

# Liverpool Women's NHS Foundation Trust

## Inspection report

Liverpool Women's Hospital  
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Liverpool  
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Date of inspection visit: 03 December to 05  
December 2020  
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## Ratings

### Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Summary of findings

## Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/REP/reports](http://www.cqc.org.uk/provider/REP/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/REP/inspection-summary](http://www.cqc.org.uk/provider/REP/inspection-summary)).

## 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. As one of only two such specialist trusts in the UK and the largest women's hospital in Europe the trust holds a unique position. The main hospital, a modern landmark building, is located on Crown Street in Toxteth and it is here that the team deliver around 8,000 babies and perform some 10,000 Gynaecological procedures each year.

The maternity team cares for women and their babies from conception to birth supported by the neonatal team who provide around the clock care for premature and new born babies needing specialist care. The trust's fertility team helps families to improve the chance of conceiving babies. In gynaecology, the trust undertakes care of women with the many varied conditions associated with the female reproductive system and is a centre for gynaecology oncology. The genetics team supports families with the diagnosis and counselling of genetic conditions.

On average 20 babies and three premature babies are born and cared for daily, the trust is primarily known for maternity and neonatal services. However, the trust also carries out 30 gynaecology operations and the reproductive medicine unit completes six cycles of IVF treatment every day. The trust also specialises in clinical and laboratory genetics. The trust offers choice and flexibility through the provision of both NHS and private care.

## Overall summary

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

# Summary of findings

## What this trust does

**Maternity Services:** The maternity service has a 22 bedded consultant led labour ward encompassing a maternity theatre complex, an induction of labour suite and a maternity assessment unit with an additional co - located midwifery led unit.

**Gynaecology Services:** The trust provides specialist services for urogynaecology, bladder and prolapse conditions and miscarriage. The trust is a specialist regional centre for cancer services, known as gynaecology oncology within the Merseyside and Cheshire Cancer Network. There is a 24-hour gynaecology Emergency Room and an Early Pregnancy Assessment Unit, giving rapid access to medical treatment and ultrasound scans for women who experience a gynaecology emergency especially in the early stages of pregnancy.

**Neonatal Service:** The Liverpool Women's NHS Foundation Trust provides tertiary neonatal services to the Cheshire and Mersey Neonatal Network and the wider Northwest Neonatal Operational Delivery Network (NWNODN) if needed. The trust also accepts babies from the Isle of Man and North Wales. The Neonatal Intensive Care Unit (NICU) has the capability to treat extreme preterm babies, babies who require ventilation, cooling, and laser eye surgery.

**The Hewitt Fertility Centre:** The centre gives couples the chance of a successful pregnancy. The Trust has substantially invested in the very latest technologies to get success rates of the centre to the point where they are comparable to anywhere else in the country. The centre is the largest reproductive medicine facility in the country, performing an average of over 3,000 treatment cycles a year

**Merseyside and Cheshire Genetics Service:** The trust provides a regional genetics service serving a population of around 2.8 million people across Merseyside, Cheshire and the Isle of Man.

## 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.

We inspected Gynaecology as the service required improvement in safe at the hospital at the last inspection in 2018. We inspected maternity and neonatal services provided by this trust at its main hospital as part of our ongoing inspection programme.

## What we found

### Overall trust

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

We rated well led for the trust as requires improvement.

# Summary of findings

This gave a combined quality rating of good.

## Are services safe?

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

The safe domain in **maternity services** remained good. Staff recognised and reported incidents well. However, initiatives for shared learning to reduce recurrence still needed to be fully 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.

The safe domain in **neonatal services** remained good. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

The neonatal service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

The safe domain in **gynaecology service** at Liverpool Women's Hospital remained requires improvement.

Areas for improvement at the last inspection for the gynaecology service we inspected remained a concern including;

The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Mandatory training and safeguarding compliance rates were low at the time of inspection.

Risks to patients were not consistently well-managed, for example; managers were unaware of the concerns we raised relating to young people until they were raised at the inspection. We raised this with managers, who told us the service had not considered the safety aspect of caring for young people on the ward without trained paediatric staff.

We also found that medicines were not effectively managed. We issued the trust with a warning notice which asked them to make improvements in medicines management by 10 January 2020. This was reviewed during our inspection in January 2020 and we will continue to monitor trust progress in relation to this.

## Are services effective?

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

People have comprehensive assessments of their needs, which include consideration of clinical needs (including pain relief), mental health, physical health and wellbeing.

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff protected the rights of patients subject to the Mental Health Act 1983.

# Summary of findings

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care.

Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

However;

The gynaecology service did not make sure staff were competent for their roles. For example 50% of staff had not completed basic life support training at the time of inspection and staff in termination of pregnancy services had not completed sexual health training.

## Are services caring?

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

The caring domain ratings were good in all core service areas we inspected.

We saw that the trust had a patient centred approach to care.

Patient feedback was positive and response rates were good.

All staff demonstrated a caring and respectful manner when caring for patients and relatives.

Staff included patients and relatives in the decision-making processes of their care. Patients we spoke with said staff treated them well and with kindness.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

## Are services responsive?

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

The responsive domain rating for neonatal services was rated good and for maternity was rated outstanding because the services were inclusive and took account of patients and their families' individual needs and preferences. They coordinated care with other services and providers.

Staff made reasonable adjustments to help patients access services.

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health).

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Complaints were investigated within the timeframe set out by the trust policy.

However;

Patients could not always access services when needed and receive treatment within agreed timeframes and national targets.

We observed information leaflets available to parents and their families were only supplied in English and it was not clear if they could be obtained in alternative formats. The trust told us leaflets were available in other languages and formats and accessible by the trust website.

