteer Mandatory Training with the Volunteer National Certificate

Meet & Greet Volunteers have directed over 10,500 patients & visitors, befriended 9500+ patients and saved over 2000hrs in staffs time

Positive engagement and recruitment from the local community including; Riverside population, Pride, Universities/Colleges & Schools

Policies

During the last financial year there were 27 new or updated workforce policies. An ongoing policy review group with staff side partners continues to ensure that Staff Side are able to input into policies at an early stage.

We continue to support managers to foster a holistic approach to staff attendance with a focus on the completion of return to work interviews and wellbeing conversations. Our Staff Support service, led by a Consultant Psychologist and including Wellbeing Coaches is now fully established and is a responsive means of accessing a range of mental health support.

The HR team continue to provide advice and training on how to deliver reasonable adjustments and this is being supported by input from the Disability Staff Network. The Recruitment & Selection policy supports all staff, including disabled employees in relation to promotion opportunities. In relation to career development and training the PDR policy and Study Leave policy also ensure that staff with a disability are not discriminated against. As part of our WRES and WDES action plans, regular audit and scrutiny of staff survey results and recruitment and training data ensure we are treating all staff fairly. As part of the LWH talent management strategy, colleagues from diverse backgrounds are receiving additional bespoke support and career conversations to enable them to overcome any barriers.

There are a number of Trust policies in place that provide employees with information on how raise matters of concern. These include; Grievance Policy, Whistleblowing Policy, Dignity at Work Policy, Duty of Candour Policy and Disciplinary Policy. There is regular communication sent to all staff on policy updates and this is publicised via the work of the two Freedom to Speak up Guardians.

The Trust continues to engage more formally with its staff and its recognised staff side organisations through the Partnership Forum and the Joint Local Negotiating Committee (JLNC). The Trust is proud of its excellent working relationships with its staff side organisations and continues to work productively with the Staff Side Chair who is a midwife.

The Trust's Health and Safety Manager continued to develop, review and implement health and safety policies and procedures to meet both internal and external requirements in order to keep our patients, staff and visitors safe. During the year, we have been fortunate to have been able to grow the Health and Safety Team, enabling us to offer a centralised face fit mask testing programme and dedicated hub, recruitment of a permanent fire safety advisor in partnership with Alder Hey Children's NHS Foundation Trust; a full time administrator is now also in post to support the Team and its many systems of work. Monitoring of health and safety related non-clinical incidents continued to be carried out throughout the year; identifiable trends and RIDDORs have been investigated and acted upon. The Health and Safety Group and supporting risk management working groups aim to identify and mitigate risk through

lessons learned to reduce accidents and incidents, improve health and safety awareness, provide a broad base of expertise and experience for solving problems, and engaging with staff so that concerns can be raised and addressed, as appropriate.

Occupational Health services continue to be provided by Liverpool University Hospitals trust, with mental health support provided by the in house Staff Support Service. As well as delivering COVID-19 vaccines for staff, the 2022/23 Flu campaign vaccinated 41.5% of staff, with a range of approaches including joint clinics, stand-alone flu clinics and a roving vaccine approach adopted.

There are a number of staff policies which support Fraud Prevention, including Disciplinary, Job Planning for Consultant Medical Staff, Job Planning for SAS Doctors, Recruitment & Selection policy. The Whistleblowing Policy also references mechanisms whereby staff can raise concerns around fraud issues both internally and externally. The Trust's counter-fraud team also contribute to the Trust Induction programme to ensure all new starters are aware of their responsibilities and how to raise such concerns. Fraud prevention is also a focus of 3 risks on the HR risk register.

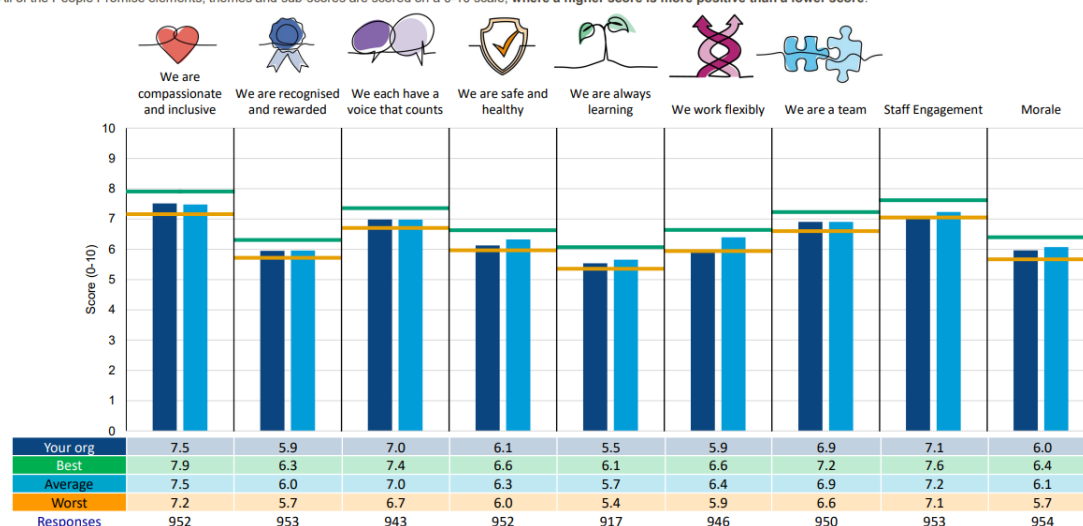
NHS Staff Survey

The NHS Staff Survey is the national annual survey carried out across the whole of the NHS. It is a key indicator in terms of staff engagement, both in gauging the views and opinions of our staff and being able to compare our performance against similar Trusts throughout the country. The results are used to identify any potential causes for concern and help formulate any necessary remedial actions, but also to celebrate and share good practice.

From 2021/22 the survey questions aligned with the seven elements of the NHS 'People Promise' and retained the two previous themes of engagement and morale. These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

2022/23

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



2021/22

People Promise and Theme Results



As in previous years, the Trust surveyed all its staff rather than just the required minimum sample. We achieved a very positive response rate of 60%, an improvement on the 2021 survey where the response rate was 53% and a top quartile response rate, although the number of Medical staff completing the survey decreased by 13% to 46%.

Overall, at Liverpool Women's, there have been improvements in most areas and no areas of deterioration.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.3	784	7.5	952	Significantly higher
We are recognised and rewarded	5.9	783	5.9	953	Not significant
We each have a voice that counts	6.8	772	7.0	943	Significantly higher
We are safe and healthy	6.1	766	6.1	952	Not significant
We are always learning	5.3	747	5.5	917	Significantly higher
We work flexibly	5.8	773	5.9	946	Not significant
We are a team	6.7	780	6.9	950	Significantly higher
Themes					
Staff Engagement	6.9	783	7.1	953	Significantly higher
Morale	5.8	783	6.0	954	Not significant

The **staff engagement score** is made up of questions about involvement, motivation, and advocacy, including whether a staff member would recommend their organisation

as a place to work or have care. LWH saw the joint greatest improvement for *all Trusts in England* for our Staff Engagement score from **6.9 to 7.1**. It should be noted that we have previously scored higher on staff engagement, but it is encouraging that the score had returned to those levels.

	2018	2019	2020	2021	2022
Your org	7.0	7.2	7.1	6.9	7.1

The table below shows the Trust scores and benchmarking scores for ten themed scores from the survey in 2020/21 (previous format).

	2020/21	
	Trust score	Benchmarking group score
Equality, Diversity and Inclusion	9.5	9.1
Health and Wellbeing	6.5	6.5
Immediate Managers	6.8	7.1
Morale	6.3	6.4
Quality of Appraisals	Question not asked in 2020 survey	
Quality of Care	7.5	7.8
Safe environment – bullying and harassment	8.7	8.4
Safe environment - violence	9.8	9.7
Safety culture	7	7.1
Staff Engagement	7.1	7.4
Teamwork	6.8	6.8

Where have we done better?

- 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 based on ethnic background, gender and religion (though a decrease for disability and sexual orientation).

Actions taken to improve staff experience over the last 12 months

At a Trust level there have been several interventions with the aim of improving staff experience, retention and engagement.

- 48 staff have completed a Management and Leadership Programme
- All managers offered a coach or mentor
- Launch of Staff Support service giving access to on site psychological support and introduction of wellbeing coaches
- Investment in new roles – such as Advanced Practitioners and Physicians Associates, Deputy Ward Manager roles, and Out of Hours Site Managers
- New ways of working in clinical areas such as discharge coordinators
- Flexible working opportunities increasing – all areas of maternity can make unlimited requests
- Improvements to mandatory training reporting, data and validation
- Manager checklist to help onboarding of new starters
- More support from volunteers in clinical areas
- Preceptorship programme to support and retain our newly qualified midwives
- Menopause Club and Wellbeing Days in clinical areas

- Departmental Staff Apps to improve communication in Neonatal
- Growth of the Great Place to Work Group where staff can share good practice and make suggestions about improving staff experiences
- Growth of the REACH and DAWN staff networks for staff from racially minoritised groups or who have disabilities
- Award of 34th place in Inclusive Companies Award
- Banding increases for Health Care Support Workers and roll out of the Care Certificate and career development pathways
- Improvements to staff facilities including staff rooms and rest areas.
- New policies to give staff more time off and support for fertility treatment and in the event of baby loss

Next steps

Divisions already have access to the results for their areas and will use this information to develop divisional annual plans which will include their top 3 areas for improvement.

Staff Survey actions are tracked through Divisional 'People Plans' and this approach will continue in 2022/23 to ensure all workforce actions are managed centrally. Themes from the staff survey will impact on the HR team operational priorities for the year and the development of the new People Strategy.

We continue to listen and learn to our staff by monitoring progress through our quarterly Let's Talk Survey, quarterly Listening events. The Trust launched a Great Place to Work Group in 2021 and will utilise this group and staff feedback machines to improve staff feedback and address areas of concern.

Trade Union Facility Time

Table 1 – Relevant Union Officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
4	3.52

Table 2 – Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
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0%	0
1 – 50%	4
51 – 99%	0
100%	0

Table 3 – Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£9,681.55
Provide the total pay bill	£88,133,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

Table 4 – Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	8.24%
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Expenditure of Consultancy

Consultancy costs for the financial year 2021/22 were £426K (2021/22, £332K).

Off-Payroll Arrangements

The use of off-payroll arrangements is covered by the Trust's Temporary Staffing Policy which details the controls that the Trust has in place. These controls include

that all bookings must be made through approved routes and agency requests can only be taken forward using the Trust's list of approved suppliers.

Additional checks are in place in respect of contracts with highly paid staff which meet the threshold used by HM Treasury. The Trust ensures that there are contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations. Assurance is also requested to ensure compliance for a sample of off-payroll arrangements as stipulated in the guidance.

Below are details of off-payroll engagements made by the trust during the year. The disclosures relate to public sector appointees not on the Trust's payroll.

Off-payroll engagements as of 31 March 2023, for more than £245 per day and that last for longer than six months:

	2022/23 Number of engagements
Number of existing engagements as of 31 March 2023	17
Of which:	
Number that have existed for less than one year at time of reporting	9
Number that have existed for between one and two years at time of reporting	2
Number that have existed for between two and three years at time of reporting	2
Number that have existed for between three and four years at time of reporting	1
Number that have existed for four or more years at time of reporting	3

All existing off-payroll engagements, outlined above, have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax; and where necessary that assurance has been sought.

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023, for more than £245 per day and that last for longer than six months.

	2022/23 Number of engagements
Number of new engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023	10
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	10
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0

Number of engagements that saw a change to IR35 status following the consistency review	0
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For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023:

	Number of engagements
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and / or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	8

Reporting of compensation schemes - exit packages 2022/23

The table below discloses the compulsory redundancies and other departures, highlighting the staff numbers that fall within the differing cost ranges in the 2022/23 financial year.

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	1	1	2
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	1	2
Total cost (£)	£39,914	£28,519	£68,433

Audited by Grant Thornton

In the 2022/23 financial year, there were no other departures under the Mutually Agreed Resignation Scheme (MARS) (2021/22 – there were 0 departures).

3iv Disclosures set out in the NHS Foundation Trust Code of Governance

Meeting the code of governance

Liverpool Women's NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board of Directors is committed to achieving the highest standards of governance within the Trust and has established processes to enable it to comply with the Code of Governance.

The Trust's Audit Committee receives a full analysis regarding compliance each year. The Code requires NHS foundation trusts to make a full disclosure on their governance arrangements for the financial year 2022/23. The Code also requires the Board to explain how the main principles and supporting principles of the Code have been applied. Information that satisfies this requirement can be found throughout the Annual Report and Accounts document. Furthermore, the Trust is required to provide a statement either confirming compliance with the provisions of the Code or where appropriate, an explanation in each case why the Trust has departed from the Code.

The table below sets out Code of Governance provisions where the Trust is required to provide supporting explanations. An overall position of compliance is reported.

Whilst not identified as non-compliance, an additional note has also been provided for **Code Provision B.1.1**: *The board of directors should identify in the annual report each non-executive director it considers to be independent.*

In 2021 the Council of Governors considered and agreed an annual extension to the Chair's term of office (six-year term completed on 28 February 2022). The following key reasons were accepted as a rationale whilst acknowledging guidance that a tenure beyond a six-year period for a non-executive director can impact on independence:

- The NHS is going through a period of significant change in terms of organisational form and legislative reform. The Chair has well-established relationships and links with system leaders which would provide the Trust added stability.
- There are a number of newly appointed NEDs and changing the Chair during this time would add to the risk of Board de-stabilisation.

To ensure that extensions for Non-Executive Directors beyond a six-year period receive adequate scrutiny, the Trust amended its Constitution in 2021/22 to specify that only annual extensions can be agreed up to a maximum of nine years in exceptional circumstances.

In July 2022, Council of Governors noted that for the following key reasons there were exceptional circumstances to allow for a further extension to the Chair's Term of Office i.e. to February 2024:

- The Board had been through a significant period of change, both from an Executive Director and Non-Executive perspective. To enable the Board to retain its stability through this phase, it was felt germane to retain a key individual with extensive organisational memory.
- The NHS was going through a period of significant change in terms of organisational form and legislative reform. Whilst the Trust was not alone in having to manage this change, the Trust had some unique circumstances in that it was nearing the potential delivery phase of its long-held strategy. The Chair had well-established relationships and links with system leaders which would provide the Trust with added stability and ensure that the progress made with key decision makers was not lost.

The following provisions of the code are required to be recorded in the annual report:

Code provision	Trust position	Comply or explain?
A.1.1 The Board of Directors (Board) should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule should include a clear statement detailing the roles and responsibilities of the Council of Governors (Council). This statement should also describe how any disagreements between the Council and Board will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board and Council operate, including a summary of the types of decisions to be taken by each and which are delegated to the executive management of the Board. These arrangements should be kept under review at least annually.	<p>In 2022/23 the board of directors met formally on 11 distinct occasions and once more for a workshop session (on a non-Board day). Matters reserved for the Board, including the types of decisions it takes and which are delegated to committees and executive management, are included in the Trust's Corporate Governance Manual and summarised in the 3i Director's report and 3vii Annual Governance Statement.</p> <p>The general duties of governors are stated in the Trust's constitution. Matters for which the Council of Governors is responsible and makes decisions on is outlined in the 3i(d) Council of Governors & Members.</p> <p>A general statement on the handling of disputes is contained in the Trust's constitution.</p>	Comply
A.1.2 The annual report should identify the Chair, Deputy Chair, Chief Executive, Senior Independent Director (SID) and the Chair and members of the Nominations, Audit and Remuneration Committees. It should also set out the number of meetings of the Board and	This information is provided in the following sections: 3i(a) Director's report 3i(b) Audit Committee report 3i(c) Board of Directors pen portraits 3ii Remuneration report 3vii Annual Governance Statement.	Comply

Code provision	Trust position	Comply or explain?
those committees and individual attendance by directors.		
A.5.3 The annual report should identify the members of the Council, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the Council and the attendance of individual Governors and it should be made available to members on request.	<p>Full details of Governors and their terms of appointment is given in section 3i(d) Council of Governors & Members.</p> <p>The Lead Governor over the period was Kate Hindle, Staff Governor.</p>	Comply
B.1.1 The Board should identify in the annual report each Non-Executive Director (NED) it considers to be independent. The Board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The Board should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination.	<p>The independence of each NED is reviewed on appointment and reassessed annually.</p> <p>All NEDs are required to annually submit a self-declaration and provide details of any conflict of interest.</p> <p>See 'Meeting the code of governance' narrative for further detail.</p>	Comply
B.1.4 The Board should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the Trust. Both statements should also be available on the Trust's website.	<p>Section 3i (a) Directors' Report</p> <p>Section 3i(c) Board of Directors pen portraits.</p>	Comply
B.2.10 A separate section of the annual report should describe the work of the nominations committee/s, including the process it has used in relation to Board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	<p>Section 3ii Remuneration report</p> <p>The Committees' terms of reference are available on request from Trust Secretary at communications@lwh.nhs.uk.</p>	Comply

