

Liverpool Women's Hospital NHS Foundation Trust Listening Events Report

Monday 10th July 2023



Contents

Introduction	3
'15 Steps Challenge' Antenatal Clinic Waiting Area	4
Non-English Speaking Team (NEST)	5
Maternity Unit	6
Gynaecology	6
Neonatal Unit	6
Outpatients	6
Lunch (Menu Sampling)	7
Survey Responses	8
Additional Comments, Questions & Recommendations	18
Equality, Diversity & Inclusion Monitoring	20
Response from Liverpool Women's Hospital	22
Acknowledgements	26
About Healthwatch	26
Appendix A: Survey	27
Appendix B: Patient Comments	32

1) Introduction

This report was produced jointly by Healthwatch Liverpool and Healthwatch Sefton. On Monday 10th July 2023 we held a Listening Event at Liverpool Women's NHS Foundation Trust. We spoke with patients, family members and staff at the Women's Hospital and listened to what they had to say about their experiences. We wanted to find out what people thought was good and what they thought needed improving.

This visit was part of our ongoing programme of visiting local health and social care providers and was a welcome return to the Women's Hospital following a period where we were unable to visit due to Covid-19 restrictions and national guidelines.

The two local Healthwatch organisations worked together to develop a survey for use on the day and this was shared with the hospital Trust prior to the visit.

We visited on a Monday as we were particularly interested to find out more about the work of the Non-English Speaking Team (NEST) who provide support to patients who do not have English as a first language. The Team provides a drop-in service for non-English speaking patients on Mondays. We also spoke with people in the Antenatal Clinic waiting area, Outpatient departments as well as those on Maternity, Gynaecology and Neonatal wards.

We made people aware that there was no obligation to speak with us and that everything they told us was voluntary and anonymous (unless safeguarding issues were raised that we were required to share with staff). Given the nature of people's treatment, not all patients or family members were willing or able to speak with us and we used our judgement about who to approach, as well as checking with staff on wards about whether anyone was too unwell to speak to us.

Staff informed us that a new digicare patient record system was being implemented during the week of our visit and that this may have an impact on levels of activity in some areas, for instance the outpatient areas were likely to be quieter/less well attended than normal due to the implementation. This was, indeed, the case but only one patient mentioned this to us and there was no noticeable evidence of additional pressure on staff or patients.

20 surveys were completed with patients and family members. Several staff members also gave us feedback.

We were also invited to sample the menu used by patients.

This report details all the feedback gathered from patients, family members and staff on the day, and also includes our own comments and observations.

Thanks are due to the many staff at the hospital who took the time out of their busy schedules to welcome us and speak to us so openly. Thanks, in particular, to the Patient Experience Team for supporting the visit so helpfully. And thanks to the patients and family members who agreed to share their experiences with us on the day.

'15 Steps Challenge': Antenatal Clinic Waiting Area

The NHS '15 Steps Challenge' includes a range of toolkits which explore different healthcare settings through the eyes of patients and relatives. The toolkits help to explore patient experience by involving patients, carers and families in quality assurance processes. In this case, the Trust invited Healthwatch Liverpool, Healthwatch Sefton and a representative from Liverpool Maternity Voices Partnership (MVP) to assess the Antenatal Clinic waiting area within 15 steps of entering it .

The Healthwatch observations were:

1. The clinic waiting rooms were mostly clean, calm and organised. There were no strong odours but there were some small stains on the floor and ceiling tiles. Bins were available and chairs and floors were visibly clean. The temperature was comfortable and a water cooler was available.
2. The area was bright/well-lit, and the walls were white which gave quite a clinical feel. Perhaps other colours may have felt more welcoming. Room 9 looked less clinical and had art/murals on the wall and a sofa. We didn't notice any facilities for young children.
3. The overall feel was welcoming but there was no reception area where patients could check they were in the correct place. However, staff were visible and we saw them interacting with patients and answering questions.
4. Staffing information was not completed on the information boards used to indicate who was on duty in the clinic that morning.
5. There didn't appear to be any long waits at the time we visited (approximately 10:15 – 10:55am) and appointments were flagged up by sound and text alerts.
6. We didn't see any translated information available on notice boards (except in information produced by the Care Quality Commission (CQC)), or information about how to access translated information if required. Notice boards were tidy and up-to-date, although there were a lot of requests for research participants and some of this included jargon and terminology which may not be immediately accessible to all. Posters often had quite small text and could be hard to read unless standing very close which wasn't always possible.
7. We felt that there could have been more hand gel dispensers on the walls.
8. Signage for the toilets was not clear from all directions and there was no male toilet in the area for use by male partners, only female or Accessible toilets, although we saw several male partners in the area.
9. We observed wheelchairs being stored along a corridor which may have impacted on access for some patients/families.
10. A sign for 'Waiting Area C' by Rooms 10-12 was confusing. It pointed left but there was just a corridor in that direction and no chairs. However, other signage seemed clear.
11. Feedback from patients included:

"It feels organised. This is my first time here. We got good directions, the signage was clear and the appointment process was smooth."

Non-English Speaking Team (NEST)

The NEST Clinic takes place on Monday mornings and is aimed at supporting non-English speakers, including people seeking asylum and people who have experienced female genital mutilation (FGM), to receive the right antenatal information and treatment, as well as helping them to access additional advice, support and advocacy where necessary.

This support is delivered by a team of six with access to a midwife and consultant. One consultant leads on work with patients who have experienced trauma.

Clinic appointments are for 30 minutes. Staff told us appointments always run over time, and they have seen more vulnerable and distressed patients lately.

People are helped with finding their way around the hospital, and there is access to telephone interpreters via Language Line, to help with making appointments and understanding treatment. Staff told us it is relatively easy to access interpreters in most languages, but some are harder to access and require longer waits. They also mentioned that they would like to provide some leaflets in other languages. Where possible, appointments are made with Link Workers in the community to help patients to access additional support.

The team had also received British Sign Language (BSL) support from Signalise and Merseyside Society for Deaf People (MSDP). They only mentioned supporting one BSL speaker who had been booked in via the Main Desk.

One problem they mentioned was that the Interpreter on Wheels system does not work in the clinic due to internet connection problems.

The team are mindful of trauma that may have been experienced by patients, including rape, sexual abuse or torture – and try to have female staff involved in treatment wherever possible. Where this is not possible, they talk this through with patients and make sure they understand the situation. They also make referrals to RASA Merseyside (Rape and Sexual Assault) where appropriate.

Outreach also takes place in partnership with organisations including Citizens' Advice Liverpool (CAL), foodbanks and Refugee Women Connect. The team also works with Baby Basics who donate baby blankets, clothes and nappies for families in need of them.

We were able to speak to the Citizens' Advice worker who is based within the Clinic on Mondays (and is part of the CAL's Advice on Prescription team). She told us that she runs an open-door drop-in session and that patients can also be referred by staff (including midwives and consultants) for practical support. Issues covered included housing support, benefits, accessing travel funds, and social prescribing.

NEST staff clearly provide a much-needed service and do valuable work to increase access to health care and to address health inequalities. They also demonstrate a commitment to working in partnership with voluntary and community organisations to provide positive outcomes for women and families who are vulnerable and in need of additional support. Although the bulk of the Team's work takes place at the hospital, they are also able to make home visits if required which is a vital additional service.

Maternity

The Maternity Unit was generally clean and tidy although the corridors were quite dark and we noticed that every other light was turned off.

On the ward, we saw that all patients staying in a bay with other patients had curtains drawn around their beds. We discussed the pros and cons of this with staff. Given the limited space around beds we recognised the importance of privacy for patients and family members/visitors. However, there are also potential safeguarding concerns and a lack of visibility if a patient becomes unexpectedly unwell. It may also be isolating for patients who do not have visitors.

Whilst on the Maternity Unit, Healthwatch Sefton learned about the current lack of funding for Breast Start support for Sefton women who have given birth at Liverpool Women's Hospital. A staff member told us that there is one staff member and 2 support workers who provide breast feeding support for women who may be struggling or need some support to begin breast feeding. Liverpool funds this work, and Knowsley funding was likely to come on stream soon, but Sefton had not funded this for a number of years now. They were aware of volunteers working out of the Feelgood Factory, Netherton for 'Breast feeding support Sefton', a volunteer-led breastfeeding support service which provides pregnant women and new mums with practical and emotional support when breastfeeding. It is commissioned by Mersey Care 0-19 service and relies on ambassadors with a passion for supporting new mums working alongside midwives, health visitors and Family Wellbeing Centres.

