

Appendix 1

Women's Hospital Services in Liverpool - Case for Change High Level Equality Report – July 2024

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Case for Change:

1. The Case for Change document sets out in detail the protected characteristics that are central to the maternity and gynaecology hospital service and how the different groups appear in the data around service provision and particularly around the problematic areas of transfers and serious clinical incidents.
2. Due to the gaps in service provision and the resulting need to transfer patients out of the Women's hospital to other hospitals (e.g. the Royal Liverpool Hospital) for emergency and acute care, this leaves a service which is less than desirable and is a less than optimal offering. This service is designed for women¹ for childbirth and gynaecological issues and it represents a clear 'gender need' service. It is clear from the Case for Change that these gender needs are not being fully met, creating unnecessary risks, presenting an inequality and additional barriers causing a detriment for female users. As such it runs the risk of being labelled an indirect discriminative service and could draw legal action against it on this ground.
3. As a matter of urgency, not just to ensure an optimal service but also to ward off indirect discrimination and the prospect of legal action, solutions need to be developed and implemented at the soonest point possible.
4. Service Refresh: the case for change clearly identifies 'technical medical needs' that are either missing or sub optimal that need to be 'repaired'. In addition to this, as the service rebuilds itself into a more appropriate service, then it must take this opportunity to review all of its workings, including supporting patients and how it will communicate with them moving forward.

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

Further issues linked to inequality:

5. Patient group and proportionality :

The Case for Change report, states that:

“A ‘look back’ exercise was undertaken to review maternity serious incidents (SIs) from January 2017 to June 2022. There were 48 serious incidents in maternity. The isolation of women’s hospital services from other adult hospital services was a major causal factor in nine (20%) of the SIs..... the ethnic background of women in this sample reflected the ethnic background of women booking for ante-natal care, i.e. there was not an over-representation of any ethnic group in the SI sample.”

The report lists other medical reasons as to why there were SUIs, however, the reports doesn’t connect the reason with ethnicity. Nationally Black women are four times more likely to die while pregnant or just after childbirth than white women², and the reason for this racial disparity still isn’t fully understood. It’s likely due to a combination of many factors, including socioeconomic status and pre-existing health conditions. However, numerous reports have also shown that black women receive poorer maternity care compared with women from other ethnic backgrounds, which may further contribute to poorer health outcomes.

It is vital to be able to track a patient’s progress, service needs and their satisfaction levels linking this data to their ethnicity.

6. Patient experience

The Case for Change report highlights the fact that some women’s experiences are so profoundly bad that they cause psychological damage. Whilst these are at the extreme end. It is vital that a ‘strong and clear sounding’ is made of all service users as to how they would describe their experience of using the service. This needs to go beyond the ‘family and friends ‘ test but be a purposeful set of questions that also draws out the patient’s protected characteristics and include family members.

The Case for Change report, notes that a large proportion of patients that end up needing additional services/care are drawn from the lowest income percentile within the district.

- All of the maternity patients requiring critical care transfer had a postcode with an Index of Multiple Deprivation (IMD) score in the lowest decile of the UK population; this means that they came from the poorest 10% of addresses.

² According to the latest figures published by MBRACCE-UK– a national programme which surveys and investigates the causes of maternal deaths and infant deaths in the UK.
<https://theconversation.com/black-women-are-at-greater-risk-of-maternal-death-in-the-uk-heres-what-needs-to-be-done-204709>

- By comparison, 50% of woman who delivered their babies with LWH in 23/24 were in the lowest deprivation decile.
- 19 out of 21 (90.5%) gynaecology patients requiring critical care transfer had an IMD score in lowest decile. The other two gynaecology patients were in the second lowest decile

The CQC's annual assessment of national maternity care shows that whilst there are high levels of satisfaction there are still those that don't feel they are being listened to or communicated with properly³. Whilst there are many reasons patients don't feel as though they receive the support and information they need, it is vital that we identify the barriers to eliminate them, especially if the reasons revolve around hierarchical or biased behaviour.

The CQC report (nationally) showed a disparity in experiences between certain groups. For example, the CQC said respondents were more likely to report poorer experiences across maternity care if they had received an emergency caesarean birth, did not have continuity of carer (no named midwife) or had not had a previous pregnancy.

7. Engagement and consultation.

As part of the involvement programme, past and current service users need to be included in any survey/questionnaire linked to quality and improvement of services.

The case for change report mentions the relevant protected characteristics of age, ethnicity, religion and also links to socio-economic status. No detail was given on disability or LGBTQ+ status. It is important that although the service is for women, that any engagement – or potential future public consultation – looks at and can identify intersectionality to help build a rich picture of different people's perceptions and experiences of the service. All parts of the community including people from different racial backgrounds must be present in the results of any consultant.

There needs to be a clear delineation between a 'public' response and a 'professional' response when developing consultation processes.

8. EIA reports.

The Case for Change report has started to identify equality considerations and issues; therefore, the project is aware of the Equality Act 2010 and the need to operate within its purview. In particular **Section 19** (Indirect discrimination) , **Section 20** (duty to make a reasonable adjustment) , **Section 29** (provision of a service) and **Section 149** (Public Sector Equality Duty - PSED) are all in play.

On the basis that the process ultimately leads to the development of potential options for services, it would be best practice to produce Equality Impact

³ <https://lordslibrary.parliament.uk/performance-of-maternity-services-in-england/#heading-2> For in-hospital care, 59% of respondents said they were 'always' given the information they needed, a decrease from 66% in 2017.

Assessment (EIA) reports in order to aid project planners and the final decision makers in identifying and understanding equality implications and whether PSED will be met. The EIAs will need to be taken into account as part of final decision making. Two main areas for EIA reporting need to be considered :

- ❖ Where there may be more than one option for a way forward, then each option has to be tested for its equality implications.
- ❖ Post consultation and in particular, post consultation on all the options presented for public consultation.

Post consultation EIAs need disaggregated data by protected characteristics, so any consultation process with the public must have that technology built into the data collation. Reviewing disaggregated results may take some time, so this will need to be built into the project timelines.