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Why publish a Quality Report?

The purpose of a Quality Report is to inform you, the public, about the quality of services delivered by Liverpool Women’s NHS Foundation Trust. All providers of NHS Services in England are required to report annually on quality; the Quality Report enables us to demonstrate our commitment to continuous, evidence based quality improvement and to explaining our progress to the public. The Quality Report forms an important part of the Trust’s Annual Report. This is the Trust’s 7th Quality Report.
Welcome to Liverpool Women’s NHS Foundation Trust’s 7th annual Quality Report. This provides an opportunity for us to report on the quality of healthcare provided during 2015-16, celebrate our achievements and to share with you the Trust’s key priorities for quality in 2016-17. This is a critically important document for us as it highlights our commitment to putting quality at the heart of everything we do.

At Liverpool Women’s our 3-year Quality Strategy sets our long-term quality objectives; encouraging projects that will reduce harm and mortality, improve patient experience and ensure the care that we give to our patients is reliable and grounded in the foundations of evidence based care. We believe our strategy will ensure the services we provide are safe, effective and provide a positive patient experience.

By reporting to you annually through our Quality Report we demonstrate how the Trust has performed against the ambitious, specific targets we set ourselves each year. It is through striving to deliver each of these individual targets that we will be able to achieve the long-term objectives in our Quality Strategy. As well as reporting on performance, the Quality Report also identifies our priorities for the coming year. These priorities range from nationally published measures through to our own locally selected issues.

I would like to take this opportunity to discuss some of my “quality highlights” this year. Each of them is an initiative we have been involved with over the past 12 months that will change the lives of patients and their families for the better.

Liverpool has a long history of focusing on women’s health and to ensure this continues the Trust has been working hard during the year on its Future Generations Strategy. Healthcare should never stand still and we are unwavering in our desire to protect and enhance those aspects of Liverpool Women’s that are most valued by our patients and our staff. This is what makes for a unique care experience for the women and families who use our services and is what instils quality in our delivery of the services. Through every stage of the work it has proceeded to develop options for the future based on strong clinical evidence and the most rigorous standards of quality. We will continue to speak to our patients and our wider communities to ensure they help shape the women’s services of the future in Liverpool and that these services deliver quality care they can be proud of.

The experience patients and families have while on their journey with us is central to everyone at Liverpool Women’s. To improve the opportunities for the patient voice to be heard we reported in last year’s Quality Report on the on-going...
transformation of our Patient Advise and Liaison Service (PALS). Efforts to increase accessibility continued into this year and in July 2015 were recognised nationally in the “Dedicated to Patients and their Families” category at the National Patient Experience Awards.

In October, over 300 women and their families attended a Service of Remembrance, held at the Isla Gladstone Conservatory in Stanley Park, as part of Baby Loss Awareness Week. This event is just one of the ways the Trust supports those who have suffered a loss through miscarriage, stillbirth or early neonatal death, in some cases many years after their loss.

The Trust is at the forefront of the national “Sign up to Safety” campaign. This campaign focuses on the reduction of avoidable harms. At Liverpool Women’s we launched projects in November 2015 that aim to reduce avoidable harm by 50% in 3 years by reducing the incidents of babies born with Grade 2/3 Hypoxic Ischaemic Encephalopathy and reducing the incidence of sepsis.

This report contains many indicators as to the quality of the care and service provided by all of the staff here at Liverpool Women’s. I encourage you to read the report and to see the range of measures that are in place to improve and sustain quality by reducing harm, reducing mortality and improving patient experience.

In making this statement I can confirm that, to the best of my knowledge, the information contained in this Quality Report is accurate.

Kathryn Thomson
Chief Executive
Part 2

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

Priorities for Improvement

The section of the report looks at the Trust’s quality priorities, how we have performed against them during 2015-16 and how we plan to monitor progress during the coming year.

These priorities are a combination of national and local issues and wherever possible are identified by as wide a range of stakeholders as possible; this includes patients, their families, the wider public, our staff and commissioners. The Trust’s priorities can be summarised by our 3 goals: to reduce harm, reduce mortality and provide the best patient experience. The Trust priorities ensure that Safety, Effectiveness and Experience, set out by the Department of Health as the 3 central principles of quality healthcare, remain at the core of all activity at Liverpool Women’s.

Reduce Harm

Safety is of paramount importance to our patients and is the bottom line for Liverpool Women’s when it comes to what our services must be delivering.

Reduce Mortality

Effectiveness is providing the highest quality care, with world class outcomes whilst also being efficient and cost effective.

Provide the best Patient Experience

Our patients tell us that the experience they have of the treatment and care they receive on their journey through the NHS can be even more important to them than how clinically effective care has been.
Reducing Harm

This section of the report looks at how the Trust ensures Safety through the use of its first quality goal, “to reduce harm”. Despite the best efforts of every healthcare professional, harm occurs every day to patients in every hospital. Catastrophic events are rare but we acknowledge that unintentionally a significant number of patients experience some harm in the course of their care. Given the nature of the services we provide, harm can sometimes result in lifelong consequences for women, babies and families.

As a specialist Trust, Liverpool Women’s has thought carefully about the types of harm that are particularly relevant to the services we provide and the patients we care for. The priorities that have been selected are therefore specific to us and to the issues most relevant to you, our patients and families, and your safety. They give the best overview of how we are tackling harm and working hard to reduce it.

<table>
<thead>
<tr>
<th>Our Priority</th>
<th>To reduce the number of elective surgical site infections in gynaecology to an average of 3 per calendar month</th>
</tr>
</thead>
</table>

**What we said we’d do**

Surgical site infection and its reduction is an important part of national guidance and national programmes to improve patient care. Post-operative infections are important both to the individual patients involved, but also to the hospital as they can provide a marker as to the effectiveness of our care of patients before during and after operations.

