NHS
Liverpool Heart and Chest Hospital
NHS Foundation Trust

Quality Report
2024/25

QUALITY ACCOUNT

Liverpool Heart and Chest Hospital NHS Foundation Trust (LHCH) is a single site specialist hospital serving a population of 2.8 million people living in Cheshire, Merseyside, North Wales and the Isle of Man. It provides the full range of heart and chest services except for organ transplantation.

Throughout 2024/25, LHCH provided:

1. Procedures used to visualise the coronary arteries and treat narrowing's using balloons and stents (coronary angiography and intervention). Cardiology intervention procedures for those patients with congenital heart disease (CHD).
2. The implantation of pacemakers and other devices such as LinQ, and treatments used to control and restore the normal rhythm of the heart (arrhythmia management).
3. Surgical procedures used to treat coronary artery narrowing's, replacing the valves of the heart or dealing with other problems with major vessels in the chest (cardiac surgery) that includes a transcatheter aortic valve replacement (TAVR) or transcatheter aortic valve implantation (TAVI). Enhanced technology with the use of robotic surgery for cardiac surgery and provision of cardiac surgery for those patients with congenital heart disease (CHD).
4. Surgical procedures used to treat all major diseases that can affect the normal function of the lungs (thoracic surgery). Enhanced technology with the use of robotic surgery for thoracic surgery.
5. Drug management of asthma, chronic obstructive pulmonary disease and cystic fibrosis (respiratory medicine).
6. Community cardiovascular, respiratory and chronic obstructive pulmonary care for the residents of Knowsley. Respiratory virtual wards to enhance patient recovery and prevented hospital admission.
7. Targeted Lung Health Check inviting people who, following a screening process, are invited for CT scan to identify early lung cancer or lung disease.

Part 1 Statement on quality from the Chief Executive of Liverpool Heart and Chest Hospital NHS Foundation Trust

It is my pleasure to introduce the Quality Account for 2024/2025 by Liverpool Heart and Chest Hospital NHS Foundation Trust, which demonstrates our commitment to deliver the very best in healthcare.

The Trust Board has a very strong commitment to quality which is reflected in our mission: ***"Excellent, compassionate and safe care for every patient every day",*** as well as our vision: ***'to be the best - delivering and leading outstanding heart and chest care and research'.***

Throughout 2024/2025 LHCH continued to provide elective, urgent and emergency services which included, cancer surgical procedures, emergency and urgent operations and

procedures. All Primary Percutaneous Coronary Intervention (PPCI) services were maintained.

Developments for 2024-25

A major programme of works to upgrade the Trust's catheter laboratories has continued during 2024/2025 with the delivery of a 7th new state of the art catheter laboratory that will deliver high quality care for years to come.

Further significant investments have been made in the Trust's IT and Estates infrastructure.

Digital Systems

Throughout 2024/2025, the team has continued to work through the Trust's 'Digital Excellence' strategy, which sets out the digital ambitions and deliverables for LHCH. The Digital Committee has been chaired by the outgoing Chief Digital and Information Officer April-July 24 and more latterly chaired by the Medical Director who is also the Trust's Chief Clinical Information Officer.

Over the past year, the team has supported several digital and enabling projects across the organisation including the rollout of a specialist system within the Anaesthetics and Perfusion department. This has enabled a transition from traditional paper-based processes to a seamless, real-time electronic anaesthetic and perfusion charting, enhancing efficiency, accuracy and patient safety. Future phases will see this system rolled out into the Critical Care department.

There has been a focus on data and analytics over the year with several developments in automation of data and development of dashboards to support and aid clinical decision making. The team has worked closely with the wider trust to improve data flows and fully redevelop access to Cancer data reporting.

There has been progress in line with the national ambition of the Federated Data Platform (FDP) with the Trust preparing and planning to develop and implement the Referral To Treatment (RTT) validation tool. The trust will use this tool to improve waiting times for planned treatment through improvements in a patients care pathway.

During the year there has been significant digital planning in readiness for LHCH to join the University of Hospitals Liverpool Group (UHLG). This has included preparations for shared Electronic Patient Records Systems (EPR) across Liverpool in line with the national ambition for EPRs. A shared EPR across Liverpool will support patient pathways across all Liverpool Hospitals.

National Inpatient Survey

Patients were asked for their views on various aspects of their care, based on the proportion of patients who responded positively compared to the average.

LHCH response rate was recorded at 67% compared to the national average of 42%. LHCH has been rated:

- top hospital in the northwest for overall care and
- fourth nationally in the National Inpatient survey 2023 reported in August 2024.

The Trust's vision is 'to be the best' and acknowledges that it will only achieve this by truly placing quality, safety and experience of patients and families at the heart of what is done.

LHCH's approach to care, recognises each patient as part of a wider group including families, friends and carers and the Trust embraces this with a patient and family centred approach to care.

Cheshire and Merseyside Acute and Specialist Trusts

The Trust has continued to be a supportive partner within the Cheshire and Merseyside Integrated Care system (ICS), through active engagement and leadership roles including the cardiology provider alliance and CVD Board. The Trust is an active contributor to our provider collaborative, CMAST (changing in 2025 to Cheshire and Merseyside Provider Collaborative - CMPC) and has contributed through collaborative structures to system approaches and decision making and extending to professional networks where our Medical Director, Director of Nursing, Finance, Human Resources, Digital, Strategy and Company Secretaries play an active role in system approaches.

The Trust has continued to work in collaboration with Liverpool University Hospitals NHS Foundation Trust focusing on the 4 national cardiac pathways (acute coronary syndrome, heart failure, heart rhythm, and endocarditis). The purpose of which is to seek to streamline pathways, fast track patients and avoid duplication and delays. Work on wider city collaboration has also been fostered by the Liverpool Adult Acute and Specialist Providers joint committee where our goal is to improve access and outcomes for all of the patients we serve. In time we expect the collaboration may result in opportunities on the Broadgreen site.

Workforce / Education and Support

LHCH People Strategy has been created to complement the trust's strategic objectives, integrating culture and values. The People Strategy is underpinned by four distinct strategies:

- Recruitment & Retention
- Learning & Development
- Culture & Wellbeing
- Equality, Diversity, Inclusion & Belonging (EDIB)

Delivery of the LHCH People Strategy has demonstrated significant progress over the last 12 months, with specific emphasis on wellbeing, belonging and retention.

The Trust has achieved a marked reduction in voluntary turnover, reflecting the impact of targeted retention initiatives and our focus on supporting staff wellbeing, career progression,

and engagement. This improvement is a strong indicator of increasing workforce stability and staff satisfaction.

This year's NHS Staff Survey results provide further assurance of our progress. LHCH has been rated the best in the country across all People Promise themes when benchmarked against specialist trusts. We are also pleased to have received the highest overall ratings for being a great place to work and to receive treatment, demonstrating our commitment to creating a compassionate and high-quality working environment.

In recognition of our progress, NHS England formally acknowledged our exceptional staff survey results

People Promise Theme	2021	2022	2023	2024
We are Compassionate and Inclusive	**7.8**	**7.9** ↑	**8.0** ↑	**8.0**
We are Recognised and Rewarded	**6.3**	**6.3** →	**6.6** ↑	**6.6**
We each have a voice that counts	**7.3**	**7.4** ↑	**7.5** ↑	**7.5**
We are safe and Healthy	**6.5**	**6.6** ↑	**6.9** ↑	**6.9**
We are always learning	**5.9**	**6.1** ↑	**6.3** ↑	**6.4**
We work Flexibly	**6.7**	**6.5** ↓	**6.9** ↑	**6.8**
We are a Team	**7.1**	**7.2** ↑	**7.4** ↑	**7.4**
Staff Engagement	**7.5**	**7.6** ↑	**7.7** ↑	**7.7**
Morale	**6.3**	**6.4** ↑	**6.7** ↑	**6.7**

The People Deliver Group continues to play a pivotal role in supporting the operational delivery of the organisation's People Strategy. With strong engagement and consistent representation from leaders across the organisation, the group has fostered collaborative thinking and driven meaningful developments that align with our strategic priorities.

The LHCH 'Be Civil Be Kind', continues to be embedded across the organisation which supports the importance of civility and kindness in our workplace. This culture campaigns support people to feel valued and appreciated as we understand that a culture of civility and kindness promotes a psychologically safe, harmonious, and highly performing teams and importantly civility can save the lives of patients.

Staff well-being remains a core priority, and the culture and wellbeing group has actively supported the expansion of the *Live Well, Work Well* programme. These events now offer a

wider range of preventative health measures, including blood pressure, cholesterol, and liver function checks, as well as access to holistic therapies. This proactive approach aims to promote early detection and foster a culture of health and wellbeing across the workforce.

LHCH Learning & Development Strategy provides a structured approach to the quality of both clinical and non-clinical education across the Trust. This is recognised in feedback from staff survey/GMC survey results and placement evaluation reports. The creation of a pathway to support leadership and management development across the Trust provides all staff with opportunity to develop their leadership capabilities, supported by quality leadership programmes. Significant progress has been made with the development of clinical competencies across medicine and surgery with the support of the Divisional Practice Educators and the ambition to further develop non-medical cardiothoracic expertise has seen the expansion of the academic portfolio in partnership with Edge Hill University.

Schwartz Rounds have been held regularly since March 2022 with the topics aligned to current themes or areas of concern. Feedback from staff attending Schwartz Rounds has been excellent.

There is a continued programme of expansion of apprenticeships across the Trust in both clinical and non-clinical roles.

Equality Delivery System

LHCH is committed to the Implementation of the Equality Delivery System (EDS) process, is a requirement on both NHS commissioners and NHS providers.

The EDS is an improvement tool for patients, staff, and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement, and insight.

The EDS Report is designed to give an overview of LHCH most recent EDS implementation and grade and is published in Feb on the trust website.

Infection Prevention and Control

The Trust recognises that the effective prevention and control of healthcare associated infections (HCAI) is essential to ensure that patients using our services receive safe and effective care. Effective prevention and control is an integral part of everyday practice and applied consistently to ensure the safety of our patients. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention and control measures are maintained**.**

The Infection Prevention and Control Team have continued their commitment to improve performance in infection prevention practices across the Trust by working with all staff to

ensure their forward plan for 2024/2025 was developed and progressed, with monitoring throughout the year of the plan through the Infection and Prevention Committee.

Elective Service

Throughout 2024/25, LHCH enhanced its focus on recovering elective activity and reducing waiting times. As of March 2025, the Trust reached its target for no patients waiting over 78 weeks with only 4 patients waiting longer than 65 weeks. The Trust will continue to look at reducing waiting times during 2025/26 (in line with national targets and return to RTT).

To aid with prioritising the most clinically urgent patients for treatment, the Trust continued to use the national patients' classification to ensure there was clinical validation of patients on the waiting list and a clear position on the capacity required to treat urgent patients in priority order.

Diagnostic recovery and Diagnostic Waiting Times (DM01) compliance (6week targets) in 24/25 has been challenging given workforce pressures and increased demand. Ongoing work continues in partnership with Cheshire & Merseyside (C&M) to look to increase capacity in community diagnostic hubs and support sustainable delivering of diagnostic tests within 6 weeks.

Cancer services across outpatients, diagnostics and surgery have improved over 24/25 supported by the Cancer Board. Focus actions and capacity are being reviewed for the 25/26 financial year in line with national and regional guidance.

The Trust developed clear and stretching elective plans for 2024/25 and was able to continue to exceed levels of activity year on year across all points of delivery and support reducing elective waiting times further.

Mutual Aid and System Working

As part of the Cheshire and Merseyside (C&M) recovery group the Trust continued to work alongside partners in providing mutual aid across the system for the patients that needed access most. This included echo, outpatient capacity and cancer diagnostics which ensured that patients within the region could continue to access services when their local Trusts were struggling with demand.

Patient Engagement

Quality of care is at the heart of everything we do. Patients, families, and the public have a greater expectation than ever before about the degree to which they are involved in their care and in how NHS trusts design and deliver services. At LHCH we recognise that a positive experience during care can lead to positive clinical outcomes. Engaging with our patients, families and carer's, enables an understanding of their experiences and learning from them in order to improve service delivery, resulting in an environment where individual patients feel supported and cared for.

Our ambition is to create a culture of continuous improvement and empowerment that is both patient-centered and safety focused. Our Patient and Family Experience Vision is based on six steps to ensure quality and safety.

The Trust uses many ways of capturing patient experience, during 2024-2025 we continued to engage with our patients, their families and staff members to improve the quality of care we provide, and they receive. In the last twelve months we have been able to resume our patient engagement events which are supported by the Executive Team, Non-Executives, Governors and multi-disciplinary. This engagement has helped to shape our quality priorities for the year ahead.

The sixth step of the patient vison focuses on Discharge and Aftercare, to ensure that the patient and their family receive on-going support, throughout their say and after discharge. Since 2020, follow up calls have been made to patients following their discharge home. Patients who have had an overnight stay receive a follow up call post discharge home, to check on their well-being, levels of support at home and to answer any concerns or worries they may have. The response to the calls has been overwhelmingly positive and patients have expressed their gratitude for the call. Key themes for compliments have been that patients have received a high standard of safe care, delivered by a kind, caring and responsive team.

Some of the benefits of the follow up calls have been that the caller has access to staff within the Trust to escalate concerns as well as the ability to resolve issues at the time of the call. The calls have also provided the opportunity to address specific patient concerns escalated directly to ward staff, ANP's or doctor which had helped to improve patient safety. Patients are offered advice and support whilst maintain a focus on areas for improvement.

The Excellent, Efficient, Compassionate and Safe assessments (EECS)

The EECS assessments detail a comprehensive review of clinical/non-clinical standards in wards and departments. The document is located within Tendable, which is a tool to collate the evidence in relation to the standards.

The assessments are completed by senior leaders within the organisation, independent of the area being assessed. The purpose of the EECS is to ensure that care delivery across our wards, departments and clinical services are monitored as a minimum annually, with the aim of providing assurance of the Trusts standards, to the Board of Directors

During each quarter over the year 2024/25 we assessed clinical and non-clinical departments. Each division will have an EECS review meeting where all aspects of the assessment outcome are evaluated. Following this robust action plans are developed, which are progressed through divisional governance structures, until completed.

The focus of the EECS/CQC assessment ensures we gain a divisional overview of care delivery and services. These assessments have become part of the Trust's rolling programme for reviewing the standards expected for ensuring the delivery of high quality and safe care to patients and their families. These assessments will continue throughout 2025/2026.

FTSU

The Trust has a Freedom to Speak Up (FTSU) Policy, two designated FTSU Guardians supported by a Deputy, a network of FTSU Champions and designated Non-Executive and Executive Director Leads. During the year the Trust continued to embed the 'Be Civil, Be Kind' work.

The Board of Directors have made a three-point pledge to all staff commencing employment within the Trust, and this message is repeated to all staff on a regular basis:

1. 1.The Board of Directors will actively encourage staff to speak up about any concerns.
2. The Board of Directors will review fully, openly and transparently and will provide feedback wherever possible.
3. The Board of Directors will keep you safe and ensure you suffer no detriment.

