

Quality Report Liverpool Women's NHS Foundation Trust 2024-2025



Contents

Part 1: Chair and Chief Executive Officer Welcome	3
Part 2: Trust Improvement Plan Summary Update	7
Part 2.1: Priorities for Improvement in 2025/26	8
Part 2.2: Statements of Assurances from the Board	9
Part 2.3: Reporting against core indicators	23
Part 3: Other Information	28
Part 3.1: Review of Quality Performance	28
Part 3.2 Quality Initiatives	39
Appendix A: National Clinical Audits and National Confidential Enquiries	40
Annex A: Statements from Liverpool/Sefton/Knowsley Clinical Commissioning Group, Healthwatch Liverpool/Sefton/Knowsley Liverpool Health and Social Care Scrutiny Committee	48
Annex B: Statement of Directors' Responsibilities in respect of the Quality Report	50
Annex C: How to provide feedback on this report.....	51

Part 1: Chair and Chief Executive Officer Welcome

Welcome to Liverpool Women's NHS Foundation Trust (LWH) Annual Quality Report for 2024/25.

This last year has proved incredibly challenging, not only for the Trust, but across the whole of the NHS and social care. We are proud of every member of our LWH family, and we celebrate just some of the amazing people and amazing work within the Performance Section of this report.

Improvement Journey

In response to significant quality, safety, and performance challenges, Liverpool Women's NHS Foundation Trust (LWH) developed and mobilised a comprehensive Improvement Plan for 2024/25. This plan was designed as a focused vehicle to address the Trust's most pressing issues, including the requirements associated with the NHS Oversight Framework (NOF) Segment 3, regulatory actions from the CQC and Maternity Safety Support Programme (MSSP), and deep-rooted clinical and operational risks.

Our Improvement Journey has continued to be at the forefront of addressing the challenges identified through operational planning and feedback from regulators and stakeholders. We have done this by focusing on empowering patients and colleagues at all levels and putting them at the heart of everything we do.

Throughout the year, we have built on the phenomenal work that has occurred since 2023/24 into 2024/25. The LWH Improvement Plan has been driven by our staff and has continued the work of the Trust's Strategy for improving the organisation. This has contributed to the excellent improvements in the quality of care we are providing and also in our operational performance.

A summary of the positive performance and improvements from the plan can be found in the Performance Section of this report (3.1).

Crown Street / Isolated Site

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. The Trust has continued to be fully engaged with the NHS Cheshire and Merseyside Integrated Care Board (ICB) and the Women's Hospital Services in Liverpool Programme Board established by the Women's Services Committee (a sub-committee 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.

The Trust has implemented significant investments to enhance the safety of the Crown Street site, including enhancing the estate for the neonatal unit, creating a Community Diagnostic Centre on the site and investments in staffing. These measures demonstrate a proactive approach to mitigating the risks associated with geographic isolation. Alongside this, the Trust is an active participant in a number of partnerships, including the Liverpool Neonatal Partnership with Alder Hey Children's Hospital and the North West Maternal Medicine Network to further the aims outlined above.

University Hospital Status

We are pleased to be able to confirm that LWH has been granted membership of the University Hospital Association (UHA), achieving 'University Hospital' status in the process. University hospitals are speciality trusts with significant involvement in research and education. Their research puts them at the forefront of developments in care and connections with industry, while their work in education makes them central to

providing the future workforce.

Financial Sustainability

The Trust has faced significant financial challenges during the year, and has carried an underlying, structural financial deficit for several years, presenting ongoing financial sustainability challenges (first formally declared in 2014/15). Full details are reported in the Annual Accounts 2024/25.

We reported an £11.5m deficit against a £11.6m deficit plan, resulting in an £0.1m favourable variance against our Financial Plan at year-end. We achieved a significant Cost Improvement Programme (CIP) of £5.9m, £2.4m of which was delivered recurrently.

It is recognised that the Trust will continue to face financial challenges throughout 2025/26, as is the case for NHS organisations nationally. The Trust remains ambitious in resolving wherever possible the issues that contribute to the deficit and delivering value for money services in the most effective manner possible, with a commitment from the Board to the delivery of the Financial Plan 2024/25.

Collaborative Working

The Trust played a leading role in collaboration in Cheshire & Merseyside during the year, with a particular focus on the collaborative work with adult and specialist Trusts in Liverpool. Building on a strong record of working together to benefit patients and their families across the city and the region, the five adult and specialist Trusts in Liverpool came together to develop the Liverpool Adult Acute and Specialist Providers (LAASP) Joint Committee to oversee a significant programme of work.

The first stage of the programme was to establish a Group Model across Liverpool: The NHS University Hospitals of Liverpool Group (UHLG). The purpose of the Group Model is to create sustainable healthcare systems for the future with a clear focus on improving patient care and outcomes and finding solutions and having a simpler way of making decisions about the things that involve patients and their families, members of the public and NHS staff in the system.

The UHLG was established on 1 November 2024, with a Joint Committee arrangement between LUHFT and LWH. A Roadmap has been developed for Liverpool Heart and Chest NHS Foundation Trust, The Walton Centre NHS Foundation Trust and Clatterbridge Cancer Centre NHS Foundation Trust to join the Group.

The Group Model will also support the Trust with the 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, and we have already begun this work by collaborating with lots of different services between the two Trusts, as detailed within the Chief Executive Officer (CEO) Statement on Performance section of this report. We recognise that partnership working is increasingly important, and we will continue to actively participate with system and Place partners going forward.

Further details on LAASP and UHLG can be found in the Performance Section of this report and the Annual Governance Statement 2024/25.

Looking Forward

What we have delivered through the LWH Improvement Plan will now be built upon as we embed our Group Transformation Plan (GTP) across UHLG. Delivering on improvements against the NHS's challenging financial backdrop is often a difficult ask, however, quality and safety will remain a priority throughout. We will continue to empower our people to own their transformation journey, as it will enable us to address hospital-specific challenges and build on local opportunities around improving our safety culture, patient flow, productivity, workforce culture, and cost improvement.

We know that Liverpool is a city with enormous potential to improve health inequalities, and we will continue our focus as part of UHLG and LAASP to develop plans that are key to supporting that. By focusing on what we need to deliver at our hospitals to better shape them into great places to work and deliver care, together we can create a system that is functional and better serves our city. As part of this, we will continue to prioritise delivering the necessary changes to provide the best experience for our staff by working closely with them and collaboratively with others.

We would like to thank everyone at LWH for their hard work and dedication over the past year. Your continued commitment to providing exceptional care to women and their families is truly inspiring.

We are hopeful that the information provided in the Annual Report and Annual Governance Statement 2024/25 will provide readers with a good appreciation and understanding of the Trust's overall performance and progress during the year.



David Flory
Chair
25 June 2025

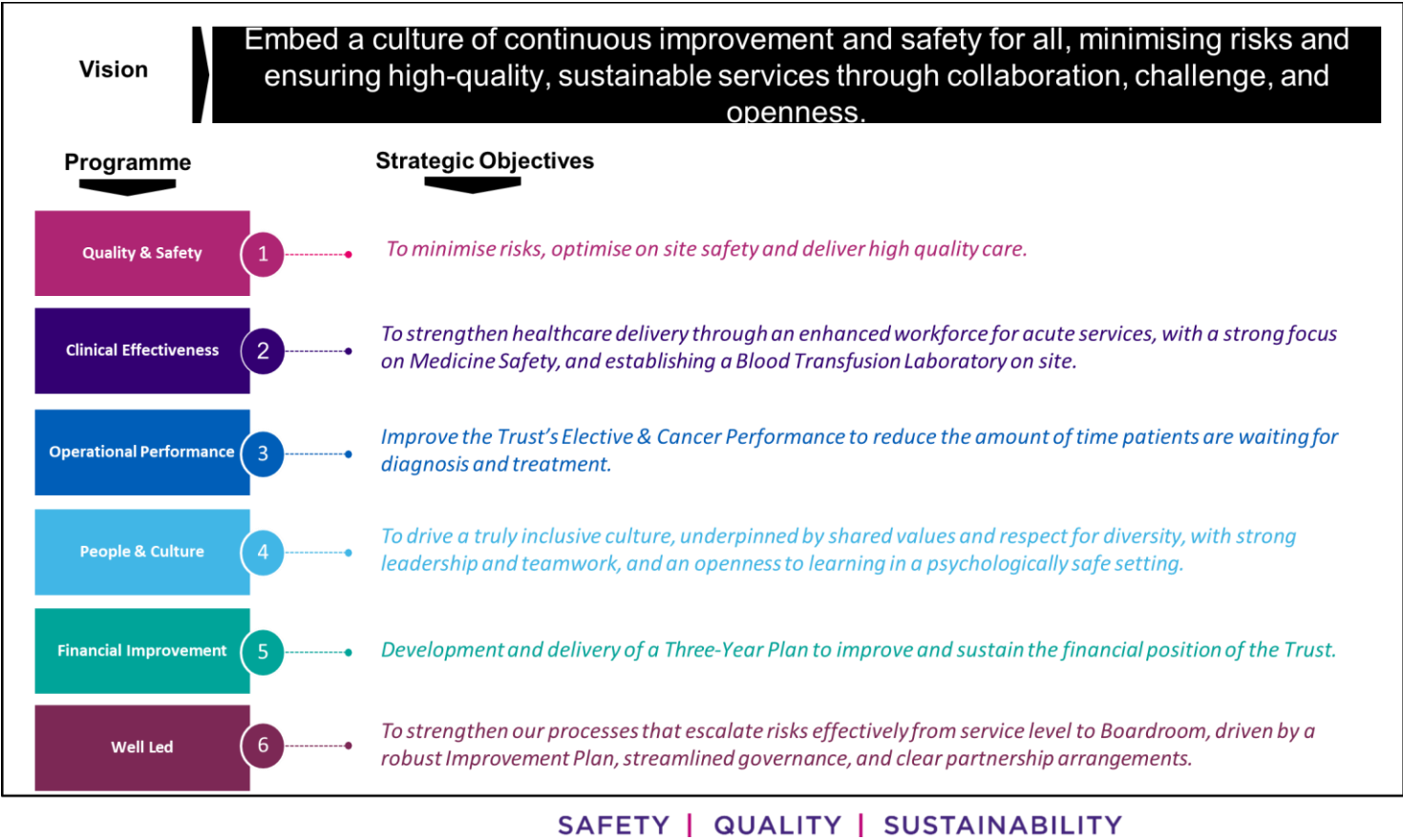


James Sumner
Chief Executive Officer
25 June 2025



Part 2: Trust Improvement Plan Summary Update

The development of the Improvement Plan followed a robust design and mobilisation phase in early 2024, including the articulation of a shared vision and strategic objectives across the Trust. Six Improvement Programmes were identified—Quality & Safety, Clinical Effectiveness, Operational Performance, People & Culture, Financial Improvement, and Well-Led Governance—each encompassing a portfolio of targeted projects. These were aligned directly with the NOF Segment 3 exit criteria, ensuring that efforts were focused on areas critical to restoring confidence in LWH services



LWH Improvement Plan

Programme:	1. Quality & Safety	2. Clinical Effectiveness	3. Operational Performance	4. People & Culture	5. Financial Improvement	6. Well Led
Project:	1.1 Deteriorating Patient Collaborative 1.2 CQC & MSSP Actions	2.1 Enhanced Workforce for Acute Workload 2.2 Acute Gynae Services 2.3 Medicines Safety 2.4 LWH Transfusion Lab	3.1 Cancer Improvement 3.2 Reduced Waiting List	4.1 Safety Culture 4.2 Actively Anti-racist Organisation	5.1 Delivering the Three Year Financial Plan 5.2 24/25 CIP Delivery	6.1 Improvement Plan Mobilisation 6.2 Streamlined Governance 6.3 Risk Management 6.4 Partnership Governance

A summary of progress and benefits realised through these programmes is included later in this document under the section: “Benefits and Improvements Achieved Through the 2024/25 Improvement Plan”.

Part 2.1: Priorities for Improvement in 2025/26

As the 2024/25 Improvement Plan concludes, the Trust has begun a structured transition into the 2025/26 Group Transformation Plan (GTP). The GTP represents an evolution in the Trust’s approach—shifting from tactical, time-limited improvement work to a more strategic, portfolio-led model aligned with the UHL 2030 Group Strategy.

The GTP is the shared delivery mechanism across the Group’s hospitals, encompassing both hospital-based transformation plans and cross-cutting system-facing programmes. For Liverpool Women’s, this means building on the momentum of 2024/25 by progressing select projects into the GTP that remain essential to improving quality, safety, and sustainability. Examples include the continuation of the Deteriorating Patient Collaborative, increased Consultant Anaesthetic presence, and Blood Transfusion Robotics implementation.

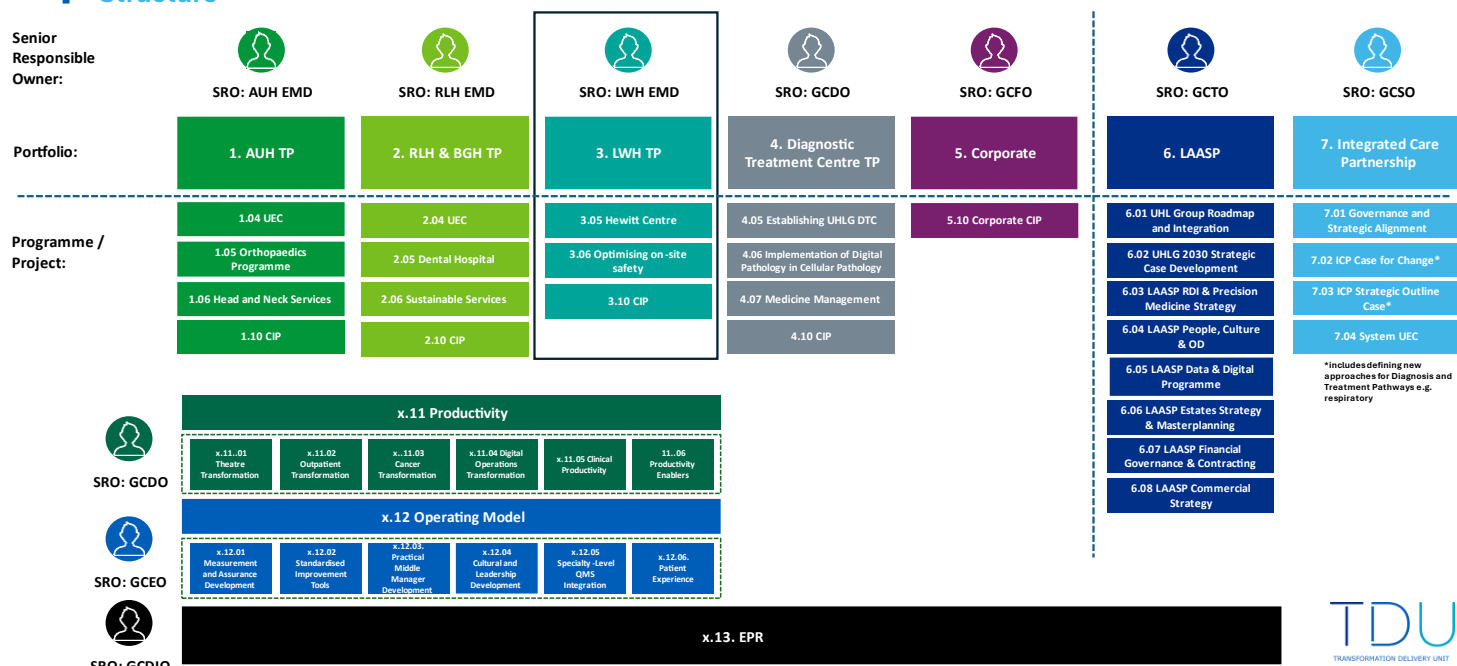
The Role of LWH in the Group Transformation Plan

LWH’s Transformation Plan forms one of the four site-based components of the GTP, alongside Royal Liverpool & Broadgreen, Aintree, and the Diagnostic Treatment Centre. Each hospital’s plan is led locally but contributes to shared Group ambitions and enablers, such as the implementation of an Electronic Patient Record (EPR) and the Productivity Programme.