Monitoring the number of elective surgical site infections allows us to continue our progress in reducing this important avoidable harm.

**What the data shows**

In the past 12 months there was an average of 0.45 surgical site infections recorded per month as a result of elective gynaecological surgery. Initiatives such as the WHO surgical checklist and our Enhanced Recovery Programme have helped us to reduce the surgical site infection rate and to remain significantly below the 3 per month stated as the upper limit in this priority.

[Data Source: Hospital Episodes Submission]
What happens next?

The Trust’s Governance and Clinical Assurance Committee, and ultimately the Board, have an overview of the delivery of the work streams in respect of this indicator. Infection data is also reviewed twice monthly within the Matron’s report to the Infection Prevention and Control Committee.

This indicator has assisted in reducing surgical site infections for our patients, ensuring it is discussed and monitored throughout the year. The Trust will continue to monitor this indicator throughout the next 12 months and will report on our level of success in next year’s report.

Our Priority

| To work to cleanse data for emergency patients and determine underlying infection complication rates |

What we said we’d do

In October 2014, the Trust’s Infection Prevention and Control department re-invigorated its wound surveillance programme. The team receive regular coding reports and use them, along with ward referrals and infection and tissue viability reports, to validate surgical site infection coding by reviewing selected cases. If the infection cannot be confirmed the coding is reviewed and where necessary amended.

What the data shows

The Infection Prevention and Control Team now validate all surgical site infections for Gynaecology and Caesarean Sections with the Coding Department. This provides assurance that coded surgical site infection data is accurate for all patients

Data Source: Infection Control Department

What is data cleansing?

Data cleansing means checking our records to make sure that everything recorded in them is correct. With infection, this means checking that all of our patients who have had an infection have this recorded in their notes. It also means making sure anyone who didn’t have an infection doesn’t have it recorded in their notes. High quality information leads to better patient care and better patient safety.

What happens next?

The indicator is reviewed by the Trust’s Infection Prevention and Control Committee, with updates received by the Governance and Clinical Assurance Committee. Our efforts to monitor and improve infection data will continue in the next 12 months in the same way.
Our Priority  To achieve zero MRSA infections

What we said we’d do
MRSA is Meticillin-Resistant Staphylococcus aureus. Staphylococcus aureus is a bacterium (germ) and is often found on the skin or in the nose of healthy people. Most S. aureus infections can be treated with commonly used antibiotics. However, MRSA infections are resistant to the antibiotic meticillin and also to many other types of antibiotics.

Infections with MRSA are usually associated with high fevers and signs of infection. Most commonly these are infections of the skin (like boils and abscesses). Less commonly, MRSA can cause pneumonia and urine infections. The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment and having achieved zero instances of MRSA bacteraemias for four consecutive years wished to monitor and maintain this record this year.

What the data shows
The Trust is disappointed not to have achieved the target of zero cases of MRSA, with one case being identified during 2015-16. Each MRSA bacteraemia case is investigated with all staff involved using a detailed Root Cause Analysis identifying areas for improvement.

<table>
<thead>
<tr>
<th>Year</th>
<th>MRSA Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>0</td>
</tr>
<tr>
<td>2013-14</td>
<td>0</td>
</tr>
<tr>
<td>2014-15</td>
<td>0</td>
</tr>
<tr>
<td>2015-16</td>
<td>1</td>
</tr>
</tbody>
</table>

Data Source: Infection Control Department

What happens next?
A number of actions have been put in place to reduce the risk, including enhanced surveillance and training. The delivery of this work is overseen and monitored by the Trust’s Governance and Clinical Assurance Committee and ultimately the Board.

Our Priority  To achieve zero Clostridium-difficile (C-diff) infections

What we said we’d do
Clostridium difficile are bacteria that are present naturally in the gut of around two-thirds of children and 3% of adults. C.difficile does not cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of ‘good’ bacteria in the gut. When this happens, C.difficile bacteria can multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever. C.difficile infection is the commonest cause of healthcare associated diarrhoea. Having achieved zero instances of Clostridium difficile infection during 2015-16 the Trust wished to monitor and maintain this record.
What the data shows

There were no reported instances of Trust apportioned Clostridium difficile infection in persons aged 2 or over in 2015-16.

C-diff infections in 2012-13: 0
C-diff infections in 2013-14: 2
C-diff infections in 2014-15: 0
C-diff infections in 2015-16: 0

Data Source: Infection Control Department

What happens next?

Having successfully maintained zero instances of C-diff in consecutive years we wish to monitor and maintain this record. The Trust’s Governance and Clinical Assurance Committee and ultimately the Board have an overview of the delivery of this work. All cases (and nil returns) are also reported monthly onto the national mandatory reporting database.

Our Priority

To achieve a rate of late-onset bloodstream infections in preterm infants below 0.5 infections per 100 very low birth weight intensive care and high dependency days

What we said we’d do

Late-onset neonatal infection is an important, but potentially avoidable, complication of preterm birth. Premature babies below 30 weeks are the most vulnerable to bloodstream infections and in whom infection has the potential to cause significant morbidity and mortality.

By limiting the number of babies who acquire these infections we are also able to impact on the associated short and long-term clinical outcomes which can include chronic lung disease.

What the data shows

The most recent data available to us is from the calendar year 2015. The infection rate was 0.30 infections per 100 very low birth weight intensive care and high dependency days. This is below our target of 0.5 and lower than the rate of 0.48 in 2014.

Our infection rate upper limit: 0.5
2014 infection rate: 0.48
2015 infection rate: 0.3

Data Source: Vermont Oxford Network

What happens next?

The data for this priority will continue to be calculated and reported as one of the items monitored by the Neonatal Unit. This measure will then be confirmed at the Trust Effectiveness Senate and onwards as required.
**Our Priority**

To achieve a proportion of preterm babies who develop a late-onset bloodstream infection below the median benchmarked against the Vermont Oxford Network (VON)-UK.