Code provision	Trust position	Comply or explain?
B.3.1 For the appointment of a Chair, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A Chair's other significant commitments should be disclosed to the Council before appointment and included in the annual report. Changes to such commitments should be reported to the Council as they arise, and included in the next annual report. No individual, simultaneously whilst being a Chair of a Foundation Trust, should be the substantive Chair of another Foundation Trust.	<p>There is a current Role Description for the Chair which has been approved by the Council of Governors (most recently updated in January 2020). Future appointment would require the approval of the Council of Governors on recommendation of the Governor Nomination and Remuneration Committee.</p> <p>The significant commitments of those recommended for appointment as Chair are disclosed to the Council before appointment.</p> <p>Disclosure of Chair's (and other Directors) other significant commitments is recorded on register of interests and can be reviewed on the Trust's website. The Annual Report references how the public can gain access to the Register of Interests, and this meets the requirement of the FT Annual Reporting Manual.</p> <p>The Chair serving during the year has not been the substantive Chair of another Foundation Trust during his tenure.</p>	Comply
B.5.6 Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Section 3i (d) Council of Governors & Members.	Comply
B.6.1 The Board should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chair, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the Trust adopted a particular method of performance evaluation.	3i(a) Director's report 3i(b) Audit Committee report 3ii Remuneration report 3vii Annual Governance Statement.	Comply
B.6.2 Evaluation of the Board should be externally facilitated at least every three years. The evaluation needs to be carried out against the Board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the Trust.	The Trust engaged with Grant Thornton who undertook an external well-led review against the NHSI Framework during January – April 2021. Further detail is included in the Accountability Report and Annual Governance Statement.	Comply
C.1.1 The directors should explain in the annual report their responsibility for	3i(a) Director's report 3i(b) Auditors report	Comply

Code provision	Trust position	Comply or explain?
preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	3vii Annual Governance Statement	
C.2.1 The Board should maintain continuous oversight of the effectiveness of the Trust's risk management and internal control systems and should report to members and governors that they have done so. A regular review should cover all material controls, including financial, operational and compliance controls.	An annual review of the system of internal control is conducted on the instruction of the Trust's Audit Committee by internal auditors. 3i(b) Audit Committee report 3vii Annual Governance Statement.	Comply
C.2.2 A Trust should disclose in the annual report if it has an internal audit function, how the function is structured and what role it performs or if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	3i(b) Audit Committee report 3vii Annual Governance Statement	Comply
C.3.5 If the Council does not accept the Audit Committee's recommendation, the Board should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council has taken a different position. <i>[external auditor appointment]</i>	3i(b) Audit Committee report	Comply
C.3.9 A separate section of the annual report should describe the work of the committee in discharging its responsibilities.	3i(b) Audit Committee report	Comply
D.1.3 Where a Trust releases an executive director, for example to serve	3ii Remuneration report	Comply

Code provision	Trust position	Comply or explain?
as a NED elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.		
E.1.4 The Board should ensure that the Trust provides effective mechanisms for communication between Governors and members from its constituencies. Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the Trust's website and in the annual report.	Section 3i(d) Council of Governors & Members.	Comply
E.1.5 The Board should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the NEDs, develop an understanding of the views of governors and members about the Trust.	Section 3i(a) Director's report Section 3i (d) Council of Governors & Members.	Comply
E.1.6 The Board should monitor how representative the Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Information about the Trust's membership strategy is reviewed and developed by the Council's Communication and Membership Engagement Group and is available to the Board. Section 3i (d) Council of Governors & Members.	Comply

An exercise is being undertaken to review the Code of Governance for NHS provider trusts which will come into effect from 1 April 2023. This will include an analysis of new /updated provisions with actions being put into place during 2023/24 to work towards a position of compliance.

3v NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

NHS England has placed the Trust in segment 3. On the 8 April 2016 NHS Improvement took action to ensure that the Trust deals with the continuing issues it faces, and the Trust entered into an enforcement undertaking which required specific actions to be taken. In August 2021, a letter was received from Graham Urwin, Regional Director of Performance and Improvement NHS England and NHS Improvement – North West stating that “there are no longer reasonable grounds to suspect that the Trust is in breach of licence.”

This segmentation information is the Trust's position as of 31 March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>

3vi Statement of the Chief Executive's responsibilities as the accounting officer of Liverpool Women's NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require Liverpool Women's NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Liverpool Women's NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in dark ink, reading "Kathryn Thomson". The signature is written in a cursive style. To the right of the signature is a vertical line.

Kathryn Thomson
Chief Executive
29 June 2023

3vii Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Liverpool Women's NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Liverpool Women's NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's risk management strategy sets out the responsibility and role of the Chief Executive in relation to risk management which, as Accounting Officer, I have overall responsibility for. I have delegated the following responsibilities to Executive Directors:

- ❖ The Chief Finance Officer has responsibility for financial governance and associated financial risk;
- ❖ The Chief Nurse has joint authority for clinical governance with the Medical Director and absolute delegated authority from the Chief Executive for quality, improvement, risk management and complaints, and is executive lead for safeguarding and infection control.
- ❖ The Medical Director is responsible for all aspects of clinical risk management and clinical governance and has responsibility for the Trust's Quality Report.
- ❖ The Chief Operating Officer is responsible for emergency planning and is the executive lead for health and safety.
- ❖ The Trust Secretary is responsible for maintaining the Board Assurance Framework.
- ❖ All Executive directors have responsibility for the management of strategic and operational risks within individual portfolios. These responsibilities include the maintenance of the corporate risk register and the promotion of risk management

to staff within their areas of accountability. Executive directors have responsibility for monitoring their own systems to ensure they are robust, for accountability, critical challenge and oversight of risk.

The Trust fully implemented a divisional structure from 1 April 2019. This resulted in Maternity, Neonatal, Gynaecology, Theatres, Fertility, Genetics, and all other clinical support services being restructured within three main clinical divisions. The key objective of the structure is to: maintain and improve safety, experience, and effectiveness for our patients; create simplified structures where accountability and responsibility are clear; strengthen divisional management teams with medical, operational, and nursing/midwifery leaders having clear, shared objectives; simplify divisional reporting and meeting requirements in response to staff feedback regarding the demands of servicing the current organisational structure; and improve divisional governance processes, ensuring a clear line of sight from 'ward to Board'.

The three clinical divisions are: Division of Family Health - Comprising the Maternity and Neonatal directorates; Division of Gynaecology - Comprising the Gynaecology and Hewitt Fertility Centre directorates; and Division of Clinical Support Services - Comprising Pharmacy, Therapies, Theatres, Genetics, all other clinical support services, as well as the Administration and Access Centre. Each Division is led by a Divisional Manager with support from a Clinical Director(s) and Head of Nursing/Midwifery and report to the Executive Team.

The Audit Committee has overarching responsibility for the oversight of risk systems and processes within the organisation. The Trust's other assurance committees: Quality Committee; Finance, Performance and Business Development Committee; and Putting People First Committee monitor the Trust's Board Assurance Framework (BAF) and have oversight of progress against actions prepared in respect of the key strategic risks. Each Committee reports directly to the Board. The Board reviews the BAF as a minimum quarterly and receives escalated reporting of changes to the risks from its assurance committees as required. These are reported to the Board through a bespoke report and via chairs report produced by the Non-Executive Director chair of each Committee.

Risk Management Training

The risk management strategy identifies the Chief Executive as providing leadership and accountability to the Trust for risk management and quality improvement. Senior managers and all staff receive basic risk management training via the Trust's mandatory training programme. In addition, specific staff are trained to a higher level in risk management techniques such as root cause analysis or IOSH (Institution of Occupational Safety and Health) working and managing safely, as identified through the training needs analysis process. Training on use of the Trust's risk software is also provided across the Trust. The Trust's annual appraisal process is used to identify where and if additional, enhanced risk management training is required.

For 2023/24 there has also been an addition made within the training section of the Risk Management Strategy relating to ongoing monitoring of the Trust Risk Awareness Mandatory training compliance. This will form part of the Head of Risk and Safety core audits in relation to risk management. This will be monitored monthly, escalated to Divisional Managers where compliance is below 90% and reported into Corporate Risk Sub Committee should compliance remain not in accordance with required levels. Taken together these arrangements ensure staff are trained or equipped to manage risk in a way appropriate to their authority and duties.

Developing a risk aware and risk sensitive culture remains an on-going aim for the Trust. This is to enable risk management and risk management decisions to occur as near as practicable to the source of the risk. It is also to facilitate appropriate escalation of those risks that cannot be dealt with at the local level.

The risk and control framework

A framework for managing risks across the Trust is provided through the risk management strategy. It provides a clear, structured, and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial, and financial processes at all levels across the organisation. This document is reviewed on an annual basis with the latest version approved by the Board in May 2023. Following feedback received during the refresh of the risk management strategy, there have been performance milestones added to measure the effectiveness of the Strategy over the following 3-year period, between 2023 – 2026 which will be reviewed annually, and key achievements reported back to Quality Committee. Furthermore, there have been additions in relation to proactive and reactive risk processes and more descriptive roles in relation to the accountability of divisional and service managers.

The Trust operates a principle whereby risks are identified early and are resolved as close as possible to where the risk originated. A dynamic risk register process is in place which is actively monitored by senior managers linking in with clinical and corporate departments which is monitored at the Corporate Risk Sub-Committee. The risk register operates as part of a coordinated process which is based around a Standard Operating Procedure introduced in March 2019 and provides a defined process for risk assessment. The key aspects of the Standard Operating Procedure are outlined below:

- *Identification of a Risk and Initial Management of a Risk*
 - Once a risk is identified then a full and comprehensive risk assessment, using the Trust standard template, is completed. At this stage, if the actions identified can be completed in a timely manner and this resolves the risk, then no further action is required, and all evidence is filed.
 - If the risk cannot be resolved at the assessment stage then the completed risk assessment is presented at an appropriate service/department meeting for discussion as to the risk, its action and whether the risk needs to be included on a risk register.
- *Inclusion of a Risk on a Risk Register*

- Once it is identified that the risk then needs to be placed onto a risk register at service level then the risk is recorded using the Trust Ulysses Risk Management System.
- Each risk also has a designated risk owner/manager who ensures actions are completed and that the risk is reviewed within the required timeframe and if there are any concerns as to progress that this is escalated appropriately.
- *Management of Risk on Risk Registers at All Levels*
 - Risk registers are used as a system to assist in the management and monitoring of risks with the aim to resolve them or mitigate them to the lowest level of likelihood and harm as is possible.
 - There are two types of review which are required in the risk register system:
 - *Review of the actual risk* – this is completed in line with the chosen timeframe when adding the risk to the system or if it has been changed during a previous review.
 - The target risk score is based on SMART¹ principles and is not just an arbitrary figure. All risk scores are identified using the National Patient Safety Agency (NPSA) Risk Matrix ensuring that the correct domain for the risk is used, therefore identifying an appropriate target risk score.
 - *Review of Actions* – When a risk has individual actions in place, then these are clearly articulated with target dates for completion or review.
 - *Gatekeeping* – Prior to any risk being added to any risk register a comprehensive risk assessment is completed which is then reviewed and discussed either at an appropriate meeting or with a senior member of the divisional team where authorisation for inclusion on a risk register is provided.
- *Escalation and De-escalation* – Once on a risk register a risk can be escalated or de-escalated depending on a number of factors both internal and external.
- *Removal of Risk from Risk Registers* - Once all actions have been completed and the risk score has reduced to its lowest level possible then a review is to be undertaken by the risk manager and the managing group as to whether it is appropriate for the risk to be removed from the register. It is then the risk can be closed on the Ulysses system, with all accompanying evidence of risk reduction loaded into the evidence section to support future audit. Where a risk score has been reduced to its lowest level through actions and controls but is considered to still be an ongoing risk then this remains on a risk register with the review period being set to annual. This allows for ongoing sight of the risk, but with no need for regular updating unless there is a change to the risk or any controls.

¹ Objectives are 'SMART' if they are specific, measurable, achievable, realistic and, timely (or time-bound)

A committee structure supports the Trust's integrated governance processes and facilitates the appropriate identification of risk ensuring it is properly mitigated, monitored and reported. As Chief Executive, I chair the Corporate Risk Sub-Committee which coordinates and prioritises all categories of risk management. In fulfilling its role, the Committee meets at least six times a year to review all significant corporate risks and considers whether any risks need to be escalated to a relevant committee, sub-committee, or group. The Committee is also responsible for ensuring that any lessons learned arising from the corporate risk register are communicated across the Trust. Following the changes to the organisational structure, the membership of the Corporate Risk Committee was amended to ensure representation from the three clinical divisions. The Corporate Risk Committee reports to the Quality Committee of the Board of Directors.

Risk Appetite

The Trust's Risk Management Strategy determines that on an annual basis, the Trust will publish its risk appetite statement as a separate document. The Risk Management Strategy describes the process as follows:

"The risk appetite of the Trust is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame". In practice, the Trust's risk appetite should address several dimensions:

- The nature of the risks to be assumed.
- The amount of risk to be taken on.
- The desired balance of risk versus reward.

Risks throughout the organisation should be managed within the Trust's risk appetite, or where this is exceeded, action taken to reduce the risk. The Trust's risk appetite statement will be communicated to relevant staff involved in the management of risk.

Each strategic aim is allocated to a Board Committee and each respective Committee provides a recommendation to the Board on the proposed level of risk tolerance. A paper is collated, and the Board is requested to approve the overall risk appetite statement. This was most recently undertaken in the May 2023 Board meeting. The risk appetite forms part of the BAF and is used to inform discussions around strategic risk. Board and Committee paper templates also ask report authors to indicate if the decision they are seeking is deviating away from the risk appetite statement and to provide a justification if this is the case.

Quality Governance Arrangements

During 2022/23 the Trust continued to operate a model of integrated governance. This best practice model is defined by having in place effective systems, processes and behaviours governing quality assurance and operating within transparency that encourages challenge. There are defined clinical and patient safety performance metrics within the Trust's broad governance work-streams which are monitored through the Trust's internal control systems (clinical governance) and external

assurance(s), accreditation and regulation including NHS Improvement, the Care Quality Commission and the Human fertility and Embryology Authority (HfEA).

The Trust took several actions to work towards becoming CQC 'inspection ready' during the year. This was carried out in collaboration with the Senior Leadership Teams for services within the Trust.

Further detail on the steps which have been put in place to assure the Board that there are appropriate controls in place to ensure the accuracy of quality data is included within the 'Data Quality and Governance section' below.

Management of Serious Incidents

The Trust follows NHS England's guidance in reporting Serious Incidents and carrying out investigations. This includes uploading all Serious Incidents onto StEIS (Strategic Executive Information System) for external review. Both our local commissioners and our regulators are informed of the Trust's Serious Incidents and monitor the outcomes. The current approach is changing following the publication in July 2019 of a new National Patient Strategy, which identified the need to restructure the national approach to patient safety and ensure there was a national framework for all organisations to follow. Part of the new strategy was the updating of the current National Serious Incident Framework which is to become the Patient Safety Incident Response Framework (PSIRF).

The PSIRF has four key aims with regards to patient safety incidents: compassionate engagement and involvement of those affected; a system-based approach to learning; considered and proportionate responses; supportive oversight focused on strengthening response systems and improvement.

Under the PSIRF, we will no longer be talking about 'serious incident investigations' or 'root causes'. In their place will be a more flexible, system-focused approach, with improvement and engagement with patients/families/staff taking centre stage. This new system aims to channel resources where they will have the most impact.

The Trust has taken the following steps to prepare for the implementation of the PSIRF:

- Appointed an Executive Lead for PSIRF (Chief Nurse)
- Appointed three Patient Safety Specialists
 - As a further result of the Ockenden recommendations, a Consultant Obstetrician (Safety Lead) has been appointed as Maternity Lead within their current role and responsibility
- The National levels 1 and 2 patient safety training packages are now live and have been incorporated into all staff mandatory training requirements for 2022 / 2023 and 2023 / 2024
- The Trust is currently rolling out Human Factors Training to approximately 1100 staff face-to-face band 7 and above and all maternity colleagues
- Produced a Patient Safety Incident Response Plan

- Updated the incident reporting system
- The risk team has an associated Learn from patient safety events (LFPSE) implementation plan due for go live in advance of the September 2023 deadline set by NHSE.

The Trust engages in open and honest discussions to agree the appropriate and proportionate response with executive directors, senior managers and clinicians including at time advice from the ICB. Both NHS England and our local commissioners recognise that the best position is for us to discuss openly, to investigate proportionately. It is nationally accepted that organisations that report more incidents usually have a better and more effective safety culture.

As part of the current Trust policy for the Management of Incidents and Serious Incidents, all incidents which are reported as serious incidents have a 72hr review completed which aims to identify if there are any immediate actions required to keep our patients safe whilst the investigation is being completed. These are clearly documented and submitted to the ICB and CQC for assurance.

CQC Registration Requirements

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust underwent a CQC inspection during January and February 2023 and the final report was published on 23 June 2023. 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. Following the inspection, the Trust was issued with a Section 29 Warning Notice – more details about which are detailed later in this statement.

Trust's Key Risks

BAF Risk 2.3: Failure to implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

Risk score at the beginning of the year – 20 (4 (likelihood) x 5 (consequence))

Risk score at the end of the year – 20 (4 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation and to patient safety. Good progress is being made on mitigating measures to make the Crown Street site safer with a number of significant capital projects either completed, underway or planned. It should be acknowledged that the impact of this risk cannot be fully mitigated whilst the Trust operates on an isolated site.

BAF Risk 4.1: Failure to ensure our services are financially sustainable in the long term

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

The Trust has a well-defined and evidence backed case that whilst it remains on a single site, long-term financial sustainability will be compromised. Progress has been made to identify strategic solutions to this issue, but these remain unresolved, and it is fully expected that the Trust will forecast a significant deficit position for 2023/24.

BAF Risk 4.3: Failure to deliver the agreed 2022/23 financial plan

Risk score at the beginning of the year – N/A (risk was added in November 2022)

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

Like many NHS organisations, the Trust faced a significant financial challenge in 2022/23 and did not deliver its financial plan despite recovery efforts being in place. Whilst the Trust has been in deficit in the past, this has been agreed with regulators and planned for when it has happened.

This risk was added during the year to the BAF as it became meet the financial plan became increasingly challenging. During the last quarter, the likelihood of this risk increased to 'almost certain' from 'likely'.

Further work will be undertaken for 2023/24 and beyond to try to move the organisation to a more sustainable financial footing where this is possible, noting the structural, underlying deficit that is in place.

