

ANNUAL REPORT & ACCOUNTS 2002/2003



LIVERPOOL WOMEN'S HOSPITAL **NHS TRUST**
In partnership with Aintree Centre for Women's Health

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Mission Statement

'The purpose of the Liverpool Women's Hospital and Aintree Centre for Women's Health is to be the best hospital for the care of women and babies;
by caring with courtesy, kindness and warmth for them and their families;
by further improving the existing excellent clinical services;
by providing choice where possible and by being responsive to needs;
by providing appropriate trained staff at all levels with continuing education and training; and
by ensuring a supportive environment which enables staff to work to their potential and where they will be recognised'.



The Pool of Life tapestry (main reception) – artist Norma Heron, 1995

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Chief Executive & Chairman's Introduction



Louise Shepherd – Chief Executive and Rosie Cooper – Chairman

It is a pleasure to introduce the annual report on the performance of the Liverpool Women's Hospital and the Aintree Centre for Women's Health for 2002/03.

The year has again been one of considerable achievement and we were delighted that the hard work and dedication of all our staff was recognised with the award of the highest Three Star rating by CHI in the NHS Performance Ratings. Congratulations to all our staff on achieving this award.

The ratings cover a wide range of quality measures ranging from clinical standards of care and waiting times to the quality of the environment. Perhaps most pleasing of all were the results of the independent Patient Satisfaction Surveys where patients gave a resounding appreciation of the services we offer. The Trust is committed to maintaining this standard and improving in those areas where patients have raised concerns. In order to assist this process a Patient Involvement Steering Group has been established, chaired by a patient, with a remit to review and recommend changes to patient services. In addition, we now have six matrons operating on our two hospital sites continuing to improve standards of clinical care and maintaining a visible presence to support patients on wards and departments.

'Green' status was achieved for hospital food in the Department of Health 'Better Hospital Food' Programme and the highest possible score was achieved for the standard of the patient environment which covers the internal and

external condition of the hospital. We have taken steps to ensure these standards are maintained and continually improved through the appointment of two further housekeepers on the Liverpool Women's Hospital site to add to those already at Aintree. This role focuses on the immediate environmental issues for patients and includes ensuring meals are of the highest possible quality when they reach the patient.

The review of women's services for the City of Liverpool was a prominent feature of the year and concluded in an extensive public consultation exercise on the options for change. The outcome of that was a decision to relocate inpatient obstetrics services and the special care baby unit from our Aintree site to the Liverpool Women's Hospital. We believe the consolidation of these specialist services on a single site, together with a major investment in community facilities around the city which will bring many services closer to patients, will enable us to continue to provide healthcare of the highest standard in the future.

As ever, the Trust has received fantastic support from a wide range of organisations and volunteers who give willingly of their time and expertise. They have all played their part in the success of the last year and we look forward to continuing our close working relationships as we continue to develop our services in the future.

The Trust's Three Star Performance

The 2002/03 financial year was the second year the Trust has been assessed against a series of standards common across the whole of the NHS. For 2002/03 the Trust was delighted to receive three star status, the highest level, in recognition of the quality of services provided.

The Trust's performance was assessed against a limited number of key targets and a more comprehensive range of indicators in the areas of clinical focus, patient focus and capacity and capability. Those assessments are undertaken by The Commission for Health Improvement which is the independent regulator of NHS performance.

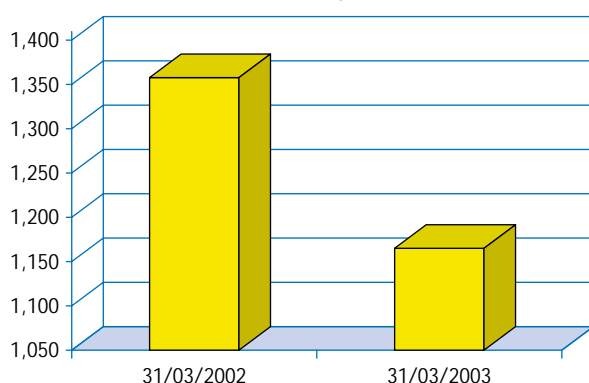
Key Targets

The Trust met the required performance in all seven of the relevant key target areas. These are:

