

# Liverpool Women's NHS Foundation Trust

## Inspection report

Liverpool Women's Hospital  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

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

The annual delivery rate is around 8,000 babies each year. The trust provides inpatient and community midwifery services, which supports women and their families on their journey throughout pregnancy, birth and the postnatal period.

Women receive antenatal and post-natal care in many venues, including children's centres and GP practices and in women's homes by named midwives committed to providing continuity of care.

Women with uncomplicated low risk pregnancies could choose to have their babies at home and be cared for by community midwives. The trust also has a small team of midwives dedicated to caring for women who require enhanced care and support for a variety of reasons.

Services at the trust are commissioned by Liverpool Clinical Commissioning Group.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

Liverpool Women's NHS Foundation trust provides a range of services including maternity, gynaecology, neonatology, genetics and fertility services from the main hospital site. It provides care for more than 50,000 patients from Liverpool, the surrounding areas and across the UK.

The trust provides inpatient and community midwifery services, which supports women and their families on their journey throughout pregnancy, birth and the postnatal period. Women receive antenatal and post-natal care in many community venues, including children's centres and GP practices and in women's homes by named midwives committed to providing continuity of care.

Women with uncomplicated low risk pregnancies could choose to have their babies at home and be cared for by community midwives. The trust also has a small team of midwives dedicated to caring for women who require enhanced care and support for a variety of reasons.

Liverpool Women's hospital has the only dedicated 24 hour emergency gynaecology department in the UK which is open to all women who require urgent gynaecological or early pregnancy advice or treatment. The trust has 36 gynaecology beds, located across the gynaecology unit, gynaecology high dependency unit and Bedford Centre. The trust offers the 31 elective surgery sessions per week and provides an ambulatory care service for minor surgical procedures. The trust offers a range of gynaecological services including adolescent gynaecology, colposcopy, hysteroscopy and uro-gynaecology. The trust is also the specialist regional centre for gynaecology oncology within the Manchester and Cheshire cancer network.

The trust also provides a range of services from the Aintree Centre for Women's Health, based at Aintree University Hospitals NHS Foundation Trust, including antenatal and booking clinics, foetal medicine clinics and a full range of gynaecology outpatient services including consultation, diagnostics and treatment.

From April 2016 to March 2017 the trust delivered 8891 babies, undertook 5551 gynaecological procedures, cared for 1038 babies in neonatal intensive and high dependency care units and performed 1413 cycles of in vitro fertilisation.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 29 January 2018 and 31 January 2018 we inspected some of the core services provided by this trust at its main hospital as part of our ongoing inspection programme.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed *Is this organisation well-led?*

What we found is summarised in the section headed, *Is this organisation well-led?* The well-led inspection took place between 26 and 28 February 2018.

## What we found

We rated well-led at the trust level as good.

We rated three of the trust's core services as part of this inspection. We rated safe, effective, caring and responsive as good and Well Led as good. In rating the trust we took into account the current ratings of the services not inspected this time.

Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

## Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- Safety systems, processes and standard operating procedures were reliable or appropriate to keep women and babies safe. Staff followed policies and national guidance.
- The trust assessed patient risk well. Staff identified risks to patients and took appropriate measures to mitigate these risks.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Ward managers matched staffing levels to patient need and could increase staffing when care demands rose by rotation of staff.
- The trust provided specialist clinics and staff with enhanced skills to support women with special needs.

# Summary of findings

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- There was an established Maternity Services Liaison Committee (MSLC), which provided an effective channel for users of maternity service to influence the local provision of maternity services.
- The trust had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- Community staff made prompt and timely referrals for women and babies that were identified as vulnerable and there was evidence that the trust worked closely with the enhanced midwifery team, safeguarding team and social services.
- The maternity service had an escalation policy whereby on-call community midwives were required to provide additional staffing to the hospital.
- There were regular divisional and managerial meetings to discuss all incidents in maternity services, including progress on investigations. Feedback to staff was given via face-to-face discussions, emails, staff handovers, staff huddles and team meetings.
- The trust used a combination of National Institute for Health and Care Excellence (NICE) and Royal Colleges' guidance to determine the treatment provided such as supporting a home or water birth and women who did not attend appointments.
- Parents were involved in choices about their baby's birth both at booking and throughout the antenatal period. Those we spoke with said they had felt involved in their care; they understood the choices open to them and were given options of where to have their baby.