# Summary of findings

## Are services well-led?

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

Gynaecology services within the hospital were rated requires improvement, due to the lack of governance around processes, in particular training, specifically lifesaving both basic [BLS] and intermediate [ILS] lack consultant support. Leaders within gynaecology service did not always operate effective governance processes, either throughout the service, or with partner organisations. Staff and managers were not always clear about the current performance of the service and plans to improve the quality of the provision offered. All core services at Liverpool Women's Hospital were rated as good for being well led except for gynaecology services.

Governance around audits and the learning and improvement work lacked leadership and pace. Access and flow through the gynaecology service was an ongoing issue, which had been in place for some time. However, there was an improvement plan in place.

The leadership structure within the gynaecology division was not stable and this had impacted the morale and culture on the wards. As a result, the teams worked in silo and sickness rates were reported as high. Managers were not aware of the concerns we raised relating to young people accessing surgical services, until they were raised at the inspection.

However;

Neonatal services leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Maternity services leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles. Leaders and staff actively and openly engaged with women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

## Ratings tables

The ratings tables 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 in Liverpool Women's Hospital NHS Foundation Trust

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 16 breaches of legal requirements that the trust must put right. We found 23 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 service quality.

For more information, see the Areas for improvement section of this report.

# Summary of findings

## Action we have taken

We issued a warning notice to the trust. Our action related to breaches of five legal requirements at a trust-wide level and across 3 core services.

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

## What happens next

We will check 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

The community maternity service had a dedicated 'Non-English Speaking' team. Community midwives worked with a local NHS community provider to deliver antenatal classes for women from specific communities. Classes were held in community venues for women from the Polish and Romanian communities in their own language. The service held a multidisciplinary "link" clinic every Monday at staffed by midwives from the non-English speaking team. All non-English speaking women attended this clinic for all their scheduled antenatal care. The "link" clinic was also staffed by interpreters, and social inclusion workers, to provide advocacy, signposting and support for women.

The neonatal service went the extra mile for bereaved families and had introduced an innovative way of creating keepsakes making casts of babies holding hands with their parents and siblings. They had collaborated with a national charity who polished and respectfully presented the casts.

## 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:

- The trust must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1) (2) (g))
- The trust must ensure the equipment used is safe for its intended purpose and ensure all resuscitation equipment is checked regularly and there are appropriate systems to monitor compliance with this. (Regulation 12 (1) (2) (e))
- The trust must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from diagnosis to treatment. Regulation 12 (2)
- The trust must ensure that their systems and processes operate effectively across all areas of the trust to ensure that they assess, monitor and improve the quality and safety of all services provided and assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (2) (a and b)
- The trust must ensure that their audit and governance systems remain effective. Regulation 17 (2)(f)

Neonatal services

# Summary of findings

- The trust must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g))

## Maternity services

- The service must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g))

## Gynaecology services

- The service must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g))
- The service must ensure they have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment on the ward. Regulation 18(1)(2)(a)
- The service must ensure that there is a system in place to manage the deterioration of a poorly young person between the age of 16 and 18 years old. Regulation 12(1)(2)(c)

We told the service that it **should** take action either because it was not doing something required by a regulation, or it would be disproportionate to find a breach of the regulation overall.

## Neonatal services

- The service should ensure that cleaning products which are hazardous to health are consistently stored securely to prevent potential risk to patients and visitors in line with national patient safety alert requirements. Regulation 12(2)(b)
- The service should consider a review of its governance processes for the monitoring of daily resuscitation equipment checks to make sure that equipment is safe and ready for use. Regulation 12(1) (2)(e)
- The service should ensure that medicines related stationery is stored securely and cannot be accessed by unauthorised persons.
- The service should consider a review of the monitoring process for the recording of medication storage temperatures so that documentation reflects action staff have taken when temperatures have exceeded the maximum range.
- The service should consider a review of its guidelines and policies so that expected review dates are clearly visible to staff.
- The service should consider a review of the information available to parents and their families on the units so that it is clear that it can be requested in alternative formats or languages to meet their needs.

## Gynaecology services

- The provider should ensure there is appropriate tool to assess pain.
- The provider should ensure all staff complete their mandatory training and safeguarding training.
- The provider should ensure they have a vision in place which is underpinned with values and a strategy.

# Summary of findings

- The provider should ensure they support the needs of dementia patients or patients with any other protected characteristics.
- The provider should ensure the leadership structure is stabilised.

## 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.

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

Leaders had the skills and abilities to run the service. They understood and managed the long-term priorities and issues the service faced. However not all frontline staff and senior managers we spoke with, were aware of an immediate strategy and vision which covered the trust in the short to medium term.

Managers did not have an effective system in place to check to make sure staff followed internal processes and national guidance.

There was no effective governance process in place for the monitoring of resuscitation equipment checks and some policies and guidelines did not have documented review 'due' dates, so it was not clear to staff if a policy had exceeded this.

The leadership structure within the gynaecology division remained unstable and this had impacted the morale and culture on the wards. As a result, the teams worked in silo and sickness levels were high.

Managers were committed to continually learning and improving services. However not all of the managers we spoke with, were able to articulate a good understanding of quality improvement methods and the skills required to use them.

The managers investigated incidents, however lessons learned were not consistently shared within teams and the wider service.

Leaders and teams did not consistently use systems to manage performance effectively. The performance in the gynaecology service particularly required improvement.

However;

The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leadership teams had some understanding of the current challenges and pressures impacting on service delivery and patient care.

## 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 ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Requires improvement ↓ Apr 2020	Good ↔ Apr 2020

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.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Liverpool Women's Hospital	Good ↔ Apr 2020					
<b>Overall trust</b>	Good ↓ Apr 2020	Good ↔ Apr 2020				

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Liverpool Women's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Outstanding ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020
Gynaecology	Requires improvement ↓ Apr 2020	Requires improvement ↓ Apr 2020	Good ↔ Apr 2020	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020
Neonatal services	Good ↓ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020
End of life care	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Outpatients	Good Mar 2020	Not rated	Good May 2020	Good May 2020	Good May 2020	Good May 2020
<b>Overall*</b>	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020

\*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

Crown Street  
Liverpool  
Merseyside  
L8 7SS  
Tel: 01517024038  
[www.liverpoolwomens.nhs.uk](http://www.liverpoolwomens.nhs.uk)

## 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. As one of only two such specialist trusts in the UK and the largest women's hospital in Europe the trust holds a unique position. The main hospital, a modern landmark building, is located on Crown Street in Toxteth and it is here that the team deliver around 8,000 babies and perform some 10,000 Gynaecological procedures each year.

