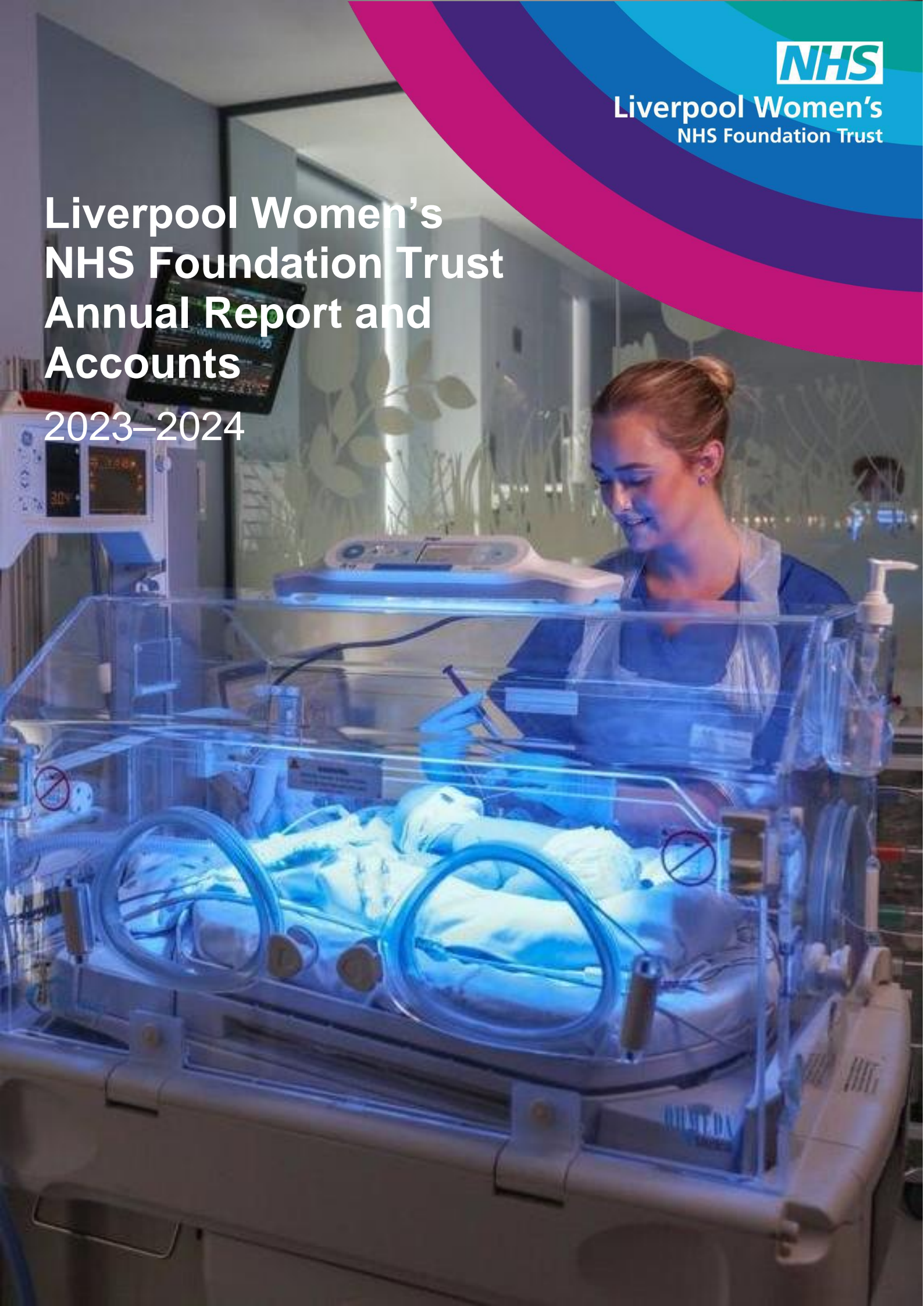




Liverpool Women's
NHS Foundation Trust

Liverpool Women's NHS Foundation Trust Annual Report and Accounts 2023–2024



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

ANNUAL REPORT & ACCOUNTS 2023/24

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

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1. Chair & Chief Executive Welcome

Welcome to the Annual Report and Accounts for Liverpool Women's NHS Foundation Trust covering the period 1 April 2023 to 31 March 2024.

Having joined the Trust as Chair (March 2024) and Chief Executive (December 2023) during 2023/24, we have been extremely impressed with the quality of services provided at Liverpool Women's and we are incredibly proud of all we have achieved this year, as well as acknowledging some of the challenges we have encountered.

The year saw ongoing industrial action in a number of areas across the Trust. Despite the challenges this created across the system and within Liverpool Women's, we are pleased to say that our services coped well during these periods, and we thank everyone for keeping our services running safely during challenging moments throughout the year.

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. During the previous 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) to take this forward and in February 2024, the Women's Hospital Services in Liverpool Programme Board was established by the Women's Services Committee (WSC), a subcommittee of the ICB. The Programme Board's primary purpose is to: Develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool.

This is a good example of system level working and during the year the Trust has continued to build on its existing track record of building and maintaining successful partnerships to effectively deliver services. We recognise that partnership working is increasingly important, and we are actively engaging with system and Place partners in planning and service delivery. In addition to the Chair and Chief Executive positions there have also been more joint appointments across the Trust and Liverpool University Hospitals NHS Foundation Trust (LUHFT).

In addition to the strategic partnerships being strengthened, the Trust has continued to enhance the Crown Street site. In April 2023, we announced that our new permanent MRI scanner was installed within the Community Diagnostic Centre (CDC). The MRI became fully operational in May 2023. The permanent CT and MRI scanners are a fantastic addition to the Imaging Department and mean that we can now scan Liverpool Women's patients as well as continuing to support partner Trusts. The Trust secured £5m from the Targeted Investment Fund to develop its ambulatory estate, in collaboration with the Cheshire and Merseyside Acute and Specialist Trust provider. The Trust has also embarked on the delivery of an Improvement Plan which is constituted of projects that will support the Trust in making strides to reduce its most significant risks.

Critical to the Trust continuing to be able to invest in quality and safety enhancements is achieving financial sustainability. The Trust was unable to meet its financial plan for 2023/24. 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 2024/25 and beyond.

The Trust received an unannounced Care Quality Commission (CQC) inspection of our Maternity services in January 2024. The inspection was part of the process for the Regulator to review the actions taken by the Trust in relation to the Section 29A Warning Notice, received in January 2023. It was encouraging to see that we were able to demonstrate confidence and assurance in everything that we are doing. There were no major issues of concern to report during the inspection and the initial feedback from inspectors was positive. Other reasons to be proud include:

- A major birth cohort study, Children Growing Up in Liverpool (C-GULL), was launched in April 2023 to track 10,000 families and gather comprehensive health data to inform policies and practices.
- In July 2023, the Trust was recognized as one of the top ten most improved for the Freedom to Speak Up sub-score, highlighting progress in creating an open culture for raising concerns.
- The Trust demonstrated compliance with all ten safety standards of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme, a significant achievement recognized by NHS Resolution.
- During Black History Month in October 2023, the Trust launched the 'Call it Out, Stamp it Out' campaign as part of its Actively Anti-Racist Programme.
- Despite a national shortage, Liverpool Women's reported no midwife vacancies, retaining staff by encouraging retired employees to return and offering flexible working, free breakfast, and parking for student midwives.
- The Maternity Team won the Preceptorship Programme of the Year award at the Nursing Times Workforce Awards on 21 November 2023.
- The Trust was awarded Health Tech Team of the Year 2023/24 at the HTN Now Awards and successfully implemented a new Electronic Patient Record system, MEDITECH Expanse.
- For the third consecutive year, Liverpool Women's was ranked in the Inclusive Top 50 UK Employers List, recognizing its consistent commitment to diversity and inclusion.
- The Hewitt Fertility Centre became the first UK clinic to adopt TMRW's technology for managing frozen eggs and embryos, setting a new standard of 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. 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 2023/24.



David Flory CBE
Chair
27 June 2024



James Sumner
Chief Executive
27 June 2024

2. Performance Report

The purpose of this report is to provide a summary of information to understand the organisation, its purpose, and objectives, how it has performed during the year and the key risks to the achievement of its objectives for the coming year.

The format and context of the Annual Report and Accounts for 2023/24 have been prepared in line with the revisions published in the NHS Foundation Trust Annual Reporting Manual 2023/24.

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/AHPs. 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.

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

The 2023/24 fiscal year was notably challenging for the NHS, marked by ongoing efforts to recover elective procedures and reduce waiting times for patients awaiting treatment. The year was heavily impacted by industrial actions across various staff groups, presenting significant operational difficulties. Despite these challenges, the Trust undertook a significant project with the implementation of a new Electronic Patient Record (EPR) system in July 2023. This initiative, while complex and with initial hurdles, has begun to show early signs of improving patient management processes.

The Trust faced substantial challenges in cancer care, with a notable 25% increase in referrals, the highest on record. The implementation of a Cancer Improvement Programme and regional oversight aimed to address these pressures, focusing on key performance metrics: 28-Day Faster Diagnosis, 31-Day Decision to Treat, and 62-Day Referral to Treatment. Despite significant pressures, particularly in achieving the 62-day standard, improvements were seen in faster diagnosis rates. The Trust plans to continue working with the Cheshire & Merseyside Cancer Alliance to further improve cancer care in the coming year.

As of 31 March 2024, the Trust employed 1,780 staff (1,573 WTE). Notable improvements during the year include increased compliance with mandatory training and a reduction in sickness absence. Since March 2022, over 230 staff have participated in accredited leadership training. The Trust actively engages with staff through various forums and focuses on quality improvement training to enable positive change. The Staff Support Service receives about 20 referrals monthly for psychological support, contributing to lower mental health-related absences. The Anti-Racism Hub has trained over 50% of the workforce. Investments in new roles include training for 10 Advanced Practitioner and Maternity and Gynaecology positions.

The Trust reported a significant financial deficit of £22.6 million for 2023/24, an increase from the previous year's £2.7 million deficit. Income reduced to £149.3 million from £156.0 million, while operating expenses rose to £169.8 million. Capital expenditure totalled £5.4 million, with investments in digital systems, medical equipment, and estate improvements. The Trust received £20.1 million in Revenue Support Funding, retained for the next fiscal year, and focused on debt collection and reducing payables. One remaining capital loan of £0.3 million is expected to be fully repaid by September 2024.

Overall, 2023/24 was a year of significant challenges and developments for the NHS Trust. Efforts to improve elective recovery and reduce long waiting times were met with considerable obstacles, including increased cancer referrals and the implementation of a new EPR system. Despite industrial actions impacting services, the Trust achieved notable progress in various areas, including emergency care and maternity services. Workforce support and development remained a priority, contributing to improved staff engagement. Financially, the Trust faced a substantial deficit, necessitating careful management and strategic planning moving forward. The year concluded with a focus on continued improvement and collaboration with system partners to enhance patient care and operational efficiency.

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. In May 2023, the Board agreed to reduce the number of BAF risks compared to 2022/23 to help provide greater clarity on the key strategic risks facing the Trust.

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:

- 1 – Inability to recruit & maintain a highly skilled & engaged workforce that is representative of our local communities
- 2 - Inability to ensure the on-going sustainability of clinical services and prevent patient harm by maintaining a high standard of care at the current Crown Street site.
- 4 – Impact to the safety of patient care services due to the lack of effective Digital Systems adoption, Strategy implementation and Cyber Security breaches influenced through cyber threats, staffing and financial resources.
- 5 – Inability to deliver the 2023/24 financial plan and ensure our services are financially sustainable in the long term
- 7 - Failure to meet patient waiting time targets

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 has good progress on available mitigations on the Crown Street site, most notably with the development and delivery of a Clinical Diagnostic Centre. During 2022/23, 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. Since this point, the Trust has been fully engaged with the NHS Cheshire and Merseyside Integrated Care Board (ICB) to explore how best to develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool.

Further information on the Trust's risk management arrangements is detailed in the Annual Governance Statement 2023/24 which can be found in section 3vii of the report.

Achievements against the Trust's **WE SEE** strategic aims during 2023/24

WORKFORCE

- The Trust was among the top 50 most inclusive UK employers for the 3rd year running.
- Our Maternity Team won Preceptorship Programme of the Year at the Nursing Times Workforce Awards.
- Over 50 bilingual volunteers were recruited to welcome and support patients and visitors to the hospital whose first language is not English.

EFFICIENT

- The Women's Hospital Services in Liverpool Programme was established to develop a clinically sustainable model of care for hospital-based maternity and gynaecology services that are delivered in Liverpool.
- We became the first Trust in the region to perform four Gynaecology Robotic-assisted surgeries on the same day.

SAFE

- The Trust demonstrated compliance with all ten safety standards for the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme ran by NHS Resolution (NHSr).
- An MRI scanner became fully operational alongside a CT scanner for the benefit of Liverpool Women's patients and those from partner organisations across the city.
- The Trust boasted zero vacancies in maternity despite a national shortage of midwives.

EFFECTIVE

- The Trust was ranked in the top ten most improved in terms of the Freedom to Speak Up sub-score of the NHS Staff Survey.
- The Trust was awarded Health Tech Team of the Year 2023/24 at the HTN Now Awards after becoming the first Trust in the UK to implement a brand new Electronic Patient Record (EPR) system, MEDITECH Expanse, known as digiCare.
- The Hewitt Fertility Centre became the first clinic in the UK to offer state of the art technology for managing frozen eggs and embryos.

EXPERIENCE

- The Trust performed 'better' across 20 questions compared to other Trusts in the Gynaecology Inpatients Survey.
- A Government scheme designed to recognise the grief of parents who have experienced a loss of pregnancy before 24 weeks was launched with the Honeysuckle Bereavement Team providing certificates.

Headlines 2023/24

In 2023/24 the Trust:

- Delivered 7258 babies (2022/23, 7,440) – an average of 20 babies born at Liverpool Women's every day (2022/23, 20)
- Undertook gynaecological inpatient procedures on 3983 women (2022/23, 3,619) and 25,841 gynaecological outpatient procedures (2022/23, 24,856)
- Cared for 1244 babies in our neonatal intensive and high dependency care units (2022/23, 1,238)
- Performed 1146 cycles of in vitro fertilisation (IVF) (2022/23, 1278).

Strategy

2023/24 was the third year of delivery of the Trust's medium-term plan, 'Our Strategy'. Our Strategy's core focus, developed by listening to our staff, patients, volunteers, and community, was to ensure the Trust has the *best people*, giving the *safest care*, providing *outstanding experiences*.

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. Progress is reviewed by our Trust Board and shared publicly, and we use the learning from our progress reviews to shape our plans for the next year.

Some examples of our achievements in 2023/24 are shared below.

People

- NHS Staff Survey results show LWH is the joint most improved Trust in relation to staff engagement in the UK.
- Achievement of 34th place in 'Inclusive Employers' accreditation.
- Launch of a new staff intranet and electronic personal development record (e-PDR) system.
- Introduction of the on-site, psychology led Staff Support Service including counselling and wellbeing coaches.
- Roll out of wellbeing conversations across the Trust and additional support for staff on long term sickness.
- Improvement of the onboarding process through an ESR applicant dashboard.
- Strengthening of our Anti-Racism commitment and roll out of anti-racism programme.
- Successful support for an internship programme giving young people with disabilities work placements along with re-launch of work experience and other pre-employment programmes.

- Roll out of coaching and mentoring scheme with over 70 trained mentors.
- Chartered Management Institute accreditation for the Trust Leadership Programme, over 100 leaders have taken part.
- Director of Midwifery and an Advanced Neonatal Nurse Practitioner awarded places on the NIHR Senior Research Leader Programme 2023-2026.
- Three Research Midwives awarded places on the NIHR Early Career Researcher Development programme.

Safety:

- Implementation of a new Trust-wide electronic patient record system.
- Establishment of the Staff Hub; where a staff led group identify and work on staff improvement initiatives.
- Achievement of the Informatics Skills Development Network (ISDN) Excellence in Informatics Level 2 standard.
- Adoption of the new national Patient Safety Incident Response Framework (PSIRF).
- Commencement of a new building programme to improve our ambulatory estate and increase capacity for patients.
- Approval of additional investment to improve safety and quality at Liverpool Women's, including implementation of a Medical Emergency Team and increasing obstetric consultant staff to reach 24/7 consultant cover.

Experience:

- Achievement of the UNICEF Baby Friendly Initiative level 1 for our Neonatal Intensive Care unit.
- Introduction of bi-lingual volunteers to support visitors to the Trust (in addition to existing interpreters).
- Added speech, reading and translation support to our website to improve access to our online information.
- Development of an action plan to address the needs of our deaf community when accessing Trust services.
- Introduction of an annual calendar of Involvement and Engagement sessions and Events for patients, their families and the public available on the Trust website.

We are proud of what we have achieved this year. We strengthened our partnerships across the Liverpool City region and throughout Cheshire and Merseyside, including appointment of our new Chair and new Chief Executive Officer, shared with Liverpool University Hospitals NHS FT.

Building on the successful delivery of Our Strategy to date, the Trust's recent focus has been on the development and delivery of a Trust-wide improvement

programme. The Improvement Plan is intended to bring a robust delivery framework to allow the Trust to progress a number of risks and opportunities, including:

- LWH's Crown Street site being an isolated site and requiring co-location with some of LUHFT's services in the longer term;
- Ongoing CQC and MSSP actions to evidence delivery of;
- A need to define the potential for collaboration between LWH, LUHFT and wider partners; and
- A significant underlying financial deficit.

Following the March 2024 Board Development session and subsequent work by the Executive Team, the Vision, and Strategic Objectives for the LWH Improvement Plan have been defined – see below.



The 16 projects and programmes that make up the LWH Improvement Plan Portfolio were also defined during the mobilisation period and a Project Initiation Document (PID), or Project Charter has been produced for each project.

The governance and reporting framework has been agreed for the Improvement Plan which will include a CEO-chaired LWH Improvement Plan Portfolio Board (IPPB). The Portfolio Board is a Board with delegated authority from the Trust Board and will be accountable for the overall delivery of the Improvement Plan. The Terms of Reference (ToR) for the IPPB were approved by Trust Board in April 2024.

The Senior Responsible Owners (SROs) for the six Improvement Plan Programmes will also run weekly Delivery Huddles, supported by the Transformation Delivery Unit (TDU), and will escalate delivery risks and issues by exception to the Portfolio Board.

An Improvement Plan Highlight Report will be produced as a standing item for Trust Board moving forwards to provide full transparency on the delivery of the Improvement Plan and will include escalation of the most significant issues and risks.

Modern Slavery Act 2015

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

<https://liverpoolwomens.nhs.uk/media/5315/modern-slavery-act-2023-statement-final-for-website.pdf>

Going concern disclosure

The Liverpool Women's NHS Foundation Trust annual report and accounts have been 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 2024/25 plan has been submitted to the Integrated Care Board (ICB) and will deliver a deficit position.
- The Trust is supported by the ICS and by the 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.

The Trust has further considered the going concern in light of the Trust's deficit position in 2023/24, the cash support received, the deficit financial plan for 2024/25, the underlying deficit for the Trust and the long-term financial model. The Trust will continue to work with system partners 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. the Trust has undertaken work 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 2023/24 was as follows:

Indicator Name	23/24 NHSE Target (delivery by March 2024)	Performance 2023/24 (as at March 2024)
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	90%	90.5%
28 Day Faster Diagnosis Standard	70%	62%
Patients waiting beyond 63+ days on a Cancer pathway	65	106
Patients waiting beyond 78+ weeks	0	0
Maximum 6-week wait for diagnostic procedures	90%	92%
Clostridium difficile due to lapses in care (accumulated figure)	0	0
Never Events	0	3
Incidence of MRSA bacterium	0	0

There has been continued collaborative working with NHS England and other partners to deliver key performance priorities and ensure that long waits for patients are reduced.

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

Cancer

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

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

The Trust has had significant challenges in 2023/24 related to Cancer Performance. Cancer demand increased significantly again in 2023/24, with an overall increase of 25% in referrals year on year with the Trust seeing it's highest number of referrals on record. The Trust implemented a Cancer Improvement Programme in 2023/24 to address a number of issues. The Trust has been in regional oversight for Cancer performance, and this will continue into 2024/25 whilst the Trust continues to make further improvements in performance against national targets. Despite significant challenges, the Trust has improved in performance particularly with the 28 Day Faster Diagnosis Standard, achieving 62% by March 2024. There have been significant pressures to achieving the 62-day standard due to the increase in referral demand, its impact on diagnostics required and pressures with other partners. Moving into 2024/25 the Trust will be working with the Cheshire & Merseyside Cancer Alliance to support improvements that can be made to ensure more patients are treated within 62 days.