Staff told us that they lack capacity on the wards and therefore prioritise their support, in line with the funding streams, to those living in Liverpool and sometimes have to say "no" to Sefton residents seeking support. We asked about the volume of Sefton women accessing the Trust and we were informed that there have been more Sefton babies born recently.

Gynaecology

We visited a gynaecology ward and spoke to a few patients in side rooms. It looked very clean and felt calm and organised; several of the rooms were empty at the time of our visit. Staff were based at a station in the middle of the ward and appeared to have a good view of the whole ward.

The issue of access to Satellite Clinics was also raised, particularly in relation to Gynae Clinics at Aintree. Healthwatch Sefton have received feedback related to the availability of treatment on the day and lack of communication but this may have been an isolated incident.

Neonatal

The Neonatal Unit is newly refurbished and felt very different from the rest of the departments and areas that we visited, being very bright and clean with good murals. There was evidence of 'You said, we did' on the walls and there was a section on the wall for 'care cards' which were cards expressing thanks for staff from families.

Outpatients

The Outpatients waiting area was very quiet when we visited and we would therefore welcome the opportunity to come back another time to enable us to talk with more patients.

Lunch (Menu Sampling)

We were provided with menus when we arrived on site and were invited to pick main courses and desserts for our lunch.

The menus provided a good range of options for patients with diverse diets, including halal, vegetarian and vegan, Caribbean/West Indian and kosher. We noted that menu items were marked to reflect e.g. gluten free options. Not all terminology was immediately recognisable (e.g. low residue) but we were assured that catering staff would be able to explain these to patients and that patients' medical notes should indicate where specific diets were required.

We noticed that there wasn't any allergen information on the menu, or any directions about speaking to staff about allergens. We raised this with staff on the day as one of our team has a nut allergy.

Another member of the group who is neurodivergent (ND) fed back that the menu was very 'busy' and may not be easy to navigate for people who are autistic or dyslexic.

We also had an opportunity to ask catering staff about issues such as salt content (for people on low sodium diets) and were advised that although the menus contained a lot of information they couldn't include details about everything. However, again, we were assured that staff would always ask patients for any information they needed to know about their individual diets, cultural practices or allergies so as to provide the best possible options for them. They were also able to make adjustments to most meals to suit specific patient requirements. For example, the menu didn't include any high protein breakfast options but these could be provided as required.

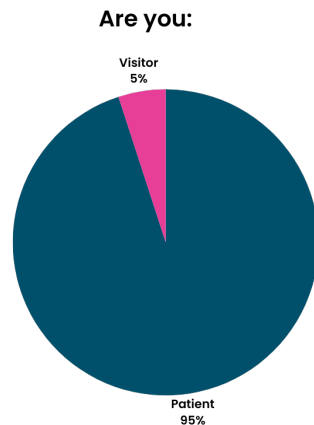


The food our group members selected included vegan and halal options as well as meat-based selections. We chose hot meals as well as sandwiches and desserts. In general, we felt that our selections looked appetising, and smelt and tasted good. The only slightly negative comments were that the portion size in some cases was small, that the topping in one case was quite dry and that the small carton of juice provided didn't help to digest this properly.

We thought that there possibly isn't much variety for inpatients needing to stay longer-term when on a more restricted diet, although we understand that most patients don't stay for very long periods.

Survey responses

1. During our visit we spoke to 19 patients and 1 family member. We also spoke to several staff members during the visit but we did not complete surveys with them.



2. Patients' postcodes indicated that 11 were from Liverpool, 3 from Sefton, 1 from Knowsley, 1 from St Helens, 1 from Warrington, 1 from Chester, and 2 were unknown.
3. Feedback was received about the following areas/departments. Some people fed back about more than one department.

- Maternity x 11
- Gynaecology x 7
- Outpatients x 2
- Neonatal x 1
- Antenatal x 1
- Delivery Suite x 1
- ICU x 1

4. What do you think is good about the Women's Hospital?

Positive feedback was received about staff attitude, staff professionalism, clinical care, hospital cleanliness, communication with patients, and timeliness of appointments and treatment.

"It's lovely, clean, everyone is nice. No problems. You get text messages. I got a letter with an operation date but then they phoned me to say it was brought forward."

"Everything's been good, nothing negative. The staff - they listen to me, they care - you can just tell they enjoy their jobs and they do care about every patient. Staff have time to talk to you. Midwives have come in when they're not on shift to check on me and the baby. I was transferred from (another hospital), and I asked if I could stay here because I felt more comfortable here."

"Staff are good and the pain relief I have received has been good. To be honest everything has been great. "

"They have allowed me to bring things in from home to use, for example the cot mobile so it feels more like home."

"It is very clean, waiting time was short. Been seen to quickly."

"Staff go above and beyond and even sourced me a radio as I struggle to use the TV."

5. Is there anything you think could be improved?

9 people said that nothing could be improved. More detailed comments included further praise for staff.

"Staff are doing all they can despite NHS pressures. "

"Very impressed, they have been so kind."

Issues raised included:

• Pain relief

"They don't seem to be on top of pain medication - I have to keep buzzing to get some. In terms of pain relief, it's depends on the staff. Some staff are more proactive asking if I need pain relief, other times I've just been left and have had to ask staff myself repeatedly. I've needed to buzz to get them to bring it, but I shouldn't have to buzz."

• Waiting times for appointments

"The wait for the appointment, it's 14 months until this point. I went back to the GP, the GP intervened and I'm here today now."

• Lack of space

"There's nowhere for my partner/baby's dad to sleep. It's also very cramped in terms of space on the ward - and I'm potentially here for two weeks."

"I was being induced and the room I was in was great but then I was moved to a delivery suite. It would have been better if I had stayed in the room I was originally given as the delivery suite was far too small."

"I had my own room at first. When I first went to the delivery suite, I didn't deliver, and when I got back a few hours later my room had gone, so now I'm on the ward. They'd also moved all my stuff out the room. "

• Staffing and staff attitude

"There doesn't appear to be many staff on duty. My partner has been here to help me and he has been sleeping in the chair. Although he has brought in his own pillows, chairs for partners could be more comfy. I know that the hospital cannot provide food for my partner but when staff come into the cubicle area they don't acknowledge him or even offer him some water. "

• Communication

"There have been some issues with communication. There were delays in treatment for my baby despite me asking the same midwife numerous times for updates on test results, which had not been checked. This has not only delayed treatment but has delayed the discharge for me and my baby. I was told I could go home but then additional treatment was needed and I had already told my other child we were coming home and they were upset that we were unable to come home. I fear today I will have to spend another day in hospital due to the delay in hearing about results because of the new Digitech system which has come into force today."

• Catering and feeding support

"There have been some issues with feeding support with all of the staff on leave."

"I wish the ladies serving food could be shown how to make a cup of tea. Everyone else makes them well but the people serving food could do better."

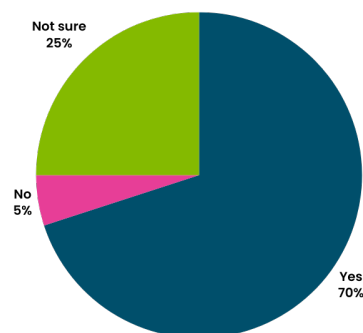
• Car parking

"The car park could be better."

6a. Do you feel that staff have enough time to spend with you/your family or loved ones/other patients?

14 patients (70%) felt that staff had enough time to spend with them and others. 1 person did not and 5 weren't sure.

Do you feel that staff have enough time to spend with you/your family or loved ones/other patients?



Additional comments included:

"The staff who look after the babies are great - the babies are so well looked after."

"90-odd percent of the time - though sometimes they are busier."

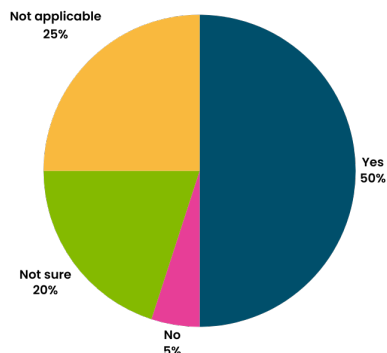
"They've been really busy - they said there was a new record system."