Governance for the LWH Transformation Plan is now embedded within the broader GTP structure. Local assurance flows through the Hospital Management Board, while cross-cutting programmes and system-facing initiatives are overseen by the Strategy and Partnerships Committee. Accountability is maintained through quarterly reporting to the UHL Group Board, with executive oversight provided by the Group Chief Transformation Officer. This model ensures a balance between local empowerment and strategic alignment across the system.

Group Transformation Plan

Structure



Part 2.2: Statements of Assurances from the Board

LWH Chief Executive Officer's Statement on Performance of the Trust

The period covered by this annual report is from 1 April 2024 to 31 March 2025. Over the last 12 months, our improvement journey has continued to be at the forefront of addressing the challenges we have faced across the Trust to address the challenges we face in all areas.

Improvement Journey - Transforming

At the start of the year, the Trust developed the LWH Improvement Plan to establish a clear direction for 2024/25, focusing on key priority areas, particularly where clinical challenges and risks had been identified. The Improvement Plan has brought a robust delivery framework to allow the Trust to address several risks and opportunities. The Vision and Strategic Objectives for the LWH Improvement Plan were defined in 6 domains: Quality and Safety, Clinical Effectiveness, Operational Performance, People & Culture, Financial Improvement and Well Led. Further detail on the Improvement Plan is provided within Section 2.1 of this report.

There have been many positive areas of improvement throughout the year as a result of introducing the Improvement Plan, some of which include:

- The Faster Diagnosis Standard continues to show significant improvements, and we are now achieving our highest performance and meeting the national standard for the first time since July 2020.
- Sustained improvements to observations in maternity and gynaecology as part of the Deteriorating Patient Collaborative, with positive improvements in compliance averages because of your ideas and tests of change.
- Clinical effectiveness indicators are continuing to improve, with marked positive performance in eNEWS and VTE compliance.
- Maternity has seen a 15% increase in their daily MEWS Compliance, from a baseline of 59% to 74%.
- Gynae have seen a 4% increase in their daily NEWS compliance, from a baseline of 90% to 94%.
- The introduction of 24/7 on site Obstetric Cover from November 2024 will improve access to consultant-

led care.

- Improved clinical pathways as a result of the development and approval of a 'Streaming' and 'Triage' policy for non-pregnancy-related attendances, enhancing patient flow and efficiency.
- Endometrial Pathway Improvements, which include Discharge Rate: 31% post-triage, Referral Rate: 13% to RAC without GP exam, and High-Risk Identification: 1% in line with diagnosis rates.
- Patients waiting over 65 weeks reduced from 38 in September 2024, to zero in March 2025.
- Patients waiting over 52 weeks reduced from 712 in September 2024, to 340 in March 2025.

All of these amazing achievements are a testament to the hard work and contributions of all staff at the Trust, who have collectively committed to further improving our services and the outcomes for patients concerning quality and performance.

Looking forward into 2025/26 and beyond, the Trust's Improvement Plan will evolve into the UHL Group Transformation Plan as the portfolio of programmes and projects to deliver the UHL Group Strategy 2030. The UHL Group Strategy 2030 will create three distinct but inter-related care models that meet the needs of the population sustainability as follows:

1. Streamlined acute and specialist pathways.
2. Faster diagnosis through acute care and return to the community.
3. Proactive contribution to community-provided preventative care.

We will continue to empower sites to own their transformation journey, as it will enable us to address hospital-specific challenges and build on local opportunities around improving our safety culture, patient flow, productivity, workforce culture, and cost improvement. We will do this by building upon what has been delivered through the LUHFT Improvement Plan as we embed our GTP across UHLG.

Our Amazing People

We have so many reasons to be proud of the colleagues that form our incredible LWH family, with just a few examples from the year listed below:

In March 2025, we hosted our 'Dedicated to Excellence' Staff Awards, celebrating the achievements of colleagues across the Trust. Over 350 colleagues, Clinical, Corporate, Community and Voluntary Services attended, showcasing accomplishments and the impact on our patients and communities.

The Digital Services and Hewitt Fertility Centre teams from Liverpool Women's Hospital won the Health Service Journal (HSJ) Award for Driving Efficiency Through Technology. The Hewitt Fertility Centre (HFC) has been developing a patient portal to transform fertility care by providing patients with real-time access to their treatment information, appointments, and personalised support resources.

The CGULL study was set up during the year with the aim to improve health outcomes for families in the Liverpool City Region by following the lives of 10,000 babies from pregnancy through to childhood and beyond. Recruitment to the study is ongoing and all staff engaged with pregnant women are encouraged to promote the study to them.

The Trust held its annual Liverpool Women's Strictly event 2024, lighting up the Titanic Hotel with an unforgettable evening of dance and generosity. The event held at the end of November raised a phenomenal £75,000, completing the Bereavement Suite Appeal and ensuring vital support for families facing the devastating loss of a baby.

Liverpool Women's Hospital Neonatal Team were announced as the UK winner of the fifth annual Pure Foundation Fund, which celebrates the achievements of healthcare professionals and departments working in maternity, neonatal and postnatal care. The Team received a generous bursary for their department to continue to support their ongoing efforts to deliver exceptional care to families and babies. The Team was nominated for providing round-the-clock care with expertise and compassion, and always making their patients feel reassured that their little ones were in the best hands possible.

We celebrated an awards triumph at the prestigious Royal College of Midwives (RCM) Awards for their maternity triage project as the Maternity Assessment Unit won the Outstanding Contribution to Midwifery Services category.

One of our nurses won a Royal College of Nursing (RCN) award to mark their outstanding contribution to the equality, diversity and inclusion (EDI) agenda at the College's annual regional Black History Month conference. Rewarding excellence in enhancing the experience of ethnic minority service users and staff across the health and social care sectors, the awards recognise a wide range of initiatives being undertaken across the North West.

This recognition, which focused on improving safety and quality of care, is for a Maternity Triage Team project which looked at utilising technology to improve triage waiting times, performance compliance, and the patient experience in the Maternity Assessment Unit (MAU).

Our Culture & Staff Survey

One of the biggest opportunities for us to hear feedback from our colleagues is in the annual NHS Staff Survey. We were pleased to see that in 2024, the results show that on the whole, the Trust has remained relatively consistent across the seven People Promise themes. Full details of the results published for 2024 are detailed within the Workforce Section of the Annual Report.

For 2025/26, rather than look at the results as a whole, there will be an increased site focus with our Organisational Development and Employee Experience teams supporting divisions in identifying their priority areas so that we can get into the details of what needs to change at each hospital or site and improve the experiences for our colleagues at a local level.

As a Trust, we continue to work hard to build a kinder workplace, where inclusivity and togetherness mean that all voices have a space to be heard. We want LWH to be a safe place to be cared for and work in, where everyone is treated equally and without discrimination, no matter their race, religion or belief, sexual orientation, age, disability, or sex.

Work continued throughout the year following the launch of our EDI Strategic Plan. The plan sets out in detail the actions being taken on EDI, with an emphasis on our commitment to being an anti-racist organisation. We know that racism does exist in our organisation, our city and beyond, and we are committed to doing everything we can to change that. Earlier this year, work began on shaping and developing an organisational Anti-Racism Programme. Through listening sessions, many of our colleagues shared their lived experiences and feedback, following which we have worked with our Ethnic Minority Staff Network, colleagues, and key partners to develop our Anti-Racism Action Plan.

EDI objectives have been assigned to the Executive Team to build collective knowledge and understanding about our anti-racist approach to embed changes in the culture of LWH. The Trust will also be seeking to achieve the North-West Anti-Racist Framework Bronze Accreditation, ensuring we are working to create a diverse, inclusive and equitable work environment to reflect our caring and fairness values.

Elective Recovery Programme

We have seen improvement in our Elective Recovery Programme throughout 2024/25 in treating patients with the longest waits and reducing waiting times. The number of patients waiting 65 weeks or longer for treatment at the end of March 2025 was zero.

By getting patients treated faster, we are making an enormous difference in their experience of care.

Cancer Targets

The Faster Diagnosis Standard continues to show significant improvements and we are now achieving our highest performance and meeting the national standard for the first time since July 2020. The Trust did not achieve the national target of 50% for Cancer 62 Day Referral to Treatment Standard, with 32% achieved as at month 11 of 2024/25. The Trust remained in regional oversight for Cancer performance through the financial year, with continued pressures to achieving the 62-day standard due to the increase in referral demand, its

impact on diagnostics required and pressures with other partners.

The Trust has made significant progress in 2024/25 related to Cancer Performance. Cancer demand continued to increase significantly again in 2024/25, with an overall increase of 20% in referrals year on year with the Trust seeing it's highest number of referrals on record. As part of the Trusts 2024/25 Improvement Plan, the Cancer Improvement Programme continued to embed service changes designed to improve quicker access to diagnostics for patients.

Collaborative Working

The Trust are proud to be part of the Cheshire and Merseyside Integrated Care System (ICS), which was formally established on 1 July 2022. The Cheshire and Merseyside ICS's vision is for everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer. The system will do this by working together, as equal partners, to support seamless, person-centred care and tackle health inequalities by improving the lives of the poorest fastest.

Liverpool Adult Acute and Specialist Providers (LAASP)

The adult and specialist Trusts in Liverpool have a strong record of working together to benefit patients and their families across the city, and the region. As the next step in this work, NHS Cheshire and Merseyside ICB sought for the five adult acute and specialist Trusts in Liverpool to establish a Group Model across Liverpool. The purpose of the Group Model is to create sustainable healthcare systems for the future with a clear focus on improving patient care and outcomes and finding solutions, and having a simpler way of making decisions about the things that involve patients and their families, members of the public and NHS staff in the system. As such, the LAASP Joint Committee was established between the five adult acute and specialist hospitals:

- Liverpool University Hospitals NHS Foundation Trust
- Liverpool Women's Foundation Trust
- Liverpool Heart and Chest NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Clatterbridge Cancer Centre NHS Foundation Trust

The LAASP Joint Committee will enable more streamlined decision-making and help to build upon existing collaboration. It will focus on transformation, collective accountability and governance.

Through the LAASP programme, the five Trusts have set out opportunities to improve care for people in the city region through a case for change. The case for change, which was independently produced in response to direction from NHS Cheshire and Merseyside for the LAASP organisations to work more closely together and to 'act as one', aims to highlight opportunities within the Liverpool healthcare system to make changes that will benefit the patients we serve, with a focus on improving the quality of the services we provide, improving patient outcomes, and reducing health inequalities.

The case for change has been produced by PricewaterhouseCoopers on behalf of the LAASP Joint Committee. The document acknowledges the challenges that the five adult acute and specialist Trusts need to overcome and highlights several examples where fragmentation can be addressed within services including women's health, cardiology, and stroke medicine. It looks at the opportunities to build on existing clinical excellence and collaboration that already exists across the five Trusts such as stroke and speech and language therapy for people with cancer.

The development of the case for change is just the start of this journey. Using these illustrative examples, it highlights that we can do better for our local population by working collectively and it sets a positive roadmap to achieve our joint ambitions for the future of health care in Liverpool and the wider region.

NHS University Hospitals of Liverpool Group (UHLG)

The UHLG was established on 1 November 2024, which marked an exciting step forward and an example of how our system can work more collaboratively to benefit our patients and their families. This saw the creation

of one Group Board of Directors and one Group Executive team, alongside the creation of an Executive Managing Director and Hospital Leadership Team at the Liverpool Women's Hospital to mirror that of other hospitals in the Group: Aintree University Hospital, Broadgreen Hospital, and the Royal Liverpool University Hospital.

The mobilisation of UHLG supports the long-stated ambition of Liverpool Women's Hospital to be aligned with a larger acute site for the management of clinical risks. It also means that we can address the coordination of patient care across hospitals where appropriate. Additionally, coming together as a Group will make the best use of our collective workforce, providing colleagues with more opportunities for professional development and enhancing career prospects across a wider breadth of services.

Through the Group model, LWH and LUHFT each remain a statutory entity. Examples of the functions each retains include two separate Council of Governors, several committees (such as Charitable Funds), and our Care Quality Commission (CQC) ratings. There has been no change to the clinical services either Trust provides, or how our patients access services.

Full details on UHLG Governance are detailed in the Annual Governance Statement 2024/25.

Women's Hospital Services in Liverpool Programme Board

The Programme Board was established by the Women's Services Committee (a sub-committee of the ICB). The programme aims to develop proposals for safe and sustainable, high-quality maternity and gynaecology services for the future.

The Programme Board led on the Maternity and Gynaecology Services in Liverpool Review in the year, with a case for change approved at the NHS Cheshire and Merseyside ICB meeting held in public in October 2024. A six-week period of public engagement began on 15 October 2024, giving people an opportunity to share their views about the issues it sets out. A report summarising the findings of the recent Maternity and Gynaecology Services was presented to the ICB in April 2025. We will continue to engage with the programme and await the recommendations by NHS Cheshire & Merseyside on the future of women's services.

Summary

As a Trust, we have continued to demonstrate our resilience, our ability to respond to a challenge and our commitment to improvement and learning. We have worked together as a Trust and as a partner in the Cheshire and Merseyside ICS to navigate difficult times and achieve notable progress in a number of areas, including the risk to the Trust as an isolated site, emergency care and maternity services and our elective and cancer recovery programmes.

There have been so many achievements accomplished in this last year: as LWH, as UHLG and collaboratively with system partners. We remain committed to continuing on our journey to enhance patient care, improve access to services for patients and reduce health inequalities in our communities, in addition to our commitment to creating a positive and inclusive workplace for our colleagues.