BAF Risk 1.2: Failure to recruit & maintain a highly skilled & engaged workforce

Risk score at the beginning of the year – 20 (5 (likelihood) x 4 (consequence))

Risk score at the end of the year – 20 (5 (likelihood) x 4 (consequence))

Whilst the Trust has a significant number of controls and sources of assurance, the Trust does have acute and chronic staffing challenges in several areas and a higher than target sickness rate. During the year, the Board (with the support of its Committees) considered whether the on-going industrial action during the latter half of the year meant that the score should be increased. The fact that the impact of industrial action had been well mitigated through the year and that the Trust retained strong relationships with staff and its union representatives meant that it was felt inappropriate to escalate the likelihood to a '5'. The Board remains cognisant that this risk will continue to present one of the most acute challenges to the organisation moving into 2023/24.

BAF Risk 2.4: Major and sustained failure of essential IT systems due to a cyber attack

Risk score at the beginning of the year – 20 (4 (likelihood) x 5 (consequence))

Risk score at the end of the year – 16 (4 (likelihood) x 4 (consequence))

The Trust's Digital Services department places cyber security management at the core of operational activities, ensuring it maintains its Cyber Essentials standard. Various

controls are implemented that are considered effective and this reduces the likelihood of a cyber-attack impact. However, if a cyber-attack was successful the impact would likely be catastrophic to Trust services, likely rendering digital systems that clinical services are increasingly dependent on, unavailable for a period of time. The Digital Services department continued to strengthen controls through process refinement and the introduction of security technologies during the year. On this basis of this, the impact score was reduced from '5' to '4'. Due to recent world events, the environment risk or likelihood for a cyber-attack increased from possible (3) to likely (4). The NHS has reflected the increased threat through guidance issued to all NHS providers and arm's length bodies during March 2022.

BAF Risk 2.2: Failure to develop our model of care to keep pace with developments and respond to a changing environment

Risk score at the beginning of the year – 16 (4 (likelihood) x 4 (consequence))

Risk score at the end of the year – 16 (4 (likelihood) x 4 (consequence))

Whilst the Trust could demonstrate evidence of being open and responsive to change in service development and delivery during the year, the risk score reflected the significant risk to the organisation of a lack of an EPR (and as a corollary, having in place a disparate number of clinical systems).

This will remain a significant risk moving into 2023/24 but this should reduce with implementation of an integrated Meditech EPR system in July 2023. Work is also in place to support the approach to horizon scanning and longer term, strategic planning at a Divisional level.

BAF Risk 2.1: Failure to progress our plans to build a new hospital co-located with an adult acute site

Risk score at the beginning of the year – 15 (3 (likelihood) x 5 (consequence))

Risk score at the end of the year – 15 (3 (likelihood) x 5 (consequence))

The Trust's services being located on an isolated site away from an acute centre, remains the most significant risk to the organisation. The Trust can demonstrate strong controls in relation to developing the clinical evidence base for the move and has achieved buy in from significant stakeholders. There remains however, a lack of definitive commitment to secure the capital required. This issue will now progress with the Women's Services Sub-Committee of the NHS Cheshire and Merseyside Integrated Care Board.

BAF Risk 1.1: Failure to be recognised as one of the most inclusive organisations in the NHS with zero discrimination for staff and patients (zero complaints from patients, zero investigations)

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has several strong controls in place against this risk and can demonstrate effective performance in comparison with other NHS trusts (see 2022 WRES report for example). The Trust also recently benchmarked within the top 50 inclusive places to work and improved its position from 2021/22 to 2022/23. However, this is an ambitious aim within the Trust's 2021-25 strategy and will require significant cultural change to achieve together with a continued and unrelenting focus.

BAF Risk 3.1: Failure to deliver an excellent patient and family experience to all our service users

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust continues to receive positive feedback from significant patient surveys. To improve further, it is imperative that the organisation ensures that it can listen to patient voices and the local community and ensure that services are responsive and can cater to differing needs. The evidence for how effective the organisation is undertaking this can be strengthened from the current position and will be a key focus for the Trust in 2023/24.

BAF Risk 5.2: Failure to fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership

Risk score at the beginning of the year – 12 (3 (likelihood) x 4 (consequence))

Risk score at the end of the year – 12 (3 (likelihood) x 4 (consequence))

The Trust has a current rating of 'requires improvement' for well-led from the most recent CQC inspection. The final report was published on 23 June 2023 and it is expected that further work will be required in 2023/24 to refine process and to ensure that the Trust remains 'inspection ready'.

BAF Risk 5.1: Failure to progress our research strategy and foster innovation within the Trust

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has a well-established and successful research process. To strengthen this area and further mitigate this risk, the Trust will look to widen participation in research across the organisation making links explicit with quality improvement activity. There is also an opportunity to further enhance the Trust's research profile in the local system but also nationally and internationally. The Children Growing Up in Liverpool longitudinal birth cohort study is due to start in 2023/24 and this is a project being supported by the Trust.

BAF Risk 4.2: Failure to expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS

Risk score at the beginning of the year – 8 (2 (likelihood) x 4 (consequence))

Risk score at the end of the year – 8 (2 (likelihood) x 4 (consequence))

The Trust has well-defined partnerships and relationships with several key stakeholders. The regulatory and system landscape remains nascent, and the Board has sought additional clarity on governance arrangements (and the Trust's role in this) during 2022/23 to mitigate this risk and work towards the target score. It has also been agreed to provide enhanced reporting on partnership arrangements (and their efficacy) during 2023/24 through to the Board.

The underlying connection between all risk areas is the fact that the Trust remains isolated on a single site. Whilst there well documented clinical risks caused by our isolated location, remaining on a single site also impacts the Trust's financial sustainability and our ability to recruit staff, particularly in high-risk specialties. It is not anticipated that the risk profile for the Trust will change significantly from 2022/23 to 2023/24.

An opportunity has been taken to review the Board Assurance Framework to ensure that it provides the Board with a clear outline of its most significant strategic risks and a live appraisal of the control and assurance environment. This has resulted in a reduction of Board Assurance Level risks with some risk items being reattributed to the Corporate Risk Register.

COVID-19 Governance

Whilst the impact of the COVID-19 pandemic was not as severe as in the previous two years, the Trust continued to maintain a COVID-19 Oversight and Scrutiny Group throughout the year. During the height of the pandemic, the Group was meeting twice a week and the frequency has been adjusted as necessary since that point. The last meeting of the Group took place at the end of March 2023, and it was agreed that regular reporting items e.g., IPC, PPE and incident management would be 'mainstreamed' into other existing and subject matter-specific meetings. Should it be necessary this meeting can be re-established, but it is likely that the continuing area of attention will be the Trust's approach to the on-going COVID-19 Inquiry.

System working and partnerships

Whilst Cheshire and Merseyside Command and Control arrangements (set up in response to the pandemic) were stepped down during 2021/22, the Trust has continued to play an active role in the Cheshire and Mersey Hospital Cell system recovery and reset work with appropriate offers of support to the system. One aspect of this was through regional support to Gynaecology Oncology and taking a leadership role in decisions affecting women's services for the region. The Trust is the identified as Gynaecology Oncology Hub for Cheshire and Mersey. The Trust also chairs the

Maternity Gold Command call on a weekly basis where staffing and acuity issues are discussed. If a provider is challenged to staff their unit, then proactive help to distribute elective work can be discussed to hopefully prevent a divert of services. If a divert is required, then the providers can discuss who is in a position to help.

During the year, the Trust opened a mobile CT Scanner on the Crown Street site which is helping to increase the local diagnostic offer for the system. This was part of funding secured to open a Community Diagnostic Centre (CDC) on the Crown Street site. A permanent CT and MRI scanner are now in place.

Support was provided to Liverpool University Hospitals NHS Foundation Trust (LUHFT) during the pandemic to provide colorectal surgery and by taking over Non-Obstetric Ultrasound scanning activity. The partnership with LUHFT has been strengthened through 2022/23 and a 'Partnership Board', first established before the start of the pandemic but then subsequently paused, has re-started with a refreshed membership and Terms of Reference. This refresh has resulted in a bimonthly meeting pattern and working groups for complex gynae, shared maternity care and anaesthetics now in place.

Other long-standing partnerships continued throughout the year. This included the Liverpool Neonatal Partnership (LNP) with Alder Hey NHS Foundation Trust. Assurance was provided to the Board throughout the year on the progress that the LNP is making, and it is fully expected that this will continue to go from strength to strength in 2023/24, particularly with the building of a new state-of-the-art Surgical Neonatal Intensive Care Unit (NICU) on the site of Alder Hey Children's NHS Foundation Trust. The LNP also went through a quality assurance process in 2022/23 whereby the Partnership self-assessed itself against a predefined set of criteria based on the Well Led CQC domain. This was then presented to the NEDs from the respective Boards. An overarching Partnership Board with Alder Hey is forming to encompass the Liverpool Neonatal Partnership, Starting Well research programme, newly developing services and current services. The Partnership Board will also look at strategic programmes that have a shared strategic aim.

From 2021/22, the Trust took over the hosting of the Cheshire and Merseyside Local Maternity and Neonatal System (LMNS), an organisation that I was already the Senior Responsible Officer for. Whilst not operationally responsible for the LMNS, the hosting arrangement has enabled the Trust to develop closer relationships – something that has become increasingly important in the successful delivery of the Ockenden recommendations.

The Trust sees itself as a key partner in supporting the developing Cheshire and Merseyside Integrated Care System with the Chair and senior Executives involved in developing models of governance and service delivery. I have been nominated as the workforce lead in the development Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative. The people who work in the NHS are its greatest asset although it is well known that there is more to do to create a happier workforce with greater levels of purpose and job satisfaction. I am confident that the

Trust can help to support the development of whole system plans to address workforce shortages and maximise collaborative workforce opportunities.

Data Security Risks

Risks to data security are managed and controlled as part of our risk and control framework. The Trust is ISO 27001 certified which brings our information and data security under explicit management control. The Chief Finance Officer, as Senior Information Risk Owner, is responsible for information governance, performance against which is monitored through the Finance Performance and Business Development Committee, which receives regular updates from the Trust's Information Governance Sub-Committee.

Well-led Framework

The Trust last commissioned an external review in 2021 (commencing in January 2021, final report received in July 2021) by Grant Thornton. Grant Thornton was appointed following a tender exercise and were fully independent from the Trust.

The independent review confirmed that there were no material governance concerns and several areas of good practice were noted, particularly:

- The Trust is focussed on quality and sustainability and this features in meetings throughout the levels of the organisation
- The data and information available to Divisions is of good quality and used to guide operational performance conversations at Divisional meetings and performance reviews, providing a 'golden thread' between Divisions and the Board
- The Trust has many examples of how it has worked extensively with its partners on the delivery of its services

Some areas for further work and opportunities for improvement were also highlighted, which the Board of Directors acknowledged, and these were the subject of an action plan. Examples included:

- Ensuring that best practice is shared between the respective Divisions to work towards a maturity level parity.
- The need to ensure that a documented Quality Improvement Methodology is in place
- Learning from serious incidents is an area that requires strengthening.

There is an expectation that trusts will, in addition to an independent external validation being undertaken every three years, undertake annual development review activities, with the scope determined by the Board of Directors. In September 2022, the Trust reviewed its current well-led action plan alongside several published documents that related or impacted NHS provider governance to help to ensure that the Trust's well-led aims are aligned with these. This included the update of the Code of Governance NHS England guidance documents on good governance and collaboration; and an addendum on the role of foundation trust councils of governors.

As expected, there is a significant focus on 'system' within the documents and therefore the updated well-led action plan focused upon areas of improvement to support the Trust's approach to being a 'good partner' as the Integrated Care System matured and developed.

Compliance with the NHS foundation trust condition 4 (FT governance)

The Trust has in place a governance structure to support compliance with the NHS foundation trust condition 4(8)(b) (Foundation Trust governance). For most of the year under review, the Board comprised of eight independent non-executive directors, including the chair and senior independent director, and seven executive directors (one non-voting), including the Chief Executive. Details of the composition of the Board and changes made during the year can be found in section 3i – Accountability Report, Directors Report.

The Board has not identified any significant risks to compliance with provider licence condition FT4. This condition covers the effectiveness of governance structures, the responsibilities of directors and committees, the reporting lines and accountabilities between the Board, its Committees and the Executive Team. The Board is satisfied with the timeliness and accuracy of information to assess risks to compliance with the foundation trust's licence and the degree of rigour of oversight it has over performance.

The Board of Directors is responsible for determining the Trust's strategy and business plans, budget, policies, accountability, audit and monitoring arrangements, regulation and control arrangements, senior appointments and dismissal arrangements and approval of the Trust's annual report and accounts. It acts in accordance with the requirements of its terms of its provider license as a Foundation Trust.

Assurance committees:

- ❖ The Audit Committee is responsible for providing assurance to the Board of Directors in respect of the process for the Trust's system of internal control by means of independent and objective review of corporate governance and risk management arrangements, including compliance with laws, guidance and regulations governing the NHS. In addition, it has responsibility to maintain an oversight of the Trust's general risk management structures, processes and responsibilities.
- ❖ The Finance, Performance and Business Development Committee is responsible for providing information and making recommendations to the Board of Directors in respect of financial and operational performance issues and for providing assurance that these are being managed safely. The Committee maintains an overview of the strategic business environment in which the Trust is operating and identifies strategic business and financial risks and opportunities. The Committee considers any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting

requirements. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.

- ❖ The Quality Committee is responsible for providing the Board of Directors with assurance on aspects of quality in respect of clinical care and research and development issues, and for regulatory standards of quality and safety. The committee considers any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.
- ❖ The Putting People First Committee is responsible for providing the Board of Directors with assurance on all aspects of governance systems and risks related to the Trust's workforce, and regulatory standards for human resources. The committee considers any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements. It reports any areas of significant concern to the Board of Directors and/or Audit Committee as appropriate.
- ❖ The Nomination and Remuneration Committee has two responsibilities: it oversees the recruitment and selection of the Chief Executive and executive directors and reviews the structure, size and composition of the executive management team on the Board of Directors; and determines the remuneration, terms of service and other contractual arrangements relating to the Chief Executive and executive directors. The Committee is also responsible for succession planning in respect of executive appointments and for any disciplinary or termination matters relating to the executive management team.

Each assurance committee is chaired by a Non-Executive Director and has terms of reference setting out its duties and authority, including matters delegated to it by the Board of Directors. Membership of the Audit Committee and Nomination and Remuneration Committee comprise solely of Non-Executive Directors.

The Board reviews its effectiveness at each meeting and on an annual basis. Each assurance committee reviews its effectiveness at the conclusion of each year and prepares an annual report setting out how it has fulfilled its terms of reference. Committee annual reports are submitted to the Board for review and approval. The Audit Committee reviews its effectiveness with input from the Trust's internal and external auditors. Each assurance committee routinely receives the Chair's Reports of meetings held by its subordinate committees/groups.

Directors' responsibilities are set out in their job descriptions in which reporting lines and accountabilities are identified. The Chair leads the Board of Directors and Council of Governors and ensures the Board develops vision, strategies and clear objectives whilst ensuring it understands its own accountability for governing the Trust. The Chair provides visible leadership in developing a healthy culture for the organisation and

ensures this is reflected and modelled in the individual directors own and the Board's behaviour and decision-making.

Non-executive directors are responsible for bringing independence, external perspective, skills and challenge to strategy development. They hold the executive directors to account for the delivery of the Trust's strategy, offer purposeful, constructive scrutiny and challenge, and chair or participate as members of the assurance committees that support accountability. Non-executive directors are held to account individually and collectively by the Council of Governors for the effectiveness of the collective board. They seek to actively support and promote a healthy culture for the organisation and reflect this in their own behaviour whilst providing visible leadership in developing a healthy culture so that staff believe they provide a safe point of access to the Board for raising concerns.

The Chief Executive is responsible for leading the strategy development process and delivery of the strategy and acts as the Trust's accountable officer in the establishment of effective performance management arrangements and controls. As Chief Executive I seek to provide visible leadership in developing a healthy culture for the organisation and ensure that this is reflected in my own and the executive directors' behaviour and decision-making. The executive directors take a lead role in developing strategic proposals, leading the implementation of strategy within functional areas and managing performance within their areas of responsibility. They seek to actively support and promote a positive culture for the organisation and reflect this in their own behaviours. Executive directors seek to nurture good leadership at all levels. All directors (executive and non-executive) operate as members of the unitary Board.

To assure itself of the validity of its annual governance statement required under NHS FT Condition 4 the Board of Directors receives the annual Corporate Governance Statement aligned with the year-end sign off process.

The Board receives the latest up to date information in respect of the Trust's performance. Reports focus on exceptions to target performance and executive directors outline improvement plans and mitigating actions. Three of the Board's committees (Finance, Performance and Business Development Committee, Quality Committee, and Putting People First Committee) routinely review aspects of the Trust's performance in accordance with the terms of reference approved by the Board.

The Trust is able to assure itself of the validity of its Annual Governance Statement by referring to the Board's self-assessment against the NHSE Well-Led Framework (and the findings from the external review), the annual reports of assurance committees, reports of its internal and external auditors and reviews of the Trust's performance and compliance against national and local standards.

Embedding Risk Management

Risk management is embedded in the activity of the Trust in a variety of ways. The agenda for all meetings, from the Board through its integrated governance structure, include an item to consider whether any new risks have been identified during

discussions. Where new risks are identified, mitigation is considered and agreed and where appropriate an entry is made to the Trust's risk register. Each meeting would also consider whether a known risk had changed in any way and the risk register or Board Assurance Framework would then be updated accordingly.