"Staff are polite and always knock on, even when the door is open and I really appreciate that they do not just enter without consent. Privacy is fantastic and blinds on the window are even pulled too, where applicable."

6b. Does this apply to both day and night staff (if applicable)?

10 people (50%) specified that day and night staff had enough time to deliver the care they needed. 5 people (25%) said this question didn't apply to them, 4 people (20%) said they weren't sure and 1 person (5%) said 'no'.

Does this apply to both day and night staff (if applicable)?



Additional comments included:

"The night team are better, surprisingly. They picked up on the issue with my blood test not being done."

"When they thought I would be discharged at the weekend, the night staff put everything in place so that there would be an easier discharge the next day, but due to the reasons given previously, this didn't happen."

7. Staff at Liverpool Women's Hospital...

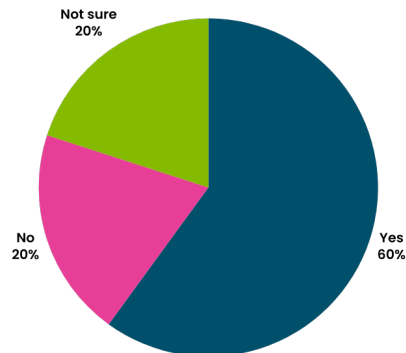
Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Unsure	Doesn't apply to me	Response Total
... treated me with care	0	0	0	6	14	0	0	20
... behaved professionally	0	0	0	5	15	0	0	20
... respected my dignity	0	0	0	5	15	0	0	20

Answers to this question were overwhelmingly positive with 70% of respondents saying they Strongly Agreed that they were treated with care by staff at the Trust. A further 30% said they Agreed. The figures were even better in respect of staff's professionalism and respect for patients' dignity. In both these categories 75% of respondents Strongly Agreed and 25% Agreed.

8. Have you been given enough information about your consultation/treatment by the hospital?

12 people (60%) felt that they had been given enough information about their consultation or treatment. However 4 people (20%) felt that they had not been. A further 4 (20%) were unsure.

Have you been given enough information about your consultation/treatment by the hospital?



Additional comments included:

"I get an interpreter when I need it - if I say I don't understand in English, there is a phone interpreter."

"Could be given more information - I don't have any indication of how long I'll be here. We were moved from neonatal up to here quite quickly, and I've not had a proper update. The doctors have visited, but I need to ask the midwife to find them so I can ask more questions."

"I have to keep asking them for information. I've not been in hospital before, so I don't know if that's normal."

"I had lots of information before I came in but had no preparation information about discharge and I am about to leave in the next thirty mins. It doesn't feel as organised."

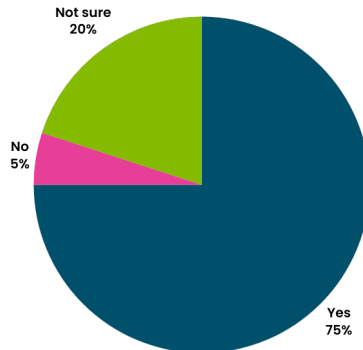
"Everything is explained to me well, even worst-case scenarios and the maybe situations. This is all very helpful for me. It avoids surprises."

"It was encouraging to hear that the patient who required an interpreter was happy with this service. Other themes included the need for improved communication about discharge plans and moves between different departments or wards. There was also a reminder that patients may need things explaining a number of times before they can fully understand care and treatment issues/options."

9. Have staff kept you involved in the decisions or discussions around your treatment?

15 people (75%) said they had been involved in decisions about their treatment whilst 4 (20%) were not sure and 1 (5%) said they had not been involved.

Have staff kept you involved in the decisions or discussions around your treatment?



"Everyone knows everyone and they seem to work together well. I get good staff vibes. Letters were sent out to me explaining things before I arrived. The letter even had first names which helped. They have a great sense of humour which really helps difficult times."

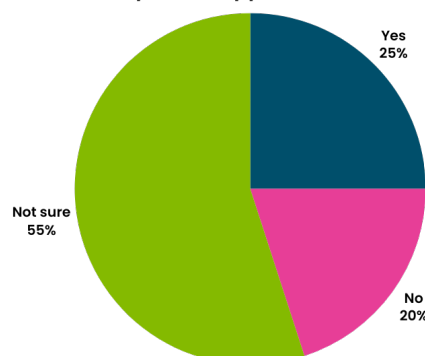
"Before I go home I need things in place, which is why I am still here, I live alone and it feels like they go above and beyond to ensure I am okay. They have a good sense of duty of care. I am medically fine to go home but need home care and reablement placement. They didn't just treat me and make me leave, they gave me the time and patience as a human being."

"Decisions all made by medical staff not me, things are not always explained."

10. Do you feel you've received enough information to prepare you for/support you after your discharge from hospital (if applicable)?

This question was not applicable to 11 people (55%) but of those who it applied to, 5 (25%) said they had received enough information about discharge and 4 (20%) said they had not.

Do you feel you've received enough information to prepare you for/support you after your discharge from hospital (if applicable)?



Additional comments included:

"No one's talked to me about discharge. One midwife said goodbye to me, because she's not working the next several days, but I've not been told officially when I might be discharged. I don't know where I need to be at before discharge, whether my babies need to be a certain weight, etc."

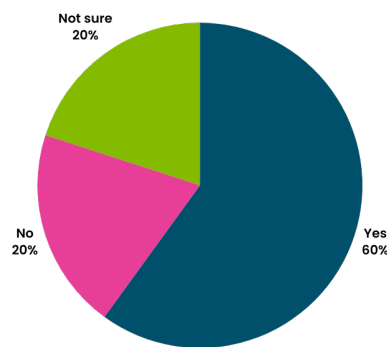
"Not sure - we started talking about discharge today, but haven't discussed it much."

"Hasn't been mentioned and I don't know when I will be going home."

11. Are you happy with the standard, suitability and quantity of the food and drinks you received (if applicable)? (Was it suitable for your dietary needs?)

12 people (60%) were happy with the catering and 4 (20%) said this question was not applicable. However another 4 (20%) were not happy with the food and drink they had been offered.

Are you happy with the standard, suitability and quantity of the food and drinks you received (if applicable)? (Was it suitable for your dietary needs?)



Additional comments included:

With Ambulatory Care we were provided with food and drink, it helped with taking pain medication.

I've not been offered food on a few occasions, including after my C-section. There was one day where my lunch just didn't turn up. The food is okay. I wasn't asked about my dietary requirements.

It's not amazing, but overall good - better than some hospitals. I've been here two and a half weeks, and I'm not sick of it yet.

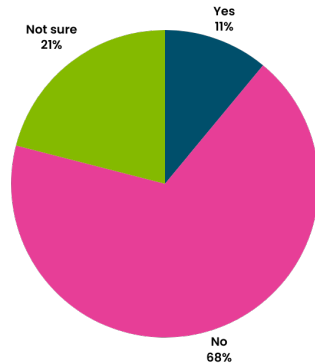
It's always cold, and the portion sizes are quite small. There's a good variety though.

We have been buying our own food and eating it in the room.

12. Could the hospital improve communication with you? If yes, what could be improved? For example, letters, leaflets, text reminders, other languages, BSL formats etc.

19 people answered this question, of whom 13 (68%) said 'No', there was nothing that could be done to improve communication. 4 people (21%) were not sure and 2 (11%) said communication could be improved.

Could the hospital improve communication with you? If yes, what could be improved? For example, letters, leaflets, text reminders, other languages, BSL formats etc.



Additional comments were largely positive and included:

"I always get texts or calls about appointments. Don't have to chase them up."

"Apart from discharge information, communication has been really good and I am very happy."

"When you ring up it's a whole circle of 'press this number' and then usually an answerphone. You leave a message and then they don't get back to me. And I have had conflicting information about waiting times for example, was told 4-6 weeks, then someone else said I should not have been told that."

13. How accessible do you think the hospital is in terms of a) travelling to it, and b) getting around it (e.g. signage)?

19 people answered this question. Their responses included:

"It is easy to get to, and easy to get around."