This pledge forms the basis for the Trust's 'speaking up' culture. The Trust has put in place several ways to encourage and support staff to speak up about any concerns they may have, including but not limited to, quality of care, patient safety and bullying and harassment**.**

These are as follows:

- Access to Freedom to Speak Up Guardians and Champions.
- Daily Trust-wide Safety Huddle led by the Director of Nursing, Quality and Safety.
- Incident reporting through InPhase.
- FTSU reporting facility available on Inphase
- HALT – empowering all staff to call a 'HALT' if there is harm or the potential of harm to any patient.
- Confidential hotline to report concerns anonymously.
- Discussion with line manager.
- Support from Human Resources and/or trade union representatives.
- Introduction of Patient Safety Champions across all areas.

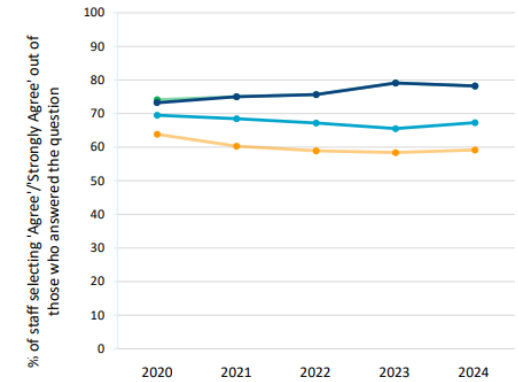
All staff who 'speak up' are given feedback in a timely manner by whoever they have spoken up to and there is a zero-tolerance policy for staff who may experience any detriment due to

‘speaking up’. The process is overseen by the FTSU Guardians.

As LHCH were top in the country in 2023 for speaking out as per the Staff survey results, the National Guardians Office requested that LHCH participate in writing a small section in the NGO annual report which has been presented before Parliament in March 2024.

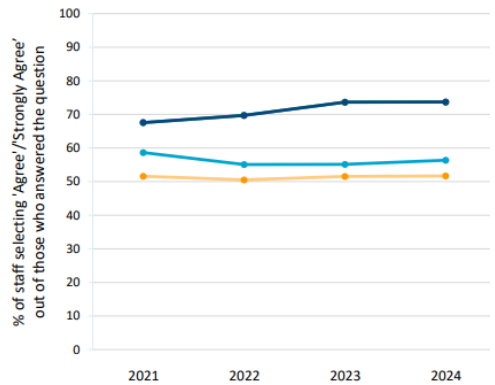
The national NHS Staff survey results 2024 show that LHCH continues to perform well with regards to staff feeling supported to speak up when compared against other Trusts, as evidenced in the following table.

Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023	2024
Your org	73.22%	75.04%	75.64%	79.10%	78.22%
Best result	74.12%	75.04%	75.64%	79.10%	78.22%
Average result	69.50%	68.47%	67.22%	65.54%	67.28%
Worst result	63.85%	60.29%	58.94%	58.40%	59.17%
Responses	1099	1015	1236	1202	1144

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern



	2021	2022	2023	2024
Your org	67.56%	69.70%	73.64%	73.70%
Best result	67.56%	69.70%	73.64%	73.70%
Average result	58.65%	55.09%	55.13%	56.39%
Worst result	51.62%	50.54%	51.55%	51.68%
Responses	1011	1235	1204	1147

		2020	2021	2022	2023	2024		External average
Q14c	Not experienced Not experienced harassment, bullying or abuse from other colleagues.	86%	85%	85%	86%	87%		82%
Q16b	Not experienced discrimination from manager/team leader or other colleagues	96%	94%	95%	95%	96%		91%
Q19b	Encouraged to report errors/near misses/incidents	-	-	91%	92%	93%		89%
Q20a	Would feel secure raising concerns about unsafe clinical practice	80%	80%	79%	79%	82%		74%
Q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	74%	74%	73%	74%	77%		65%
Q25e	Feel safe to speak up about anything that concerns me in this organisation	74%	75%	76%	79%	78%		68%
Q25f	Feel organisation would address any concerns I raised	*	67%	70%	74%	74%		59%

It is important that FTSU arrangements are continuously enhanced to build on the positive scores. In 2024/5 this has included regular walkabouts to raise awareness, expansion of the champions network and Guardian involvement in other networks and strategy groups, increased communications and continued awareness raising (including speak up month), introduction of a number of anonymous post boxes around the Trust and local bespoke manager training.

Duty of Candour

LHCH acknowledges the need for open and effective communication with all patients, carers and families. This effective communication begins at the start of a patient's care pathway and continues throughout their time spent at the hospital.

Openness and transparency with patients and their families, when an incident has been identified as causing patient harm, is both encouraged and supported by the Board of Directors. The Trust complies with the regulatory requirements by ensuring that where duty of candour is offered it is provided formally by letter, offering support and apology to patients and families.

The Trust has initiated several ways for ensuring consistent application of duty of candour. These include:

- awareness raising for all staff groups,
- inclusion of duty of candour training within the Trust's mandatory training policy
- human factors training for clinicians.
- mandatory training for all staff groups,
- strengthening Trust policies and procedures supporting Duty of Candour,
- requirements within the incident reporting system to ensure duty of candour is considered and actioned.

A quarterly audit of duty of candour compliance is presented to the Quality and Safety Experience committee to ensure Executive oversight.

Emergency Planning Resilience response (EPRR)

The Trust has a suite of policies and guidance that support the emergency planning function in the organisation. Each year business continuity plans are tested in the clinical and non-clinical areas with a series of scenario tests which are designed to test staff knowledge of the emergency planning process for their own area.

Tabletop exercises are conducted on relevant topics such as power outage, pandemic response or a security issue which bring together the multi-disciplinary team in a test of the Major Incident Plan or other associated policies/plans.

Work to ensure compliance with the core standards continues throughout the year.

Safety Culture Survey

Earlier this year, a whopping **829** of staff responded to our request to see what our safety culture was like across LHCH.

Here are just some of the things they said:

- 87% of staff are encouraged to report any safety concerns you may have
- 91% of staff would feel safe being a patient here
- 84% felt it was easy to ask questions when there is something you don't understand
- 75% feel the culture within LHCH makes it easy to learn from errors made by others
- 65% of staff felt it was easy to speak up about patient safety concerns
- 80% said they work together as a well-co-ordinated team
- 71% said they have support from colleagues to care for patients and do a good job
- Staff feel trainees and new staff are adequately supervised and provided with good training.

Key achievements in 2024/25

- New Group Model announced in Liverpool – NHS University Hospitals of Liverpool Group - for 5 trusts including LHCH in October 2024.

- Appointed new Trust Chair, David Flory, in January 2025.

- Appointed new Trust Chief Executive, James Sumner, in February 2025.

- LHCH was rated one of the best hospitals in the country to receive care and to work according to the national NHS Adult Inpatient Survey, published in August 2024. LHCH was TOP in the country for the 'confidence and trust that patients had in the doctors treating them'. It was also one of the top four trusts in the country overall.

- Celebrated 25 years of Aortic Surgery in Liverpool in August 2024.

- Cardio-oncology service awarded gold status as a centre of excellence from the International Cardio-Oncology Society in October 2024.

- More than 10% of cancers found through the national NHS lung health check programme have been detected in Cheshire and Merseyside – after a successful rollout of the checks in the Trust's area over the past few years, delivered by LHCH.

- Successfully Implanted the world's first leadless dual chamber pacemaker in November 2024.

- Celebrated 10 years of the LINQ implantation and monitoring service in February 2025.

- Rolled out a new first-of-its-kind remote management model of care for patient with heart failure in February 2025.

- LHCH recognised TOP in the country for 'place to work', 'place to receive treatment', 'care is our top priority', 'staff engagement', and 'staff morale', according to the results of this year's national NHS Staff Survey, when benchmarked against all trusts, published in March 2025.

- All minimum standards of care met or exceeded as defined by the Department of Health.

- LHCH delivered strong performance against financial and operational targets for 2024/25.

The CQC performed their relationship reviews on:

- LHCH Engagement Event with CQC 23rd July 2024
- LHCH Engagement Event with CQC 23rd October 2024
- LHCH Engagement Event with CQC 12th January 2025
- LHCH Engagement Event with CQC 30th April 2025

No actions for improvement were identified following each event.

Current Status


Provider:
Liverpool Heart and Chest Hospital NHS Foundation Trust

Overview and CQC inspection ratings

Overall Outstanding

Read overall summary

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Outstanding

Latest inspection: 5th Feb to 7th Feb 2019
Report published: 3rd July 2019

Inspected and rated Outstanding CareQuality Commission

www.cqc.org.uk/provider/RBQ

Liverpool Heart and Chest Hospital Outstanding
Thomas Drive, Liverpool, L14 3PE
Tel: 0151 600 1616

I am extremely proud of all achievements made during 2024, and into 2025, and we will continue to focus on ensuring our patients and their families receive the very best in compassionate, quality driven safe care whilst with us.

I confirm that the information in this document is an accurate reflection of the quality of our services.

James Sumner
Chief Executive

Part 2 Priorities for improvement and statements of assurance from the Board

Quality Priorities for improvement

The Quality Priorities looks at the year past and reflects upon the commitment the Trust has made to improve quality.

During 2024/2025 all Trusts were made aware that monitoring of the quality priorities would continue to cease until further notice. Chosen Quality Priorities continue not to be externally audited. Below are the results for our Quality Priorities from the that year.

Priority One: Out of Hospital Cardiac Arrest Support

Category: Patient Safety / Experience

Background

- It was highlighted at our patient engagement event that some OOHCA patients did not receive any psychological support and some did
- On a deeper review we learnt that there is no specific funding for this level of support for OOHCA patients and if they had received psychological input, it was due to a long ITU stay
- Occupational Therapy would routinely do a cognitive screening on all OOHCA patients, but they didn't always know about the patients that went to a ward
- We also learnt that it was difficult to measure how many OOHCA patients we have as we recorded it as free text

Measures

Measure	Action	Outcome
Baseline	How many OOHCAs do we have?	Median of approx. 10 patients per month (2-3 a week)
	How many do not go to ITU?	In Feb-March 2025 only 22% went to ITU
	What current support do we provide?	Psychological support to long ITU stayers and OT screening to all OOHCA patients on ITU
Process	How many more patients are being picked up by OT?	In Feb-March 2025 OT's saw an additional 14 OOHCA patients
Outcome	How many OOHCA patients have been screened by OT?	100%
Balancing	Occupational therapy workload	Increased by 59% OOHCA patients

What we have done so far

- Reviewed the way we capture data and now are able to review accurate figures
- Ensure that the Occupational Therapy Team get a list of all out of hospital cardiac arrest patients from catheter lab
- Occupational Therapy now screen ALL of our out of hospital cardiac arrest patients
- We have a working group that regularly meet to support changes
- Held a patient and family engagement day working with patients and families to review and improve our current pathway
- Engaging/ supporting a study with Liverpool John Moores University to see how we can support our friends and relatives that may have performed CPR

Priority Two: Pre-habilitation

Category: Patient Safety / Experience

Background

- With longer waiting lists in the NHS, the number of patients waiting over 26 weeks for surgery has increased
- Whilst on the waiting list patients may deteriorate and/or their condition or circumstances may have changed
- The patient engagement event identified that support is needed for the safe management of patients whilst they await surgery
- Little to no contact from the Trust during that time
- Patients are anxious & lack of information can cause anxiety for the patient resulting in complaints

Measures

Measure	Action	Outcome
Baseline	How many patients are currently contacted at 6, 9 or 12 months?	
	Number of calls and complaints	
Process	How many patients are currently contacted at 6, 9 or 12 months?	100% of long waiters contacted at 6, 9, 12 months
Outcome	Number of calls and complaints	Reduction in calls and complaints
Qualitative	Patient experience and complaints	

What we have done so far

- SOP
- Appointment process
- Provide visibility of these bookings on PTL
- Identify any new clinical changes since 1st appointment
- Early detection of further investigations required
- Record periods of unavailability of patients
- Staff awareness of previous discussions
- 100% of long waiters receive an update phone call

Priority Three: Discharge

Category: Patient Safety / Experience

Background

- Bed pressures within the surgical division - Critical Care starting the day at 30 patients and wards are full at start of day
- There is a need to create flow earlier in day
- We have backflow pressures – theatre recovery – could lead to cancellations
- Improve delayed discharges from POCCU to wards
- Improve patient experience

Measures

Measure	Description
Baseline	Patient discharge times
	Patient experience
Outcome	Patient discharge time
	Patient experience
Balancing	POCCU discharge time
	Staff experience
	Facilities – Domestics and Porters

What we have done so far

- Median discharge time from Cedar lounge is 4:30pm
- Median discharge from POCCU has reduced from 16:48 to 14:24
- Domestic staff are not being pulled from their area of cleaning to clean beds out of hours for Cedar ward

Quality Priorities for 2025/26

A Quality Priority Patient Engagement event was held in March 2025. The event was well attended by patients, relatives, public members, staff governors and trust staff. An update of the Quality Priorities for 2024/25 was presented and well received. Following discussion, all present took part in voting for what they considered to be a priority for the Trust in the next 12 months.

The following four were agreed for 2025/26:

Priority One – After Care

Category: Patient Safety / Experience

To ensure a smooth transition from hospital to home or other care setting, all patients and their families will receive clear communication and a detailed plan of services and support that will be provided to them post discharge**.**

To ensure a safe discharge, reduce readmissions, improve communication and empower patients, it is important they have clarity about services that are available in the community and information about what to expect after discharge, including rehabilitation goals, medications and wound management.

Priority Two – Pre- Existing Conditions and Additional Needs

Category: Patient Safety / Experience

A clear and personalised plan of care will be agreed with the patient/carer, for all patients with additional or complex care needs to ensure appropriate care, communication and support is provided throughout the patient journey.

To ensure care is delivered, which encompasses the patient's normal routine and specific needs, it is vital this is planned with them and that staff are knowledgeable of their specific needs. This aligns to the fourth step of LHCH's Patient and Family Experience Vision which focuses on 'Stay' and ensuring compassionate, safe and personalised care is provided and delivered with dignity and respect.

Priority Three – Communications

Category: Patient Safety / Experience

To ensure patients have clear information regarding their admission and post discharge follow-up appointments, communication will be reviewed and streamlined.

Patients should have clear, concise information regarding their admission dates and follow-up appointments and understand when they will receive it. This aligns to two steps within LHCH's Patient and Family Experience Vision - 'Pre-Care' and 'After stay'.

Priority Four – Prehabilitation (Continued from 2024-25)

Category: Patient Safety / Experience

All cardiac surgery patients waiting for surgery on the 'to come in' (TCI) list to be offered pre-habilitation to improve their health in readiness for surgery.

Pre-habilitation is a service that supports patients to improve their fitness, health and overall wellbeing before any planned operation. Pre-habilitation provides an opportunity to give information, advice, and support and to set realistic expectations before admission. It is well documented that better health before surgery improves outcomes for patients and also reduces their length of stay.

The first step of LHCH's Patient and Family Experience Vision focuses on pre-admission care. The aim is that while surgical patients are waiting for admission their condition could be optimised, which would improve outcomes, experience and length of stay.