Gynaecology Emergency Department

Whilst the NHS once again saw unprecedented demands on emergency care services in 2023/24, the Trust was still able to treat the majority of patients in line with NHS England expectations - with 90% of all gynaecology emergencies being seen within the 4-hour standard. The Trust again saw an increase in terms of attendances based on pre-pandemic levels. Industrial Action throughout 2023/24 had a significant impact on services however the Trust was still able to maintain good flow within the department. A key achievement in 2023/24 was the relocation of Early Pregnancy

clinic to reduce footfall through the department and ensure the most vulnerable patients are seen quickly. This has had a positive impact on the department and on waiting times for patients.

National planning guidance for 2024/25 has placed a national target of 78% for the 4-hour AED target however the Trust will be aiming to achieve significantly above this target, in line with or above the achievement seen in 2023/24.

Referral to Treatment (RTT)

Following surges in demand as a result of the COVID-19 pandemic, there were significant increases in the elective waiting list and a high proportion of patients waiting longer than 52 weeks for Referral to Treatment (RTT). In line with Operational Planning guidance, the focus for 2023/24 was to achieve zero patients waiting longer than 65 weeks. During 2023/24 the Trust was able to completely clear patients waiting beyond 78+ weeks to be seen and treated.

Significant periods of Industrial Action impacted waiting lists nationally and as a result, the target to achieve the objective of clearing all 65+ week waits has now been revised by NHS England to the end of Q2 2024/25. At year end, the Trust continued to have some patients waiting beyond 65+ weeks but the ambition of the Trust will be to eliminate all 65+ week waits by the beginning of Q2 2024/25 and to significantly reduce the number of 52+ weeks by the end of the financial year.

Significant increases in demand and the effects of COVID-19 has resulted in the waiting list significantly increasing over the last 5 years. Following the implementation of the Trust's new Electronic Patient Record (EPR) this also resulted in a number of data quality issues arising due to staff adjusting to the new system and processes. However, the majority of these have now been resolved and the overall waiting list reduced by over 10% during Q3 & Q4. As part of the Trusts Improvement Plan for 2024/25, a key focus will be to reduce the waiting list even further through further data quality monitoring and additional activity being delivered through productivity and efficiency measures.

Maternity & Neonatal Services

Deliveries in 2023/24 reduced by 2.5% from 7252 in 2022/23, to 7070. The percentage of C-Sections, both Elective and Emergency, increased from 41% in 22/23 to 44% in 23/24, of all deliveries.

Significant work has taken place in 2023/24 in regard to Maternity & Neonatal Transformation and in particular with maternity triage. This work has delivered improvements in bed occupancy, times to triage in the Maternity Assessment Unit and timeliness of discharge so that women are able to go home earlier in the day. The 15-minute triage target time was achieved for >95% patients consistently from May 2023 onwards, a significant improvement on previous years and ensuring the Trust is

managing its most urgent and vulnerable women in a timely manner. DNA rates for Maternity services improved significantly throughout 2023/24 with a reduction from 13% in 2022/23 to 9.5% by the end of 23/24.

Liverpool Neonatal Partnership development continues to progress. In 2023/24 significant workforce investment and recruitment to the partnership took place, due to the intense training programme that will take place during 2024/25 Financial Year. Senior nurse recruitment took place in November 2023 - with 10 band 6 and 8 band 7 posts appointed. There has also been consultant workforce investment of 4wte. All members of the Senior Leadership Team are now working rotationally across both sites. The new joint Neonatal unit is on track to open in November 2025 and the team are well underway with implementation priorities and collaboration.

Diagnostics

Diagnostic performance has continued to achieve above regional and national expectations with significant improvements made in 2023/24 in relation to workforce recruitment and retention, which in turn has ensured capacity has been available to manage patients effectively. Performance has consistently remained above the regional ask of 90% throughout 2023/24, with performance exceeding 95% on a number of occasions. The Trust has supported partners in the system by delivering activity through the Community Diagnostic Centre (CDC) which has also had a positive impact for Liverpool Women's patients with the permanent location of MR & CT services. The Trust will be working towards implementing new services through the CDC in 2024/25 to further improve access for patients. The Trust will be aiming to consistently achieve 95% of all diagnostic patients being seen within 6 weeks, by March 2025.

Financial Performance

The Trust is reported a deficit of £22.6m in the financial year compared to a deficit of £2.7m for 2022/23.

	2023/24	2022/23
	£000's	£000's
Income	149,341	155,975
Operating expenses	(169,417)	(156,853)
Financing and Public Dividend Capital	(2,148)	(2,281)
Retained surplus / (deficit)	(22,597)	(2,723)

The Trust received fixed block income values for the year, along with system funding payments, elective recovery funding, and variable payments in respect of elective activity delivered.

Capital expenditure in 2023/24 comprised of investment in the estate, medical equipment, and investment in digital systems, including an integrated Electronic Patient Record (EPR). The Trust also received £250k of Public Dividend Capital to commence redevelopment of its ambulatory department. This project will continue in 2024/25. The Trust's land and buildings were revalued by external valuers Cushman and Wakefield, resulting in a £0.6m increase in the value of the estate and a corresponding increase in the revaluation reserve.

Capital expenditure	2023/24 £000s	2022/23 £000s
Buildings	1,331	1,339
Furniture and Fittings	192	0
Information Technology	2,167	2,884
Medical Equipment	1,698	6,845
Total	5,388	11,068

During the year the Trust received £20.1m of Revenue Support Funding which was retained into 2024/25 financial year. A strong focus has remained through 2023/24 on debt collection and reduction of payables.

The Trust has one remaining capital loan with £0.3m outstanding. This will be fully repaid in September 2024.

Full details of the Trust's financial performance in 2023/24 can be found in the Annual Accounts section within this report.

Link with System Strategy and Joint Forward Plan

The Cheshire and Merseyside Integrated Care Board, together with provider organisations, developed an initial Joint Forward Plan (JFP) in 2022/23. The JFP covers a rolling period of five years, and is delivery-focused, providing a bridge between the Integrated Care System strategy, and annual operational plans at a system and provider level.

During late 2023/24, the Integrated Care Board have developed a refreshed JFP, following engagement with providers and key groups. The plan has recently been refocused to align with the developing *NHS Cheshire and Merseyside Recovery Programme*, and includes detail on core enabling strategies, system priorities and key delivery themes.

The refreshed plan is built around four core delivery themes:

- *Recovery Programme (2024/25 focus)*
- *Transforming our services*
- *Innovation and use of new technology*
- *Improving Outcomes in Population Health and Healthcare & Addressing Inequalities*

Liverpool Women's Hospital has continued to engage with the Integrated Care Board and other system partners throughout 2023/24 to advocate for the inclusion of

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.

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

Workforce

The Trust directly employed 1,780 (headcount) / 1,573 (WTE) people as of 31 March 2024. We have seen positive improvements in our compliance position for mandatory training and an ongoing reduction in sickness absence. Supporting and developing staff to reach their full potential remains a priority, with over 230 staff engaged in accredited leadership training since March 22. We continue to listen and engage with staff through multiple forums and have focused on training staff on quality improvement to enable them to lead positive change.

Our Staff Support Service continues to receive around 20 referrals per month for psychological support and this combined with preventative training, is supporting a reduction in absence rates for reasons of mental health. We have successfully implemented our Anti Racism Hub and have rolled out face to face training for over 50% of the workforce as we continue to work to eliminate racism in our organisation. We continue to invest in new and alternative roles with 10 Advanced Practitioner and Maternity and Gynaecology commencing training.

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:

- **Multilingual and Accessible Digital Platforms:** We have created and maintained websites and engagement platforms in multiple languages to ensure that all

patients can access information and engage with healthcare services, regardless of their language proficiency. To further enhance accessibility, we have implemented the ReachDeck tool on our website. This comprehensive toolset includes text-to-speech functionality, translation services, a picture dictionary, an MP3 maker, screen masking, text magnification, and page simplification features. These features support individuals with visual impairments, hidden disabilities, and those needing translation assistance, allowing them to access our digital resources with ease and confidence. By integrating these capabilities, we are committed to creating an inclusive digital environment where all patients can effectively engage with their healthcare information, regardless of their challenges.

- Fertility Patient Portal: We have developed a comprehensive fertility patient portal that includes multilingual support, ensuring detailed information about fertility treatments is accessible to all patients. This portal is designed to cater to the diverse linguistic needs of our patient population, providing critical information in various languages. By making fertility treatment details easily accessible and understandable, we empower all patients, regardless of their language proficiency, to make informed decisions about their reproductive health and treatment options. This initiative highlights our dedication to inclusivity and equitable access to healthcare resources for all individuals seeking fertility care.
- 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. Access Team practice when contacting deaf patients has been reviewed and issues with BSL Interpreters have been escalated with the provider to improve the process.
- 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 18 weeks to ask about their condition and if they still require an appointment. The option to use text messages allowed compatibility with translation applications on patient's phones which patients fed back as more reliable than pre-translated comms in some circumstances. This received a high response rate in comparison to other C&M Trusts doing a similar project who used an app questionnaire, which indicates LWH used a more inclusive process.
- LWH have begun a Menopause Service pilot in the community, collaborating with Primary Care (Central Liverpool PCN). This allows satellite Menopause clinics to be closer to patients homes, and hopes to expand to areas of higher deprivation which correlates to missed appointments. Through this collaboration with CLPCN, we have worked with their Neighbourhood engagement leads to approach and engage communities on the design of the

service and create a more inclusive service.

- 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. A review of pregnancy and birth outcomes is currently taking place to ascertain if an additional CoC team is to be rolled out at the end of this calendar year.
- Antenatal classes are being offered with midwives in different languages. This includes Arabic and Tigrinya. Community Family Hubs and Maternity Services have commissioned a 12-month antenatal education project to map current provision against requirements of the local population. The project commenced in March 2024.
- There are currently 7 Interpreter On Wheels provided free of charge through the Language Line contract Trust wide. Family Health have procured 20 Ipad's through capital for the express use of using the Language Line app. Community Midwives are also downloading the app and starting to use it. These units support women and families with translation in both spoken language and British Sign Language. This includes an Interpreter on Wheels for the newly developed Help Hub at the main entrance to the Hospital. A poster was created in many languages stating 'Happy to Help' to support any woman or family wanting to raise any concerns. Feedback about the facility to raise concerns within the Help Hub using the Interpreter on Wheels was very positive, one lady said "I was bleeding and didn't know what to do, I saw the poster and used the Interpreter and it made me feel so much less worried"

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 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 2023/24 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 as year-end. A total of 20 Corporate Objectives were identified for 2023/24 with outcomes for the year reported to the Board of Directors on 11 April 2024.

There will not be explicit Corporate Objectives set for 2024/25 as this process has been superseded by the Improvement Plan. Further detail on this can be found in the Strategy section above.

Emergency preparedness, resilience, and response (EPRR)

As a category 1 responder under the civil contingencies Act 2004 the Trust is required to prepare for emergency and business continuity incidents and ensure that it has the capacity and capability to respond effectively to emergency situations including major incidents. Whilst managing emergency situations the Trust must as far as is reasonably practicable maintain business continuity, prioritising critical service delivery when necessary.

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, Resilience & Response Team. In order to meet its legal duties, the Trust holds a portfolio of emergency and business continuity plans which have been developed by 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 the Integrated Care Board and Director of Public Health with NHSE in attendance aims to coordinate and direct cooperative working including in relation to risk management and shared learning from exercises and incident response.

EPRR work streams continue to focus on compliance with the newly revised NHSE EPRR Core Standards requirements. The new approach requires commissioners and providers of NHS commissioned care to submit evidence against each of the core standards to ensure a full, partial or non-compliance rating.

In 2022 the NHS Midlands Region introduced a pilot which focused on an amended EPRR assurance process which involved a new and detailed analysis of compliance evidence which needed to be submitted against each EPRR core standard, alongside the organisations self-assessment which had previously been used to assess the organisations assurance.

The outcome of the pilot identified substantial differences between the self-assessment results and the evidential review of the documentation provided by participating organisations. As a result of the pilot, it was extended to North East & Yorkshire and North West regions for the 2023/24 EPRR assurance assessment. The Trust was assessed against the revised standards and approach which required substantial evidence to be uploaded for external assessment.

The increase robustness and scrutiny of the newly introduced assessment process outlined some areas where compliance changed, and this was a common theme seen across all providers. Summarised across the fifty-eight core standards, LWH scored as follows:

- Nineteen standards self-assessed were assessed as fully compliant, with no gap in evidence.
- Thirty-Eight were assessed as partially compliant and partial achievement can be evidenced.
- One assessed as non-compliant and requires an exercise with external partners to comply with the EPRR testing and exercising programme.

To support an increase in compliance across the new assessment process, Cheshire and Merseyside (C&M) Integrated Care Board have created a monthly regional core standards task and finish group including a standardised core standards checklist to support providers when collecting evidence against each of the standards. This regional group provides collaboration, support and shared best practice for organisations within the C&M footprint.

Security Management

As stated in previous years reports, the NHS no longer regulates a framework for Security Management although Cyber Security and Fraud continue to be monitored separately. The Trust continues to learn from the Major Incident in November 2021 and apply this learning both internally and with external partners. As part of the Trust's new Governance Framework, Security management and associated risks will be monitored through the Safe & Sustainable Environment Group. This will ensure that there continues to be effective monitoring and oversight of safety threats/risks and that any potential security risks/impacts to services are minimised.

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 Trust has had a Green Plan in place signed off by the Trust Board and ICB since April 2022. The Green Plan objectives for 2024-26 are currently being refreshed. The Green Plan Group reports into Trust Board via Finance and Performance Committee and is led by the Executive Chief Operating Officer.

We are one of the few Trusts in the Country that has benchmarked our Carbon Footprint so we can Truly measure the impact of future initiatives. Our Green Plan Group has multi-professional representation and engagement from across the Trust with a Social Media Profile. Through the work of our Trust Charities, we have agreed not to invest in companies that profit from Gas or Oil. Any new service development tenders are also now evaluated with a Consideration of their Carbon footprint.

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.

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.

Further information on the Trust's risk management arrangements is detailed in the Annual Governance Statement 2023/24 which can be found in section 3vii of the report.



James Sumner
Chief Executive
27 June 2024

3. Accountability Report

3i(a) Directors' report

The Board of Directors

During the period 1 April 2023 to 31 March 2024, the following were members of the Board of Directors:

Non-Executive Directors

David Flory CBE	Chair	from 1 March 2024
Robert Clarke	Chair	until 29 February 2024
Jackie Bird	Non-Executive Director	
Tracy Ellery	Non-Executive Director & Vice Chair	
Prof. Louise Kenny CBE	Non-Executive Director (Senior Independent Director)	
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	until 31 December 2023
James Sumner	Chief Executive	from 1 January 2024
Michelle Turner	Chief People Officer	
Jennifer Hannon	Chief Finance Officer/Executive Director of Strategy & Deputy Chief Executive	
Gary Price	Chief Operating Officer	
Dr Lynn Greenhalgh	Chief Medical Officer	
Dianne Brown	Chief Nurse	
Matt Connor (1)	Chief Digital Information Officer	
Tim Gold (2)	Chief Transformation Officer	from 19 February 2024

Notes:

- (1) Matt Connor is a non-voting member of the Board.
- (2) Tim Gold 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 14 occasions during 2023/24. 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.

	BOARD OF DIRECTORS	AUDIT COMMITTEE	QUALITY COMMITTEE	PUTTING PEOPLE FIRST COMMITTEE	FINANCE PERFORMANCE AND BUSINESS DEVELOPMENT COMMITTEE	CHARITABLE FUNDS COMMITTEE
Robert Clarke*	13 of 14					
David Flory CBE	1 of 1					
Tracy Ellery	10 of 14	4 of 5			10 of 11	
Prof Louise Kenny CBE	10 of 14		4 of 11			
Louise Martin	10 of 14			3 of 6	11 of 11	3 of 3
Gloria Hyatt MBE	12 of 14		10 of 11	6 of 6		
Zia Chaudhry MBE	13 of 14	5 of 5		3 of 6		3 of 3
Sarah Walker	10 of 14		8 of 11		7 of 11	
Jackie Bird	11 of 14	4 of 5	8 of 11			2 of 3
Kathryn Thomson	9 of 10				5 of 8	

James Sumner (from 1 January 2024)	4 of 4					
Michelle Turner	13 of 14		8 of 11	5 of 6		
Dr Lynn Greenhalgh	11 of 14		9 of 11			
Gary Price	14 of 14		8 of 11	5 of 6	10 of 11	
Jennifer Hannon	13 of 14		10 of 11			2 of 3
Dianne Brown	11 of 14		11 of 11	2 of 6	9 of 11	2 of 3
Matt Connor**	14 of 14				8 of 11	1 of 3
Tim Gold** (from 19 February 2024)	1 of 1					

*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 and Tim Gold are non-voting members of the Board

How the Board operates

For 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. From February 2024, an additional non-voting Executive Director joined the Board.

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. 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 2023/24 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. 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

The Trust has been establishing connections across the city by meeting with communities, established groups, and attending health events. The goal is to develop and build positive and long-lasting relationships to improve Liverpool Women's services through community feedback.

To identify community groups, organisations, and health events for engagement, the Trust used various sources to ensure a structured approach rather than random selection. Initially, the Trust examined existing networks and communities, including connections with faith leaders, community-centred services with link workers, and established societies. The aim was to create a central repository of information that would evolve into a calendar of events over the 2023/2024 financial year.

The Trust has produced an annual calendar of involvement and engagement sessions and events with patients and the public for the 2023/24 financial year. Additional sources, such as the Trust Health Inequalities dashboard, feedback from CQC inspections, and Healthwatch, have provided insights into developing connections with marginalized groups to address health inequalities.

Based on feedback received, the Trust has established links with various marginalised groups across the city. Links with a City Councillor from the North side of the city have been established alongside meetings with groups experiencing prevalent poverty. These connections have begun to develop a roadmap for establishing credibility and commitment with other organisations and communities.

Liverpool Pride event 29 July 2023.

This was for staff and public to be made aware of LWH's support and responsibilities

to LGBTQI and to highlight LWH as a 'Great Place to Work'. The engagement on the day has led to organisations working with the Trust on trans and fertility issues.

A Gender Diversity Event was held on Wednesday 29 May 2024 in Partnership with Healthwatch Liverpool and Spirit Level.

The Event covered a range of discussion topics:

- Patient Stories
- Appropriate terminology
- Maintaining privacy and dignity
- How staff can approach discussing a patient's gender with them in a supportive and comfortable way
- Balancing the support and care needs of all patients

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 (CMASST). The main function of CMASST 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 such a meeting was not held during 2023/24 the

Committee in Committee 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 to five 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. Progress has been made against these actions and an opportunity was taken during the annual Board and Committee Effectiveness Review in March 2024 to comprehensively review the Trust's Governance and Assurance Framework to support on-going improvements against the Well-Led Framework. In summary, these changes included:

1. Separating operational management from assurance activities to clarify roles and responsibilities, thus avoiding governance complications.
2. Reducing the frequency of Board and Committee meetings to focus on strategic matters, thereby freeing up management capacity for operational delivery.
3. Streamlining the Trust's operational oversight arrangements through the development of an Executive Risk and Assurance Group (ERAG), tasked with providing advice and assurance on operational management effectiveness, particularly in risk management.

Further detail on the updates to the Trust's Governance and Assurance Framework can be found in the 2023/24 Annual Governance Statement.

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 an inspection of its Maternity and Gynaecology core services by the Care Quality Commission (CQC) in January 2023. A full inspection of the well-led domain also took place in February 2023. The CQC published its final inspection report on 23 June 2023.

The overall Trust rating had deteriorated from good to requires improvement.

- The overall rating for Gynaecology had improved from requires improvement to good.
- Maternity had deteriorated from good to requires improvement overall.
- The key question 'are services safe?' for Maternity had deteriorated from good to inadequate

On 9 February 2023, a S29A Warning Notice was issued requiring the Trust to make significant improvements in relation to Regulation 12(1)(2)(a)(b). The Notice stated

that, “The Trust must assess and do all that is reasonably practicable to mitigate risks to the health and safety of women, birthing people.” Immediate remedial actions have been taken which have continued to demonstrate reliable and sustained improvements within the maternity assessment unit. Regular reports have been received by the Board of Directors detailing the actions taken and outcomes achieved.