"The hospital is big, but easy to find what you need. The signs are good, helpful."

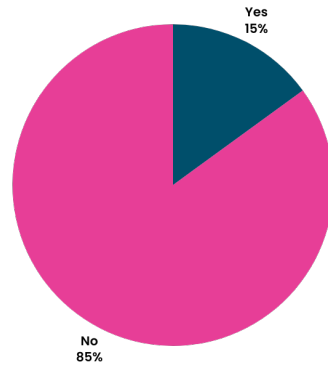
"Takes a while to navigate the building due to arthritis."

"Screens in waiting areas are big and ping loud. Someone helped me at one point because I looked lost."

14. Have you had any remote appointments (phone or videocall appointments) at Liverpool Women’s Hospital? If ‘Yes’, did you feel these worked well? Tell us more about how they worked for you if you wish.

17 people (85%) had not had any kind of remote appointment but 3 people (15%) had.

Have you had any remote appointments (phone or video appointments) at Liverpool Women’s Hospital?



Additional comments included:

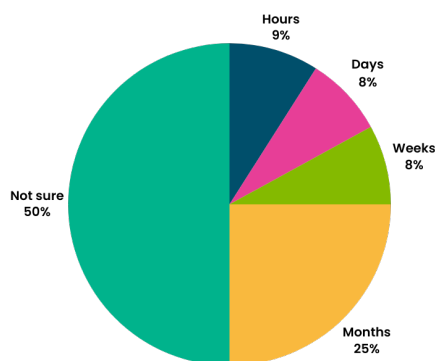
“Yes they made this more accessible for me – I struggle with texts so asked for ‘phone calls, and they honoured this request well.”

“They put on the system to do ‘phone calls for me.”

15a. How long did you have to wait for your appointment/treatment/consultation?

12 patients answered this question and, of these, half (50%) were not sure how long they’d waited. A further quarter (25%) had waited for months. Further comments indicated that one had waited 5 months and another 14 months.

How long did you have to wait for your appointment/treatment/consultation?



15b. How did you feel about your wait?

Additional comments included:

“I had to wait 5 months for the operation. I was made up with that. I had to wait for an MRI scan at Clatterbridge.”

"14 months. I felt bad, only with the GP intervening and making a complaint to PALS, I needed to arrange time off from work."

"My procedure was put off by one day - they did discuss this with me before and said I might have to wait if an emergency came in, which it did. But they didn't offer me any food after my operation was delayed, and when I got back to the ward after delivery, no one had ordered any food for me even though I'd been nil by mouth for over a day at that point."

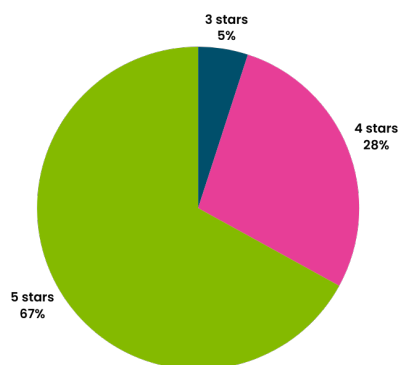
"The appointment is currently 30 minutes late. I need to get back for my kids and I'm worried."

"Not at all a long wait. Treatment plan has been very clear. "

16. Please rate the service here at Liverpool Women's Hospital overall:

18 people provided a Star Rating, with 95% rating the hospital as 'Good' (28%) or 'Very Good' (67%). Nobody that we spoke to gave a 'Poor' or 'Very Poor' rating.

Please rate the service at Liverpool Women's Hospital overall: 1= Very poor, 5= Very good



17. Any other comments?

Further comments included:

"I had a horrendous experience with a male member of staff here in the past... I felt violated. I reported it to other staff and the operations manager who were great. I have been told that I won't have to see that member of staff again. "

"I'd give the staff 5 stars, but the facilities 2 or 3 stars. Just thinking about it if this were a hotel - the food, the cleanliness isn't good enough. There's not much room to clean the space around my bed, and when I first got here you could see bits on the floor by the walls where they've not been able to clean. I'm not a fan of the loos or the showers - the floors just aren't clean enough, especially in the shower you just feel like you need to wear shoes. I also don't have the space to get out of my own bed easily, and it's not ideal being so close to the nurses' desk. But, the most important thing is the staff - and they are great."

"Dads matter. A man comes into the (Neonatal) unit every week to talk to dads who have babies in the unit in the quiet room and I think this is really good as they may be worried, have concerns, and this helps."

"It would be nice if there were more facilities for visitors. My daughter washed in the toilets."

“It was good how my comfort items can be brought in to make me feel more relaxed.”

“Dignity is honoured well – they ask if it is okay to take blood pressure. They check, they never just do it.”

Additional Comments, Questions & Recommendations

1. On the day of the visit we had a discussion with staff about the **re-introduction of overnight stays for partners** following childbirth. Several issues were raised including:
 - The Trust’s duties to mothers and babies being the prime consideration of the hospital and its staff
 - Contracts that partners must agree to abide by in relation to their behaviour on hospital premises, including appropriate clothing and not sleeping in vacant hospital beds
 - The lack of comfortable space for partners at present.

We understand all these points and support the Trust’s position on them but we recommend ongoing dialogue with patients and partners about how best to balance their comfort and wellbeing with the Trust’s duty of care.

2. We also had some questions about **safeguarding** when partners stay with birth parents at all times, particularly as this relates to people in coercive/abusive relationships. Our concern was that opportunities to speak up when alone could now have been removed. Closed curtains around bays may also provide opportunities for coercive/abuse behaviour to go unnoticed.

Has the Trust put any actions in place to address these potential problems? For example, through providing information about how to speak up (e.g. posters in toilets) or staff requesting opportunities to speak to the birth parent alone?

3. We would like to see more **diverse patients and families** represented throughout the Trust’s communications materials and would support any initiatives to promote further diversity, visibility and inclusion in publicity, posters and information leaflets. This should include not just cultural diversity but also different types of families (e.g. same-sex parents, lone parents, parents with disabilities, trans parents).
4. Although the feedback we received was very positive overall, one patient’s account of a previous experience at the hospital did cause us some concern. This patient told us that she’d felt violated by a previous procedure at the hospital and had not received an apology after she’d raised the issue, although the patient had been assured that they would not be treated again by the staff member involved in the incident. We raised this case in more detail with the Trust on the day of our visit.

We would be interested to know how the Trust addresses **complaints against staff** where patients feel a staff member, or members, have acted inappropriately (whether deliberately or not); and whether patients are clearly reminded that they have a right to a **chaperone** during examinations, procedures, treatments or care.

5. We were impressed by the work of the **NEST staff** and recommend additional resources for this team where possible.
6. Improved **internet connectivity** for the Interpreter on Wheels service, and more generally across the hospital site would be welcomed.
7. More **allergy information** on patient menus, or information on who to ask/where to find this would be helpful.
8. Are menus available in **Easy Read or alternative formats** (e.g. with reduced design features, with large font, on different coloured backgrounds or in other languages) for patients who may find this helpful?
9. It is important that all **corridors are well lit**, for health and safety reasons and to limit any negative impact on people with visual or mobility impairments.
10. We didn't notice any **information about Healthwatch** displayed in any of the areas we visited and would welcome an opportunity to discuss displaying Healthwatch posters on site with contact details including QR codes to enable patients or family members to provide feedback to us as an independent organisation, which we would then be able to share with the Trust. Similar posters have been very successful at Liverpool University Hospitals NHS Foundation Trust (LUHFT).
11. We would be interested to know about any plans that the Trust has regarding future equality of access to **Breast Start support** for patients across Liverpool, Sefton, Knowsley and beyond.
12. Although 60% of the people we spoke to felt that the Trust had provided them with enough **information** about their appointment/treatment it would be useful to explore with patients what kind of information they would expect to receive or like to see from the hospital – to ensure that the needs of different patient cohorts are met.
13. It was good to learn that Liverpool Women's Hospital is working closely with Merseyside Society for Deaf People (MSDP) to make services more **accessible to deaf and hard-of-hearing patients** and we are interested to know more about this. We would also welcome the introduction of e.g. **Frequently Asked Questions (FAQ)** leaflets and/or videos in commonly requested community languages and in Easy Read versions.
14. We support the Trust's increasing development of **links with community organisations** e.g. The Whitechapel Centre, the Rotunda, Irish Community Care Merseyside (ICCM) and other organisations supporting homeless people, sex workers, Travellers, people seeking asylum and refugees. This is important work in terms of inclusion, reducing health inequalities and improving public health. We also welcome the Trust's recognition of 'poverty' as an additional protected characteristic.
15. We recognise that the Trust works hard to balance an emphasis on the positive aspects of birth and parenthood with a sensitivity to the needs of parents and families experiencing **bereavement** and grief. Nonetheless, it must be difficult for bereaved parents to see pictures of babies and happy families around them, although we realise that this may be hard to address.
16. We liked the **informal touch** of seeing clinics called e.g. 'Dr Kiran's Clinic' or 'Dr Kate's Clinic'.
17. The Outpatient's area was not very busy when we visited and we'd therefore like to come back again soon to gather feedback from more people using **Outpatients** clinics.