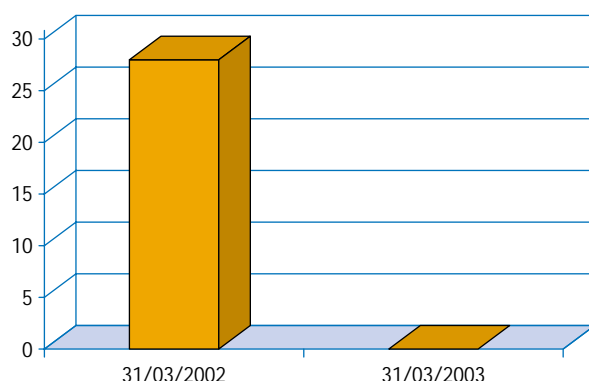
- All patients who had a cancelled operation were subsequently treated within 28 days.
- The Trust met its financial duties.
- The Trust received the highest level of performance for cleanliness.
- The achievement of practice level for the Improving Working Lives Initiative.
- No patients waited in excess of the national standard of 12 months for hospital admission.
- No GP referrals waited in excess of the national standard of 21 weeks for an initial outpatient attendance.
- Achievement of the required standard for seeing suspected cancer referrals within a 14 day period.

Improved Access and Shorter Waiting Times

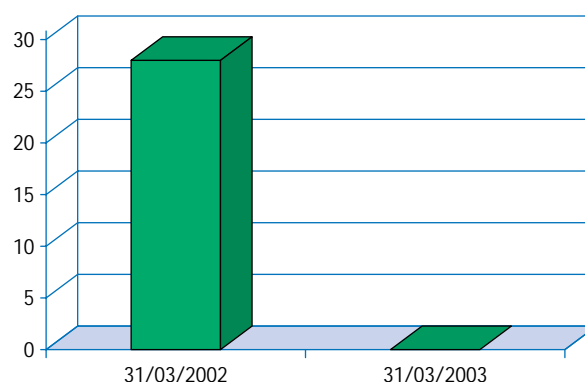
Total Waiting List



Patients waiting in excess of nine months



GP referrals waiting in excess of 13 weeks



- At the end of March no patient had been waiting in excess of nine months for hospital admission.
- At the end of March no GP referrals had been waiting in excess of 13 weeks for an initial outpatient attendance.
- 94% of inpatients and day cases are treated within six months of decision to admit.
- 99% of patients referred with a suspected cancer diagnosis were seen within two weeks.

Outpatient Survey

Trusts are required annually to undertake a patient satisfaction survey and in 2002/03 this focussed upon our outpatient activity. The survey was conducted by an independent organisation and reviewed a wide range of performance areas.

Overall the response from our patients showed a very high level of satisfaction. The Trust was judged to be significantly better or at least as good as other Trusts in 68 of the 76 questions posed. An action plan has been developed to improve the areas in which patients were less well satisfied.

Examples of patients comments:

'The service was excellent, waiting time minimal and all staff were friendly and courteous.'

'I was treated as if I was the only patient they had.'

'Consultant went out of his way to make sure my worries were made easier.'

A summary of the overall impression of our outpatients is as follows:

- ❖ 97% of our patients rated the care they received as at least good, and 51% considered it excellent.
- ❖ 98% of our patients considered they had been treated with dignity and respect.
- ❖ 98% of our patients thought the department to be fairly well or very well organised.
- ❖ 99% of our patients would recommend the Outpatients Department to friends and family.

Cancelled Operations

The Trust cancelled a total of 89 operations on the intended date for non clinical reasons. All these patients were subsequently treated within 28 days.

Obstetrics

Liverpool Women's Hospital contains a consultant-led unit providing care for high and low risk women. The directorate is a tertiary referral centre, accepting in-utero transfers of high risk women whose baby is likely to require admission to the neonatal unit.

Tertiary referrals are also accepted from other Trusts to the hospital's feto-maternal medicine unit. Specialist care is provided to women with medical conditions such as diabetes, haemolytic antibodies and epilepsy as well as women who have had a previous baby with a chromosomal or structural abnormality.

The number of births has remained constant over the last 12 months with 5,900 taking place at Liverpool Women's Hospital and 2,100 at Aintree Centre for Women's Health.

A number of specialist clinics are available such as miscarriage, twins, or medical disorders such as epilepsy or diabetes. In addition, the link clinic provides obstetric care to women from ethnic minority groups whose first language is not English.