2.2.1 Participation in Clinical Audits

During 2024/25, LWH participated in 4 National Clinical Audits and 0 National Confidential Enquiries included in the National Clinical Audit and Patient Outcomes Programme (NCAPOP), covering relevant health services that LWH provides. In addition, LWH participated in a further 1 National Audits (non-NCAPOP) recommended by the Healthcare Quality Improvement Partnership (HQIP).

The National Clinical Audits and National Confidential Enquiries that LWH participated in and for which data collection was completed during 2024/25 are listed in **Appendix A** alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

The reports of 5 National Clinical Audits were reviewed by the provider in 2024/25. A selection of these audits is outlined below and LWH has taken or intends to take the following actions to improve the quality of healthcare provided:

Audit	Trust Actions
National Audit of Care at the End of Life	<ul style="list-style-type: none"> Education focus relating to last days of life template as part of regular nursing and medical staff training To include data of cancer diagnosis / time length / duration to the data collection tool for LWH version of NACEL
National Comparative Audit of Blood Transfusion	<ul style="list-style-type: none"> To carry out a re-audit of the Pre-op Anaemia Pathway NICE QS 138 Audit the uptake of a new platform transfusion consent form to ensure patients are given written information alongside verbal information
National Maternity and Perinatal Audit (NMPA)	N/A – National report not yet produced
National Neonatal Audit Programme (NNAP)	N/A – Internal report not yet received
National Pregnancy in Diabetes Audit (NPID)	N/A – Report not yet received

The reports of 25 Local Clinical Audits were reviewed by the provider in 2024/25. A selection of these audits is outlined below and LWH has taken or intends to take the following actions to improve the quality of healthcare provided:

Audit	Trust Actions
Ordering and Taking Blood Samples on Babies in NICU	<ul style="list-style-type: none"> Discussions with DigiCare about enhancing capabilities for tracking of blood samples on their journey Discussions with NICU team about implementation of mobile phlebotomy on the NICU Plan to restrict ordering of routine bloods to ward round
Information Provision on Safer Sleeping	<ul style="list-style-type: none"> Community team leaders / midwives to send Lesson of the week and communication to all community midwives to ensure 36-week appointment is at home. Community team leaders / midwives to send Lesson of the week and communication to all community midwives to ensure safe sleeping assessment complete at 36/40 consultation and direction conversations with those that were identified in the audit.
Child not brought to clinics Guideline	<ul style="list-style-type: none"> Address / HIV referrals section to be added to the badger clinic follow up & clinic proforma created on badger to address the poor documentation issues Standard letter proforma to be created for each episode of was not brought to clinic, to send to relevant team to address the poor compliance with the guideline
Implementation of Neonatal AKI Guideline	<ul style="list-style-type: none"> Refer all eligible patients to Paediatric Nephrology. To add a question about AKI to discharge checklist to ensure any referral to nephrology is completed AKI warning system to be added to extreme preterm pathway

Audit	Trust Actions
Re-audit Reporting of Radiology Images by on-call Neonatal Consultant	<ul style="list-style-type: none"> • Lesson of the week for upcoming new trainees on expected standards of image reporting • Re-iterate sign-out checklist for end-of-shift communications to address the ongoing failure to meet the pre-designated standard of 100% compliance
Retrospective audit to assess Ciprofloxacin use on the Neonatal Unit	<ul style="list-style-type: none"> • Share and present findings to neonatal consultants to highlight the current deviation from practice as outlined as per Trust guideline • Follow up findings with a mini audit of current practice on the unit after sharing MHRA warning with consultant team
Reduced Growth Velocity: Quality Control of Fetal Growth Ultrasound	<ul style="list-style-type: none"> • Share findings from the audit to sonographers, medical and midwifery staff and highlight the importance of how BMUS criteria impact clinical decision making • Re-audit in 6-12 months subject to suitable trainee being available
Patient Information Process	<ul style="list-style-type: none"> • Patient Experience Involvement Officer to revisit Young Person Advisory Service (YPAS) Team Lead to assess the prospect of young people reviewing LWH leaflets prior to ratification • Contact Healthwatch to confirm whether their Readers Panel is inclusive of young people with a view to utilising this facility
Venous Thromboembolism (VTE) Re-audit	<ul style="list-style-type: none"> • Audit findings to be highlighted by the VTE lead in the consultants meeting, and a re-audit to be done in 1 year • Design and distribute small reminder cards to be placed in assessment rooms, reminding clinicians to conduct VTE assessments upon admission and discharge
Cell Salvage Audit	<ul style="list-style-type: none"> • New SOP for theatre teams to include <ol style="list-style-type: none"> a) which patients should have cell salvage set up b) when to reinfuse smaller volumes c) how to maximise collection using swabs when bleeding unexpected
Compliance against Domestic Abuse Protocol / Procedure	<ul style="list-style-type: none"> • Review and enhance domestic abuse training within Level 2 and Level 3 safeguarding training to ensure the requirements of routine enquiry and risk assessments (DASH) are met • To undertake an audit of compliance with routine enquiry / questions within each Division, and to complete a domestic abuse re-audit in Q4, 2025
Safeguarding Children Procedures in Accordance with Statutory Guidance Audit	<ul style="list-style-type: none"> • Review and enhance safeguarding children level 3 training to ensure threshold of need is clear to support identification when a multi-agency referral is required • Ongoing work for safeguarding information to be recorded on a single system at LWH which is available to all staff
Endometrial sampling for patients with suspected Endometrial Cancer	<ul style="list-style-type: none"> • Plan to implement a triage system based on ultrasound findings where patients with suspected endometrial cancer and an endometrial thickness of >10mm are directed straight to ambulatory hysteroscopy and those with an endometrial

Audit	Trust Actions
	<p>thickness of between 4 and 10mm are directed to an outpatient endometrial biopsy appointment</p> <ul style="list-style-type: none"> Continue education of clinicians and outpatient staff about the importance of obtaining a biopsy at the patients first face to face appointment & improvements made to facilitate procedure
Transdermal Testosterone Prescribing	<ul style="list-style-type: none"> Review and standardise the GP discharge letter process to ensure every patient has a comprehensive summary, including dosage, monitoring requirements, and treatment duration Implement alerts in the electronic prescribing system to ensure blood test results are checked before prescriptions are renewed
Audit of in-house and commercially available embryo selection algorithms and an AI-based embryo selection method as compared to embryo morphology	<ul style="list-style-type: none"> Plan to re-audit to accumulate more data Re-audit to explore concordance between embryologists' morphological grading and iDAScore™ ranking
Post-thaw Motility rates of alternative Cryoprotectant Agents (CPAs) with Standardised Vapour Freezing (SVF) against standard current method using the current CPA with SVF	<ul style="list-style-type: none"> Plan to amend SOPs, batch numbers on IDEAS and COSHH forms Generate a report with comparison of proposed new and current media for Lead team
Compliance with Guidelines on Safe Storage Medicines	<ul style="list-style-type: none"> Staff training/teaching regarding safe storage of local anaesthetic in epidural trollies/theatres New local anaesthetic drug cupboards as cupboards currently not large enough
Trust Wide Consent: Key Performance Indicator Audit 2024-25	<ul style="list-style-type: none"> Re-audit in 2025-26 and should clearly specify timeframes, be sent to the most relevant people and reflect how each Division obtains additional consent
Antenatal and Newborn Screening Pathways Health Inequalities: Women who were born outside of the UK	<ul style="list-style-type: none"> Review findings with Community Midwife team leader for non-English speaking women, particularly with reference to delay from referral to booking appointment
Audit of completion of lower chance combined and quadruple screening test result communication to Women	<ul style="list-style-type: none"> Put a plan in place to ensure performance to target improves over the next 6 months
Re-audit for Image Quality of Posterior-Anterior (PA) Chest X-Rays (CXR's)	<ul style="list-style-type: none"> Audit to be disseminated at next monthly Imaging Team Meeting as well as to all radiographic staff via email
Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) Re-audit	<ul style="list-style-type: none"> Audit to be disseminated at next monthly Imaging Team Meeting as well as to all radiographic staff via email
Re-audit to Assess the Royal College of Radiologists (RCR) Standards for the Communication of Radiological Reports and Fail-Safe Alert Notification	<ul style="list-style-type: none"> X-ray team will be notified of both the improvement in reporting and the continuing levels of non-compliance within plain x-ray reporting Spot check log has been devised and attached at the bottom of this report to track the level of compliance within plain X-ray reporting

Audit	Trust Actions
Audit to determine if the Genomic Medicine Results and Letters SOP is being met	<ul style="list-style-type: none"> • Present findings to the team including good practise for documentation, written consent, and document trail • Discuss as a team way to improve efficiency and TAT. Update SOP to reflect current practice: Guidance for timeframe for result appointment to be booked. Guidance for giving a result by letter e.g. timeframes
EpiSafe National Audit of Care for Pregnant Women with Epilepsy	This audit was completed as part of a national research study. The study has all the appropriate ethical approvals, as required for all clinical research. Any findings will be published in journals in due course by the research group running the study.

National clinical audits are primarily funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP). Although National Clinical Audits are not mandatory, organisations are strongly encouraged to participate in those that relate to the services they deliver. It is mandatory to publish participation in National Clinical Audits in a Trust's Quality Report. A high level of participation provides a level of assurance that quality is taken seriously, and that participation is a requirement for clinical teams and individual clinicians as a means of monitoring and improving their practice. Local Clinical Audit is also important in measuring and benchmarking clinical practice against agreed standards of good professional practice.

2.2.3 Research

Participation and Recruitment in Clinical Research

People living in Cheshire and Merseyside benefit from a rich research environment at Liverpool Women's NHS Foundation Trust (LWH) with 115 research studies across our specialties.

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. 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. Within our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics, we have contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials (both commercial and non-commercial), to health systems research about healthcare delivery in the community.

The literature suggests that patient who participate in research have better outcomes, therefore quality of care and research are intrinsically linked and the recruitment into clinical research demonstrates the Trust's commitment to improving the health of our population. Staff embedded within the clinical teams are helping to drive quality and research. During 2024/25 the Trust recruited 4,393 patients to clinical research which equates to an average of 366 per month. The Trust target agreed with the National Institute for Health Research (NIHR) was 3,500 recruits (an average of 292 per month).

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. 'Clinical research' refers to research that has received a favourable opinion from a Research Ethics Committee within the National Research Ethics Service (NRES). Trusts must keep a *local record of research projects*.

2.2.4 Goals agreed with Commissioners

Commissioning for Quality and Innovation (CQUINs)

Please note the mandatory CQUIN scheme was paused by NHS England in 2024/25.

The CQUIN payment framework aimed to embed quality at the heart of commissioner-provider discussions and indicates that we are actively engaged in quality improvements with our commissioners. Achievement of the CQUIN quality goals impacts on income received by the Trust.

2.2.5 What others say about the Trust.

Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission and its current registration status, at the end of 2024/25, is registration without conditions on the registration.

The Care Quality Commission (CQC) has not taken new enforcement action against the Trust during 2024/25.

Following the 2023 CQC Inspection of Maternity and Gynaecology services, the Trust has reviewed and completed all of the "Must Do" and "Should Do" actions recommended by CQC in their report

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

All NHS Trusts are required to register with the Care Quality Commission. The CQC undertakes checks to ensure that Trusts are meeting the quality statements in the Single Assessment Framework under safe, effective, caring, responsive and well-led. If the CQC has concerns that providers are non-compliant there are a wide range of enforcement powers that it can utilise which include issuing a warning notice and suspending or cancelling registration.

2.2.6 NHS Number and General Medical Practice Code Validity

The data will not be published until the middle of May 25 for all of 2024-25.

Below is the current %. APC and OP activity is up to 28th Feb 2025 and A&E activity is up to 22nd March 2025.

-which included the patient's valid NHS number was:

- **99.6%** for admitted patient care.
- **99.8%** for outpatient care, and
- **99.1%** for accident and emergency care.

-which included the patient's valid General Medical Practice Code was:

- **99.9** for admitted patient care,
- **99.1%** for outpatient care, and
- **100%** for accident and emergency care.

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code (Patient Registration) is essential to enable the transfer of clinical information about the patient from a Trust to the patient's General Practitioner (GP).

2.2.7 Information Governance Toolkit

The Trust made its submission to the Data Security Protection Toolkit (DSPT) in accordance with the national submission deadline of the 30 June 2024, which is the most up to date submission available. The position that was submitted was “Standards Met”. For 2024/2025 DSPT, NHS England have now completely revised the way compliance is measured, meaning the DSPT is very different from last year. With any new compliance regime there is a period of learning and bedding in. During 2024/2025 there have been no instances of incidents that required reporting to the Information Commissioner’s Office (ICO) and there has been no formal contacts with the ICO initiated by the Trust. Information Governance for the Trust is overseen by the Information Governance Committee, which has met regularly during the year and has reported to the Digital Hospital Sub-Committee when it has met. Given that the Trust is now part of the Liverpool University Hospitals Group, there will inevitably be changes to the overall governance arrangements with will result in alignment between Trusts that are members of the hospital group. The alignment work was underway at the time of writing this report, the outcome of which will be reported on in the next Quality Account.

2.2.8 Clinical Coding Error Rate

The Trust has a dedicated and highly skilled clinical coding team, which continues to maintain high standards of inpatient coding. The clinical coding team have met coding submission deadlines throughout 2024/25, with no clinical coding backlog. The functions of the clinical coding team include:

- Supporting patient care and health service planning and delivery by ensuring coded information is completed in line with SUS deadlines and is subsequently used to improve patient outcomes.
- Regular and constructive auditing of coded data – providing quality assurance, ensuring the information created is accurate, consistent, and complete by measuring its conformance to documented national standards.
- Regular engagement with clinicians clarifying how the care delivered should be documented in the medical record for clinical coding purposes.
- The provision and delivery of a robust specialist training programme to all clinical coders.

Clinical coding and auditing are crucial for informing strategic and local decisions for capacity, service planning, understanding clinical performance and outcomes, and for the NHS Payment Scheme. Our internal Clinical Coding Audit Programme aims to measure and assist in improving the quality of coded data within our organisation, assessing how well the coded data accurately reflects the diagnosis and procedures described in the medical record as well as reviewing the appropriateness of the source documentation.

For compliance of the Data Security and Protection Toolkit (DSPT) a sample size of 200 coded episodes were audited. The results for 2024/25 coding audits are:

	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
DSPT Objective	≥90%	≥80%	≥90%	≥80%
2024/25 DSPT Audit	94.00%	94.43%	97.81%	93.31%

The clinical coding team continue to deliver a robust audit programme working with clinical teams. As a result of the ongoing audit programme, key areas have been identified for further training sessions which continue to be undertaken regularly on either a team or individual basis. Additionally, key areas such as mortality data, surgical site infections, and clinical misadventure have been validated monthly. Clinical Coding awareness sessions have been delivered to a range of different staff groups throughout the year.