The maternity team cares for women and their babies from conception to birth supported by the neonatal team who provide around the clock care for premature and new born babies needing specialist care. The trust's fertility team helps families to improve the chance of conceiving babies. In gynaecology, the trust undertakes care of women with the many varied conditions associated with the female reproductive system and is a centre for gynaecology oncology. The genetics team supports families with the diagnosis and counselling of genetic conditions.

On average 20 babies and three premature babies are born and cared for daily, the trust is primarily known for maternity and neonatal services. However, the trust also carries out 30 gynaecology operations and the reproductive medicine unit completes six cycles of IVF treatment every day. The trust also specialises in clinical and laboratory genetics. The trust offers choice and flexibility through the provision of both NHS and private care.

## Summary of services at Liverpool Women's Hospital

Good   

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

### What this trust does

**Maternity Services:** The maternity service has a 22 bedded consultant led labour ward encompassing a maternity theatre complex, an induction of labour suite and a maternity assessment unit with an additional co-located midwifery led unit.

**Gynaecology Services:** The trust provides specialist services for urogynaecology, bladder and prolapse conditions and miscarriage. The trust is a specialist regional centre for cancer services, known as gynaecology oncology within the Merseyside and Cheshire Cancer Network. There is a 24-hour gynaecology Emergency Room and an Early Pregnancy Assessment Unit, giving rapid access to medical treatment and ultrasound scans for women who experience a gynaecology emergency especially in the early stages of pregnancy.

# Summary of findings

**Neonatal Service:** The Liverpool Women's NHS Foundation Trust provides tertiary neonatal services to the Cheshire and Mersey Neonatal Network and the wider Northwest Neonatal Operational Delivery Network (NWNODN) if needed. The trust also accepts babies from the Isle of Man and North Wales. The Neonatal Intensive Care Unit (NICU) has the capability to treat extreme preterm babies, babies who require ventilation, cooling, and laser eye surgery.

**The Hewitt Fertility Centre:** The centre gives couples the chance of a successful pregnancy. The Trust has substantially invested in the very latest technologies to get success rates of the centre to the point where they are comparable to anywhere else in the country. The centre is the largest reproductive medicine facility in the country, performing an average of over 3,000 treatment cycles a year

**Merseyside and Cheshire Genetics Service:** The trust provides a regional genetics service serving a population of around 2.8 million people across Merseyside, Cheshire and the Isle of Man.

## 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.

We inspected Gynaecology as the service required improvement in safe at the hospital at the last inspection in 2018. We inspected maternity and neonatal services provided by this trust at its main hospital as part of our ongoing inspection programme.

## What we found

Overall trust

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

Overall we rated safe, caring, responsive and effective as good at acute and community service level.

We rated well led for the trust as requires improvement.

This gave a combined quality rating of good.

## Are services safe?

The safe domain in **maternity services** remained good. Staff recognised and reported incidents well. However, initiatives for shared learning to reduce recurrence still needed to be fully 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.

# Summary of findings

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.

The safe domain in **neonatal services** remained good. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

The neonatal service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

The safe domain in **gynaecology service** at Liverpool Women's Hospital remained requires improvement.

Areas for improvement at the last inspection for the gynaecology service we inspected remained a concern including;

The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Mandatory training and safeguarding compliance rates were low at the time of inspection.

Risks to patients were not consistently well-managed, for example; managers were unaware of the concerns we raised relating to young people until they were raised at the inspection. We raised this with managers, who told us the service had not considered the safety aspect of caring for young people on the ward without trained paediatric staff.

We also found that medicines were not effectively managed. We issued the trust with a warning notice which asked them to make improvements in medicines management by 10 January 2020. This was reviewed during our inspection in January 2020 and we will continue to monitor trust progress in relation to this.

## **Are services effective?**

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

People have comprehensive assessments of their needs, which include consideration of clinical needs (including pain relief), mental health, physical health and wellbeing.

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff protected the rights of patients subject to the Mental Health Act 1983.

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care.

Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

However;

# Summary of findings

The gynaecology service did not make sure staff were competent for their roles. For example 50% of staff had not completed basic life support training at the time of inspection and staff in termination of pregnancy services had not completed sexual health training.

## **Are services caring?**

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

The caring domain ratings were good in all core service areas we inspected.

We saw that the trust had a patient centred approach to care.

Patient feedback was positive and response rates were good.

All staff demonstrated a caring and respectful manner when caring for patients and relatives.

Staff included patients and relatives in the decision-making processes of their care. Patients we spoke with said staff treated them well and with kindness.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

## **Are services responsive?**

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

The responsive domain rating for neonatal services was rated good and for maternity was rated outstanding because the services were inclusive and took account of patients and their families' individual needs and preferences. They coordinated care with other services and providers.

Staff made reasonable adjustments to help patients access services.

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health).

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Complaints were investigated within the timeframe set out by the trust policy.

However;

Patients could not always access services when needed and receive treatment within agreed timeframes and national targets.

We observed information leaflets available to parents and their families were only supplied in English and it was not clear if they could be obtained in alternative formats. The trust told us leaflets were available in other languages and formats and accessible by the trust website.

## **Are services well-led?**

Our rating of well-led went down. We rated it Requires Improvement because:

Gynaecology services within the hospital were rated requires improvement, due to the lack of governance around processes, in particular training, specifically lifesaving both basic [BLS] and intermediate [ILS] lack consultant support.