However:

- We found that some governance structures, processes and initiatives were recently developed and had yet to be fully embedded and audited in practice.
- Community managers informed us that they completed a training and development log for all their community midwives for mandatory training requirements. However, they did not have complete oversight or use a scoping tool to assess when midwives last undertook a homebirth, pool birth or when community midwives last sutured following a delivery.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update however there were many systems in current use which made it laborious and difficult to access information quickly.
- Within the gynaecology core service we found that staff did not always take time to interact with patients outside of essential conversations during observations or examinations.
- Maternity Early Warning score (MEWS) audit results in 2017 were overall good. However, some areas scored low or were scored as "not applicable". This highlighted some inconsistencies with either the staff completing the MEWS incompletely or issues with the audit process.
- Computer information systems needed to be enhanced, streamlined and developed further to reduce and mitigate risks.

## Are services safe?

Our rating of safe improved. We rated it as good because:

# Summary of findings

- Performance shows a track record and steady improvements in safety.
- Across areas of the trust that we inspected, risks to people who used services were consistently assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health and completion of risk assessments. We found risks assessments were consistently in place or reviewed regularly.
- In surgical areas staff consistently meet good practice standards in relation to controlled drugs. Records did not consistently have two signatures and wastage records were not consistently completed.
- Across all areas of the trust, there was clear use of systems to record and report safety concerns, incidents and near misses. When things went wrong, reviews and investigations were sufficiently thorough. Necessary improvements were made when things went wrong. Learning from incidents was not consistently shared across the trust to prevent recurrence of incidents.
- Safeguarding adults, children and young people at risk was given sufficient priority. Staff took a proactive approach to safeguarding and focus on early identification. They took steps to prevent abuse or discrimination, responded appropriately to any signs or allegations of abuse and worked effectively with others, including people using the service, to agree and implement protection plans.
- Since our last inspection there was significant improvement in safeguarding training completion levels.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Across most areas, staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Staff shortages were responded to quickly and adequately. Where relevant, there were effective handovers and shift changes to ensure that staff could manage risks to people who use services.
- Openness and transparency about safety was encouraged. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. People received their medicines as prescribed, staff managed medicines consistently and safely.

However:

- Learning from incidents was not consistently shared across the trust to prevent recurrence of incidents.
- Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe.
- Monitoring whether new safety systems were implemented and embedded over time, was not always robust.
- In some clinical areas, we observed that patient records were stored in trolley's with zip security access only (not securely locked) and stored in corridors where patients and the public had access. This did not assure us that patient records were stored confidentially at all times.
- We were told that the Medicines Policy covered all areas trust wide. However the Deputy Chief Pharmacist acknowledged that each division currently worked in isolation when considering incidents, in response to our inspection we were told a weekly meeting of harm was going to be initiated immediately to include each division to ensure there would be sharing of best practice.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- People have good outcomes because they receive effective care and treatment that meets their needs.

# Summary of findings

- Outcomes for people who used services were above expectations compared with similar services.
- People have comprehensive assessments of their needs, which include consideration of clinical needs (including pain relief), mental health, physical health and wellbeing and nutrition and hydration needs. The expected outcomes are identified and care and treatment is regularly reviewed and updated, and appropriate referral pathways are in place to make sure that needs are addressed.
- People's care and treatment is planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- Where people are subject to the Mental Health Act 1983 (MHA), their rights are protected and staff comply with the MHA Code of Practice.
- Across the trust, consent to care and treatment was obtained in line with legislation and guidance.
- Applications to authorise a deprivation of liberty using the Deprivation of Liberty safeguards were made appropriately in a timely way.
- Information about people's care and treatment, and their outcomes, is routinely collected and monitored. This information is used to improve care.
- There is participation (that includes all relevant staff) in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and approved service accreditation schemes.