Aintree Centre for Women's Health provides obstetric and midwifery care for high and low risk women with 2,100 women giving birth there in the last year. The unit also provides a number of specialist antenatal clinics such as the combined obstetric/medical clinic for women with diabetes.



Sandra Shannon,
Head of
Midwifery



Fetal
Centre
team



Midwifery
Research,
Lesely Briscoe,
Alison Hurst
and
Lisa Stanley

Developments in the year:

- A new pre-term labour clinic has been developed providing specialist care and advice to women with a past history of pre-term labour to prevent its recurrence.
- A community based midwifery-led model of care has been developed that provides care for straightforward pregnancies in the area where the woman lives. This will reduce the need for most women to travel to hospital centres for antenatal care.
- Two midwives have been seconded to Liverpool University to undertake the post-graduate certificate in obstetric ultrasound. This will support the development of community services.
- The Trust disability specialist service was commended in both the Trust CHI report and during the Improving Working Lives assessment. Referrals to this service have doubled in the last 12 months.
- There has been an increase in the number of midwives seconded to Sure Start programmes in deprived areas providing midwifery services focussing on the Sure Start principles, and also a new role has been developed to provide midwifery support to teenagers aged 17 and under.
- Specialist antenatal services have been developed for vulnerable women such as asylum seekers or homeless women, in collaboration with the regional Social Inclusion Unit in Merseyside. This involves multi-lingual links and welfare links so vulnerable women receive the most optimal care available.
- The Trust is working closely with the mental health team and perinatal mental health team in developing specialist services for women with severe post-natal mental illness or depression.
- A specialist training programme for health professional has been developed in collaboration with Liverpool Domestic Violence Forum, Sefton Women's and Children's Aid and Edge Hill College around the issues of domestic violence.
- A number of antenatal services have been developed, with all pregnant women being offered routine antenatal screening for HIV. In addition all rhesus negative women are offered anti D injection in pregnancy to prevent rhesus haemolytic disease of the newborn.



Sarah Farrell,
MLU Ward
Manager and
new mum Rachel
Campbell



Brenda Coleman,
Infant Feeding
Consultant and
new mum
Victoria Jeffers

Neonatal Services

Over the past year the directorate has seen a small (2.4%) increase in activity, caring for 1,041 babies for a total of 15,791 days during 2002 (compared to 1,016 babies for a total of 15,321 days in 2001).

Retaining our workforce is a challenge and with the government initiative of Improving Working Lives implementing more flexible working with term time contracts, flexible rotas have been a priority.

Developments in the year:

- Across Merseyside and Cheshire, a Neonatal Network has been established that facilitates the sharing of good practice and priorities for funding is established. A new data collection system has been implemented that will enable units to compare their workloads and used the information for monitoring the outcome of the babies, enabling better service planning and developments.
- As a regional teaching centre, research is embedded into the unit and areas of research over the past year have included the investigations into mechanisms of lung injury in pre-term babies and studies on blood pressure on brain oxygenation in pre-term babies as well as other topics. The unit is also involved in collaborative research with other centres, investigating the role of cooling to protect babies from brain damage.
- The national shortage of experienced nurses led to an extremely successful international recruitment in October 2002. Nineteen experienced neonatal nurses joined the Trust and are now working in the intensive care nurseries, making the team a multi-ethnic workforce.
- Another significant success for our directorate was the 'Nurse of the Year' award from the Nursing Standard – Sr Val Irving was awarded this prestigious category from the Secretary of State at a ceremony in London. Sr Irving is particularly interested in the speciality of Tissue Viability in the Pre-term Infant.
- Further investment in new and replacement medical equipment to support optimal levels of clinical care has been achieved. New multi-parameter intensive care and high dependency monitors are now in place enabling close monitoring of an infant's vital signs.
- Through the generous donations to our Newborn Appeal, the arrival of three new intensive care incubators were well received by all staff.



Ben Shaw, Clinical Director and Penny Newmarch, Directorate Manager



Neonatal team



Eileen Bennett, Infant Feeding Advisor in the Expressing Room



Val Irving at No 10 for 'Nurse of the Year' awards

Gynaecology

Our services encompass a wide range of gynaecology specialities including: menopause, urogynaecology, infertility, oncology, colposcopy and early pregnancy assessment.