# Summary of findings

Leaders within gynaecology service did not always operate effective governance processes, either throughout the service, or with partner organisations. Staff and managers were not always clear about the current performance of the service and plans to improve the quality of the provision offered. All core services at Liverpool Women's Hospital were rated as good for being well led except for gynaecology services.

Governance around audits and the learning and improvement work lacked leadership and pace. Access and flow through the gynaecology service was an ongoing issue, which had been in place for some time. However, there was an improvement plan in place.

The leadership structure within the gynaecology division was not stable and this had impacted the morale and culture on the wards. As a result, the teams worked in silo and sickness rates were reported as high. Managers were not aware of the concerns we raised relating to young people accessing surgical services, until they were raised at the inspection.

However;

Neonatal services leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Maternity services leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles. Leaders and staff actively and openly engaged with women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

## Ratings tables

The ratings tables 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 in Liverpool Women's Hospital NHS Foundation Trust

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 16 breaches of legal requirements that the trust must put right. We found 23 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 service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued a warning notice to the trust. Our action related to breaches of five legal requirements at a trust-wide level and across 3 core services.

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

## What happens next

# Summary of findings

We will check 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

The community maternity service had a dedicated 'Non-English Speaking' team. Community midwives worked with a local NHS community provider to deliver antenatal classes for women from specific communities. Classes were held in community venues for women from the Polish and Romanian communities in their own language. The service held a multidisciplinary "link" clinic every Monday at staffed by midwives from the non-English speaking team. All non-English speaking women attended this clinic for all their scheduled antenatal care. The "link" clinic was also staffed by interpreters, and social inclusion workers, to provide advocacy, signposting and support for women.

The neonatal service went the extra mile for bereaved families and had introduced an innovative way of creating keepsakes making casts of babies holding hands with their parents and siblings. They had collaborated with a national charity who polished and respectfully presented the casts.

## 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:

- The trust must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1) (2) (g))
- The trust must ensure the equipment used is safe for its intended purpose and ensure all resuscitation equipment is checked regularly and there are appropriate systems to monitor compliance with this. (Regulation 12 (1) (2) (e))
- The trust must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from diagnosis to treatment. Regulation 12 (2)
- The trust must ensure that their systems and processes operate effectively across all areas of the trust to ensure that they assess, monitor and improve the quality and safety of all services provided and assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (2) (a and b)
- The trust must ensure that their audit and governance systems remain effective. Regulation 17 (2)(f)

### Neonatal services

- The trust must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g))

### Maternity services

- The service must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g))

### Gynaecology services

# Summary of findings

- The service must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g))
- The service must ensure they have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment on the ward. Regulation 18(1)(2)(a)
- The service must ensure that there is a system in place to manage the deterioration of a poorly young person between the age of 16 and 18 years old. Regulation 12(1)(2)(c)

We told the service that it **should** take action either because it was not doing something required by a regulation, or it would be disproportionate to find a breach of the regulation overall.

## Neonatal services

- The service should ensure that cleaning products which are hazardous to health are consistently stored securely to prevent potential risk to patients and visitors in line with national patient safety alert requirements. Regulation 12(2)(b)
- The service should consider a review of its governance processes for the monitoring of daily resuscitation equipment checks to make sure that equipment is safe and ready for use. Regulation 12(1) (2)(e)
- The service should ensure that medicines related stationery is stored securely and cannot be accessed by unauthorised persons.
- The service should consider a review of the monitoring process for the recording of medication storage temperatures so that documentation reflects action staff have taken when temperatures have exceeded the maximum range.
- The service should consider a review of its guidelines and policies so that expected review dates are clearly visible to staff.
- The service should consider a review of the information available to parents and their families on the units so that it is clear that it can be requested in alternative formats or languages to meet their needs.

## Gynaecology services

- The provider should ensure there is appropriate tool to assess pain.
- The provider should ensure all staff complete their mandatory training and safeguarding training.
- The provider should ensure they have a vision in place which is underpinned with values and a strategy.
- The provider should ensure they support the needs of dementia patients or patients with any other protected characteristics.
- The provider should ensure the leadership structure is stabilised.

## 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.

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

# Summary of findings

Leaders had the skills and abilities to run the service. They understood and managed the long-term priorities and issues the service faced. However not all frontline staff and senior managers we spoke with, were aware of an immediate strategy and vision which covered the trust in the short to medium term.

Managers did not have an effective system in place to check to make sure staff followed internal processes and national guidance.

There was no effective governance process in place for the monitoring of resuscitation equipment checks and some policies and guidelines did not have documented review 'due' dates, so it was not clear to staff if a policy had exceeded this.

The leadership structure within the gynaecology division remained unstable and this had impacted the morale and culture on the wards. As a result, the teams worked in silo and sickness levels were high.

Managers were committed to continually learning and improving services. However not all of the managers we spoke with, were able to articulate a good understanding of quality improvement methods and the skills required to use them.

The managers investigated incidents, however lessons learned were not consistently shared within teams and the wider service.

Leaders and teams did not consistently use systems to manage performance effectively. The performance in the gynaecology service particularly required improvement.

However;

The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leadership teams had some understanding of the current challenges and pressures impacting on service delivery and patient care.

# Maternity

Good   

## Key facts and figures

Liverpool Women's NHS Foundation Trust is a specialist trust with a stand-alone maternity unit. The main site is located on Crown Street where approximately 8,200 women per year choose to birth their babies.

The maternity service has a 22 bedded consultant led labour ward including induction of labour beds. There is also a maternity theatre complex and a maternity assessment unit with an additional co - located midwifery led unit.

The unit has a 47 bedded combined antenatal and postnatal ward and a low risk postnatal ward with eight individual rooms.

High risk antenatal services are provided on the Crown Street site and additionally within the antenatal clinic at Aintree Hospital. Consultant-led antenatal services are provided at three midwifery led centres in Kirkby, Speke and Yew Tree.

