

Women's Hospital Services in Liverpool

Programme Definition & Governance Arrangements

January 2024

1. What is this programme about?

The primary purpose of the Women's¹ Hospital Services in Liverpool Programme is to:

*Develop a clinically sustainable model of care for **hospital-based** maternity and gynaecology services that are delivered in **Liverpool**.*

This will involve us understanding all the clinical sustainability challenges hospital-based maternity and gynaecology services in Liverpool face (the clinical case for change) and exploring how those challenges can be addressed and resolved over the short, medium and long term.

The work will involve undertaking an options appraisal of the potential solutions for making these hospital services clinically sustainable for the future. Any recommendations for change will be made to the Cheshire and Merseyside Integrated Care Board.

A wide range of stakeholders will be involved in the work to ensure that there are no unintended consequences for women, their families and other C&M providers that are served by Liverpool's tertiary (specialised) services, and a full impact assessment will be completed on any future proposals.

The programme will follow the process set out in the NHS England Guidance for Planning, Assuring and Delivering Service Change (2018)².

2. Why do we need this programme?

The way hospital-based maternity and gynaecology services are currently organised in Liverpool does not provide women with the best possible care and experience.

The Liverpool Women's NHS Foundation Trust (LWFT) main hospital site at Crown Street is isolated from other acute hospital services in Liverpool meaning it is less

¹ It is important to acknowledge that it is not only people who identify as women (or girls) who access women's health and reproductive services to maintain their sexual and reproductive health and wellbeing. The terms 'woman' and 'women's health' are used for brevity, on the understanding that transmen and non-binary individuals assigned female at birth also require access to these services. Delivery of care must therefore be appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

² <https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/>

able to manage acutely ill or rapidly deteriorating patients, women with complex surgical needs or significant medical co-morbidities.

Most acute and emergency services are not available at the Crown Street site but are provided at other hospitals. This means that women needing these services must be transferred for that care and treatment, often when they are at their most sick and vulnerable. For example, most women who need intensive care are transferred to the Royal Liverpool Hospital.

Similarly, other acute hospital sites in Liverpool do not have co-located maternity and gynaecology services and are therefore less able to meet women's medical needs when they present at the emergency department or when they are inpatients at these other acute sites.

Liverpool Women's Hospital is the only remaining specialist maternity and gynaecology service provider in the country in such an isolated position; this is unique to Liverpool and has created significant gender inequality in access to services.

The current organisation of adult hospital services results in delays to care which impacts on the quality of care women and their families experience and increases risks for clinical and care staff to manage; this includes a lack of immediate availability of expertise, as well as facilities for specialist medical care and radiological procedures.

The current risks and issues have a multitude of impacts not only to women but also to staff at the Liverpool Women's Hospital including difficulties in recruitment and retention, particularly for consultant gynaecologists and anaesthetists, and an inability to meet national care standards.

In 2022, Cheshire & Merseyside ICB commissioned a review of the way services are organised across the Liverpool hospitals. The objective of the review was to realise opportunities for greater collaboration between acute and specialised trusts to optimise clinical pathways in acute care in Liverpool, with an aim to improve care and reduce clinical risks.

Overwhelmingly, the most important challenge identified by stakeholders during the review was the clinical sustainability of services for women in Liverpool and the associated clinical risk.

If the challenges in hospital-based maternity and gynaecology services are not addressed, the avoidable risks for women who require co-located acute services will rise as co-morbidities and complexity continue to increase; in addition, the gender inequalities in healthcare will widen.

A broader risk, particularly for maternity services, is that we may start to lose some of these services from Liverpool. Some women are already needing to attend

providers outside Cheshire and Merseyside to receive specialist co-located care which cannot safely be provided in Liverpool.

Making changes to these services will improve their sustainability, reduce patient risk, and ensure that women with complex and specialist maternity and gynaecology conditions can continue to be cared for within Liverpool and the wider Cheshire and Merseyside area.

3. Which services are we talking about?

The primary focus for the programme is hospital-based maternity and gynaecology services.

This includes:

- acute, emergency and planned maternity and gynaecology hospital services provided in Liverpool; and
- secondary, tertiary and specialised maternity and gynaecology hospital services provided in Liverpool.

4. What other services will be or could be impacted by any proposals coming from the programme?

Neonatology

Neonatal services (services for newborn babies), by their nature, need to be provided alongside maternity services. Whilst the programme does not intend to make any proposals about how neonatal services are delivered, they could be affected by proposals for how hospital maternity services are provided in the future.

Liverpool Women's FT and Alder Hey Children's FT have led the Liverpool Neonatal Partnership (LNP), a formal operational and strategic partnership between the two organisations, since 2018. The LNP will be a key stakeholder group in the development and delivery of any future proposals for women's hospital services, and it will be essential to ensure that any future developments are aligned with LNP plans. Colleagues from the LNP will be directly involved in the programme governance to ensure we achieve this alignment.