The Trust's Cost Improvement Programme (CIP) includes a process of quality impact assessment (QIA) and equality impact assessment (EIA). These assessments must be jointly approved by the Medical Director and Chief Nurse (input also provided by the Chief Operating Officer) with a confirmation that the CIP scheme will not have a negative impact on patient safety and quality. The Trust also performs post-implementation reviews of CIP schemes in accordance with best practice, the results of which are reported to Finance, Performance and Business Development Committee. All Trust policy documents go through a streamlined and robust approvals process which ensures appropriate standardisation of documentation, including completion of equality impact assessments.

Involvement of public stakeholders

Public stakeholders are involved in managing risks that impact them in several ways. The Cheshire & Merseyside Integrated Commissioning Board (ICB) is involved through the monthly clinical performance and quality review meeting held with them and which is chaired by the ICB. This meeting is used to discuss the Trust's contract and quality performance and to identify any concerns which may become risks. The Trust also makes the ICB aware of risks during this meeting.

Our local Healthwatch is involved by alerting the Trust to issues of concern put to them by their members relating to our services, which we consider and define as risks where appropriate. Other local NHS providers are also involved through a mutual exchange of intelligence and a commitment to addressing risks, for example through the development of patient pathways. Our Council of Governors plays an active role in representing the interests of those the Trust serves and holding the non-executive directors and therefore the Board to account for the services provided by the Trust.

Patients continue to be involved in the risk management process in several ways. A patient story is told at the beginning of each meeting of the Board of Directors, sometimes: by the patient in person; via a video; audio recording; or on the patients' behalf by the Chief Nurse or a clinical member of Trust staff. Organisational learning from each story told is identified and actions taken are reported to the Board to disseminate across the Trust for learning.

The Trust also considers complaints, litigation, and PALS (Patient Advice and Liaison Service) feedback as important indicators of quality. The Board committees receive reports detailing this feedback. Members of the public have been supported in attending the Trust's Board meetings in which questions can be directed to Board members.

During the year the Trust held a series of 'walkrounds' where staff could meet and speak in person with an Executive Director and / or Non-Executive Director. These

have enabled staff to raise any key issues and/or concerns. The 'walkround' process is being refreshed for 2023/24 and this will include the involvement of the Governors.

Workforce Strategies

The Trust has in place an overarching people strategy – “Putting People First” - driving focus and delivery in several areas - workforce planning, retention, equality, diversity and inclusion, health and wellbeing and leadership and succession planning. The successful delivery of these plans is critical to ensuring the mitigation of its workforce risks, particularly in relation to attracting, developing and retaining the best staff, especially in relation to the impact of national shortages of key staffing groups.

The Trust has adopted principles within National Quality Board (2016), NICE Guidance (2014;2015) and Delivering Workforce Safeguards (2018) to support workforce planning, care hours per patient per day (CHPPD) requirements and the operational oversight of staffing and acuity-based care is embedded in the Trust.

Workforce planning is an annual process undertaken in partnership with divisional leads, finance and workforce, reviewing current establishments and incorporating any known changes. Adhering to the principles of safe staffing, as defined in 'Developing workforce safeguards' a combination of evidence-based tools and professional judgement are used to develop the workforce plan using a 'bottom up' approach to develop rosters in clinical areas. E-rostering is embedded within nursing and midwifery and e-rostering and job planning software has been rolled out to the junior doctor and consultant medical workforce. The annual workforce plan is approved by the Executive Team and is incorporated into the regional workforce plan produced by NHSE/HEE. The Board is informed and assured of progress and change throughout the year by regular Board level reporting. Development of new roles, joint working with other organisations and international recruitment are all being undertaken to address supply issues within certain specialities.

Policies and processes are in place to allow any concerns in relation to safe staffing to be raised, including the exception reporting process for junior doctors, grievance processes and via Freedom to Speak Up Guardians if necessary.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation meets its obligations in respect of equality, diversity and human rights legislation

Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Sustainable Development

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. Please see the Performance Analysis section for further detail on the Trust's Green Plan.

Review of economy, efficiency, and effectiveness of the use of resources

As Accounting Officer, I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources.

The requirement to produce an operational plan which details the Trust's plans, budget, and efficiency targets has been disrupted in recent years by the COVID-19 pandemic. The Board approved a revenue and capital budget for 2022/23 in June 2022. The Trust's Council of Governors was invited to contribute to the development of this budget and its key aspects. Reports on performance against the budget and operational targets were presented to the Board of Directors and Council of Governors during the year.

The Trust has carried an underlying, structural financial deficit for several years which presents ongoing financial sustainability challenges (first formally declared in 2014/15). The key drivers of this deficit are the costs of delivering maternity services, investments in recent years to reduce clinical risk because of the Trust's isolated site (in the absence of capital funding availability to provide a long-term solution), and limited opportunities for economies of scale due to the Trust's small size.

In recent years the deficit has been supported by non-recurrent sources of income and non-recurrent cost savings which are now reduced or no longer available to the Trust.

During 2022/23, Liverpool Women's Hospital faced significant challenges in delivering its financial plan, primarily due to workforce pressures, the need to address clinical risks caused by the Trust's isolated site as well investment required following the Ockenden reports. At year-end the Trust reported a £2,723k deficit against a surplus plan of £528k, resulting in an adverse variance of £3,251k.

The Trust has demonstrated grip and control through the year e.g., successfully delivering the revised forecast outturn position agreed upon at Month 9 (before the additional items agreed as part of the Cheshire and Merseyside plan), despite ongoing pressures and the impact of industrial action. The Cost Improvement Programme target was also exceeded for the year. High assurance was received from Internal Audit in relation to financial systems and control. Despite this, the Trust has been

required to submit a significant deficit plan for 2023/24 and will be subject to increased monitoring by the ICB during the year.

The Audit Committee commissions reports on specific issues relating to economy, efficiency, and effectiveness through the internal audit plan. Implementation of recommendations is overseen by the Audit Committee and the Executive Team.

The Board reviews the financial position of the Trust at each public meeting. The report provides integrated information on financial performance, including the achievement of efficiency targets and other performance measures.

There is a scheme of delegation in place and the key governance committees of the Board are a part of this process, principally the Audit Committee, Finance, Performance and Business Development Committee and the Quality Committee.

The Trust has in place several arrangements with third-party providers, most notably Liverpool University Hospitals NHS Foundation Trust (LUHFT). LUHFT provides services including clinical support such as pathology and blood products and also non-clinical services including recruitment. The Trust's payroll is provided by St Helen's & Knowsley NHS Trust. Other services are provided by Alder Hey NHS Foundation Trust and other organisations. These relationships are managed through regular meetings and contract management processes. However, there are currently some gaps in assurance in this area, particularly in relation to ensuring that Service Level Agreements are in place and up to date. In some cases, engagement with suppliers is challenging, particularly in relation to local NHS organisations. Work is ongoing to improve the situation and a risk has been held on the risk register in relation to this. The risk is monitored by the FPBD Committee, and this will continue into 2023/24.

Information Governance

The usual 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 previously.

Because of this, and at the 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 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 2022/2023.

During 2022/2023 there were three 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 two incidents related to misdirected communication (one by telephone and one by post).

All three of these incidents have since been closed by the ICO and, of those three incidents, only one 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 five 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.

Data quality and governance

The Trust has existing processes for reporting and monitoring data quality:

- Overarching data quality policy
- Data quality strategies
- Data quality sub-committee
- Data Quality Maturity Index (National measure)
- Data quality reports
- Benchmarking
- Weekly Information Team meetings
- SOPs
- Clinical system training
- Internal audit
- External audit
 - MIAA Data Quality Audit in 2022 with significant assurance

Challenges

The Trust continues to use MEDITECH Magic, which is an old PAS resulting in challenges for data quality and information reporting. The current programme to implement DigiCare will see significant benefits to data capture and simplified reporting with administrative and clinical staff being able to use fewer systems to document administrative and clinical data.

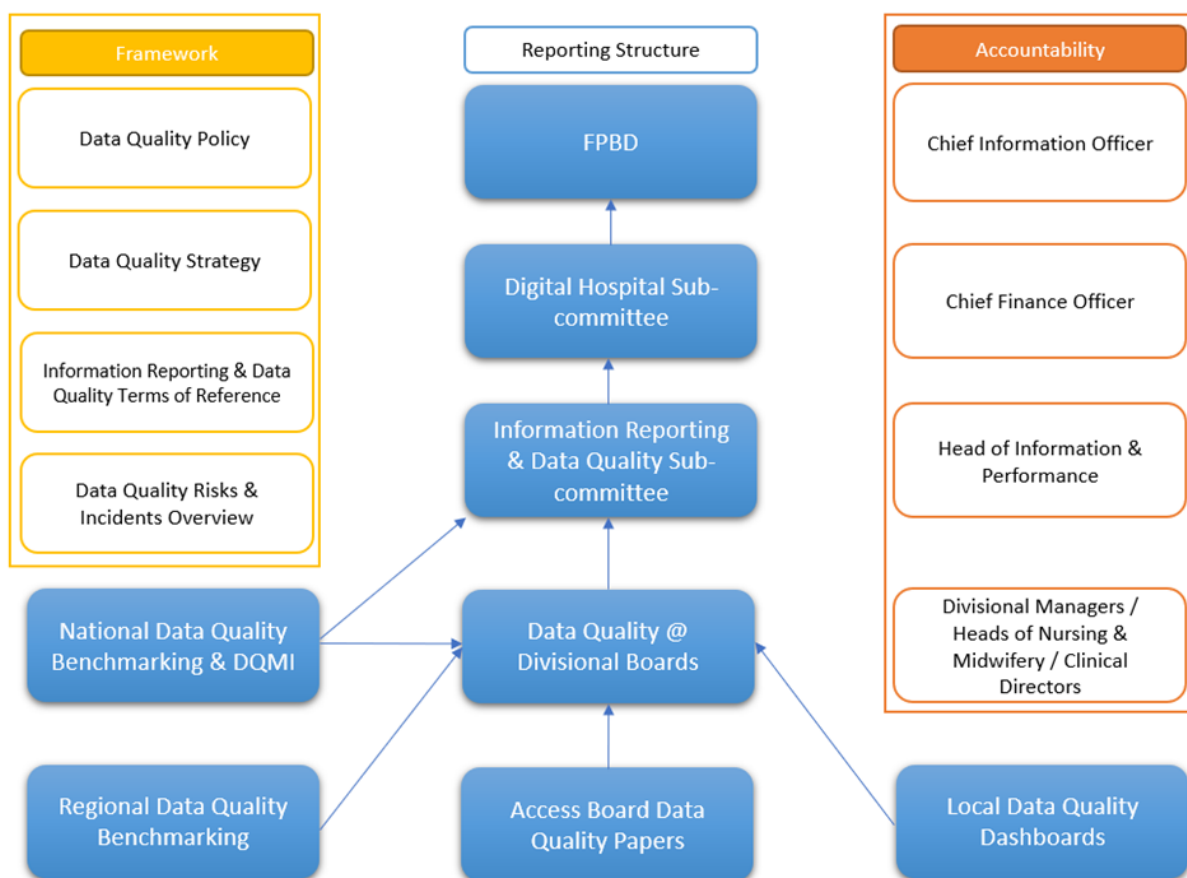
The BAF risk around multiple systems brings its own unique challenges to data quality. Data must be linked between these systems to facilitate reporting which increases the risk around data quality issues. The implementation of DigiCare will again significantly reduce this risk with a reduction in clinical systems and better integration between those that remain.

Ongoing Improvements

The process for assuring data quality and information reporting is continually reviewed. The effectiveness of reporting and monitoring data quality is key in ensuring oversight of the Trust's data quality. There is a significant focus on ensuring that through the DigiCare implementation the Trust will continue to be able to accurately report all statutory datasets and those that support patient care locally.

- Data quality strategy to be reviewed post implementation of DigiCare

- Through DigiCare, live dashboards to proactively monitor data completeness and quality within departments
- Proactive monitoring of externally submitted data through locally developed dashboards
- Continued Performance Report development utilising NHSI best practice through the 'Making Data Count' guidance.
- Through DigiCare expanded clinical systems training material to support data quality.
- Increased focus on benchmarking reports including utilisation of these for all key datasets submitted externally
- Data quality maturity index to continue to be reported across all performance reports within the Trust.



Review of effectiveness of internal control

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee; the Quality Committee; the Safety and Effectiveness Sub-Committee, the Patient Involvement &

Experience Sub-Committee and the Corporate Risk Sub-Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

For this aspect, I have taken assurance from the continued application of a Governance and Performance Framework (first initiated in 2021/22); the main aim of which is to provide enhanced clarity across the organisation regarding the Trust's performance and control systems and processes. Improvement remains an iterative and continuous process, and I expect that quality governance arrangements in particular will continue to strengthen during 2023/24 to support the work of the Quality Committee.

The Head of Internal Audit has provided me with a positive opinion on the overall adequacy and effectiveness of the organisation's system of internal control. The assurance framework in place provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives has been reviewed. The Head of Internal Audit has stated that in his opinion, that substantial assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The overall opinion is underpinned by the work conducted through the risk based internal audit plan.

All recommendations from internal audit, external audit and the Local Counter Fraud Service are monitored by the Audit Committee. Tracking software is used to inform progress / outcomes and assurance reports to the Committee.

My review of effectiveness is also informed by reports and minutes from the Audit Committee, Quality Committee, Finance, Performance and Business Development Committee, Putting People First Committee, Safety and Effectiveness Sub-Committee, Patient Involvement & Experience Sub-Committee, Corporate Risk Sub-Committee, Emergency Preparedness, Resilience and Response Committee and Infection Prevention and Control Committee. Other relevant assessments to which the Trust responds include relevant CQC reviews, national confidential inquiries, reports from the Centre for Maternal and Child Enquiries, and Ombudsman's reports.

In reviewing the system of internal control, I am fully aware of the roles and responsibilities of the following:

- ❖ The Board of Directors whose role is to provide active and visible leadership of the Trust within a framework of prudent and effective controls that enable risk to be assessed and effectively managed. The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.
- ❖ The Audit Committee which, as part of our governance structure, is pivotal in advising the Board on the effectiveness of the system of internal control. This includes tracking the Trust's response to internal control weaknesses identified by internal audit.

- ❖ The Board's assurance committees namely the Quality Committee, Finance, Performance and Business Development Committee and Putting People First Committee, each of which provides strategic direction and assurance to the Board in respect of risk management.
- ❖ The Safety and Effectiveness Sub-Committee, Patient Involvement & Experience Sub-Committee, and Quality Committee are instrumental in monitoring performance against agreed quality indicators.
- ❖ The programme of clinical audit in place is designed to support the Trust's drive to improve quality. The programme is monitored by the Safety and Effectiveness Sub-Committee which reports to the Quality Committee.
- ❖ Internal audit provides regular reports to the Audit Committee as well as full reports to the Director of Finance and Executive Team. The Audit Committee also monitors action taken in respect of audit recommendations and the Chief Finance Officer and Deputy Chief Finance Officer meet regularly with the internal audit manager.
- ❖ External audit provides an annual audit letter and progress reports throughout the year to the Audit Committee.

Board Leadership

There were two changes to the Executive Team during 2022/23.

Firstly, following the retirement of Chief Nurse & Midwife, Marie Forshaw on 31 August 2022, Dianne Brown was appointed as Chief Nurse on an interim basis and then substantively from 21 December 2022. Secondly, Jennifer Hannon joined the Trust as Chief Finance Officer on 1 January 2023, replacing Eva Horgan who left the organisation on 31 December 2022.

One Non-Executive Director was appointed during the year – Jackie Bird (with effect from 1 April 2021). Dr Susan Milner left the Trust on 31 May 2022 and Tony Okotie left on 30 June 2022 after coming to the end of their terms of office.

The Trust undertakes an annual assessment of all directors to ensure that they continue to meet the requirement of the fit and proper person's regulation. This is in addition to the checks undertaken during the selection process.

Significant Internal Control Issues

Significant control issues are reported to the Board via one of its assurance committees. All significant risks identified within the BAF have been reviewed in-year by the Board and relevant assurance committee and appropriate control measures put in place.

The Trust identified the following internal control issues during 2022/23. These have been or are being addressed through the mechanisms described in this statement.

CQC Warning Notice: The Care Quality Commission (CQC) carried out an unannounced focussed inspection of maternity services at the Crown Street site on 24

and 25 January 2023. Following this visit, a warning notice was issued predominantly following concerns with the Trust's Maternity Assessment Unit Triage time i.e., not meeting the Trust's target for the number of women seen within 30 minutes. The Trust responded to the warning notice deadline, noting the immediate steps that had been taken to ensure patient safety was not compromised.

In response to the immediate concerns highlighted the Family Health Division has taken the following actions:

- consistently maintained increased staffing levels, where possible, which are continuously subject to regular dynamic risk assessment.
- Significantly developed internal escalation processes.
- Monitoring compliance against the 30-minute target over Q1 2023/24, before it considers an incremental, evidence-based roll out to reach the aspirational target of 15 minutes.
- A MAU Situational Report (sitrep) Application, through the Power BI system has been developed and is now live. This system generates live intelligence information to support the MAU and ensure timely triage and assessment of women.
- Introduced a suite of real-time reporting metrics, which provides the team with live intelligence
- Refresh of the Maternity Transformation Programme – this now features a specific work pillar for the Maternity Assessment Unit and a number of concurrent projects that underpin the workplan. The Director of Midwifery is Senior Responsible Office (SRO) and Chief Nurse is Executive Lead.
- The Maternity Assessment Unit High-level plan was developed which includes the following immediate actions:
 - Increased medical and clinical workforce model
 - 24/7 Telephone Triage
 - MLU to remain open at all times to support flow and periods of escalation
 - A dedicated ring-fenced QI Matron role has been appointed
 - Thematic analysis of breaches to inform learning and future service development

Direct Maternal Death: During the year there was a single direct maternal death of a patient under the care of the Trust. A Coroner's Inquest will be held in due course. The death was reported as a joint serious untoward incident (with Liverpool University Hospitals NHS Foundation Trust) and is undergoing full investigation. The number of maternal deaths occurring at the Trust remains below the national average.