Part 2.1 Statements of assurance from the Board

Participation in Clinical Audits

During 2024/25, 20 National clinical audits and 1 National confidential enquiry covered relevant health services that Liverpool Heart and Chest Hospital provides.

During that period, Liverpool Heart and Chest Hospital participated in 100% national clinical audits. of the national clinical audits which it was eligible to participate in.

The national clinical audits that Liverpool Heart and Chest Hospital participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: A list of national clinical audits and national confidential enquiries

	Eligible to participate in	Participated in Yes / No	% cases submitted
Acute			
	Intensive Care National Audit and Research Centre (ICNARC)	Yes	The Trust is part of the ICNARC CMP and part of the Cardio-Thoracic sub-group. The data is submitted on a quarterly basis: For 2024/25 submitted data on 2363 of patients admitted to Critical Care.
	Lung cancer (NL CA)	Yes	Data for patients diagnosed in calendar year 2024 is submitted via the trust's monthly Cancer Outcomes and Services Dataset submissions to the National Cancer Registration System. Currently 1,174 records for suspected lung cancer have been submitted for patients diagnosed from January 2024 to December 2024

Heart			
	Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Cases Submitted: Q1: 687 Q2: 667 Q3: 653 Q4: 594
	Cardiac Rhythm Management (CRM)	Yes	1707 cases submitted for pacing and implantable cardiac defibrillators for period April 24 – March 25. 1617 cases submitted for EP for April 24 – March 25.
	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Yes	Total submission Apr 2024 - Mar 2025: 561 cases: - 213 EP catheter procedures - 83 Bypass surgical procedures - 153 Catheter interventions - 89 diagnostic catheter - 11 other surgery procedures - 2 hybrid procedures - 10 otherwise unspecified procedure.
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	Cases Submitted: Q1: 696 Q2: 659 Q3: 693 Q4: 657
	National Adult Cardiac Surgery Audit	Yes	Cases Submitted: Q1 - 414 Q2 - 472 Q3 - 470 Q4 - 436

8	National Cardiac Arrest Audit (NCAA)	Yes	Q1: 35 Cases Submitted Q2: 34 Cases Submitted Q3: 22 Cases Submitted Final data submission for Apr 2024 – Mar 2025 due 31/05/2025
9	National Heart Failure Audit	Yes	Data validation ongoing Final data submission for Apr 2024 – Mar 2025 due 31/05/2025.
Long term conditions			
	National Audit of Cardiac rehabilitation	Yes	Phase 1 cardiac rehabilitation (CR) locally, is provided by Liverpool Heart and Chest Hospital team Trust working on electronic upload from EPR. Referrals from April 2024 to March 2025: 6706. Phase 2 The Knowsley cardiac rehabilitation for community cardiovascular service Referral to Knowsley CR from April 2024 to March 2025: with completed.

	Sentinel Stroke National Audit programme (SSNAP) - Post-acute provider organisational audit	Yes	Knowsley service provider 2024/25 Early Supported Discharge & Community Stroke Rehabilitation Data provided from 1st April 2024 to 31st March 2025 <u>Transferred to team</u> Early Supported Discharge: 209 patients referred for ESD have been transferred to the team on SSNAP by acute providers. <u>Data submitted</u> 209 ESD patients had data submitted into SSNAP who were discharged from ESD between 01/04/23 and 31/03/24. <u>Transferred to team</u> Community Stroke Rehabilitation (CRT): 82 of 124 (66%) of patients referred for CSR have been eligible to enter onto SSNAP. <u>Data entered</u> 82 CRT patients had data submitted who were discharged from team between 01/04/23 and 31/03/24.
	UK Cystic Fibrosis Registry	Yes	392 submitted for calendar year 01/01/2024 - 31/12/2025 as per the UK CF Registry.
	NaDIA-Harms - reporting on diabetic inpatient harms in England	Yes	The National Diabetes Inpatient Audit - Harms (NaDIA-Harms) is a continuous collection of four diabetic harms which can occur during an inpatient stay. 0 submitted cases to report as no harms as per the audit criteria.
	National Audit of Inpatient Falls (NAIF)	Yes	The trust falls lead submitted the Facilities Audit 2024 in March 2025. 0 submitted cases to report as no hip fractures.

	Learning Disabilities Mortality Review Programme (LeDeR)	Yes	0 submitted case to the Learning Disabilities Mortality Review Programme.
	Transcatheter Mitral and Tricuspid Valve procedure (TMTV)	Yes	New NICOR National Audit. Cases submitted for 2024/25: 10
	Percutaneous Foramen Ovale Closure (PFOC)	Yes	New NICOR National Audit. Cases submitted for 2024/25: 89
	Left Atrial Appendage Occlusion (LAAO)	Yes	New NICOR National Audit. Due to begin submitting data retrospectively for 2024/25.
	National Vascular Registry	Yes	cases submitted for the period Apr 2024 – Mar 2025.
	The UK Transcatheter Aortic Valve Implantation (UK TAVI) Registry	Yes	Cases Submitted: Q1: 109 Q2: 118 Q3: 103 Q4: 126
	Sodium abnormality - NCEPOD	Yes	77 cases submitted for sampling to NCEPOD.

The reports of 20 national clinical audits were reviewed by the provider in 2024/25 and Liverpool Heart and Chest Hospital intends to take the following actions to improve the quality of healthcare provided.

Heart - National Cardiac Audit Programme (NCAP) Annual Report 2024

This national report was published on 13/03/25 and included data up to March 2024, the full report is available online at https://www.nicor.org.uk/national-cardiac-audit-programme

The National Audit of Percutaneous Coronary Interventions (NAPCI) (Angioplasty audit British Cardiovascular Intervention Society (BCIS)
Similar to MINAP findings below.

Myocardial Ischaemia National Audit Project (MINAP) ('Heart Attack' audit / British Cardiovascular Society (BCS)

The trust continues to exceed the national average in the majority of KQIs including:

- Percentage of ST-elevation myocardial infarction (STEMI) and non-ST-elevation myocardial infarction (NSTEMI) patients undergoing an echocardiogram during admission.
- Percentage of NSTEMI patients undergoing an angiogram within 72 hours (66%) is higher than the national average (51%).
- Percentage of patients admitted to a cardiac ward.

Furthermore, the trust has achieved 100% compliance with the following:

- Percentage of patients seen by a cardiologist.

Areas of Improvement:

- A move towards the national average proportion of complex PCI cases using intracoronary imaging – 17% (2022/23; National average: 26%) to 27% (2023/24; National average: 30%).
- Recent 2024/25 data shows the call-to-balloon within 150 minutes (CTB150) time for PPCI cases has increased from 44% to 49% - with 69% of direct cases achieving the 150 minute target; however, the median CTB time has increased from 143 to 152 minutes (IQR - 2023/24: 84; 2024/25: 101) suggesting the presence of significant high outliers.

Areas to monitor:

- The data for 2023/24 - MINAP and BCIS - was impacted by a trivial data submission error. The initial lack of sight of the issue - and delay to reporting from NICOR regarding the data issue – delayed the reporting of the 2023/24 data in the BCIS and MINAP annual reports. Following this, it is recommended that Clinical Audit staff should provide better sight of data submitted – regularly extracting and summarising submitted data to ensure timely identification of errors.

National Heart Failure Audit:
Dedicated HF clinicians including Consultant Cardiologists and HF Specialist nurses within trust. In-reach services to surgical and non-cardiology wards to ensure all patients are considered for appropriate therapies during admission and relevant follow up; often not captured within NICOR data. This due to the Primary reason for admission being a non-Heart Failure procedure or diagnosis (Audit criteria).

There is a weekly Heart Failure MDT established, offering opportunity to discuss patients to provide timely and evidenced based care. Community Heart Failure teams can dial into this weekly meeting. This allows them to present any cases, and gain treatment guidance and expert consensus on treatment options. There is a Regional Heart Failure MDT Once a month. We can attend this as required.

In-patient Electronic clinical documents and referral orders prompt appropriate assessments and initiation of therapies during admission. These electronic Patient Records allow the team to carry out robust data collection for Audit and service improvement purposes.

Close links with cardiac rehabilitation and other Specialist Nurse services such as Inherited Cardiac Conditions, Diabetes, Adult congenital and Arrhythmia teams; promoting collaborate care and ensuring appropriate referral on discharge if indicated.

Benchmarking the LHCH Heart Failure service and comparing our scores this year against the previous 12 months, we are above the National Average in the following key standards:

1. Received echocardiogram.
2. Input from consultant cardiologist.
3. Input from specialist.

National Audit of Cardiac Rhythm Management CRM Devices:
LHCH performed 704 (46%) PPMs and 812 (54%) complex CIEDs in 23-24, this represents a 13% increase in pacemakers; but a 6% decrease in complex CIEDs (ICDs and CRTs) compared to 22-23. LHCH has maintained a consistent ability to demonstrate compliance with the following NICE guidance (90%+ compliance):

- Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome without atrioventricular block (94%).
- Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome and/or atrioventricular block (98%).
- Implantable cardioverter defibrillators and cardiac resynchronisation therapy for arrhythmias and heart failure (99%).

Furthermore, the reintervention rates for all CIED activity remains low (5.7%) - marginally higher than the national average (4.4%) - a small increase from 22-23 (4.4%).

CRM Electrophysiology (EP): Catheter Ablation
LHCH performed 634 simple ablations and 911 complex ablations; and 71 complex ventricular ablations in 23-24, this represents an 8% and 15% increase in simple and complex activity respectively; and 21% decrease in complex ventricular activity as compared to 22-23.

Furthermore, reintervention rates for all ablation procedures remain low – indistinguishable from the national average.

National Congenital Heart Disease (NCHDA)
Procedure activity shows a significant increase in diagnostic catheter; EP/pacing/ICD; and catheter intervention procedures; alongside a small decrease in surgical procedures from 22-23.

The survival ratio (Actual/Predicted) for over 16 year old ACHD patients treated at LHCH for surgery remained above 1 (1.011); and LHCH was not an outlier and within the acceptable norm with regards to like-for-like centres.

The DQI is an assessment of quality of the data across 4 domains (Demographics/pre-procedure /Procedure/Post Procedure) and gives an indication of the quality of the data submitted by each centre against expected NCHDA Standard.
Good quality = >90% Excellent quality = >98%

The 23-24 External Validation rated the LHCH DQI was 90.5% - a small decrease from 98.5% in 22-23. Such a significant decline was attributed to gaps in standard operating procedure documentation. This has since been addressed widely across the Clinical Audit department.

National Adult Cardiac Surgery (NACSA)
Patients in the Cheshire, Mersey, North Wales and Isle of Man areas continue to have access to the full range of services at Liverpool Heart and Chest Hospital, despite one of the largest and most deprived catchment areas in the country, and services that continue to draw referrals from around the country.

Our cardiac surgery audit results demonstrate significant improvements across key metrics compared to national averages:

- The average post-operative length of stay (PLOS) for CABG at LHCH (7.5 days) was marginally lower than the national average (8 days) with a small decrease from 22-23 (7.6).
- Complication rates appear to be significantly lower than previous years. However, preliminary analysis of 24-25 complication rates show a return to higher rates – suggesting a potential data quality issue **prior** to the 23-24 submission window.
    - Decrease in re-operation for bleed rates following CABG from 2.57% to 0.16%
    - Decrease in CVA/TIA incidences - following CABG - from 0.95% to 0.16%, against the national average of 0.9%.
    - Kidney failure rates lowered from 0.41% to 0.16%, below the national average of 1%.

These outcomes underscore our commitment to delivering high-quality cardiac surgical care, with notable advancements in patient safety and outcomes. Significant work has been done

to improve data quality with regard to cardiac surgery outcomes identified and submitted to NICOR; and further reconciliation of previously reported low rates.

National Diabetes Inpatient Safety Audit (NDISA)
LHCH takes part in the NaDIA Harms audit on a monthly basis. This is led by our Diabetes Nurse Specialist. LHCH has reported no NaDIA Harms since commencing participation in this audit. It is monitored monthly.

The Governance structure surrounding Diabetes in LHCH is Bi-monthly meeting of the Diabetes Steering Group, with clear Terms of Reference, and attendance including, pharmacy, DNS's, Heads of Nursing, Matrons, Clinical Lead for Diabetes, Anaesthesia and Consultant diabetologist. This provides assurance to Divisional Governance and then to the Trusts Governance Committee.

Case Mix Programme (CMP) Adult critical care (ICNARC)
The data shows the unit performed well in the quality indicator dashboard for 2024 Q1 – remaining in the 95% predicted interval for most indicators and within the 99% predicted interval otherwise. Unplanned readmissions – within 48 hours – returning to the centre of the 95% predicted interval in 2024 Q1.

- All unit acquired infections undertake a review by the Critical care infection specialist nurse and a mini-RCA is completed whereby the MDT team meet and discuss and any learning outcomes are identified and worked through.
- Unplanned readmissions within 48 hours- MDT group meet quarterly all 48-hour readmissions are reviewed by the clinical team. Most current reoccurring themes are Type 1 respiratory failure who require high flow, management post cardiac arrest or renal failure.
- An enhanced care unit potentially would reduce the 48-hour readmissions as at present there is no other area between Critical care and the ward area.

National Cardiac Arrest Audit (NCAA)
The National Cardiac Arrest Audit (NCAA) is the national clinical audit of in-hospital cardiac arrests in the UK and Ireland. It is a joint initiative between the Resuscitation Council (UK) and ICNARC. Over 150 acute hospitals in England, Wales, Northern Ireland, Scotland, and Ireland actively participate in this audit.

NCAA data are collected for any resuscitation event, commencing in-hospital, where an individual receives chest compressions and / or defibrillation and is attended by the hospital-based resuscitation team (or equivalent) in response to a 2222 call.

The NCAA report for the first half of 2024-25 provides a risk-adjusted comparative analysis against 5 other cardio-thoracic trusts. The data shows that the trust exceeds the standards set out, reflecting an above average survival rate in 24 hour and 28-day survival rate – among other outcomes – despite a significantly higher cardiac arrest rates as compares to

comparative trusts. This demonstrates the unique case-mix of LHCH and the enhanced ability of specialist staff to treat patients following cardiac arrest.

Sentinel stroke (SSNAP) Post-acute Organisational Audit

A Sentinel stroke (SSNAP) Annual CCG Stroke Dashboard – Knowsley CCG is published each year alongside 6 monthly team reports available on the SSNAP website (Jan-June and July to Dec).