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of patient records.

2.2.9 Learning from Deaths

During 2024/25 **there were 3 adult deaths** at the Trusts. There were **zero maternal deaths** in 2024/25. As a specialist hospital the Trust also report on **stillbirths** and **neonatal** deaths. The rate of stillbirth during 2024/25 was **2.8/1000** births, this excludes termination of pregnancy. The Trust have continued to see a reduction in stillbirth rates over the last five years. The rate of neonatal death during 2024/25, for babies born at the Trust, but excluding congenital anomalies, was **4.7/1000** live births.

The Trust has had a process for reviewing deaths for over ten years and commenced the review of deaths in a structured way that met the Learning from Deaths Guidance published in March 2017. By March 2025, in accordance with the Learning from Deaths Guidance, all the adult deaths had had a completed review. There was a single unexpected adult death that is being investigated using the PSIRF methodology to ensure learning is identified and quality improvements can be initiated linked to the learning.

Review of stillbirths and neonatal deaths are reviewed under the **Perinatal Mortality Review Tool (PMRT)**, which is a standardised process for baby deaths from 22 weeks onwards, including late miscarriage, stillbirths and neonatal deaths. The Trust have submitted data for compliance with CNST Maternity Incentive Scheme Year 6, which requires evidence of reporting of deaths, review of care with external scrutiny and parental involvement in deaths that are subject to a PMRT review.

The PMRT process has a structured grading system for care provided. The PMRT review grades care in the antenatal, neonatal (for neonatal deaths) and post-bereavement care, assigning a grade for each aspect:

- A. No issues with care identified.
- B. Care issues that would have made no difference to the outcome.
- C. Care issues which may have made a difference to the outcome.
- D. Care issues which were likely to have made a difference to the outcome.

During 2024/25 for the cases that were reviewed as part of the **stillbirth** PMRT, there were 5 cases that had a grade C or D in an element of the care. The learning in these cases has highlighted delay in provision of care that could have impacted on the outcome, or aspects of the bereavement care that could be improved. The following areas of improvement and actions include:

- Escalation: Provision of training and utilisation of MDT (multi-disciplinary team) training sessions to raise awareness where guidelines are not followed.
- Communication:
 - Bereavement – Established on-call HST (Honey Suckle Team) to support out of hours provision of care, with a move to 24/7 bereavement care.
 - Clinical teams – Safety huddles and joint SOP (standard operating procedures) to support communication between Obstetrics and Neonatology for women with complex pregnancies that impact on the baby.
 - Interpreter services – work is on-going to understand why interpreter services are not utilised or accessed and how this can be supported. The Trust have an increased number of bilingual volunteers and access to interpreting services.
- Digital:
 - Improved integration of pathways on the digital systems and sets for ordering investigations
 - GROW – there is ongoing review of the integration package for customised growth charts to ensure visibility and reduction in delay in acting on results.
- Triage: SOP designed to capture patients that leave from the MAU (Maternity assessment unit) triage to ensure they are contacted to offer on-going support.

During 2024/25 for the cases that were reviewed as part of the **neonatal** death PMRT, there were 7 cases that had a grade of C or D in an element of the care. In some cases, this related to care provided at another Trust as the grading includes maternal care, neonatal care and the care provided to the mother after birth. The learning from the neonatal PMRT has been used as a focus for quality improvement projects in the unit. The following are example of the improvement projects that link to the actions from PMRT:

- Medication improvement project – aiming to reduce errors in administration that can result in adverse events.
- LocSIPS (local safety standards for invasive procedures)– supporting realtime capture of data and full completion of LocSSIPs for an increased number of procedures that occur on the neonatal unit. Ensuring that checklists become embedded in practice to improve safety.
- Sepsis – improvement in the completion of antibiotics in the ‘Golden Hour’ to improve outcomes for babies.
- Skin integrity QI project – ensuring that any skin injuries are assessed and measures in place to reduce the number of skin injuries on the neonatal unit.
- Unplanned extubation QI project – aiming to reduce the number of unplanned extubations that occur on the neonatal unit.

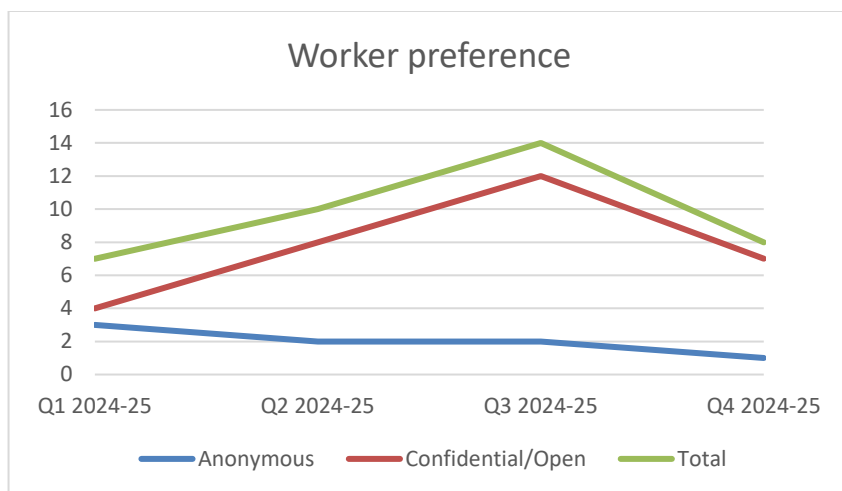
The Trust continue to complete in depth reviews of all deaths that occur at the Trust and also for women and babies that received care at the Trust. The Trust link in with MNSI (Maternal & Newborn Safety Investigations), MBRRACE-UK as well as the UHLG to ensure learning and continued improvement in all aspects of mortality.

In March 2017 the National Quality Board published a document called *‘National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care’*. The purpose of the guidance was to help initiate a standardised approach to learning from deaths.

2.2.10 Speaking up

The Trust has two part-time Freedom to Speak Up (FTSU) Guardians who undertake the role additional to their substantive posts. The FTSU service at LWH works closely with other guardians in the newly configured University Hospitals Liverpool Group (UHLG). The FTSU Service, provides reactive support and advice to any staff who are facing barriers in speaking up or listening up, in order to improve care and experiences at work; as well as proactive collaborative support to teams and leaders, and maintaining high levels of awareness of the service across the Trust. At the time of writing, the Trust compliance in Freedom to Speak Up Awareness (Level 1) role specific training is **93.1%**.

Workers (including all employees, students, contractors etc) can contact the FTSU Guardian if they are facing barriers with any part of the speak up cycle, including use of the Trust’s recommended speaking up routes (for example, line management, incident reporting, and Human Resources). When they do so, they are listened to in a confidential, inquisitive, and compassionate manner to enable the right options for signposting or next steps to be recommended and agreed.



In February 2015 Sir Robert Francis published his Freedom to Speak Up Report, an independent review into creating an open and honest reporting culture in the NHS. The report recommended that each NHS organisation should have its own Freedom to Speak Up (FTSU) Guardian.

2.2.11 NHS Doctors in Training

This section is intended to illustrate the number of exception reports raised against the vacancy rate by the grade of doctor. Fill rates for ad hoc shifts are provided to illustrate how successfully vacant shifts are filled. This section also illustrates the actions taken to mitigate the risk of having unfilled shifts and any adverse impact on the training experience of Doctors in Training whilst on rotation to the Trust.

Annual data summary

High level data

- Number of doctors and dentists in training (total): 144 hosted trainees and 33 locally employed.
- Number of doctors and dentists in training on 2016 Terms and Conditions of Service (total): 171 trainee medics
- Annual vacancy rate among this staff group: 17.28%

Exception Reports				
Period	OG	Neonates	Anaesthetics	Genetics
2024 QT1	22	5	0	0
2024 QT2	4	6	0	0
2024 QT3	17	8	0	0
2024 QT4	14	5	0	0
Totals	57	24	0	0

Issues arising

The main issues noted throughout the 4 quarters of January 2024 to December 2024 are that in general there are few numbers of exception reports submitted in total compared to the number of trainees/LE doctors on placement at the Trust. There remains to be quite a high number of unresolved ERs by the end of each quarter, with delays noted in both submission and reviewing of the ERs. In addition, there are no specific rules as to which ERs should generate TOIL or payment, and the outcomes can be very variable depending on the specialty, grade of trainee, and supervisor reviewing the ER.

Actions taken to resolve issues.

The Guardian of Safe Working met with trainee/LE doctors at each placement induction to introduce herself and speak about exception reporting, with the aim to encourage the practice. She also regularly spoke with educational supervisors to ensure quick review of ERs was completed and chased this up if they weren't completed in a timely manner.

Summary

In general, submission of ERs at the Liverpool Women's hospital is overall of a low number with the majority arising from the largest specialty, O&G. The majority of doctors submitting ERs were of Tier 1 level, with only 2 Tier 2/3 doctors submitting ERs. Most ERs were actioned either with TOIL or payment for the extra time worked and education for how ERs worked and should be reviewed occurred regularly between both trainee/LE doctors and educational supervisors. The low number of ERs for the Trust is unlikely to support any clear correlation with number of trainees or annual vacancy levels.

One of the functions which oversee the safety of NHS Doctors in Training is the Guardian of Safe Working Hours. The guardian ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate. The guardian provides assurance to the Board that doctors' working hours are safe. NHS Trusts are required to provide plan for improvement to reduce these gaps.

Part 2.3: Reporting against core indicators

Indicator	Reporting Periods	LWH Performance	National Average	Benchmarking
Clostridium difficile (C. difficile)				
The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.	February 2024-January 2025	HES Bed Days: 522,292 CDiff (HOHA) Occurrence: 120 Cdiff (HOHA) rate per 100,000 HES bed days: 22.98 Bed Days: 62481 CDiff Occurrence: 2 CDiff rate per 100,000 bed days: 3.2	Acute Trusts only HES Bed Days: 38,868,443 CDiff Occurrence: 8,350 CDiff rate per 100,000 HES bed days: 24.48	Best: RRJ - THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST CDiff rate per 100,000 HES bed days: 0.00 Worst: RPY - THE ROYAL MARSDEN NHS FOUNDATION TRUST CDiff rate per 100,000 HES bed days: 80.377
Assurance Statement The LWH national objective for C. difficile infections remains at zero annual cases. As of this reporting period, two cases have been identified at LWH: <ul style="list-style-type: none"> • 1 Hospital-Onset Healthcare-Associated (HOHA) case • 1 Community-Onset Healthcare-Associated (COHA) case Both cases occurred in Maternity patients but are confirmed to be unrelated. Each incident has been: <ul style="list-style-type: none"> • Reported on the HCAI Data Capture System (DCS) • Reviewed through a multidisciplinary team (MDT) process • Used as a learning opportunity, with findings and lessons disseminated appropriately across relevant teams Continuous efforts are underway to maintain vigilance and adherence to infection prevention protocols.				

Staff Survey Results

The national staff survey is one of many ways that LWH staff can feedback. The Trust also facilitates a Great Place to Work forum, runs quarterly People Pulse surveys, provides updates via the 3 Key Messages communications and holds an annual Big Conversation, supplemented by monthly Director visits to linked areas. Our "You Said, Together We Did" updates circulate bi-monthly to all staff and demonstrates some of the ongoing improvements across the Trust and highlights how staff feedback is used to make a difference. All of these engagement methods are designed to ensure that staff views and feeling are continuously heard throughout the year.

Our Trust response rate for the 2024 staff survey was 52% (916 responses), which is just under the average response rate of 57% for other Acute Specialists Trusts.

The staff survey questions are grouped into 9 broader themes which represent the many factors which influence overall staff experience. Reviewing the 9 'People Promise' themes below, they have been coded to show simple increase or decrease in positive scores. For the 2024 survey there were no statistically significant changes in any of the themes, although individual questions do show wider variations in scores. Scores for each People Promise indicator, together with that of the survey benchmarking group (Acute Specialist Trusts), are presented below.

Indicators ('People Promise' elements and themes)	2024/25		2023/24		2022/23	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.30	7.5	7.44	7.5	7.46	7.47
We are recognised and rewarded	5.82	6.1	5.97	6.0	5.78	5.90
We each have a voice that counts	6.74	6.9	6.91	6.9	6.89	6.90
We are safe and healthy	6.11	6.3	6.20	6.3	5.97	6.16
We are always learning	5.47	5.8	5.50	5.7	5.42	5.58
We work flexibly	6.10	6.3	6.06	6.3	5.79	6.12
We are a team	6.63	6.9	6.85	6.9	6.84	6.82
Staff engagement	6.92	7.2	6.92	7.2	7.1	7.18
Morale	5.86	6.1	5.86	6.0	5.9	5.90

Table 1: Comparison: LWH against Benchmarking Group

- Best scoring theme is "We are compassionate and inclusive" (score 7.3/10) – this was also best in 2023 for the trust.
- Worst scoring theme, as in 2022 and 2023, "We are always learning" at 5.47/10.
- The average engagement score is 6.92/10 across Cheshire and Merseyside Trusts, LWH score falls in line with the average scoring across the region with 6.92/10. The highest engagement is for Liverpool Heart and Chest at 7.7/10.

What is getting better?

Divisionally, as in previous years, colleagues in medical and corporate areas respond more positively, with colleagues in Clinical Support Services and 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.

Improvements on 2023 Responses:

- More staff recommend Liverpool Women's as a place to work, 62.5% in 2023 to 63.5% in 2024.
- More staff are satisfied with levels of pay, 33% compared to 31% last year.
- More staff feel that they have opportunities for flexible working patterns with a 2.3% increase to 54.5% in 2024.
- Less staff have experienced discrimination on the grounds of ethnic background, 47% in 2023 to 25.8% in 2024.
- More staff feel able to report harassment, bullying or abuse at work, 58.3% compared to 49.3% in 2023.
- Less staff are reporting that relationships at work are strained at work, from 50.2% in 2023 to 46.01% in 2024.

Where do we need to improve?

Decreases on 2023 Responses:

- 73.5% of staff would recommend the Trust as a place to have care, compared with 74% last year.
- There has been an increase in staff reporting that they do not have enough energy for family and friends during leisure time (a 7.5% increase since 2023).
- Fewer staff feel secure about raising concerns about unsafe clinical practice (a 4.8% to 73.6% decrease since 2023).
- 13.5% more staff have reported that they are experiencing Experience of bullying/harassment or abuse at work from colleagues, with a total of 16.5% of staff confirming this on the 2024 survey.
- There has been a decrease in staff responses to the Trust providing a needed reasonable adjustment in the workplace (65.5% response in 2024 compared to 71.3% in 2023).