Conclusion

The Board is committed to continuous improvement and the development of systems of internal control and the Trust has continued to make significant improvements to the system of internal control; the internal auditor's opinion provides that assurance.

There are however some areas where further improvement is required. Actions are in place to address the issues leading to the significant control issues described and the Board is confident that there is a robust system in place to oversee the implementation of these actions

A handwritten signature in dark ink, reading "Kathryn Thomson". The signature is written in a cursive style. To the right of the signature is a vertical line.

Kathryn Thomson

Chief Executive

29 June 2023

4. Quality Report

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





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

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

2.1 Our Ambitions for Quality Improvement

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

- Patient Safety, Clinical Effectiveness and Patient Experience.

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

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









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:

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

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 Quality Priorities

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 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.
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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.
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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:
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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
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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).

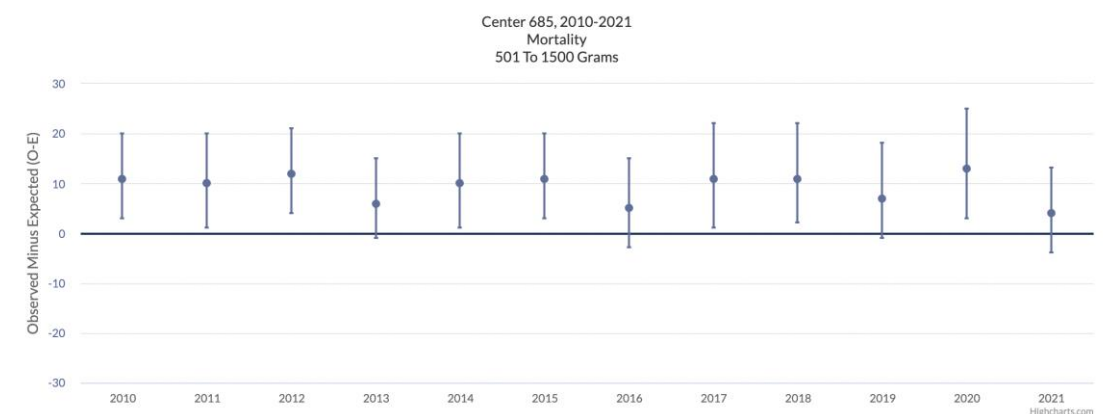


Figure. Observed vs expected mortality for VLBW infants at LWH since 2010. The vertical line indicates the 95% confidence interval for the standardised mortality rate. If the line crosses the 0 horizontal line (as in 2013, 2016 and 2021) it demonstrates that the observed infant mortality is within the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

What happens next?

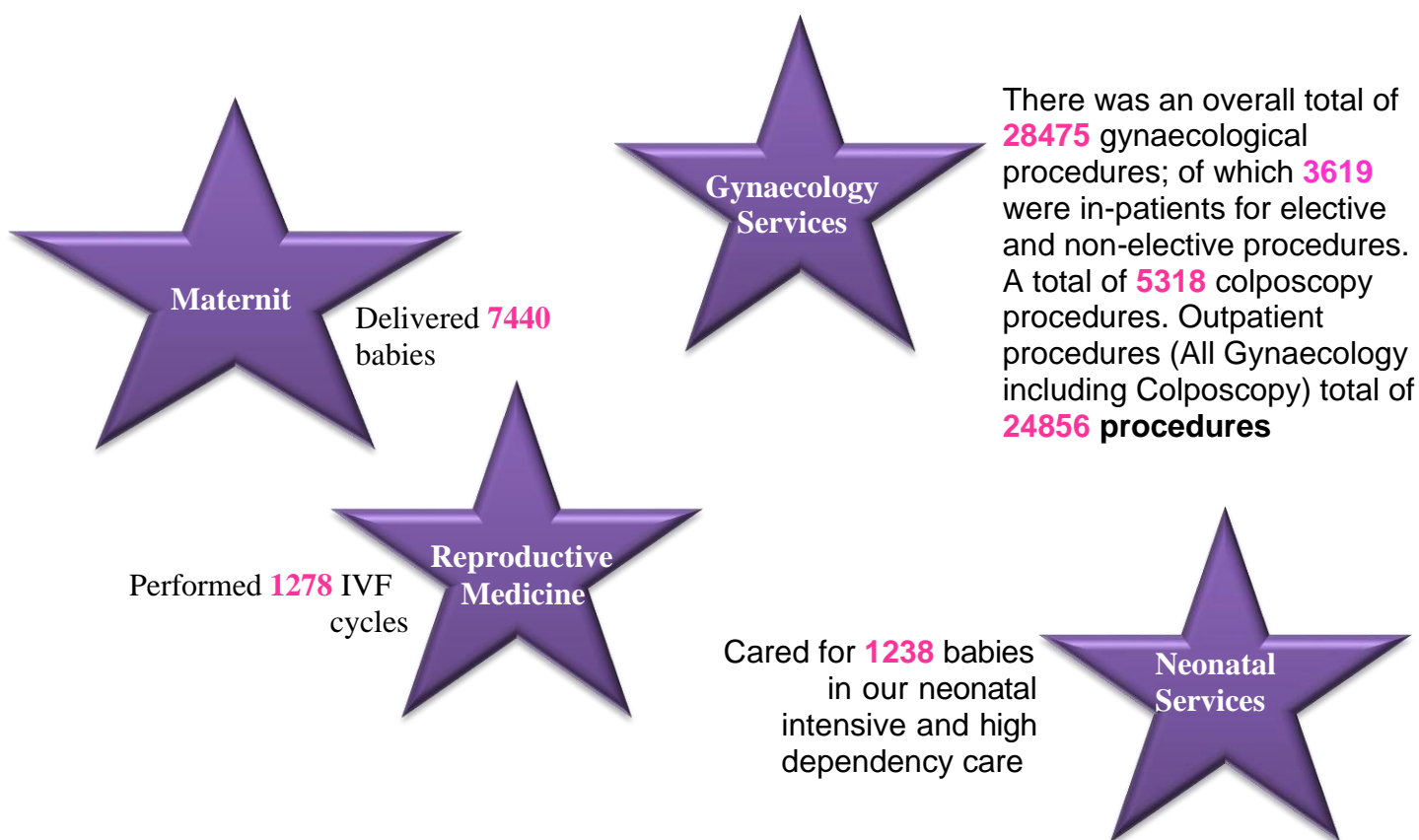
The Trust will continue to benchmark against national data from the Office of National Statistics, annual data from Vermont-Oxford Network and MBRRACE-UK. We also have benchmarking data through the NWODN on a quarterly basis.

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 Statements of Assurance from the Board

6.1 Review of Services



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

6.2 Participation in Clinical Audits and National Confidential Enquiries

During 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% <i>(Data automatically and routinely collected centrally).</i>
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) <i>(actions to be included in annual Bedside Transfusion Audit report)</i>	✓	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) <i>(actions to be included in annual Bedside Transfusion Audit report)</i>	<p>Wellbeing eConsent platform has been purchased and implemented and competency training and SHOT checklist been updated.</p> <p>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.</p>
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 Partnership, January 2011)



6.3 Participation in Clinical Research

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

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

The Trust worked with the Department of Health and Social Care (DHSC), NHS England, the NIHR Clinical Research Network (CRN) and all delivery partners across the sector to restore a diverse and balanced portfolio of studies which were impacted due to the pandemic. During 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 Wellcome Trust. The 'Children Growing-up in Liverpool (C-GULL)' research study is led by Professor Louise Kenny. The data resource will be used to better understand and improve the lives of LCR children and their families. This will be the first newly established longitudinal birth cohort to be funded in the UK for almost 20 years.

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

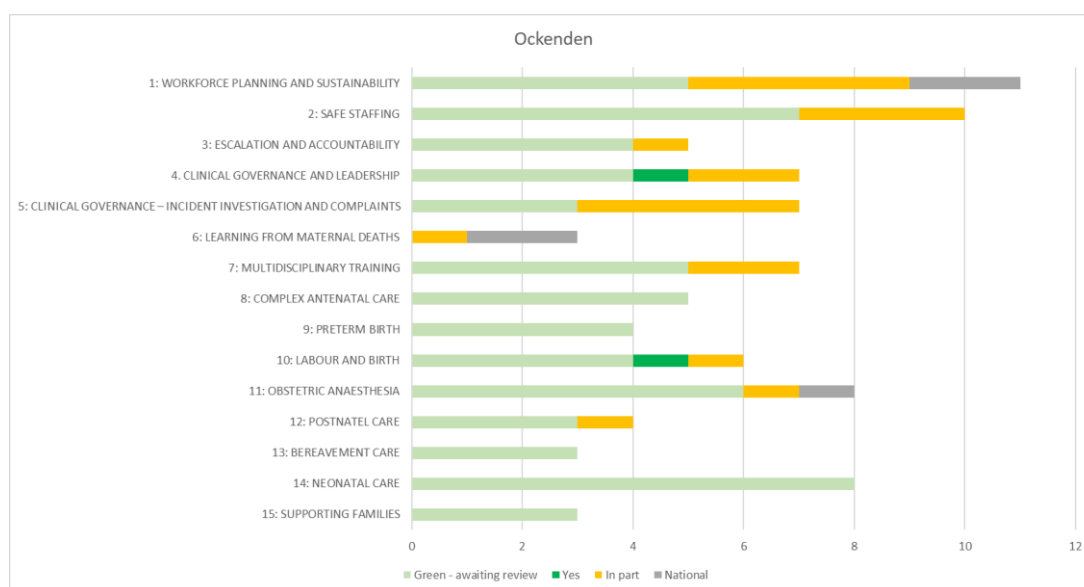
The recommendations have been actioned with recommendation one still in progress, in terms of the check and challenge for the actions previously rated as Green.

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.

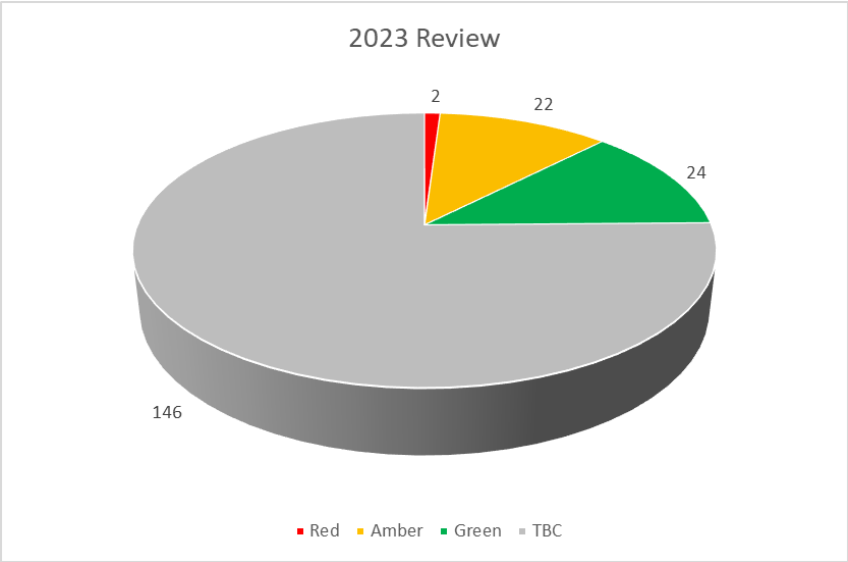
Following MIAA recommendations, a trajectory has been set to review all Green Rated actions by the end of September. A new status has therefore been introduced to reflect the actions that required review. Please see the below graph.



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.

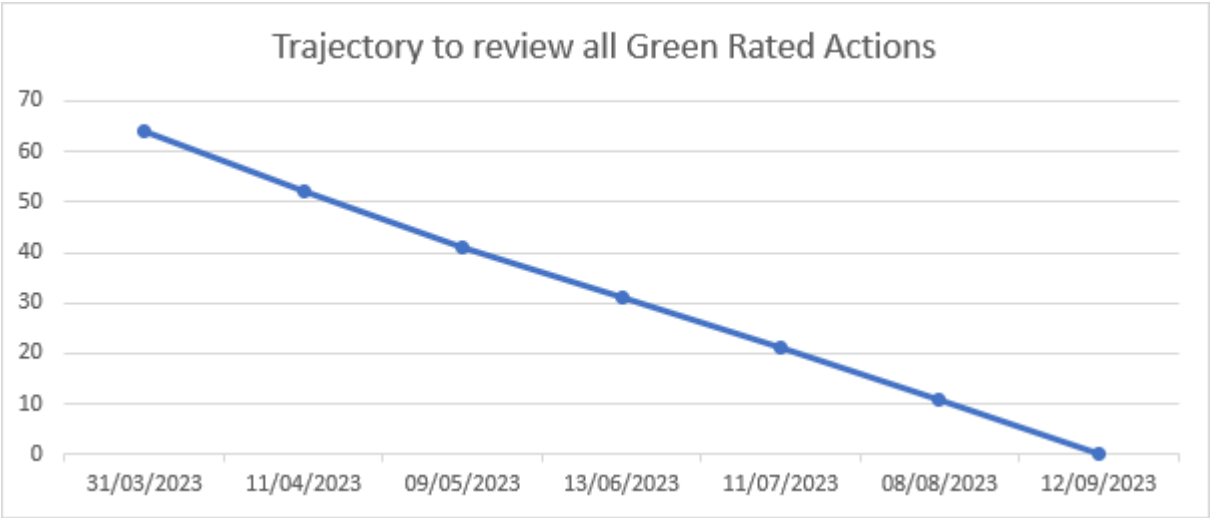
4.2 All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board.

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 as significant impact as clinical outcomes. Our ambition is to exceed expectations and deliver an outstanding experience for everyone who uses our services. This means ensuring that people who use our services are valued as individuals 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 from 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 political 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.

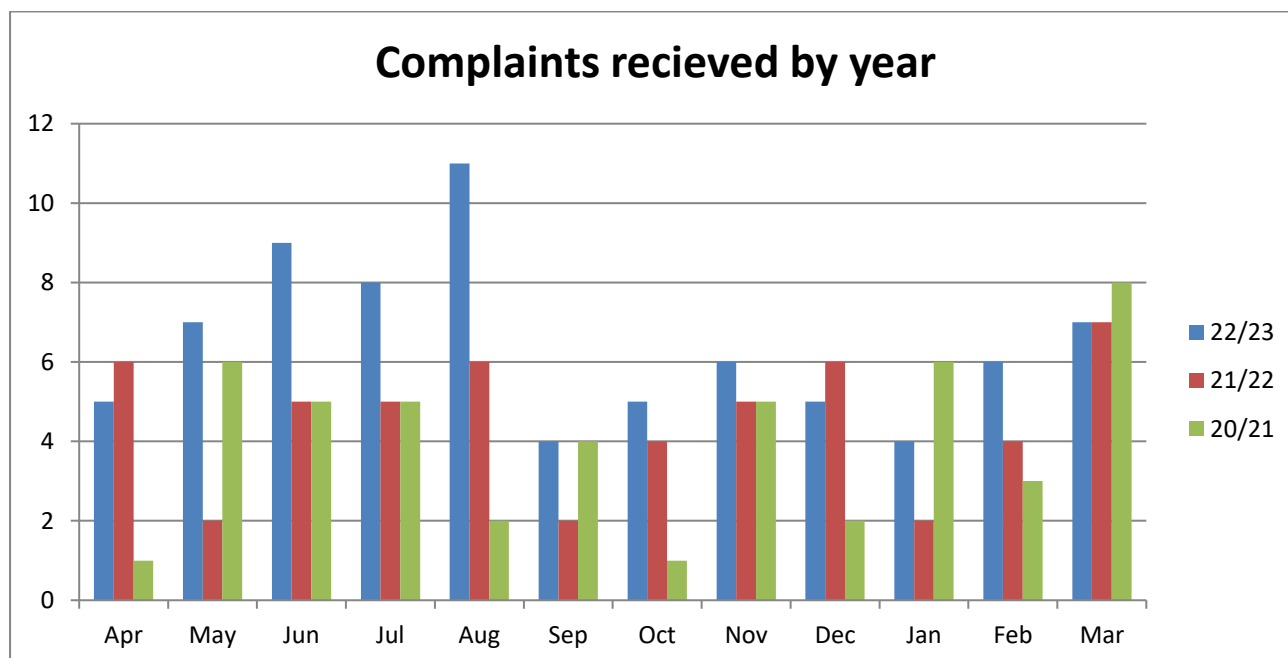


Figure 1: LWHFT Complaints comparison by month

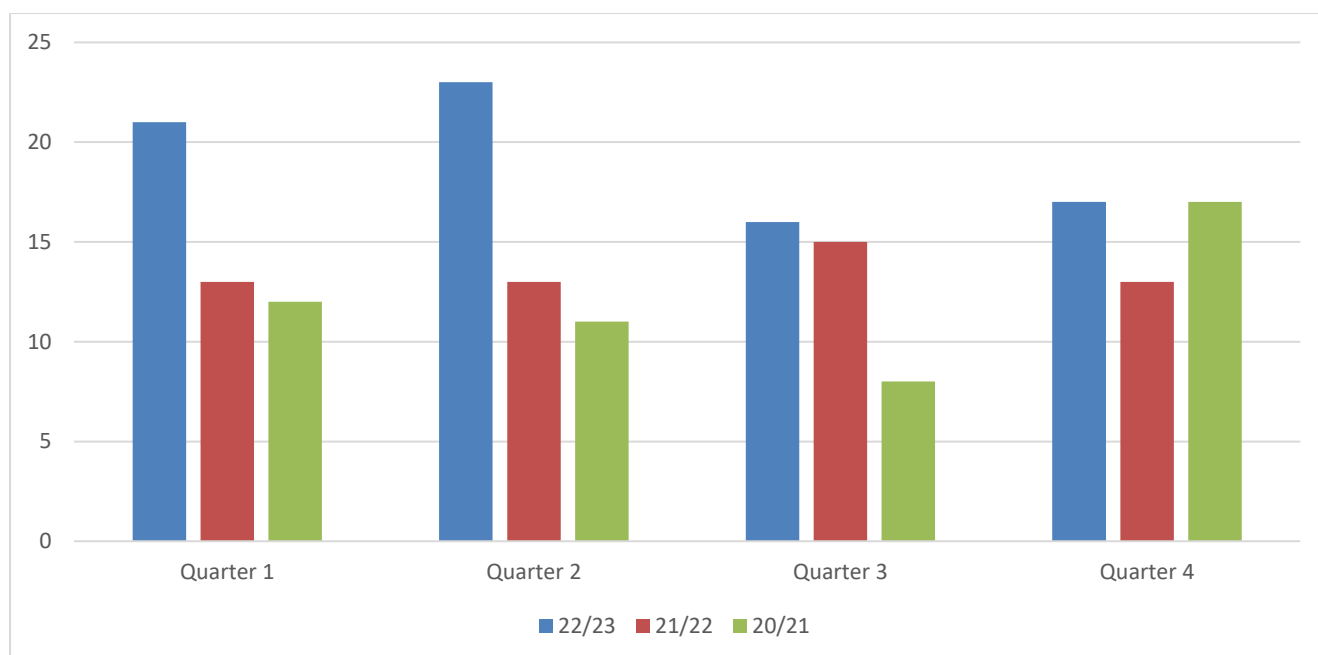


Figure 2: LWHFT Complaints by Quarter, yearly comparison

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%
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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%)