Following the inspection, a comprehensive action plan was developed by leaders across the Trust to address the findings of the report. Progress has been subject to regular monitoring and reported through established governance structures. All of the actions relating to breaches of regulation (Must Do’s and Should Do’s) for Maternity services have been completed.

Follow up inspection - January 2024

CQC carried out a focused inspection of Maternity services on 15 January 2024. This was specifically in relation to the requirements of the Warning Notice. The CQC formally notified the Trust that the requirements of the Warning Notice had been met and as such the Warning Notice was lifted.

The Trust is now in receipt of the final inspection report and an action plan has been subsequently developed. Whilst the CQC visit was explicitly in relation to the Warning Notice the final CQC report identified three actions the Trust ‘must’ take to comply with its legal obligations and a further four actions the Trust ‘should’ take. These are being managed and monitored at divisional level, reporting through the governance structures as required with oversight provided by the Integrated Care Board via a bi-monthly System Oversight Group meeting.

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 2023/24 is shown below:

	2023/24	2023/24	2022/23	2022/23
Description	Number	Value in £000's	Number	Value in £000's
<u>Non-NHS</u>				
Total Non-NHS bills paid in the year	11,642	71,202	13,833	76,882
Total Non-NHS bills paid within target	10,725	66,284	10,990	59,575
Percentage of Non-NHS bills paid within target	92.1%	93.1%	79.4%	77.5%
<u>NHS</u>				
Total NHS bills paid in the year	1,116	42,544	856	29,182
Total NHS bills paid within target	903	40,128	442	24,338
Percentage of NHS bills paid within target	80.9%	94.3%	51.6%	83.4%
<u>Total</u>				
Total bills paid in the year	12,758	113,746	14,689	106,064

Total bills paid within target	11,628	106,412	11,432	83,913
Percentage of Total bills paid within target	91.1%	93.6%	77.8%	79.1%

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 2023/24 was £4,259k (2022/23, £3,877k) which was 3.0% (2022/23, 2.6%) 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 28 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 30 to the accounts.

Appointment of External Auditors

During 2022/23 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.



James Sumner
Chief Executive
27 June 2024

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 2023/24 is shown in 3i(a) Directors Report. Tracy Ellery has recent and relevant financial experience in accordance with NHSE's Code of Governance (provision C3.1).

The Chief Finance Officer, Deputy Chief Finance Officer, Trust Secretary, Head of Financial Services, 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 2024 and are available on request from the Trust Secretary.

The Committee has reviewed relevant disclosure statements for 2023/24, 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 was one limited assurance reports received during 2023/24 –

- IT Medical Devices (EBME) – Key areas for improvement were around strengthening the contractual arrangements, succession plans, security controls and processes in place for allowing devices to connect to the network and in ensuring the asset register(s) (managed by the Trust / third parties such as EBME) provide the necessary coverage of security as well as safety requirements. Also ensuring that regular assurance is sought for all devices capable of connecting to the network and / or containing personal identifiable data, even if not connected and reviewing and updating the overarching governance framework documentation to ensure that there are no gaps or omissions.

The resulting actions will be monitored by the Audit Committee during 2024/25 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 (including Scheme of Reservation and Delegation and Standing Financial Instructions).
- Received a report which detailed the range of governance processes in place to provide assurance on the effectiveness of internal control arrangements.
- 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.
- Received an outline of the changes to the Trust's Governance and Assurance Framework
- Assurance regarding the use of the Board Assurance Framework at Board and its Committees
- A review of the Trust's Risk Management Strategy

At the March 2024 meeting, the Committee received a report from the external auditor on the external audit plan for the annual report and accounts 2023/24. 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, and the valuation of land and buildings), 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 27 June 2024 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 2023/24. 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 2023/24 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 2023/24 (for both Internal Audit and Counter Fraud) was £67,000 (2022/23: £70,000).

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 2024. 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

The Committee reviewed the content for the year-end Letter of Representation and Auditors Report on the Annual Report and Accounts 2022/23, as prepared by Grant Thornton.

The Committee received an update on the progress of the recommendations made as part of Grant Thornton's Value for Money Review undertaken in 2022/23 throughout the year, in line with the requirements set out in the National Audit Office Code of Audit Practice. Consideration was given to whether there were any risks of significant weaknesses in the Trust's arrangements for security economy, efficiency, and effectiveness in its use of resources.

The Committee received progress reports and sector updates from Grant Thornton.

The fees for the 2023/24 annual audit were £113,490 plus VAT (2022/23 - £129,490 plus VAT [including £20k additional fees]).

Work planned for 2024/25

The key issues facing the Audit Committee for the year 2024/25:

- 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 the updated Governance and Assurance Framework.

These are just some of the key issues facing the Audit Committee for the year 2024/25. 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 change and challenge.

3i(c) Board of directors - pen portraits

Non-Executive Directors

David Flory CBE – Chair (from 1 March 2024)

David Flory joined Liverpool University Hospitals NHS Foundation Trust (LUHFT) on 27 February 2023 as the Trust Chair and was appointed as a Joint Chair between LUHFT and Liverpool Women's NHS Foundation Trust from 1 March 2024.

He has extensive board-level experience as Independent Chair, Chief Executive and Executive Director of NHS organisations in England and healthcare organisations internationally, including six years working as Deputy Chief Executive Director General in the Department of Health for England. David was awarded a CBE in the 2009 New Year Honours List.

Robert Clarke – Chair (until 29 February 2024)

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 – Non-Executive Director (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)

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 secondary education and the 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. In 2021 she was appointed 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 and pioneered the first Independent School in the UK that was a business, charity and adult learners provision within an Academy. She is a qualified Teacher, Trainer and

Corporate and Executive Coach.

Zia Chaudhry MBE – Non-Executive Director

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.

Jackie was appointed as a Non-Executive Director at Liverpool University Hospitals NHS Foundation Trust for a term of six months from 15 April 2024.

Executive Directors

James Sumner – Chief Executive (from 1 January 2024)

James Sumner joined Liverpool Women's as Chief Executive substantively in January 2024, alongside his role at Liverpool University Hospitals NHS Foundation Trust (LUHFT) where he has been Chief Executive since May 2022.

He has worked in the NHS for over 20 years in Primary and Secondary Care, System Improvement and Integrated Care roles across the North West.

James was previously Chief Executive at Mid Cheshire Hospitals NHS Foundation Trust before joining LUHFT.

James joined the NHS in 1999, initially working in Primary Care before moving on to several regional quality improvement roles.

He moved into the acute sector in 2005 and has held a number of operational and strategic roles since, including Deputy Chief Executive at Stockport NHS Foundation Trust, Chief Officer of Salford Royal NHS Foundation Trust and latterly Chief Executive of Mid Cheshire Hospitals NHS Foundation Trust.

Kathryn Thomson – Chief Executive (until 31 December 2023)

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

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. He is passionate about improving services for our Women, patients and families.

Gary has worked in the NHS for 25 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. As well as his clinical qualifications he holds a Masters in Multiprofessional leadership.

Outside of work Gary has volunteered for the RNLI for over 15 years.

Dr Lynn Greenhalgh – Chief Medical Officer

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 / Executive Director of Strategy & Partnerships & Deputy Chief Executive

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

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.

Non-voting Board Members

Matt Connor – Chief Digital 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 and from 1 February 2024, Matt became the joint Chief Digital Information Officer with LUHFT.

Tim Gold – Chief Transformation Officer (from 19 February 2024)

Tim joined the Trust as Chief Transformation Officer in February 2024 in a joint appointment with Liverpool University Hospitals Foundation Trust (LUHFT). Tim has worked for more than two decades in public sector transformation and improvement in the NHS, local government, and private sector. Before joining LWH and LUHFT as Chief Transformation Officer, Tim had been working with LUHFT as Improvement Director from NHS England, where he led work with the Board and Executive team to design and implement an improvement plan to move the Trust out of NHS England's Oversight Framework segmentation 4 and national Recovery Support Programme.

Before joining NHS England, Tim gained operational leadership and improvement experience in acute hospitals, including being Interim Chief Operating Officer at Harrogate and District Foundation Trust and Director of Operations at Bradford Teaching Hospitals Foundation Trust, with accountability for medicines, surgery and maternity services. Tim also has 15 years' experience in healthcare consulting as a Director at PwC and Capita.

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.

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

- ❖ Liverpool City Council – one Appointed Governor
- ❖ Sefton Borough Council / Knowsley Borough Council / Wirral Council (who also represents the Liverpool City Region Combined Authority) – one Appointed Governor
- ❖ University of Liverpool – one Appointed Governor
- ❖ Liverpool Hope University/ Liverpool John Moores University/ Edge Hill University - one Appointed Governor
- ❖ One governor from an umbrella organisation representing the Community and Voluntary Sector
- ❖ One governor from an umbrella organisation representing the views of young people
- ❖ One governor from an umbrella organisation representing a multi-faith perspective

Change to the Constitution

During 2023/24, the Trust reviewed its Membership Constituencies. A key driver for

this review stemmed from recent boundary revisions by Liverpool City Council, impacting the Trust's public constituencies. Notably, shifts in electoral wards necessitated a reconsideration of the constituency boundaries, aligning with the local authority.

This decision carried implications for the 2023 election timetable, with elections postponed by approximately three months to accommodate Constitution amendments.

Partnership governance remains integral to our Trust's ethos, ensuring representation of diverse perspectives and fostering collaboration. To this end, the Trust reviewed its appointed governor cohort to optimise alignment with our strategic objectives and address administrative challenges.

Following discussions and stakeholder input, refinements were proposed to the appointed governor composition. Notably, representation was amended to better include voices from regional bodies and umbrella organisations, enhancing inclusivity and efficiency in governance.

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 2023 and March 2024, 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 2023 - March 2024
Central Liverpool				
Peter Norris	6 Years	2020	2026	3 of 4
Pat Denny	3 Years	2021	2024	3 of 4
Ruth Parkinson	3 Years	2021	2024	0 of 3
Thania Islam	3 Years	2023	2026	0 of 3
Irene Teare	3 years	2022	2025	0 of 3
North Liverpool				
Vacant				
Vacant				
South Liverpool				
Carol Didlick	3 Years	2021	2024	0 of 3
Angela Ranson	3 Years	2022	2025	4 of 4
Ruth Niccol	3 Years	2023	2026	1 of 1
Sefton				
Yaroslav Zhukovskyy	3 Years	2020	2023	0 of 2
Annie Gorski	3 years	2021	2024	4 of 4

Carol O'Keeffe	3 Years	2023	2026	1 of 1
Knowsley				
Jackie Sudworth	6 Years	2019	2025	4 of 4
Vacant				
Rest of England and Wales				
Iris Cooper	3 Years	2021	2024	4 of 4
Olawande Salam	3 Years	2022	2025	4 of 4

Staff Governor (Elected)	Term in Office	From	To	Council of Governors meetings attended, April 2023 - March 2024
Doctors				
Dr Kiran Jilani	3 Years	2020	2023	0 of 2
Dr Dipali Verma	3 Years	2023	2026	1 of 2
Nurses				
Rebecca Holland	2 Years	2021	2023	0 of 2
Deborah Ward	3 years	2023	2026	2 of 2
Midwives				
Alison Franklin	3 Years	2022	2025	4 of 4
Scientists, technicians and allied health professionals				
Rebecca Lunt	3 Years	2021	2024	4 of 4
Administrative, clerical, managers, ancillary and other support staff				
Kate Hindle	6 Years	2018	2024	4 of 4

Appointed Governor (Elected)	Organisation	Council of Governors meetings attended, April 2023 - March 2024
Cllr Lena Simic	Liverpool City Council	1 of 1
Cllr Julie Fadden	Liverpool City Council	2 of 3
Cllr Carla Thomas	Sefton Borough Council*	0 of 2
Cllr Marie Stuart	Knowsley Borough Council*	0 of 2
Niki Sandman	University of Liverpool	3 of 4
Rev Dr Miranda Threfall-Holmes	Faith Organisations	0 of 2
Sadeea Kaleem	Faith Organisations	1 of 2
Rachael Stott	Community & Voluntary Organisations	2 of 2
Jane Rooney	Education Institutions	2 of 4
Hayley Corless	Central Liverpool Primary Care Network	0 of 1
Tina Atkins	Central Liverpool Primary Care Network	1 of 1

*Appointed Governor for Sefton Borough Council and Knowsley Borough Council ended September 2023 as per amended constitution.

Governor elections 2023/24

Governor elections are carried out by Civica (formerly Electoral Reform Services) and the returning officer was Abi Walcott-Daniel. Elections were carried out between November 2023 and December 2023 with ten governor seats available:

Four were filled as uncontested seats and two were contested (Sefton and South Liverpool). Governors appointed to uncontested seats were:

- Peter Norris to the public seat of Central Liverpool
- Thania Islam to the public seat of Central Liverpool
- Dipali Verma to the staff seat of Doctors
- Deborah Ward to the staff seat of Nurses

Governors appointed to the contested seats were:

- Carol O’Keeffe to the public seat of Sefton
- Ruth Niccol to the public seat of South Liverpool

There were four public seats (North Liverpool (x2), Central (x1) Knowsley(x1)) unfilled. These will be vacant until the 2024 elections are held.

We also welcomed Cllr Julie Fadden (Liverpool City Council), Sadeea Kaleem (Faith organisations), Hayley Corless and Tina Atkins (Central Liverpool Primary Care Network), and Rachael Stott (Community and Volunteer sector) as new appointed governors.

Lead governor

Kate Hindle, Staff Governor, has been lead governor throughout 2023/24. 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

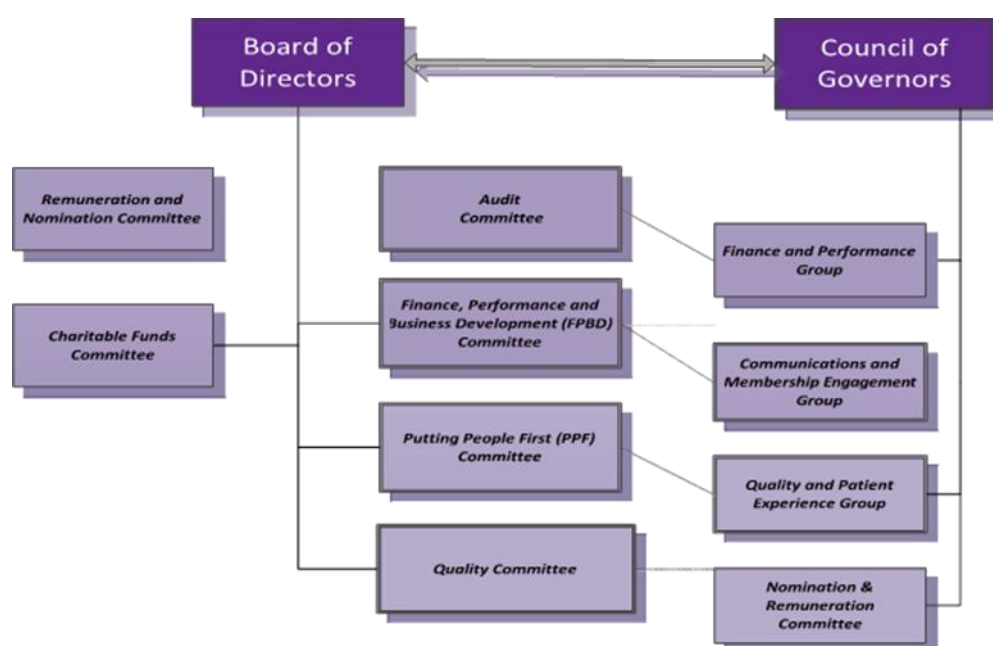
The Council has responsibility for representing the interests of the members, partner organisations and members of the public in discharging its statutory duties which include:

- 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 2023 meeting 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 2024/25. 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 training sessions facilitated by the Trust, other local trusts and by external providers, for example training facilitated by an external provider on the changing NHS landscape and implications for Governors, and Unconscious Bias training facilitated by a local NHS trust as part of a joint governor training programme initiative. Governors have also been given the opportunity to increase their visibility within the local community and have attended many engagement events during the year including a Black History Month engagement event in Kensington, a visit to the May Logan Centre to meet the team and service users, and a variety of community family health events across the Liverpool city region. The introduction of a 'Help Hub' introduced in late 2023/24 has created an opportunity for Governors to increase their visibility and presence on site to listen to service users as their Governor representative and feedback any issues or concerns.

Regular bespoke bulletins have also been shared together with video messages from the Chair.

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 2023/24 is set out below:

		Quarterly Meetings attended April 2023 to March 2024
Non-Executive Directors		
Robert Clarke	Non-Executive Chair ⁽¹⁾ (to 28 February 2024)	4 of 4
David Flory	Non-Executive Chair (from 01 March 2024)	1 of 1
Prof Louise Kenny CBE	Non-Executive Director & Senior Independent Director	1 of 4
Tracy Ellery	Non-Executive Director & Vice Chair	1 of 4
Louise Martin	Non-Executive Director	2 of 4
Gloria Hyatt MBE	Non-Executive Director	4 of 4
Zia Chaudhry MBE	Non-Executive Director	1 of 4
Sarah Walker	Non-Executive Director	2 of 4
Jackie Bird	Non-Executive Director	3 of 4
Executive Directors		
Kathryn Thomson	Chief Executive (to 31 December 2023)	3 of 3
James Sumner	Chief Executive (from 01 January 2024)	1 of 1
Michelle Turner	Chief People Officer	1 of 4
Jennifer Hannon	Chief Finance Officer	4 of 4
Gary Price	Chief Operating Officer	3 of 4
Dianne Brown	Chief Nurse	1 of 4
Dr Lynn Greenhalgh	Medical Director	3 of 4

(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 2024 the Trust had 10,647 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 an amended Constitution, specifically regarding public governor constituencies and appointed governor positions. This was ratified at the Annual Members Meeting in September 2024.

Also led by its Communications and Membership Engagement Group, the Council reviewed progress against underpinning actions of the Membership Strategy 2021-25. The Council, working in partnership with the Trusts patient experience and engagement team, had improved public and patient engagement activity during the year through attendance to local community events, meetings with key organisations and increased on-site visibility.

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 Executive Officer and Chief Transformation Officer, a review of performance of executive directors and the Very Senior Manager (VSM) pay award and changes to the Pension Alternative Award (Pension Recycling) 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 racially minoritised background. At September 2023 there were 27 staff from a racially minoritised background at Band 7 or above. As at March 2024 there were 36 staff at Band 7 or above, representing 9.09% of the total workforce.

Further actions include:

- Clinical roles in Anti Racism hub ringfenced for staff from a racially minoritised background
- Career conversations with Deputy Chief Nurse / Deputy Chief People Officer through Black History Month
- Application for RCN Michelle Cox award to develop leadership programme for nurses and midwives.
- Exploration with LUHT regarding attendance on the Elevate development programme developed by Mid Cheshire NHS Trust.
- Consideration of ring-fencing leadership roles for colleagues identified through above processes.

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 recruitment for NED positions. Apart from the Chair, there were no NED vacancies during 2023/24.

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
David Flory CBE	01 March 2024	28 February 2027
Louise Martin	01 April 2021	30 June 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

Civil Service Remuneration Threshold

In the 2023/24 financial year two (2022/23: two) 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 2023, 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	8 of 8
David Flory CBE, Chair	0 of 0
Prof Louise Kenny CBE, Non-Executive Director	6 of 8
Tracy Ellery, Non-Executive Director	5 of 8
Louise Martin, Non-Executive Director	6 of 8
Gloria Hyatt MBE, Non-Executive Director	8 of 8
Zia Chaudhry MBE, Non-Executive Director	8 of 8
Sarah Walker, Non-Executive Director	5 of 8
Jackie Bird, Non-Executive Director	7 of 8

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

Chief Executive Officer Appointment: The Committee oversaw and approved the recruitment for the above-named position. This included close collaboration with colleagues from Liverpool University Hospitals NHS Foundation Trust. James Sumner, Chief Executive Officer, assumed the role in an interim capacity from 1 December 2023 and then substantively from 1 January 2024.

Chief Transformation Officer Appointment: The Committee oversaw and approved the recruitment for the above-named position. Tim Gold, Chief Transformation Officer, assumed the role from 19 February 2024.

Pension Alternative Award (Pension Recycling) Policy – Proposed Changes: The Government's removal of the Lifetime Allowance Tax Charge from the 2023/24 tax year rendered the Trust's Pension Alternative Award Policy's Lifetime Allowance element unnecessary. The Committee supported removing this element, transitioning to an annual allowance-based policy. Three months' notice would be given to affected recipients, with the Policy moving through standard approval routes.