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

It is positive to see improvements in relation to both 'flexible working' and 'discrimination based on ethnic background'; the People Promise Manager has supported work across the Trust's flexible working offering, and the Anti-Racism Hub have implemented a multitude of staff support and interventions, including site visits with the Anthony Walker Foundation, enhanced reporting mechanisms and the continued roll out of Anti-Racism training.

Whilst it is disappointing to see deterioration in whether staff 'feel secure to raise concerns around unsafe clinical practice', this was an expected outcome as a result of raising awareness through the Trust's ongoing Safety Culture project.

There has been a marked increase in staff who have undertaken their PDR over the last 12 months with a positive correlation of staff reporting that they are 'able to access adequate learning and development opportunities'. National factors such as dissatisfaction with pay have understandably improved given the national pay deal for AFC staff.

Comparisons to Benchmarking Groups

Although LWH performed as the worst ranking across all People Promise themes within across Acute Specialist Trust benchmarking group, in comparison to other large Maternity/Obstetric units, LWH performed better against both trusts in We are safe and healthy, staff engagement and morale:

Indicators ('People Promise' elements and themes)	Comparison against Maternity/Obstetric Hospitals within Acute Trust settings			
	LWH	Birmingham and Children's	Women's	Manchester Mary's Saint
We are compassionate and inclusive	7.30	7.40		7.25
We are recognised and rewarded	5.82	5.94		5.72
We each have a voice that counts	6.74	6.79		6.71
We are safe and healthy	6.11	6.01		5.87
We are always	5.47	5.48		5.3

learning			
We work flexibly	6.10	6.41	5.68
We are a team	6.63	6.87	6.68
Staff engagement	6.92	6.98	6.68
Morale	5.86	5.79	5.54

Table 2: Comparison: LWH against Maternity/Obstetric Units within Acute Trust Settings

When compared to the non-specialist local acute trust, which some of our services are comparable to (for instance GED), then we perform more positively against 8 out of 9 of the People Promise indicators:

Indicators ('People Promise' elements and themes)	Comparison against Acute Trust	Non-Specialist Local
	LWH	LUHFT
We are compassionate and inclusive	7.30	7.08
We are recognised and rewarded	5.82	5.72
We each have a voice that counts	6.74	6.52
We are safe and healthy	6.11	6.07
We are always learning	5.47	5.28
We work flexibly	6.10	5.88
We are a team	6.63	6.54
Staff engagement	6.92	6.62
Morale	5.86	5.77

Table 3: Comparison: LWH against Non-Specialist Local Acute Trust

Future priorities and targets

The survey has identified some key areas that need collective focus cross the Trust, which are themed according to the People Promise themes:

We are Safe and Healthy:

Priority Area 1:

- Fewer staff feel secure about raising concerns about unsafe clinical practice (a 4.8% to 73.6% decrease since 2023).

Action Plan and Support:

Through our Safety Culture project, LWH will deepen its analysis of the factors contributing to the decline in staff's ability to raise concerns, with a focus on creating an environment where staff feel confident and supported in speaking up.

This work focusses on culture and behaviours in the organisation which underpin a safe workplace providing safe services and care. This year we have identified evidence-based leadership competencies which underpin a safety culture, these are: Communication and Collaboration/Leadership and Governance/Employee Wellbeing and Support/ Safety and Risk Management, these competencies are aligned to the Staff Survey People Promise areas and questions which will be used as measures of improvement.

Priority Area 1:

- There has been an increase in staff reporting that they do not have enough energy for family and friends during leisure time (a 7.5% increase since 2023).

Action Plan and Support:

Trauma Informed Workshops will be integrated into essential training for key clinical areas at LWH. These workshops aim to prevent PTSD among staff and enhance psychological support through our established Staff Support service. Success will be measured by reductions in work-related stress absences, increased staff engagement with the Support service, and attendance at the workshops.

The Leadership Wellbeing Programme at LWH will also take a comprehensive approach to improving

workplace factors that influence staff wellbeing and experience, ultimately promoting a healthier, more engaged, and resilient workforce throughout the Trust. Staff impact will be measured through sickness absence and retention rates and survey data from both national and quarterly Pulse surveys.

We Work Flexibly:

Priority Area 1:

- *More staff feel that they have opportunities for flexible working patterns with a 2.3% increase to 54.5% in 2024.*

Action Plan and Support:

We will continue our journey of enhancing flexible working practices within LWH and removing barriers for staff in order to support better work/life balance, particularly across clinical areas. The People Promise Manager has led considerable work, particularly across clinical areas, including unlimited rostering and streamlining of flexible working application processes, to improve the 2024 score and further focus is needed in order to continue the positive impact across the Trust.

This will be measured through staff feedback, tracking flexible working requests and approvals, and analysing rostering data. Key metrics will include absenteeism, retention rates, and improvements in relevant People Promise scores, particularly in "We work flexibly" and "We are safe and healthy." Staff engagement and managerial feedback will also provide insight into the initiative's success. These data points will help assess whether the initiative improves work/life balance and supports staff well-being.

We are Compassionate and Inclusive:

Priority Area 1:

- *Less staff have experienced discrimination on the grounds of ethnic background, 47% in 2023 to 25.8% in 2024.*

While survey results show positive progress in reducing ethnic discrimination, LWH is committed to fostering a fully inclusive workplace, with ongoing efforts through the Anti-Racism Hub remaining a key focus.

Our Anti-Racism hub will continue to track the rate of reported racial discrimination cases will be monitored to evaluate the effectiveness of the reporting mechanisms and staff confidence. Monthly Employee Relations reports will be analysed to monitor discrimination-related cases and trends. Engagement with the Anthony Walker Foundation, including participation in training and workshops, will be tracked to assess staff involvement.

Priority Area 2:

- *13.5% more staff have reported that they are experiencing Experience of bullying/harassment or abuse at work from colleagues, with a total of 16.5% of staff confirming this on the 2024 survey.*

Conflict resolution training has been made mandatory for all staff within the Trust (Level 1), with public-facing staff required to complete an enhanced Level 2 training. This training will equip staff with critical skills in managing workplace conflict, de-escalating tense situations, communicating effectively with patients, and ensuring personal safety. By empowering staff with these tools, the Trust aims to foster a more harmonious and supportive work environment, reduce incidents of conflict, and improve patient care outcomes. Ultimately, this initiative aims to enhance both staff well-being and the overall safety and experience of patients.

The impact of conflict resolution training will be measured through pre- and post-training surveys to assess staff confidence, as well as tracking changes in workplace incidents and safety reports. Feedback from staff and patients can gauge improvements in communication and conflict management. Employee relations data will help identify any reduction in conflict-related cases.

The Trust has committed to the NHS Sexual Safety Charter and is introducing a comprehensive Sexual Safety policy, alongside mandatory training for all staff. Anonymised reporting mechanisms have also been implemented to ensure that staff feel safe and supported in reporting incidents. The impact of these initiatives will be measured through the percentage of staff completing the training, tracking trends in Employee Relations case rates related to sexual safety, and analysing staff feedback via surveys and pulse data. These metrics will provide insight into the effectiveness of the policy in promoting a safer, more supportive workplace culture. Finally, a Leadership Wellbeing Programme at LWH will take a comprehensive approach to improving workplace factors that influence staff wellbeing and experience, ultimately promoting a healthier, more engaged, and resilient workforce throughout the Trust.

Future Priorities

There are also a series of interventions and actions to be implemented across the Trust, which will support work across the following areas:

- Reasonable adjustments policy: this policy is essential for ensuring employees with disabilities or health conditions can perform effectively and equitably. It also benefits managers by providing clear guidelines on supporting staff, fostering an inclusive environment, and reducing the risk of legal challenges, while improving staff well-being and productivity.
- Staff Wellbeing: in June 2025, the Trust will apply for the NHS Workforce Wellbeing Grant to secure funding for initiatives that enhance staff wellbeing. The application will be informed by direct input from staff, ensuring that their needs and concerns are central to the proposal.

Organisational Development: Targeted work will take place across Maternity and Theatres to enhance leadership capability and promote compassionate leadership. By focusing on developing effective and empathetic leaders, the Trust aims to cultivate a culture of support, trust, and open communication. This will empower staff at all levels, improve team cohesion, and enhance decision-making, ultimately leading to higher morale, reduced turnover, and better patient care.

Part 3: Other Information

Part 3.1: Review of Quality Performance

This section of the Quality Report provides information on our quality performance during 2024/25. Performance against the priorities identified in our previous quality report and performance against the relevant indicators and performance thresholds set out in NHS Improvement's Oversight Framework are outlined. We are proud of a number of initiatives which contribute to strengthening quality governance systems. An update on progress to embed these initiatives is also included in this section.

Quality and Safety at the Heart of LWH Transformation

The primary aim of both the 2024/25 Improvement Plan and the emerging LWH Transformation Plan is to deliver demonstrable improvements in the quality and safety of services. This work has been central to providing assurance to the Integrated Care Board (ICB) regarding the Trust's progress against the NOF Segment 3 exit criteria.

Key achievements—such as improved maternity performance within the Deteriorating Patient Collaborative, successful closure of CQC and MSSP action plans, and advancement in Medicines Safety—highlight the Trust's ability to implement and embed change. Continued delivery through the LWH Transformation Plan will ensure that these gains are sustained and enhanced, with clear routes to assurance for the ICB and other stakeholders.

The diagram below will illustrate the benefits realised as part of the Improvement Plan and early-stage GTP delivery:

Pillar 1: Quality and Safety	Weekly Count of 2222 calls - We have seen an improvement in the information collected about the reason for the call following development and roll out of an emergency call action card.	Daily % of MEWS Scores within time - Maternity have seen a 15% increase in their daily MEWS Compliance, from a baseline of 59% to 74%.	Daily % of NEWS Scores within time - Gynae have seen a 4% increase in their daily NEWS compliance, from a baseline of 90% to 94%.	List of CQC & MSSP actions now all complete
Pillar 2: Clinical Effectiveness	24/7 Obstetric Cover: Successfully implemented on 1st November 2024, improving access to consultant-led care	Improved Clinical Pathways: Development and approval of a 'Streaming' and 'Triage' policy for non-pregnancy-related attendances, enhancing patient flow and efficiency.	Robotic Blood Sampling: Procurement of the robot progressing, with legal and financial assurance obtained.	Pharmacy Service Risks: Risks identified and added to the Ulysses risk register, guiding future planning.
Pillar 3: Operational Performance	Pathway Efficiency & Diagnostics Endometrial Pathway: 31% discharged post-triage; 1% high-risk alignment; audits ongoing. Hysteroscopy Recovery: Backlog cleared; sustained 28-day FDS; <5 undated patients by September.	Faster Diagnosis & Cancer Performance Diagnosis Times Improved: FDS rose from 67.7% (Oct) to 73% (Nov); 41% performance uplift since Oct 2023.	Long Wait Reduction Over 65 Weeks: Reduced from 38 (Sept) to 2 (Dec). Over 52 Weeks: Reduced from 712 (Sept) to 452 (Dec), despite fluctuations.	Overall Waiting List Management PTL Size Reduction: Fell from 16,906 (Aug) to 15,888 (early Nov), though later impacted by external referrals.
Pillar 4: People & Culture	Safety Culture Project has conducted detailed research project and staff engagement to understand how culture and behaviours impact on patient safety outcomes and developed a leadership behaviour framework in response	Anti Racism Hub has delivered face to face ED&I training to 90% of staff at LWH & supported staff from the global majority with practical and pastoral advice on how to address workplace challenges relating to discrimination	ED&I team has delivered regular awareness sessions for staff and community including hospital tours for refugee women, celebrations for Black History Month, communal iftar meals for staff, international women's day and more.	ED&I team has relaunched the staff networks and identified new chairs and executive sponsors. This has resulted in some impactful initiatives related to Transgender Awareness and Neurodiversity.
Pillar 5: Financial Sustainability	Shared Services Progress: Procurement, overseas visitors, and legal shared services. Mechanism for transacting £18.5m target proposed.	Portfolio Board and Support: Portfolio board and meetings established. Additional support for CIP from TDU agreed.	Financial Governance & Contracting: Work transferred to LAASP Financial Governance and Contracting.	Detailed Review and Progress: Good progress in moving plans from opportunity to development and delivery stages. Identification of savings within the position/run rate
Pillar 6: Well-led	The LWH Improvement Plan Mobilisation project was successful in defining and launching the Improvement Plan, clearly articulating the vision and strategic objectives of the plan to all	Updated Governance Structure The project delivered a revised governance structure, including updated Terms of References for the Executive Risk and Assurance Group (ERAG), which were approved and implemented by April 2024.	59% of the Corporate Governance Arrangement survey respondents felt that they are spending less time in and preparing for assurance meetings since the changes in corporate governance	Updated Risk Management Strategy: The Trust's Risk Management Strategy was revised and approved by the Board in April 2024, incorporating a new 5+5+5

Performance against the relevant indicators and performance thresholds set out in NHS Improvement's Single Oversight Framework

The following indicators are set out in NHS Improvement's Single Oversight Framework.

Key

↑	Improved position
↓	Worsening position
↔	Steady position

Indicator	2022/23		2023/24		2024/25	
Infection Control						
Clostridium difficile (C. difficile):	0	↔	0	↔	2	↓
Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia (Threshold =0)	0	↔	0	↔	1	↓
<p>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. A focus across ICBs on reducing infection levels is important as actions to reduce the risk of infections and to support early diagnosis and appropriate treatment will have beneficial effects for both patient outcomes and service demand.</p> <p>All Trusts are asked to record the rate of Trust apportioned MRSA bacteraemias and C.difficile per 100,000 bed days. LWH threshold is 0 for C. difficile which has been exceeded with 2 cases (1 HOHA , 1 COCA). LWH threshold is 0 for MRSA which has been exceeded with 1 adult Maternity case (HOHA).</p> <p>All cases are reviewed by a multidisciplinary team to ensure any Trust attributable factors are addressed.</p> <p><i>Data Source: National Health Protection Agency data collection, as governed by standard national definitions.</i></p>						

Indicator	2022/23		2023/24		2024/25	
Never Events						
Number of Incidents Reported as Never Events (Threshold= 0)	3	↑	3	↔	2	↔
<p>There have been 2 patient safety events recorded that have met the Never Event Criteria. This is a decrease on the 3 reported during 2023/2024.</p> <p>One incident related to a guidewire remaining in situ, for longer than the intended purpose. Whilst this incident was confirmed to have not caused the patient any harm, this did meet the criteria for reporting. Learning identified in relation to LOCSIPS Standard Operating Procedure with ongoing action to support completion of LOCSIP processes at the cot side.</p> <p>The second incident reported related to the incorrect IUD inserted, which differed from the device the patient consented. This review remains ongoing.</p>						

Indicator	2022/23		2023/24		2024/25	
Gynaecology Emergency Department						
Maximum waiting time of four hours from arrival to admission/transfer/discharge (Threshold= 95%)	88.76%	↓	88.91%	↑	88.58%	↓
Data Source: Patient Administration System (PAS), as governed by standard national definitions						

Indicator	2022/23		2023/24		2024/25	
Cancer Waits						
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer (Threshold= 85%)	28.68%	↓	23.44%	↓	31.48%	↑
Data Source: Patient Administration System (PAS), as governed by standard national definitions						

Indicator	2022/23		2023/24		2024/25	
Referral to Treatment (RTT)						
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate-patients on an incomplete pathway (Threshold= 92%)	44.78%	↓	46.95%	↑	49.81%	↑
Data Source: Patient Administration System (PAS), as governed by standard national definitions.						