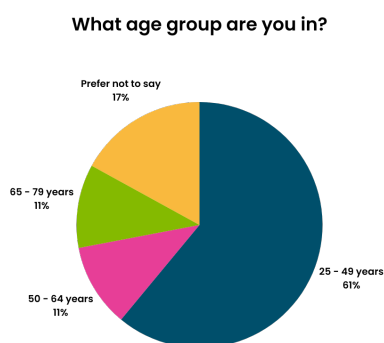
Thanks again to all staff, patients and family members who made us so welcome and helped to make our visit so informative and constructive.

Equality, Diversity & Inclusion

The following 5 questions are the minimum Equality, Diversity and Inclusion (EDI) questions which Healthwatch England suggests that local Healthwatch should collect.

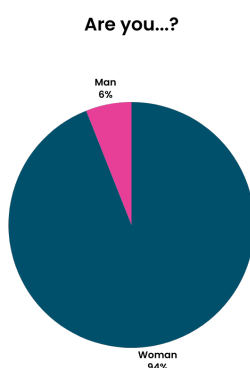
1. What age group are you in?

18 people responded to this question. None told us that they were under 25 or over 79 but 3 people (17%) said they'd prefer not to share their age. 11 people (61%) were aged 25-49; 2 (11%) were 50-64 and 2 (11%) were 65-79.



2. Are you...?

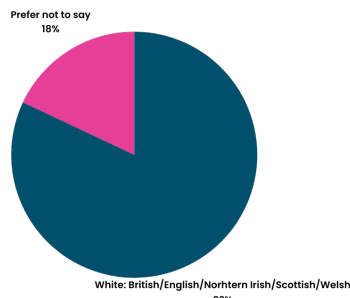
Given the nature of the hospital's work it was unsurprising that when asked to describe their gender 17 (94%) of the 18 people who answered described themselves as women. One (6%) was a man. Nobody described themselves as non-binary or preferred not to say.



3. How would you describe your ethnic group?

Participants were given 20 options, in line with Census categories. However, the vast majority – 14 of 17 people who answered this question (82%) said they were White: British/English/Northern Irish/Scottish/Welsh. 3 people (18%) preferred no to say.

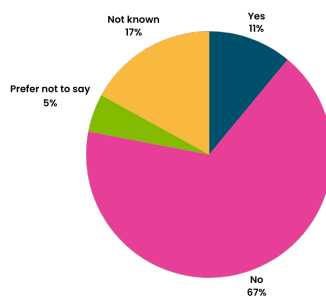
How would you describe your ethnic group?



4. Do you have a disability?

18 people answered this question. 12 of these (67%) did not consider themselves to have a disability. 2 (11%) said they did have a disability. 1 (5%) preferred not to say and 3 (17%) did not know.

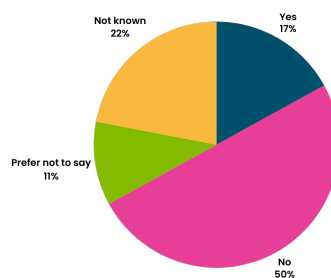
Do you have a disability?



5. Do you have a long-term health condition?

18 people answered this question. 9 of these (50%) did not have a long-term health condition. 3 (17%) said that they had. 2 (11%) preferred not to say and 4 (22%) did not know.

Do you have a long term condition?



Response from Liverpool Women's Hospital

Issue	Narrative from areas
<p>The ward is not on top of pain medication – patients have to keep buzzing to get some.</p>	<p>A Quality Improvement project is underway in relation to 4 hourly comforts rounds which coincide with the 4 hourly vital sign checks. This will pick up the pain score of the patient and if pain relief is required. Since the Quality Improvement project has commenced, patient feedback has shown that waiting for pain medication has improved.</p>
<p>Waiting 14 months for an appointment. GP intervened to help the appointment along.</p>	<p>All referrals are clinically triaged upon receipt and a clinical priority assigned based on referral information. These cases are then placed in the relevant queue to be assigned an appointment. These are assigned in date order unless the clinical picture for the patient changes as a result of further information being received from the GP. All clinics have different waiting times due to the demand and available resources in the Trust, which includes medical staff and facilities. The operational team are striving to improve the appointment capacity for all patients currently waiting. Liverpool Women's Hospital (LWH) are looking at various ways to do this which includes recruiting additional medical and consultant staff, weekend appointments and exploring mutual aid between LWH and other gynaecology providers.</p>
<p>Ongoing dialogue with patients and partners about how best to balance their comfort and wellbeing with the Trust's duty of care when partners are staying overnight.</p>	<p>The Trust has a contract that both partners and support people sign which details expected behaviours when staying overnight on the Maternity Ward, and the facilities that are available.</p>
<p>Safeguarding when partners stay with birth parents at all times, particularly as this relates to people in coercive/abusive relationships. Concern was that opportunities to speak up when alone could now have been removed. Closed curtains around bays may also provide opportunities for coercive/abuse behaviour to go unnoticed.</p>	<p>All staff undertake Safeguarding training which includes the signs of coercive behaviour. Women are encouraged to not always have the curtain pulled round which allows the Maternity Staff to observe from a clinical perspective them and their new-born baby.</p> <p>Laminated posters are to be displayed in toilet so concerns can be raised as required.</p>

Issue	Narrative from areas
<p>Has the Trust put any actions in place to address these potential problems? For example, through providing information about how to speak up (e.g. posters in toilets) or staff requesting opportunities to speak to the birth parent alone?</p>	
<p>Needs more diverse patients and families represented throughout the Trust's communications materials, and would support any initiatives to promote further diversity, visibility and inclusion in publicity, posters and information leaflets. This should include not just cultural diversity but also different types of families (e.g. same-sex parents, lone parents, parents with disabilities, trans parents).</p>	<p>As a Trust we undertake professional photograph/ video sessions usually once every 2-3 years. This is often due to the costs associated with using external photographers and videographers which means we are limited as to how often we can do it. The professional images are used within the Trust's promotional materials such as campaign posters and corporate documents. LWH do acknowledge that imagery could be more diverse and it is something that is being looked at as a priority going forward within creative content work. One of the challenges LWH face on this issue - in terms of capturing a wide range of diverse images - is the unpredictable availability of people taking part in photo sessions as they tend to be taken live and in real-time rather than in a planned nature - we refer to these as action shots where the Communications Team and photographer will visit areas of the Trust on the day of a shoot and seek willing volunteers to take part. Therefore, there hasn't been an intention to under-represent any groups or individuals. However, it is clear that LWH need to make a conscious effort to employ a more targeted approach with different groups to ensure that as many people are represented as possible. LWH will be focussing on this as part of a refreshed Communications Strategy and will now be making a proactive effort to take and use a more diverse range of images going forward both when undertaken professionally and in-house by the Communications Team. As part of this work LWH have already started developing a master folder of images for general use on any new Trust materials that are produced and this includes the diverse images LWH have on file currently. These will be added to going forward with diversity being considered a priority for new imagery.</p>