However:

- There are gaps in the management and support arrangements for staff, such as appraisal, supervision and professional development.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update however there were many systems in use which made it difficult to access information quickly.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Feedback from people who used the service and those who are close to them was positive. We observed that patients were treated with dignity, respect and kindness during their interactions with staff. People we spoke with told us that they felt supported and said staff cared about them.
- Across most areas, staff responded compassionately when people needed help and they supported them to meet their basic personal needs as and when required. Staff supported people and those close to them to manage their emotional response to their care and treatment.
- During our inspection we observed that people who used services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. We observed how staff communicated with people and provided information in a way that they could understand it.
- People we spoke with told us they understood their condition and their care, treatment and advice. People and staff worked together to plan care and in most areas there was shared decision making about care and treatment.
- People who used services, those close to them and most staff understood the expectations of the service around privacy and dignity. Staff recognised the importance of people's privacy and dignity and our observations showed staff behaving in a respectful manner at all times.

However:

# Summary of findings

- Across several areas of the trust, people's confidentiality was not respected at all times.
- Staff did not always take time to interact with patients outside of essential conversations during observations or examinations.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- Services took into account patients' individual physical needs. Patients with complex needs such as a learning disability, dementia or a mental health needs were identified in order for staff to provide additional person centred support.
- Managers and staff understood and followed procedures to manage access to treatment, particularly at times of increased need.
- National targets to ensure that patients could access the services when they needed them were being met.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The service did not always take account of patients' individual emotional needs. The emotional needs of patients were not always taken into account when planning services.
- Patients' privacy was not consistently considered by staff. Consultations took place behind a curtain in the colposcopy clinic waiting area where conversations could be overheard.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Services had effective systems for identifying risks, and planning to eliminate or reduce them.
- The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- There was evidence of service innovations to benefit the local population.
- There was evidence of good multidisciplinary working in most areas.
- There had been significant improvements in the midwifery staffing numbers since the last inspection.
- We were told by patients and families during our inspection of positive examples of caring, compassionate care. Patients gave us positive feedback about the care they received.

However:

- Incident reporting was inconsistent across services and learning from serious incidents was not effective across divisions.
- Whilst there was a clear leadership structure in place, we noted that where staff had changed roles or managers were absent staff were not always clear who filled their place.
- The Information Technology (IT) infrastructure was very poor and posed potential clinical risks. There were many systems patched together, resulting in very slow systems affecting service delivery.
- Not all staff were actively engaged so that their views could be used to improve services.



# Summary of findings

## Liverpool Women's Hospital:

- We rated safe, responsive, effective and well led and caring as good.
- Of the services we inspected we rated two services as good and one service as requires improvement.
- The ratings for the services we inspected showed maternity [in patient] and maternity [outpatient] had improved. Gynaecology had gone down since our last inspection.
- Staff we spoke with talked positively about local clinical ward based leadership at Liverpool Women's hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.

See sections on individual services at Liverpool Women's Hospital below for more information.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice during the inspection. For more information, see the outstanding practice section in this report.

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. We also found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

## Action we have taken

We issued one requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements. Our action related to breaches legal requirements in medical care, surgery, critical care, maternity and children and young people.

For more information on action we have taken, see the sections on areas for improvement and regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following outstanding practice:

- The maternity service had neonatal resuscitation equipment designed to allow a new-born baby to be placed in the correct position for optimal cord clamping while clinical staff had the necessary access to the baby during resuscitation.