Our current Booked Admissions service based at the Liverpool Women's Hospital site has led to greater flexibility and choice for patients enabling them to agree a convenient date for their attendance. This has had a significant impact on the length of wait for an appointment or admission and a reduction in the number of patients not attending appointments without notice. We were successful in gaining funding to roll this out onto the Aintree site, benefiting patients attending there.

The cancer team has introduced a one-stop scanning service to enhance services for patients. This means patients who have been referred to a specialist cancer doctor and need to be seen within two weeks, can have all their relevant diagnosis and scanning on the day.

Developments in the year:

- In line with the NHS plan target to increase the numbers of nursing staff and the need to reduce the hours worked by junior doctors, additional Nurse Specialists have been appointed.
- At Aintree, a Nurse Colposcopist has been appointed to reduce waiting times for diagnostic investigations and treatments.
- A new Gynaecology Practice Nurse has been appointed to work in the Emergency Room and the Early Pregnancy Assessment Unit at the Liverpool Women's Hospital site allowing patients to gain faster access to a scan and results.
- Following the successful introduction of housekeepers to the wards at Aintree in November 2001, the Liverpool Women's Hospital site has now introduced them in the gynaecology wards. Patients have access to friendly supportive staff advising them on food menus and ensuring their points of concern about food are taken on board. Nursing staff also have valuable support with daily tasks within the ward.

The gynaecology directorate looks forward to the challenging yet exciting next 12 months with the aim of ensuring that patients who attend receive the best possible care, with the best skilled and trained workforce within the shortest possible time.

Hewitt Centre for Reproductive Medicine

The reproductive medicine expertise at Liverpool Women's Hospital and University Hospital Aintree has now been combined in a single centre of excellence, the Hewitt Centre for Reproductive Medicine. The Hewitt Centre has expanded physically and continues to provide cutting-edge assisted reproduction technologies. The role of specialist fertility nurses goes from strength to strength with several nurses running their own clinics and performing procedures once the preserve of clinicians.

Innovative research remains an important aspect of the unit's work and staff are currently performing the largest ever study to determine the role of ultrasound scanning during the embryo transfer procedure. Similarly, the embryology laboratory is the first world-wide to clinically evaluate a robotic system that allows embryos to be examined without removing them from the incubator.



Gynae ward staff



Sister Kathy Beattie,
Pre-operative assessment clinic



Suneetha Rachaneni,
SpR Obstetrics and Gynaecology with patient Rene Learnan



Staff nurse Gill Smith with patient

Theatres and Anaesthesia

The Theatres and Anaesthesia directorate has introduced a range of service improvements during the past twelve months.

- A Project Manager for the Modernisation Agency Theatre Project has been appointed to look at how we can:

Improve the patients experience in theatre
Improve list utilisation, scheduling and planning
Reduce the amount of operations cancelled on the day of surgery

Monthly meetings of the recently re-formed Theatre Management group are monitoring the project.

- Through audit we have identified a better method of booking our emergency cases with the aim that these patients will spend a minimal amount of time in hospital.
- Some patients now have the opportunity to walk to theatres and they feel more at ease on arrival in the department.
- A Nurse Surgical assistant has been appointed who has provided great assistance during complex operative procedures and will undoubtedly become even more valuable as her permanent role replaces rotational medical assistance.
- The Critical Care Educator has introduced a monitoring system that identifies problems early on in a patient's recovery period and allows high dependency care to be delivered in a timely manner, reducing the need to move patients to intensive care facilities. Transfers to ICU for 2002/03 came to nine in total, with seven for gynaecology and two for obstetrics, which is an acceptable level for the size of the hospital and the population it serves.
- The surgery facilities for the Linda McCartney unit have been increased and we have also developed strong links with the Breast Surgery directorate staff which has enabled us to facilitate easier theatre scheduling for their patients.
- We are developing a theatre support team for the obstetric directorate, which is also enabling our theatre staff to broaden their clinical skills portfolio and helping us all to get ready for the new build in the obstetric theatre area.