Community midwifery services provide antenatal, intrapartum and postnatal care including a birth at home and an enhanced midwifery team providing care to vulnerable women.

Liverpool Women's also has a fetal medicine unit that provides specialist antenatal care across the North West and further afield.

Liverpool Women's NHS Foundation Trust runs four days (eight sessions) of consultant led elective caesarean section lists through two obstetrics theatres.

There is dedicated obstetrics emergency cover through a third obstetrics theatre.

From January to December 2018 there were 8,416 births at the trust. The trust was in the highest quintile of maternity units in England for the number of births.

At our previous inspection in 2018, we rated the service as good overall, with safe, effective, caring and well-led domains rated as good and responsive as outstanding.

We inspected maternity services as part of an announced comprehensive inspection between 3 and 5 December 2019. We inspected all five key questions. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we visited all clinical areas of maternity services including maternity theatres.

We carried out a focus groups with community midwives. We spoke with 76 members of staff including midwives, student midwives and doctors, maternity support workers, midwifery matrons, junior doctors, middle grade obstetricians, consultant obstetricians, as well as administration and clerical staff, leads in medical equipment and resuscitation and senior managers. We also spoke to nine women and eight relatives. We received six 'tell us about your care' feedback cards.

During the inspection we observed meetings such as midwifery and obstetric handovers, safety huddles and the perinatal mortality review meeting. We also observed an elective caesarean section with the mother's consent.

We observed care and treatment and looked at 14 patient care records and four prescription charts, as well as service performance data.

# Maternity

## Summary of this service

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

We rated the service as good overall with safe, effective, caring and well led rated as good and responsive rated as outstanding.

The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and treatment, gave women enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.

The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. We saw areas of outstanding practice in community and inpatient maternity services.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However,

The service did not consistently use systems and processes to safely store medicines. We found unsecured medicines on a trolley in the delivery suite. We found gaps in checks of life saving resuscitation equipment and emergency medicines.

We issued the trust with a warning notice which asked them to make improvements in medicines management by 10 January 2020. This was reviewed during our inspection in January 2020 and we will continue to monitor trust progress in relation to this.

## Is the service safe?

Good   

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

The service provided mandatory training in key skills to staff and made sure staff completed it. Between April 2019 and August 2019, the service achieved 84% compliance with mandatory training and was on target to achieve the trust target of 95% by the end of March 2020.

Medical staff completed multi-professional maternity emergency training and compliance was 100%.

# Maternity

Staff understood how to protect women 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. Staff could access advice and support from the trust's safeguarding team.

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the majority of premises visibly clean.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff completed and updated risk assessments for each woman and took action and removed or minimised risks. Staff identified and quickly acted upon women at risk of deterioration.

The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The service managed safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

However,

Staff did not consistently check all lifesaving equipment. We found gaps in checklists in the resuscitaire on one ward. A resuscitaire is a cart with a warmer and resuscitator for use with babies in an emergency situation.

Staff did not always safely and securely store all medicines. We found unsecured medicines on an emergency trolley. Systems to check and monitor ambient room and medicine fridge temperatures were not standardised or consistently carried out.

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.

Staff gave women 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 women's religious, cultural and other needs.

Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Maternity

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. The service acted to improve following results from national audit and benchmarking and this had led to improvement in audit results.

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 development.

Midwives, obstetricians and other healthcare professionals worked together as a team to benefit women and babies. They supported each other to provide good care.

Key services were available seven days a week to support timely care.

Staff gave women practical support and advice to lead healthier lives.

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or who were experiencing mental ill health. They used agreed personalised measures that limit women's liberty.

Staff always had access to up-to-date, accurate and comprehensive information on women's care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Good** ● → ←

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

Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Women we spoke with said staff treated them well and with kindness and we received positive comments such as 'couldn't do enough for me'.

Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.

Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment. The service performed better than other trusts in two questions in the 2018 CQC survey of patient experience of maternity services.

## Is the service responsive?

**Outstanding** ☆ → ←

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

We found several examples of outstanding practice in the responsiveness of the service to women's and family's needs.

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service had acted to address the low home birth rate and had a home birth community team. The team had significantly reduced the number of 'born before arrival' babies, with only four in 2019.

# Maternity

The service had acted quickly to ensure women referred to them following the closure of another provider received appropriate care and treatment.

The service provided a bespoke elective caesarean section service with separate admissions lounge and post-surgery bays in response to feedback from women and families.

The service took a proactive approach to understanding the needs and preferences of different groups and women with complex needs. They delivered care in a way which met needs, was accessible and promoted equality.

The community midwifery service had a team of specialist midwives working with women who did not speak English as their first language. Community midwives worked closely with other agencies and partners to ensure these women received holistic physical and mental health care throughout their pregnancy.

The honeysuckle bereavement team provided support to all women and their families who had lost a baby. This included women who had lost a baby by miscarriage from six weeks onwards and included specialist mortuary services and dad's groups.

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint. For example, the service used the 15 steps for maternity, quality from the perspective of people who use maternity services, model to gather service user feedback. We saw the departmental leads had listened and responded to what the service users had said.

## Is the service well-led?

Good   

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

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Maternity

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Leaders and staff actively and openly engaged with women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found areas of outstanding practice in this service.

The service had achieved full compliance with Multi-professional Maternity Emergency Training (MPMET) in 2019.

Staff in the fetal medicine unit worked with women and families where a fetal abnormality had been identified. If a poor outcome was identified for the baby, the family were offered a planning meeting supported by staff from a local children's hospice.

The service provided a bespoke elective caesarean section service with separate admissions lounge and post-surgery bays in response to feedback from women and families.