# Summary of findings

- The maternity service had two height adjustable baby cots with handset-operated controls for women with disabilities.
- Midwives liaised with local projects and charities in the city of Liverpool to support new mothers who were struggling to meet the financial and practical burden of looking after a new baby.
- Enhanced midwifery team provided individualised needs-based holistic care to women with significant mental health problems, alcohol, substance misuse, social care involvement, learning disabilities.
- Staff worked collaboratively with a wide range of services, completing joint visits in order to provide a seamless support service to women before and after the birth of their baby.
- Community services evaluate their service, using a wide range of tools, including the hospital anxiety and depression score, maternal antenatal attachments score and the maternal postnatal attachments score.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

#### Gynaecology

- The service must ensure that patients' privacy is maintained at all times.

### Action the trust **SHOULD** take to improve

#### Maternity [in patient]

- The trust should ensure that all governance structures, processes and initiatives that were recently developed are fully embedded and audited in practice.
- The trust should continue to monitor access and flow, timely review of women by medical and midwifery staff and timely access and response within the telephone systems in Triage and Maternity Assessment Unit.
- The trust should ensure that all staff have completed their mandatory training.
- The service should ensure that all staff receive an annual appraisal review.
- The trust should continue to audit the MEWS charts to ensure full compliance and completion by all staff.
- The trust should ensure that all patient records are stored confidentially at all times in all clinical areas.
- The trust should mitigate risks relating to using of both electronic and paper documentation simultaneously.
- The trust should ensure that all staff competencies for medical devices training are up to date.

#### Maternity [Community]

- The trust should undertake a scoping exercise to assess when community midwives last undertook homebirths, pool births or suturing following a delivery to ensure all staff are confident and competent to undertake such roles.
- The service should continue to review and increase their homebirth rate.

# Summary of findings

- The trust should ensure that all guidelines on the intranet are up to date and staff are using the most up to date documents concerning foetal monitoring.
- The trust should continue to develop and monitor the development of an electronic patient system and ensure standardised use among all staff.
- The trust should continue to monitor and resolve IT issues experienced by staff in the community.

## Gynaecology

- The trust should record reasons for missed medications in each occurrence.
- The trust should ensure that patient records are stored securely at all times.
- The trust should review mandatory training rates against the trust target and put an action plan in place to meet those targets.
- The trust should audit infection control measures in place in gynaecology theatres.
- The trust should make sure electronic records are accessible to staff in a timely manner.
- The trust should provide training for staff around providing counselling or emotional support to patients experiencing a miscarriage or termination of pregnancy.
- The trust should enable new staff members to become familiar with online records systems prior to using them in practice.
- The trust should consider providing contraceptive services to women who attend for a termination of pregnancy.
- The trust should have health information leaflets available in languages other than English.
- The trust should consider the needs of local people when planning service delivery.
- The trust should consider putting pathways in place for women who present to the emergency department that are not pregnant.
- The trust should consider the length of time patients are expected to wait in the admissions lounge on the gynaecology unit prior to surgical procedures.
- The trust should consider what activities are made available to inpatients within the gynaecology unit.
- The trust should review any assessment/quiet rooms used for any mental health patients that may attend the hospital. Specifically in relation to the management of any ligature risks within these rooms.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

This was our first review of well led at the trust under our next phase methodology. We rated well led as good because:

# Summary of findings

- The senior leadership team had the skills, knowledge, abilities and commitment to provide high-quality services. New members of the management team were being embedded through the different management levels in the trust; however, the embedding of new staff was still to be completed and required further works to ensure the new leadership structures were effective across the trust.
- There was a clear structure in place to support good governance and management. The trust had systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- Managers and staff embraced innovation and tried hard to improve the quality and sustainability of services.
- Managers across the service generally promoted a positive culture that supported and valued staff. In most service areas this created a sense of common purpose based on shared values.
- The senior management team collected, analysed, managed and used information well to support activities, using secure electronic systems with security safeguards.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- Most staff we spoke with described a continued improvement in the culture since our last inspection and spoke positively about the leadership team.