Actions

- Exemplifying excellence, we have achieved full adherence to all Key Performance Indicators (KPIs) for the preceding financial year. This accomplishment reflects our commitment to the highest standards of performance to provide care.
- As of 1st April 2023 – on SSNAP the team is classed as combined ESD-CRT team – this means the team will only have 1 code and will no longer need to transfer patients within the service to CRT.
- Team attend Cheshire and Mersey Stroke Network ISDN meetings regarding developing stroke services in the region. Team have identified that service development (5-day rehabilitation and access to all disciplines) will involve increased staffing and increased skill mix including addition of Nurse and Psychologist - this is currently under review.
- Team to continue to explore use of technology for virtual groups. Virtual Upper Limb group has been ongoing, and a pilot virtual Emotional Adjustment group has been completed. Team is exploring feasibility further groups that may be achievable and beneficial.
- Team have completed and pilot and are now using ISLA care – a secure platform that allows clinicians and patients to securely upload and store photos, videos and forms. Links can be sent requesting patient upload relevant documents and to share resources with patients.
- Team continues to explore development of a vocational rehab pathway as per post-acute audit.
- Team is currently delivering a walking group for patients – to meet holistic needs – physical, emotional wellbeing, communication and cognition.
- Team to continue to explore relevant patient related outcome measure tools and standardised and formal tools for mood as per post-acute organisational recommendations.
- Team to continue to attend Stroke Network meetings / training sessions.
- Team to utilise stroke specific education framework and any relevant stroke training to identify courses / areas of training.
- As a new integrated approach, the team now work in collaboration with an MDT approach with cardiac rehab and heart failure teams to improve patient outcome and experience.

UK Cystic Fibrosis Registry Annual Report 2023 (Published 2024)

The adult centre remains among the top units for lung function and BMI, key markers for CF care. Moreover, this is on a background of lower use of IVs and high-cost treatments.

- Significantly higher than the national average use of DNase adult centre/clinic.
- Higher than the national average data completeness by adult centre/clinic.
- Lower than national average proportion of patients with chronic Pseudomonas aeruginosa by adult centre/clinic, which is good. This might have been impacted by newer treatments and surveillance.
- Lower than national average Intravenous (IV) antibiotic use by adult centre/clinic, which is good and cost-effective.
- Higher than national average Inhaled antibiotic use for patients with chronic pseudomonas aeruginosa by adult centre/clinic, which is good and reflects lower prevalence of PsA.

National Audit of Cardiac Rehabilitation Quality and Outcomes Report 2024
Phase 1 cardiac rehab locally, is provided by Liverpool heart and chest Hospital team. The activity collected by this team is not routinely reported to NACR electronically, because they have changed the requirements.

Liverpool heart and chest Hospital phase 1 cardiac rehab team is the biggest referring service in Cheshire and Merseyside and the wider CR network is therefore essential that they are on board with information upload to a national level.

At phase 1 the Trust Cardiac rehabilitation team are delivering more face-to-face contacts at bedside, and endeavour to see all patients that are in the eligible criteria for referral. This consultation provides risk factor and lifestyle advice, referrals to appropriate external agencies and information provision for patients and families.

Our primary focus for this year is to support the Cheshire and Merseyside Network to encourage all groups of patients to be referred equitably across the patch – not dependant on post code. Also, to support individual services to offer rehabilitation to wider groups in their services by sharing good practice. We will closely monitor population and stakeholder delver to ensure all our patients are receiving the correct phase of CR recovery and support. We will escalate gaps in service provision and monitor on our risk register.

The Knowsley Community Cardiovascular Rehabilitation services submit full patient data to the National Audit of Cardiac rehabilitation (NACR). The 2024 Certification Quality Report rated LHCH as “Amber with Seven” – designated to trusts meeting the KPI targets, but with incomplete patient data. Furthermore, LHCH achieved improved KPIs, compared with the national average, for the following:

- Median Wait time (Referral to start of Core) (CABG) (22 days – national average: 42 days).
- Median Wait time (Referral to start of Core) (MI/PCI) (21 days – national average: 33 days).
- Median Duration of Cardiac Rehabilitation (118 days – national average: 56 days)

The most recent Quality Outcomes Report published in 2024 shows that the service has improved the patient outcome indicators between pre and post Cardiac Rehabilitation:

- Proportion of patients with Blood Pressure <130/80 (pre: 54%; post: 68%).

- Proportion of patients with Blood Pressure <140/90 (pre: 83%; post: 90%).
- Proportion Core/Phase 3 Starters with Assessment 1 and Risk factors recorded (100%).

Knowsley CVD contract has recently been reviewed and updated to meet the Key performance indicators (KPI) set by the Knowsley Place Integrated Care Board. We have successfully met all the targets for 2024. The borough of Knowsley is one of the most deprived wards in the country. We endeavour to offer the choice of service to our hard-to-reach localities.

The service has multiple facets that encompass titration of medications, lifestyle modification, CVD risk management and psychosocial support and delivered via a menu of choice for patients so they can take ownership over their own care. We are offering a choice of home based, centre based, manual led and a hybrid approach to all components of rehabilitation, to ensure that all elements of the BACPR standards are met.

Royal College of Physicians Falls and Fragility Fracture - National Audit of In-patient falls (NAIF - 2024)

Any patient who sustains a hip fracture at LHCH should be transferred to the local acute trust A&E department for management of the hip fracture and the receiving trust will submit this admission into the National Hip Fracture Database (NHFD).

It requires the service provider hospital to assign a new fall record to our trust, it is assigned automatically by e-mail from the National Hip Fracture Database (NHFD). LHCH would then submit data into the National Audit of Inpatient Falls (NAIF) database workstream.
The National Audit of Inpatient Falls clinical audit data from 1st January to 31st December 2023, reports that 1956 people sustained a femoral fracture as an inpatient; 1,609 (82%) were due to a fall.

In this report, no LHCH cases are included in the Hip Fracture (NHFD) data. However, the LHCH Falls lead reviewed the NAIF report recommendations for any learning for improvement. Following review of this report, LHCH are meeting the relevant recommendations with some additional work planned.

Participation in local clinical audits

The reports of local clinical audits were reviewed by the provider in 2023/24 and Liverpool Heart and Chest Hospital intends to take the following actions to improve the quality of healthcare provided:

Infection Prevention and control audits

A robust surveillance system to obtain accurate information is now in place. The SSI group oversee an audit programme and ongoing action plan and will consider new initiatives to reduce SSI rates.

Audits include:

Audit	Improvement work
Surveillance - Cleanliness	The audit tool and program implemented last year continue to yield positive results: • The audit tool and program developed in the previous year remain in active use. • Continued collaboration among infection prevention nurses, matrons, and hygiene service supervisors ensures a standardized approach to monitoring cleanliness. • Average cleanliness scores have remained consistently high, ranging between 97% and 100%.
Infection prevention audits	Infection prevention audits are performed in all clinical areas within the Trust by the IPNs in conjunction with members of ward staff. The audits cover different aspects of infection prevention including: • Decontamination and cleanliness • Equipment • Waste disposal • Sharps handling • Linen handling. Overall compliance across the Trust ranged from 89% to 98%. Feedback and an action plans were given to each area.
Surgical site Infection prevention bundle:	Aspects of the SSI prevention bundle were audited for patients undergoing cardiac surgery: • Hair removal • Appropriate skin prep is applied prior to surgery. • Surgical prophylaxis • Dressing removal • Pre-op screen prior to surgery Compliance was usually very good i.e. 95- 100% apart from one intervention, which was appropriate hair removal. Compliance

	remained low, despite some improvement. Work is going to ensure the standard is met.
Risk adjusted Surgical Site Infection rates	The implementation of risk-adjusted surgical site infection rates. This new approach allows us to more accurately assess and compare infection rates across different surgical procedures, taking into account patient-specific risk factors. By incorporating this advanced methodology, we aim to further enhance patient safety and quality of care in our surgical services.

Audit	Improvement work
National Safety Standards for Invasive Procedures (NatSSIP). **Local Safety Standard for Invasive Procedures (LocSSIP)**	Steady progress can be identified regarding the implementation of NatSSIPs 2. A robust action plan has been developed and steering group to drive the implementation. Cross divisional including corporate services will all have an integral role in the successful implementation of NatSSIPs 2. • The Clinical Audit and Effectiveness Team has worked to automate trust wide reporting of LocSSIP compliance. <u>Catheter labs</u> Regular audits demonstrate good compliance with LocSSIPs • To continue to monitor NatSSIPS and LocSSIPS in all divisional governance work plans. • To improve areas of lower compliance of mandatory training regarding NatSSIP. • To continue to monitor and improve the debrief process and recording within the catheter labs, with structured questions within Carecube. • Continue to identify non-compliance with sign out and engage with individual staff. • Improve clinician engagement with debrief- working with clinical leads. • Priority to be given to the ward based LocSSIPs and audit process including Holly Suite endoscopy and chest drain insertion/removal. • Trust-wide chest drain LocSSIp compliance improvements required. <u>Theatres</u> Current audits demonstrate overall good compliance with NatSSIPs within the theatre departments with key areas requiring improvement identified with clear actions in place to improve this.

	• An increased frequency of full reporting to divisional board – in addition to monthly reporting will be commenced alongside staff education and feedback. Monthly compliance is shared in various forums within theatre. • The planned peer review of NatSSIPs will support further assurance on compliance for both divisions. • Work is ongoing to implement NatSSIPs 2 which have been published in 2024.
Duty of Candour Audit.	The Organisation has maintained in its processes for compliance with Duty of Candour in the relevant cases: 4. Duty of candour is included in induction and as an e-learning pack. • Currently 100% of eligible staff have received training regarding Duty of Candour.

Pharmacy audits

Audit	Findings / Improvement work
Surgical Prophylaxis Audit	This audit demonstrates good compliance with the trust antimicrobial policy to prevent surgical site infections. Any non-compliance is visible across the anaesthetic department and in comparison, to previous data, antimicrobial surgical prophylaxis prescribing has overall improved. **Actions** • Continue rolling compliance monitoring. • The surgical prophylaxis audit is planned to commence in 2024/25 for thoracic surgery.
Antimicrobial Prescribing audit	This audit is conducted to demonstrate evidence of good antimicrobial stewardship practice and compliance with the Trust Antimicrobial Policy. The trust monitors Intravenous-to-oral switch (IVOS) Criteria for Early Switch compliance in accordance to National Antimicrobial guidance. Over the past financial year, the trust has consistently achieved compliance well above the national target. **Recommendations include** • Feedback of results to: - Relevant committees, including antimicrobial stewardship, drug and therapeutics, infection prevention - Prescribers and pharmacists leading within various clinical ward areas via pharmacy bulletin - Junior doctors and ANPs via educational lead pharmacist. During the feedback of these results, a focus on documentation of clinical indications for antimicrobial prescribing must be emphasised. • For complicated patient cases where specialist input is appropriate, referral to the microbiology ward round team should be promoted
Critical Medicines missed doses.	

Participation in Clinical Research

Research is a core component of LHCH's strategic priorities.

It enables the generation of new knowledge, the testing of innovative treatments, and the development of improved models of care that enhance service quality across the organisation. The Trust's active engagement in clinical research reflects its commitment to offering patients access to the latest medical advances and evidence-based care.

There is strong evidence supporting the value of research-active healthcare organisations. Studies show that patients treated in research-active trusts benefit from better care experiences, improved clinical outcomes, and enhanced service delivery—commonly referred to as the "research effect" (Royal College of Physicians, 2019). In addition, such organisations enjoy strategic advantages including improved staff recruitment and retention, greater innovation capacity, and stronger knowledge management (NS Confederation, 2010).

In 2024/25 LHCH recruited 778 participants to National Institute for Health Research (NIHR) portfolio studies across 8 specialities. With 307 patients recruited to cardiovascular badged studies, 212 to anaesthesia, perioperative and pain medicine, 158 to cancer, 64 to respiratory disorders, 18 to critical care, 16 to gastroenterology and hepatology, two to surgical studies and one to infection. It is important to note that the main speciality often relates to the disease area and that surgical studies are recruited across the specialities.

In total there were 33 actively recruiting within the year 24/25.

- Some of the highlights and achievements are outlined below.
- LHCH won the NIHR award for Top Recruiting Site 2014 to 2024 in the Priority Area – Cardiovascular.
- We were in the top 10 of the Northwest Research Network leader board for the patient reported experience survey with 74 responses.
- Second highest recruiter in 2024 to a national study called PACeS – a cardiovascular study.
- LHCH research fellow shortlisted for the British Heart Rhythm Society 2025 Young Investigator Achievement award.

As a specialist tertiary centre, LHCH is uniquely positioned to undertake complex and early-phase clinical trials, despite drawing from a smaller eligible patient population compared to general acute providers. The Trust maintains a strong research portfolio with strengths in respiratory and cardiology research and is committed to widening equitable access to research opportunities for all patients across the organisation.

Collaboration

At Liverpool Heart and Chest Hospital (LHCH), we are committed to collaboration and actively contribute to several key strategic partnerships that enhance our research capabilities. These include Liverpool Health Partners (LHP), the Liverpool Centre for

Cardiovascular Science (LCCS), the NIHR Liverpool Clinical Research Facility (CRF), and the NIHR Cheshire and Merseyside Commercial Research Delivery Centre (CRDC).

The NIHR Liverpool CRF is a collaborative partnership with Liverpool University Hospitals NHS Foundation Trust (LUHFT) and The Clatterbridge Cancer Centre NHS Foundation Trust (CCC). It has been instrumental in advancing early-phase and first-in-human studies. LHCH is working in collaboration to deliver an innovative cancer vaccine study. These projects are helping bring novel, potentially life-changing treatments to patients with persistent and complex health conditions.

Our work with the LCCS, in partnership with Liverpool John Moores University (LJMU) and the University of Liverpool (UoL), has supported the co-funding of a PhD studentship for a pharmacist—marking advancing pharmacy-led research at LHCH. Through this collaboration, we are also co-developing grant applications for studies expanding research opportunities for our patient population.

LHCH is also proud to be a key partner in the NIHR Cheshire and Merseyside CRDC, participating as a spoke site in the region's hub-and-spoke delivery model.

Our involvement in this nationally significant programme places us at the forefront of delivering cutting-edge research and innovation across the region, while contributing to improved health outcomes both nationally and internationally.

In addition, our collaboration with LHP and integration through the Joint Research Office (JRO) has streamlined our research governance processes, significantly improving setup times for commercial and NIHR-funded trials and strengthening our operational readiness.

We are also proud to support the LJMU EDEPI project—an initiative aimed at increasing applications to higher education from individuals in minority ethnic communities. This partnership reinforces our commitment to equity, inclusion, and widening participation in research and education across our region.

Strategic R&I committee

The Committee advises on, contributes to, and helps direct the Trust's Research and Innovation Strategy. This strategy is integrated with key academic partners, including the University of Liverpool, Liverpool John Moores University, and other Higher Education Institutions, and is aligned to wider system priorities.

The Committee provides assurance to the Trust Board on the effective implementation of this strategy, supporting the delivery of world-class translational and clinical research in collaboration with our partners.

Patient and Public Involvement and Engagement (PPIE)

Liverpool Heart and Chest Hospital (LHCH) is committed to embedding the patient voice across all aspects of research. The LHCH Patient Research Ambassador shapes national guidance and collaborates with partners to influence study design.

LHCH is also co-developing a Patient and Public Involvement and Engagement (PPIE) strategy, forming part of a collaborative approach across the LAASP partnership.

This work supports equality by ensuring diverse communities are represented in research, making it more inclusive, relevant, and impactful, while improving recruitment, delivery, and patient outcomes.

Goals agreed with commissioners

LHCH delivered strong financial performance in 2024/25.