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**What we said we’d do**

As described in the previous priority, late-onset neonatal infection is an important, but potentially avoidable, complication of preterm birth. By benchmarking our rates with VON-UK we are able to make sure babies in our unit receive treatment comparable with the best available.

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**What is VON?**

The Vermont Oxford Network (VON) is comprised of teams of health professionals representing neonatal intensive care units around the world. These teams look to improve the quality and safety of medical care for newborn infants and their families through a coordinated program of research, education, and quality improvement projects.

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**What the data shows**

The most recent data available to us is from the calendar year 2014. The infection rate was slightly higher than in 2013 and above the median value for VON units in the UK. This indicates an increasing trend in neonatal infection which may, in part, be explained by differences in case-mix and/or survival of babies admitted to LWH compared with other units.

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**What happens next?**

The data for this priority will continue to be reported locally by the Neonatal Unit. This measure will then be confirmed to the Effectiveness Senate, with oversight by the Governance and Clinical Assurance Committee and Trust Board as required.
Our Priority: To reduce the incidents of babies born with Grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% over 3 years

What we said we’d do:
Hypoxic Ischaemic Encephalopathy (HIE) is an acute disturbance of brain function caused by impaired oxygen delivery and perfusion of the brain. The prognosis for babies born with HIE can be severe and lead to life-long care needs; improving care to prevent it occurring is of benefit to the families using our services. The Trust will also reduce the number of unexpected admissions to the neonatal unit and the number of serious incidents requiring investigation related to these scenarios.

The Trust identified this as a priority with potential for improvement and has included it in its ‘Sign up to Safety’ plan, setting a target of reducing the incidence of this grade 2/3 HIE by 50% in three years.

What the data shows:
In the past 12 months there have been 1.32 babies born with Grade 2/3 infections per 1000 term births (excluding elective cesarean sections). This compares to 1.48 in the previous 12 months. In the first year of this priority there has therefore been a 11% reduction.

Data Source: LWH Badger System

What happens next?
All babies treated with therapeutic hypothermia will continue to have an in depth review of their care, in line with “Every Baby Counts” methodology, to identify any themes of deficiency in care. The Trust also holds multidisciplinary reviews in conjunction with external peers. Data for HIE will continue to be reported monthly on the performance dashboard with concerns escalated to the Effectiveness Senate and onwards as required.

Our Priority: To reduce the number of very low birth weight babies who have ultrasound evidence of periventricular haemorrhage (grade 3 or 4) or periventricular leukomalacia to be in the lowest quartile of benchmarking peers

What we said we’d do:
Neurological disability as a consequence of perinatal brain injury is an important adverse outcome in babies who survive preterm birth. It has implications for the individual and the family as well as health and educational services. The quality of care provided in the perinatal period may impact on the incidence of these injuries. Monitoring and benchmarking these outcomes for our babies allows us to ensure that the high quality of care that we provide is being maintained.

By benchmarking our rates with VON and aspiring to the lowest quartile we aim to make sure babies in our unit receive treatment comparable with the best available.
What the data shows

The rate of both major periventricular haemorrhage and periventricular leukomalacia in inborn babies born with very low birth weight and cared for at Liverpool Women’s is below the median for the 38 neonatal units across the UK that benchmark using the VON system in the most recently published data.

<table>
<thead>
<tr>
<th>Condition</th>
<th>VON-UK Median</th>
<th>Our Rate</th>
<th>VON Lowest Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periventricular Haemorrhage</td>
<td>7.9%</td>
<td>4.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Periventricular Leukomalacia</td>
<td>2.5%</td>
<td>0.8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Data Source: Vermont Oxford Network

What happens next?

The Trust will continue to benchmark against VON and endeavour to be in the lowest quartile. We will monitor and implement any new evidence based interventions to prevent or reduce preterm perinatal brain injury as they become available. This priority is monitored locally and reported and discussed at the Safety Senate. From here it is escalated to the Governance and Assurance Committee, and ultimately to Trust Board, as required.

Our Priority

To increase reporting of all medication error incidents by 10% quarter on quarter (~16% in year), to enable identification and resolution of causal factors

What we said we’d do

The administration of medication is the most frequent medical intervention a patient receives in hospital. The EQUIP\(^1\) study, a large multi-centre study on prescribing errors shows an 8.9% prescribing error rate. We committed to this priority because improving the reporting culture around medication errors and having the right processes to review and learn from them can have a positive impact on patient safety.

What is a medication error?

A medication error is any preventable event that either causes or leads to inappropriate medication being used or a patient being harmed. This could be due to a variety of issues such as prescribing, poor communication, product labelling, dispensing or training.

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What the data shows

There were 315 medication error incidents reported during 2015-16. This represents an increase of 7% in reporting compared to the previous 12 months and did not meet our annual target of a 16% increase.

Data Source: Ulysses Risk Management System

What happens next?

Promotion of reporting across the multi-disciplinary team and robust systems to review medication errors have been implemented and are expected to increase our reporting levels to a greater extent in the next 12 months.

The individual service areas are responsible for managing medication related incidents. Medication errors are reported monthly to local forums with oversight of all medication incidents provided by Medicines Management Committee where cross divisional trends can be identified and action taken.

Our Priority

To ensure that all medication incidents rated at 10 or above are subject to a Root Cause Analysis

What we said we’d do

As the previous priority outlines, monitoring the reporting of medication incidents can reduce harm and increase patient safety significantly. All incidents are given a score based on their severity and likelihood up to a maximum of 25. This priority committed the Trust to ensuring that any incident scoring 10 or more got enhanced scrutiny using a root cause analysis. This allows the best opportunity for the Trust to capture and implement learning and reduce the number of serious medication error incidents.