However:

- Governance frameworks were established; however this work was not fully embedded trust wide. We were assured there was an overall 'line of sight', but there remained variation in the management of risk, staffing and performance frameworks across divisions within the trust.
- The information technology infrastructure was mis-matched across the trust and posed potential clinical risks. There were many systems patched together, resulting in slow systems which affected service delivery.
- Trainee medical staff told us that they were not given enough time to learn to use the systems before having to use them in practice.
- Within the gynaecology division, staff we spoke with were not aware of a divisional strategy for the service. Managers at all levels expressed a lack of direction or vision for the service. Senior managers we spoke to were also unable to articulate a clear vision for the gynaecology service.
- Staff expressed to us that there was "silo" working within the trust. Medical, nursing and theatre staff worked separately to resolve issues and did not always engage in opportunities to collaborate.
- We were told that the Medicines Policy covered all areas trust wide. However the Deputy Chief Pharmacist acknowledged that each division currently worked in isolation when considering incidents. This meant that learning from medication incidents was not effectively shared across the trust.
- Actions identified on the Workforce Race Equality Standard [WRES] action plan 2016-2017 had not yet been completed.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Liverpool Women's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Outstanding ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018
Gynaecology	Good ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018
Neonatal services	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
End of life care	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Outpatients	Good May 2015	Not rated	Good May 2015	Good May 2015	Good May 2015	Good May 2015
<b>Overall*</b>	Good ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Liverpool Women's Hospital

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## Key facts and figures

Liverpool Women's Hospital specialises in the health of women, babies and their families. It is the largest women's hospital of its kind in Europe.

The hospital provides a range of services, including maternity, gynaecology, neonatology, genetics and fertility services from the main hospital site. It provides care for more than 50,000 patients from Liverpool, the surrounding areas and across the UK.

The hospital has the only dedicated 24-hour emergency gynaecology department in the UK, which is open to all women who require urgent gynaecological or early pregnancy advice or treatment.

The hospital is also the specialist regional centre for gynaecology oncology within the Manchester and Cheshire cancer network.

The Bedford Centre is located within the hospital and is a day case unit providing termination of pregnancy services.

Liverpool Women's NHS Foundation Trust also provides a range of services from the Aintree Centre for Women's Health, including antenatal and booking clinics, foetal medicine clinics and a full range of gynaecology outpatient services including consultation, diagnostics and treatment.

Liverpool Women's Hospital is one of the largest employers locally with more than 1,400 whole time equivalent staff.

The annual delivery rate is around 8,000 babies each year. The trust provides inpatient and community midwifery services, which supports women and their families on their journey throughout pregnancy, birth and the postnatal period.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of services at Liverpool Women's Hospital

**Good**   

Our rating of services stayed the same. We rated it them as good because:

- There were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

# Summary of findings

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff assessed patient risk well. Staff identified risks to patients and took appropriate measures to mitigate these risks.
- Medicines were prescribed, administered, recorded and stored well. Patients received the right medication at the right dose at the right time.
- There was an established Maternity Services Liaison Committee (MSLC), which provided an effective channel for users of maternity service to influence the local provision of maternity services.
- Community staff made prompt and timely referrals for women and babies that were identified as vulnerable and there was evidence that the trust worked closely with the enhanced midwifery team, safeguarding team and social services.
- Parents were involved in choices about their baby's birth both at booking and throughout the antenatal period.

However:

- We found that some governance structures, processes and initiatives were recently developed and had yet to be fully embedded and audited in practice.
- Staff did not always have prompt access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Managers across the hospital did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Computer information systems needed to be enhanced, streamlined and developed further to reduce and mitigate risks.



# Maternity

Good  

## Key facts and figures

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

The annual delivery rate is around 8,000 babies each year. The trust provides inpatient and community midwifery services, which supports women and their families on their journey throughout pregnancy, birth and the postnatal period.

Women receive antenatal and post-natal care in many venues, including children's centres and GP practices and in women's homes by named midwives committed to providing continuity of care.

Women with uncomplicated low risk pregnancies could choose to have their babies at home and be cared for by community midwives. The trust also has a small team of midwives dedicated to caring for women who require enhanced care and support for a variety of reasons.

During our visit, we spoke with 14 patients, two doctors, six maternity support workers and 27 staff senior and junior midwives.