There continued to be a focus nationally on addressing waiting lists, with additional funding added to contracts to incentivise providers to maximise elective treatments. Providers were paid on a block basis for all emergency care, but most planned care was paid on a cost per case basis.

In addition to trying to maximise elective activity, the Trust continued to deliver savings and exercise strong fiscal discipline. Cost saving initiatives were reviewed by clinical managers to ensure there was no detrimental impact on service quality and safety.

What others say about the provider?

Liverpool Heart and Chest Hospital is required to register with the Care Quality Commission and its current registration status is ‘registered without condition’.

The Care Quality Commission has not taken enforcement action against Liverpool Heart and Chest Hospital during 2024/2025.

Liverpool Heart and Chest Hospital has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period 2024/25.

The Trust is rated as ‘***Outstanding’*** by the Care Quality Commission.

Data quality

Liverpool Heart and Chest Hospital submit records to Secondary Uses service (SUS) for inclusion in the Hospital Episode Statistics, which are reported on variety of schedules ranging from daily, weekly and monthly.

Performance is reported below in the latest published data via DQMI (Data Quality Maturity Index) and Commissioning Data Set (CDS) Data Quality Dashboard.

Data Quality Maturity Index (DQMI)

The DQMI is a monthly publication intended to highlight the importance of data quality in the NHS, it offers a rounded assessment of an organisations data quality through several datasets. For the latest position published (September 2024), the Trust have a DQMI score of 97.6% which is significantly higher than the national score of 72.4%.

Secondary Uses Data Quality

The statistics for the year 2024/2025 are as follows:

(Outpatient Care submission)

Data Item	Provider Total	Provider Missing	Provider Invalid	Provider % Valid	ICB* % Valid	Region* % Valid	National % Valid
Admin Category	85,011	0	0	100.0%	99.9%	99.3%	98.2%
Attendance Indicator	85,011	155	0	99.8%	99.9%	99.6%	99.5%
Attendance Outcome	59,930	0	0	100.0%	98.1%	96.8%	94.2%
Commissioner	85,011	0	0	100.0%	99.9%	99.1%	99.3%
Consultant	85,011	0	38,176	55.1%	95.3%	81.4%	79.9%
Ethnic Category	85,011	0	0	100.0%	95.8%	95.9%	91.1%
First Attendance	85,011	0	0	100.0%	100.0%	99.9%	99.9%
Main Specialty	85,011	0	0	100.0%	99.9%	98.0%	98.9%
NHS No Status Indicator	85,011	0	74	99.9%	100.0%	100.0%	99.8%
NHS Number	85,011	74	0	99.9%	99.9%	99.9%	99.7%
Org of Residence	85,011	0	416	99.5%	99.1%	99.2%	96.8%
Patient Pathway	79,679	0	0	100.0%	77.5%	67.7%	67.7%
Person Birth Date	85,011	0	0	100.0%	99.4%	99.7%	99.8%
Person Gender	85,011	0	11	100.0%	100.0%	100.0%	99.5%
Postcode	85,011	0	89	99.9%	100.0%	100.0%	99.9%
Primary Procedure	59,930	0	0	100.0%	99.8%	99.8%	99.6%
Priority Type	85,011	0	0	100.0%	98.7%	94.4%	91.0%
Referral Received Date	85,011	0	0	100.0%	98.6%	96.4%	93.6%
Referral Source	85,011	0	0	100.0%	99.1%	98.4%	96.8%
Registered GP Practice	85,011	0	187	99.8%	99.7%	98.5%	99.6%
Site Code of Treatment	85,011	854	0	99.0%	99.0%	97.0%	96.1%
Overall	**1,814,748**	**1,083**	**38,953**	**97.8%**	**98.2%**	**96.4%**	**95.5%**

The outpatient element highlights excellent performance with the overall Provider Validity performing at 97.8% against the national standard. The previous committee paper highlighted ‘Consultant Code’ flagged as Red.

(Inpatient care Submission)

Data Item	Provider Total	Provider Missing	Provider Invalid	Provider % Valid	ICB* % Valid	Region* % Valid	National % Valid
Admin Category (On Admiss)	9,366	0	0	100.0%	99.9%	99.9%	99.9%
Admin Method (Hosp Prov Spell)	9,366	0	0	100.0%	100.0%	100.0%	100.0%
Commissioner	9,366	0	0	100.0%	99.8%	99.1%	99.5%
Consultant	9,366	0	3	100.0%	99.5%	99.3%	98.0%
Disch Ready Date (Hosp Prov Spell)	8,664	0	5	99.9%	21.4%	15.9%	23.3%
Discharge Dest (Hosp Prov Spell)	8,664	0	0	100.0%	100.0%	100.0%	100.0%
Discharge Meth (Hosp Prov Spell)	8,664	0	0	100.0%	100.0%	100.0%	100.0%
Ethnic Category	9,366	0	0	100.0%	98.2%	97.2%	95.2%
Main Specialty	9,366	0	0	100.0%	100.0%	99.7%	99.9%
NHS No Status Indicator	9,366	0	18	99.8%	100.0%	100.0%	99.7%
NHS Number	9,366	18	0	99.8%	99.9%	99.8%	99.1%
Org of Residence	9,366	0	46	99.5%	99.6%	99.6%	95.7%
Patient Classification	9,366	0	0	100.0%	100.0%	100.0%	100.0%
Patient Pathway	5,270	1,471	0	72.1%	74.5%	72.4%	67.7%
Person Birth Date	9,366	0	0	100.0%	99.4%	99.8%	99.3%
Person Gender	9,366	0	0	100.0%	100.0%	100.0%	98.8%
Postcode	9,366	0	3	100.0%	100.0%	99.9%	99.9%
Primary Diagnosis	9,364	159	0	98.3%	94.3%	92.4%	93.0%
Primary Procedure	9,364	0	0	100.0%	100.0%	100.0%	99.7%
Registered GP Practice	9,366	0	4	100.0%	99.9%	99.9%	99.2%
Site Code of Treatment	9,366	0	0	100.0%	99.9%	99.9%	96.3%
Overall	**199,846**	**1,648**	**79**	**99.1%**	**96.2%**	**95.6%**	**95.1%**

This shows overall high completion rates (99.1%) in the period with all data items performing above the national standards.

There are a small number of data quality issues which have no impact to overall submissions but will be part of an improvement plan in 2024/25. The established project to rectify the Patient Pathway missing data has progressed with a purpose-built report and service engagement outstanding to take ownership.

NHS Number and General Medical Practice Code Validity

As highlighted in the above statistics, the validity of NHS number and General Practice code across Outpatient and Inpatient care settings was as follows:

	Admitted Patient Care	Outpatient Care
Valid NHS Number	99.87%	99.91%
Valid General Medical Practice Code	100%	100%

Data Security and Protection Toolkit Assessment Report Attainment Levels*

The Data Security and Protection Toolkit (DSPT) v7 for 2024/25 has undergone significant change to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. The Trust submitted an interim assessment in December 2024 and will publish its final submission by 30th June 2025. The submission process is supported by an independent two-phase audit process by Mersey Internal Audit Agency with an assurance opinion provided regarding robustness of evidence against the revised standards.

The information governance function continues to deliver a broad workplan and works collaboratively with the wider digital and cyber security service. Assurance of compliance and reporting of key information governance activities are reported and monitored through the Trust's governance and committee structures.

During 2024/25, two data security incidents were reported to the Information Commissioners Office (ICO). There was no further action taken and both incidents subsequently closed.

Clinical Coding Error Rate

In March 2024 Liverpool Heart and Chest Hospital NHS Foundation Trust underwent a detailed examination of its coded clinical data for the period 1st April 2023 – 31st October 2023 in compliance with Data Security & Protection Toolkit (DSPT) Data Security Standard 1.

The below figures for primary diagnosis and primary procedure exceed the 95% recommended accuracy scores required for Data Security & Protection Toolkit Data Standard 1 attainment level of Standards Exceeded. The figures for secondary diagnosis and secondary procedures exceed the 90% recommended accuracy scores required for Data Security & Protection Toolkit Data Standard 1 attainment level of Standards Exceeded.

General Findings:

	Accuracy
Primary Diagnosis	99.00%
Secondary Diagnosis	97.60%
Primary Procedure	99.00%
Secondary Procedure	98.00%

The clinical coding overall was of an exemplary standard.

Part 2.2 Statements of assurance from the Board

During 2024/25, 199 patients died at LHCH. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 52 in the first quarter
- 48 in the second quarter
- 45 in the third quarter
- 54 in the fourth quarter

By 10/05/2025, 199 patients had received a case record review (mortality screen) of which 21 received a full investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 52 in the first quarter
- 48 in the second quarter
- 45 in the third quarter
- 54 in the fourth quarter

6 deaths representing 3% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 1 representing 1.9% for the first quarter
- 0 representing 0% for the second quarter
- 4 representing 9.1% for the third quarter
- 1 representing 1.9% for the fourth quarter

These numbers have been estimated using the Trust's Mortality Review Policy, based upon national guidance on learning from deaths issued by the National Quality Board (March 2017) and implementation of the structured judgement review methodology issued by the Royal College of Physicians (2016).

The MRG reviews have identified main contributors to death, top three of which were:

Heart failure – RV / LV	17%
Myocardial Infarction	15%
Pre-procedural moribund state	10%

Actions from learning identified include (not exhaustive):

- Emphasis placed on the importance of appropriate escalation to Consultants, with creation of formal escalation policy within critical care.
- A review of acute aortic referral pathways, handover and documentation systems, with teaching for fellows and registrars.
- A review of the pathway for cardiogenic shock patients at LHCH, both in terms of mechanical support offered at LHCH and referral pathways with the regional transplant centre.
- Teaching sessions on the placement and management of intra-aortic balloon pumps in theatres and critical care areas.
- Teaching on recognition and management of mechanical complications of myocardial infarction.
- A significant increase in TAVI procedures has seen an expected increase in (unavoidable) related complications- teaching sessions planned for learning.
- An enhanced WHO checklist and team briefing policy in cardiac catheter labs.
- RV protection and cardioplegia technique to protect the right ventricle during mitral valve surgery.
- Teaching around the recognition of post-surgery cardiac tamponade, highlighting the importance of clinical assessment with reinforcement from appropriate imaging.
- An update of the cause of death classification in the mortality review system, to allow more useful categorisation and learning.

The Trust complies with national guidance and populates the mortality dashboard. There is a rigorous review process for all deaths within the Trust. Learning from these deaths is shared widely through Divisional Boards, clinical audit meetings and also by uploading relevant presentations to a mortality SharePoint page which can be accessed at any time.

Part 2.3 Reporting against Core Indicators

Hospital Standardised Mortality Ratio (HSMR)

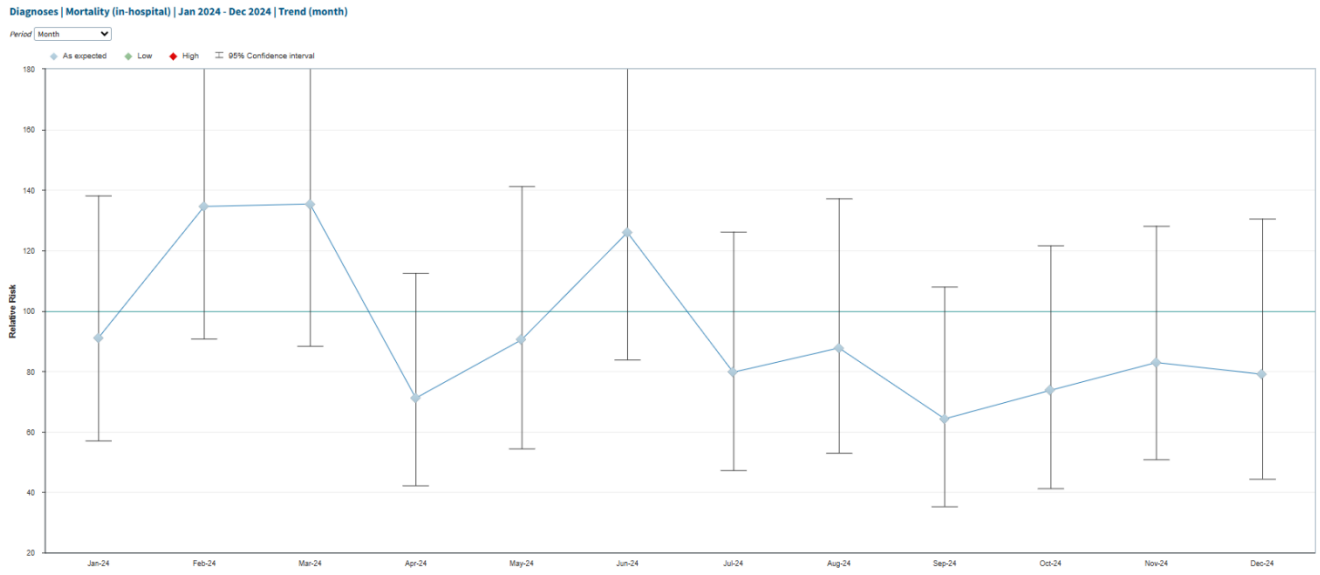
Liverpool Heart and Chest Hospital considers that this data is as described for the following reasons:

- Specialist acute trusts do not calculate their mortality rates using the summary hospital-level mortality indicator (SHMI); instead, Liverpool Heart and Chest Hospital uses information provided by Dr Foster Intelligence in the form of Hospital Standardised Mortality Ratio (HSMR) that is updated each month as part of its performance management arrangements and reported to the Trust's Quality Committee.

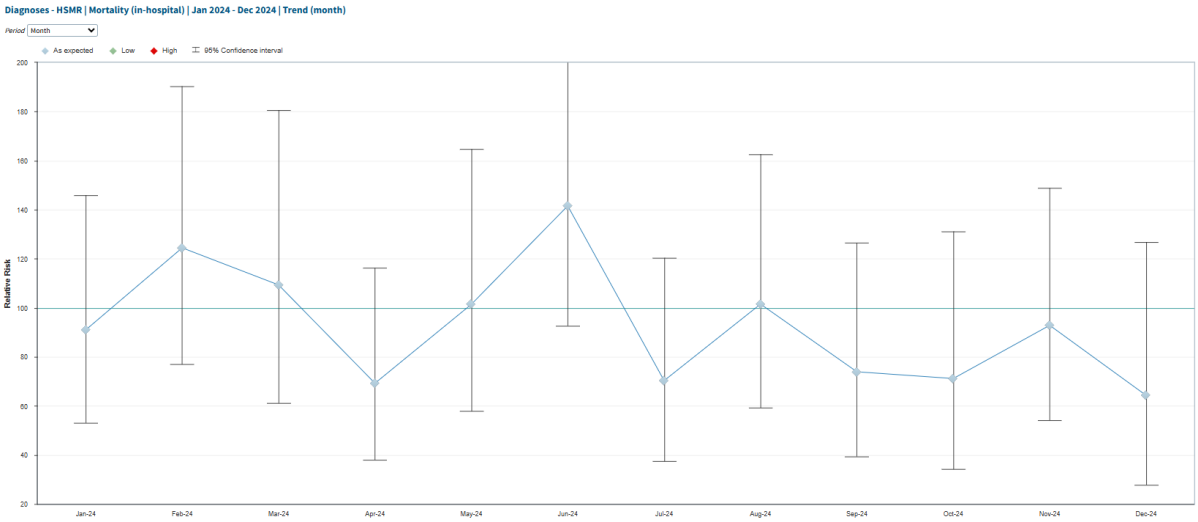
To achieve statistical significance using confidence intervals:

- To be high, a hospital must have HSMR and the lower confidence interval above 100. A hospital above 100 but with lower confidence interval below 100 is classed as 'within the expected range'.