Issue	Narrative from areas
<p>Although the feedback we received was very positive overall, one patient's account of a previous experience at the hospital did cause us some concern. This patient told us that she'd felt violated by a previous procedure at the hospital and had not received an apology after she'd raised the issue, although the patient had been assured that they would not be treated again by the staff member involved in the incident. We raised this case in more detail with the Trust on the day of our visit.</p> <p>We would be interested to know how the Trust addresses complaints against staff where patients feel a staff member, or members, have acted inappropriately (whether deliberately or not); and whether patients are clearly reminded that they have a right to a chaperone during examinations, procedures, treatments or care.</p>	<p>The Trust addresses all concerns and complaints raised in line with the "managing concerns and complaints" policy. All concerns are logged, including any mentioned members of staff so the Trust can be alerted to any names that are regularly identified in concerns. The divisions receive quarterly reports containing this information for them to track and monitor any trends.</p> <p>The Trust has a chaperone policy that states all patients will be offered a chaperone and if the patient does not want one then this is to be documented in the records.</p>
<p>Impressed by the work of the NEST staff and recommend additional resources for this team where possible.</p>	<p>Maternity have recently appointed a substantive Midwifery Clinical Lead to the NEST and Enhanced Teams who will be reviewing care provision and identifying further opportunities for outreach work within the local community</p>
<p>Internet connectivity for the Interpreter on Wheels service needs to be improved, and more generally across the hospital site would be welcomed.</p>	<p>Interpreter on Wheels has now been reviewed by the IT team to ensure they are mapped and connected to a stable WIFI connection. The WIFI has been recently refreshed Trust wide.</p>
<p>Allergy information on patient menus, or information on who to ask/where to find this needs to be improved.</p>	<p>The IPAD which the hostess use to order patient food contains all allergen information. The hostess is able to answer any queries or concerns and will escalate to the catering manager for further advice if unable to answer any questions.</p>
<p>No evidence of the menus available in Easy Read or alternative formats (e.g. with reduced design features, with large font, on different coloured backgrounds or in other languages) for patients who may find this helpful?</p>	<p>Larger pictures of food choices are on order and will be available in clinical areas for the hostess to show patients with regard to food choices. The hostess can also show food choices in a pictorial format from the IPAD to patients. The hostess will speak to the staff member caring for a patient, whose first language is not English, to assist with any interpretation requirements.</p>

Issue	Narrative from areas
Corridors were not well lit, for health and safety reasons and to limit any negative impact on people with visual or mobility impairments.	The Trust has undertaken a walkabout and all lights did come on automatically, so the initial concerns has been rectified.
There was no information about Healthwatch displayed	Healthwatch to send in posters and information to be displayed Trust wide.
There was no information on the plans the Trust has regarding future equality of access to Breast Start support for patients across Liverpool, Sefton, Knowsley and beyond.	There is currently an average monthly initiation rate of 67% to cover all mothers at LWH who initiate breastfeeding each month, regardless of post code area. Bambis are an additional support service for mothers, mothers also receive support from their midwife and the clinical ward support staff. Service Leads meet regularly with commissioners to identify opportunities for collaborative working.
Patients are not involved in what kind of information they would expect to receive or like to see from the hospital – to ensure that the needs of different patient cohorts are met.	The Trust is currently developing a Lived Experience Panel that this project will be taken too.
It was good to learn that Liverpool Women’s Hospital is working closely with Merseyside Society for Deaf People (MSDP) to make services more accessible to deaf and hard-of-hearing patients and we are interested to know more about this. We would also welcome the introduction of e.g. Frequently Asked Questions (FAQ) leaflets and/ or videos in commonly requested community languages and in Easy Read versions.	There is currently a group that is reviewing the Accessible Information Standards.
We recognise that the Trust works hard to balance an emphasis on the positive aspects of birth and parenthood with a sensitivity to the needs of parents and families experiencing bereavement and grief. Nonetheless, it must be difficult for bereaved parents to see pictures of babies and happy families around them, although we realise that this may be hard to address.	For families experiencing bereavement or loss, a picture of Honeysuckle is used to denote this and alert staff to the sensitivity of the case. LWH have an active patient group of families who have experienced this service, and whilst this comment has not been raised before LWH regularly do act on feedback and suggestions. Recent examples of this have included a candle being placed outside the Bereavement Suite to denote that it is occupied and reduce noise levels in the area particularly when transferring other postnatal patients to the postnatal ward area
The Outpatient’s area was not very busy when we visited and we’d therefore like to come back again soon to gather feedback from more people using Outpatients clinics.	Healthwatch and LWH to liaise to organise another Listening Event in the Outpatient Clinic.

Acknowledgements

Thanks to everyone who took the time to share their stories, experiences, and information with us. Their contributions were anonymous, but very much appreciated.

About Healthwatch

Healthwatch is the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch we also provide an information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

If you require a copy of this report in another format or language, please contact us and we will provide it.

September 2023

Contacts

healthwatch
Liverpool

Healthwatch Liverpool
151 Dale Street, Liverpool, L2 2AH

www.healthwatchliverpool.co.uk

t: 0300 77 77 007

e: enquiries@healthwatchliverpool.co.uk

 [@HW_Liverpool](https://twitter.com/@HW_Liverpool)

 [Facebook.com/HWLiverpool](https://www.facebook.com/HWLiverpool)

healthwatch
Sefton

Healthwatch Sefton
Sefton CVS, 3rd Floor, Suite 3B, North Wing,
Burlington House, Crosby Road North,
Waterloo L22 0LG

www.healthwatchsefton.co.uk

t: 0800 206 1304

e: info@healthwatchsefton.co.uk

 [@hwatchsefton](https://twitter.com/@hwatchsefton)

 [Facebook.com/healthwatchsefton2013](https://www.facebook.com/healthwatchsefton2013)

Appendix A: Survey

Liverpool Women's Hospital
Listening Event Questionnaire

healthwatch
Liverpool
healthwatch
Sefton

1. Are you: a Patient a Visitor Staff Other

2. First part of your postcode (eg L8, L22, L37)

3. Which hospital ward or outpatient area is your feedback about?

4. What do you think is good about the Women's Hospital?

5. Is there anything you think could be improved?

6a. Do you feel that staff have enough time to spend with you/your family or loved ones/other patients? Yes No Not sure

6b. Does this apply to both day and night staff (if applicable)? Yes No Not sure Not applicable

7. Staff at Liverpool Women's Hospital...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Unsure	Doesn't apply to me
... treated me with care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... behaved professionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... respected my dignity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have you been given enough information about your consultation/treatment by the hospital? Yes No Not sure

9. Have staff kept you involved in the decisions or discussions around your treatment? Yes No Not sure

10. Do you feel you've received enough information to prepare you for/support you after your discharge from hospital (if applicable)?

Yes No Not sure Not applicable

11. Are you happy with the standard, suitability and quantity of the food and drinks you received (if applicable)? (Was it suitable for your dietary needs?)

Yes No Not sure Not applicable

12. Could the hospital improve communication with you? If yes, what could be improved? For example, letters, leaflets, text reminders, other languages, BSL formats etc.

Yes No Not sure

13. How accessible do you think the hospital is in terms of a) travelling to it, and b) getting around it (e.g. signage)?

14. Have you had any remote appointments (phone or videocall appointments) at Liverpool Women's Hospital?

Yes No

If 'Yes', did you feel these worked well? Tell us more about how they worked for you if you wish.

15a. How long did you have to wait for your appointment/treatment/consultation?

Hours Days Weeks Months Years Not sure

15b. How did you feel about your wait?

16. Please rate the service here at Liverpool Women's Hospital overall:

Very poor 1 2 3 4 5 Very Good

17. Any other comments?

18. Would you like us to contact you about your feedback? (By sharing your feedback, you are helping to highlight improvements that can be made to local health and care services. If you would like us to contact you further about your feedback, let us know below.)

Yes – Please share your phone number and/or email address No

Name

Telephone number

Email

Council area

Liverpool

Sefton

We will only contact you for the purposes indicated. By entering your contact information on this survey, you are confirming that you consent to Healthwatch Liverpool or Healthwatch Sefton contacting you for these purposes. If you share your details with us, they will be kept separately from the other information you share here. You have the right to withdraw your consent at any time. All personal data will be stored in accordance with Healthwatch Liverpool or Healthwatch Sefton's Privacy/Data Retention policy.

Some questions about you (We don't ask for your name, so any information you give is anonymous)

Equality, Diversity and Inclusion Monitoring. We ask these questions because it helps us to understand how your life circumstances impact your experience with health services.