- We are continuing to recruit D Grade nurses for theatre training programmes and we are encouraging staff apply for post registration courses in order to enhance their professional development.
- Links with the theatres on the Aintree site continue to assist with the smooth management of patient activity in gynaecology surgery in line with the NHS Plan for patient waiting times.
- The sterile services unit continue to give an excellent service to the whole hospital, by providing sterilisation and decontamination re-cycling facilities for over 11,000 instrument trays and 60,000 supplementary items per year.



Joanne Wildman,
Directorate
Manager
and
Terry Ryan,
Clinical Director



Justine
French,
Critical Care
Educator and
Kathy Haeck,
Project
Manager

Clinical Support Services

The Clinical Support Services directorate provides a range of functions which support the delivery of clinical care given to our patients on both the wards and in the outpatient setting.

Services include:

- Dietetics
- Pharmacy
- X-Ray and Ultrasound
- Physiotherapy

Developments in the year:

- Dietetics

The general and Macmillan dietetic services are both seeing an increase in the uptake of this service to the hospital.

The adult nutrition policy has been revised to reflect current thinking in the field of nutrition and a multi-disciplinary team has been formed to drive forward recommendations.

Additional work has been undertaken in making regular and appropriate snacks available to breast-feeding mums.

The Macmillan dietetic service for cancer sufferers has seen an improvement in the provision of information and leaflets and an audit of nutrition risk scoring.

The department has also organised a training programme for staff on a variety of nutritional subjects.

- Pharmacy

The department continues to meet increasing demands across the range of services, which the hospital provides. The electronic prescribing initiative was extended this year, to cover the obstetric directorate.

The focus of in-year policy development has been very much dedicated to areas linked to the Medicines Management agenda driven nationally.

- X-Ray and Ultrasound

The department recruited a clinical tutor to progress the development of training provided to a range of healthcare professionals. A collaborative clinical trail was organised with a local Trust enabling the provision of adult bone densitometry. A variety of x-ray and ultrasound equipment was upgraded as part of the capital development programme.

- Physiotherapy

The Trust is continuing to develop the specialist interest areas of physiotherapists with a particular emphasis in the urodynamics speciality.



L to r: Liz McDonald – X-Ray/Ultrasound Manager,
Sheila Jump – Physiotherapy Manager, Linda Matthew –
Directorate Manager, Eileen Reynolds – Pharmacy Manager

Medical Genetics

The Merseyside and Cheshire Medical Genetics directorate provides an integrated clinical and laboratory diagnostic service for genetically inherited, congenital and acquired syndromes in the Merseyside and Cheshire area. The service is composed of three departments, Clinical Genetics (currently located at the Alder Hey Children's Hospital) and the Cytogenetic and Molecular Genetic laboratories, which make up the Genetics Laboratories, based at Liverpool Women's Hospital. The laboratories are also involved in the prenatal screening of pregnancies, screening children with suspected genetic abnormalities and providing specialist advice to referring clinicians and public health authorities. The directorate currently has 75 members of staff – 37 in Cytogenetics, 26 in Clinical Genetics and 12 in Molecular Genetics. Five members of staff were recruited from the Specialist Commissioning funds from the Department of Health.

Developments in the year:

- The transfer and integration of the GI Cancer Genetic Service from the RLUH into the directorate, with secured funding for the medical, genetic associate and administrative staff.
- Investment into Molecular Genetics this year has provided improved Breast Cancer 1 gene testing (BRCA 1) and shortly to be followed by BRCA 2 gene testing.
- Later this year the existing gene testing provision for inherited bowel cancer will be expanded with the appointment of a dedicated member of staff to provide this service for Cheshire and Merseyside
- Ann Marr, former Chief Executive, opened a portakabin for Clinical Genetics. This houses the new Macmillan Cancer Genetics Consultant and a Paediatric Consultant Geneticist and their associated teams. They will provide additional local Genetics clinics for families on the Wirral at the Clatterbridge Community Paediatric Centre and also at Southport and Ormskirk Hospitals. They have been very well received, with high attendance rates from families and enthusiastic support from local specialists.
- The recognition of the Clinical Genetics unit as a training centre for Genetics Associates (counsellors) with the award of two DOH training posts. With this additional training facility, the Merseyside and Cheshire Service is now an accredited training centre for all disciplines in genetics.