What the data shows

There were 0 medication error incidents scoring 10 or more during 2015-16.

The Trust has conducted a full Root Cause Analysis investigation into 1 medication incident during 2015-16 even though it did not hit this scoring threshold.

Data Source: Ulysses Risk Management System

What happens next?

The Trust remains committed to ensuring that all medication incidents rated at 10 or above are subject to a Root Cause Analysis, particularly as promotion of reporting and robust systems to review medication errors are expected to lead to an increase in our reporting levels to a greater extent in the next 12 months.

The individual service areas are responsible for managing medication related incidents. Medication errors are reported monthly to local forums with oversight of all medication incidents provided by Medicines Management Committee where cross divisional trends can be identified and action taken.
**Our Priority**

| To ensure that no more than 10% of live births as a result of assisted conception treatment are multiples |

**What we said we’d do**

As assisted conception treatment improves, replacing more than one embryo at a time now more frequently results in a multiple birth. This means a more complicated pregnancy with a much higher incidence of preterm birth. As preterm birth is well recognised to be associated with physical and development problems, reducing the incidence of multiple births was selected as a priority for us and will be a key contributing factor in reducing harm.

The Human Fertilisation & Embryology Authority (HFEA), the UK fertility regulator, sets a target of 10% for fertility centres to meet in its drive to reduce the number of multiple pregnancies arising from fertility treatments.

**What the data shows**

There has been a continuing downward trajectory for multiple birth rates. The Trust met the target again this year. Further to this, we have been told by the HFEA that the Trust has one of the lowest multiple live birth rates in the country, if not the lowest.

<table>
<thead>
<tr>
<th>HFEA Target</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our 2014-15 Rate</td>
<td>7.6%</td>
</tr>
<tr>
<td>Our 2015-16 Rate</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Data Source: Human Fertilisation & Embryology Authority (HFEA)

**What happens next?**

Monitoring of multiple pregnancies and births and the review of the multiple birth minimisation strategy will continue and is also a requirement of the HFEA. Clinical and laboratory methodologies and strategies are constantly reviewed and strive to provide every patient with a successful outcome, a healthy singleton live birth.

This priority is monitored locally and is reported and discussed at the Effectiveness Senate. From here it is escalated to the Governance and Assurance Committee, and ultimately to Trust Board, as required.
Liverpool Women’s delivers services from locations across the North West
Reducing Mortality

This section of the report considers how the Trust seeks “to reduce mortality”, ensuring the effectiveness of our services and the best outcomes for our patients. Given the nature of the services we provide at Liverpool Women’s, such as looking after the very premature babies born or transferred here and providing end of life care for cancer patients, we do see deaths, many of which are expected. However, our quality goal is to reduce mortality wherever possible.

As is explained on the right, the use of HSMR is not appropriate for this organisation; as it excludes a large number of our deaths using it may give false concern or reassurance. This has been considered very carefully by the Trust and we have committed to monitoring our mortality by focussing on each clinical area separately. We will record our mortality rates in those areas and benchmark against national standards. To ensure effectiveness in the Trust is at the absolute forefront of practice, the Trust goes a step further than most other hospitals by ensuring that every case in which there is a death is reviewed individually so that any lessons regarding failures of care may be learned.

### Our Priority

<table>
<thead>
<tr>
<th>To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate</th>
</tr>
</thead>
</table>

### What we said we’d do

Neonatal mortality rate (NNMR) is accepted to be a useful indicator of the effectiveness of a perinatal healthcare system and two-thirds of infant deaths occur in the neonatal period. The neonatal service at Liverpool Women’s cares for one of the largest populations of preterm babies in the NHS and it is extremely important that survival of these babies is monitored to ensure that the quality of the care that we are providing is maintained.

National data for neonatal mortality by gestation is published annually by the Office for National Statistics (ONS) and we use this for benchmarking purposes, committing in our priority to be within 1% of the national rate.

### What the data shows

The latest available data shows that when only births booked at this Trust are considered the Neonatal Mortality Rate at Liverpool Women’s is below the national rate at 2.1 deaths per 1,000 live births. Even when those babies transferred here for specialist treatment are considered our rate is 0.4% above the national rate, within the Trust target of remaining within 1% of the national rate.

### Do you use the Hospital Standardised Mortality Rate (HSMR)?

The government uses a standardised measurement to calculate mortality across the NHS. This ratio, HSMR, compares a hospital’s actual mortality rate to the mortality rate that would be expected given the characteristics of the patients treated. This is not a useful tool for Liverpool Women’s since maternal deaths, stillbirths and neonatal deaths are all excluded.
What happens next?
The Trust will continue to benchmark using both the Office for National Statistics data and the data it gets from the Vermont Oxford Network. The Trust’s Effectiveness Senate and ultimately the Board have an overview of the delivery of this work.

**Our Priority**

**No non-cancer related deaths in Gynaecology**

What we said we’d do
Mortality data is crucial for all hospitals, and is an important focus of our Gynaecological Oncology service. How we help and deal with our patients who have serious or terminal diseases is so important both in our dealings with the clinical issues around their care, but also in terms of the support and assistance we give to the patients and their families during this time.

We committed in our Quality Strategy to offering palliative end of life care but carefully monitoring to ensure there are no non-cancer related deaths.

What the data shows
**Zero** non-cancer related deaths in Gynaecology in 2015-16

In 2015-16 there were 13 deaths in the Liverpool Women’s Hospital Gynaecology department, out of almost 12,000 admissions. All of these patients were treated by the Gynaecological Oncology team with suspected or terminal Gynaecological cancers.

There was one non-cancer related death in 2014-15 which, as reported in last year’s Quality Report, was subject to a Serious Incident Review that concluded the death could not have been avoided.