The community maternity service had a dedicated 'Non-English Speaking' team. Community midwives worked with a local NHS community provider to deliver antenatal classes for women from specific communities. Classes were held in community venues for women from the Polish and Romanian communities in their own language. Classes were also held in Arabic for women and their families. The service held a multidisciplinary "link" clinic every Monday at staffed by midwives from the non-English speaking team. All non-English speaking women attended this clinic for all their scheduled antenatal care. The "link" clinic was also staffed by interpreters, and social inclusion workers, to provide advocacy, signposting and support for women.

Midwives offered bespoke parent education sessions for women pregnant with multiple babies in partnership with external multiple birth organisations.

The maternity assessment unit had secured funding for Advanced Clinical Practitioner roles and seven practitioners started the training in 2019. The service planned to use these practitioners in the community and maternity assessment unit to ensure appropriate care will be provided closer to home.

The honeysuckle bereavement team provided support to all women and their families who had lost a baby. This included women who had lost a baby by miscarriage from six weeks onwards. The support included counselling, specialist mortuary services, peer support groups, close social media pages and a 'dad's group'.

The service had specific home birth community midwifery team. Since establishing the team in January 2019, the service had decreased the number of 'born before arrival' babies to four since January 2019.

The service used a 'going home checklist' to support staff to check how they were feeling at the end of each shift and ensure any well-being issues were raised and dealt with.

## Areas for improvement

We found areas for improvement in this service. We told the trust that it must take action to bring services into line with legal requirements. This action related to maternity, gynaecology and neonatal services.

We told the service it must:

# Maternity

The service must ensure the proper and safe management of medicines, including the proper storage of medicines (Regulation 12 (1) (2) (g))

The service must ensure the equipment used is safe for its intended purpose and ensure all resuscitation equipment is checked regularly and there are appropriate systems to monitor compliance with this. (Regulation 12 (1) (2) (e))

# Gynaecology

Requires improvement   

## Key facts and figures

The Liverpool Women's NHS Foundation Trust gynaecology division, is a tertiary referral centre for gynaecology, performing approximately 10,000 procedures per year.

The division has a number of services within it, medicine, inpatient gynaecology and day case, colposcopy and hysteroscopy, ambulatory care, a gynaecology emergency department, a two bedded high dependency unit and gynaecology oncology.

Gynaecology emergency department is a dedicated, 24-hour emergency gynaecology. The high dependency unit (HDU) is co-located on the gynaecology unit and allows patients with complicated medical or surgical conditions to receive specialist nursing care from highly trained nurse practitioners using advanced monitoring equipment.

The surgical services ran 38 sessions per week within its gynaecology theatre suite, this equates to 27 distinct operating lists, some full day and others half day. The department contains five theatres, of which four are active and one is fallow.

The trust had 767 admissions for gynaecological oncology from July 2018 to June 2019 (535 elective, 36 emergency and 196-day case). This was a decrease of 11% in admissions for this speciality from the previous year.

We inspected gynaecology services as part of an unannounced inspection (they did not know we were coming) on 3 to 5 December 2019.

During the gynaecology services inspection we spoke with fifteen members of staff including administration and clerical staff, doctors, nurses and managers. We spoke with 25 patients and observed care and treatment on the unit. We reviewed eight patient's records, two electronic prescription charts and 13 to take out prescription cards.

We inspected termination of pregnancy services as part of an unannounced inspection (they did not know we were coming) on 14 January 2020. We visited the termination of pregnancy unit and gynaecology day case unit. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the termination of pregnancy services inspection, we spoke with seven members of staff including administration and clerical staff, doctors, nurses and managers. We spoke with two women and observed care and treatment on the unit. We reviewed seven patient's records.

## Summary of this service

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

We issued the trust with a warning notice which asked them to make improvements in medicines management by 10 January 2020. This was reviewed during our inspection in January 2020 and we will continue to monitor trust progress in relation to this.

Mandatory training and safeguarding compliance rates were low at the time of the inspection. The service did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment on the ward. The service did not have a process or policy in place to manage the deterioration of a poorly young people between the age of 16 and 18 years old. Medicines were not managed appropriately.

# Gynaecology

The service did not make sure staff were competent for their roles and we were not assured a competent member of staff was always on shift to perform basic life support if it was required. Staff did not always have the appropriate tools to assess patients regularly to see if they were in pain.

Patients could not always access services when needed and receive treatment within agreed timeframes and national targets. The service was inclusive but did not always take account of the needs of dementia patients.

The leadership structure was not stable and this had impacted the morale and culture on the ward. As a result, the teams worked in silo and sickness rates were reported as high. Managers were not aware of the concerns we raised relating to young people accessing surgical services, until they were raised at the inspection. For example, leaders in this service had not considered the safety aspect of caring for young people in the ward without staff trained in paediatric life support. There was a lack of leadership at ward level and we were not assured that staff had a clear understanding of risks and governance. For example, the service had breached trust policies and there was no action plans to support the mitigation of these risks. Governance and management of performance and risk needed strengthening to ensure staff identified and escalated relevant risks and issues and had identified actions to reduce their impact.

However,

The service-controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste appropriately. Staff carried out risk assessments to ensure patients were well for surgery. All documentation in patient notes were available and completed. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

There was evidence of staff promoting health and staff worked together as a team at ward level to benefit patients. The service provided care and treatment based on national guidance and evidence-based practice and staff protected the rights of patients subject to the Mental Health Act 1983.

Staff treated patients with compassion and kindness and most of the time respected their privacy and dignity. Patients were well supported during bereavement and had access to different teams.

Additional provisions were in place to support the service to meet referral to time targets however at the time of the inspection these were all new initiatives and had not had time to become fully embedded. The service had 24-hour access to mental health liaison and specialist mental health support.

## Is the service safe?

**Requires improvement** ● ↓

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

The service provided mandatory training in key skills to all staff but not all staff had completed it.

Safeguarding training had not been completed by all staff and there were no plans in place to address the low compliance rate.