LHCH had alert for HSMR from February 2022. In response a multidisciplinary mortality improvement group was formed, and a divisional mortality action plan developed. The MIG focussed on wide ranging drivers of mortality and there has been a consistent improvement in the HSMR.



HSMR for 56-diagnosis groups as determined by Dr Foster Intelligence



Liverpool Heart and Chest Hospital intends to continue with take the following actions to continue to improve this rate and so the quality of its services by:

- Continuing to support the broadened remit of the mortality review group and ensuring all deaths in the hospital are subject to a mortality review screening process and any lessons learnt shared accordingly.
- Continue the focus on mortality through the MIG and deliver the divisional mortality improvement plans.

Readmission Within 28 days of Discharge

Liverpool Heart and Chest Hospital considers that this data is as described for the following reasons:

	Performance 22/23	Performance 23/24	Performance 24/25
Percentage of patients aged 16 or over readmitted to a hospital, which forms part of the Trust, within 28 days of being discharged from a hospital, which forms part of the Trust, during the reporting period.	Elective (Apr-Oct): 4.6% (RR: 81.5) Non-elective (Apr-Mar): 8.5% (RR:71.5) Total (Apr-Oct): 7.6% (RR: 76.4)	Elective (Apr-Oct): 4.8% (RR 88.5) Non-Elective (Apr-Oct): 9.1% (RR 74.1) Total (Apr-Oct): 6.3% (RR 80.8)	Elective (Apr-Oct): 4.7% (RR 86.3) Non-Elective (Apr-Oct): 8.2% (RR 66.2) Total (Apr-Oct): 5.9% (RR 75.6)

Responsiveness to personal needs

Personal needs are a composite of several aspects of care, including the provision of advice on medication following discharge. There is no statistical difference to the responses from our patients. Actions regarding information before surgery procedures and understanding of information given from nurses were identified.

	Performance 21/22	Performance 22/23	Performance 23/24
Trust's responsiveness to the personal needs of its patients during the reporting period	9.4	9.2	9.1

Actions taken:

- Cardiac Surgery Urgent Care Co-ordinator recruitment – to keep patients updated and health surveillance whilst waiting for their procedure
- Nurses ensuring patients understand the important information given to them regarding their specific health care needs.

Staff recommending the Trust to family and friends

LHCH considers that this data is as described for the following reasons:

	Performance 21/22	Performance 22/23	Performance 23/24	Performance 24/25
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would be happy with the standard of care provided by this organisation	91.6%	90.61%	92%	93.23%

The continued high levels of advocacy from staff highlights the ongoing commitment to delivering safe, compassionate care to patients and their families.

The Trust has taken the following actions to improve this percentage, and so the quality of its services by:

- increasing communication by the learning and sharing of information pivotal in preventing harm and sharing good practice. Other mechanisms within the Trust are safety huddle, directorate meetings, team briefs, listening events and Executive walkabouts.

Venous thromboembolism (VTE) assessment

Liverpool Heart and Chest Hospital considers that this data is as described for the following reasons:

- The rate of assessment of patients at admission remains high there is a slight increase in performance. The data is taken directly from each patient's electronic record of care.

	Target	Performance 22/23	Performance 23/24	Performance 24/25
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during	95.0%	94.04%	94.59%	94.2%

Liverpool Heart and Chest Hospital has taken the following actions to improve this percentage, and so the quality of its services by:

- learning from each VTE through investigations (PSII) and feedback of lessons learned.
- Ward level Identification of assessments not undertaken and reasons why.

Clostridium difficile infection

LHCH considers that this data is as described for the following reasons:

The Trust's infection rates are consistently low; the number of Clostridium difficile cases in 2024/2025.

	Target	Performance 22/23	Performance 23/24	Performance 24/25
The rate per 100,000 bed days of cases of C. difficile infection reported within the trust among patients aged 2 or over during the reporting period	<=16.9	5.72	11.24	5.42

Liverpool Heart and Chest Hospital has taken the following actions to improve this number, and so the quality of its services by:

- ensuring samples are sent appropriately when an infection is suspected.
- ensuring appropriate precautions are taken when an infection is suspected or confirmed, and isolation precautions adhered to.
- ensuring a robust surveillance system is in place.

Patient Safety Incidents

	Target 22/23	Performance 22/23	Target 23/24	Performance 23/24	Target 24/25	Performance 24/25
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and incidents that resulted in severe harm or death.	Reporting Remains Consistent	1567 patient incidents 11.55 per 100 admissions (13,563 admissions) 17 (1.08%) resulted in severe harm or death	Reporting Remains Consistent	1505patient incidents 10.82 per 100 admissions (13,912 admissions) 11 (1.2%) Resulted in severe harm or death	Reporting Remains Consistent	1418 patient incidents 9.59 per 100 admissions (14,783 admissions) 9 (0.63%) resulted in severed harm or death

LHCH considers that this data is as described for the following reasons:

Liverpool Heart and Chest Hospital intends to take the following actions to improve this number and so the quality of its services by:

- Continuing to embed the Patient Safety Incident Reporting Framework Methodology
- Medical Trust Safety Lead and Champions to continue a focus on safety
- Patient Safety Specialist to access training
- Monitoring of the Trust's safe from harm
- Monitoring of the Speak up Safely campaign

Part 3 Other Information

Performance Review

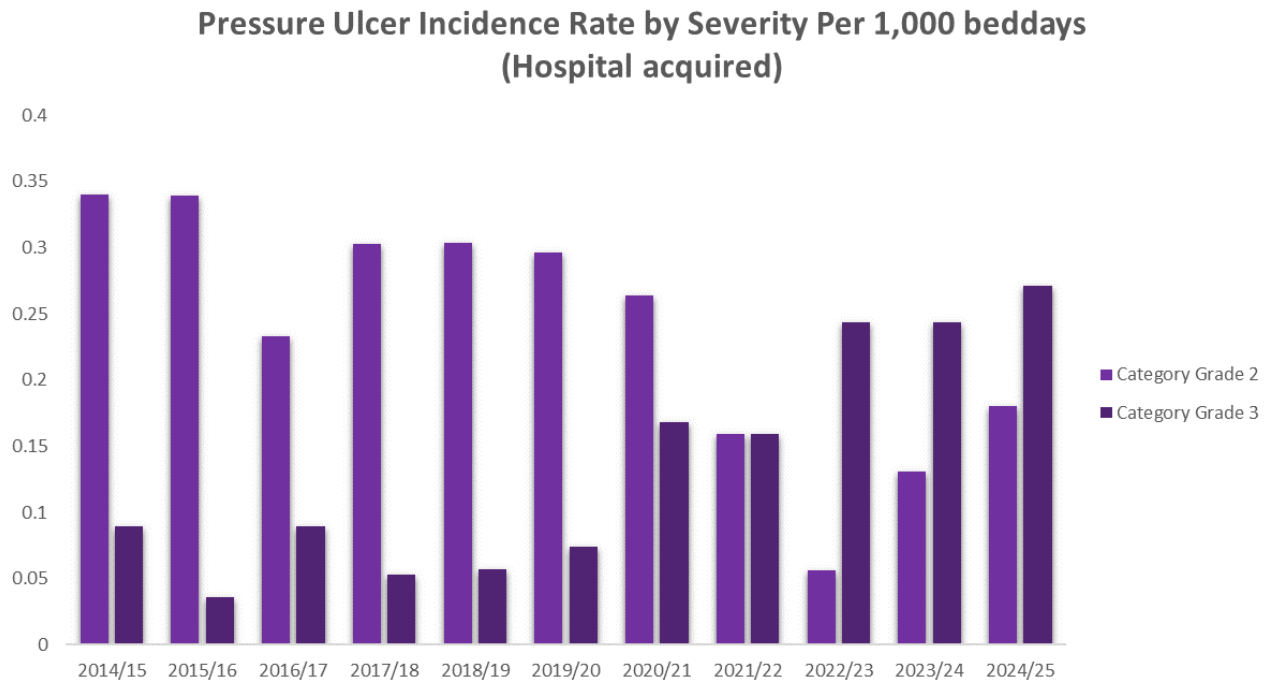
This section of the Quality Account presents an overview of performance in areas not selected as priorities for 2024/2025.

Presented are:

- Quantitative metrics, that is, aspects of safety, effectiveness and patient experience which the Trust measures routinely to prove the quality of care it provides.

Performance against relevant indicators which are present in both the Risk Assessment Framework and Single Oversight Framework.

Quantitative Metrics

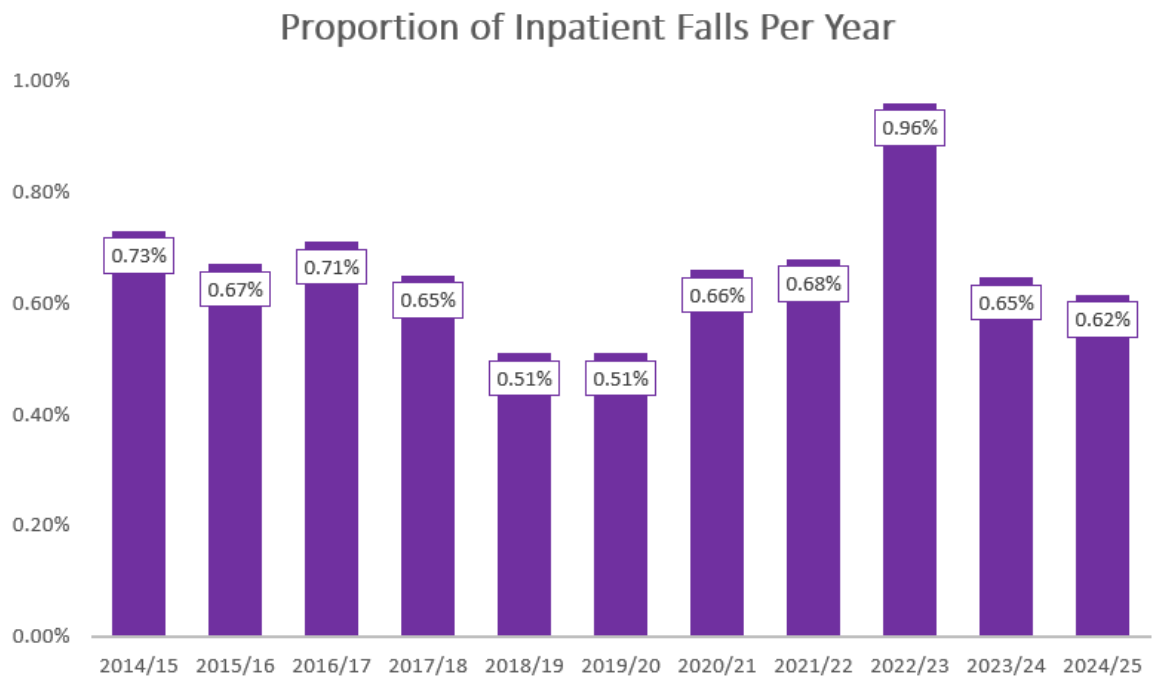


A Verification of Pressure Ulcer document is completed by the Tissue Viability Nurses, to assist with accurate assessment and recording of hospital acquired pressure ulcers. The Tissue Viability Service works with the clinical coding manager to ensure that coders can identify the development of hospital-acquired pressure ulcers in the patient's health record.

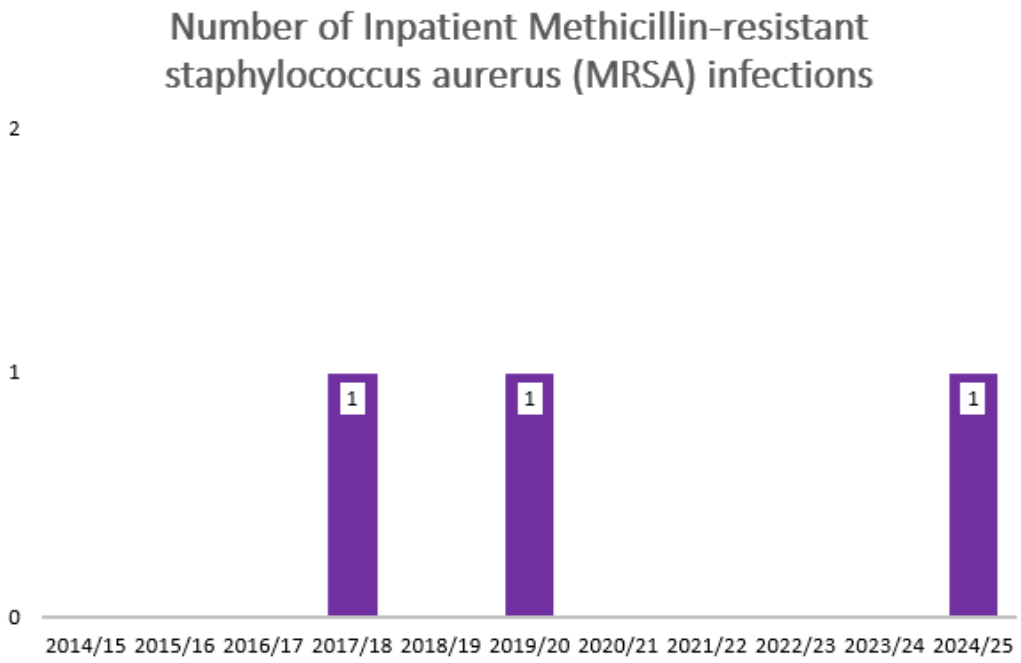
If there is uncertainty relating to any patient, the clinical coders check with the Tissue Viability Service to clarify to ensure accurate coding and therefore accurate data on the Model Hospital system.

The guidance in Pressure Ulcer Recommendations and Clinical Pathway (National Wound Care Strategy 2023) has been included in the Ch&M regional pressure ulcer policy and has been implemented in LHCH. One of the recommendations was the implementation of PURPOSE T pressure ulcer risk assessment tool which has now been implemented Trust wide (December 2024).