What happens next?
All deaths within the hospital, whether cancer-related or not, are reviewed to ensure the appropriate action was taken. The Trust benchmarks its mortality data against peer Trusts using Capita Healthcare Knowledge System (CHKS). We will continue to benchmark in this way to complement the close monitoring of our mortality data internally. The Trust’s Clinical Quality Governance Committee and ultimately the Board have an overview of the delivery of this work.
Our Priority: Zero maternal deaths

What we said we’d do:
The Trust committed in its Quality Strategy to ensuring there were zero direct maternal deaths at the Trust. A direct maternal death refers to those women whose death is directly related to a complication of pregnancy such as haemorrhage, pre-eclampsia or sepsis. Lifestyle factors such as obesity and advanced maternal age are significant contributory factors to complications of pregnancy. With the increased prevalence of these factors within the population the risk of a significant complication is increased.

What the data shows:
The direct maternal death recorded in March 2016 was the Trust’s first since 2011 and only the second since the Trust opened. The incident is subject to a Serious Incident investigation and the Trust is assisting the Coroner in his investigation.

As well as assessing each individual case very closely, the Trust benchmarks using figures provided from MBRRACE. Their latest national figures for direct maternal deaths of 2.91 per 100,000 indicate the Trust is within the 95% confidence intervals.

What happens next?
The Trust will continue to prioritise this indicator with increased delivery of multidisciplinary “fire drills” in high risk areas planned. Furthermore, our work within the Merseyside and Cheshire maternity clinical network develops regional guidelines for the management of severe pre-eclampsia and other pregnancy related conditions that can contribute to mortality.

The Trust takes extremely seriously its duty to ensure positive outcomes for our women and will continue to monitor and maintain this priority in the coming year. The Operational Board monitor this metric with the Trust’s Clinical Quality Governance Committee and ultimately the Board having an overview.

Our Priority: To reduce the incidence of stillbirths attributed to Small for Gestational Age (SGA) by 20%

What we said we’d do:
In many cases when a baby is stillborn there is no intervention that would have affected the outcome. However in those babies whose death has been attributed to them being small for gestational age there is the potential that early detection may have allowed an earlier delivery to be planned.

Sands, the Stillbirth and Neonatal Death Charity, support the adoption of a specialised care package to reduce the incidence of stillbirth. With this in mind the Trust adopted this priority; although we may never be able to prevent all stillbirths it is important to put all processes in place to minimise the number of avoidable deaths.
What the data shows

This is the first year data has been collected for this priority but audit data had suggested that approximately 30% of stillbirths occur in babies who are small for gestational age. In the most recent data available, a 9 month period, there were 14 stillbirths that occurred in babies who were small for gestational age.

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The Trust will continue to monitor this indicator and uses a care bundle involving targeting smoking cessation, a Gap programme (continuation of Individualised Growth charts and targeted scanning for at risk individuals), increased awareness of babies’ movements and a fresh eyes approach to monitoring during labour.

The Trust will look to use this year’s figures as the starting point and will monitor them for reduction while continuing to submit information on stillbirths nationally as part of our audit work. Local clinicians monitor this priority, reporting regularly on progress to the Trust’s Effectiveness Senate with exceptions escalated as necessary, ultimately to the Board.

Our Priority

Introduce the national ‘safety thermometer’ for maternity services

What we said we’d do

The national maternity “safety thermometer” allows our teams to measure how many of our maternity patients receive care without harm. It also captures details of how often patients are harmed and in what way. The Trust committed to participating in the safety thermometer” as part of our Quality Strategy; this information will help us to improve care and experience for our patients.

What the data shows

The Trust has met this priority. Information about women who have delivered babies is collected on one day each month from clinics, the postnatal delivery ward and in postnatal clinics and then submitted.

Data Source: National Safety Thermometer

What is the National Safety Thermometer?

The safety thermometer is a survey instrument for the NHS. This means that, along with the other checks we have at Liverpool Women’s, we use it to make certain we are providing a care environment that is free of harm for our patients. If you want to know more you can visit the website at www.safetythermometer.nhs.uk

What happens next?

The Trust will continue to submit information on a monthly basis. This priority is monitored locally with exceptions escalated to the Trust’s Governance & Clinical Assurance Committee and, if necessary, ultimately to the Board.
Providing the Best Patient Experience

We have discussed already our priorities for ensuring our patients are safe and receive effective care. However at Liverpool Women’s we also know that the experience that our patients have whilst under our care is of great importance. We understand that many of our patients have contact with us at some of the most significant times in their lives; with that in mind it is our ambition to make the experience of everyone who steps through our doors the best that it can possibly be. We also know that this goal of a great patient experience can only be delivered by a workforce who are engaged, competent and motivated to deliver high quality care.

<table>
<thead>
<tr>
<th>Our Priority</th>
<th>1:1 care in established labour provided to at least 95% of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we said we’d do</td>
<td>The importance of support for a woman and her family during established labour and birth cannot be underestimated. Delivering 1:1 care to women in established labour is known to promote a normal birth, reduce intervention and enhance women’s birth experiences. Ensuring that at least 95% of our women receive 1:1 care in labour was therefore selected as a priority by the Trust.</td>
</tr>
<tr>
<td>What the data shows</td>
<td>The Trust has historically struggled to meet this target. There has been a significant improvement in the last 12 months with the Trust succeeding in meeting this target.</td>
</tr>
<tr>
<td>74%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Data Source: Meditech

What happens next?

The Trust is committed to ensuring women are supported during their labour. Local clinicians monitor this priority, reporting regularly on progress both within the maternity service and more widely. Exceptions are escalated as necessary to the Experience Senate, and ultimately to the Board.
Our Priority

To provide epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate

What we said we’d do

The provision of an epidural on patient request promotes a sense of safety and trust, if a woman reports a less anxious less painful state, she is more likely to achieve the birth she has planned. The inability to provide an epidural for a non-clinical reason creates distress to women and families. The Trust committed to the aim of providing epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate.