Indicator	2022/23		2023/24		2024/25	
Diagnostic Procedures						
Maximum 6-week wait for diagnostic procedures (Threshold=99%)	80.07%	↓	93.90%	↑	89.91%	↓
Data Source: Clinical Record Interface Search (CRIS) and Patient Administration System (PAS), as governed by standard national definitions.						

Complaints, Patient Advice and Liaison Service

The Trust is dedicated to enhancing the patient, carer and family experience. The Trust welcomes complaints and concerns to ensure that continuous improvement to our services takes place and to improve experience through lessons learned.

There were 65 complaints received from 1st April 24 to 31st March 25 which shows an increase from the 64 the previous year. The primary issue in the majority of complaints related to Communications. Individual instances of these were noted a total of 96 times in the 65 complaints received. 70 complaints were resolved in the last year which includes complaints received in 2023-24. This is a decrease from 77 the previous year. Of the 70

complaints closed, 16 complaints have been upheld, 12 complaints have not been upheld and 34 complaints have been partially upheld. 8 complaints were withdrawn. 3 Complaints were resolved after the date that had been agreed for completion.

The Patient Experience Teams continues to work closely with Divisions and Departments to promote a positive patient experience and to actively encourage a swift response to concerns. These may be received by letter, e-mail, telephone, social media or a visitor to the Help Hub at main reception, providing resolution in real time wherever possible.

All complaints and concerns are shared at local weekly meetings, with oversight of key themes and trends. More complex and serious complaints are reviewed and discussed in additional detail to ensure that a prompt decision is made regarding the progression of these complaints and, where appropriate, instigation of a more comprehensive investigation.

Statistical information in respect of complaints and concerns is collected and monitored to identify trends. The Trust continues to share statistical information from formal complaints nationally.

The Trust welcomes complaints to learn and reflect on how the Trust works and to make the appropriate improvements. Whilst the Trust provides an apology to our complainants, the following outlines actions taken, and lessons learned from a sample of complaints received.

Complaints Theme and Brief Summary	Actions Taken and Lessons Learned
The complainant questioned the Trust's management of his partner's Hyperemesis Gravidarum in pregnancy and the investigation concluded there had been an update to the guideline that was not adhered to at the time of treatment.	The Trust learnt that The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum, RCOG Green-top Guideline had been updated (Guideline No. 69, Feb 2024) therefore the existing clinical guideline was updated and communicated to staff.
The patient had a poor experience during her colposcopy appointment and amongst other things was not expecting the level of questioning. This resulted in a great deal of emotional and physical distress for the patient.	The Trust learnt there was no Patient information leaflet to inform patients of what to expect during a Colposcopy appointment, so the Trust created a patient information leaflet – 'What to expect at Colposcopy appointment'
The patient complained about her pathway care; she felt neglected and unsupported with a lack of information provided to her.	The Trust learnt there was no Patient Information leaflet regarding Prostag injections, so the Trust created a Patient information leaflet 'Prostag Injections' to be provided to patients when recommending Prostag as a diagnostic and/or treatment pathway.
Patient lost baby at 22 weeks gestation and the Family nurse Partnership team was not informed of the patient's discharge and death of baby. A routine text message was received by patient to organise a visit causing upset and distress.	The Trust learnt that Family Nurse partnership was not on the checklist that midwives complete to inform all agencies when a woman is discharged from hospital after sadly losing their baby, the Trust has updated the checklist to include Family Nurse Partnership.
The incorrect clinic template on DigiCare resulted in the patient receiving text reminders detailing their appointment was booked for 12:00 hours when the appointment time was 16:15 hours.	The Trust learnt that the Clinic template on DigiCare did not include later time slots so the Trust amended the template to include later time slots.
The complainant believed they did not receive the treatment paid for or what was discussed in their last cycle plan.	The Trust learned that tests prior to embryo transfer were not offered so the Trust sent reminders and training to all staff via huddles and staff meetings.

The patient complained that news of her baby's death was communicated to her in a cold and insensitive manner.	The Trust learned that additional discussions needed to be held with medics to ensure that they are providing sensitive information in a way that the service user understands.
The patient's sample was left in the wrong hatch in laboratory and left for a considerable amount of time.	The Trust learned it was necessary to retrain all staff trained in receiving samples from patients of appropriate use of hatches.

Improvement as a result of complaints referred to the Parliamentary Health Service Ombudsman

The role of the Parliamentary and Health Service Ombudsman (PHSO) is to provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS England, have not acted properly or fairly or have provided a poor service.

The aim of the PHSO is to provide an independent, high quality complaint handling service that rights individual wrongs, drives improvement in the public service and informs public policy.

The role of the Parliamentary and Health Service Ombudsman (PHSO) is to provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS England, have not acted properly or fairly or have provided a poor service.

The aim of the PHSO is to provide an independent, high quality complaint handling service that rights individual wrongs, drives improvement in the public service and informs public policy.

During 2024/25 the PHSO requested information regarding **3** complaints. Decisions have been received for **3** cases which were: 2 x No further action taken and 1 proposal to investigate and 1 remains under investigation. This case relates to 2023/2024.

Final reports for 2 cases sent in previous years have been received 2 Upheld - 1 financial redress (£750), 1 no recommendations for LWH (relates to LUHFT).

Patient Experience

Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Patients tell us that they care about their experience of care as much as clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number and they value efficient processes.

The Government has made it clear that the patient experience is a crucial part of quality healthcare provision. The NHS Constitution, the Outcomes Framework and the NICE Quality Standards for Experience reinforce the need for patient centred care. Our services must meet the needs of the communities we serve, and we use a wide range of methods to capture the voice of patients, families, and carers to understand how we are meeting their needs at department, site and Trust wide basis.

Examples of Patient Experience initiatives/projects during 2024/25 included:

- LWH delivered 300 x 2025 Inclusion and Wellbeing Calendar to stakeholders, communities and individuals
- At the same time, asked the communities how they complain and explained how to complain, comment and compliment.
- Booked seven Hospital Tours with educational Q&As throughout the year on a Health Theme/Condition.
- Savera UK Coffee Morning with LWH, 'Understanding Pre-Menopause'
- LWH met with SE Asian Men who asked for discussions on Health Topics such as periods, sexual health, men and family health. The relevant topics were explained at locations on a Sunday with times that are more suitable and accessible for them.

- Inter faith walks held out in the Community where staff got to understand the local community on the Hospital doorstep and build vital links in understanding care for the local communities.
- Refugee Action- tour of the Hospital with 5 Ukrainian Refugees to demystify and discuss about Gynaecology, Sexual Trauma and Women's Health issues pertinent to the group.
- Links with the Roma Community recruiting volunteers to support at LWH.
- Delivered training sessions to deepen awareness of the challenges faced by transgender people at LWH—and to provide practical advice for addressing related issues with empathy and understanding.
- Working with the probation service community pay back team to support gardening in the Trust.
- Working with Public Health and Living Well Bus, hosted by Cheshire and Wirral Partnership NHS FT, was at various locations across the city offering drop-in cervical screening appointments.
- Lived Experience Panel - This is a regular attended group supported by the Patient Experience Matron. They have contributed greatly to the Deteriorating Patient Collaborative. The group have really enjoyed being involved and having their voices heard. They have also been involved in the Improving Hospital Gynaecology and Maternity Services in Liverpool.
- Therapy dogs commenced a three-month trial within March 2024. Paddy and Ralphie (with their handlers,) are based in Gynaecology Outpatients department on a Wednesday afternoon from 13-30 hrs to 15-30 hrs.
- The Help/ Advice Hub is working really well in main reception. Members of the PALS team are based in the area from 08-30hrs to 16-00 hrs. Support is also provided by Volunteers. Currently, representatives of the Brain Charity and Mary Seacole are based in the Help Hub with a PAL'S officer on a Tuesday and Wednesday. An interpreter on wheels cart has been acquired for the Help Hub and staff have received training on how to use this. It can also be utilised by reception staff. This has been used on a number of occasions to support both patients and service users.
- The Multi-lingual volunteers are working really well, one example was a lady who could not speak any English and was having a procedure and one of the volunteers supported the lady helping to reassure her. This is now being rolled out to Multi-lingual staff, this is not in place of any interpretation service as this is for the non-medical and non-complex conversations.
- PLACE assessment took place 19th Nov 25. 9 patient advocates took part, and all areas assessed, quarterly meetings arranged to work through action plan.
- Premises Assurances update showed 96% were positive or required minimal improvement.
- Neonatal - Meals and meal vouchers pilot was very successful, and the Trust have agreed to carry on with the initiative.
- Neonatal - PAG group is in process of being created with the voice of families being heard in decision making and also looking at possibility of appointing a member to the MNVP team who has lived Neonatal experience.
- 'Check with me first' trauma informed approach to Healthcare is being launched in April 25.
- ARH Hospital Tours have been going well and more are planned.
- ARH finalists for 'Black Maternal Health Awards'.
- Gynae Voices Partnership (GVP) is underway and working well.
- Launched the new Patient Engagement Portal – Allows patients to have control over appointments securely online. Patients can confirm attendance at an upcoming appointment or request to rebook or cancel hospital appointments online, using a smart phone or computer.
- Significant achievements in volunteer engagement, introducing new roles, enhancing bilingual support, contributing 14,624 hours of volunteering activity and promoting equality and inclusion.

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 2024/25 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?"	92%
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)"	90%
Total number of responses	13000

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.

You said we did

- Comments about reception staff not knowing where patients needed to be, so we have communicated with reception staff and volunteers to remind them about clinic locations.
- Displeased comments relating to 24hr visiting trial that was underway on Maternity Base, the trial has now ceased and visiting has extended hours and not 24hrs.
- Not enough information available on Induction of Labour information so Youtube videos and QR codes now available.
- Interpretation raised as not enough devices so 20 more new devices in place.

Engagement Activity

The Patient Engagement framework provides clear priorities and structure to our programme of engagement with a focus on outreach to local communities as key stakeholders in engagement activity. The Framework reflects the need for a variety and blending of engagement approaches in working in partnership with people and communities and a model of co-production is central to all activity.

There has been an ongoing programme of community outreach, in partnership with local groups and 3rd sector organisations to ensure that there is a sustained dialogue with under-represented groups and communities. The Patient Experience Team have collaborated with Equality and Diversity and Health Inequalities to provide comprehensive and robust ongoing engagement with plans to extend this model of working with other community groups.



- In the last year the Patient Involvement and Engagement Team have engaged with communities at 65 community health events, distributed 450 Inclusion Calendars across the Liverpool City Region and delivered actions following 91 listening events within the local community. The engagement of the team has been widespread including 26 areas across Liverpool and also commonly known areas to the Trust such as L1, L3, L7 and L8 postcode areas. LWH contact communities regularly providing information in relation to weekly LWH job vacancies, how to become a volunteer and any local, regional, and national Health and Social Care news that groups have requested.

National Patient Surveys

National Inpatient Survey (Gynaecology)

- Offered food that met dietary requirements - 97% (Significantly Improved)
- Asked to give views on quality of care during stay - 36% (Significantly Improved)
- Asked to give views on quality of care during stay - 36% (Most Improved)
- Got enough help from staff to eat meals - 86% (Most Improved)
- Able to get food outside of mealtimes - 83% (Most Improved)
- Offered food that met dietary requirements - 97% (Most Improved)
- Understood information about what they should or should not do after leaving hospital - 99% (Most Improved)

National Maternity Survey

- Able to ask questions afterwards about labour and birth - 79% (Significantly Improved)
- Not left alone or worried (during labour and birth) - 76% (Significantly Improved)
- Discharged without delay (postnatal) - 59% (Significantly Improved)

Cancer Patient Experience Survey

- Diagnostic test staff appeared to completely have all the information they needed about the patient - 83% (Improved Score)

- Patient found it very or quite easy to contact their main contact person - 92% (Improved Score)
- Care team gave family, or someone close, all the information needed to help care for the patient at home - 70% (Improved Score)
- The right amount of information and support was offered to the patient between final treatment and the follow up appointment - 81% (Improved Score)
- Patient was given enough information about the possibility and signs of cancer coming back or spreading - 73% (Improved Score)
- Administration of care was very good or good - 89% (Improved Score)

Digital Inclusion

LWH supported the delivery of 79 tablets, sim cards and data to people accessing LWH services who were being digitally excluded. This initiative also supported staff who are working at LWH who were considered to be digitally excluded.

Additionally, the Digital Team successfully applied for the 'Fix the Digital Divide' grant to work collaboratively with the Good Things Foundation to deliver support for digital inclusion. The outlined benefits of the delivery of the programme are:

- **Enhanced Access to Healthcare Resources:** By empowering marginalised communities, especially women, with digital literacy skills and access to essential communication services, patients at Liverpool Women's Hospital will have improved access to healthcare resources. They will be able to easily book appointments, access medical records, and receive important health-related information online. This will lead to better health outcomes and reduced healthcare disparities.
- **Streamlined Communication:** With improved digital literacy and access to communication services, patients can stay connected with healthcare providers more effectively. They can communicate their needs, ask questions, and seek assistance without barriers, leading to enhanced patient-provider communication and overall satisfaction with healthcare services.
- **Empowerment and Inclusion:** The digital inclusion initiative fosters a sense of empowerment and inclusion among patients, especially those from marginalised communities. By providing them with the necessary tools and skills to navigate the digital landscape, we empower them to take control of their health and well-being, fostering a sense of autonomy and independence.
- **Reduced Stigma and Barriers:** For patients who may feel hesitant or embarrassed to seek assistance with digital devices or access to communication services, the initiative helps reduce stigma and barriers. By creating a supportive environment and offering tailored training sessions, we encourage patients to overcome their apprehensions and actively engage in digital healthcare resources, preserving their dignity and autonomy.
- **Improved Patient Experience:** Overall, the digital inclusion initiative contributes to an improved patient experience at Liverpool Women's Hospital. Patients feel more supported, informed, and empowered to manage their health effectively in an increasingly digital world. This positive experience enhances patient satisfaction and strengthens the reputation of the hospital as a patient-centred healthcare provider.