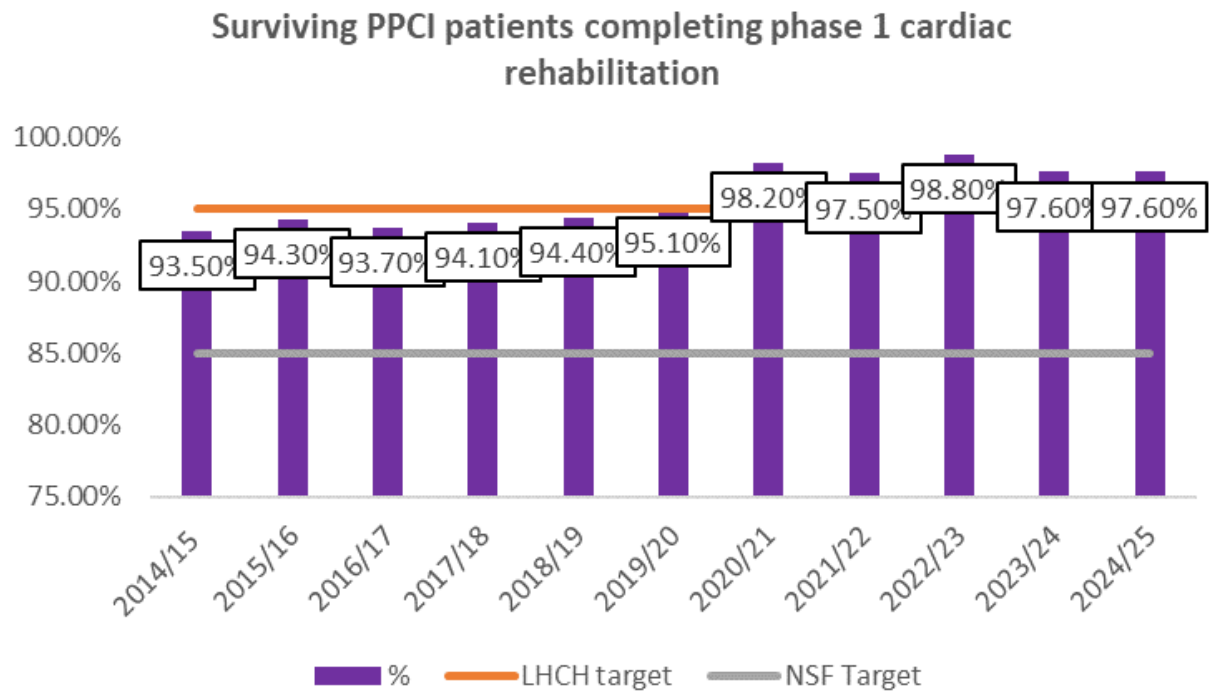
We have continued to monitor the PU CQUIN locally as it provides us with assurance of compliance with some national pressure ulcer standards (compliance with completion of the risk assessment on admission and the pressure ulcer prevention care plan).

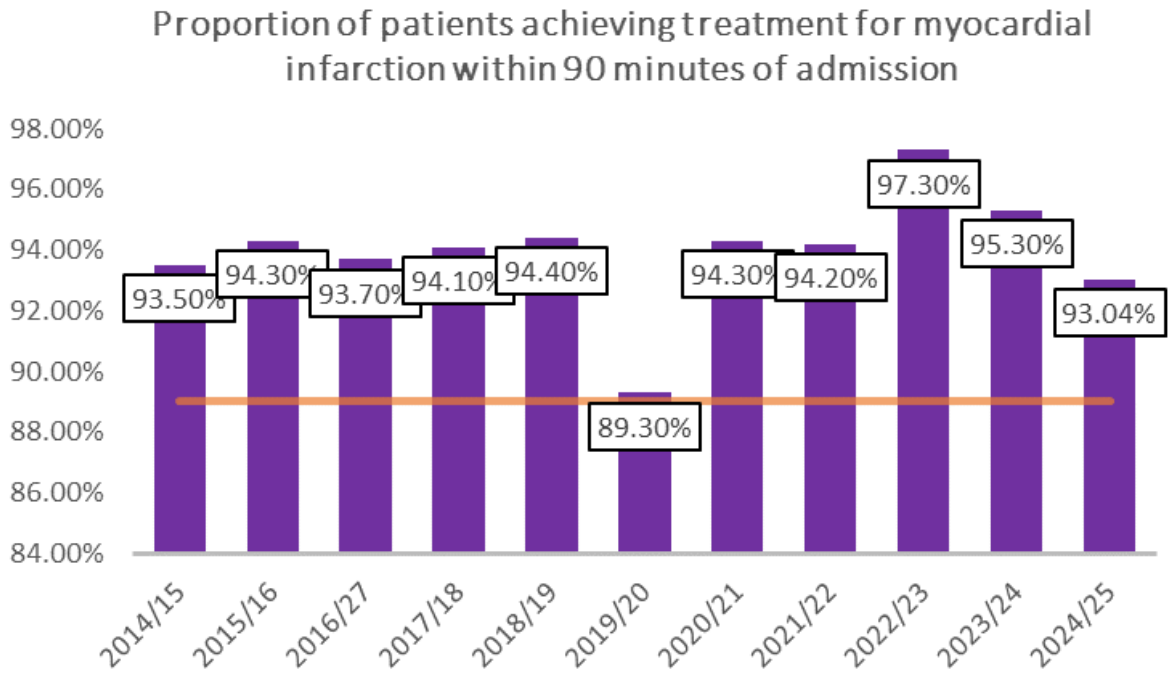


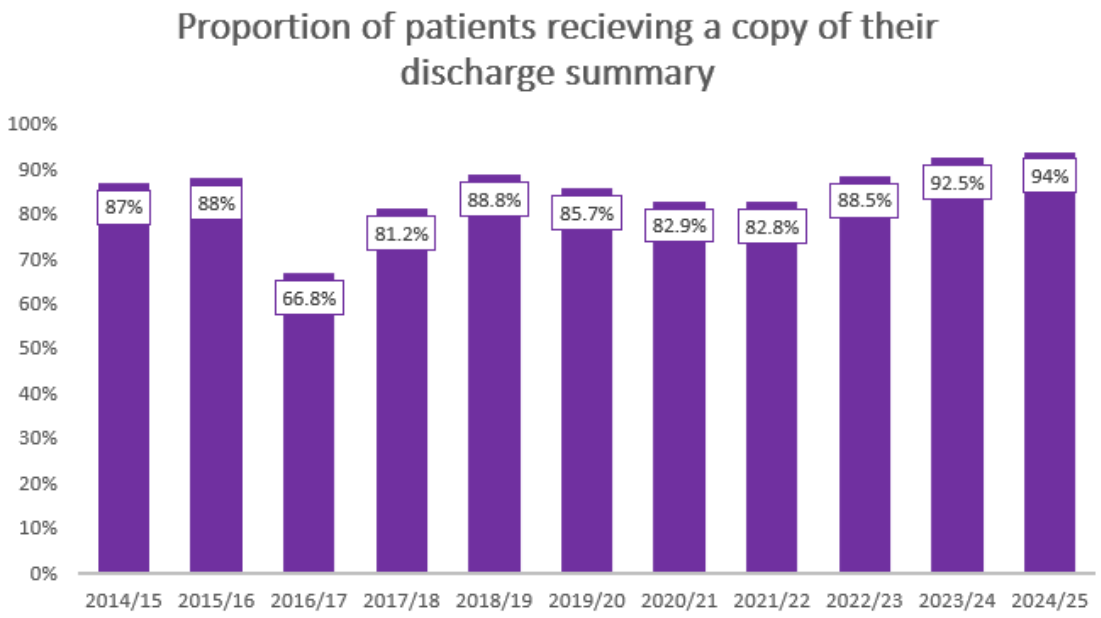
The figure shows the proportion of inpatient falls. This is an important metric as falls can cause significant harm, and severely compromise the recovery of patients. Falls are recorded through a bespoke incident reporting system and monitored continuously. This year the proportion of inpatient falls has decreased from the previous year, close the to the average of the previous 10 years.



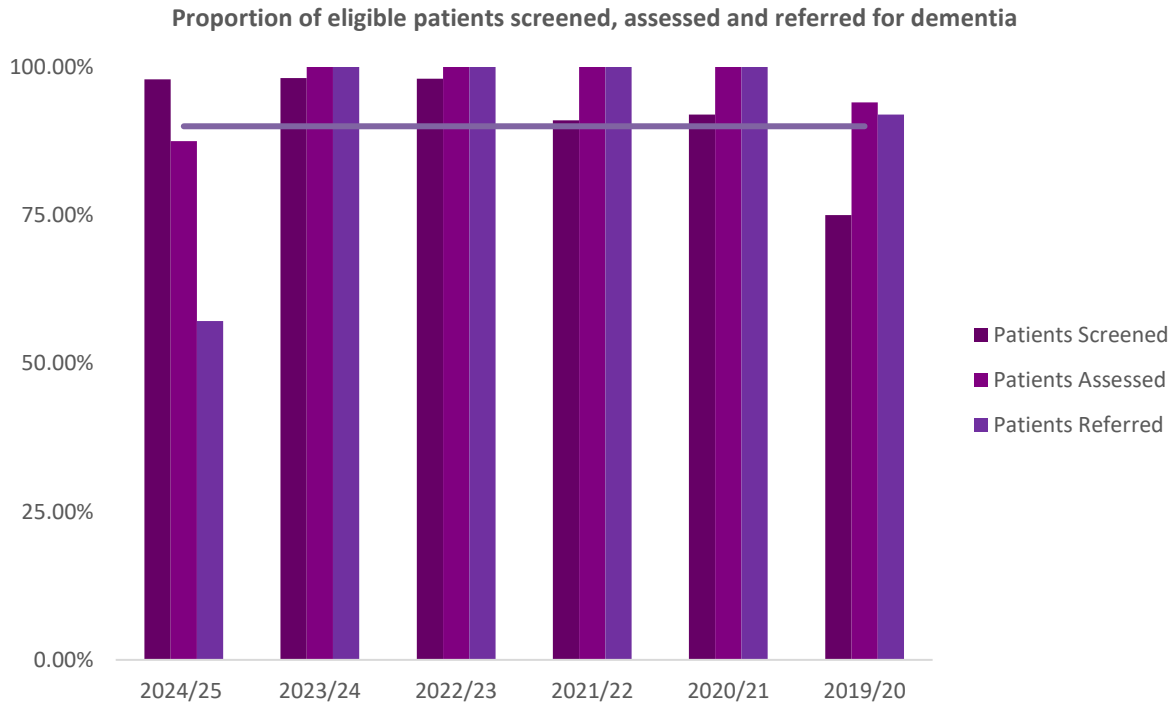
The figure shows the number of inpatient MRSA infections recorded each year. This is an important metric, as MRSA thrives in environments where antibiotics are used frequently, such as hospitals. MRSA infections are monitored with strict scrutiny by the infection prevention and control nurses.

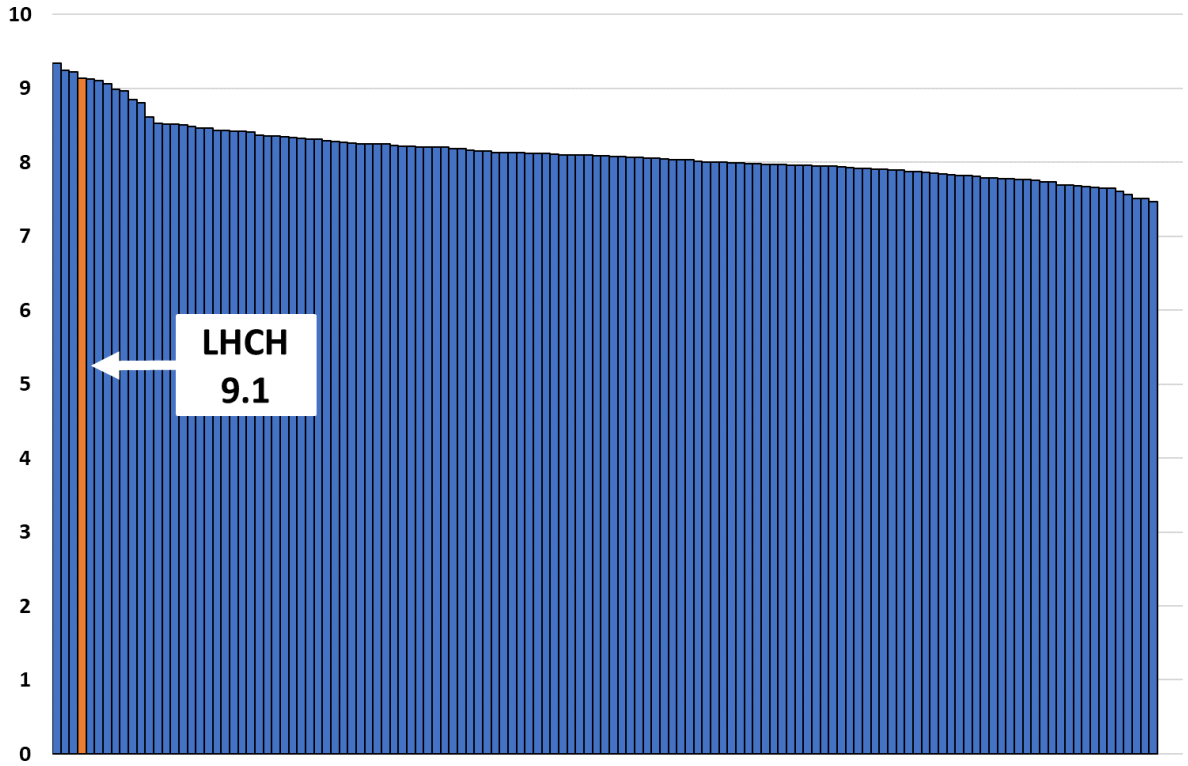

Surviving PPCI patients completing phase 1 cardiac rehabilitation
100.00%
95.00%
90.00%
85.00%
80.00%
75.00%
93.50%
94.30%
93.70%
94.10%
94.40%
95.10%
98.20%
97.50%
98.80%
97.60%
97.60%
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
2022/23
2023/24
2024/25
%
LHCH target
NSF Target


Proportion of patients achieving treatment for myocardial infarction within 90 minutes of admission
98.00%
96.00%
94.00%
92.00%
90.00%
88.00%
86.00%
84.00%
93.50%
94.30%
93.70%
94.10%
94.40%
89.30%
94.30%
94.20%
97.30%
95.30%
93.04%
2014/15
2015/16
2016/27
2017/18
2018/19
2019/20
2020/21
2021/22
2022/23
2023/24
2024/25

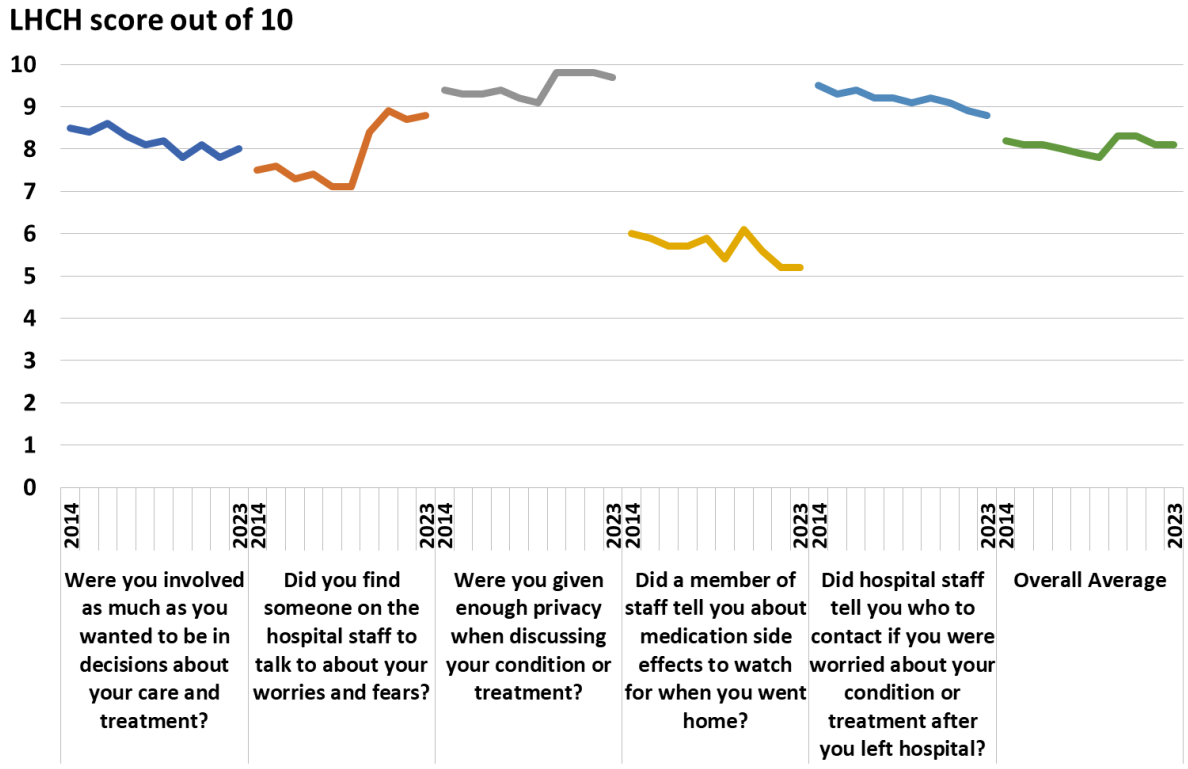


The figure shows the proportion of patients receiving a copy of their discharge summary. LHCH strives for patient centred care at every opportunity, and providing a copy of their discharge summary includes the patient in the discussion when transferring their care back to the their GP. This promotes independence, and aids decision making when it comes to their own health. This year LHCH has managed to improve upon previous years and reached over the 90% compliance.