Chief Digital Information Officer: The Committee provided its support to the Trust's

Chief Digital Officer, Matt Connor, to become joint Chief Digital Information Officer at both the Trust and at LUHFT.

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 and Staff Governor), Peter Norris (Public Governor), and Niki Sandman (Appointed Governor).

The Committee met formally twice 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. The Committee also met jointly with colleagues from Liverpool University Hospitals NHS Foundation Trust to agree a process for the appointment of a joint Chair. Further detail on this is provided below.

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.

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 2023/24.

Chair Appointment Process

The decision to appoint a new Chair for the Trust was triggered by the impending end of Robert Clarke's term on 29 February 2024, as NHS England decided not to support an extension beyond this date. In response, the Trust identified an opportunity to

strengthen strategic collaboration with Liverpool University Hospitals NHS Foundation Trust (LUHFT) by pursuing a joint Chair appointment, aligning the start of the new Chair's term with the end of the incumbent Chair's term at LUHFT.

The rationale for appointing a joint Chair included several strategic benefits. Joint chairs are increasingly common in NHS trusts and are seen to enhance synergy, improve efficiency, and facilitate collaboration, particularly in specialised services. This arrangement can stabilise leadership, support system integration, and ultimately lead to better patient outcomes. Specifically, the joint Chair model was seen as a step towards stabilising and enhancing the strategic and operational integration between the Trusts, with a focus on improving services and ensuring patient safety, consistent with the aims of the Cheshire and Merseyside Integrated Care System.

The appointment process was managed by the respective Trusts' Council of Governors' Nomination & Remuneration Committees, which developed the job description and managed the advertising and recruitment process. This was done in conjunction with LUHFT to ensure alignment and collaboration from the outset. The role was advertised nationally, and following a rigorous selection process, including an interview and stakeholder engagement session on 12 December 2023, a candidate was unanimously deemed appointable.

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
2023/24

		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 - to the 31st December 2023	150 - 155	-	-	-	-	150 - 155	-
James Sumner	Chief Executive (1) - from the 1st January 2024	30 - 35	2,300	-	-	82.5 - 85	115 - 120	-
Lynn Greenhalgh	Medical Director (2)	165 - 170	500	25 - 30	-	-	190 - 195	-
Jennifer Hannon	Chief Finance Officer & Director of Strategy & Partnerships	155 - 160	-	-	-	32.5 - 35	190 - 195	-
Gary Price	Chief Operating Officer	140 - 145	-	-	-	37.5 - 40	180 - 185	-
Michelle Turner	Chief People Officer & Deputy Chief Executive (3)	145 - 150	14,200	-	-	-	155 - 160	-
Diane Brown	Chief Nurse & Midwife (3)	145 - 150	20,200	-	-	-	165 - 170	-
Matt Connor	Chief Digital Information Officer (1 & 3)	125 - 130	18,500	-	-	-	140 - 145	-
Timothy Gold	Chief Transformation Officer (1) - from the 19th February 2024	5 - 10	300	-	-	45 - 47.5	55 - 60	-
Robert Clarke	Chair - to the 29th February 2024	35 - 40	-	-	-	-	35 - 40	13 - 14

David Flory	Chair (1) - from the 1st March 2024	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	-
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	2 - 3
Louise Kenny	Non Executive Director	10 - 15	-	-	-	-	10 - 15	-
	Band of Highest Paid Director's Remuneration (in band of £5,000)	165 - 170						
	Median Total Remuneration (£)	37,640						
	Ratio	4.45						
<i>Audited by Grant Thornton</i>								

- 1) The appointments of James Sumner as Chief Executive from the 1st January 2024, Timothy Gold as the Chief Transformation Officer from the 19th February 2024 and David Flory from the 1st March 2024 are shared roles with Liverpool University Hospital NHS Foundation Trust. These individuals are not on the Trust's payroll and instead 50% of their pay costs are recharged to the Trust by the Liverpool University Hospital NHS Foundation Trust. Matt Connor whom is on the payroll of the Trust also became the joint Chief Digital Information Officer with Liverpool University Hospital NHS Foundation Trust from the 1st February 2024 and so 50% of his pay costs are recharged by the Trust to Liverpool University Hospital NHS Foundation Trust. The shared post arrangements table below shows the total salaries paid including elements relating to Liverpool University Hospital NHS Foundation Trust.
- 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 the Chief People Officer & Deputy Chief Executive, Diane Brown the Chief Nurse & Midwife and Matt Connor the Chief Digital Information Officer all 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 2023/24 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.

Shared Post Arrangements 2023/24

The shared post arrangements table below shows the total salaries paid including elements relating to Liverpool University Hospital NHS Foundation Trust are in the following bands:

Name	Position Held	Salary and Fees (In bands of £5,000)
James Sumner	Chief Executive	250 - 255
Tim Gold	Chief Transformation Officer	15 - 20
David Flory	Chair	50 - 55
Matt Connor	Chief Digital Information Officer	140 - 145

On payroll of Liverpool University Hospital NHS Foundation Trust
On payroll of Liverpool University Hospital NHS Foundation Trust
On payroll of Liverpool University Hospital NHS Foundation Trust
On payroll of Liverpool Women's NHS Foundation 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	-
Matt Connor	Chief Information Officer	125 – 130				105 – 107.5	230 – 235	-

Diane Brown	Chief Nurse – 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) 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 2023 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024
		£000	£000	£000	£000	£000	£000	£000
Kathryn Thomson	Chief Executive (1) - to the 31st December 2023	0 - 2.5	-	85 - 90	250 - 255	1,953	0	0
James Sumner	Chief Executive (2) - from the 1st January 2024	0 - 2.5	12.5 - 15	70 - 75	185 - 190	986	61	1,472
Lynn Greenhalgh	Medical Director	-	37.5 - 40	65 - 70	185 - 190	1,330	188	1,678
Jennifer Hannon	Chief Finance Officer & Director of Strategy & Partnerships	2.5 - 5	-	30 - 35	0	315	116	484

Gary Price	Chief Operating Officer	0 - 2.5	35 - 37.5	35 - 40	90 - 95	465	199	728
Michelle Turner	Chief People Officer & Deputy Chief Executive (3)	-	-	55 - 60	165 - 170	1,408	0	1,483
Diane Brown	Chief Nurse (4)	-	-	-	-	821	0	0
Matt Connor	Chief Digital Information Officer (2 & 4)	-	-	-	-	529	0	0
Timothy Gold	Chief Transformation Officer (2) - from the 19th February 2024	0 - 2.5	-	10 - 15	-	97	4	139
<i>Audited by Grant Thornton</i>								

- 1) There is no Cash Equivalent Transfer Value (CETV) figure at the 31st March 2024 for Kathryn Thomson (Chief Executive) as she is now in receipt of her pension benefits.
- 2) James Sumner has been appointed as Chief Executive from the 1st January 2024 and Timothy Gold has been appointed as the Chief Transformation Officer from the 19th February 2024. These are shared roles with Liverpool University Hospital NHS Foundation Trust and as such they are not on the Trust's payroll and instead 50% of their pay costs are recharged to the Trust. Matt Connor whom is on the payroll of the Trust also became the joint Chief Digital Information Officer with Liverpool University Hospital NHS Foundation Trust from the 1st February 2024 and so 50% of his pay costs are recharged by the Trust to Liverpool
- 3) Michelle Turner (Chief People Officer & Deputy Chief Executive) re-commenced payments into her pension scheme on the 1st December 2023.
- 4) Diane Brown (Chief Nurse) and Matt Connor (Chief Information Officer) have both opted out of the NHS Pension Scheme and so there is no Cash Equivalent Transfer Value (CETV) figure at the 31st March 2024 for these individuals and no increase in pension during the year.

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 2023/24 is 10.1%.

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.

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 2023/24 was £167,500 (2022/23, £187,500). This is a change between years of -10.7% as represented in the table below (2022/23, +2.7%). The banded remuneration of the highest paid director was 4.45 times (2022/23, 5.39) the median remuneration of the workforce, which was £37,640 (2022/23, £34,774). The highest-paid director received performance pay or bonuses in the 2022/23 financial year but in 2021/22 the highest paid director did not receive performance pay or bonuses and so the percentage change is listed as not applicable in the table below:

	2023/24		2022/23	
	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	-10.7%	0.0%	2.7%	Not Applicable
Average percentage change from the previous financial year in respect of employees of the entity, taken as a whole (1)	13.8%	205%	2.1%	-63.2%

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £141 to £444,923 (2022/23, £81 to £595,415). 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 +13.8% (2022/23, +2.1%). In 2023/24, 10 (2022/23, 13) employees received total remuneration in excess of the highest-paid director and their remuneration ranged from £223,747 to £444,923 (2022/23, ranged from £180,615 to £595,415).

As the calculation for the average percentage change is on an annualised basis, in 2023/24 the large percentage increase of 205% from the prior year is due to the comparatively large amount of Clinical Excellence Award payments paid in the final month of the 2023/24 financial year as compared with the final month of the 2022/23 financial year. Likewise, the large percentage reduction of 63.2% in 2022/23 from the prior year is due to the comparatively small amount of Clinical Excellence Award payments paid in the final month of the 2022/23 financial year as compared with the final month of the 2021/22 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.

2023/24	25th Percentile	Median	75th Percentile
Salary component of pay (£)	£27,596	£37,689	£48,869
Total pay and benefits excluding pension benefits (£)	£27,596	£37,640	£48,766
Pay and benefits excluding pension: pay ratio for highest paid director	6.07	4.45	3.43

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

Audited by Grant Thornton

Payments for loss of office

No individual who was a senior manager received a payment for loss of office during the financial year (2022/23, £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 (2022/23, £nil).

Governors' expenses

There was a total of 27 governors in post during 2023/24 (2022/23: 27). Two governors claimed expenses during the 2023/24 year which totalled £245.80 (2022/23, £nil).



James Sumner
Chief Executive
27 June 2024

3iii Staff report

People Achievements against strategy

- Implemented our Anti-Racism Hub and recruited to key roles
- Achieved a place in the top 50 'Most Inclusive Companies' for the 3rd year in a row.
- Rolled out face-to-face ED&I training with over 600 staff completed in first 3 months.
- Achievement of 0% vacancies within midwifery
- Provided 40 work experience placements, 9 supported interns with complex needs and 8 individuals on a pre-employment programme.
- 126 learners undertook our accredited leadership programme
- Over 25 staff per month accessing mental health and psychological support from our Staff Support Service with a physical health and wellbeing offer launched.
- Senior leaders supported in their ongoing development through the senior leadership forum
- Mitigated challenges in junior doctor workforce with innovative Trust doctor roles
- Successfully gained training places for Advanced Clinical Practitioners in Midwifery and Gynaecology Nursing
- Achieved recruitment targets for neonatal nursing in preparation for the new unit at Alder Hey in 2025.
- Gained funding for a People Promise Manager to focus on retention in N&M
- Continued low rates of turnover within newly qualified midwives supported by Nursing Times award winning preceptorship programme.
- Delivered full roll out of electronic rostering and electronic job planning for medical staff
- Signatory to the Sexual Safety Charter
- Continue to conduct 'Big Conversations' our 24 hour listening events for all departments of Liverpool Women's.
- Provided regular Menopause support clinics with medical and nursing experts to support staff with information and guidance
- Achieved Pastoral Quality Award following a successful round of international recruitment, with retention levels of over 80%.

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 following chart shows the number of employees on a whole-time equivalent basis. There are no staff engaged overseas.

			2023/2024	2022/2023	2021/2022	2020/2021
	Permanent Number	Fixed Term Number	Total Number	Total Number	Total Number	Total Number
Medical and Dental	88.66	26.18	114.83	108.87	96.84	93
Ambulance staff	-	-	-	-	-	-
Administration and Estates	357.56	30.98	387.96	370.11	344.59	328
Healthcare assistants and other support staff	216.43	24.35	240.79	229.83	217.55	212
Nursing, midwifery and health visiting staff	701.43	10.43	711.86	674.94	647.34	652
Nursing, midwifery and health visiting learners	-	-	-	-	-	-
Scientific, therapeutic and technical staff	76.14	3.58	79.73	55.17	49.85	30
Healthcare science staff	24.2	1.29	24.95	23.05	19.92	20
Social care staff	-	-	-	-	-	-
Other	4.14	0.00	4.14	2.80	7.58	12
Total average numbers	1468.56	95.69	1564.25	1549.39	1383.67	1347.00

Audited by Grant Thornton

Breakdown of year-end numbers of male/female staff

The Trust workforce profile as of 31st March 2023 shows that 89.03% of staff employed at the Trust are female and the remainder 10.97 % are male. This gender split is broken down as below:

Group	Female	Male	Total Headcount
Executive Director	4	2	6
Chair & Non-Executive Director	6	1	7
Medical	78	45	123
Senior Manager	45	13	29
Staff	1493	122	1615
Grand Total	1626	183	1780

The Trust's Gender Pay Gap Report for 2023 published in March 2024 can be found on the following link:

[gender-pay-gap-report-2023.pdf \(liverpoolwomens.nhs.uk\)](https://liverpoolwomens.nhs.uk/gender-pay-gap-report-2023.pdf)

Comparison data from different organisations can be obtained from the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>)

	2023/24			2022/23
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	78,019	5,153	83,172	77,660
Social security costs	7,800	425	8,225	7,275
Apprenticeship levy	317	17	334	311
Employer's contributions to NHS pensions	12,621	0	12,621	11,324
Pension cost - other	40	0	40	0
Termination benefits	0	0	0	69
Temporary staff (including agency)	0	734	734	2,228
Total gross staff costs	98,797	6,329	105,126	98,867
Costs capitalised as part of assets included above	860	48	908	2,041
Total staff costs excluding capitalised costs	97,937	6,281	104,218	96,826

audited by Grant Thornton

Sickness Absence Data

In 2023/24 we continued to promote and embed a holistic approach to sickness absence management with a focus on supporting staff through completion of wellbeing conversations and return to work interviews. Our sickness absence has seen a downward trend, with anxiety and depression now longer being the primary reason for absence. This has been facilitated by the establishment of our in house, psychologist led Staff Support Service. Details of our sickness absence position in comparison to other NHS organisations can be found at [NHS Sickness Absence Rates - NHS England Digital](#).

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%
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%
23 - 24 Sickness	6.34%	6.04%	5.77%	5.23%	5.46%	5.31%	5.99%	7.11%	7.02%	7.18%	5.93%	5.73%
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%

The three main reasons for sickness absence in the last three financial years are outlined below.

Financial Year	Reason 1	Reason 2	Reason 3
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%
2023/2024	Cold, Cough, Flu - Influenza 27.31%	Gastrointestinal problems 19.82%	Anxiety/stress/depression 14.87%

Staff Turnover

We maintain a focus on retention and have invested in supporting our midwifery new starters through preceptorship which has been successful in reducing turnover to near zero. We have been chosen as a People Promise Trust for this year and will implement a programme to enrich and develop the job roles of mid-career nurses, midwives and AHPS.

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%
23 - 24 Turnover	9.88%	9.92%	9.54%	9.38%	9.53%	9.58%	9.16%	9.71%	10.45%	10.52%	11.12%	11.76%
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%

Diversity & Inclusion

Liverpool Women's has a strategic aim to be one of the most inclusive organisations in the NHS with zero discrimination for staff and patients. To support this our corporate objectives state we will:

- Move closer to our aim of 25% of leaders (Band 7 or above) being from a racially minoritized background, by increasing to 13% in 2023/24. (Current position 9.09%, on a positive upward trajectory)
- Increasing the number of employees from a racially marginalised background by 5%, moving to 13% in 2023/24. (Current position 11.6%, on a positive upward trajectory)

In addition, we have declared our commitment to anti-racism at LWH and this has been identified as an improvement priority for the Trust and will be managed as a project within the new improvement governance structure. The overarching aim of the Actively Anti Racist improvement programme is to shape and embed an organisational culture which is Actively Anti Racist, and where the care we deliver and the employment we offer is welcoming, inclusive, and culturally competent.

- We have created our Actively Anti Racist hub, made up of a small team of dedicated clinical and nonclinical staff who will focus on eliminating experiences of racism for staff and patients, ensuring that anti racism principles permeate every aspect of the organisation.
- We prioritised anti-racism in our organisational framework and leadership behaviours; and our Actively Anti Racist approach to the change we need to make means that there is no place or excuse for non-engagement.
- We have rolled out our bilingual volunteer scheme to enhance our existing interpretation services.
- We require every single person who works here to understand what actively anti racist means for them. We are working hard to equip our people with the knowledge and skills to become true allies, prepared to call it out, challenge and address racism and bias in all its forms.

- We have set challenging targets to increase our GM workforce and leaders and are beginning to see the impact of some of the changes we have made to our recruitment practices.
- We are reviewing policies, practices and processes through an anti-racism lens. Our incidents, complaints and outcomes are looked at through that lens so we can identify where detriment is experienced or where racism or cultural bias may be at play. We discuss that openly both within and outside of our organisation.
- We uphold a trauma informed approach to our anti racism work with our Psychology team providing support and intervention for staff who have experienced racial trauma.

Our declaration of intent to become an anti-racist organisation can be viewed here

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

More information regarding our progress in the area of diversity and inclusion can be found in our Annual Report [equality-and-diversity-annual-report-2024.pdf \(liverpoolwomens.nhs.uk\)](#)

Policies and partnership working

During the last financial year there were 12 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 work closely in partnership with staff side colleagues through our formal negotiating committees, Partnership Forum and JLNC to ensure that the views of staff are taken into account in relation to all key decisions made at LWH.

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. We have adopted a new approach to enacting reasonable adjustments with advice and guidance from one expert source and a new way to order and store necessary equipment. 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 barriers and in partnership with LUHT we are offering a bespoke leadership programme for members of our global majority workforce

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. We are engaged with the National Policies working group hosted by NHSE and in line with our programme of cultural change, are reviewing all policies to ensure that leadership safety behaviours are fully integrated. 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 who continue to raise their profile with the delivery of mandatory and other training, drop-ins and walkabouts.

We are actively engaged with People Services Collaboration Programmes within Cheshire and Merseyside, with the objective of simplifying, standardising, automating and consolidating a range of people services including recruitment and occupational health to ensure added value and maximise use of digital technologies.

The Trust's Health and Safety Team 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. 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. The Team achieved 100% compliance following the statutory external Fire Service audit in the latter quarter of the year. Work began on the 2024/25 Health and Safety Workplan, supported by the Continuous Improvement Team and is being undertaken as a quality improvement project.

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 vaccines for staff, the 2023/24 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.

Counter Fraud

The Trust engages Merseyside Internal Audit Agency to provide Counter Fraud Services. The Local Counter Fraud Specialist, supported by the Trust, has continued to enhance the overall anti-fraud arrangements. The Counter Fraud service provided regular updates to the Audit and Risk Committee on work undertaken to prevent and detect fraud including any investigations. 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 three risks on the risk register.

NHS Staff Survey

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

In 2023 our response rate decreased from 60% to 52%, however this means that around 900 staff took the time to complete the survey and provide valuable feedback.

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

People element	Promise	2021/22 Score	Benchmarking Group*	2022/23 score	Benchmarking Group Score	2023/24 score	Benchmarking Group Score
We are compassionate and inclusive		7.3	7.5	7.5	7.5	7.4	7.5
We are recognised and rewarded		5.9	6.1	5.9	6.0	6.0	6.1
We each have a voice that counts		6.8	7.0	7.0	7.0	6.9	7.5
We are safe and healthy		6.1	6.2	6.1	6.3	6.2	6.4
We are always learning		5.3	5.6	5.5	5.7	5.5	5.7
We work flexibly		5.8	6.3	5.9	6.4	6.1	6.5
We are a team		6.7	6.9	6.9	6.9	6.9	6.9
Staff Engagement		6.9	7.3	7.1	7.2	7.0	7.3
Morale		5.8	6.0	6.0	6.1	5.9	6.3

*Benchmarking Group is 'Specialist Trusts'

What is getting better?

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

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

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

Where do we need to improve?

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

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

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

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
5	4.32

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
0%	1
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	£16,650
Provide the total pay bill	£99.646,000
Provide the percentage of the total pay bill spent on facility time	0.016%

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	24.44%
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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	
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Expenditure of Consultancy

Consultancy costs for the financial year 2023/24 were £376K (2022/23, £426K).

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 2024, for more than £245 per day and that last for longer than six months:

	2023/24 Number of engagements
Number of existing engagements as of 31 March 2024	7
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	1
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	2
Number that have existed for four or more years at time of reporting	4

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 2023 and 31 March 2024, for more than £245 per day and that last for longer than six months.