What the data shows

There has been an improvement compared to the 2014-15 figures. However, the Trust has not met its target of 95% against this priority. This is not unexpected as the priority was selected after a deficit had been highlighted in 2013-14.

![91%](2014-15) ![94%](2015-16) ![95%](Target)

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The Trust will monitor on a weekly basis the provision of all requested epidurals from women in both the high risk central delivery suite and the low risk midwifery led unit. Weekly reports of the non-provision of an epidural for a non-clinical reason will be provided to departmental managers, matrons and the Head of Midwifery to take action.

Local clinicians monitor this priority, reporting regularly on progress to the local quality meetings. Progress is overseen by the Effectiveness Senate with exceptions escalated as necessary, ultimately to the Board.

Our Priority

To be in the upper quartile of Patient Surveys across all pathways

What we said we’d do

Although it is mandatory for Trusts to implement Friends and Family for Inpatients, Accident and Emergency (Emergency Room) and Maternity, the decision was taken to implement across all areas of Liverpool Women’s. The priority for the Trust is to be in the upper quartile for this test.

What is the Friends & Family Test?

The Friends and Family Test is the nationally recommended method of getting patient feedback. It asks people whether they would recommend the service they have used to their friends and family. It allows us to receive feedback on both good and poor patient experiences. The feedback gathered is used to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference.
What the data shows

In 2015-16 98% of those responding to the survey said they would recommend Liverpool Women’s to their friends and family. This is a slight increase on the 96% that recommended the Trust in 2014-15. The upper quartile was 97% meaning we successfully met this priority.

Data Source: NHS England

What happens next?

Each of the individual service areas own and manage their own results locally. This allows managers to receive details of feedback in their area and to provide staff with local targeted feedback and make changes and improvements particular to their area. It also allows the Trust to celebrate our successes with individual staff named in positive feedback.

The Friends and Family Test results are reported at the local Quality Improvement forum and in a standardised format dashboard at the Trust Patient Experience Senate. This is fed into the Governance and Clinical Assurance Committee with exceptions escalated as necessary, ultimately to the Board.
Priorities for Improvement in 2016-17

As has been outlined in the report so far, the Trust has 3 clearly defined quality goals; to reduce harm, to reduce mortality and to provide the best patient experience. You have seen already how we have performed during 2015-16; the tables below set out what our priorities will be in the coming 12 months.

Our priorities are a combination of national and local issues and wherever possible are identified by as wide a range of stakeholders as possible; this includes patients, their families, the wider public, our staff and commissioners. The priorities are driven by the Trust's Quality Strategy and will allow us to achieve our vision of being the recognised leader in healthcare for women, babies and their families

To Reduce Harm
Core Principle : Safety

<table>
<thead>
<tr>
<th>Improvement Priority</th>
<th>Why is this important &amp; how is it measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce the number of elective surgical site infections in gynaecology to an average of 3 per calendar month</td>
<td>Post-operative infections can provide a marker as to the effectiveness of our care of patients before during and after operations. This will be measured using Hospital Episodes Submission (HES) data.</td>
</tr>
<tr>
<td>To work to cleanse data for emergency patients and determine underlying infection complication rates</td>
<td>High quality, cleansed data will allow clinicians to improve patient safety. This will be measured using data from the Infection Control Department.</td>
</tr>
<tr>
<td>To achieve zero MRSA infections</td>
<td>The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment. This will be measured using data from the Infection Control Department.</td>
</tr>
<tr>
<td>To achieve zero Clostridium-difficile (C-diff) infections</td>
<td>The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment. This will be measured using data from the Infection Control Department.</td>
</tr>
<tr>
<td>To achieve a rate of late-onset bloodstream infections in preterm infants below 0.5 infections per 100 very low birth weight intensive care and high dependency days</td>
<td>Limiting the number of babies who acquire infection we can impact on short and long-term clinical outcomes. This will be measured using data from the Vermont Oxford Network.</td>
</tr>
<tr>
<td>To achieve a proportion of preterm babies who develop a late-onset bloodstream infection below the median benchmarked against the Vermont Oxford Network (VON)-UK</td>
<td>Limiting the number of babies who acquire infection we can impact on short and long-term clinical outcomes. This will be measured using data from the Vermont Oxford Network.</td>
</tr>
<tr>
<td>To reduce the incidents of babies born with HIE</td>
<td>The prognosis for babies born with HIE can be severe.</td>
</tr>
<tr>
<td>Grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% over 3 years</td>
<td>This will be measured using data from the Trust’s Badger system.</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>To reduce the number of very low birth weight babies who have ultrasound evidence of periventricular haemorrhage (grade 3 or 4) or periventricular leukomalacia to be in the lowest quartile of benchmarking peers</td>
<td>By benchmarking our rates with the Vermont Oxford Network we are able to ensure that babies in our unit receive treatment comparable with the best available.</td>
</tr>
<tr>
<td>To increase reporting of all medication error incidents by 10% quarter on quarter (~16% in year) to enable identification and resolution of causal factors</td>
<td>Improving the reporting culture and having the correct processes to review and learn can have a positive impact on patient safety. This will be measured using data from the Trust’s Ulysses system.</td>
</tr>
<tr>
<td>To ensure that all medication incidents rated at 10 or above are subject to a Root Cause Analysis</td>
<td>This will capture and implement learning and reduce the number of serious medication error incidents. It will be measured on the Trust’s Ulysses system.</td>
</tr>
<tr>
<td>To ensure that no more than 10% of live births are multiples</td>
<td>The Human Fertilisations &amp; Embryology Authority (HFEA) sets a 10% target in its drive to reduce the number of multiple births arising from fertility treatment. This priority will be measured using the HFEA’s data.</td>
</tr>
</tbody>
</table>