Healthwatch Engagement

There is continued collaboration with our Healthwatch partners, Healthwatch are members of the Patient Involvement and Engagement Group and there are close working relationships when any patients contact Healthwatch.

Examples of Healthwatch engagement during 2024/25 included:

Trauma Informed Care

Following the publication of their report *'The impact of Sexual Trauma on attendance for health appointments'*, Healthwatch Liverpool approached Liverpool Women's Hospital to work in partnership with them to take forward a series of recommendations to ensure that patients attending the hospital who had a history of sexual trauma felt safe, well supported, and more encouraged to attend health screenings and health appointments in the future.

Whilst still a work in progress the project has moved at pace since being endorsed by Dianne Brown, Chief Nurse at Liverpool Women's Hospital in January 2025. Dianne remarks,

"Liverpool Women's Hospital is proud to be working in partnership with Healthwatch Liverpool.....the collaboration is vital in ensuring that survivors of sexual trauma feel safe, heard and respected when accessing our services. By embedding trauma-informed principles into our practices we can break down barriers that will encourage early detection and diagnosis and improve outcomes for the women we care for"

Work to date includes:

- Engaging over 20 stakeholders to support us in our mission including RASA Merseyside, Brownlow Health, Merseyside Police, Public Health, LGBT Foundation, Liverpool University, Black Health Academy for Equality, Rape and Sexual Abuse Support Centre and many more.
- Securing funding for 30k patient 'trauma cards' that discretely let healthcare providers know that certain procedures may be difficult or re-traumatising for them.
- Securing funding for training to be delivered by The Survivors Trust alongside the distribution of the cards. This will include both clinical and non-clinical staff of the University Hospitals of Liverpool Group, our stakeholders, primary care staff and statutory partners including Liverpool City Council and Merseyside Police.
- Taking a quality improvement approach to the pilot which will be fully evaluated by the LWH continuous improvement team. Work has already started with the Gynae Outpatients Department in process mapping their procedures particularly around reasonable adjustments for patients who have experienced sexual trauma.
- There was a knowledge sharing event on Monday 31st March 2025 to launch the trauma cards and engage over 90 representatives from across the region with a shared commitment to improving services for all patients who have experience trauma.
- An external launch of the trauma cards at an International Women's Day event on Friday 25th April 2025 hosted by Savera UK at the Adelphi Hotel where over 150 women from our most diverse local communities will be attending.

Family Integrated Care Approach – Neonatal Intensive Care Unit (NICU)

As part of EDS22 (Domain 1), Liverpool Women's Hospital have worked with Healthwatch Liverpool in assessing and scoring the Family Integrated Care Approach used in the Neonatal Unit team. Reviewing the approach through an inclusion lens with the support of Healthwatch Liverpool has ensured that patient voice is heard and acted upon. Further to this, several members of Healthwatch Liverpool reading panel reviewed the 'Welcome to NICU' booklet and shared a series of recommendations to make the booklet more inclusive that have been addressed in an action plan by NICU to ensure that they are taken forward.

Part 3.2 Quality Initiatives

We have introduced a number of initiatives to strengthen quality governance systems and improve the care, treatment and support provided to patients across the organisation. A summary of progress during 2024/25 is outlined below.

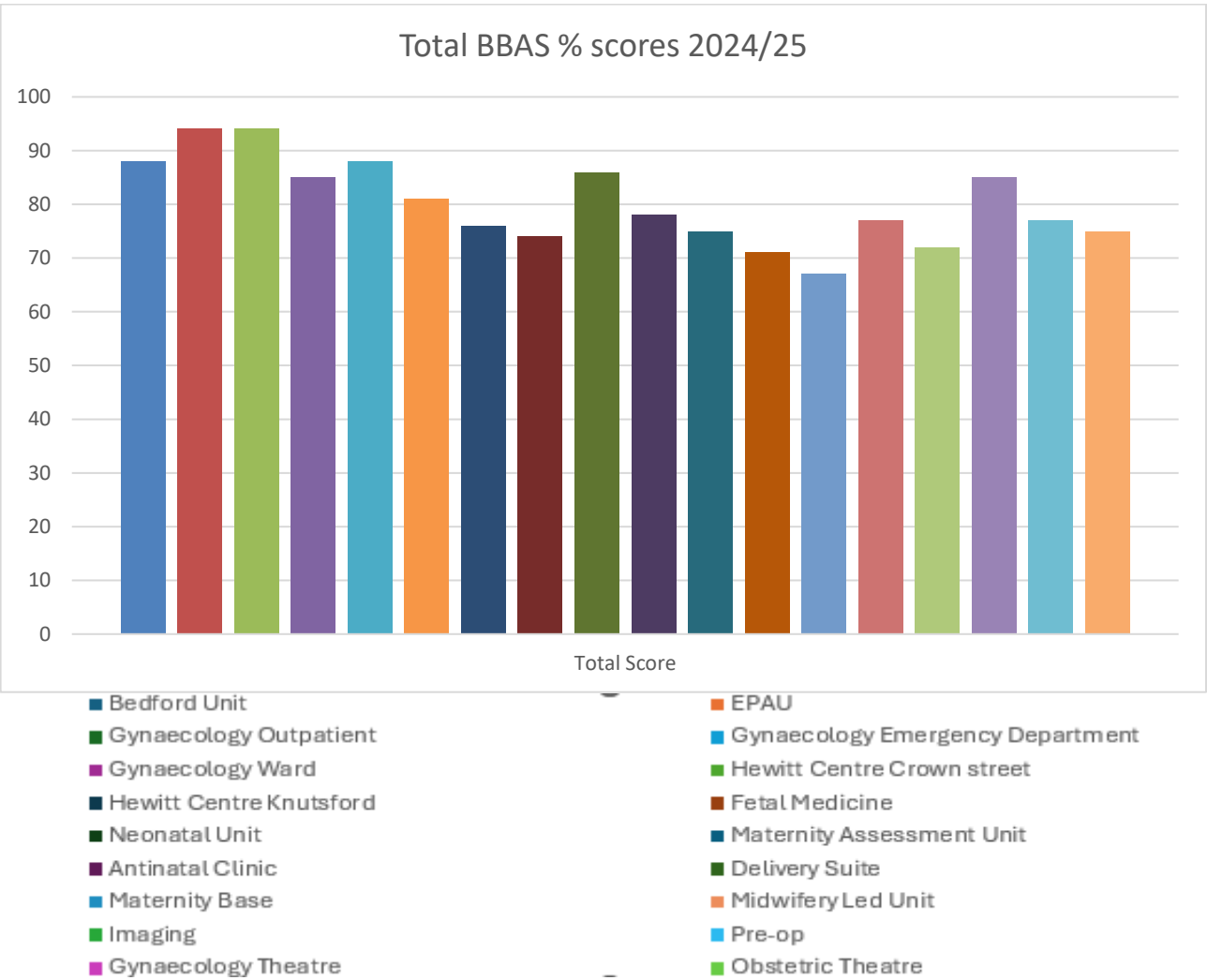
Ward Accreditation –Be Brilliant Accreditation Scheme

The BBAS has been designed to support clinical staff in practice understand how they deliver care. It supports a platform of continuous improvement for both patient safety and patient experience.

During 2024/25 a total of 18 areas have been reviewed as part of the accreditation process with 4 areas having received a second follow up accreditation in line with review timeframes.

The BBAS has been based on the Care Quality Commission standards reviewing each department across domains of safe, caring, effective, responsive and well led. Each domain broken down into multiple sections including a focus on environment, safeguarding, infection prevention control, leadership and governance and learning culture.

Data in chart below shows the ratings achieved for each area/department reviewed.



Patient Safety Incident Response Framework (PSIRF)

The Trust transitioned from the Serious Incident Framework to Patient Safety Incident Response Framework (PSIRF) from the 6th of September 2023. During 2024/2025, the Trust have continued to operationalise PSIRF utilising a variety of tools, including After Action review (AAR), Multidisciplinary review (MDT review) SWARM, Thematic Review and Patient Safety Incident Investigation (PSII) to support learning and improvements.

The Trust Safety Meeting Terms of Reference have been reviewed and updated to strengthen the decision making and oversight in relation to PSIRF. A PSIRF steering group, has been established with TOR agreed, chaired by the Assistant Director of Governance which will report into the Trust Quality & Safety Group.

Following changes to the Governance Structure, Patient Safety Learning Response Lead (PSLRL) role was implemented. The PSLRL have led on a review of the PSIRF process within the organisation. This has generated a series of actions from the PSIRF gap analysis, which highlighted the need for more structure and education around the Learning Response Tools, their processes, sharing of learning and around the PSIRF culture as a whole.

In 2024/2025 LWH investigated 14 AARs, 18 MDTs and 11 PSIIs, 2 of which were Never Events. There were 4 PSIIs for gynae, 1 for imaging, 3 for maternity, 2 for neonatal and 1 for theatres.

The 2 patient safety events recorded that have met the Never Event Criteria included an incident where a guidewire remained in situ, for longer than the intended purpose. Whilst this incident was confirmed to have not caused the patient any harm, this did meet the criteria for reporting. Learning identified in relation to LOCSIPS Standard Operating Procedure with ongoing action to support completion of LOCSIP processes at the cot side. The second incident reported related to the incorrect IUD inserted, which differed from the device the patient consented. This review remains ongoing.

Themes from the PSII within Gynaecology have included post operative issues and surgical management resulting in unplanned admission and transfer of patient to ITU at another Trust. Across Maternity Division, themes have included unexpected admissions to Neonatal for cooling (which did not meet MSNI criteria).

Actions generated from the completed PSII’s have been categorised in accordance with the SEIPS framework and the themes noted. For Person the themes relate to training, culture and clarity of roles and responsibilities for staff.

Task themes related to the need to review task in practice to see if they can be re-designed and improved. Tools and technology highlighted digital improvements required and equipment maintenance. Organisation themes included patient resources, processes for sharing new or updated practice / processes / learning from incidents to wider staff. Part of this will be covered in the Governance Gazette which highlights changes in policy's and key learning messages.

Internal organisation themes fed into the review of the MAU estate improve patient safety by make patients more visible.

As we progress through 2025/2026, the Trust are committed to improving learning across divisions as well as other providers.

Appendix A: National Clinical Audits and National Confidential Enquiries

The National Clinical Audits and National Confidential Enquiries that LWH has participated in during 2024/25 are as follows:

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Eligible to partnership Y/N	Participated	Number eligible	Actual submissions
---	-----------------------------	--------------	-----------------	--------------------

Child Health Clinical Outcome Review Programme – Juvenile Idiopathic Arthritis	N	N	N/A	N/A
Child Health Clinical Outcome Review Programme – Testicular torsion	N	N	N/A	N/A
Child Health Clinical Outcome Review Programme – Transition from child to adult health services	N	N	N/A	N/A
Medical and Surgical Clinical Outcome Review Programme – Community Acquired Pneumonia	N	N	N/A	N/A
Medical and Surgical Clinical Outcome Review Programme – Crohn's Disease	N	N	N/A	N/A
Medical and Surgical Clinical Outcome Review Programme – End of Life Care	N	N	N/A	N/A
Medical and Surgical Clinical Outcome Review Programme – Endometriosis	N	N	N/A	N/A
Medical and Surgical Clinical Outcome Review Programme – Epilepsy	N	N	N/A	N/A
Medical and Surgical Clinical Outcome Review Programme – Rehabilitation following critical illness	N	N	N/A	N/A
National Audits (NCAPOP)	Eligible	Participated	Number eligible	Actual submissions
Falls and Fragility Fracture Audit Programme (FFFAP) – Fracture Liaison Service Database (FLS-DB)	N/A	N/A	N/A	N/A
Falls and Fragility Fracture Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)	N/A	N/A	N/A	N/A
Falls and Fragility Fracture Audit Programme (FFFAP) – National Hip Fracture Database (NHFD)	N/A	N/A	N/A	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	N/A	N/A	N/A	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal mortality confidential enquiries	N/A	N/A	N/A	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal mortality surveillance	N/A	N/A	N/A	N/A

Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal mortality and serious morbidity confidential enquiry	N/A	N/A	N/A	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	N/A	N/A	N/A	N/A
Mental Health Clinical Outcome Review Programme – Real-time surveillance of patient suicide	N/A	N/A	N/A	N/A
Mental Health Clinical Outcome Review Programme – Suicide (and homicide) by people under mental health care	N/A	N/A	N/A	N/A
Mental Health Clinical Outcome Review Programme – Suicide by people in contact with substance misuse services	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – National Core Diabetes Audit	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – Diabetes Prevention Programme (DPP) Audit	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – National Diabetes Footcare Audit (NDFA)	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – National Diabetes Inpatient Safety Audit (NDISA)	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – Transition (Adolescents and Young Adults) and Young Type 2 Audit	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – National Gestational Diabetes Audit	N/A	N/A	N/A	N/A
National Adult Diabetes Audit (NDA) – National Pregnancy in Diabetes Audit (NPID)	Y	Y	100%	100%
National Adult Diabetes Audit (NDA) – NDA Integrated Specialist Survey	N/A	N/A	N/A	N/A
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPREVENT)	N/A	N/A	N/A	N/A
National Audit of Care at the End of Life (NACEL)	Y	Y	100%	100%
National Audit of Dementia – Care in general hospitals	N/A	N/A	N/A	N/A
National Audit of Dementia – Spotlight audit in community-	N/A	N/A	N/A	N/A

based memory assessment services				
National Cancer Audit Collaborating Centre (NATCAN) – National Audit of Metastatic Breast Cancer (NAoMe)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Audit of Primary Breast Cancer (NAoPri)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Prostate Cancer Audit (NPCA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Bowel Cancer Audit (NBOCA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Oesophago-Gastric Cancer Audit (NOGCA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Lung Cancer Audit (NLCA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Kidney Cancer Audit (NKCA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Non-Hodgkin Lymphoma Audit (NNHLA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Ovarian Cancer Audit (NOCA)	N/A	N/A	N/A	N/A
National Cancer Audit Collaborating Centre (NATCAN) – National Pancreatic Cancer Audit (NPaCA)	N/A	N/A	N/A	N/A
National Child Mortality Database (NCMD) Programme	N/A	N/A	N/A	N/A
National Clinical Audit of Psychosis (NCAP) – 2023 EIP audit (bespoke data) / 2024 EIP audit (bespoke data)	N/A	N/A	N/A	N/A
National Clinical Audit of Psychosis (NCAP) – 2024 EIP audit (routine data)	N/A	N/A	N/A	N/A
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	N/A	N/A	N/A	N/A