	2023/24 Number of engagements
Number of new engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024	0
Of which:	
Number assessed as caught by IR35 (1)	0
Number assessed as not caught by IR35	0
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

(1) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024:

	Number of engagements
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1) *	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 (2)	8

(1) There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months

(2) As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero

In any cases where individuals are included within the first row of this table the department should set out:

- Details of the exceptional circumstances that led to each of these engagements.
- Details of the length of time each of these exceptional engagements lasted.

Reporting of compensation schemes - exit packages 2023/24

In 2023/24 there were no compulsory, voluntary or other exit packages agreed (2022/23: two).

Audited by Grant Thornton

In the 2023/24 financial year, there were no other departures under the Mutually Agreed Resignation Scheme (MARS) (2022/23 – 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 April 2023, is based on the principles of the UK Corporate Governance Code issued in 2018. 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 2023/24. 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.

Whilst not identified as non-compliance, an additional note has also been provided for **Code Provision D.2.1**: *The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board of directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.*

The Trust is mostly compliant with this provision but during the year the Vice-Chair (Tracy Ellery) has also been the Chair of the Audit Committee. Combining the roles ensured that both responsibilities were handled by an individual with the requisite expertise and experience. This is being reviewed and will be rectified during 2024/25.

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

Code provision	Trust position	Comply or explain?
A.2.1 The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	<p>The Trust is an active participant in the CMAST provider collaborative and in the Liverpool Hospitals Joint Committee</p> <p>Following the Liverpool Clinical Services Review, the Trust established a Partnership Board with Liverpool University Hospitals Foundation Trust (LUHFT) to further progress the recommendations from the review.</p> <p>In December 2023, the Trust appointed a joint Chief Executive Officer with LUHFT. In February 2024, the Trusts also appointed a joint Chair. The joint Chair recruitment was undertaken by a joint Council of Governors Nomination and Remuneration Committee, with the Senior Independent Directors from both Trusts.</p> <p>The Chief Executive is the Chair of the Women's Services in Liverpool Programme Board.</p>	Comply
A.2.3 The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	<p>The Board receives updates on:</p> <ul style="list-style-type: none"> • Workforce performance • Safe Staffing • WRES • WDES • MWRES • Freedom to Speak Up Bi-Annual Report • National Staff Survey Results 2023/24 <p>The Board also participates and receives updates on the biannual 'Big Conversation' events. Detail has been provided in the annual report.</p>	Comply

Code provision	Trust position	Comply or explain?
A.2.8 The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective.	The Board has received regular updates regarding the respective partnerships that the Trust is involved with. The annual report includes a section of community engagement and involvement.	Comply

<p>B.2.6 The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances that are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, material shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment (but note 4.3 in Section C below, where chairs and NEDs can serve beyond six years subject to rigorous review and NHS England approval). • is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>	<p>The previous Chair had been in post for longer than six years (completed eight years) – a new Chair started in March 2024.</p> <p>Statement of independence completed by Chair and NEDs annually, aligned to the Fit and Proper Persons process, which is reported to the Board and Council of Governors an annual basis.</p>	<p>Comply</p>
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<p>B.2.13 The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available. The annual report should give the number of times the board and its committees met, and individual director attendance.</p>	<p>The Trust's Constitution and Corporate Governance Manual set out the expectations of the Chair, Chief Executive, Vice Chair, Senior Independent Director, and Board. These are available on the Trust website.</p> <p>The terms of reference for the Committees reporting to the Board set out the responsibilities of all members.</p> <p>Section 3i (a) Directors' Report outlines the number of times the Board and its Committees met through the reporting period, and individual attendance.</p>	<p>Comply</p>
<p>B.2.17 The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions that are delegated to the executive management of the board of directors.</p>	<p>Section 3i (a) Directors' Report outlines the number of times the Board and its Committees met through the reporting period, and individual attendance.</p> <p>The Trust Scheme of Delegation is in place and the Trust's Corporate Governance Manual outlines the roles and responsibilities of the Board and Council of Governors. Committee terms of reference are also in place for all meetings within the governance structure, outlining the purpose and responsibilities of each.</p> <p>The dispute resolution process is outlined in the Trust's Constitution. There were no instances of dispute in the reporting period.</p>	<p>Comply</p>
<p>C.2.5 Open advertising and advice from NHS England's Non-Executive Talent and Appointments team is available for use by nominations committees to support the council of governors in the appointment of the chair and non-executive directors. If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.</p>	<p>Section 3ii Remuneration report</p>	<p>Comply</p>
<p>C.2.8 The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.</p>	<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>	<p>Comply</p>

Code provision	Trust position	Comply or explain?
C.4.2 The board of directors should include in the annual report a description of each director's skills, expertise and experience. Alongside this, 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.	3i(a) Director's report	Comply
C.4.7 All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors or governors.	3vii Annual Governance Statement.	Comply
<p>C4.4.13 The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors, governors and individual directors, the outcomes and actions taken, and how these have or will influence board composition the policy on diversity and inclusion, including in relation to disability, its objectives and linkage to trust strategy, how it has been implemented and progress on achieving the objectives the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served <p>the gender balance of senior management and their direct reports.</p>	3ii Remuneration report	Comply

<p>C.5.15 Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.</p>	<p>Section 3i(d) Council of Governors & Members</p>	<p>Comply</p>
<p>D.2.4 The annual report should include:</p> <ul style="list-style-type: none"> • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 	<p>3i(b) Audit Committee report</p>	<p>Comply</p>

Code provision	Trust position	Comply or explain?
D.2.6 The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	3i(a) Director's report	Comply
D.2.7 The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	3vii Annual Governance Statement.	Comply
D.2.8 The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	3i(b) Audit Committee report 3vii Annual Governance Statement	Comply
D.2.9 In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual , which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over a going concern are expected to be rare.	2i. Overview of performance – Going Concern Statement	Comply

<p>E.2.3 Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.</p>	<p>None of the Executive Directors holds non-Executive roles or received remuneration for other roles during the reporting period.</p> <p>3ii Remuneration report</p>	<p>Comply</p>
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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

The Trust has been placed in Segment 3 and as a result the Trust attends System Oversight Group meetings with the Cheshire & Merseyside Integrated Care Board (ICB). Work to date has been focused on developing the exit criteria for the Trust to move from segment three to segment two and at the time of reporting this has now been finalised.

This segmentation information is the Trust's position as of 31 March 2024. 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 black ink, appearing to read 'James Sumner', with a stylized, cursive script.

James Sumner
Chief Executive
27 June 2024

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 Chief Medical Officer 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 Chief Medical Officer 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 an operational level to the 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 was 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 formed part of the Head of Risk and Safety core audits in relation to risk management. This is monitored monthly, escalated to Divisional Managers where compliance is below 90% and reported into the 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 Trust has made some significant updates to its Risk Management Strategy for 2024/25 (more detail in the section below) and as a corollary, the risk management training is being updated to align with this.

The risk and control framework

Effective Governance

In early 2024, the Trust undertook a comprehensive review of its governance and assurance framework, prompted by systemic challenges and a need for clearer operational and assurance role distinctions. The review's findings were presented to the Board in March 2024, and these proposed several key reforms that included clearer separation of operational management and assurance activities, reducing the frequency of Board and Committee meetings to focus on strategic matters, and streamlining operational oversight through the introduction of an Executive Risk and Assurance Group (ERAG).

The changes are designed to provide a more defined structure that separates the management of day-to-day operations from the oversight functions, which will help in reducing governance complications and improving the clarity between roles and responsibilities. This restructuring is expected to free up management capacity, allowing for more focused delivery of operational mandates and more effective management of strategic objectives.

A significant part of the change to the governance arrangements included the implementation of a new operational management structure. The Board has established the following Executive Assurance Groups as part of the arrangements; these undertake detailed consideration of specific areas of reporting and are accountable to the ERAG. The groups are:

- Quality, Risk and Safety Group
- People and Organisational Development Group
- Finance and Performance Group
- Research Group.

For the ERAG structure to be effective, the Trust is intending to place risk at the centre of its operational performance arrangements. This will enable key issues to be escalated with discernment and assurance from service level to the Board. Whilst the Trust has well established risk management processes (given high assurance by the Trust's internal auditors during 2023/24), it was recognised that this would also require a review to ensure that it aligned with the objectives of updated governance and assurance framework.

Improvement Plan

To support the Trust's process for delivering on the exit criteria for its current National Oversight Framework segmentation (3), and to also provide a robust programme environment for mitigating its most significant risks, the Trust embarked on a mobilisation period for an Improvement Plan at the end of 2023/24. Further detail on this can be found in the Performance Summary (Strategy).

Risk Management Strategy

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. The Risk Strategy is reviewed annually by the Board, with the most recent version approved in April 2024.

The proposed changes to the Trust's risk management approach involve a re-alignment of methodologies and practices, focusing particularly on enhancing the visibility and oversight of risks. This is encapsulated in the shift from the previous 5x5 matrix for risk scoring to a more comprehensive 5+5+5 matrix.

The new 5+5+5 matrix includes scoring for risk controls alongside likelihood and consequence, which enriches the risk assessment process by emphasising the effectiveness of controls already in place. This change aims to ensure a more detailed visibility into each risk's profile, encouraging a proactive approach to managing potential issues before they escalate.

1. **Risk Likelihood Score:** This score is derived from evaluating the probability of the risk materialising, its frequency, and the timeframe within which it could potentially occur.
2. **Risk Consequence Score:** This score considers various impacts of the risk materialising, such as financial implications, the number of staff or service users affected, its impact on achieving organizational objectives, and potential reputational damage.
3. **Risk Control Score:** This measures the effectiveness of the controls in place to mitigate the risk, either by reducing the likelihood of occurrence, minimizing the consequences, or both.

The final risk profile score is calculated by adding the scores from the three categories: likelihood, consequence, and risk controls. This method provides a clearer, quantifiable measure of risk and directly influences decision-making processes by highlighting areas where risk controls may be insufficient.

These changes are part of a broader initiative to enhance governance and assurance frameworks within the Trust. By improving the scoring methodology and integrating it with updated governance structures, the Trust aims to foster a more risk-aware culture. This is aligned with strategic objectives to enhance organisational transparency, accountability, and proactive risk management.

The benefits of these changes are multifaceted:

- **Increased Clarity and Precision in Risk Assessment:** By breaking down the risk scores into three distinct components, the Trust can pinpoint specific weaknesses in risk control and address them more effectively.
- **Enhanced Oversight and Responsiveness:** With a more detailed risk assessment process, higher management and board members can oversee risk management activities with greater accuracy, enabling quicker responses to potential risks.
- **Alignment with Governance Enhancements:** The updated risk management strategy supports the broader updates to the Governance and Assurance Framework, ensuring that risk management processes are not only compliant but also contribute to strategic objectives and quality assurance.

Overall, the shift to a more nuanced risk scoring system is designed to embed risk management more deeply into the everyday operational decisions of the Trust, promoting a safer, more efficient, and compliant organisational environment. To support this, the Corporate Risk Sub-Committee (held during 2023/24 bi-monthly) has been replaced by the monthly ERAG meeting which I Chair as Chief Executive. The Board and its Sub-Committee's will continue to maintain oversight of the Trust's strategic risks.

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 has 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. 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 2023/24 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 England, 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 adheres strictly to NHS England's guidance for reporting and investigating Serious Incidents, aligning with the newly introduced Patient Safety Incident Response Framework (PSIRF) that became effective from September 2023. This shift from the previous Serious Incident Framework (SIF) marked a transition to a more flexible, system-focused approach to patient safety, emphasising continual improvement and active engagement with patients, families, and staff.

Key Changes Under PSIRF

- **Incident Management:** The terminology "serious incident investigations" and "root causes" have been replaced by a nuanced approach that prioritises resource allocation to areas most impactful for improvement rather than routine incident investigation reporting.
- **Incident Reporting:** All incidents are now logged into a revised incident management system that aligns with Learning from Patient Safety Events (LFPSE) standards, ensuring data capture meets PSIRF requirements.

Current Strategic Approaches

- **Executive Leadership:** An Executive Lead for PSIRF has been appointed (Chief Nurse), alongside three Patient Safety Specialists to fortify our governance structure.
- **Training Initiatives:** Comprehensive patient safety training (Levels 1 and 2) is now part of the mandatory training for all staff, with additional specialized training like Human Factors Training being rolled out.
- **Patient Safety Incident Response Plan (PSIRP):** Developed in consultation with key stakeholders, this plan outlines the Trust's strategic approach to managing patient safety incidents, focusing on systemic improvements and risk mitigation.
- **Policy Updates:** The incident reporting system was updated to enhance transparency and compliance with the new framework.

Engagement and Oversight

- **Internal and External Collaboration:** The Trust maintains open communication channels with executive directors, senior managers, and clinicians to determine appropriate responses to incidents. This includes advice from the Integrated Care Board (ICB) and recognition from NHS England and local commissioners regarding our proactive safety culture.
- **Continuous Improvement:** Regular reviews ensure that the PSIRP and associated policies remain effective and relevant. The Trust engages in collaborative efforts with other trusts to share and implement best practices.
- **Provider Oversight:** The Trust Board, led by the PSIRF Executive Lead, holds ultimate responsibility for overseeing patient safety incident responses, ensuring alignment with national standards and strategic objectives.

As the Trust has transitioned to the PSIRF, our focus has remained steadfast on delivering safe, responsive healthcare services. Through robust training, updated policies, and a collaborative approach to incident management, the Trust is committed to enhancing patient safety and fostering a culture of continuous improvement and accountability.

CQC Registration Requirements

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 an inspection of its Maternity and Gynaecology core services by the Care Quality Commission (CQC) in January 2023. A full inspection of the well-led domain also took place in February 2023. The CQC published its final inspection report on 23 June 2023.

The overall Trust rating had deteriorated from good to requires improvement.

- The overall rating for Gynaecology had improved from requires improvement to good.
- Maternity had deteriorated from good to requires improvement overall.
- The key question 'are services safe?' for Maternity had deteriorated from

good to inadequate.

On 9 February 2023, a S29A Warning Notice was issued requiring the Trust to make significant improvements in relation to Regulation 12(1)(2)(a)(b). The Notice stated that, “The Trust must assess and do all that is reasonably practicable to mitigate risks to the health and safety of women, birthing people.” Immediate remedial actions have been taken which have continued to demonstrate reliable and sustained improvements within the maternity assessment unit. Regular reports have been received by the Board of Directors detailing the actions taken and outcomes achieved.

Following the inspection, a comprehensive action plan was developed by leaders across the Trust to address the findings of the report. Progress has been subject to regular monitoring and reported through established governance structures. All of the actions relating to breaches of regulation (Must Do’s and Should Do’s) for Maternity services have been completed.

Follow up inspection - January 2024

The CQC carried out a focused inspection of Maternity services on 15 January 2024. This was specifically in relation to the requirements of the Warning Notice. The CQC formally notified the Trust that the requirements of the Warning Notice had been met and as such the Warning Notice was lifted.

The Trust is now in receipt of the final inspection report and an action plan has been subsequently developed. Whilst the CQC visit was explicitly in relation to the Warning Notice the final CQC report identified three actions the Trust ‘must’ take to comply with its legal obligations and a further four actions the Trust ‘should’ take. These are being managed and monitored at divisional level, reporting through the governance structures as required with oversight provided by the Integrated Care Board via a bi-monthly System Oversight Group meeting.

Board Assurance Framework and Strategic Risks

The Board Assurance Framework (BAF) is the mechanism by which the Trust evaluates the risks that could impact the achievement of the Trust’s strategic objectives.

The BAF and risk registers continue to reflect material risks that may prevent the Trust from fulfilling its role in delivering clinical services which meet regulatory and NHS Constitutional Standards and the expectations of our stakeholders and patients. The BAF maps the key controls employed to manage the strategic risks and seeks to provide the Board of Directors with assurance about the effectiveness of controls and any gaps.

An opportunity was taken at the beginning of the year to review the Board Assurance Framework to ensure that it provided the Board with a clear outline of its most

significant strategic risks and a live appraisal of the control and assurance environment. This resulted in a reduction of Board Assurance Level risks with some risk items being reattributed to the Corporate Risk Register.

At the year-end, the key risks on the BAF were as follows:

BAF Risk	May 2023	Q2	Q3	Q4	2023/24 Target
1 – Inability to recruit & maintain a highly skilled & engaged workforce that is representative of our local communities	16 (14 x c4)	16 (14 x c4)	12 (13 x c4)	12 (13 x c4)	12 (13 x c4)
The reduction in the risk score from '16' to '12' between Q2 and Q3 was supported by several positive developments within the Trust. Notably, a 'big conversation' event in September 2023 reflected improved staff culture, evident from the positive sentiment shared by staff members. Additionally, the Trust's recognition as one of the top 50 inclusive employers for the third year underscores its commitment to diversity and inclusivity. Preliminary data from the 2023 Staff Survey also indicates improvements in workforce engagement. Despite existing challenges, particularly concerning rota gaps among postgraduate doctors, the Trust has robust plans to mitigate these risks. A business case is underway to secure additional roles, ensuring continued effective risk management. These factors support the decision to lower the risk score, emphasizing the need for ongoing vigilance and proactive strategies to maintain and enhance workforce satisfaction and engagement.					
2 - Inability to ensure the on-going sustainability of clinical services and prevent patient harm by maintaining a high standard of care at the current Crown Street site.	20 (14 x c5)	20 (14 x c5)	20 (14 x c5)	20 (14 x c5)	15 (13 x c5)
One of the Trust's critical risks arises from its isolated location, away from acute centres, posing an immediate threat to patient safety. This remoteness risks delayed access to specialist care and limited resources, increasing the likelihood of harm, especially for critically ill patients. Mitigation efforts at the Crown Street site have continued throughout the year, alongside strategic planning, and proactive horizon scanning. Despite these measures, challenges from geographic isolation persist. The Trust is implementing an Improvement Plan in 2024/25 which includes actions to reduce the most acute risks, but the risk score remained unchanged at year-end due to ongoing mobilisation of these actions.					
3 – Failure to deliver an excellent patient and family experience to all our service users	12 (13 x c4)	8 (12 x c4)	8 (12 x c4)	8 (12 x c4)	8 (12 x c4)
The Trust's risk rating improved from 12/25 to 6/25 from Q1 to Q2, indicating robust enhancements in controls and assurances. This progress was supported by the successful closure of control gaps and boosted by positive external feedback, including the 2022 inpatient survey results showing higher patient satisfaction and increased compliments, alongside fewer complaints. Despite these gains, it is crucial to continue emphasising patient and community engagement to address diverse needs effectively. The upcoming year will focus on enhancing how we listen to patients, guided by insights from community engagement events.					
4 – Impact to the safety of patient care services due to the lack of effective Digital Systems adoption, Strategy implementation and Cyber Security breaches influenced through cyber threats, staffing and financial resources.	20 (14 x c5)	16 (14 x c4)	16 (14 x c4)	12 (13 x c4)	15 (13 x c5)
The Trust's Digital Services department prioritises cyber security, maintaining Cyber Essentials standards and implementing effective controls to reduce cyber-attack risks. The multi-layered technical controls downgraded the consequence rating from catastrophic to major during the year, demonstrating their effectiveness in alerting and protection. The MEDITECH Expanse EPR's introduction has enhanced system integration, contributing to risk mitigation and in Q4 it was agreed to reduce the likelihood score.					
5 – Inability to deliver the 2023/24 financial plan and ensure our services are financially sustainable in the long term	16 (14 x c4)	16 (14 x c4)	20 (15 x c4)	20 (15 x c4)	12 (13 x c4)
The Trust is not financially sustainable due to its size, service mix, and location, impacting economies of scale and increasing costs, particularly in maternity services. At Q3, the risk of not meeting the financial plan was judged to be 'almost certain'. A financial recovery plan indicates the need for strategic solutions and additional income for maternity care. A Financial					

Recovery program was initiated in July 2023, with ongoing efforts to address the deficit and improve financial control and efficiency.					
6 – The right partnerships are not developed and maintained to support the success of the Cheshire & Merseyside ICB and the CMAST Provider Collaborative	9 (13 x c3)	6 (12 x c3)	6 (12 x c3)	6 (12 x c3)	6 (12 x c3)
The Trust has enhanced stakeholder partnerships, notably with Liverpool University Hospital NHS FT, appointing a shared Accountable Officer, Chair, and joint digital and transformation roles. A new Partnership Board with AHCH and progress by the ICB's Women's Services Committee are also key developments.					
7 - Failure to meet patient waiting time targets	16 (14 x c4)	16 (14 x c4)	16 (14 x c4)	16 (14 x c4)	12 (13 x c4)
Following the operational pressures faced as a result of the COVID pandemic, a large number of patients had their treatment and appointments delayed as a result of changes to clinical capacity. This has led to an increasing number of patients waiting beyond 52 weeks to receive their treatment. Continued rises in referrals from Primary Care and an increasing backlog of patients to be seen has led to increased delays in care and deterioration of Trust performance in relation to national Referral to Treatment (RTT) standards.					