If the programme presents opportunities to improve neonatal services as part of proposals, these will be developed with the LNP and highlighted and referred to the Neonatal Operational Delivery Network.

In addition, NHS England is currently leading a review of specialised Neonatal Intensive Care services in the Northwest region; dependencies with this review will also need to be managed with specialised commissioning colleagues.

Other hospital-based services for adults

The programme will not be making proposals about how other hospital-based services for adults will be provided; however, the clinical quality and safety issues the programme is trying to solve will include how maternity and gynaecology services can integrate more closely with other services that may be needed during a woman's care and treatment.

For example, a woman may need to receive urgent care or opinion from other specialities during her maternity or gynaecology episode due to a deterioration in a known chronic condition or the acute development of a new condition; specialities required may include critical care, cardiology, neurology, renal, haematology, oncology general surgery, colorectal, urology, and vascular surgery.

There are also services that pregnant women or women with gynaecology needs may have to access that are technically unrelated to their maternity or gynaecological condition such as ENT, A&E, orthopaedics. These specialities may not be aware of specific requirements for pregnant and postnatal women.

All these other acute hospital services would also benefit from maternity and gynaecology hospital services being more integrated with them.

C&M Cancer Alliance

The C&M Cancer Alliance has an active gynaecology cancer programme underway. At this stage there are no conflicts between the scope of the Alliance programme of work and the intended scope of the Women's Hospital Services Programme, however, it will be critical to ensure that the programmes remained aligned and representatives from the Alliance will be part of the programme governance.

Maternal Medicine Network (MMN)

LWFT is the Maternal Medicine Centre for Cheshire & Merseyside as part of the North West region MMN. The MMN seeks to ensure that key clinical standards in the MMN service specification are met for all women requiring these specialised services. The aims and objectives of the MMN are entirely consistent with the aims of the women's hospital services programme in Liverpool. This alignment will be kept under review through the women's services programme governance arrangements and stakeholder engagement.

North West Ambulance Service (NWAS)

NWAS is a key provider of clinical services in Liverpool. Women's hospital services rely heavily on NWAS for the transfer of women from one hospital site to another. The programme will be aiming to reduce the numbers of ambulance transfers between sites and NWAS will therefore be a key stakeholder when we come to modelling options for the future.

Cheshire & Merseyside Critical Care Network (CCN)

One of the key clinical issues the programme is attempting to resolve is a lack of comprehensive critical care services at the Crown Street site. The Critical Care Network will therefore be a key stakeholder in the design of any future model of care.

Other dependencies

As we develop our proposals, and before any changes are made, we will do a full impact assessment on the proposed changes and identify any potential consequences for women and their families, service providers inside and outside Liverpool, and other programmes of work such as those being led by the Local Maternity and Neonatal System (LMNS).

In the meantime, we will make sure we are involving a wide range of stakeholders to ensure that our plans and proposals are aligned with other work and do not have any unintended consequences.

We will develop a comprehensive stakeholder engagement plan that will include all the relevant providers and clinical networks. In addition, there will be several working groups including a clinical advisory group; this will enable us to manage all the clinical service interdependencies as we develop our plans.

5. What is the programme not focussing on?

The programme needs to be focussed on hospital-based maternity and gynaecology services delivered in Liverpool; this is an important and complex set of services with lots of dependencies as described above.

It is therefore, quite deliberately, not focussing on:

- Children's services.
- Neonatology – except in relation to the dependency with hospital-based maternity services.
- Adult services – except in relation to their dependency with hospital-based women's services.
- Primary care and community services.
- Mental health services.
- Hospital-based maternity and gynaecology services provided outside of Liverpool.
- Other women's and maternity work being managed in Cheshire and Merseyside by the Local Maternity and Neonatal System (LMNS) and the Women's Health and Maternity Programme (WHAM) programme.

As noted above, a wide range of stakeholders will be involved in the work to ensure that there are no unintended consequences for other services and a full impact assessment will be completed on any future proposals.

6. Who could be affected by future changes?

Women and families accessing women's hospital services in Liverpool may be affected by these changes; that means, women using the hospital-based maternity and gynaecology services provided by the Liverpool Women's FT at Crown Street Hospital and those women with maternity or gynaecology needs who access services at other hospitals in the city e.g. A&E, critical care, cardiology etc.

About 70% of women using these services come from Liverpool, Sefton, and Knowsley and the other 30% come from other parts of Cheshire and Merseyside and places further afield such as North Wales and the Isle of Man.