National Early Inflammatory Arthritis Audit (NEIAA)	N/A	N/A	N/A	N/A
National Emergency Laparotomy Audit (NELA)	N/A	N/A	N/A	N/A
National Maternity and Perinatal Audit (NMPA)	Y	Y	100%	100%
National Neonatal Audit Programme (NNAP)	Y	Y	100%	100%
National Obesity Audit (NOA)	N/A	N/A	N/A	N/A
National Paediatric Diabetes Audit (NPDA)	N/A	N/A	N/A	N/A
National Respiratory Audit Programme (NRAP) – Adult Asthma Secondary Care	N/A	N/A	N/A	N/A
National Respiratory Audit Programme (NRAP) – COPD Secondary Care	N/A	N/A	N/A	N/A
National Respiratory Audit Programme (NRAP) – Paediatric Asthma Secondary Care	N/A	N/A	N/A	N/A
National Respiratory Audit Programme (NRAP) – Pulmonary Rehabilitation	N/A	N/A	N/A	N/A
National Respiratory Audit Programme (NRAP) – Wales Primary Care Audit	N/A	N/A	N/A	N/A
National Vascular Registry (NVR)	N/A	N/A	N/A	N/A
Paediatric Intensive Care Audit Network (PICANet)	N/A	N/A	N/A	N/A
Sentinel Stroke National Audit Programme (SSNAP)	N/A	N/A	N/A	N/A
Non-NCAPOP commissioned	Eligible	Participated	Number eligible	Actual submissions
Adult Respiratory Support Audit	N/A	N/A	N/A	N/A
BAUS Data & Audit Programme – a) BAUS Penile Fracture Audit	N/A	N/A	N/A	N/A
BAUS Data & Audit Programme – b) BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	N/A	N/A	N/A	N/A
BAUS Data & Audit Programme – c) Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	N/A	N/A	N/A	N/A
BAUS Urology Audits - BAUS Nephrostomy Audit	N/A	N/A	N/A	N/A
BAUS Urology Audits –National Audit of Patient Satisfaction with Cystectomy Pathway for Bladder Cancer (C-PAT PROM)	N/A	N/A	N/A	N/A

Breast and Cosmetic Implant Registry	N/A	N/A	N/A	N/A
British Hernia Society Registry	N/A	N/A	N/A	N/A
Case Mix Programme (CMP)	N/A	N/A	N/A	N/A
Child Protection Service Delivery Standards Audit (CPSDSA)	N/A	N/A	N/A	N/A
Cleft Registry and Audit NETwork (CRANE)	N/A	N/A	N/A	N/A
Elective Surgery (National PROMs Programme)	N/A	N/A	N/A	N/A
Emergency Medicine QIPs – Adolescent Mental Health	N/A	N/A	N/A	N/A
Emergency Medicine QIPs – Care of Older People	N/A	N/A	N/A	N/A
Emergency Medicine QIPs – Infection Prevention and Control	N/A	N/A	N/A	N/A
Emergency Medicine QIPs – Mental Health (Self-Harm)	N/A	N/A	N/A	N/A
Emergency Medicine QIPs – Time critical medications	N/A	N/A	N/A	N/A
Improving Quality in Crohn's and Colitis (IQICC)	N/A	N/A	N/A	N/A
Kidney Audits – UK Renal Registry Chronic Kidney Disease Audit	N/A	N/A	N/A	N/A
Kidney Audits – UK Renal Registry National Acute Kidney Injury Audit	N/A	N/A	N/A	N/A
Learning Disability and Autism Programme – Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	N/A	N/A	N/A	N/A
National Audit of Cardiac Rehabilitation	N/A	N/A	N/A	N/A
National Audit of Pulmonary Hypertension	N/A	N/A	N/A	N/A
National Bariatric Surgery Registry (NBSR)	N/A	N/A	N/A	N/A
National Cardiac Arrest Audit (NCAA)	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – Myocardial Ischaemia National Audit Project (MINAP)	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – National Adult Cardiac Surgery Audit	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – National Audit of Cardiac Rhythm Management (CRM)	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – National				

Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – National Congenital Heart Disease Audit (NCHDA)	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – National Heart Failure Audit	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – Left Atrial Appendage Occlusion (LAAO) Registry	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – Patent Foramen Ovale Closure (PFOC) Registry	N/A	N/A	N/A	N/A
National Cardiac Audit Programme (NCAP) – Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	N/A	N/A	N/A	N/A
National Comparative Audit of Blood Transfusion – Audit of NICE Quality Standard QS138	Y	Y	100%	100%
National Comparative Audit of Blood Transfusion – Bedside Transfusion Audit	Y	Y	100%	100%
National Head and Neck Cancer Audit (HANA)	N/A	N/A	N/A	N/A
National Joint Registry	N/A	N/A	N/A	N/A
National Major Trauma Registry	N/A	N/A	N/A	N/A
National Neurosurgical Audit Programme	N/A	N/A	N/A	N/A
National Ophthalmology Database Audit (NOD) – Age-related Macular Degeneration Audit (AMD)	N/A	N/A	N/A	N/A
National Ophthalmology Database Audit (NOD) – National Cataract Audit	N/A	N/A	N/A	N/A
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	N/A	N/A	N/A	N/A
Outpatient Management of Pulmonary Embolism	N/A	N/A	N/A	N/A
Perinatal Mortality Review Tool (PMRT)	N/A	N/A	N/A	N/A
Perioperative Quality Improvement Programme (PQIP)	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – Improving the quality of valproate prescribing in adult mental health services	N/A	N/A	N/A	N/A

Prescribing Observatory for Mental Health – Monitoring of patients prescribed lithium	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – Prescribing for depression in adult mental health services	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – Prescribing of antipsychotic medication in adult mental health services, including high dose, combined and PRN	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – The use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – The use of melatonin	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour	N/A	N/A	N/A	N/A
Prescribing Observatory for Mental Health – The use of opioids in mental health services	N/A	N/A	N/A	N/A
QS138 Quality Insights (blood transfusion audit tool)	N/A	N/A	N/A	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) – a) Oncology & Reconstruction	N/A	N/A	N/A	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) – b) Trauma	N/A	N/A	N/A	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) – c) Orthognathic Surgery	N/A	N/A	N/A	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) – d) Non-melanoma skin cancers	N/A	N/A	N/A	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) – e) Oral and Dentoalveolar Surgery	N/A	N/A	N/A	N/A
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	N/A	N/A	N/A	N/A
Society for Acute Medicine Benchmarking Audit (SAMBA)	N/A	N/A	N/A	N/A
The Trauma Audit & Research Network (TARN)	N/A	N/A	N/A	N/A

Transurethral REsection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.	N/A	N/A	N/A	N/A
UK Cystic Fibrosis Registry	N/A	N/A	N/A	N/A
UK Parkinson's Audit	N/A	N/A	N/A	N/A

Note: The figures above represent the information provided to the Continuous Improvement Team by the relevant audit leads/departments. Data collection for some of the audits extends beyond the date of this report therefore the figures contained within the report may not correspond with the actual validated figures published in the final audit reports.

Annex A: Statements from Liverpool/Sefton/Knowsley Clinical Commissioning Group, Healthwatch Liverpool/Sefton/Knowsley Liverpool Health and Social Care Scrutiny Committee [to be added on receipt]

This section outlines the comments received from stakeholders on this Quality Account prior to publication.

Liverpool/Sefton/Knowsley Borough Clinical Commissioning Group

NHS Cheshire and Merseyside has worked closely with Liverpool Women's NHS Foundation Trust (LWH) during 2024/25 and recognise the achievements made in regard to quality throughout the year. We wish to thank you for your transparency within the quality account.

It is important to recognise the significant journey ahead for LWH's Improvement Plan for 2025/26 and beyond, will evolve into the UHL Group Transformation Plan. The ICB will support this transformation to meet the needs of the population by; streamlining acute and specialist pathways, aim for faster diagnosis through acute care and return to the community and proactive contribution to community-provided preventative care Highlighted within the Quality Account are many successful milestones achieved at LWH, to name but a few;

- 'Dedicated to Excellence' Staff Awards hosted in March 2025 where you celebrated achievements of colleagues across the Trust. Over 350 colleagues, Clinical, Corporate, Community and Voluntary Services attended, showcasing ac-accomplishments and the impact on our patients and communities.
- The Digital Services and Hewitt Fertility Centre teams from Liverpool Women's Hospital won the Health Service Journal (HSJ) Award for Driving Efficiency Through Technology- providing patients with real-time access to their treatment information, appointments, and personalised support resources.
- The CGULL study was set up during the year with the aim to improve health out-comes for families in the Liverpool City Region by following the lives of 10,000 babies from pregnancy through to childhood and beyond. Recruitment to the study is ongoing and all staff engaged with pregnant women are encouraged to promote the study to them.
- The Trust held its annual Liverpool Women's Strictly event 2024, lighting up the Titanic Hotel with an unforgettable evening of dance and generosity. The event held at the end of November raised a phenomenal £75,000, completing the Bereavement Suite Appeal and ensuring vital support for families facing the devastating loss of a baby.
- Liverpool Women's Hospital Neonatal Team were announced as the UK winner of the fifth annual Pure Foundation Fund, which celebrates the achievements of healthcare professionals and departments working in maternity, neonatal and postnatal care.
- The Trust celebrated an awards triumph at the prestigious Royal College of Mid-wives (RCM) Awards for their maternity triage project as the Maternity Assessment Unit won the Outstanding Contribution to Midwifery Services category.

- One of the Trusts staff nurses won a Royal College of Nursing (RCN) award to mark their outstanding contribution to the equality, diversity and inclusion (EDI) agenda at the College's annual regional Black History Month conference.

These achievements are a testament to the innovative, collaborative work undertaken by staff LWH.

The Trust's active clinical audit programme has been described within the account and assures oversight of clinical effectiveness. During 2024/25 the Trust participated in 4 National Clinical Audits and a further 1 National Audits (non-NCAPOP) recommended by the Healthcare Quality Improvement Partnership (HQIP).

A selection of the clinical audits and improvement work has been demonstrated within the quality account and highlights the Trusts high level of assurance and significance for improvement within their practice. The Trust acknowledge the overall score for staff engagement in the NHS Staff Survey is slightly below the average at 52% (national average 57% for other Acute Specialists Trusts) and the results also demonstrated that *fewer staff feel secure about raising concerns about unsafe clinical practice* (a 4.8% decrease since 2023). LWH have set targeted work with Safety Culture project to approach this. The Trust makes a commitment to staff engagement of ensuring staff views and feelings are continuously heard. This will be valuable to achieve the positive and open culture expected within an NHS for staff and as an ICB we will be supportive to ensure the Trust underpins a safe workplace culture.

The Trust continues to demonstrate an open learning culture, particularly focusing on mortality related learning key lessons are shared transparently when recognising the for the cases reviewed under the Perinatal Mortality Review Tool (PMRT) within the account. We will again work closely with the Trust to oversee the improvements made against these learning points.

It is demonstrated within the quality account the multiple patients experience initiatives and projects during 2024/25, highlighting the Trusts engagement with communities within Liverpool.

Finally, it is recognised that the individual effort of staff and teams within the Trust make a huge impact to patient care. This is strongly recognised within the account and through the highlighted awards and achievements during 2024/25.

Healthwatch Liverpool

Liverpool Women's NHS Foundation Trust (LWH) 2024-25 Quality Account commentary

Healthwatch Liverpool welcomes the opportunity to provide a commentary on the 2024-25 Quality Account for Liverpool Women's NHS Foundation Trust (LWH). We base our commentary on this report and relevant feedback and enquiries that we receive throughout the year.

We congratulate the trust on their work in the past year to implement the Trust Improvement Plan and its new status as a University Hospital.

We welcome the reductions in 65- and 52-week elective waits and hope the work to reduce waits will continue at pace. We hear from patients how stressful long waits can be when leaving patients to live with pain or uncertainty.

We note the ongoing challenges from operating on a site that does not have a co-located acute services, and both the development work to address some of these challenges now (joint work between hospitals, neonatal developments and the establishment of the Community Diagnostic Centre) and the ongoing thinking about what a future model of care may look like. It is vital that while this deliberation is underway the trust continues its commitment to delivering the best and most patient-centred care it can for those who needs its services and continues to engage with communities.

The information on stillbirths and neonatal deaths makes for difficult reading – all such deaths are devastating

to the families involved. We welcome however to see thorough learning from these deaths, which we hope will keep future care as safe as possible.

We also welcome the Trust's ongoing work around being an Antiracist organisation. We note the significant reduction in the proportion of staff who report "having *experienced discrimination on the grounds of ethnic background*" but that this work will need ongoing focus, to reduce this further and help ensure fair and positive experiences for trust staff and patients alike.

During the year we were in regular contact with the Patient Experience team and involved in a variety of areas of work to improve patient access and experience.

Our volunteer Readers Panel reviewed 14 documents for the trust for accessibility, including patient letters and a NICU family booklet. We would be happy to review more patient facing leaflets and letters for the trust in the coming year.

We have been delighted to work closely with the trust in this year to implement the learning of our report on '*The impact of Sexual Trauma on attendance for health appointments*' as detailed in the Quality Account. The support and commitment of trust staff to take forward a pilot in gynaecology outpatients to improve survivor's experiences of healthcare has been very much appreciated. One survivor has told us:

"For medical professionals, my appointment might just be a normal day at the office. But for me, it's anything but normal. It's triggering, de-railing, and traumatic. The difference it will make to feel like that is consistently recognised, respected, and understood, in practice and in policy, is going to be massive."

That this pilot is now spreading beyond Liverpool Women's Hospital is testimony to how the trust's commitment to improving patient care can inspire and encourage others.

We note the work underway to establish the Group Model, and hope that the implementation is carried out with a patient-focused perspective to provide effective and sustainable care with patients at its heart. We further hope it will allow the spread of best practice between sites, including around equity, access and reasonable adjustments for those patients and communities who require them.

The trust priorities in 2025-6 form one site component in the larger Group Transformation Plan. As the trust grows with the Group model maintaining a focus on what matters on each site, alongside the bigger overall picture, will be really important. We look forward to ongoing engagement with the trust in 2025-6 and seeing how these priorities are delivered.

Health and Social Care Scrutiny Committee

Commentary:

Annex B: Statement of Directors' Responsibilities in respect of the Quality Report

The Directors of ("LWH") 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 the NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2024/25* and supporting guidance *Detailed requirements for quality reports 2024/25*.
- 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 2024 to March 2025
 - Papers relating to Quality reported to the Board over the period April 2024 to March 2025

- Feedback from commissioners dated 18/06/2025.
- Feedback from governors dated 12/06/2025.
- Feedback from local Healthwatch 09/06/2025.
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, July 2025
- The 2023 National Patient Survey– National Inpatient Patient Survey, National Maternity Patient Survey and Cancer Patient Experience Survey.
- The 2024 National staff survey
- The Head of Internal Audit's annual opinion over the Trust's control environment
- CQC inspection report
- 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; and,
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



25 June 2025Chairman



25 June 2025 Chief Executive

Annex C: How to provide feedback on this report.

Feedback on the content of this report and suggestions for the content of future reports can be provided by calling 0151 708 9988.