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 2023/24 to 2024/25.

System working and Partnerships

The Trust has a number of key partnerships in place, notably with Liverpool University Hospitals NHS Foundation Trust (LUHFT) supported by an operational Joint Partnership Board and with Alder Hey via the Liverpool Neonatal Partnership.

The partnership with LUHFT has been strengthened in year by the appointment of a joint Chair and Chief Executive which will continue to strengthen joint working arrangements across the sites.

The Trust fully engages with system work improving women's health (and wider) and actively informs and participates in initiatives to support better outcomes, for example expansion of community-based menopause services.

The Trust continues its efforts to envision the future of women's services, previously known as the Future Generations Strategy. As Chair of the Women's Hospital Services in Liverpool Programme Board, I oversee the progress of this initiative, which operates under the oversight of the Women's Services Committee, a subsidiary of the NHS Cheshire and Merseyside Integrated Care Board (ICB). Our main objective is to address and resolve the challenges currently faced by hospital maternity and gynaecology services in Liverpool, aiming for a comprehensive improvement in both quality and safety for these critical services.

The services in question, specifically maternity and gynaecology, are primarily provided at the Liverpool Women's Hospital but remain physically and operationally separate from other essential specialist adult services located across the city. This separation has led to notable clinical risks, including delays in care and the need for vulnerable women to be transferred between facilities during critical times. Recognising these significant challenges, our board is dedicated to devising a sustainable, long-term solution that will bring about substantial enhancements to the care and safety of the services provided to

women in Liverpool.

The Trust will continue to build on and improve partnership arrangements through the Trust Improvement Plan in 2024/25.

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 has been monitored through the Finance Performance and Business Development Committee, which has received regular updates from the Trust's Information Governance Sub-Committee.

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 to five 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. Progress has been made against these actions and an opportunity was taken during the annual Board and Committee Effectiveness Review in March 2024 to comprehensively review the Trust's Governance and Assurance Framework to support on-going improvements against the Well-Led Framework – please see section above for further detail.

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 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. A further non-voting Executive (Chief Transformation Officer) joined in February 2024. Details of the composition of the Board and changes made during the year can be found in section 3i – Accountability Report, Directors Report.

Despite being in National Oversight Framework segment three and delivering a deficit financial position for 2023/24, owing to the control environment and awareness of the key drivers, 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 Chief Medical Officer 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.

As noted under the updates to the Trust's Governance and Assurance Framework, for the Executive Risk and Assurance Group (ERAG) structure to be effective, the Trust is intending to place risk at the centre of its operational performance arrangements. This will enable key issues to be escalated with discernment and assurance from service level to the Board.

Involvement of public stakeholders

Public stakeholders are involved in managing risks that impact them in several ways.

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 and via an aligned BAF risk. 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.

NHS Pension Scheme

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.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation meets its obligations in respect of equality, diversity, and human rights legislation. The Trust is proactive in its focus and efforts to be an inclusive employer and promote equality and diversity for our patients and staff.

The Trust uses various measures to identify priorities for action including National Staff Survey results, Gender Pay Gap reporting, WRES, WDES, Equality Delivery System ratings and feedback from key stakeholders. Progress we have made towards meeting the requirements of the general equality duty can be found on our website at <https://www.liverpoolwomens.nhs.uk/about-us/diversity-inclusion-human-rights/>

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.

As part of this, mandatory declarations for decision-making staff are monitored and cross-referenced against external sources of assurance, for example records held by Companies House relating to individual directorships and the Association of British Pharmaceutical Institute for transfers of value from pharmaceutical companies to individuals employed by the Trust.

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 Board approved a revenue and capital budget for 2023/24 in June 2023. 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 2023/24, Liverpool Women's Hospital faced significant challenges in delivering its financial plan, primarily due to:

- Undelivered CIP.
- Impact of unfunded pay award.
- Inability to unwind prior year pay investments.
- Investment in maternity post CQC inspection.
- Excess inflation and other non-pay pressures
- Operational pressures.

At year-end the Trust reported a £7.2m negative variance against a deficit plan of £15.5m.

On identification of the likelihood of the risk of not achieving the plan materialised the Trust embarked on a program of financial recovery and enhanced grip and control. This supported the delivery of CIP but also highlighted that the Trust had limited further opportunities for improvement in year. The outputs of the financial recovery and improvement plan will inform the planning assumptions for 2024/25 which recognises the limited scope of the Trust to make high levels of further efficiency or support the financial position with 'one off' benefits. The Trust remains ambitious in resolving the issues that contribute to the deficit and deliver value for money services in the most effective manner possible. The Trust is compliant with national and local stipulations regarding expenditure control and high assurance was received from Internal Audit in relation to financial systems and control.

The Trust has submitted a significant deficit plan for 2024/25 and will be subject to increased monitoring by the ICB during the year. Actions will be taken forward as part of the Financial Improvement Programme of the Trust's Improvement Plan.

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. Gaps in assurance in this area were identified in 2022/23 by the Trust and by its internal auditor, particularly in relation to ensuring that Service Level Agreements (SLAs) are in place and up to date. Work has progressed during the year, monitored by the FPBD Committee, and it is expected that whilst the development of SLAs will be an ongoing process, the closure of the pressing risks and gaps will be complete by Q1 2024/25.

Information Governance

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

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

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

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

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

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 Clinical Coding Audit in March 2024 with initial positive results

Within these the Trust has a specific waiting list data strategy outlining for elective waiting lists are managed and validated. Daily, weekly and monthly data quality reports are managed by both digital and operational staff with key metrics being reported to the Data Quality Sub-Committee and Access Board for assurance.

Challenges

In July 2023 the Trust implemented digiCare, a modern EPR to replace the legacy MEDITECH Magic system. Ensuring a good level of data quality prior to and following the implementation was key to ensuring a safe data migration. Despite the challenges the data migration was completed successfully with recognition around the process by NHS England. Initially there was a drop in the Trust DQMI score but this is now on an upward trend and forecast to be higher than pre go live when March 2024 data is reported in summer of 2024.

Maintaining good data quality within the new EPR and ensuring this is maintained while the system is adopted across the Trust has been key to the successful implementation. To support this the Trust has moved to a more real-time reporting to identify data quality issues. This has been facilitated through better reporting capabilities and increased adoption of digital systems through digiCare.

The Trust does still utilise multiple clinical systems, due to specific needs of services and this continues to be a challenge however this has been mitigated through digiCare through integration between the key systems, specifically MEDITECH Expanse, K2 and BadgerNET.

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 Trusts data quality. Following digiCare implementation the data quality sub-group was revamped, with the Deputy Chief Operating Officer becoming chair of the group and improved clinical representation through the Associate Chief Information Officers, Digital Nurses and Digital Midwives.

The Trust is focused on expanding the number of live dashboards available in clinical areas to support patient care but also drive real-time and accurate data capture.

The processes below outline how the Trust gains assurance regarding data quality.

- Data quality strategy reviewed and agreed by the data quality sub-group following digiCare implementation
- Through digiCare, live dashboards are now available to pro-actively monitor data

quality

- 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 reported across all performance reports, relative the Trust / divisional meeting

With the implementation of digiCare the Trust has been able to move to a more real-time monitoring of data across the Trust. Whilst the initial implementation period brought challenges through such a significant change, the Trust is now seeing month on month improvements in its DQMI score.

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.

As detailed within this report, the Trust implemented a new governance and assurance framework for 2024/25 in response to a Board and Committee Effectiveness Review. Whilst the review concluded that the governance arrangements have been robust during 2023/24, it was acknowledged that continuing with the same model would be unsustainable and potentially have a negative impact on the delivery of other key projects e.g. the Improvement Plan.

There is an awareness at the time of writing this report, that the new governance arrangements and the Improvement Plan will need time to embed, and looking ahead to 2024/25, the Trust will work to implement those changes to have a positive effect on improvement across the organisation. The effectiveness of the new arrangements will be tested with the Trust's internal auditors, and it is hoped that this will provide evidence to enable the Head of Internal Audit to maintain and potentially better their opinion of 'substantial assurance' provided for the Trust's overall system of internal control during 2023/24.

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 programme of clinical audit in place is designed to support the Trust's drive to improve quality.
- ❖ Internal audit provides regular reports to the Audit Committee as well as full reports to the Chief Finance Officer 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

During the 2023/24 period, the Executive Team experienced three significant changes. Post Kathy Thomson's retirement, I assumed the role of Interim Chief Executive Officer from 1 December 2023, and subsequently, the substantive Chief Executive Officer from 1 January 2024, concurrently serving as the CEO of Liverpool University Hospitals NHS Foundation Trust (LUHFT). In February 2024, Tim Gold was jointly appointed with

LUHFT as the Chief Transformation Officer, and Matt Connor was named the Chief Digital Information Officer for both entities.

Following Robert Clarke's term completion on 29 February 2024, David Flory CBE took over as Chair from 1 March 2024, coinciding with his substantive appointment at LUHFT.

The Trust ensures all directors meet the fit and proper person's regulation through annual assessments, complementing the selection process checks.

Conclusion & Significant Internal Control Issues

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. The Trust has identified the following internal control issue during 2023/24.

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

The learning from the reports has been disseminated across the Trust with action plans developed. The report has also been presented at the public Trust Board. The learning from the MNSI report has fed into the Trust's work on the deteriorating patient, safety culture and anti-racism work which are key projects within the Improvement Plan.

Actions are in place to address the issues leading to the significant control issue described and the Board is confident that there is a robust system in place to oversee the implementation of these actions.



James Sumner
Chief Executive
27 June 2024

4. Quality Report



Liverpool Women's
NHS Foundation Trust

Dedicated to you

Quality Report

Liverpool Women's NHS Foundation Trust

2023-2024



Why publish a Quality Report?

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



Part 1 Statement on Quality from the Chief Executive



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

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

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

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

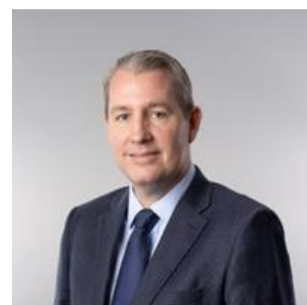
- **Neonatal Care Excellence:** Our neonatal unit has been recognized as a positive outlier nationally for delayed cord clamping, reflecting our commitment to adopting practices that improve outcomes for the most vulnerable.
- **Leadership in Maternal Safety:** The introduction of the extreme preterm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

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

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

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

James Sumner
Chief Executive Officer





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

1 Priorities for Improvement in 2023/24

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

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

2.1 Our Ambitions for Quality Improvement

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

- Patient Safety, Clinical Effectiveness and Patient Experience.

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

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



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

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

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

Since 1995 Liverpool Women's Hospital has:



3 Quality Improvement Framework

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

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

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

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

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

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

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

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

4 Quality Priorities

5.1 Priority 1 - Create a fair and just culture

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

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

Key highlights have included

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

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

Neonates

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

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

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

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

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

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

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

Maternity

Maternity and Neonatal Voices Partnership (MNVP) and Engagement

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

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

Maternity Safety Check-in

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

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

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

Medicine Safety

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

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

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

5.3 Priority 3 – Outcomes will become best in class

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

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

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

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

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

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

5.4 Improve adult mortality and extended perinatal mortality

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

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

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

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

Our Priority Effectiveness

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

What we said we'd do

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

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

A LeDeR policy remains in place. (National Guidance on Learning from Deaths. National Quality Board (2017) Available at www.england.nhs.uk) (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 2023-24 there were two direct maternal death of women who booked their pregnancy at Liverpool Women's Hospital. Both cases were subject to a Maternal and Neonatal Safety Investigation (MNSI). One of the reports has been received and the other is awaited at the time of publication.

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

Data Source: Submission to HSIB

What happens next?

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

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

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

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

Our Priority Effectiveness

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

What we said we'd do

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

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

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

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

Data Source: Hospital Episode Submission Data (HES)

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

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

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

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

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

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

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

Our Priority Effectiveness

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

What we said we'd do

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

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

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

What the data shows

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

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

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

Data Source: Submission to PMRT/MBRR

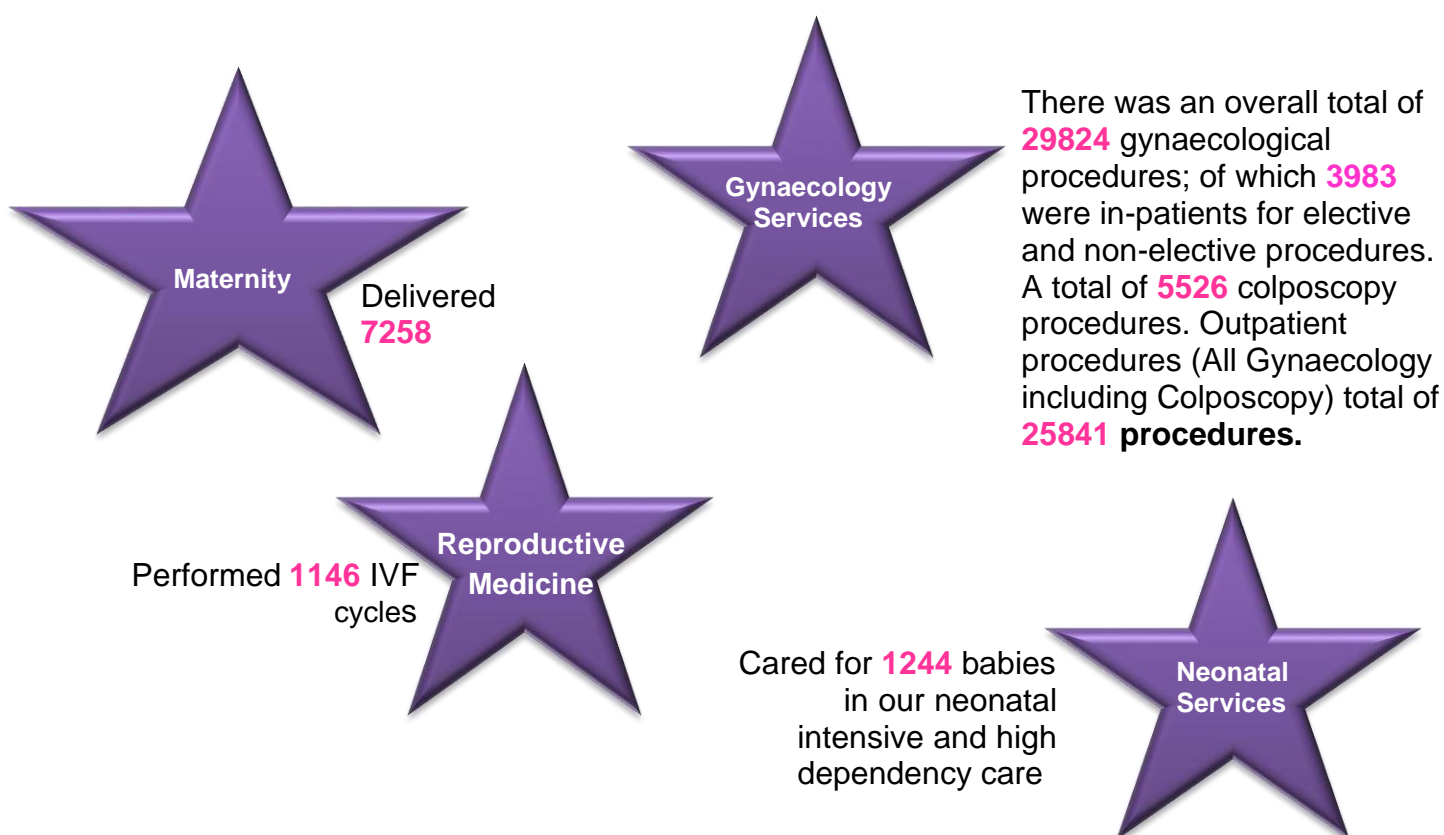
What happens next?

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

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

5 Statements of Assurance from the Board

6.1 Review of Services



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

6.2 Participation in Clinical Audits and National Confidential Enquiries

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

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

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

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

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

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

Audits with Improvement Actions

Anti-D Prescription in Gynaecology

Successes

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

Actions planned

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

National Neonatal Audit Programme (NNAP) 2022

Successes

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

Actions planned

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

Reaudit on Childhood Immunisations

Successes

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

Actions planned

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

Retinopathy of Prematurity Screening and Treatment

Successes

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

Actions planned

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

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

Successes

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

Actions planned

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

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

Successes

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

Actions planned

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

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

Successes

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

Actions

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

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

Successes

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

Actions

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

Early Help

Successes

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

Actions

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

Sample Audits with No Improvement Actions

Patient Information Process 2023-24

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

Compliance against Domestic Abuse Protocol / Procedure

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

Do not Attempt Cardiopulmonary Resuscitation (DNACPR)

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

Management of Severe Ovarian Hyperstimulation Syndrome (OHSS)

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

What is Clinical Audit?

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

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



6.3 Participation in Clinical Research

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

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

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

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

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

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

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

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

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

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

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

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

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

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. In addition, as a top recruiter, the Trust was asked to increase its study target in order to help to achieve the overall global target.

- ADAPT-1 - clinical research study is to compare a starting dose of 15 µg REKOVELLE to a starting dose of 225 IU GONAL F with respect to ovarian response in women undergoing controlled ovarian stimulation. Despite the study having a very short recruitment window a total of 19 participants were randomised, the study team are currently awaiting participant outcomes.

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

The CQUIN schemes do not apply for 24/25 as directed by the 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.

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

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

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

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

6.6 Data Quality

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

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

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

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

6.7 Data Security and Protection

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

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

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

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

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

6.8 Clinical Coding

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

6.9 Learning from Deaths

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

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

Neonatal

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

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

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

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

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

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

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

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

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

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

6.10 Freedom to Speak Up

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

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

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

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

promote a consistent and effective Freedom to Speak Up culture across the Trust. Current compliance for '*Speak Up*' is 89.37%, '*Listen up*' is 84.83% and '*Follow Up*' is 70.53%. Focus over the next quarter will be on achieving a 100% compliance in all departments with communication being sent out to all divisions regarding the importance of completing these modules.

Close working relationship with other teams within LWH are fostered and attendance at network meetings helps to raise awareness. We work closely with EDI team and support any issues from that perspective as well.

6.11 Statement on Junior Doctors

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

Obstetrics and Gynaecology

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

Anaesthetics

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

Neonates

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

Genetics

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

6.12 Seven Day Hospital Services

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

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

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

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

The assurance framework includes the following key lines of enquiry.

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

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

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

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

Patient Safety Incidents

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

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

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

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

Part 3 Other information – Quality Performance in 2023/24

7 Performance against Key National Priorities and National Core Standards

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

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

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

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

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

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

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

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

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

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

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

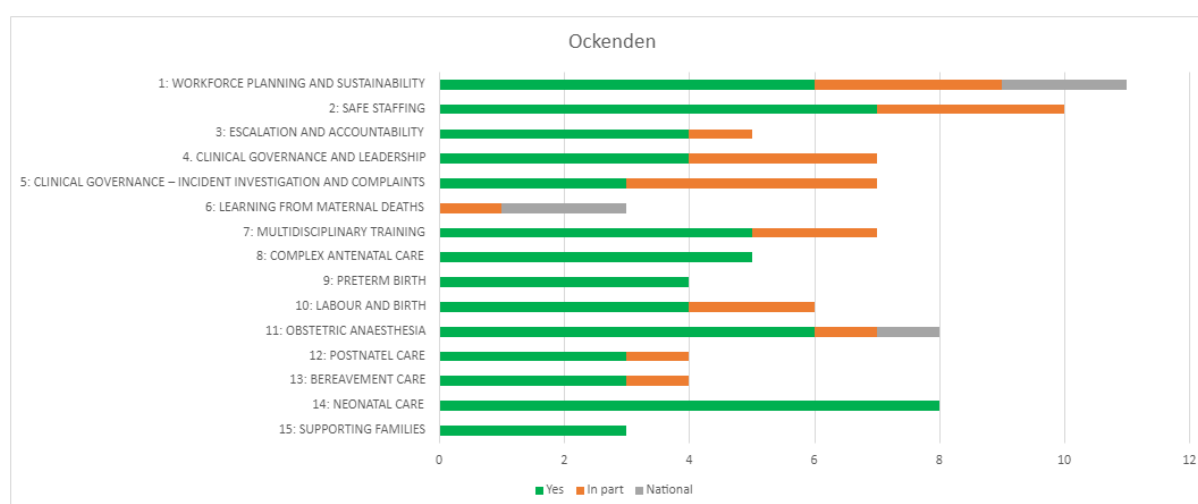
in particular with maternity triage. This work has delivered improvements in bed occupancy, times to triage in the Maternity Assessment Unit and timeliness of discharge so that women are able to go home earlier in the day. The 15-minute triage target time was achieved for >95% patients consistently from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

8 Ockenden Report – LWH Trust Response

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

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

Progress with implementation of Ockenden recommendations:



MIAA Audit on implementation of the Ockenden Recommendations

An audit completed in 2023 concluded:

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

evidence since the establishment of Workstream 1 in September 2022.