Staff might also be affected if there are changes to how hospital-based maternity and gynaecology services are delivered in Liverpool in future.

A full impact assessment will be completed for any proposals that come from the programme.

7. Who is leading this work?

Cheshire and Merseyside Integrated Care Board (ICB) is leading this work; they are the lead commissioners for hospital-based maternity and gynaecology services in Liverpool, along with specialised commissioners from NHS England.

A Women's Services Committee (WSC), a sub-committee of the ICB, has been set up to oversee and assure delivery of the work programme. This Committee is chaired by Raj Jain, who is also chair of the ICB. (See Appendix 1 for further detail).

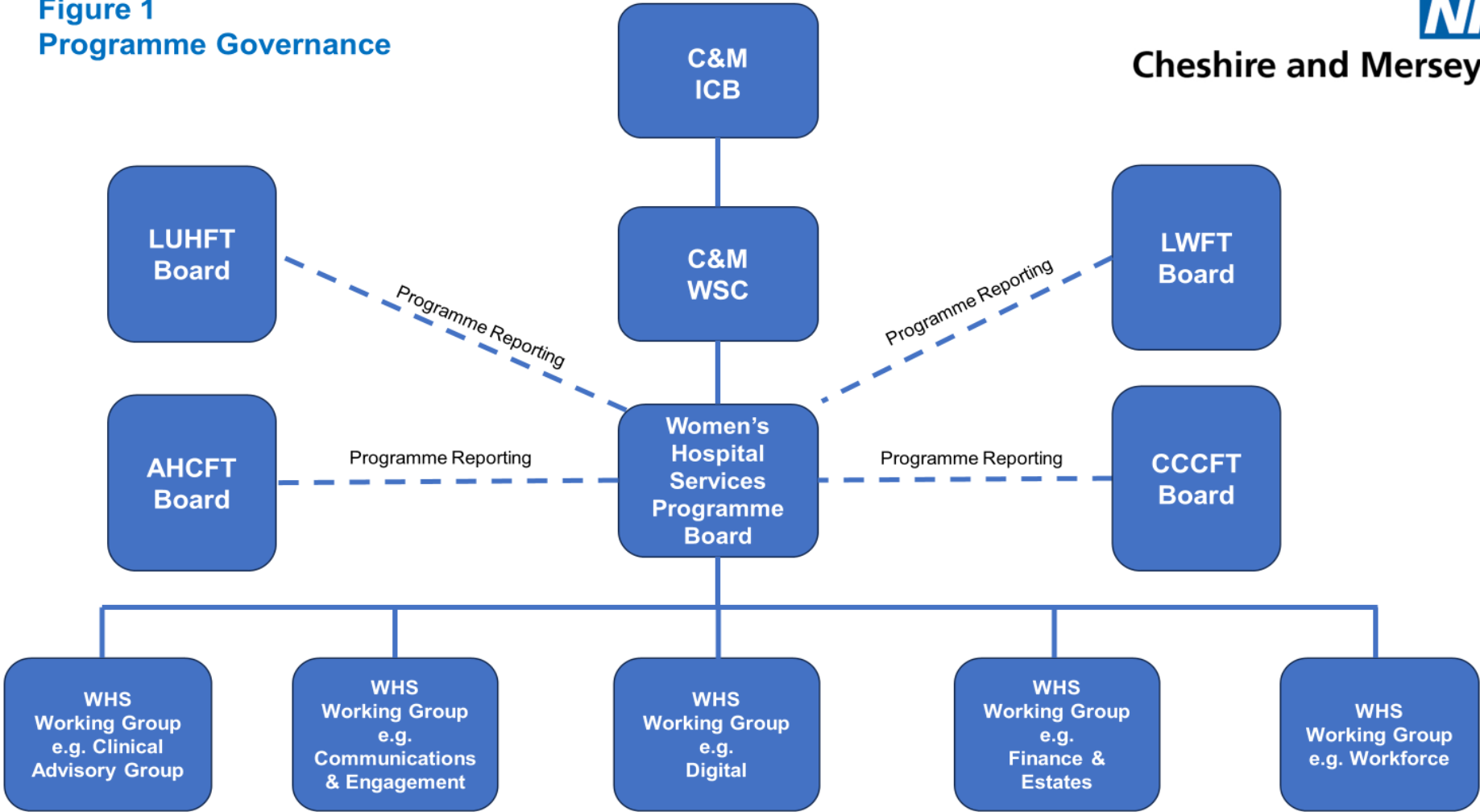
A provider-led Programme Board will be established and will be chaired by James Sumner, the interim Chief Executive of LWFT and the substantive Chief Executive of Liverpool University Hospitals FT. The Programme Board will be tasked with developing proposals for women's hospital services that will reduce the risks and issues currently being experienced in these services. The core member providers represented on programme board are Liverpool University Hospital FT (LUHFT), Liverpool Women's FT (LWFT), Alder Hey Children's FT (AHCFT) and Clatterbridge Cancer Centre FT (CCCFT); other providers will be invited to attend as the programme determines. (See Appendix 2 for further detail.)