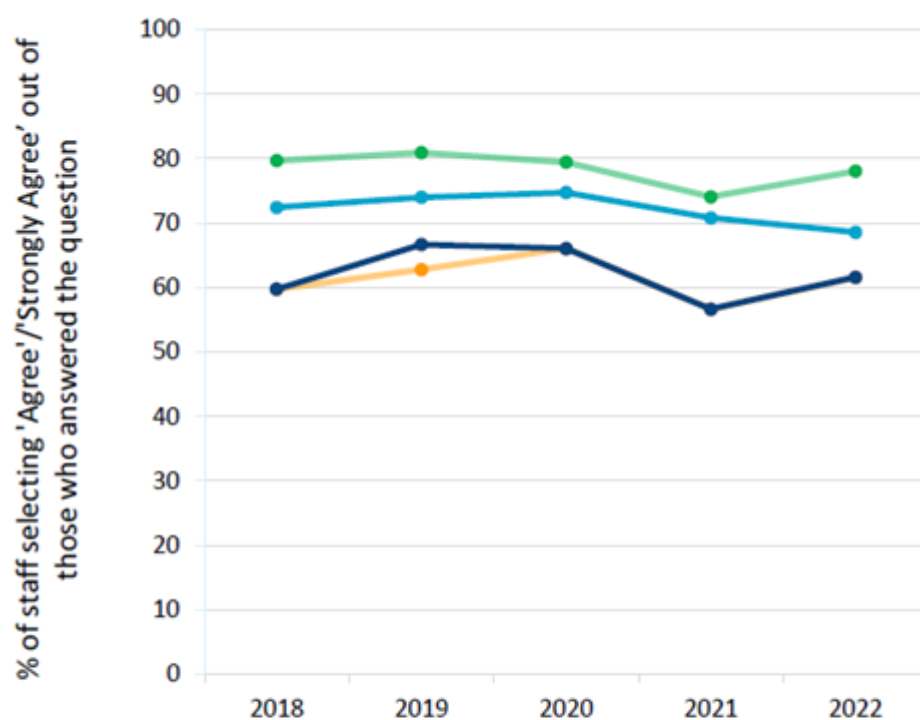
Where do we need to improve?

- 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).

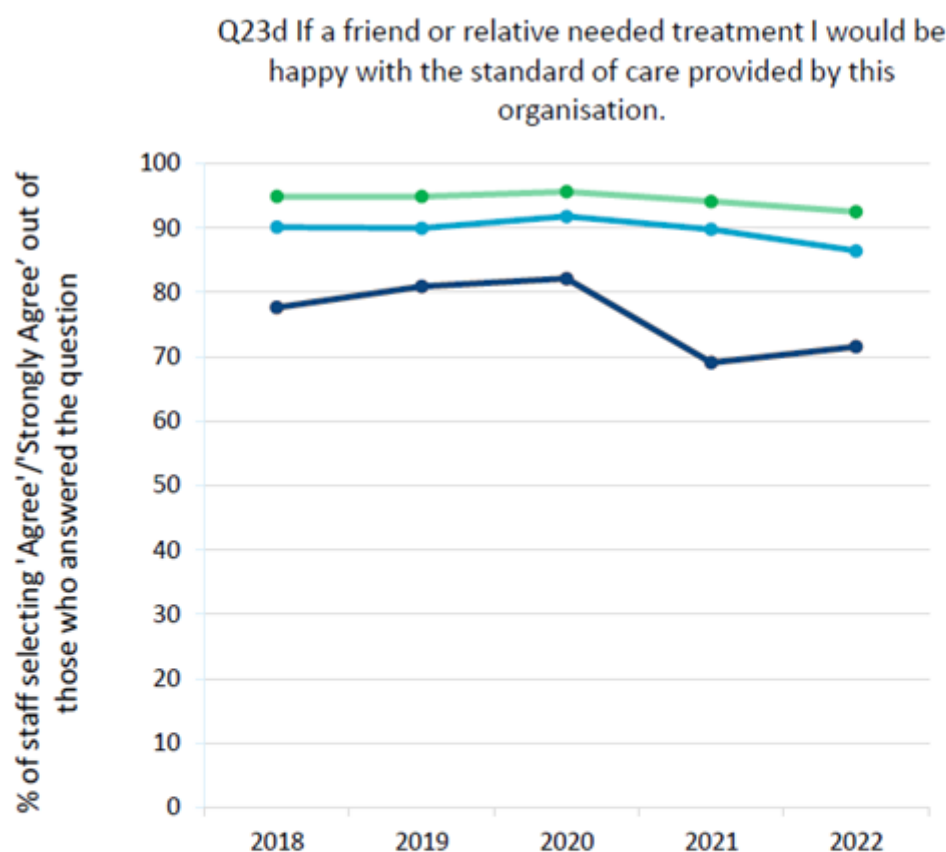
We continue to strive to improve the experience of every member of staff but recognise there are many day to day challenges. Although we are in a financially challenged position, we have continued to invest in new roles and development opportunities.



Q23c I would recommend my organisation as a place to work.



	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

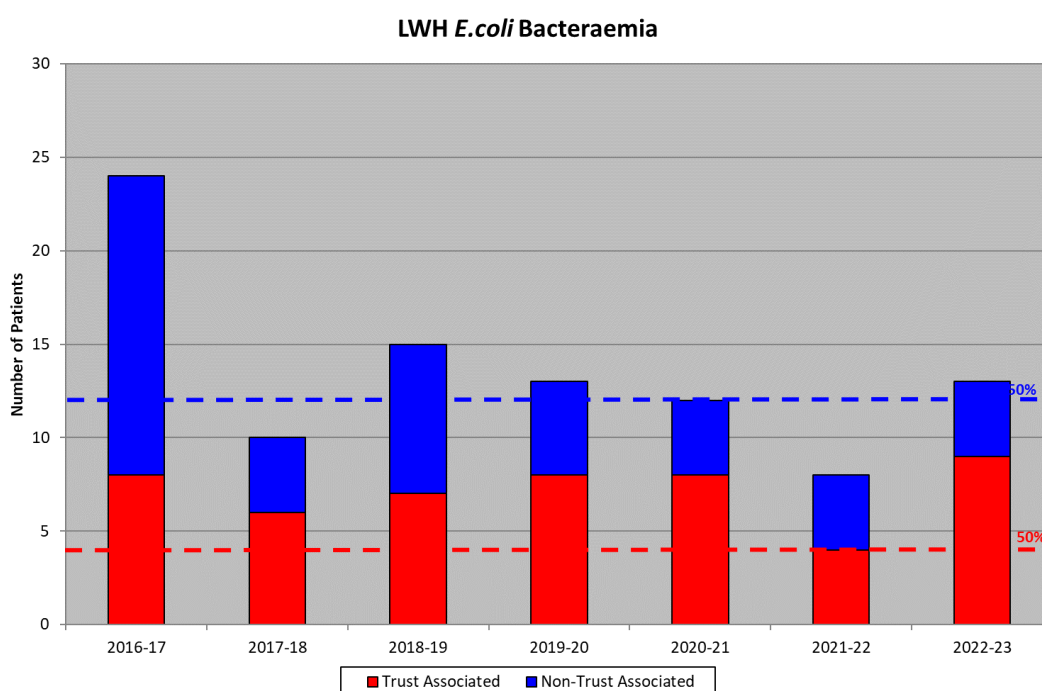
Trusts are required under the NHS Standard Contract to minimise rates of MRSA bacteraemia, C. difficile diarrhoea and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement. A focus across ICSs on reducing infection

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
<i>Clostridioides difficile</i> 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



Cheshire and Merseyside

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Liverpool
L1 2SA
Tel: 0151 247 6436

Email: Jane.Lunt@liverpoolccq.nhs.uk

Executive Assistant: Debbie.Richardson@liverpoolccq.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/ 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.

NHS Cheshire and Merseyside
Regatta Place, Brunswick Business Park,
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[Cheshireandmerseyside.nhs.uk](https://www.cheshireandmerseyside.nhs.uk)

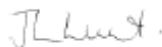
3. The Trust identified clear focused quality improvement priorities with supporting strategies and plans to underpin the development. The presentation of audit and research activity highlighting impact, learning and actions supported the development and reviewing of quality improvement.
4. Zero C-Diff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



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

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.

Dedicated to you

5. Independent Auditors Report 2022/23

**To the Council of Governors of Liverpool Women's NHS Foundation Trust –
See over page**

Independent auditor's report to the Council of Governors of Liverpool Women's NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Liverpool Women's NHS Foundation Trust (the 'Trust') for the year ended 31 March 2023, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to

continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2022/23 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS foundation trust annual reporting manual 2022/23; and
- based on the work undertaken in the course of the audit of the financial statements the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial

statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2022/23, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant, which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the audit committee, concerning the Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
 - Journal entries that are considered large and unusual and journals that impact financial performance, particularly around the year end.
- Our audit procedures involved:
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
 - journal entry testing, with a focus on material year end transactions and manual journals posted during the year with high risk characteristics;
 - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and buildings valuations;
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to

fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to land and building valuations.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation;
 - knowledge of the health sector and economy in which the Trust operates;
 - understanding of the legal and regulatory requirements specific to the Trust including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in respect of the above matter except on 23 June 2023 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust's failure to develop a robust financial plan for the 2023/24 financial year during the year ended 31 March 2023. The Trust is forecasting a £15.5 million deficit for 2023/24, which assumes delivery of a challenging savings programme of £8.4 million. The Trust is also forecasting that it will need £6 million of cash support from NHS England before the end of the 2023/24, following on from £4.5 million of cash support received in the last quarter of 2022/23. We recommended that the Trust engage with its partners in the local healthcare system and other key stakeholders to agree a realistic, achievable and robust plan to bring the Trust back into financial balance in the short to medium term, without the need for cash support from NHS England.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any further significant weaknesses in these arrangements, these will be reported by exception in a further auditor's report. We are satisfied

that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2023.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Liverpool Women's NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Gareth Kelly

Gareth Kelly, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Glasgow

30 June 2023

Independent auditor's report to the members of the Council of Governors of Liverpool Women's NHS Foundation Trust

In our auditor's report issued on 30 June 2023, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2023, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2023 issued on 30 June 2023 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since 30 June 2023 that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in respect of the above matter except on 23 June 2023 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust's failure to develop a robust financial plan for the 2023/24 financial year during the year ended 31 March 2023. The Trust is forecasting a £15.5 million deficit for 2023/24, which assumes delivery of a challenging savings programme of £8.4 million. The Trust is also forecasting that it will need £6 million of cash support from NHS England before the end of 2023/24, following on from £4.5 million of cash support received in the last quarter of 2022/23. We recommended that the Trust engage with its partners in the local healthcare system and other key stakeholders to agree a realistic, achievable and robust plan to bring the Trust back into financial balance in the short to medium term, without the need for cash support from NHS England. We reported this matter in our auditor's report on 30 June 2023.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the

arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Liverpool Women's NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Gareth Kelly

Gareth Kelly, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Glasgow

28 July 2023

6. Foreword to the Accounts

Accounts for the period ending 31 March 2023.

The following presents the accounts for the Liverpool Women's NHS Foundation Trust for the period ending 31 March 2023.

The accounts have been prepared in accordance with the requirements as set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act) in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.

Signed

A handwritten signature in dark ink, reading 'Kathryn Thomson', is positioned to the left of a vertical line.

Kathryn Thomson
Chief Executive
29 June 2023

Liverpool Women's NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Statement of Comprehensive Income

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	2	147,111	135,334
Other operating income	3	8,864	7,619
Operating expenses	6, 8	(156,417)	(140,486)
Operating (deficit)/surplus from continuing operations		(442)	2,467
Finance income	11	257	10
Finance expenses	12	(17)	(34)
PDC dividends payable		(2,590)	(2,437)
Net finance costs		(2,350)	(2,461)
Other gains / (losses)	13	69	36
(Deficit)/surplus for the year		(2,723)	42
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(4,070)	0
Revaluations	17	0	5,226
Total comprehensive (expense)/income for the year		(6,793)	5,268

The Statement of Comprehensive Income records the Trust's income and expenditure in summary form in the top part of the statement and any other recognised gains and losses are taken through reserves within other comprehensive income.

All income and expenditure is derived from continuing operations. The Trust has no minority interest.

Statement of Financial Position

		31 March 2023 £000	31 March 2022 £000
	Note		
Non-current assets			
Intangible assets	14	568	461
Property, plant and equipment	15	96,415	100,435
Right of use assets	18	5,000	0
Receivables	20	422	435
Total non-current assets		102,405	101,331
Current assets			
Inventories	19	839	523
Receivables	20	9,647	5,929
Cash and cash equivalents	21	9,790	11,192
Total current assets		20,276	17,644
Current liabilities			
Trade and other payables	22	(28,822)	(23,210)
Borrowings	23	(647)	(613)
Provisions	24	(156)	(3,216)
Other liabilities	22.3	(4,492)	(4,157)
Total current liabilities		(34,117)	(31,196)
Total assets less current liabilities		88,564	87,779
Non-current liabilities			
Borrowings	23	(321)	(913)
Provisions	24	(472)	(673)
Other liabilities	22.3	(1,530)	(1,561)
Total non-current liabilities		(2,323)	(3,147)
Total assets employed		86,241	84,632
Financed by			
Public dividend capital		79,115	70,713
Revaluation reserve		8,679	12,749
Income and expenditure reserve		(1,553)	1,170
Total taxpayers' equity		86,241	84,632

The notes on pages 214 to 251 form part of these accounts

The financial statements contained within these accounts were approved by the Board of Directors on 29 June and were signed on its behalf by:

Signed:



Kathryn Thomson
Chief Executive
29 June 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Note	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
		£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward		70,713	12,749	1,170	84,632
Implementation of IFRS 16 on 1 April 2022		0	0	0	0
(Deficit)/surplus for the year		0	0	(2,723)	(2,723)
Other transfers between reserves		0	0	0	0
Impairments	7	0	(4,070)	0	(4,070)
Revaluations		0	0	0	0
Transfer to retained earnings on disposal of assets		0	0	0	0
Public dividend capital received	30	8,402	0	0	8,402
Taxpayers' and others' equity at 31 March 2023		79,115	8,679	(1,553)	86,241

Statement of Changes in Equity for the year ended 31 March 2022

	Note	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
		£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward		62,927	7,522	1,129	71,578
Surplus/(deficit) for the year		0	0	42	42
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		0	0	0	0
Impairments		0	0	0	0
Revaluations	17	0	5,226	0	5,226
Transfer to retained earnings on disposal of assets		0	0	0	0
Public dividend capital received	30	7,786	0	0	7,786
Other reserve movements		0	1	(1)	0
Taxpayers' and others' equity at 31 March 2022		70,713	12,749	1,170	84,632

Statement of Cash Flows

		2022/23	2021/22
	Note	£000	£000
Cash flows from operating activities			
Operating (deficit)/surplus		(442)	2,467
Non-cash income and expense:			
Depreciation and amortisation	6	5,950	5,629
Net impairments	7	0	0
Income recognised in respect of capital donations	3	0	(34)
(Increase) / decrease in receivables and other assets		(3,711)	(948)
(Increase) / decrease in inventories		(316)	(113)
Increase / (decrease) in payables and other liabilities		8,794	5,544
Increase / (decrease) in provisions		(3,255)	(196)
Other movements in operating cash flows		0	0
Net cash flows from / (used in) operating activities		7,020	12,349
Cash flows from investing activities			
Interest received		263	4
Purchase of intangible assets		(385)	(18)
Purchase of PPE and investment property		(13,491)	(10,302)
Sales of PPE and investment property		69	36
Net cash flows from / (used in) investing activities		(13,544)	(10,280)
Cash flows from financing activities			
Public dividend capital received		8,402	7,786
Movement on loans from DHSC		(612)	(612)
Capital element of finance lease rental payments		(28)	0
Interest on loans		(20)	(40)
Interest paid on finance lease liabilities		0	0
PDC dividend (paid) / refunded		(2,621)	(2,246)
Net cash flows from / (used in) financing activities		5,121	4,888
Increase / (decrease) in cash and cash equivalents		(1,403)	6,957
Cash and cash equivalents at 1 April - brought forward		11,192	4,235
Prior period adjustments			0
Cash and cash equivalents at 1 April - restated		11,192	4,235
Cash and cash equivalents at 31 March	21	9,790	11,192

Notes to the Accounts:

Note 1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going concern

The financial statements are prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case for the following reasons:

- The Trust's expectation is that services will continue to be provided from the existing hospital sites in the short term.
- The 2023/24 plan has been agreed by the ICB and will deliver a deficit position
- The Trust is supported by the Integrated Care Board (ICB) and by the Department of Health and Social Care (DHSC) in terms of cash support/distressed finance to maintain operational cash flows

In addition to the matters referred to above, the Trust has not been informed by NHSI that there is any prospect of its dissolution within the next twelve months and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

Note 1.1 Interests in other entities

Liverpool Women's NHS Foundation Charitable Trust

The Liverpool Women's NHS Foundation Trust is the Corporate Trustee of the Liverpool Women's NHS Foundation Charitable Trust (Registration No. 1048294). The Trust has assessed its relationship to the Charitable Trust and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the Charitable Trust and has the ability to affect those returns and other benefits through its power over the Trust.