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

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

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

Maternity Transformation Board

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

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

Theme 2 – Growing retaining and supporting our workforce.

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

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

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

Maternity Transformation Programme Structure



9 Providing the Best Patient Experience

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

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

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

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

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

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

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

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

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

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

- Listen
- Learn
- Act

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

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

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

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

9.1 Complaints 23/24

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

focused.

The key findings in 2023-24 are: -

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

The primary conclusions of the report are: -

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

Complaint Levels

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

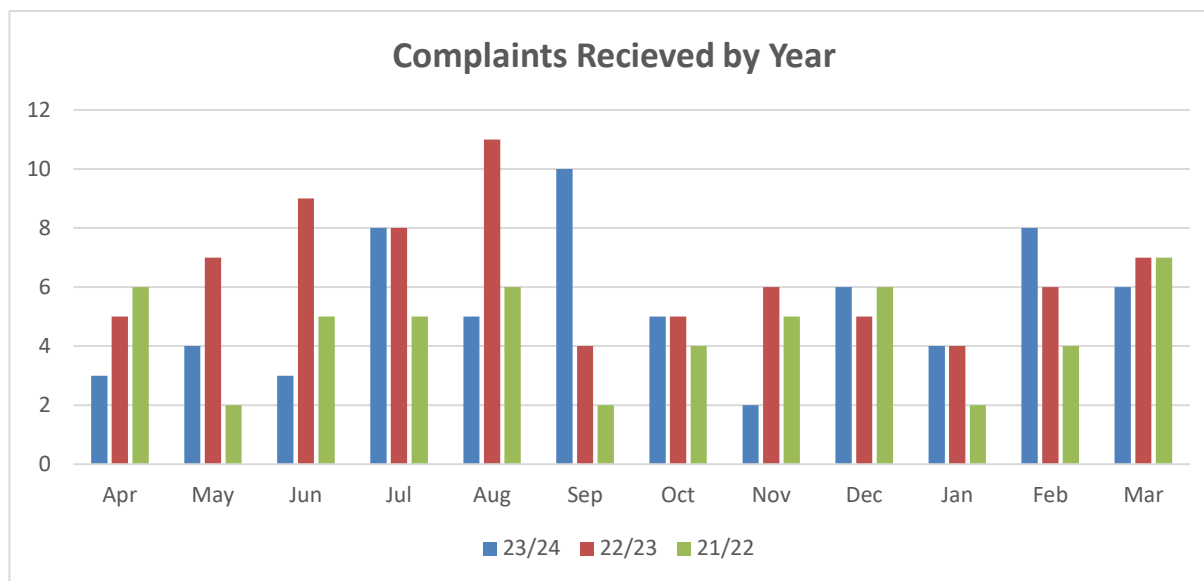


Figure 1: LWHFT Complaints comparison by month

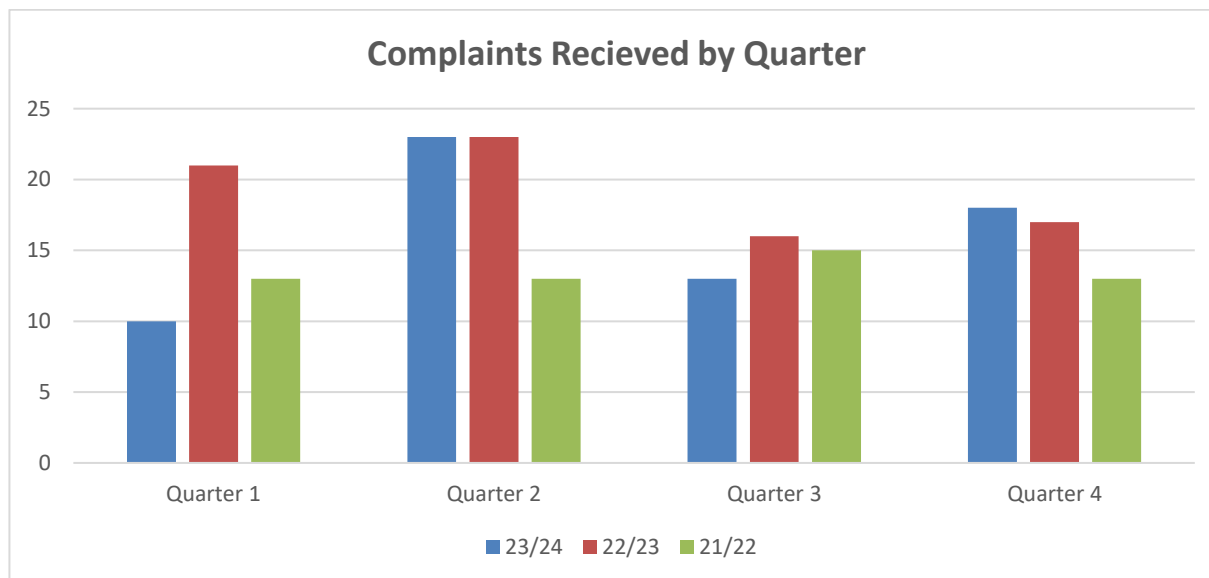
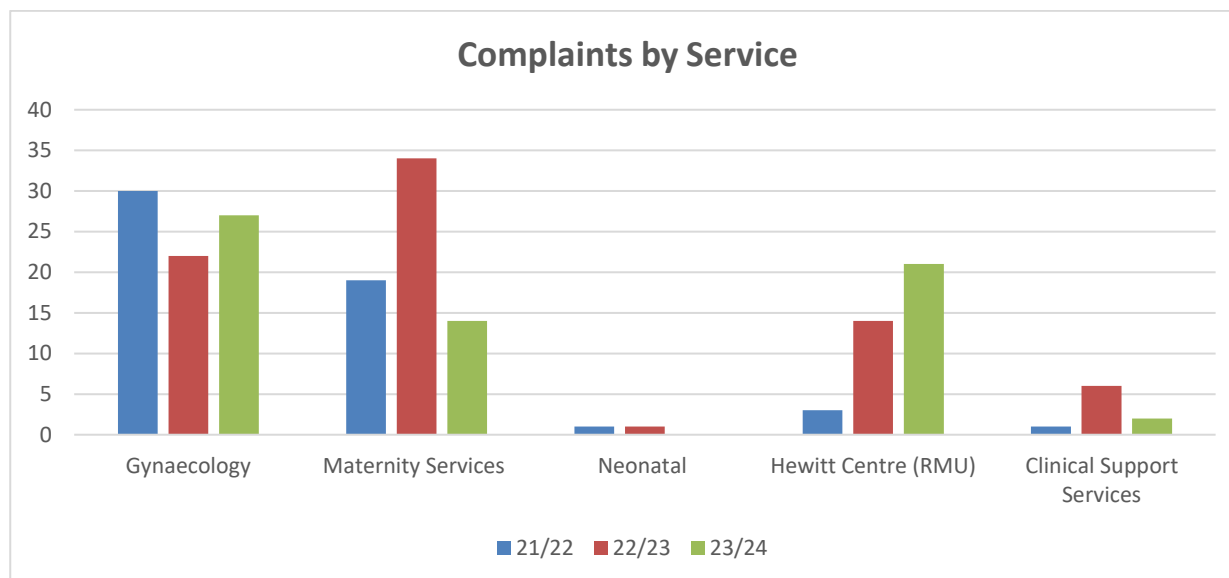


Figure 2: LWHFT Complaints by Quarter, yearly comparison

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

actions drawn up and implemented to effect change.

Figure 3: Complaints Breakdown by Service



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

9.3 Lessons Learnt

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

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

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

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

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

9.4 Friends and Family Test (FFT)

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

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

The overall results in 2023/24 showed:

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

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

- Age
- Ethnicity
- Disability

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

9.5 Staff Survey Results

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

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

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

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

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

What is getting better?

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

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

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

Where do we need to improve?

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

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

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

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

Summary of issues and priorities for action

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

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

9.6 Duty of Candour

Duty of Candour 23/24 completed in April 24

Key messages from the audit were:

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

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

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

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

Actions required:

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

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

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

9.7 Trusts Responsiveness to Personal Needs of Patients

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

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

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

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

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

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

9.8 Infection, Prevention and Control

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

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

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

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

Annex 1: Statements from our Partners

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

NHS Cheshire & Merseyside
Healthwatch Liverpool

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

Comments received from Healthwatch Liverpool

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

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

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

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

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

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

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

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

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

community.

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

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

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

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

NHS Cheshire & Merseyside
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Cunard Building
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L3 1AH

Tel: 0151 296 7000

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05 June 2024

SENT VIA EMAIL

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

Re: Quality Accounts 2023 - 2024.

Dear Ms Brown,

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

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

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

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

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

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

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

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A Williams'.

Amanda Williams

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

Annex 2: Statement of Directors' Responsibilities

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

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

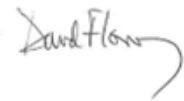
In preparing the quality report, directors are required to take steps to satisfy themselves that:

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

that they are working effectively in practice

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

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



David Flory CBE
Chair
27 June 2024



James Sumner
Chief Executive
27 June 2024

Annex 3: Glossary of Terms

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

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

Dedicated to you

5. Independent Auditors Report 2023/24

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 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in 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 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- 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 2023-24; 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 2023-24 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 2023/24 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 2023/24; 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 set out on pages 100 to 101, 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 2023/24, 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 2023-24).
- 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 and improper revenue recognition. 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.
 - Significant accounting estimates and critical judgements made by management.
- 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 building valuations;
 - evaluating the Trust's accounting policy for income recognition, updating our understanding of the Trust's system for accounting for income, evaluating estimates and the

judgements made by management in respect of income accruals and testing substantively a sample of income and agreeing it to supporting documentation to confirm correct accounting treatment.

- 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.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- 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 2024.

We have nothing to report in respect of the above matter except on 27 June 2024 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 a worsening financial trajectory and reliance on cash support to maintain liquidity. We recommend that the Trust should work with its system partners to develop a multi-year financial plan which delivers financial balance in the medium term and is based upon realistic assumptions that are supported by all partners.

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 – Certificate

We certify that we have completed the audit of Liverpool Women's NHS Foundation Trust in accordance with the requirements of Schedule 10 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.

John Farrar

John Farrar, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Liverpool

27 June 2024

6. Foreword to the Accounts

Accounts for the period ending 31 March 2024.

The following presents the accounts for the Liverpool Women's NHS Foundation Trust for the period ending 31 March 2024.

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 black ink, appearing to read 'James Sumner', written in a cursive style.

James Sumner

Chief Executive

27 June 2024

Liverpool Women's NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	2	140,786	147,111
Other operating income	3	8,555	8,864
Operating expenses	6, 8	(169,791)	(156,417)
Operating deficit from continuing operations		(20,449)	(442)
Finance income	11	564	257
Finance expenses	12	(23)	(17)
PDC dividends payable		(2,746)	(2,590)
Net finance costs		(2,205)	(2,350)
Other gains / (losses)	13	57	69
Deficit for the year		(22,597)	(2,723)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	0	(4,070)
Revaluations	18	552	0
Total comprehensive expense for the year		(22,045)	(6,793)

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 2024	31 March 2023 restated	1 April 2022 restated
	Note	£000	£000	£000
Non-current assets				
Intangible assets	15	4,991	4,388	2,533
Property, plant and equipment	16	90,645	92,595	98,363
Right of use assets	19	5,390	5,000	0
Receivables	21	339	422	435
Total non-current assets		101,365	102,405	101,331
Current assets				
Inventories	20	566	839	523
Receivables	21	5,691	9,647	5,929
Cash and cash equivalents	22	2,049	9,790	11,192
Total current assets		8,306	20,276	17,644
Current liabilities				
Trade and other payables	23	(18,718)	(28,822)	(23,210)
Borrowings	24	(325)	(647)	(613)
Provisions	25	(136)	(156)	(3,216)
Other liabilities	22.3	(3,858)	(4,492)	(4,157)
Total current liabilities		(23,037)	(34,117)	(31,196)
Total assets less current liabilities		86,635	88,564	87,779
Non-current liabilities				
Borrowings	24	(57)	(321)	(913)
Provisions	25	(484)	(472)	(673)
Other liabilities	23.3	(1,498)	(1,530)	(1,561)
Total non-current liabilities		(2,039)	(2,323)	(3,147)
Total assets employed		84,595	86,241	84,632
Financed by				
Public dividend capital		99,514	79,115	70,713
Revaluation reserve		9,231	8,679	12,749
Income and expenditure reserve		(24,150)	(1,553)	1,170
Total taxpayers' equity		84,595	86,241	84,632

The notes on pages 192 to 225 form part of these accounts.

The statement of financial position at 31 March 2023 has been restated as set out in note 14 to reflect a reclassification between tangible and intangible assets.

The financial statements contained within these accounts were approved by the Board of Directors on 27 June 2024 and were signed on its behalf by:

Signed:



James Sumner
Chief Executive
27 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Note	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
		£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward		79,115	8,679	(1,553)	86,241
(Deficit)/surplus for the year		0	0	(22,597)	(22,597)
Revaluations	18	0	552	0	552
Public dividend capital received	31	20,399	0	0	20,399
Taxpayers' and others' equity at 31 March 2024		99,514	9,231	(24,150)	84,595

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
Surplus/(deficit) for the year		0	0	(2,723)	(2,723)
Revaluations	18	0	(4,070)	0	(4,070)
Public dividend capital received	31	8,402	0	0	8,402
Taxpayers' and others' equity at 31 March 2023		79,115	8,679	(1,553)	86,241

Statement of Cash Flows

		2023/24	2022/23 restated
	Note	£000	£000
Cash flows from operating activities			
Operating deficit		(20,449)	(442)
Non-cash income and expense:			
Depreciation and amortisation	6	6,712	5,950
(Increase) / decrease in receivables and other assets		4,164	(3,711)
(Increase) / decrease in inventories		273	(316)
Increase / (decrease) in payables and other liabilities		(10,710)	8,794
(Decrease) in provisions		(12)	(3,255)
Other movements in operating cash flows		(14)	0
Net cash flows from / (used in) operating activities		(20,037)	7,020
Cash flows from investing activities			
Interest received		564	263
Purchase of intangible assets		(1,627)	(2,115)
Purchase of property, plant and equipment		(3,706)	(11,761)
Sales of property, plant and equipment		256	69
Net cash flows used in investing activities		(4,513)	(13,544)
Cash flows from financing activities			
Public dividend capital received		20,399	8,402
Movement on loans from DHSC		(612)	(612)
Capital element of finance lease rental payments		(41)	(28)
Interest on loans		(15)	(20)
PDC dividend paid		(2,922)	(2,621)
Net cash flows from / (used in) financing activities		16,809	5,121
(Decrease) in cash and cash equivalents		(7,741)	(1,403)
Cash and cash equivalents at 1 April - brought forward		9,790	11,192
Cash and cash equivalents at 31 March	22	2,049	9,790

The cashflow statement for 2022/23 has been restated to reflect a reclassification between the purchase of tangible and intangible assets. This is set out in note 14.

Notes to the Accounts:

Note 1 Accounting policies and other information

Basis of preparation

NHS England 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 2023/24 issued by the Department of Health and Social Care (DHSC). 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 2024/25 plan has been agreed by the Integrated Care Board (ICB) and will deliver a deficit position.
- The Trust is supported by the ICB and by the 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 NHS England 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 2023/24, these were predominantly 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 on the following basis:

- They have similar economic characteristics;
- The nature of services are similar (NHS care); and
- They have the same customers from the same geographical area.

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 healthcare services. 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 2023/24, 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. 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), was hosted by the Trust. In accordance with the DHSC Group Accounting Manual 2022/23, the Trust accounted for this hosted service on an agent basis. The receipts the Trust received from other members of the pool were not recognised as income and are netted off against the payments it made on their behalf. These amounts passed through the Trust acting as an agent and are accounted for on a net basis. On 1 July 2023 the LMS service transferred to the ICB and all balances related to LMS were transferred to them.

- 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.

- Wroughtington Wigan and Leigh NHS Foundation Trust Fertility Services

The Trust works in partnership with Wroughtington Wigan and Leigh to provide services from their site in Wroughtington 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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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.

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.

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 (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.

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 valuation as at the 31 March 2024 have been reflected in the 2023/24 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.

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 *DHSC 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	28	49
Dwellings	35	36
Plant and machinery	5	15
Information technology	5	5
Furniture and fittings	7	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.
- 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
Internally generated IT systems	1	5

Note 1.7 Inventories

Inventories are valued at the lower of cost and net realisable value. 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.

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 the Office of National Statistics.

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 1.11 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. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

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 right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model 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 significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

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 1.11.3 Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

Note 1.11.3.1 The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

Note 1.11.3.1 The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

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.
- 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 Financial Reporting Manual.

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 principal area requiring critical judgement in the process of applying accounting policies is

- **Asset valuation and lives (including capitalisation of costs in respect of assets in the course of construction)**

The Trust obtains professional advice on the valuation of land and buildings from Cushman and Wakefield. The valuation of other assets is based on cost, with a review of future service potential on a rolling cycle to identify any impairment or obsolescence. Asset lives are based on past experience and judgement from those using and maintaining the assets. Further detail can be found in the accounting policy note above (1.5).

Note 1.22.2 Sources of Estimation Uncertainty

The property valuation assumption is a major sources of estimation uncertainty that has a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The value and remaining useful lives of land and buildings are estimated by the Trust's professional valuers. This is described in note 1.5 above. Current values in existing use are determined as:

- Land and non-specialised buildings - market value in existing use.
- Specialised buildings - depreciated replacement cost.

The Trust obtains professional advice annually from the Trust's valuers, with a full on-site valuation every 5 years or when there is significant change to the Trust estate. The valuers' judgement is based on the best information available to the Trust including assumptions on obsolescence, rebuild rates and the area of the site required to accommodate modern equivalent assets with the same service potential.

The net book value of assets within the Trust's property, plant and equipment and right of use assets which are valued by the professional valuers is £80,261m. Therefore reduction or increase in valuation would have a material impact on the gain/loss recorded in the Statement of Comprehensive Income and the value of assets held on the Statement of Financial Position.

Note 1.23 Standards adopted in the year

No new standards have been adopted in this financial year.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require IFRS 17 insurance contracts to be applied in 2023/24. This standard is still subject to HM Treasury FReM adoption.

Application was required for accounting periods beginning on or after 1 January 2021. Adoption by the FReM is expected to be from April 2025. Early adoption is not permitted. After reviewing contracting arrangements, the Trust does not consider adoption of this accounting policy will have a material impact on their financial reporting.

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)

	2023/24	2022/23
	£000	£000
Acute services		
Block contract/system envelope income*	106,944	123,289
Other NHS clinical income	23,333	9,119
All services		
Private patient income	4,259	3,877
Elective recovery fund**	0	2,542
Agenda for change pay offer central funding***	73	3,105
Additional pension contribution central funding****	3,841	3,403
Other clinical income	2,336	1,776
Total income from activities	140,786	147,111

*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 were introduced in 2023/24 and 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. In 2023/24 this funding is reflected in Acute Services income above.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

****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)

	2023/24	2022/23
	£000	£000
Income from patient care activities received from:		
NHS England	31,861	33,085
Clinical commissioning groups	0	24,957
Integrated care boards	98,095	78,658
Other NHS providers	4,234	4,758
Non-NHS: private patients	4,259	3,877
Non-NHS: overseas patients (chargeable to patient)	119	84
Injury cost recovery scheme	18	61
Non NHS: other	2,200	1,631
Total income from activities	140,786	147,111
Of which:		
Related to continuing operations	140,786	147,111

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 healthcare.