We observed care and treatment to assess if patients had positive outcomes and looked at the care and treatment records for 10 patients. We also reviewed three medicine prescription charts.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff recognised and reported incidents well. However, initiatives for shared learning to reduce recurrence were relatively new and still needed to be embedded into practice.
- Safety systems, processes and standard operating procedures were reliable or appropriate to keep women and babies safe. Staff followed policies and national guidance.
- Staff identified potential safeguarding risks, involved relevant professionals and had systems in place to manage it.
- The service had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Ward managers matched staffing levels to patient need and could increase staffing when care demands rose by rotation of staff within the unit.
- Performance and patient outcomes on the maternity dashboard were good.
- Stillbirth rates were monitored closely and were on a downward trend.
- There was an established mandatory training programme for midwives and medical staff.
- The service had specialist clinics and staff with enhanced skills to support women with special needs.
- Enhanced midwifery team provided individualised needs-based holistic care to women with significant mental health problems, alcohol, substance misuse, social care involvement, learning disabilities. They provided one-to-one care within a setting, which was comfortable for the woman (Better births, 2017).

# Maternity

- Patients' needs and preferences were considered and acted on to ensure that services were delivered in a way that met their needs.
- The maternity service had two height adjustable baby cots with handset-operated controls for women with disabilities.
- There were eight cots dedicated for transitional care of babies situated on the maternity ward.
- There was an established bereavement system in place following the loss of a baby.
- There was an established Maternity Services Liaison Committee (MSLC), which provided an effective channel for users of maternity service to influence the local provision of maternity services.
- The culture among staff was good.
- Patients were positive about their care.
- Staff were aware of the maternity vision and strategy plan or the maternity service development plan.
- Senior managers had a good oversight and awareness of issues within the services and there was evidence of plans to improve these.
- Midwives had implemented a new "reconciliation" process, which monitored closely all medicine stocks. This aimed to reduce medication errors, monitor supplies and expiry dates and improve traceability of the drugs. This was an improvement since the last CQC inspection in 2015.

However:

- Some governance structures, processes and initiatives were recently developed and had yet to be fully embedded and audited in practice.
- There were access and flow issues within the triage and Maternity Assessment Unit (MAU).
- We observed issues in antenatal clinic regarding the environment, cleaning schedules, infection control and cleanliness, effectiveness of the self-check in service and fridge temperature recordings.
- Timely advice and support via the telephone triage line was not always available.
- Maternity Early Warning score (MEWS) audit results in 2017 were overall good. However, some areas scored low or were scored as "not applicable". Therefore, this highlighted some inconsistencies with either the staff completing the MEWS incompletely or issues with the audit process.
- Patient records were not stored confidentially at all times in some clinical areas.
- Mandatory training rates showed that compliance rates were below the trust target of 95% in three of the four main inpatient clinical areas.
- Compliance rate for safeguarding training for inpatient midwifery and medical staff was under the trust target of 95%.
- Not all staff had received annual appraisal reviews.
- Some ward staff had not completed medical device training since 2014.
- The homebirth rate was low.
- Computer information systems needed to be developed further to reduce and mitigate risks.

# Maternity

## Is the service safe?

**Good**  

Our rating of safe stayed the same. We rated it as good because:

- The service managed patient safety incidents well.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The maternity service had neonatal resuscitation equipment designed to allow a new-born baby to be placed in the correct position for optimal cord clamping while clinical staff had the necessary access to the baby during resuscitation.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Since the last CQC inspection in 2015, community staff had implemented a new “reconciliation” process, which monitored all medicine stocks closely. This aimed to reduce medication errors, monitor supplies and expiry dates and improve traceability of the drugs.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The majority of staff in community midwifery services (between 96 and 100%) had completed training in level 3 safeguarding adults and children. Training completion levels in inpatient midwifery services ranged from 79% to 100%.
- Staff kept appropriate records of patients’ care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service provided mandatory training in key skills to all staff. Data received from the trust confirmed that mandatory training and safeguarding compliance rates were between 87 and 96% completion by staff. However we noted that this fell below the trust target of 95% inpatient services.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- Maternity Early Warning score (MEWS) audit results in 2017 were good overall. However, some areas scored low or were scored as “not applicable”. Therefore, this highlighted inconsistency indicating either the staff were completing the MEWS incompletely or there were issues with the audit process.