**To Reduce Mortality**  
Core Principle: Effectiveness

<table>
<thead>
<tr>
<th>Improvement Priority</th>
<th>Why is this important &amp; how is it measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate</td>
<td>This will ensure the quality of care we provide is of the highest quality, it will be monitored using local data along with information from the Office of National Statistics.</td>
</tr>
<tr>
<td>No non-cancer related deaths in Gynaecology</td>
<td>Mortality data is crucial for all hospitals in identifying shortcomings in care. This will be measured using HES data.</td>
</tr>
<tr>
<td>Zero maternal deaths</td>
<td>Mortality data is crucial for all hospitals in identifying shortcomings in care. This will be measured using HES data.</td>
</tr>
<tr>
<td>To reduce the incidence of stillbirths attributed to Small for Gestational Age (SGA) by 20%</td>
<td>Stillbirth in babies who are SGA is potentially preventable through early intervention. This priority will be measured using HES data.</td>
</tr>
<tr>
<td>Introduce the national ‘safety thermometer’ for maternity services</td>
<td>The safety thermometer helps makes certain a care environment is free from harm. This will be measured using information from the National Safety Thermometer.</td>
</tr>
</tbody>
</table>
## To Provide the Best Patient Experience

**Core Principle : Experience**

<table>
<thead>
<tr>
<th>Improvement Priority</th>
<th>Why is this important &amp; how is it measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 care in established labour provided to at least 95% of women</td>
<td>Providing 1:1 Care during labour helps support a woman and her family. This priority will be measured using the Trust's Meditech system.</td>
</tr>
<tr>
<td>To provide epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate</td>
<td>Provision of an epidural on request promotes safety and trust. This priority will be measured using HES data.</td>
</tr>
<tr>
<td>To be in the upper quartile of Patient Surveys across all pathways</td>
<td>Listening to feedback helps us respond to patient concerns and informs us when we make decisions about how our services are provided. This priority will be measured using data from NHS England.</td>
</tr>
</tbody>
</table>
Statements of Assurance

The Trust is required to include statements of assurance from the Board. These statements are nationally requested and are common across all NHS Quality Accounts.

Review of Services

During 2015-16 the Liverpool Women’s NHS Foundation Trust provided and / or sub-contracted 4 relevant health services:

Maternity Services & Imaging
- Delivered 8,717 babies
- Performed 1,285 IVF cycles

Gynaecology & Surgical Services
- Saw 9,765 in-patients for elective procedures

Reproductive Medicine & Genetics
- Performed 1,089 IVF cycles

Neonatal & Pharmacy
- Cared for 1,089 babies in our neonatal intensive and high dependency care units

The Liverpool Women’s NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2015-16 represents 100% of the total income generated from the provision of relevant health services by the Liverpool Women’s NHS Foundation Trust for 2015-16.

Participation in Clinical Audit

During 2015-16 4 national clinical audits and 3 national confidential enquiries covered relevant health services that Liverpool Women’s NHS Foundation Trust provides. During 2015-16 Liverpool Women’s NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Liverpool Women’s NHS Foundation Trust was eligible to participate in during 2015-16 are as follows in the table below. The national clinical audits and national confidential enquiries that Liverpool Women’s NHS Foundation Trust participated in during 2015-16 are as follows in the table below.
The national clinical audits and national confidential enquiries that Liverpool Women’s NHS Foundation Trust participated in, and for which data collection was completed during 2015-16, 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>
<thead>
<tr>
<th>Relevant National Clinical Audits</th>
<th>Did the Trust participate?</th>
<th>Cases Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Intensive and Special Care (NNAP)</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion Programme – Audit of Patient Blood Management in Scheduled Surgery</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>National Pregnancy in Diabetes Audit (NPID)</td>
<td>✓</td>
<td>26%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relevant National Confidential Enquiries</th>
<th>Did the Trust participate?</th>
<th>Cases Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal Deaths</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health Study</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>✓</td>
<td>No applicable cases</td>
</tr>
</tbody>
</table>

The reports of 4 national clinical audits were reviewed by the provider in 2015-16 and Liverpool Women’s NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>National Clinical Audits</th>
<th>Actions Taken</th>
</tr>
</thead>
</table>
| Neonatal Intensive and Special Care (NNAP) | • The Trust noted that nearly 90% of mothers received at least one dose of antenatal steroid against an expected standard of 85%.  
• There remain some data issues as Liverpool Women’s had a stand-alone Badger 3 system  
• This system was not fully compatible with the national system.  
• The Unit has now migrated from the “Badger 3” system to a “Badgernet full EPR” system |
| National Comparative Audit of Blood Transfusion Programme – Audit of Patient Blood Management in Scheduled Surgery | • Enhanced training is now in place to improve awareness of the blood transfusion policy. |
| Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality | • Following publication of the report in June the information was disseminated to staff at the GREAT day meeting and the perinatal mortality meeting.  
• Local practice is being reviewed against the latest national benchmarks. |
| National Pregnancy in Diabetes Audit (NPID) | • The audit has been added to the Trust’s 2016-17 Forward Plan to ensure continued improvement. |

The reports of 57 local clinical audits were reviewed by the provider in 2015-16 and Liverpool Women’s NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.
This is a selection of key actions that have improved healthcare or made a difference to patients as a result of local clinical audit; they are those we feel are most relevant from our Clinical Audit programme this year.

Reduced FetalMovements
A reduction or change in fetal movements is an important finding as evidence suggests it is a warning sign of possible fetal death and poor perinatal outcome. An audit performed in 2013 showed poor compliance with the Trust’s clinical guideline. As part of the Trust’s Stillbirth Task Force Initiative to reduce preventable stillbirth the Trust re-audited this year and found no areas of non-compliance. Knowledge of the reduced fetal movement pathway is good and documentation is being completed correctly for patients who attend the Maternal Assessment Unit with an episode of reduced fetal movements. Importantly the stillbirth rate has reduced in the Trust from 2014 to 2015.