The Charitable Trust's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on FRS 102. The Trust has not consolidated the Liverpool Women's NHS Foundation Charitable Trust in its accounts on the grounds of materiality.

Segmental Reporting

The Trust's core activities fall under the remit of the Chief Operating Decision Maker (CODM), which has been determined to be the Board of Directors. These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. In 2022/23, these were fixed block contracts. The Trust's main commissioners are listed in the related party disclosure (Note 29).

Although the Trust is organised into three separate clinical divisions (Family Health, Gynaecology and Clinical Support Services), these have been aggregated into a single operating segment. The divisions have similar economic characteristics, the nature of services are similar (NHS care), they have the same customers, and are reported internally in aggregate. The majority of the Trust's customers come from the City of Liverpool and surrounding areas, although the Trust also has contracts to treat patients from further afield including Wales and the Isle of Man. All divisions have the same regulators (NHS Improvement, the Care Quality Commission and the Department of Health). The overlapping activities and interrelation between the divisions also suggests that aggregation is appropriate. The divisional management teams report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

Note 1.2 Revenue

Note 1.2.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2022/23 and 2021/22, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System (ICS) level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2022/23, other income top-ups were received to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

The Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

NHS Hosting and Partnership Arrangements

The Trust has the following arrangements in place with commissioners for healthcare services which are accounted for as follows:

- Cheshire & Merseyside Local Maternity System (LMS)

Since 1 April 2021, the Cheshire & Merseyside Local Maternity System (LMS), has been hosted by the Trust. In accordance with the DHSC Group Accounting Manual 2022/23, the Trust accounts for this hosted service on an agent basis. The receipts the Trust receives from other members of the pool are not recognised as income and are netted off against the payments it makes on their behalf. These amounts pass through the Trust acting as an agent and are accounted for on a net basis.

- Neonatal Partnership with Alder Hey NHS Foundation Trust

The Trust works in partnership with Alder Hey NHS Foundation Trust to deliver a neonatal service across both hospital sites. This enables patients requiring neonatal care to be cared for in the most appropriate environment and reduces the need for patient transfer between the two sites. Alder Hey receives income from the commissioner for the neonatal services provided at both Trusts and most of the neonatal staff are employed by Liverpool Women's and work at both sites. The costs are accounted for by each Trust, and recharges made between Trusts as appropriate.

- Wrightington Wigan and Leigh NHS Foundation Trust Fertility Services

The Trust works in partnership with Wrightington Wigan and Leigh to provide services from their site in Wrightington to both NHS funded and private patients. Clinical support is provided from Liverpool Women's Hospital and recharged. The services are provided on a gain/risk share basis. At the end of each financial year the trusts agree the level of contribution made by the service and share this between the Trusts in accordance with the partnership agreement.

- Community Diagnostic Centre

The Trust has received both capital and revenue funding to operate a Community Diagnostic Centre at the Crown Street site. Funding for this is provided from NHS England via the Cheshire and Merseyside Integrated Care System. The income and expenditure is accounted for in the same way as other services commissioned via the ICS.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.2.2 Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Note 1.2.3 Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.2.4 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Holiday Pay Accrual

Leave outstanding per employee as at 31 March 2023 was assessed across the whole Trust and the accrual was calculated from this data.

Note 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control, or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. The valuation of land and buildings are based on advice received from the independent and professional valuers Cushman and Wakefield. Valuations provided by the professional valuers for land and buildings as part of a full valuation as at the 31 March 2023 have been reflected in the 2022/23 accounts.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

In the 2019/20 financial year, as a result of the COVID-19 pandemic and in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 'Red Book', the external valuers Cushman and Wakefield declared a 'material valuation uncertainty' in the valuation report. This was on the basis of uncertainties in markets caused by COVID-19. Cushman and Wakefield have stated that they could attach less weight to previous market evidence and published build cost information, to inform opinions of value. The current response to COVID 19 meant that they were faced with an unprecedented set of circumstances on which to base a judgement. However, Cushman and Wakefield also commented that their 'material valuation uncertainty' declaration did not mean that the valuation could not be relied upon. This clause was a disclosure, not a disclaimer. It was used in order to be clear and transparent with all parties, in a professional manner that – in those extraordinary circumstances – less certainty could be attached to the valuation than would otherwise be the case.

In the 2020/21, 2021/22 and current 2022/23 financial years, the external valuers Cushman and Wakefield have made clear that as at the valuation date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, Cushman and Wakefield's valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 15.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the *DH GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	0	0
Buildings, excluding dwellings	31	50
Dwellings	38	38
Plant and machinery	1	10
Information technology	1	5
Furniture and fittings	1	15

Note 1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	1	5

Note 1.7 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method. Net realisable value represents the estimated selling price less all estimated costs to completion and selling costs to be incurred. No provision is made for obsolete or slow moving items as they are not included within inventory valuations.

In 2022/23 in the ongoing response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £147k of items purchased by DHSC. The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 1.8 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of Liverpool Women's NHS Foundation Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.9 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.
Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

All financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.10 Financial assets and financial liabilities

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application. In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application The Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16. There are further expedients or election that have been employed in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the Trust assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

Note 1.10 Financial assets and financial liabilities

Note 1.11.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Income.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16. For leases commencing in 2023 a rate of 3.51% has been applied.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified the Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset.

Note 1.11.2 The Trust as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease

The Trust has no finance leases to which the Trust acts as lessor.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the NHS Trust is disclosed at note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Pension provisions

Pension provisions relating to former employees, have been estimated using the life expectancy from the Government's actuarial tables. Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of positive 1.70% for employee early departure obligations.

Legal claims

Legal claims provisions relate to employer and public liability claims. Expected costs are advised by NHS Resolution or other legal professionals.

Other provisions

Other provisions are in respect of costs arising from organisational restructure and contractual obligations and are calculated using appropriate methodology in line with IAS 37.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Corporation tax

The Trust has determined that it has no corporation tax liability having reviewed "Guidance on the tax treatment of non-core health care commercial activities of NHS Trusts" issued by HM Revenue and Customs supplemented by access to specialist advice when necessary.

Note 1.17 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Transfers of functions between other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain or loss corresponding to the net assets or liabilities transferred are recognised within income or expenses respectively, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss or gain corresponding to the net assets / liabilities transferred are recognised within expenses or income respectively, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Note 1.22.1 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions regarding the carrying amount of assets and liabilities that are not readily apparent from other sources. These estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates as underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised.

The areas requiring critical judgments in the process of applying accounting policies are:

- Asset valuation and lives (including capitalisation of costs in respect of assets in the course of construction).
- Impairments of receivables.
- Holiday pay accrual.
- Pension provisions.
- Legal claims and entitlements.

Further detail of these policies can be found in their specific accounting policy notes.

Note 1.22.2 Sources of Estimation Uncertainty

The following are assumptions about major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

• Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution. NHS Resolution, in return, settles all clinical negligence claims.

• Property Valuation

The value and remaining useful lives of land and buildings are estimated by the Trust's professional valuers, Cushman and Wakefield. This is described in note 1.5 above.

Note 1.23 Standards adopted in the year

IFRS16 accounting for leases has been adopted with effect from 1 April 2022 and this is disclosed in 1.11 Leases above. The impact of the adoption of this standard was not material to the Trust. The impact on transition is reflected in the table below:

Impact on 1 April 2022 statement of financial position	£000
Additional right of use assets recognised for existing operating leases	49
Additional lease obligations recognised for existing operating leases	(49)
Changes to other statement of financial position line items (excluding reserves)	0
Estimated impact on net assets on 1 April 2022	0
In-year impact in 2022/23	£000
Additional depreciation on right of use assets	(25)
Additional finance costs on lease liabilities	(0)
Lease rentals no longer charged to operating expenditure	26
Estimated impact on surplus / deficit in 2022/23	1
Increase in capital additions for new leases commencing in 2022/23	31

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2022/23. These standards are still subject to HM Treasury FReM adoption:

Other standards, amendments and interpretations:

IFRS 14 Regulatory Deferral Accounts - Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2025.

Note 2 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.2.1

Note 2.1 Income from patient care activities (by nature)

	2022/23 £000	2021/22 £000
Acute services		
Block contract/system envelope income*	123,289	124,029
Other NHS clinical income	9,119	483
All services		
Private patient income	3,877	3,855
Elective recovery fund**	2,542	1,599
Agenda for change pay offer central funding***	3,105	0
Additional pension contribution central funding****	3,403	3,089
Other clinical income	1,776	2,279
Total income from activities	147,111	135,334

*The main source of funding from Commissioners has been in the form of block contract payments and additional system payments to support Trusts in the aftermath of the pandemic. Aligned payment and incentive contracts will be the main form of contracting between NHS providers and their commissioners going forward.

**The Elective Recovery Fund was established in 2021/22 to enable systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

*** Central funding for the 2022/23 agenda for change additional pay offer has been confirmed as £3.1m and will be paid in June 2023. The 2022 to 2023 component of the offer, the element relevant to the 2022 to 2023 accounts, contains a non-consolidated payment of 2% plus a backlog bonus of at least £1,250 per member of staff.

****The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 2.2 Income from patient care activities (by source)

	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England	33,085	28,202
Clinical commissioning groups	24,957	97,730
Integrated care boards	78,658	0
Department of Health and Social Care	0	0
Other NHS providers	4,758	3,268
NHS other	0	0
Local authorities	0	0
Non-NHS: private patients	3,877	3,855
Non-NHS: overseas patients (chargeable to patient)	84	123
Injury cost recovery scheme	61	79
Non NHS: other	1,631	2,077
Total income from activities	147,111	135,334
Of which:		
Related to continuing operations	147,111	135,334

All the Trust's activities relate to a single operating segment in respect of the provision of healthcare services. The Trust does not consider that segmental reporting would be appropriate in the accounts as:

- The Trust Board reviews the financial position as a whole in its decision making process, rather than individual components included in the totals.
- The Trust shares its assets across all areas to provide healthcare.
- The nature of services across different areas of the Trust is similar (i.e. healthcare within a specific and related range of specialisms).
- IFRS 8: Operating Segments allows the aggregation of segments that have similar economic characteristics and types and class of customer. Therefore, all the Trust's activities relate to a single operating segment in respect of the provision of specialist acute health care.

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	84	123
Cash payments received in-year	79	58
Amounts added to provision for impairment of receivables	16	50
Amounts written off in-year	4	9

Note 3 Other operating income

	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	2022/23	2022/23	2022/23	2021/22	2021/22	2021/22
	£000	£000	£000	£000	£000	£000
Research and development	1,665	0	1,665	1,273	0	1,273
Education and training	5,974	0	5,974	5,367	0	5,367
Reimbursement and top up funding	0	0	0	16	0	16
Receipt of capital grants and donations and peppercorn leases	0	0	0	0	34	34
Charitable and other contributions to expenditure	0	148	148	0	98	98
Revenue from operating leases	0	325	325	0	330	330
Other income	752	0	752	501	0	501
Total other operating income	8,391	473	8,864	7,157	462	7,619
Of which:						
Related to continuing operations			8,864			7,619

Note 4 Additional information on revenue**Note 4.1 Additional information on contract revenue (IFRS 15) recognised in the period**

There has been no revenue received in the period that was included in contract liabilities at the previous period end or from performance obligations satisfied (or partially satisfied) in the prior period. (2021/22: Nil)

Note 4.2 Transaction price allocated to remaining performance obligations

There has been no revenue from existing contracts allocated to remaining performance obligations.

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 4.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	29,682	24,568
Income from services not designated as commissioner requested services	126,293	118,385
Total	155,975	142,953

Note 4.4 Profits and losses on disposal of property, plant and equipment

The Trust disposed of medical equipment with a nil net book value but received £69k in cash consideration, thereby the Trust made a profit on disposal of £69k (2021/22: £36k).

Note 5 Fees and charges

HM Treasury requires disclosure of fees and charges income. There were no reportable fees and charges in either 2022/23 or 2021/22.

Note 6 Operating expenditure

Note 6.1 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	6,185	4,808
Purchase of healthcare from non-NHS and non-DHSC bodies	1,750	130
Staff and executive directors costs	96,826	85,212
Remuneration of non-executive directors	150	140
Supplies and services - clinical (excluding drugs costs)	6,574	5,995
Supplies and services - general	3,438	3,347
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	147	98
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,641	3,264
Inventories written down	0	8
Consultancy costs	426	332
Establishment	1,290	1,094
Premises	9,623	9,078
Transport (including patient travel)	246	198
Depreciation on property, plant and equipment	5,690	5,454
Amortisation on intangible assets	260	175
Movement in credit loss allowance: contract receivables / contract assets	5	(160)
Movement in credit loss allowance: all other receivables and investments	0	0
Increase/(decrease) in other provisions	(3,157)	573
Change in provisions discount rate(s)	(87)	60
Fees payable to the external auditor		
audit services- statutory audit	125	96
other auditor remuneration	0	0
Internal audit costs	70	68
Clinical negligence*	21,458	18,631
Legal fees	28	152
Insurance	96	79
Research and development	628	442
Education and training	351	583
Expenditure on short term leases (current year only)	0	0
Expenditure on low value leases (current year only)	390	0
Operating lease expenditure (comparative only)	0	377
Hospitality	8	0
Losses, ex gratia & special payments	0	0
Other services, eg external payroll	131	119
Other	125	133
Total	156,417	140,486
Of which:		
Related to continuing operations	156,417	140,486

* The clinical negligence costs relates to the Trust's contribution to the NHS Resolution risk pooling scheme under which the Trust pays an annual contribution.

Note 6.2 Other auditor remuneration

There was no other auditor remuneration paid to the external auditor in the current financial year (2021/22: £nil).

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2021/22: £2 million).

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Impairments charged to the revaluation reserve	4,070	0
Total net impairments	4,070	0

In 2022/23 the impairment arose from a full valuation carried out by the Trust's external valuers, Cushman and Wakefield. In 2021/22 there was no identified impairment of assets.

Note 8 Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	77,660	66,564
Social security costs	7,275	5,733
Apprenticeship levy	311	292
Employer's contributions to NHS pensions	11,324	10,154
Pension cost - other	0	36
Termination benefits	69	38
Temporary staff (including agency)	2,228	3,465
Total gross staff costs	98,867	86,282
Recoveries in respect of seconded staff	0	0
Total staff costs	98,867	86,282
Of which		
Costs capitalised as part of assets	2,041	1,070

During 2022/23 there were no early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2022).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 10 Operating leases - Liverpool Women's NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Liverpool Women's NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 10.1 Liverpool Women's NHS Foundation Trust as a lessor

	2022/23 £000	2021/22 £000
Lease receipts recognised as income in year:		
Minimum lease receipts	325	330
Total in-year operating lease income	325	330

Note 10.2 Future lease receipts

	31 March 2023 £000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	141
- later than one year and not later than two years	141
- later than two years and not later than three years	120
- later than three years and not later than four years	99
- later than four years and not later than five years	99
- later than five years	2,109
Total	2,709
	31 March 2022 £000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	96
- later than one year and not later than five years;	324
- later than five years.	2,464
Total	2,884

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	257	10
Total finance income	257	10

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	21	39
Interest on lease obligations	2	0
Total interest expense	23	39
Unwinding of discount on provisions	(6)	(5)
Other finance costs	0	0
Total finance costs	17	34

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

No payments were made for the late payment of commercial debts (2021/22: £nil).