Further ongoing new developments are:

- The planned introduction of QF-PCR, a technique for the rapid detection of the common chromosome aneuploidies that are detected at prenatal diagnosis. This will allow all amniocentesis samples received to be screened for the common aneuploidies within 48 hours, enhancing the service provided to clinicians and patients with significant cost savings in future years.

- The directorate, in collaboration with the Reproductive Medicine Unit, is developing techniques for Pre-Implantation Genetics Diagnosis (PGD). This will allow biopsied embryos to be screened for serious genetic disorders such as cystic fibrosis and chromosome rearrangements. This will lead to an increase in successful pregnancies and an improved service provided to families with known genetic disorders.
- Integration of new fluorescence technologies such as High Resolution Comparative Genomic Hybridisation which will permit a more accurate diagnosis of Paediatric and Adult Solid Tumours allowing better management of patient care.

The research activities of the directorate continue into Inherited Pancreatic diseases and Nail Patella syndrome and psychosocial aspects of Cancer Genetics Nursing, with members of the directorate having been invited to speak at local and national meetings.

Finally, the first National 'Genetics and Law' conference was organised and successfully hosted in November 2002 as part of the directorate's contribution to the North West's Genetics Knowledge Park, NoWGEN.



Former Chief Executive Ann Marr opening the new Genetics Portakabin



Fiona Castle and Chairman Rosie Cooper with Genetics managers



The microscopy room



David Bourn, Molecular Geneticist, on the wave machine

Research and Development

Clinical Lead – Ben Shaw · Manager – Carol Kingdon

Research and Development at Liverpool Women's Hospital is divided into a number of different programmes including 'Involving Maternity Service Users and Improving the Health of the Public', 'Evaluating New Technologies, Treatments and Interventions in Perinatal Care', and 'Integrated Cancer Programme for Merseyside & Cheshire'.

During 2002/03 examples of studies contributing to these programmes included:

Study of midwives and women's views of different models of maternity care

This was a national study, commissioned by the Department of Health and conducted in 14 maternity care units, during the summer of 2002. Only 44% of the pregnant women surveyed believed they had a choice of where to give birth, with only 7.4% of women ever considering having a home birth. The majority of women (62%) wanted to give birth in a unit, which had doctors readily available and a special care baby unit. However, this may be because of a lack of knowledge about the autonomous role and specialised skills of midwives. The findings were made available to the Children's Taskforce in November 2002 to inform the maternity module of the new National Service Framework for Children's Services.

Smoking Occlusion Randomised Trial – The SORT Trial

Smoking is the single greatest cause of preventable illness and premature death in the UK and smoking whilst pregnant harms the unborn child. However, there is evidence to suggest that women who stop smoking before becoming pregnant or during the first four months of pregnancy significantly reduce their risk of complications. The SORT Trial aims to assess the effectiveness of an occlusive filter and midwife support in helping pregnant women to stop or reduce smoking rates by the end of their pregnancy. Recruitment for the trial started in August 2002 and is currently ongoing.

UKTOCS: UK Trial of Ovarian Cancer Screening

Ovarian cancer is the fourth commonest cause of death from cancer amongst women in the UK. Liverpool Women's Hospital is one of twelve in the country involved in a national trial of ovarian cancer screening. The purpose of the UKTOCS Trial is to determine whether screening will detect ovarian cancer at an early stage when treatment is more effective, therefore reducing the number of deaths from the disease. Recruitment for the UKTOCS Trial has been ongoing throughout 2002/03 with nearly 3,000 women attending the hospital for screening.