19. What age group are you in?

0-12 years 13-15 16-17 18-24 25-49 50-64 65-79 80+ years Prefer not to say

20. Are you a

Woman Man Non-binary Intersex Prefer not to say

Prefer to self-describe

21. How would you describe your ethnic group?

Arab Mixed / Multiple ethnic groups: Black African and White

Asian / Asian British: Bangladeshi Mixed / Multiple ethnic groups: Black Caribbean and White

Asian / Asian British: Chinese Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify below)

Asian / Asian British: Indian White: British / English / Northern Irish / Scottish / Welsh

Asian / Asian British: Pakistani White: Irish

Asian / Asian British: Any other Asian / Asian British background (please specify below) White: Gypsy, Traveller or Irish Traveller

Black / Black British: African (please specify below) White: Roma

Black / Black British: Caribbean White: Any other White background (please specify below)

Black / Black British: Any other Black / Black British background (please specify below) Any other ethnic group (please specify below)

Mixed / Multiple ethnic groups: Asian and White Prefer not to say

Prefer to self-describe Not known

22. Do you have a disability?

Yes No Prefer not to say Not known

23. Do you have a long-term condition?

Yes No Prefer not to say Not known

Appendix B: Patient Comments

We have included a selection of patient comments/feedback in the main body of the report but we include all the comments we received below for the purposes of full transparency.

a) What do you think is good about the Women's Hospital?

It's lovely, clean, everyone is nice. No problems. You get text messages. I got a letter with an operation date but then they phoned me to say it was brought forward.

It's very clean, the staff are always friendly.

It's a nice hospital. The staff are helpful. We are very happy.

The staff are really friendly and helpful. Everyone has been very good and supportive. They are very approachable if you need to ask anything.

Everything - they keep on top of medication, they take really good care of you. How they are - it's just good. It's my preferred hospital to come too - and it's a good unit for kids.

Everything's been good, nothing negative. The staff - they listen to me, they care - you can just tell they enjoy their jobs and they do care about every patient. Staff have time to talk to you. Midwives have come in when they're not on shift to check on me and the baby. I was transferred from (another hospital), and I asked if I could stay here because I felt more comfortable here.

The staff are friendly. I had a c-section, and the team were amazing, they kept me calm throughout.

Staff are good and the pain relief I have received has been good. To be honest everything has been great.

All of the care received has been phenomenal, they have constantly been asking about pain relief.

Everything has been good although we haven't attempted to eat the food on offer.

I have had a better experience this time. Last time we had a long wait for the c-section but this time I was here at 7:30 and had my baby by 10:30. Pain relief has been great.

everything is good. I came in as an emergency and it has been mostly good.

This maternity debrief session was suggested by my midwife and I have an appointment today to discuss what happened during the delivery of my baby.

"Everything has been great, I have previous experience of working at Aintree Hospital so have a good understanding of how things should work.

I can stay on the unit as long as I like and I can come in anytime, for example if I can't sleep, I could come in at 4am.

They have allowed me to bring things in from home to use, for example the cot mobile so it feels more like home.

They're usually on time with appointments (not today though!) and the staff are lovely.

They are prompt, everything is seen to right away - my care needs are met well.

It is very clean, waiting time was short. Been seen to quickly.

Good, everything is cleaned up well - it is kept tidy and equipment is stored correctly.

"Absolutely brilliant, from time come in, to Trisha's smiles at reception it has been fantastic. Everyone is always happy to help direct you, and everyone who works here always has a smile- you are introduced with a smile and everyone uses their first name- none of this 'nurse... or sister...'

Downstairs no one has uniform on during parts of their day and it is nice to see staff as them.

I have anxiety but soon as I walk in they make me feel calm and reassured.

I am treated like a Queen on this ward.

Everyone is always checking in on me, it feels personal. Doctor comes over to check on me a lot at appropriate times in the daytime and night.

Staff go above and beyond and even sourced me a radio as I struggle to use the TV.
"

Been here for 5 days. Really efficient, it is very good and they look after you well.

b) Is there anything you think could be improved?

No

The wait for the appointment, it's 14 months until this point. I went back to the GP, the GP intervened and I'm here today now.

Nothing - they help all the time, anything I need staff help me with

There's nowhere for my partner/baby's dad to sleep. It's also very cramped in terms of space on the ward - and I'm potentially here for two weeks. In terms of pain relief, it's depends on the staff. Some staff are more proactive asking if I need pain relief, other times I've just been left and have had to ask staff myself repeatedly. I've needed to buzz to get them to bring it, but I shouldn't have to buzz.

Not that I've seen.

I had my own room at first. When I first went to the delivery suite, I didn't deliver, and when I got back a few hours later my room had gone, so now I'm on the ward. They'd also moved all my stuff out the room. The care park could also be better.

They don't seem to be on top of pain medication - I have to keep buzzing to get some. I was meant to have a blood test after my c-section, but I had to wait two days for that. They tried to discharge me this morning, but I said I didn't want to go, I'd like my test results.

Nothing that I can think of.

There have been some issues with communication. There were delays in treatment for my baby despite me asking the same midwife numerous times for updates on test results, which had not been checked. This has not only delayed treatment but has delayed the discharge for me and my baby. I was told I could go home but then additional treatment was needed and I had already told my other child we were coming home and they were upset that we were unable to come home. I fear today I will have to spend another day in hospital due to the delay in hearing about results because of the new digitec system which has come into force today.

I was being induced and the room I was in was great but then I was moved to a delivery suite. It would have been better if I had stayed in the room I was originally given as the delivery suite was far too small.

Nothing, have only been here a few hours.

Faster pain relief would have been appreciated and there doesn't appear to be many staff on duty. My partner has been here to help me and he has been sleeping in the chair. Although he has brought in his own pillows, chairs for partners could be more comfy. I know that the hospital cannot provide food for my partner but when staff come into the cubicle area they don't acknowledge him or even offer him some water.

No

There have been some issues with feeding support with all of the staff on leave.

Nothing

Nothing comes to mind, staff are doing all they can despite NHS pressures.

No because it has been brilliant, it has been great.

It was not a planned visit, but you move forward.

It's okay.

I wish the ladies serving food could be shown how to make a cup of tea - everyone else makes them well but the people serving food could do better.

Not up on hospitals so couldn't say. Very impressed, they have been so kind.

c) Do you feel that staff have enough time to spend with you/your family or loved ones/other patients?

Everyone is pleasant, if I ask for something they're there.

I can't say yet.

The staff looking after me - it's hit and miss.

The staff who look after the babies are great - the babies are so well looked after.

90-odd percent of the time - though sometimes they are busier.

They've been really busy - they said there was a new record system.

They provide really good updates when I come onto the unit and I am always updated on progress and any changes.

Certainly do, the staff here are marvellous.

Certainly, I feel like a patient and a person, not just a 'job'.

My depression and anxiety is much calmer here. Feel like the only person here, even though I know that isn't true.

Everyone has lots of laughter and smiles - it is lovely.

Staff are polite and always knock on, even when the door is open and I really appreciate that they do not just enter without consent. Privacy is fantastic and blinds on the window are even pulled too, where applicable.

Had my surgery and due to go home soon - they are open and honest about this.

d) Does this apply to both day and night staff (if applicable)?

The night team are better, surprisingly. They picked up on the issue with my blood test not being done.

When they thought I would be discharged at the weekend, the night staff put everything in place so that there would be an easier discharge the next day, but due to the reasons above, this didn't happen.

I have told staff not to contact me during the night unless there have been significant changes.

Only came into this ward last night, so too soon to tell.

Very close and sit in the ward with us - their desk is over there. (In the same room)

e) Have you been given enough information about your consultation/treatment by the hospital?

I'm undergoing a lot of things at the moment so it's hard to keep track.

I haven't had a diagnosis yet.

I get an interpreter when I need it - if I say I don't understand in English, there is a

phone interpreter.

Could be given more information - I don't have any indication of how long I'll be here. We were moved from neonatal up to here quite quickly, and I've not had a proper update. The doctors have visited, but I need to ask the midwife to find them so I can ask more questions.

Yep - been given information about health, next steps.

We've had lots of different problems. I've been worried, but they have explained everything when I've asked.

I have to keep asking them for information. I've not been in hospital before, so I don't know if that's normal.