# Maternity

- Staff were currently using two different recording systems on the delivery unit and there were some concerns raised by staff about duplication of documentation, confusion and room for errors. Senior medical staff agreed that using two systems (electronic and paper documentation) could potentially be a cause for concern.
- There were still some inconsistencies following incidents and improvements needed to be implemented. There were relatively new staff in post who were working closely to improve timely processes, outcomes and feedback to staff and reduce risks of reoccurrence.
- In some clinical areas, such as the anti-natal clinic, we observed that patient records were stored in trolleys with zip security access only (not securely locked) and stored in corridors where patients and the public had access. This did not assure us that patient records were stored confidentially at all times.
- Clinical areas used cloth curtains in the bedded and cubicle bays. We did not observe cleaning labels on the curtains to highlight when they were last changed or cleaned. Staff we asked were unaware of the cleaning rota and when the curtains were last changed or cleaned. The trust provided us with evidence that the curtains in the clinical areas were audited and changed approximately every six months. Curtains on delivery suite were changed “as and when” however, there was no visible record of this.

## Is the service effective?

Good ● ➡ ➡

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients’ religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff’s work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients’ care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care

However:

- Managers did not have complete oversight or use a scoping tool to assess when midwives last undertook homebirths, pool births or suturing following a delivery. As the homebirth rate was low and community midwives did not routinely rotate into the acute trust, managers were not fully aware of all staff competencies and staff confidence to undertake such roles.
- Not all inpatient staff had completed an annual appraisal.

# Maternity

## Is the service caring?

**Good** ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Care and treatment throughout the wards and departments providing care to maternity inpatients were delivered by caring and compassionate staff. We observed staff treating patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- Women were involved in choices about their baby's birth both at booking and throughout the ante-natal period.
- Staff were skilled at building trusting relationships with patients and their partners/relatives in a short space of time.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- Maternity services were responsive to patients' needs. Services were tailored, planned, and delivered to meet the individual needs of women and were delivered in a way to ensure flexibility, choice and continuity of care. Patients' preferences were considered and acted on to ensure that services were delivered in a way that met their needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs. This included people in vulnerable circumstances or those who had complex needs. Staff liaised with local projects and charities in the city of Liverpool to support new mothers who were struggling to meet the financial and practical burden of looking after a new baby. Staff told us about contacting these local projects, to source baby equipment and personal items when women were struggling to buy such items themselves. This was a proactive and supportive approach to meet the needs of women in vulnerable circumstances.
- Patients' care and treatment was coordinated with other services and other providers in order to meet their individual needs. There were midwives with specialist skills in conditions such as diabetes and substance misuse who were available to advise and support women. The enhanced midwifery team worked collaboratively with a wide range of services that supported the team in completing joint visits providing a seamless support service to the women and her unborn/baby. They evaluate their service using the hospital anxiety and depression score, maternal antenatal attachments score and the maternal postnatal attachments score. This was a proactive and multidisciplinary approach to understanding the needs of different groups of people and delivering care in a way that met these complex needs.
- There were processes in place to support women with mental health concerns. A service level agreement was in place to access consultant psychiatric support from a neighbouring trust within normal working hours and from the mental health crisis team out of hours.

# Maternity

- Facilities and premises were appropriately adapted to meet the individual needs of patients. The maternity service had two height adjustable baby cots with handset-operated controls for women with disabilities. This was an innovative approach to providing extra support for women with complex needs, as the design of the cots enabled women to care for and access their babies more easily and independently.
- There were innovative approaches to providing care that involved other service users.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good**   

Our rating of well-led stayed the same. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Staff were positive about the support they received from their line managers and felt comfortable and confident about raising concerns.