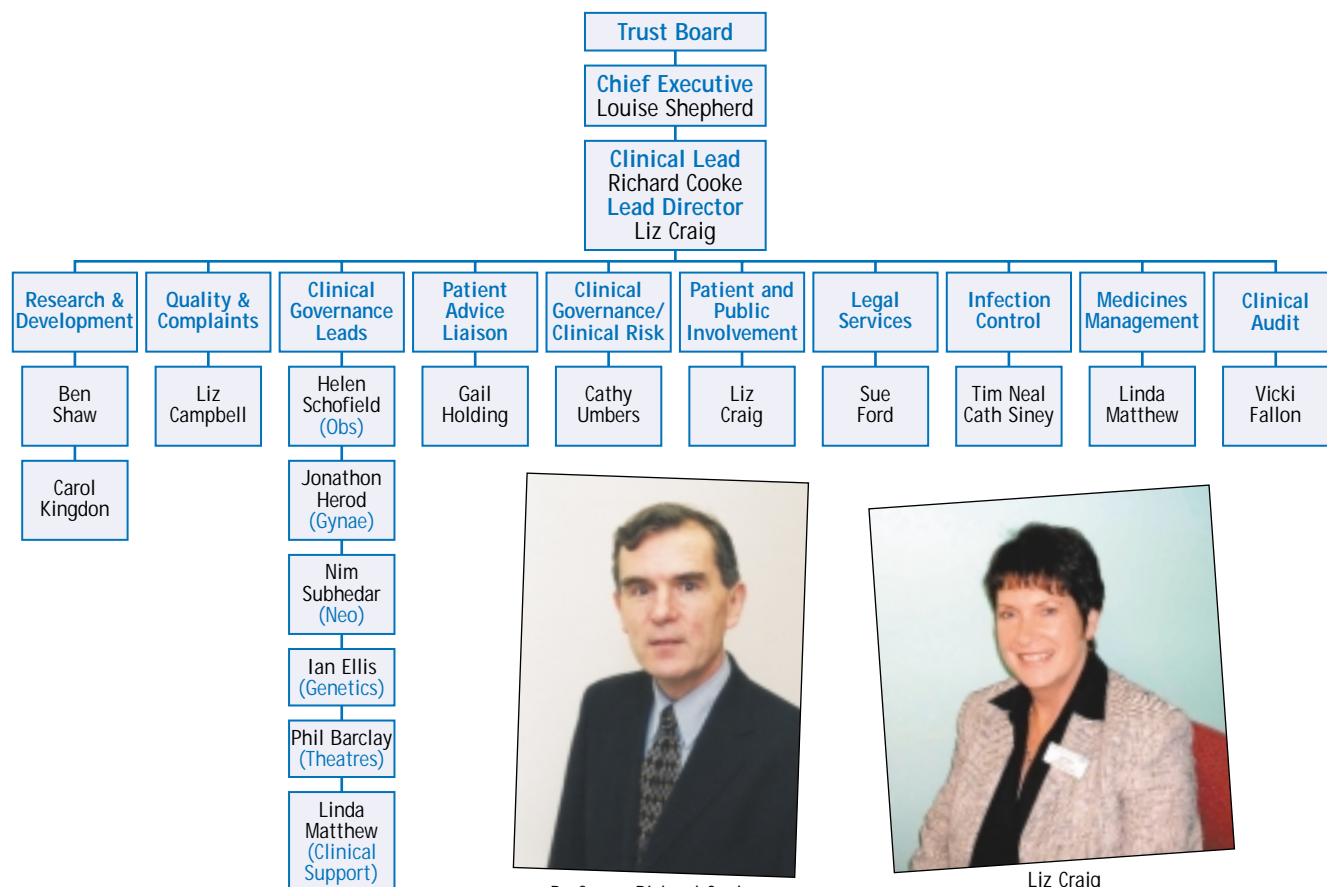
Clinical Governance

Clinical Lead – Richard Cooke · Director – Liz Craig

Clinical Governance has continued to make good progress during 2002/03.

The Trust was awarded level 2 for its Clinical Negligence Scheme for the Trust's assessment which indicates lower levels of clinical risk to patients.

Clinical Governance overarches a number of departments responsible for continually improving the quality of patient care. The table below sets the Clinical Governance structures and accountabilities.



Professor Richard Cooke



Liz Craig

Human Resources

Staff are our most valuable asset and their commitment underpins the quality of our service. The Trust believes that the quality of patient care is at its highest when staff themselves feel supported and valued. This year much effort has been made in supporting staff in balancing their work and home lives and the Trust was awarded by receiving the Improving Working Lives Practice Standard.

Improving Working Lives

The five sub-groups continued to meet to agree action plans following the IWL Practice Standard assessment and to work towards achieving IWL Practice Plus in 2005. The sub-groups include members of staff and trade union representatives and their role is to contribute ideas and consult and communicate with staff. Many of the sub-group initiatives have been implemented including:

- Flexible working policy
- Special leave policy which incorporates careers leave and bereavement leave
- Flexible retirement policy
- Childcare policy
- Disability policy
- Equality and diversity policy
- Range of 'health at work' options
- Supported places for HCAs to undertake nurse or midwifery training
- Time-off policy for education, training and development.