Staff were unable to identify and quickly act upon young people at risk of deterioration because they did not have an escalation process or policy to follow if a child became seriously unwell on the ward.

The service did not deploy enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment

# Gynaecology

The service used systems and processes to safely prescribe medicines but did not implement them appropriately in theatres.

We found that the service did not have the right number of medical staff to ensure the right level of medical/consultant support was available.

However,

The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean and managed clinical waste well.

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The staff reported patient safety incidents. 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.

## Is the service effective?

**Requires improvement** ● ↓

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

Staff did not always assess patients with the right pain tool and were not always able to attend to patients to ask if they needed pain relief.

Staff did not always monitor the effectiveness of care and treatment. Where the service reported delays or gaps, we found no evidence of how they were being addressed.

The service did not make sure staff were competent. For example, 50% of staff had not completed basic life support training at the time of inspection and staff in termination of pregnancy services had not completed sexual health training.

We found limited use of audits, and therefore the service did not benchmark their practice to improve the service they offered.

Managers did not audit termination of pregnancy services as part of the ward accreditation scheme or benchmark performance against other services. However, the service planned to introduce ward accreditation audit in April 2020.

However,

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● → ←

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

# Gynaecology

Staff treated patients with compassion and kindness and most of the time respected their privacy and dignity. Feedback from patients was positive about the care they had received.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients had access to bereavement specialist nurses and the honeysuckle team to support them through distressing times.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

The service did not always plan and provide care in a way that met the needs of local people and the communities served. They did not always work with others in the wider system and local organisations to plan care.

The service did not always take account of patients' individual needs. For example, there was no provision for people living with dementia and young people.

People could not access the service when they needed it and received the right care in a timely way. The 18-week RTT and cancer wait targets were protracted and did not meet the national standards.

Complaints were investigated in line with the trust policy, at the time of inspection the trust took an average of 57.3 working days to investigate and close complaints.

## Is the service well-led?

**Requires improvement** ● → ←

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

Leadership team for this service remained unstable, and this unsettled staff and impacted on staff morale and team working. Leaders did not always understand and manage the priorities and issues the service faced.

The service had a vision for what it wanted to achieve and a strategy to turn it into action however that although the service had a vision, the pace of improvement remained slow in the context of a deteriorating performance picture.

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff were not always clear about the current performance of the service and plans to improve the quality of the provision offered.

Leaders did not always use systems to manage performance effectively. They did not identify and escalate relevant risks and issues and did not always identify actions to reduce their impact.

Staff did not feel respected, supported and valued, the staff survey results showed poor results in communication.

However,

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

## Areas for improvement

We found areas for improvement in this service. Action the provider **MUST** take to meet the regulations:

- The service must ensure the proper and safe management of medicines, including the proper storage of medicines. (Regulation 12 (1) (2) (g))
- The provider must ensure that there is a system in place to manage the deterioration of a poorly young person between the age of 16 and 18 years old. Regulation 12(2)(b)
- The provider must ensure staff looking after young people have the right qualifications, skills, training and experience to keep them safe from avoidable harm. Regulation 12(2)(c)
- The provider must ensure they put provisions in place to improve the time it takes for patients to access the services to receive treatment within agreed timeframes and national targets. Regulation 17(1)(2)(a)
- The provider must ensure they have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment on the ward. Regulation 18(1)(2)(a)
- The provider must ensure leaders of the service are familiar with and understand the risks to the service.

Action the provider **SHOULD** take to improve:

- The provider should ensure there is appropriate tool to assess pain.
- The provider should ensure all staff complete their mandatory training and safeguarding training.
- The provider should ensure they have a vision in place which is underpinned with values and a strategy.
- The provider should ensure they support the needs of dementia patients or patients with any other protected characteristics.
- The provider should ensure the leadership structure is stabilised.

# Neonatal services

Good   

## Key facts and figures

The Liverpool Women's NHS Foundation Trust provided tertiary neonatal services to the Cheshire and Mersey Neonatal Network and the wider Northwest Neonatal Operational Delivery Network (NWNODN) if needed. The trust also accepted babies from the Isle of Man and North Wales.

The unit comprised of;

Intensive care (IC) – 12 cots (Neonatal Unit, rooms 1, 2 and 7).

High dependency care (HD) – 12 cots (Neonatal Unit, rooms 3, 4 and 5).

Low dependency care (LD) - 20 cots (Neonatal Unit, room 6).

Transitional care (TC) – six cots (situated on the maternity ward)

The unit provides care of the extreme pre-term baby (23 weeks gestation onwards) and the sick term baby.

Three levels of care provided on the units were, intensive care, high dependency care and low dependency care, (with transitional care provided on the maternity unit). These were categorised according to the standards set by the British Association of Perinatal Medicine (BAPM) and the expectations set in the national service specifications.

The Neonatal Intensive Care Unit (NICU) has the capability to treat extreme preterm babies, babies who required ventilation, cooling, and laser eye surgery.

The trust worked in partnership with a local NHS children's hospital delivering pre and post-operative surgical care. Liverpool Women's NHS Foundation Trust had worked in partnership with the trust over the last 12 months to develop the Liverpool Neonatal Partnership to ensure that standards for medical and surgical neonates are one across the city.

In 2018/19 the trust cared for 1,013 babies in the neonatal intensive and high dependency care units.

(Source: RPIR – Acute context tab and trust website)

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place on 3 to 5 December 2019. During the inspection we visited all areas of the service including the neonatal intensive care, high dependency, low dependency and transitional care units.

We spoke with 37 staff including senior managers, matron, medical staff, registered nurses, pharmacy staff and non-clinical staff. We spoke to four parents and received five 'tell us about your care' feedback cards.

We observed care and treatment and looked at 13 patient care records and 12 medicine administration charts as well as service performance data.

## Summary of this service

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

# Neonatal services

The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. They controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed the prescribing and administration of medicines well. The hospital managed safety incidents well and learned lessons from them. The service continually monitored safety information and used it to improve the service.