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	119	84
Cash payments received in-year	112	79
Amounts added to provision for impairment of receivables	0	16
Amounts written off in-year	14	4

Note 3 Other operating income

	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	2023/24	2023/24	2023/24	2022/23	2022/23	2022/23
	£000	£000	£000	£000	£000	£000
Research and development	1,416	0	1,416	1,665	0	1,665
Education and training	6,107	0	6,107	5,974	0	5,974
Charitable and other contributions to expenditure	0	55	55	0	148	148
Revenue from operating leases	0	336	336	0	325	325
Other income	641	0	641	752	0	752
Total other operating income	8,164	391	8,555	8,391	473	8,864
Of which:						
Related to continuing operations			8,555			8,864

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. (2022/23: 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:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	27,958	29,682
Income from services not designated as commissioner requested services	120,510	126,293
Total	148,468	155,975

Note 4.4 Profits and losses on disposal of property, plant and equipment

The Trust disposed of medical equipment with a net book value of £185k but received £242k in cash consideration, thereby the Trust made a profit on disposal of £57k (2022/23: £69k).

Note 5 Fees and charges

HM Treasury requires disclosure of fees and charges income. There were no reportable fees and charges in either 2023/24 or 2022/23.

Note 6 Operating expenditure

Note 6.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	6,246	6,185
Purchase of healthcare from non-NHS and non-DHSC bodies	1,784	1,750
Staff and executive directors costs	104,218	96,826
Remuneration of non-executive directors	141	150
Supplies and services - clinical (excluding drugs costs)	7,731	6,574
Supplies and services - general	4,138	3,438
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	36	147
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,917	3,641
Inventories written down	59	0
Consultancy costs	376	426
Establishment	1,286	1,290
Premises (business rates)	465	699
Premises (all other premises costs)	8,656	8,924
Transport (including patient travel)	248	246
Depreciation on property, plant and equipment	5,731	5,690
Amortisation on intangible assets	981	260
Movement in credit loss allowance: contract receivables / contract assets	73	5
Increase/(decrease) in other provisions	140	(3,157)
Change in provisions discount rate(s)	(23)	(87)
Fees payable to the external auditor		
audit services- statutory audit	149	125
Internal audit costs	67	70
Clinical negligence*	20,436	21,458
Legal fees	147	28
Insurance	121	96
Research and development	403	628
Education and training	269	351
Lease expenditure - low value assets (<£5k, excluding short term leases)	429	390
Car parking & security	480	0
Hospitality	41	8
Losses, ex gratia & special payments	8	0
Other services, eg external payroll	906	131
Other	132	125
Total	169,791	156,417
Of which:		
Related to continuing operations	169,791	156,417

* 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 (2022/23: £nil).

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

Note 7 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Impairments charged to the revaluation reserve	0	4,070
Total net impairments	0	4,070

In 2023/24 there were no impairments identified. In 2022/23 the impairment arose from a full valuation carried out by the Trust's external valuers, Cushman and Wakefield.

Note 8 Employee benefits

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	83,172	77,660
Social security costs	8,225	7,275
Apprenticeship levy	334	311
Employer's contributions to NHS pensions	12,621	11,324
Pension cost - other	40	0
Termination benefits	0	69
Temporary staff (including agency)	734	2,228
Total staff costs	105,126	98,867
Of which		
Costs capitalised as part of assets	908	2,041

During 2023/24 there were two early retirements from the trust agreed on the grounds of ill-health with a cost of £139k (none in the year ended 31 March 2023).

Note 9 Pension costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 10 Operating leases

Note 10.1 Liverpool Women's NHS Foundation Trust as a lessor

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	336	325
Total in-year operating lease income	336	325

Note 10.2 Future lease receipts

	31 March 2024
	£000
Future minimum lease receipts due at 31 March 2024:	
- not later than one year	97
- later than one year and not later than two years	75
- later than two years and not later than three years	54
- later than three years and not later than four years	54
- later than four years and not later than five years	54
- later than five years	2,281
Total	2,615
	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

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	564	257
Total finance income	564	257

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	15	21
Interest on lease obligations	4	2
Total interest expense	19	23
Unwinding of discount on provisions	4	(6)
Total finance costs	23	17

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 (2022/23: £nil).

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	142	69
Losses on disposal of assets	(85)	0
Total gains / (losses) on disposal of assets	57	69

Note 14 Prior Period Adjustment

The statement of financial position at 31 March 2023 and cashflow for 2022/23 have been restated to reflect a change in classification between intangible assets and property, plant and equipment. This is also reflected in the intangible assets note (note 15) and the property, plant and equipment note (note 16)

This relates to the accounting treatment of the development of the electronic patient record system within the Trust which commenced during 2021/22 and was treated partly as a tangible asset under construction and partly as an Information Technology addition. Additions during 2022/23 on this asset were also accounted for as tangible assets under construction. When the asset was brought into use in the 2023/24 financial year the Trust reassessed the nature of the asset and determined that it should be treated as an intangible asset.

Electronic patient record system restatement	PPE assets under construction in published accounts	PPE Information Technology*	Reclassified as intangible assets under construction	Restated PPE assets under construction	Restated PPE Information Technology*
	£000	£000	£000	£000	£000
Gross book value at 1 April 2022	5,369	20,915	2,072	4,215	19,997
Additions to assets under construction 2022/23	6,663		1,730	4,933	
Assets under construction brought into use 2022/23	(8,021)	(900)		(8,939)	
Closing value at 31 March 2023	4,011		3,803	209	

* the PPE information technology additions at 31 March 2022 were previously reclassified as assets under construction in the 2022/23 PPE note.

Net book value restatement	PPE	Intangible assets
	£000	£000
Net book value 1 April 2022	100,435	461
Reclassification adjustment	(2,072)	2,072
Restated net book value at 1 April 2022	98,363	2,533
Net book value 31 March 2023	96,415	568
Opening balance adjustment	(2,072)	2,072
Reclassification adjustment	(1,749)	1,749
Restated net book value at 1 April 2023	92,595	4,388

Cashflow statement adjustment	Purchase of PPE	Purchase of Intangible assets
	£000	£000
2022/23 cashflow statement	(13,491)	(385)
Adjustment	1,730	(1,730)
Restated 2022/23 cashflow statement	(11,761)	(2,115)

Note 15 Intangible assets

Note 15.1 Intangible assets - 2023/24

	Software licences £000	Internally generated information technology £000	Intangible assets under construction (restated) £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward (restated)	1,366	0	3,802	5,168
Transfers by absorption	0	0	0	0
Additions	407	0	1,220	1,627
Reclassifications	0	5,022	(5,022)	0
Disposals / derecognition	(890)	0	0	(890)
Valuation / gross cost at 31 March 2024	883	5,022	0	5,905
Amortisation at 1 April 2023 - brought forward	780	0	0	780
Provided during the year	311	670	0	981
Disposals / derecognition	(847)	0	0	(847)
Amortisation at 31 March 2024	244	670	0	914
Net book value at 31 March 2024	639	4,352	0	4,991
Net book value at 1 April 2023 (restated)	586	0	3,802	4,388

Note 15.2 Intangible assets - 2022/23

	Software licences £000	Internally generated information technology £000	Intangible assets under construction (restated) £000	Total (restated) £000
Valuation / gross cost at 1 April 2022	1,805	0	0	1,805
Prior period adjustments	0	0	2,072	2,072
Valuation / gross cost at 1 April 2022 (restated)	1,805	0	2,072	3,877
Additions	385	0	1,730	2,115
Reclassifications	0	0	0	0
Disposals / derecognition	(824)	0	0	(824)
Valuation / gross cost at 31 March 2023 (restated)	1,366	0	3,802	5,168
Amortisation at 1 April 2022	1,344	0	0	1,344
Provided during the year	260	0	0	260
Disposals / derecognition	(824)	0	0	(824)
Amortisation at 31 March 2023	780	0	0	780
Net book value at 31 March 2023 (restated)	586	0	3,802	4,388
Net book value at 1 April 2022 (restated)	461	0	2,072	2,533

During 2023/24 the Trust brought into use the electronic patient record system (EPR). Although this includes purchased software, the majority of the costs relate to internal development works by IT staff within the Trust so it has been classified as an internally generated asset. The EPR system was under development from 2021/22, brought into use in 2023/24, and is being depreciated over five years.

Note 15.3 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
Internally generated IT systems	1	5

Note 16 Property, plant and equipment

Note 16.1 Property, plant and equipment - 2023/24

	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 2023 - brought forward	0	74,304	330	209	32,505	13,012	3,177	123,537
Additions	0	1,031	0	544	1,634	296	192	3,697
Revaluations	0	(1,813)	15	0	0	0	0	(1,798)
Reclassifications	0	1,084	0	(362)	115	247	(1,084)	0
Disposals / derecognition	0	0	0	0	(3,871)	(1,655)	(60)	(5,586)
Valuation/gross cost at 31 March 2024	0	74,606	345	391	30,383	11,900	2,225	119,850
Accumulated depreciation at 1 April 2023 - brought forward	0	0	0	0	20,662	8,949	1,331	30,942
Provided during the year	0	1,978	9	0	1,755	1,713	239	5,694
Revaluations	0	(1,978)	(9)	0	0	0	0	(1,987)
Disposals / derecognition	0	0	0	0	(3,729)	(1,655)	(60)	(5,444)
Accumulated depreciation at 31 March 2024	0	0	0	0	18,688	9,007	1,510	29,205
Net book value at 31 March 2024	0	74,606	345	391	11,695	2,893	715	90,645
Net book value at 1 April 2023 (restated)	0	74,304	330	209	11,843	4,063	1,846	92,595

Note 16.2 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction (restated) £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total (restated) £000
Valuation / gross cost at 1 April 2022	4,947	70,383	323	5,369	30,115	20,915	2,966	135,018
Prior period adjustments	0	0	0	(1,154)	0	(918)	0	(2,072)
Valuation / gross cost at 1 April 2022 (restated)	4,947	70,383	323	4,215	30,115	19,997	2,966	132,946
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	4,933	2,499	630	211	8,912
Impairments	0	(5,657)	0	0	0	0	0	(5,657)
Revaluations	0	0	7	0	0	0	0	7
Reclassifications	0	8,939	0	(8,939)	0	0	0	0
Disposals / derecognition	0	0	0	0	(109)	(7,615)	0	(7,724)
Valuation/gross cost at 31 March 2023 (restated)	0	74,304	330	209	32,505	13,012	3,177	123,537
Accumulated depreciation at 1 April 2022	0	0	0	0	19,135	14,279	1,169	34,583
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)
Revaluations	0	0	9	0	0	0	0	9
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 (restated)	0	74,304	330	209	11,843	4,063	1,846	92,595
Net book value at 1 April 2022 (restated)	4,947	70,383	323	4,215	10,980	5,718	1,797	98,363

Following the implementation of IFRS16 on 1st April 2022 the land NBV of £4,947k was 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 16.3 Property, plant and equipment financing - 31 March 2024

	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	74,419	345	391	11,605	2,881	608	90,249
Owned - donated/granted	0	187	0	0	90	12	107	396
Total net book value at 31 March 2024	0	74,606	345	391	11,695	2,893	715	90,645

Note 16.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction (restated)	Plant & machinery	Information technology	Furniture & fittings	Total (restated)
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	0	74,104	330	209	11,743	4,066	1,736	92,188
Owned - donated/granted	0	200	0	0	100	15	110	425
Total net book value at 31 March 2023 restated	0	74,304	330	209	11,843	4,081	1,846	92,613

Note 16.5 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 Years	Max life Years
Buildings, excluding dwellings	28	49
Dwellings	35	36
Plant & machinery	5	15
Information technology	5	5
Furniture & fittings	7	15

Note 17 Donations of property, plant and equipment

The DHSC GAM 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 2023/24 there were no charitable donations of property, plant and equipments (2022/23: £nil)

No restrictions or conditions have been imposed by the donor in relation to donated assets.

Note 18 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 an interim valuation as at 31 March 2024 have been reflected in the 2023/24 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.

The Trust revaluation reserve increased by £552k following a full site valuation by the Trusts external valuers as at 31 March 2024 (31 March 2023: reduction of £4,070k).

Note 19.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	4,947	80	5,027
Additions	0	64	64
Impairments	0	0	0
Reversal of impairments	0	0	0
Revaluations	363	0	363
Reclassifications	0	0	0
Disposals / derecognition	0	0	0
Valuation/gross cost at 31 March 2024	5,310	144	5,454
Accumulated depreciation at 1 April 2023 - brought forward	0	27	27
Provided during the year	0	37	37
Impairments	0	0	0
Reversal of impairments	0	0	0
Revaluations	0	0	0
Reclassifications	0	0	0
Disposals / derecognition	0	0	0
Accumulated depreciation at 31 March 2024	0	64	64
Net book value at 31 March 2024	5,310	80	5,390
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. As reflected in note 17, land and buildings were subject to revaluation in 2023/24 and the increase in land value is reflected in the note above.

Other leases held by the Trust are not significant and include reprographic equipment, vehicles and franking equipment.

Note 19.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24

	2023/24 £000
Carrying value at 31 March 2023	54
Lease additions	64
Interest charge arising in year	4
Lease payments (cash outflows)	(41)
Interest payments (cash outflows)	0
Carrying value at 31 March 2024	81

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. No income has been generated from subleasing right of use assets during the period (2022/3: nil)

Note 19.3 Maturity analysis of future lease payments at 31 March 2024

	Total 31 March 2024 £000
Undiscounted future lease payments payable in:	
- not later than one year;	24
- later than one year and not later than five years;	57
- later than five years.	0
Total gross future lease payments	81
Finance charges allocated to future periods	0
Net lease liabilities at 31 March 2024	81

Note 20 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	309	309
Consumables	138	411
Energy	119	119
Total inventories	566	839
of which:		
Held at fair value less costs to sell	0	0

Inventories recognised in expenses for the year were £3,778k (2022/23: £2,919k). Write-down of inventories recognised as expenses for the year were £59k (2022/23: £0k).

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 2023/24 the Trust received £36k of items purchased by DHSC (2022/23: £148k).

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.

Note 21 Receivables

Note 21.1 Receivables

	2024 £000	2023 £000
Current		
Contract receivables	3,821	7,480
Allowance for impaired contract receivables / assets	(389)	(373)
Prepayments (non-PFI)	1,728	2,263
PDC dividend receivable	125	0
VAT receivable	362	232
Other receivables	44	45
Total current receivables	5,691	9,647
Non-current		
Contract receivables	0	184
Allowance for impaired contract receivables / assets	(37)	(46)
Prepayments (non-PFI)	0	62
Other receivables	376	222
Total non-current receivables	339	422
Of which receivable from NHS and DHSC group bodies:		
Current	3,278	6,434
Non-current	184	222

Note 21.2 Allowances for credit losses

	2023/24	2022/23
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	419	419
New allowances arising	174	22
Reversals of allowances	(101)	(17)
Utilisation of allowances (write offs)	(66)	(5)
Allowances as at 31 Mar 2024	426	419

Note 21.3 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 2024 are in receivables from contract receivables, as disclosed in the receivables note 20.1.

Note 22 Cash and cash equivalents

Note 22.1 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.

	2023/24	2022/23
	£000	£000
At 1 April	9,790	11,192
Net change in year	(7,741)	(1,402)
At 31 March	2,049	9,790
Broken down into:		
Cash at commercial banks and in hand	98	60
Cash with the Government Banking Service	1,951	9,730
Total cash and cash equivalents as in SoFP and SoCF	2,049	9,790

Note 22.2 Third party assets held by the trust

At 31 March 2024 Liverpool Women's NHS Foundation Trust held no monies on behalf of patients or other parties in which the Trust had no beneficial interest. (31 March 2023: £nil).

Note 23 Trade and other payables

Note 23.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	5,647	10,420
Capital payables	1,993	2,002
Accruals	6,519	10,990
Receipts in advance and payments on account	1,132	2,103
Social security costs	974	925
Other taxes payable	1,077	884
PDC dividend payable	0	51
Pension contributions payable	1,248	1,133
Other payables	128	314
Total current trade and other payables	18,718	28,822
Of which payables from NHS and DHSC group bodies:		
Current	7,376	13,844
Non-current	0	0

Note 23.2 Early retirements in NHS payables above

During 2023/24 there were two early retirements from the Trust agreed on the grounds of ill-health (2022/23: nil).

Note 23.3 Other liabilities

	2024 £000	2023 £000
Current		
Deferred income: contract liabilities	3,858	4,492
Total other current liabilities	3,858	4,492
Non-current		
Deferred income: contract liabilities	1,498	1,530
Total other non-current liabilities	1,498	1,530

Note 24 Borrowings

Note 24.1 Borrowings

	2024 £000	2023 £000
Current		
Loans from DHSC	301	613
Lease liabilities	24	34
Total current borrowings	325	647
Non-current		
Loans from DHSC	0	301
Lease liabilities	57	20
Total non-current borrowings	57	321

Note 24.2 Reconciliation of liabilities arising from financing activities - 2023/24

	Loans from DHSC	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2023	914	54	968
Cash movements:			
Financing cash flows - payments and receipts of principal	(612)	(41)	(653)
Financing cash flows - payments of interest	(15)	0	(15)
Non-cash movements:			
Additions	0	64	64
Interest charge arising in year (application of effective interest rate)	14	4	18
Carrying value at 31 March 2024	301	81	382

Note 24.3 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 25 Provisions for liabilities and charges

Note 25.1 Provisions movements:

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	281	23	35	289	628
Change in the discount rate	(17)	(6)	0	0	(23)
Arising during the year	111	22	14	0	147
Utilised during the year	(55)	(3)	(23)	0	(81)
Reversed unused	(2)	0	0	(53)	(55)
Unwinding of discount	4	0	0	0	4
At 31 March 2024	322	36	26	236	620
Expected timing of cash flows:					
- not later than one year;	55	3	26	52	136
- later than one year and not later than five years;	220	11	0	33	264
- later than five years.	47	22	0	151	220
Total	322	36	26	236	620

Note 25.2 Clinical negligence liabilities

At 31 March 2024 £358,613k was included in the provisions of NHS Resolution in respect of clinical negligence liabilities of Liverpool Women's NHS Foundation Trust (31 March 2023: £423,705k)

Note 26 Contingent assets and liabilities

	31 March 2024	31 March 2023
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(3)	(8)
Gross value of contingent liabilities	(3)	(8)
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	(3)	(8)
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 27 Contractual capital commitments

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	1,152	150
Intangible assets	0	0
Total	1,152	150

Note 28 Financial instruments

Note 28.1 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 DHSC 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 2024 are in receivables from contract receivables, as disclosed in the receivables note 20.1.

Liquidity risk

The Trust's operating costs are incurred under service level agreements with other NHS providers, which are financed from resources voted annually by Parliament. The Trust receives regular monthly payments from Commissioners 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 DHSC. 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 28.2 Carrying values of financial assets

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2024		
Trade and other receivables excluding non financial assets	3,617	3,617
Cash and cash equivalents	2,049	2,049
Total at 31 March 2024	5,666	5,666

	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

Note 28.3 Carrying values of financial liabilities

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	301	301
Obligations under leases	81	81
Trade and other payables excluding non financial liabilities	14,272	14,272
Other financial liabilities	0	0
Provisions under contract	620	620
Total at 31 March 2024	15,274	15,274

	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
Provisions under contract	628	628
Total at 31 March 2023	24,252	24,252

Note 28.4 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.

	2024	2023
	£000	£000
In one year or less	15,094	23,461
In more than one year but not more than five years	321	465
In more than five years	220	333
Total	15,635	24,259

Note 29 Losses and special payments

	2023/24		2022/23	
	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	49	66	44	6
Stores losses and damage to property	2	0	0	0
Total losses	51	66	44	6
Special payments				
Ex-gratia payments	1	8	3	70
Total special payments	1	8	3	70
Total losses and special payments	52	74	47	76

Note 30 Related parties

Ultimate parent

The Trust is a public benefit corporation established under the NHS Act 2006. NHS England, 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. NHS England 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. NHS England is accountable to the Secretary of State for Health and Social Care. 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 2024, there is an outstanding receivable with the Charitable Trust of £2k (31 March 2023: £12k).

Transactions with related parties

Liverpool Women's NHS Foundation Trust has 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 31 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 2024	PDC Reserve £000
Opening balance at 1 April 2023	79,115
Revenue support	20,100
Other PDC capital funding	299
Closing balance at 31 March 2024	99,514
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

Note 32 Events after the reporting date

There are no events after the reporting year which require disclosure.



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