Proportion of eligible patients screened, assessed and referred for dementia
100.00%
75.00%
50.00%
25.00%
0.00%
2024/25
2023/24
2022/23
2021/22
2020/21
2019/20
Patients Screened
Patients Assessed
Patients Referred



Average score for responsiveness to patient needs, 2023 inpatient survery



Developments in the Single Oversight Framework (SOF) to M12

Liverpool Heart and Chest Hospital considers that this data is described from indicators arising from the Single Oversight Framework to M12.

Indicator	Target	Performance 2022/23	Performance 2023/24	Performance 2024/25
Maximum time of 18 weeks from point of referral to treatment in aggregate- patients on an incomplete pathway	92%	72.56% (*M12 position*)	73.9% (M12 position)	69.11% (M12 position)
All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer	85%	69.2%	Q1/Q2 64.2% (Old standards) Q3/Q4 47% (new standards)	75.7%
All cancers: 62 day wait for first treatment from NHS cancer screening service referral	90%	N/A	N/A	N/A
C. Difficile variance from plan	4	3	3	4
Hospital Standardised Mortality Ratio (HSMR)	<=100	95.4 (All diagnoses Apr-Mar) 97.8 (HSMR diagnoses, Apr-Mar)	95.2 (All Diagnoses Apr – March 24) 93.7 (HSMR diagnoses, Apr – March 24)	83.8 (All Diagnoses Apr 24 – Dec 24) 88.2 (HSMR diagnoses, Apr 24 – Dec 24)
Maximum 6-week wait for diagnostic procedures	99%	98.69% (YTD) 99.45% (*M12 Position*)	*86.92% (YTD)* *81.9%* *(M12 Position)*	*86.77% (YTD)* *96.12%* *(M12 Position)*
Venous thromboembolism (VTE) risk assessment	95%	94.04%	94.59%	94.2%

LHCH intends to take the following actions to improve this number and so the quality of its services by:

- Continuous improvement of the Trust's vision for safety
- Re-enforcing the FTSU campaign
- Quality and Safety Strategy updates to reflect progress on safe care which is patient focused.

Annex 1: Statements of Commissioners, local Healthwatch, and Overview & Scrutiny Committees

Statements from NHS Cheshire and Merseyside ICB

Cheshire & Merseyside (C&M) Integrated Care Board (ICB) Place representatives along with NHSE/I Specialist Commissioning welcome the opportunity to jointly comment on the Liverpool Heart & Chest Hospital NHS Foundation Trust (LHCH) Draft Quality Account for 2024/25.

C&M ICB Places were both impressed and assured with the Trust presentation at the Quality Accounts 2024/25 presentation event on Wednesday 21st May 2025.

The Trusts continued CQC status as 'Outstanding' is commended by the C&M ICB, alongside positive patient experience and staff experience continuing with the Trust achieving some of the highest Patient Experience ratings in the country for both patient and staff categories.

The C&M ICB would like to specifically recognise LHCH for their robust Freedom To Speak Up (FTSU) processes in place which have been additionally commended by the National Guardian.

The C&M ICB commends the continued work to ensure Reasonable Adjustments for patients with Learning Disabilities and ensuring Children & Young People are catered for appropriately by the Trust.

It positive to see the continued Learning from Deaths work undertaken by the Trust and continuous learning in place from this vital work to enhance future care, whilst integrated this work with the Patient Safety Incident Response Framework (PSIRF), where appropriate.

The Trusts achievements regarding their Quality Priorities for 2024/25 are noted, specifically, the pre-admission contacts for patients waiting at 6, 9 & 12 months, the 'prehabilitation' programme and improved processes to quicken discharge / flow.

The focused quality priorities for 2025/26 demonstrate a holistic approach to improving patient experience, with a clear rationale as to why these priorities have been chosen and the desired outcome(s). The C&M ICB are supportive of the 2025/26 Quality Priorities and it positive to hear of the engagement across the Trust, including the Council of Governors, patients, families, and other stakeholders, to determine the Quality Priorities for 2025/26.

The C&M ICB note the continued implementation of the national Patient Safety Incident Response Framework (PSIRF) by the Trust in 2024/25, including substantial assurance received from Mersey Internal Audit Agency (MIAA) regarding the implementation of PSIRF. In addition, significant learning was obtained from a Trust led multi-organisation Patient Safety Incident Investigation (PSII).

On behalf of the C&M ICB, I would like to thank you for the Trusts work in 2024/25 and continued work to improve patient care in 2025/26.

Helen Meredith
Associate Director of Quality, Safety & Improvement
C&M ICB @ Knowsley Place
29th May 2025

NHS Cheshire and Merseyside Integrated Care Board (ICB) have worked closely with Liverpool Heart and Chest throughout 2024/25 and recognise the achievements made with regards to quality throughout the year, noting the high achieving results of both staff and inpatient surveys.

Significant work has been undertaken to attain meaningful achievements against the identified quality priorities for 2024/25. The Trust have achieved occupational therapy screening for 100% of OOHCA (out of hospital cardiac arrest) patients, and it is positive that the Trust have engaged patients and families, and additionally they continue to work with John Moores University to identify further support for families that have performed CPR.

For pre-admissions, LHCH have implemented a process for keeping in contact with patients whilst they are on waiting lists, which has positively led to a reduction in complaints and an improved experience for patients. The Trust have also made some key achievements in relation to prehabilitation and discharges, the ICB will continue to work with LHCH throughout 2025/26 to support completion of the remaining target areas specifically in relation to further improving discharge times across more areas in the Trust, it is noted the benefits this has on the whole system.

Moving forward the ICB are supportive of the 2025/26 priorities, it is commendable to see the engagement with patients and families to determine what the Trust priorities should be. It is positive that the Trust have recognised the further work needed for people transitioning to adult services and those with additional needs.

The Trust active clinical audit programme and governance process has been described within the account and assures oversight of clinical effectiveness. The improvement journeys described around Myocardial Ischaemia, national heart failure, and national adult cardiac surgery are commendable. We will work closely with the Trust to understand more of the clinical audit findings requiring action during 2025/26 and support this delivery to allow further improvement journeys to be presented in the next quality account.

The Trust continues to demonstrate an open learning culture; the account outlines a number of learning opportunities that have been identified in relation to mortality. We will again work closely with the Trust to oversee the improvements made against these learning points.

Finally, it is recognised that the individual effort of staff and teams within the Trust make a huge impact to patient care. This is strongly recognised within the account through the highlighted achievements, patient feedback and survey results.

It is positive to see that the Trust have been commended by the national guardians for freedom to speak up as the 'Be Civil, Be Kind' continues to be embedded in the Trust.

The upcoming changes to a larger organisational structure and the challenges that this will bring are recognised however, LHCH are able to demonstrate a strong basis to maintain quality of care.

Chris Douglas MBE (she/her)
Executive Director of Nursing & Care
NHS Cheshire and Merseyside ICB
13th June 2025

Statement from the Trust's Council of Governors

Having read the LHCH quality report for 2024/25, I am impressed by the detail and complexity of the many procedures that are undertaken by the whole FT in its pursuit of excellence in patient care.

This report documents the practices and principles in which the various teams work together to ensure patient and family safety. In addition, the Trust recognises the importance of supporting and developing our staff and the progress achieved in the delivery of the LHCH People Strategy reflects this level of commitment and is reflected in the high standards achieved in the Staff survey.

The vast majority of our practices meet or exceed national minimum standards, but where there is a shortfall, 'learning' is readily actioned to help restore standards. Research within the organisation is exemplary and the continued development of the many research projects will raise the profile of the organisation locally, nationally, and internationally and result in the development of new and innovative treatment and continue to make LHCH a great place for people to work and strive to ensure it continues to play a leading role in pioneering the use of these developments.

The Council of Governors has always and continues to recognise the commitment and positive impact of 'Team LHCH' which makes the hospital so successful; this includes not only The Board, but Management, all front-line staff, administration & support staff as well as volunteers.

Ian Ferguson
Lead Governor, Liverpool Heart and Chest Hospital
9th June 2025

Statement from Healthwatch Liverpool

Healthwatch Liverpool welcomes the opportunity to comment on this 2024-2025 Quality Account for the Liverpool Heart and Chest Hospital NHS Foundation Trust (LHCH).

At Healthwatch Liverpool we recognise the challenges faced by the NHS at all levels and note the progress made despite this. We base the information in our commentary from feedback and enquiries information from the LHCH quality report and presentation.

The 2024-25 Quality Account highlights multiple successes. This includes that LHCH has been rated the top hospital in the North West for overall care and fourth nationwide in the National Inpatient survey which is an outstanding achievement to be commended. It is also noted that the response rate at 67% is above the national average of 42% showing the efforts made by staff at LHCH to actively engage patients and families for their feedback. We recognise that LHCH has placed highly in the National Inpatient survey over the last few years and commend the consistency of their achievements.

The Trust's vision is 'to be the best' and acknowledges that it will only achieve this by truly placing quality, safety and experience of patients and families at the heart of what is done.

The focus on supporting not only patients but also their families during discharge and aftercare shows a commitment to the best possible outcomes for both. The follow up checks allow for patients to feel supported and allows for any queries or concerns to be addressed early. The report states this has improved patient safety which is very positive.

The trust has recognised a gap in the support previously available for patients and families experiencing Out-of-Hospital Cardiac Arrest. We know that having or witnessing a cardiac arrest can be traumatic and strongly welcome the trusts work to identify and support these patients and families. This includes making sure that these patients are now all screened by the Occupational Therapy team, making psychological support available for those who need it and actively engaging with Liverpool John Moore's University to find ways to also support families who have experienced trauma from these events. This focus on wrap around care of the whole family can help the quality-of-life post-cardiac arrest.

We recognise that affect that increased demand has had on waiting lists for surgeries across the country. We applaud the trust's focus on their priority on prehabilitation and keeping patients informed while they wait. The trust has recognised that patients are understandably anxious during this waiting times and this can result in stress, complaints and worse outcomes. The trust has focused on identifying patients with long waits and contacting them to provide updates which helps precent people feeling that they have been forgotten. This also allows for patients to feedback on any changes to their condition and allows for any decline to be recognised by staff. Again, LHCH should be applauded for their commitment to actively engaging with patients and not leaving waiting for patient to contact them.

We are pleased that LHCH has seen success from implementing its people strategy focused on staff wellbeing and retention. The reduction in voluntary turnover and the increase in staff retention speaks to a stable workforce where people are choosing to remain. The recognition from NHS England about their NHS staff survey results again shows that the LHCH people strategy is paying dividends that will hopefully allow for increased staff satisfaction. A happy, stable workforce is obvious to visitors and patients and will lead to better environment for all.

At Healthwatch Liverpool we are looking forward to seeing how LHCH progress against their quality priorities for the upcoming year. The focus on a smooth transition from the hospital to

other settings is a great goal. A safe discharge with a detailed post discharge plan and information on support networks available should help provide a less stressful recovery environment. A detailed care plan supports the wider network such as GPs, community nurses and care staff and will hopefully prevent unnecessary readmissions to hospitals.

We applaud that LHCH is focusing on making care accessible and personalised for those with additional needs. Patients with additional needs have the right to understand what is happening with their care and to have their opinions heard. In taking the time to listen and communicate in a way the person understands it benefits the patient greatly allowing for greater agency. At Healthwatch Liverpool we help support the Learning Disability and Neurodivergent population with strategic partnership boards, groups and various events aimed at having people with lived experience being able to have their say on services.

We also have our Readers Panel who are various members of the public who can proofread communications from LHCH and advise if they indeed are clear, concise and understandable.

We recognise that the trust is entering a period of major change with it entering into the University Hospitals of Liverpool Group and we look forward to engaging with the trust and its patients. We have found that LHCH has been a great trust and an asset to residents of the city for many years. We hope that the new group model helps the service to reach new heights and allows for a sharing of good practice amongst the other trusts.

Terry Ferguson
Healthwatch Liverpool
4th June 2025

Annex 2: Statement of Directors Responsibilities for the Quality Report

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in NHS England's guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2024 to May 2025
    - papers relating to Quality reported to the board over the period April 2024 to May 2025
    - feedback from commissioners dated 29/05/25
    - feedback from governors dated 09/06/25
    - feedback from local Healthwatch organisation 04/06/25
    - feedback from Overview and Scrutiny Committee (not received)
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/07/24
    - the 2023 national patient survey - 21/08/24
    - the 2024 national staff survey - 13/03/25
    - the Head of Internal Audit's annual opinion over the Trust's control environment
    - CQC Inspection report dated 16/09/2019

How to provide feedback on the Quality Account

Liverpool Heart and Chest Hospital NHS Foundation Trust would be pleased to either answer questions or receive feedback on how the content and layout of this quality account can be improved. Additionally, should you wish to make any suggestions on the content of future reports or priorities for improvement we may wish to consider, or should any reader require the Quality Account in any additional more accessible format then please contact:

Mrs Joan Matthews, Director of Nursing, Safety and Quality
E-mail: joan.mathews@lhch.nhs.uk
or telephone 0151 600 1653).