Staff provided good care and treatment, used special feeding and hydration techniques where necessary, and gave them pain relief when they needed it. Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked well together for the benefit of patients and their families, advised and supported them to make decisions about their care.

Staff always treated patients and their families with compassion and kindness and feedback from parents was that they went the extra mile and completely involved them in their care. They provided emotional support to minimise the distress of patients and their families recognising the importance of their wellbeing. We heard examples of how they went the extra mile to support people and provide memories for bereaved families.

The service planned care to meet the needs of local people, they took account of patients', parents and their families individual needs, and made it easy for people to give feedback. People could access the hospital when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care and had a vision and strategy that supported this. Staff were clear about their roles and accountabilities. The hospital engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

However;

We found an inconsistent approach to the daily checks of resuscitation equipment and emergency equipment was not stored in tamper evident trolleys. Staff could not easily identify if equipment or sundries were missing.

Key services were not always available seven days a week to support timely care for children, young people and their families.

There was not a robust governance process in place for monitoring adherence to the checks of emergency equipment and medication.

The service did not consistently use systems and processes to safely store medicines. We found out of date emergency medicines in the emergency medicines kit on the low dependency unit.

We issued the trust with a warning notice which asked them to make improvements in medicines management by 10 January 2020. This was reviewed during our inspection in January 2020 and we will continue to monitor trust progress in relation to this.

## Is the service safe?

Good   

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

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Neonatal services

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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and staff a full induction.

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service used systems and processes to safely prescribe, administer and record medicines.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients families honest information and suitable support.

The service continually monitored safety performance.

However,

The design of the temporary intensive and high dependency care unit was small and did not provide adequate space around each cot. However, there were advance plans in place to move to a newly built unit on the site, which will address these issues.

We found an inconsistent approach to the daily checks of resuscitation equipment and emergency equipment was not stored in tamper evident trolleys. Staff could not easily identify if equipment or sundries were missing.

We found that medicines and medicines related stationery were not always stored securely and in line with best practice. We found that there was not a robust system in place for monitoring emergency medicines. This was raised with the trust and action was taken to mitigate the immediate concerns.

## 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-based practice. 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.

Staff assessed and monitored patients regularly using suitable tools to see if they were in pain and gave pain relief in a timely way.

# Neonatal services

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved positive outcomes for patients.

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 development.

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Key services were available seven days a week to support timely care for babies and their families.

Staff gave babies families practical support and advice to lead healthier lives.

Staff supported parents to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to access support for parents who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

At the time of our inspection the service did not have immediate access to onsite physiotherapy and dietetic staff.

## Is the service caring?

Good ● → ←

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

Staff treated patients and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff provided emotional support to patients, parents and families to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service was inclusive and took account of patients and their families' individual needs and preferences. They coordinated care with other services and providers.

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included parents, relatives and carers in the investigation of their complaint.

# Neonatal services

However,

We observed information leaflets available to parents and their families on the units were only supplied in English and it was not clear if they could be obtained in alternative formats. However, leaflets could be accessed in different language translations via the trusts website.

## Is the service well-led?

**Good** ● → ←

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

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Leaders operated effective governance processes with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

There was not a robust governance process in place for the monitoring of resuscitation equipment checks.

There were some policies and guidelines that did not have documented review 'due' dates, so it was not clear to staff if a policy had exceeded this.

## Outstanding practice

Staff had access to datasheets containing detailed vital information about each individual medicine used on the unit and how they should be prescribed, administered and reconstituted.

# Neonatal services

Parents were given headphones to wear when the ward round was ongoing and there were discussions about other babies in the room, so they could not hear confidential information.

The service went the extra mile for bereaved families and had introduced an innovative way of creating keepsakes making casts of babies holding hands with their parents and siblings. They had collaborated with a national charity who polished and respectfully presented the casts for the families.

Designated discharge co-ordinators were based across the service and at the local children's hospital. They co-ordinated ongoing care and services for babies being discharged from the service. There was a pro-active approach to discharge planning and there were weekly multidisciplinary discharge planning meetings.

## Areas for improvement

- We found areas for improvement in this service. We told the trust that it must take action to bring services into line with legal requirements. This action related to maternity, gynaecology and neonatal services.
- We told the trust it **MUST**:
  - The trust must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1) (2) (g) (e))
- We told the service that it should take action either because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall. Action the service **SHOULD** take to improve:
- The service should consider implementing a staffing board on the low dependency unit so that it is visible to the public.
- The service should ensure that resuscitation equipment is checked daily in line with the trusts policy. They should consider a review of the arrangements for the storage of emergency equipment so that it is clear to staff what should be included, so that missing sundries can be easily identified during the regular checks.
- The service should ensure that cleaning products which are hazardous to health are consistently stored securely to prevent potential risk to patients and visitors in line with national estates and facilities alerts requirements
- The service should ensure that medicines related stationery is stored securely and cannot be accessed by unauthorised persons
- The service should consider a review of the monitoring process for the recording of medication storage temperatures so that documentation reflects action staff have taken when temperatures have exceeded the maximum range.
- The service should consider a review of its guidelines and policies so that expected review dates are clearly visible to staff.
- The service should consider a review of the information available to parents and their families on the units so that it is clear that it can be requested in alternative formats or languages to meet their needs.
- The service should consider a review of its governance processes for the monitoring of daily resuscitation equipment checks to make sure that equipment is safe and ready for use.

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](http://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

Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

### Regulated activity

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Section 29A HSCA Warning notice: quality of health care

# Our inspection team

Nicholas Smith, Head of Hospital Inspection chaired this inspection and Julie Hughes, Inspection Manager led it. An executive reviewer, Aidan Belton supported our inspection of well-led for the trust overall.

The team included four inspectors, three executive reviewers and seven specialist advisers.

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.