The programme governance is set out in figure 1 below.

8. Who else will be involved?

A detailed stakeholder engagement and involvement plan will be developed to ensure that all key stakeholders, including staff, patients, and the public, are involved, engaged, and communicated with on a regular basis.

Figure 1
Programme Governance



Appendix 1 – Women’s Services Committee

Led by: Commissioners – NHS Cheshire and Merseyside (C&M ICB)

Chair: Raj Jain

Accountable to: The Board of NHS Cheshire and Merseyside (C&M ICB)

Reports to: The Board of NHS Cheshire and Merseyside (C&M ICB)

Focus: Medium to Long Term

Key functions:

- Ensure that a clinically led programme of work is established to identify options for delivery of safe, high quality and sustainable services. This will include:
 - approving the strategic case for change.
 - agreeing the programme governance arrangements, that ensures robust development of options and evidence of how conclusions have been reached.
 - establishing a programme board to lead the development of the case for change and future model of care for women’s hospital services in Liverpool.
 - gaining assurance that proposals for future delivery of these services are clinically led, informed by clinical evidence, research, and intelligence, and can demonstrate that they meet the needs of women and their families.
 - approving the programme board’s workplan.
 - receiving regular progress reports from the programme board and seeking assurance about programme delivery.
 - involving and engaging NHS and wider partners, managing strategic dependencies across Cheshire and Merseyside (and beyond) and resolving any conflicts.
 - ensuring the programme has sufficient resources drawn from all partners, with the right skills and capacity to deliver a large-scale, complex programme.

- Ensure that the voice of the patient, public and stakeholders is heard.
 - It will develop and maintain processes to ensure that there is meaningful involvement of the public, patients, carers, and stakeholders in the development of proposals.
 - It will ensure that OSC and appropriate local, regional and national bodies are engaged.

- Ensure that the financial impact of proposals / options is robustly assessed so that it can present costed recommendations to the ICB for decision.
 - Ensure that all significant proposals undertake Health Inequality, Quality and EDI assessments so that their impact can be assessed against the objectives of the ICB.
 - Ensure that the programme complies with statutory and regulatory requirements, in particular the duties of consultation should any major service reconfiguration be recommended.
 - Make recommendations to the ICB, keep the ICB apprised of progress and identify significant risks to the delivery of the programme work plan.
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Appendix 2 – Programme Board

Led by: Providers – LUHFT, LWFT, AHCFT, CCCFT

Chair: James Sumner

Accountable to: C&M ICB Women’s Services Committee

Also reports to: LUHFT, LWFT, AHCFT, CCCFT Boards

Focus: Medium to Long Term

Key functions:

- Develop the programme plan for the Women’s Hospital Services in Liverpool Programme.
- Establish the operational arrangements for programme delivery including any working groups.
- Identify the key clinical risks and issues in women’s hospital services in Liverpool.
- Explore the medium and long term solutions to managing the identified risks and issues.
- Lead the development of the case for change for women’s hospital services in Liverpool.
- Lead the development of the future model of care for women’s hospital services in Liverpool including identifying service dependencies.
- Lead the option appraisal process to identify potential solutions to delivering the future model of care.
- Lead the production of business case(s) as required.

- Complete equality, quality and sustainability impact assessments on proposals for the future delivery of women's hospital services in Liverpool.
- Ensure there is fair and equitable access to women's hospital services in Liverpool.
- Ensure the future model of care and options to deliver it seek to reduce health inequalities.
- Seek external clinical and professional advice where specialist or independent review is required, including involvement from an NHS Clinical Senate.
- Make recommendations to the Women's Services Committee about the future delivery of women's hospital services in Liverpool; proposals will be informed by clinical evidence, research, and intelligence, and will demonstrate how they meet the needs of women and their families.
- Communicate and engage with clinical services stakeholders such as clinical networks, the C&M local maternity and neonatal system (LMNS) and CMAST (C&M acute and specialist trusts provider collaborative).
- Communicate and engage with other key stakeholders e.g., Liverpool Providers Joint Committee, Place leads.
- Support consultation and engagement processes with staff, stakeholders, patients, and the public.
- Ensure that lay perspectives are considered and reflected throughout the work of the programme.
- Support the Women's Services Committee with the formal change assurance process with NHSE.
- Manage the overall programme risks, issues and dependencies.
- Regularly report progress to the Women's Services Committee, escalating risks and issues as necessary.