Yes but I had originally been booked in but had to come in as an emergency.

Not today. This is an emergency appointment and I'm not really sure why.

I had lots of information before I came in, but had no preparation information about discharge and I am about to leave in the next thirty mins. It doesn't feel as organised.

Everything is explained to me well- even worse case scenarios and the maybe situations - this is all very helpful for me. It avoids surprises.

The staff are confident, but not cocky. They are calming and reassuring.

Not been told a lot about going home - things need to be in place at home but they have not really said what.

f) Have staff kept you involved in the decisions or discussions around your treatment?

Again, I'm in the diagnosis phase.

All the time

Don't know what my diagnosis is yet, so we are trying different things to work this out.

Very happy. Communication when in the ward has been very good.

Everyone knows everyone and they seem to work together well. I get good staff vibes. Letters were sent out to me explaining things before I arrived. The letter even had first names which helped. They have a great sense of humour which really helps difficult times.

Before I go home I need things in place, which is why I am still here, I live alone and it feels like they go above and beyond to ensure I am okay. They have a good sense of duty of care. I am medically fine to go home, but need home care and reablement placement. They didn't just treat me and make me leave- they gave me the time and patience as a human being.

Decisions all made by medical staff not me, things are not always explained.

g) Do you feel you've received enough information to prepare you for/ support you after your discharge from hospital (if applicable)?

No one's talked to me about discharge. One midwife said goodbye to me, because she's not working the next several days, but I've not been told officially when I might be discharged. I don't know where I need to be at before discharge, whether my babies need to be a certain wait, etc.

Been in here a few times.

Not discussed discharge yet.

Not sure - we started talking about discharge today, but haven't discussed it much.

They provide really good practical information to all parents.

This hasn't really been discussed with me yet, although I can't wait to get home.

Only came in today and this hasn't been discussed with me yet.

Hasn't been mentioned and I don't know when I will be going home.

This is why I have an appointment today.

More to come.

h) Are you happy with the standard, suitability and quantity of the food and drinks you received (if applicable)? (Was it suitable for your dietary needs?)

The salmon crumble was too dry. Everything else is OK. The chicken pot pie is great.

Previously with ambulatory care we were provided with food and drink, it helped with taking pain medication.

We take food from downstairs sometimes.

I've not been offered food on a few occasions, including after my C-section. There was one day where my lunch just didn't turn up. The food is okay. I wasn't asked about my dietary requirements.

(Comment from visitor about lunch that day) I don't think that fish has seen water.

It's all healthy stuff - I remember when there used to be fry-ups years ago! It's a big menu, good choice.

It's not amazing, but overall good - better than some hospitals. I've been here two and a half weeks, and I'm not sick of it yet.

It's always cold, and the portion sizes are quite small. There's a good variety though.

We have been buying our own food and eating it in the room.

As mentioned, I haven't bothered to approach the food which has been delivered.

I am nil by mouth.

Very hot. Chef makes a good cuppa. There is vegan, veggie and West Indian options which is all very good.

There is so much choice.

i) Could the hospital improve communication with you? If yes, what could be improved? For example, letters, leaflets, text reminders, other languages, BSL formats etc.

You get reminders for everything.

When you ring up it's a whole circle of 'press this number' and then usually an answerphone. You leave a message and then they don't get back to me. And I have had conflicting information about waiting times for example, was told 4-6 weeks, then someone else said I should not have been told that.

They always send a letter or text. Sometimes we get a phone call. If I need an interpreter, they get one.

I get text reminders for appointments.

I always get texts or calls about appointments. Don't have to chase them up.

N/A - I've only been an inpatient. They did phone me once when I was out having lunch about a scan, which was nice.

Communication's been good.

Texts are best.

Came in last night as an emergency, so not sure what information could be provided in advance.

Been fine as it is.

Apart from discharge information, communication has been really good and I am very happy.

Phone calls, letters, feel informed when got results. It was a probe with camera - this usually takes 6 weeks but they saw me in two. I was told things as soon as I found out what the issue is.

Seemed to work - the letter did.

j) How accessible do you think the hospital is in terms of a) travelling to it, and b) getting around it (e.g. signage)?

I can't walk, I was brought in. I know where the hospital is.

It's really easy, the signage is clear.

It is easy to get to, and easy to get around.

It's easy to get around, people point you in the right place.

Easy to get around if you know your way - the signage is good.

It's further away, but it's actually easier getting here than (the alternative). The hospital is big, but easy to find what you need. The signs are good, helpful.

Yes, it's very easy to get to and get around.

Its good, but obviously I know that they have been looking to move to a newer build.

Everything has been great.

Its good and you get to know the layout of the hospital from attending all of the appointments.

It's been ok.

Travelling in is no problem and it's easy to find your way around the hospital.

Yes, it's accessible.

Not sure because my daughter brought me in, she seemed to know where to go.

Been good, but it is not my first time, so I know my way around now.

I don't take notice of the signs because I am supported or escorted around the building by staff or family.

Takes a while to navigate the building due to arthritis.

Screens in waiting areas are big and pings loud. Someone helped me at one point because I looked lost.

No idea, brother brought me here.

k) Have you had any remote appointments (phone or videocall appointments) at Liverpool Women's Hospital?

By phone, it was fine.

It was fine, during lockdown.

I don't think so, they have called with appointment changes but I haven't had an appointment over the phone.

Yes they made this more accessible for me. I struggle with texts so asked for phone calls, and they honoured this request well.

They put on the system to do phone calls for me.

l) How long did you have to wait for your appointment/treatment/consultation?

I had to wait 5 months for the operation. I was made up with that. I had to wait for an MRI scan at Clatterbridge.

14 months. I felt bad, only with the GP intervening and making a complaint to PALS, I needed to arrange time off from work.

It all happened as expected.

I have had to wait at times because there are other patients - which is understandable. If I ask the midwife to speak to the doctor, I get a response the same day.

My procedure was put off by one day - they did discuss this with me before and said I might have to wait if an emergency came in, which it did. But they didn't offer me any food after my operation was delayed, and when I got back to the ward after delivery, no one had ordered any food for me - even though I'd been nil by mouth for over a day at that point.

The appointment is currently 30 minutes late. I need to get back for my kids and I'm worried.

It was unexpected visit so am pleased I was seen to so quickly.

Waiting time on the ward was good - went in at 8:40 and was having my operation by 1pm so was very pleased.

Not at all a long wait. Treatment plan has been very clear.

Infection in legs so couldn't operate.

Ultrasound on the 3rd March was my first contact.

Procedure by 28th May.

Operation on 3rd July as follow up.

It was all reasonable time scales and very quick. Very positive.

It was okay, started at (another) hospital gyno clinic and then after 6 weeks came here - that was end of May and now I am in here.

m) Any other comments?

I had a horrendous experience with a male member of staff here in the past... I felt violated. I reported it to other staff and the operations manager who were great. I have been told that I won't have to see that member of staff again. (More information on pp27/8)

Would give it 10 stars!

I'd give the staff 5 stars, but the facilities 2 or 3 stars. Just thinking about it if this were a hotel - the food, the cleanliness isn't good enough. There's not much room to clean the space around my bed, and when I first got here you could see bits on the floor by the walls where they've not been able to clean. I'm not a fan of the loos or the showers - the floors just aren't clean enough, especially in the shower you just feel like you need to wear shoes. I also don't have the space to get out of my own bed easily, and it's not ideal being so close to the nurses' desk. But the most important thing is the staff - and they are great.

Dads matter - a man comes into the unit every week to talk to dads who have babies in the unit in the quiet room and I think this is really good as they may be worried, have concerns and this helps.

Can't complain about anything, the staff here are very nice.

I have an orthopaedic bed at home and miss it.

It would be nice if there was more facilities for visitors. My daughter washed in the toilets and not been able to wash.

It was good how my comfort items can be brought in to make me feel more relaxed.

No, it has been really good.

Pretty good - everything about it here has been great - no complaints except wish I lived more local to this great hospital!

Fantastic attention to detail. Girls were lovely when I checked in - all staff are lovely.

Dignity is honoured well - they ask if it is okay to take blood pressure check, they never just do it.

One of the girls sourced a radio for me and it was such lovely company. They really went above and beyond - thank you so much.

I have been very happy now I have had the operation.