Equality Statement

The Trust is committed to becoming an organisation where diversity is valued and appreciated and where it is recognised that individual experience, knowledge and skills can make a

difference in delivering service goals. The Trust is developing services which are open and equally accessible to all sections of the community.

- A Trust Equality and Diversity Steering Group has been established to oversee the implementation of the Race Equality Scheme, review progress and report to the Board half-yearly.
- The Special Needs Advisor supports and advises women with special needs and this role includes support to staff and advising managers concerning disability.
- The Cultural Awareness Group continues to deliver training to staff.

Education, Training and Development

- Managing Health and Social Care:
A link has been established with South Liverpool PCT to offer the Certificate in Managing Health and Social Care via the Open University.
- Diversity and Equality:
A rolling programme of events has been arranged based around the NHS in the Northwest's Positive about Diversity and Equality materials. These events are mandatory.

Communication and Consultation with Staff

The Trust has a number of initiatives by which staff communications and consultation can be achieved. These incorporate:

- ❖ a monthly team brief
- ❖ a Joint Consultative Forum with staff representatives
- ❖ 'Staff Track', a bi-monthly newsletter for staff
- ❖ 'Eat and Meet', an opportunity for staff to meet members of the Trust Board on an informal basis
- ❖ open Trust Board meetings.

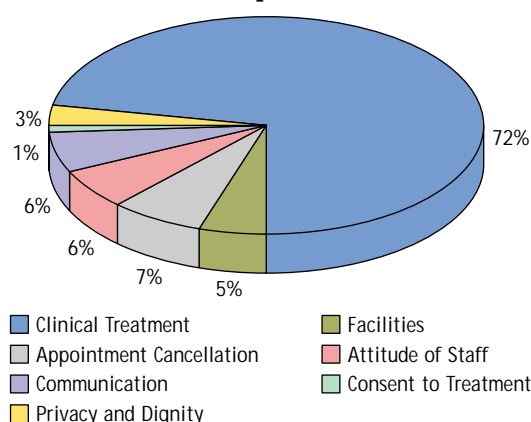
Patient Quality

In 2002/03, the Trust received 77 formal complaints, indicating a rate of 0.03% of patient activity within the Trust. Following a thorough investigation within the directorate, the Chief Executive provided a written response. Of the responses, 75% were sent within the 20 working day period stipulated by the NHS Complaints Procedure. In addition to the formal response, many of the complainants attended meetings at the Trust to resolve the issues raised in their letter of complaint and this was found to be a positive experience for both the complainant and staff.

Six requests were made for an Independent Review Panel – four were declined as the convenor and lay chairperson felt the complaint had been addressed appropriately and one complainant was referred back to local resolution where the complaint was resolved. One Independent Review panel was held and its findings are currently being reviewed.

The main themes found were:

Formal Complaints Themes



The Trust is keen that we learn lessons from complaints and when appropriate changes are made to prevent a recurrence. Some examples are:

- Review of patient information available prior to attending for treatment
- Development of a checklist to ensure that patients are not inappropriately asked to take part in research studies
- Improved facilities available for children attending ultrasound waiting areas with their family
- Review of smoking facilities for in patients, to ensure this does not cause discomfort to patients who do not smoke
- Repair to windows on ward ensuring patient comfort
- Provision of breastfeeding facilities for visitors attending hospital

Inpatient Survey

A patient survey was conducted amongst women who were inpatients in either the Maternity or Gynaecology directorate and 1,353 completed questionnaires were returned giving a response rate of 66.5%.

The findings of this survey were presented to the Trust Board and the Clinical Governance Committee prior to dissemination throughout the Trust.

Areas of praise

- Appreciation of hospital environment
- Cleanliness was repeatedly praised
- Positive comments regarding care and treatment and staff attitudes.

Areas for improvement

- The survey highlighted a need to review pain control in post operative surgery and labour
- A need to increase patient information
- A need for improved discharge procedures.



If you have any questions, comments or queries arising from the content of this report, or wish to raise any issues relating to Liverpool Women's Hospital and Aintree Centre for Women's Health and the services they provide, please write to:

The Chief Executive
Liverpool Women's Hospital
Crown Street
Liverpool
L8 7SS