However:

- Some governance structures, processes and initiatives were only recently developed and needed to be fully embedded and audited in practice to ensure effectiveness.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Gynaecology

Requires improvement  

## Key facts and figures

Liverpool Women's NHS Foundation trust offers a range of gynaecological services including adolescent gynaecology, termination of pregnancy, colposcopy, hysteroscopy and uro-gynaecology.

The trust is also the specialist regional centre for gynaecology oncology within the Merseyside and Cheshire cancer network.

The Bedford Centre is located within the hospital and is a day case unit providing termination of pregnancy services.

Liverpool Women's hospital has the only dedicated 24 hour emergency gynaecology department in the UK which is open to all women who require urgent gynaecological or early pregnancy advice or treatment.

The trust has 52 gynaecology beds, located across the gynaecology unit (24 beds), gynaecology high dependency unit (two beds), surgical day cases (16 beds) and Bedford Centre (10 beds).

The trust offers the 31 elective surgery sessions per week and provides an ambulatory care service for minor surgical procedures.

## Summary of this service

Our rating of this service went down. We rated this service as requires improvement because:

- The service did not have a vision for what it wanted to achieve and had not developed plans with involvement from staff, patients, and key groups representing the local community.
- Managers across the service did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service did not use a systematic approach to continually improving the quality of its services.
- The service did not always plan and provide services in a way that met the needs of local people.
- The emotional needs of patients were not always taken into account when planning services.
- Staff did not always take time to interact with patients outside of essential conversations during observations or examinations.
- Staff did not consistently provide emotional support to patients to minimise their distress.
- Patients' privacy was not maintained at all times. Consultations of patients attending the colposcopy clinic could be overheard by patients in the waiting area.
- Staff did not always have prompt access to up-to-date, accurate and comprehensive information on patients' care and treatment.

However:

- The service managed patient safety incidents well.
- The service assessed patient risk well. Staff identified risks to patients and took appropriate measures to mitigate these risks.



# Gynaecology

- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service assessed patient risk well. Staff identified risks to patients and took appropriate measures to mitigate these risks.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

# Gynaecology

## Is the service effective?

**Good** ● ➡ ➡

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff ensured that patients received adequate pain relief and regularly assessed their needs.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update however there were many systems in use which made it difficult to access information quickly.

## Is the service caring?

**Good** ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service had systems and facilities in place to provide emotional support to patients and relatives.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- Staff did not always take time to interact with patients using the gynaecology day case unit outside of essential conversations during observations or examinations.
- Staff did not consistently provide emotional support to patients to minimise their distress. In the Bedford unit staff did not have time to offer emotional support to patients outside of their appointment time.

# Gynaecology

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- The service did not always plan and provide services in a way that reflected the needs of local people.
- The service did not always take account of patients' individual needs. The emotional needs of patients were not always taken into account when planning services.
- Patients' privacy was not always considered by staff. Consultations took place behind a curtain in the colposcopy clinic waiting area where conversations could be heard.

However:

- People could access the service when they needed it. Waiting times for treatment were minimal and arrangements to admit treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

There was a vision and strategy for the service however none of the staff we spoke to were able to articulate what this was. This was of particular note among nursing staff.

- Managers across the service did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service was not always proactive in driving innovation and instead often took a reactive approach to making improvements in response to identified risks within the service.
- The service did not always engage well with patients, staff, the public and local organisations to plan and manage appropriate services.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service collected, analysed, managed and used information well to support activities, using secure electronic systems with security safeguards.
- There was a clear structure in place to support good governance and management.
- The service had effective systems for identifying risks, and planning to eliminate or reduce them.

# Gynaecology

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Surgical procedures	
Treatment of disease, disorder or injury	

# Our inspection team

Julie Hughes, Inspection Manager, led this inspection. An executive reviewer, Ms Lisa Knight, Director of Nursing, supported our inspection of well-led for the trust overall.

The team also included three inspectors, five specialist advisers, and an expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.