Note 13 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	69	36
Total gains / (losses) on disposal of assets	69	36

Note 14.1 Intangible assets - 2022/23

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	1,805	1,805
Additions	385	385
Reclassifications	(18)	(18)
Disposals / derecognition	(824)	(824)
Valuation / gross cost at 31 March 2023	1,348	1,348
Amortisation at 1 April 2022 - brought forward	1,344	1,344
Provided during the year	260	260
Disposals / derecognition	(824)	(824)
Amortisation at 31 March 2023	780	780
Net book value at 31 March 2023	568	568
Net book value at 1 April 2022	461	461

Note 14.2 Intangible assets - 2021/22

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2021	1,787	1,787
Additions	18	18
Valuation / gross cost at 31 March 2022	1,805	1,805
Amortisation at 1 April 2021	1,169	1,169
Provided during the year	175	175
Amortisation at 31 March 2022	1,344	1,344
Net book value at 31 March 2022	461	461
Net book value at 1 April 2021	618	618

Note 14.3 Economic life of Intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	1	5

Note 15 Property, plant and equipment

Note 15.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022 - brought forward	4,947	70,383	323	5,369	30,115	20,915	2,966	135,018
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(4,947)	0	0	0	0	0	0	(4,947)
Additions	0	639	0	6,663	2,499	630	211	10,642
Impairments	0	(5,657)	0	0	0	0	0	(5,657)
Reversals of impairments	0	0	0	0	0	0	0	0
Revaluations	0	0	7	0	0	0	0	7
Reclassifications	0	8,939	0	(8,021)	0	(900)	0	18
Disposals / derecognition	0	0	0	0	(109)	(7,615)	0	(7,724)
Valuation/gross cost at 31 March 2023	0	74,304	330	4,011	32,505	13,030	3,177	127,357
Accumulated depreciation at 1 April 2022 - brought forward	0	0	0	0	19,135	14,279	1,169	34,583
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	0	0	0	0	0	0	0
Provided during the year	0	1,571	0	0	1,636	2,285	162	5,654
Impairments	0	(1,571)	(9)	0	0	0	0	(1,580)
Reversals of impairments	0	0	0	0	0	0	0	0
Revaluations	0	0	9	0	0	0	0	9
Reclassifications	0	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	0	(109)	(7,615)	0	(7,724)
Accumulated depreciation at 31 March 2023	0	0	0	0	20,662	8,949	1,331	30,942
Net book value at 31 March 2023	0	74,304	330	4,011	11,843	4,081	1,846	96,415
Net book value at 1 April 2022	4,947	70,383	323	5,369	10,980	6,636	1,797	100,435

Following the implementation of IFRS16 on 1st April 2022 the land NBV of £4,947k has been reclassified from the Property Plant and Equipment note 15.1 to the Right of Use assets note 18.1 as the land is a leased asset.

Note 15.2 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2021	4,400	65,435	300	1,403	27,194	18,091	2,911	119,734
Additions	0	1,722	0	3,966	3,160	2,835	55	11,738
Impairments	0	(1,422)	(8)	0	0	0	0	(1,430)
Reversals of impairments	0	0	0	0	0	0	0	0
Revaluations	547	4,648	31	0	0	0	0	5,226
Reclassifications	0	0	0	0	11	(11)	0	0
Disposals / derecognition	0	0	0	0	(250)	0	0	(250)
Valuation/gross cost at 31 March 2022	4,947	70,383	323	5,369	30,115	20,915	2,966	135,018
Accumulated depreciation at 1 April 2021	0	0	0	0	17,901	11,952	956	30,809
Provided during the year	0	1,422	8	0	1,484	2,327	213	5,454
Impairments	0	(1,422)	(8)	0	0	0	0	(1,430)
Reversals of impairments	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	0	(250)	0	0	(250)
Accumulated depreciation at 31 March 2022	0	0	0	0	19,135	14,279	1,169	34,583
Net book value at 31 March 2022	4,947	70,383	323	5,369	10,980	6,636	1,797	100,435
Net book value at 1 April 2021	4,400	65,435	300	1,403	9,293	6,139	1,955	88,925

Note 15.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	0	74,104	330	4,011	11,743	4,066	1,736	95,990
Owned - donated/granted	0	200	0	0	100	15	110	425
Total net book value at 31 March 2023	0	74,304	330	4,011	11,843	4,081	1,846	96,415

Note 15.4 Property, plant and equipment financing - 31 March 2022

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	4,947	70,174	323	5,369	10,892	6,613	1,679	99,997
Owned - donated/granted	0	209	0	0	88	23	118	438
Total net book value at 31 March 2022	4,947	70,383	323	5,369	10,980	6,636	1,797	100,435

Note 15.5 Economic life of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	0	0
Buildings, excluding dwellings	31	50
Dwellings	38	38
Plant & machinery	1	10
Information technology	1	5
Furniture & fittings	1	15

Note 16 Donations of property, plant and equipment

The DHSC Group Accounting Manual requires trusts to disclose details of any donations of property, plant and equipment received during the year, including any restriction or conditions imposed by the donor.

In 2022/23 there were no charitable donations of property, plant and equipments (2021/22 the Liverpool Women's NHS Foundation Charitable Trust (registered charity number 1048294) donated £4k of medical equipment to the Trust which were deemed to be capital in nature)

No restrictions or conditions have been imposed by the donor in relation to donated assets.

Note 17 Revaluations of property, plant and equipment

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Fair value of land and buildings are based on advice received from the independent and professional valuers Cushman and Wakefield. Valuations provided by the professional valuers for land and buildings as part of a full valuation as at 31 March 2023 have been reflected in the 2022/23 accounts.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

In the 2018/19 financial year the Royal Institute of Chartered Surveyors (RICS) issued revised guidance relating to asset lives. This has had the impact of reducing useful lives from the 31st March 2019 onwards and impacted upon the 2019/20 financial year onwards.

In the 2022/23 and 2022/21 financial years, the external valuers Cushman and Wakefield have made clear that as at the valuation date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, Cushman and Wakefield's valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The Trust revaluation reserve reduced by £753k following a full site valuation by the Trusts external valuers as at 31 March 2023 (31 March 2022: increase of £5.226m)

Note 18.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Total £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	4,947	0	4,947
IFRS 16 implementation - adjustments for existing operating leases / subleases	0	49	49
Additions	0	31	31
Valuation/gross cost at 31 March 2023	4,947	80	5,027
Provided during the year	0	27	27
Accumulated depreciation at 31 March 2023	0	27	27
Net book value at 31 March 2023	4,947	53	5,000

Following the implementation of IFRS16 on 1st April 2022 the land NBV of £4,947k has been reclassified from the Property Plant and Equipment note 15.1 to the Right of Use assets note 18.1 as the land is a leased asset.

Other leases held by the Trust are not significant and include reprographic equipment, vehicles and franking equipment.

Note 18.2 Reconciliation of the carrying value of lease liabilities

disclosed in note .

	2022/23 £000
Carrying value at 31 March 2022	0
IFRS 16 implementation - adjustments for existing operating leases	49
Lease additions	31
Interest charge arising in year	2
Lease payments (cash outflows)	(28)
Carrying value at 31 March 2023	54

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note . Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets in £0k and is included within revenue from operating leases in note 3.

Note 18.3 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March 2023 £000	31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	34	0
- later than one year and not later than five years;	20	0
- later than five years.	0	0
Total gross future lease payments	54	0
Finance charges allocated to future periods	0	0
Net lease liabilities at 31 March 2023	54	0

Note 18.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22
	£000
Operating lease expense	
Minimum lease payments	377
Total	377
	31 March 2022
	£000
Future minimum lease payments due:	
- not later than one year;	330
- later than one year and not later than five years;	701
- later than five years.	0
Total	1,031
Future minimum sublease payments to be received	0

Note 18.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.11.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	1,031
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	1,030
Less:	
Commitments for leases of low value assets	(48)
Other adjustments:	
Differences in the assessment of the lease term	28
Other adjustments	(961)
Total lease liabilities under IFRS 16 as at 1 April 2022	49

Note 19 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	309	224
Consumables	411	178
Energy	119	121
Total inventories	839	523
of which:		
Held at fair value less costs to sell	0	0

Inventories recognised in expenses for the year were £2,919k (2021/22: £2,378k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £8k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £148k of items purchased by DHSC (2021/22: £98k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 20 Receivables

Note 20.1 Receivables

	2023 £000	2022 £000
Current		
Contract receivables	7,480	4,344
Allowance for impaired contract receivables / assets	(373)	(385)
Deposits and advances	0	15
Prepayments (non-PFI)	2,263	1,725
Interest receivable	0	6
PDC dividend receivable	0	0
VAT receivable	232	101
Other receivables	45	123
Total current receivables	9,647	5,929
Non-current		
Contract receivables	184	143
Allowance for impaired contract receivables / assets	(46)	(34)
Prepayments (non-PFI)	62	124
Other receivables	222	202
Total non-current receivables	422	435
Of which receivable from NHS and DHSC group bodies:		
Current	6,434	3,947
Non-current	222	326

Note 20.2 Allowances for credit losses

	2022/23	2021/22
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	419	1,064
New allowances arising	22	96
Reversals of allowances	(17)	(256)
Utilisation of allowances (write offs)	(5)	(485)
Allowances as at 31 Mar 2023	419	419

Note 20.3 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from contract receivables, as disclosed in the receivables note 20.1.

Note 21 Cash and cash equivalents movements

Note 21.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2022/23	2021/22
	£000	£000
At 1 April	11,192	4,235
Net change in year	(1,402)	6,957
At 31 March	9,790	11,192
Broken down into:		
Cash at commercial banks and in hand	60	25
Cash with the Government Banking Service	9,730	11,167
Total cash and cash equivalents as in SoFP and SoCF	9,790	11,192

Note 21.2 Third party assets held by the trust

Liverpool Women's NHS Foundation Trust held no monies of patients or other parties as at 31 March 2023 (31 March 2022: £nil).

Note 22 Trade and other payables

Note 22.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	10,420	6,017
Capital payables	2,002	4,849
Accruals	10,990	7,687
Receipts in advance and payments on account	2,103	1,530
Social security costs	925	857
Other taxes payable	884	808
PDC dividend payable	51	82
Pension contributions payable	1,133	1,008
Other payables	314	372
Total current trade and other payables	28,822	23,210
Of which payables from NHS and DHSC group bodies:		
Current	13,844	7,108
Non-current	0	0

Note 22.2 Early retirements in NHS payables above

During 2022/23 there were no early retirements from the Trust agreed on the grounds of ill-health (2021/22: nil).

Note 22.3 Other liabilities

	2023 £000	2022 £000
Current		
Deferred income: contract liabilities	4,492	4,157
Total other current liabilities	4,492	4,157
Non-current		
Deferred income: contract liabilities	1,530	1,561
Total other non-current liabilities	1,530	1,561

Note 23 Borrowings

Note 23.1 Borrowings

	2023 £000	2022 £000
Current		
Loans from DHSC	613	613
Lease liabilities*	34	0
Total current borrowings	647	613
Non-current		
Loans from DHSC	301	913
Lease liabilities*	20	0
Total non-current borrowings	321	913

*The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.11.

Note 23.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2022	1,526	0	1,526
Cash movements:			
Financing cash flows - payments and receipts of principal	(612)	(28)	(640)
Financing cash flows - payments of interest	(20)	0	(20)
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	0	49	49
Additions	0	31	31
Interest charge arising in year (application of effective interest rate)	20	2	22
Carrying value at 31 March 2023	914	54	968

Note 23.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC
	£000
Carrying value at 1 April 2021	2,139
Cash movements:	
Financing cash flows - payments and receipts of principal	(612)
Financing cash flows - payments of interest	(40)
Non-cash movements:	
Application of effective interest rate	39
Carrying value at 31 March 2022	1,526

Note 24 Provisions for liabilities and charges

Note 24.1 Provisions movements:

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re- structuring	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2022	452	73	92	332	2,940	3,889
IFRS 16 implementation - adjustments for onerous lease provisions	0	0	0	0	0	0
Change in the discount rate	(70)	(17)	0	0	21	(66)
Arising during the year	4	0	35	0	0	39
Utilised during the year	0	(2)	(30)	0	0	(32)
Reclassified to liabilities held in disposal groups	0	0	0	0	0	0
Reversed unused	(100)	(30)	(62)	(332)	(2,672)	(3,196)
Unwinding of discount	(5)	(1)	0	0	0	(6)
At 31 March 2023	281	23	35	0	289	628
Expected timing of cash flows:						
- not later than one year;	50	4	35	0	67	156
- later than one year and not later than five years;	100	9	0	0	30	139
- later than five years.	131	10	0	0	192	333
Total	281	23	35	0	289	628

"Pensions - early departure costs" provisions are for early retirements and reflect actuarial forecasts in respect of the duration of payments, the life expectancy of the persons involved and current value of the future stream of payment flows.

"Pensions - injury benefits" provisions are for injury benefits and reflect actuarial forecasts in respect of the duration of payments, the life expectancy of the persons involved and current value of the future stream of payment flows.

"Legal claims" provisions comprise amounts due as a result of third party and employee liability claims. The values are informed by information provided by third party solicitors. In respect of the LTPS provision this reflects the probability of the cases being settled as estimated by NHS Resolution.

"Re-structuring" provisions have arisen from organisational change proposals that are anticipated to be finalised within the next year.

"Other" provisions have arisen from contractual liabilities.

Note 24.2 Clinical negligence liabilities

At 31 March 2023, £423,705k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Liverpool Women's NHS Foundation Trust (31 March 2022: £700,178k).

Note 25 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	(8)	(22)
Gross value of contingent liabilities	(8)	(22)
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	(8)	(22)
Net value of contingent assets	0	0

The NHS Resolution Legal Claim contingent liabilities are in relation to legal claim costs which are unlikely to be payable as notified by NHS Resolution in relation to "Liabilities to Third Parties" (LTPS). The value of Provisions for the expected and probable cases is shown in Note 24.1.

Note 26 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	150	3,768
Intangible assets	0	0
Total	150	3,768

Note 27 Financial instruments

Note 27.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations and only had negligible foreign currency income or expenditure transactions. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has borrowed from the Department of Health in the form of the Independent Trust Financing Function (ITFF). The borrowing is for 10 years and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from contract receivables, as disclosed in the receivables note 20.1.

Liquidity risk

The Trust's operating costs are incurred under SLAs with other NHS providers, which are financed from resources voted annually by Parliament. The Trust receives regular monthly payments from CCGs based on an agreed contract value with adjustments made for actual services provided. The Trust funds its capital expenditure from either internally generated funds or PDC made available by the Department of Health. The Trust is not, therefore, exposed to significant liquidity risks.

Price risk

The contracts from NHS commissioners in respect of healthcare services have a predetermined price structure which negates the risk of price fluctuation.

Note 27.2 Carrying values of financial assets

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2023		
Trade and other receivables excluding non financial assets	7,259	7,259
Cash and cash equivalents	9,790	9,790
Total at 31 March 2023	17,049	17,049

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	4,103	4,103
Cash and cash equivalents	11,192	11,192
Total at 31 March 2022	15,295	15,295

Note 27.3 Carrying values of financial liabilities

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2023		
Loans from the Department of Health and Social Care	914	914
Obligations under leases	54	54
Trade and other payables excluding non financial liabilities	22,656	22,656
Other financial liabilities	0	0
Provisions under contract	628	628
Total at 31 March 2023	24,252	24,252

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2022		
Loans from the Department of Health and Social Care	1,526	1,526
Obligations under leases	0	0
Trade and other payables excluding non financial liabilities	18,925	18,925
Provisions under contract	3,889	3,889
Total at 31 March 2022	24,340	24,340

Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	2023	2022
	£000	£000
In one year or less	23,461	22,780
In more than one year but not more than five years	465	1,175
In more than five years	333	429
Total	24,259	24,384

Note 28 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	44	6	132	490
Stores losses and damage to property	0	0	2	1
Total losses	44	6	134	491
Special payments				
Ex-gratia payments	3	70	0	0
Total special payments	3	70	0	0
Total losses and special payments	47	76	134	491

Note 29 Related parties

Ultimate parent

The Trust is a public benefit corporation established under the NHS Act 2006. NHS Improvement (NHSI) formerly Monitor, the Regulator of NHS Foundation Trusts has the power to control the Trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the Trust's parent. NHSI does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts. The NHS Foundation Trust Consolidated Accounts are then included within the Whole of Government Accounts. NHSI is accountable to the Secretary of State for Health. The Trust's ultimate parent is therefore HM Government.

Transactions with related parties are undertaken on a normal commercial basis. During the year none of the Department of Health and Social Care (DHSC) Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

Charitable Funds

The Liverpool Women's NHS Foundation Trust is the corporate trustee of the Liverpool Women's NHS Foundation Charitable Trust (Registration No. 1048294). The Trust does not consolidate the Charitable Trust on the grounds of materiality. As at 31 March 2023, there is an outstanding receivable with the Charitable Trust of £12k (31 March 2022: £100k).

Transactions with related parties

Liverpool Women's NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts. It undertakes as part of its on-going provision of healthcare services, in accordance with the terms of its authorisation, a number of transactions with bodies defined as being within the scope of the Whole of Government Accounts (WGA). including DHSC and other entities that the DHSC is regarded as the parent department. The main entities within the public sector with which the body has had dealings are:

- NHS England,
- NHS Cheshire and Merseyside Integrated Care System (from July 2022),
- Former CCGs within Cheshire and Merseyside (until July 2022),
- Foundation Trusts and NHS Trusts within Cheshire and Merseyside,
- NHS Resolution and
- Health Education England.

'Other bodies' with the WGA boundary include Local Authorities, HM Revenue & Customs and NHS Pension Agency

Note 30 Reserves

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.


Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend. Movements on the reserve are disclosed below

Movement on PDC reserve in the year ended 31 March 2023	PDC Reserve £000
Opening balance at 1 April 2022	70,713
Revenue support	4,500
Capital funding for enhancing the digital capabilities at the Trust	1,900
Capital transfer within the ICB	1,723
Other PDC capital funding	279
Closing balance at 31 March 2023	79,115
Movement on PDC reserve in the year ended 31 March 2022	PDC Reserve £000
Opening balance at 1 April 2021	62,927
Capital funding for Crown Street building works	1,600
Capital funding for the Community Diagnostic Centre build and equipment	2,854
Capital funding for enhancing the digital capabilities at the Trust	1,145
Capital funding for enhancing the digital diagnostic capabilities at the Trust	1,265
Capital funding for enhancing the digital maternity capabilities at the Trust	632
Other PDC capital funding	290
Closing balance at 31 March 2022	70,713

Note 31 Events after the reporting date

There are no events after the reporting year which require disclosure.



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