Elective Caesarean Section with Enhanced Recovery
Following an initial service evaluation a multidisciplinary enhanced recovery pathway was introduced. Compliance with the pathway was audited and a wide range of preoperative, intraoperative and postoperative data was collected. It demonstrates that pre-operative fasting times reduced, the degree of ketonuria was significantly reduced and post-operative discharge on day 1 increased. There was also evidence of earlier mobilisation and catheter removal and subsequent decrease in length of hospital stay.

World Health Organisation (WHO) Checklist
Following the results of the audit we have re-designed our local checklist in an effort to make it easier for essential questions to be completed. This includes a shorter, more concise area to be completed in instances of category 1 emergency caesarean section. Documentation of the WHO checklist for all surgical procedures has now become electronic which will enable continuous ‘live’ monitoring and reporting of compliance. We have also implemented continuous observational monitoring of the quality of completion.

Ovarian Hyper Stimulation Syndrome (OHSS)
Several changes in clinical practice have been introduced informed by the findings of the audit. These include the use of cabergoline in well stimulated Buserelin cycles, the introduction of Antral Follicle Count (AFC) at preliminary and baseline scans, reducing the starting dose when AFC is high and the reintroduction of Anti-Mullerian Hormone (AMH) screening. In addition, identification of admissions for OHSS has been improved by amending the patient information sheet.

What is Clinical Audit?
Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

New Principles of Best Practice in Clinical Audit (Healthcare Quality Improvement Partnership, January 2011)

The Trust annually prepares a Clinical Audit Programme. This programme prioritises work to support learning from serious incidents, risk, patient complaints and to investigate areas for improvement. The results of all audits, along with the actions arising from them, are published on the Trust’s intranet to ensure all staff are able to access and share in the learning.

Participation in Clinical Research
During 2015-16 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to maintain our subsequent numbers of NIHR recruitment accruals.
The number of patients receiving relevant health services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 2,276, of which, 1,452 were recruited into NIHR portfolio studies.

Liverpool Women's was involved in conducting 116 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine and genetics during 2015-16. At the end of 2015-16 a further 21 studies were in set up.

There were 84 clinical staff contributing to research approved by a research ethics committee at Liverpool Women’s during 2015-16. These staff contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials, to health systems research about healthcare delivery in the community.

Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, 70 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Liverpool Women’s NHS Foundation Trust’s income in 2015-16 was conditional upon achieving quality improvement and innovation goals agreed between Liverpool Women’s NHS Foundation Trust and any other person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The main areas covered by the framework are:

- Friends and Family Test
- NHS Safety Thermometer
- Dementia
- Maternity Bundle
- Cancer
- Effective Discharge Planning in Maternity
- Electronic Discharge Summaries
- ILINKS Transformation Programme

Further details of the agreed goals for 2015-16 and for the following 12 month period are available electronically at: www.liverpoolwomens.nhs.uk/About_Us/Quality_and_innovation.aspx.

The total monetary value of the income in 2015-16 conditional upon achieving quality improvement and innovation goals was £1,977,598. The monetary total for the associated payment in 2014-15 was £1,955,007.
Care Quality Commission

Liverpool Women’s NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is “registered without conditions”.

The Care Quality Commission has not taken enforcement action against Liverpool Women’s NHS Foundation Trust during 2015-16.

Liverpool Women’s NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during the reporting period.

What is the Care Quality Commission?
The Care Quality Commission (CQC) undertakes checks to ensure that Trusts are Safe, Caring, Responsive, Effective and Well-led. All NHS Trusts are required to register with them. If the CQC has concerns about a Trust it can issue a warning notice or even suspend or cancel a Trust’s registration.

When Liverpool Women’s was last formally inspected, in February & March 2015, the CQC had no concerns and rated it as “Good”. Full results are shown in the table that follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity (inpatient services)</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Maternity (community services)</td>
<td>Requires Improvement</td>
<td>Not rated</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery (gynaecology)</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Termination of pregnancy</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Neonatal services</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Good</td>
<td>Not rated</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
</tr>
</tbody>
</table>

Liverpool Women’s agreed an Action Plan with the CQC to address those areas that they felt could be further enhanced. This Action Plan was subsequently signed off as complete by the CQC.
Data Quality

Liverpool Women’s NHS Foundation Trust submitted records during 2015-16 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number was:

- 98.9% for admitted patient care,
- 99.3% for outpatient care,
- 98.8% for accident and emergency care.

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:

- 99.9% for admitted patient care,
- 99.8% for outpatient care,
- 99.9% for accident and emergency care.

This is important because the patient NHS number is the key identifier for patient records while accurate recording of the patient’s General Medical Practice Code is essential to enable the transfer of clinical information about the patient from a Trust to the patient’s General Practitioner.

Information Governance

Liverpool Women’s NHS Foundation Trust’s Information Governance Assessment report overall score for 2015-16 was 74% and was graded “Green - Satisfactory”.

Clinical Coding

Liverpool Women’s NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015-16 by the Audit Commission.

Duty of Candour

The Francis Inquiry report into Mid Staffordshire NHS Foundation Trust recommended that a statutory duty of candour be introduced for health and care providers. This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of regulated activity.

In interpreting the regulation on the duty of candour Liverpool Women’s NHS Foundation Trust use the definitions of openness, transparency and candour used by Robert Francis in his report. The thresholds and harm definitions of moderate and severe harm are consistent with existing National Reporting and Learning System (NRLS) definitions, including prolonged psychological harm. The Trust records all instances in which it applies duty of candour on its Ulysses Risk Management system.
Sign up to Safety

Liverpool Women’s is at the forefront of the national “Sign up to Safety” campaign. This campaign focuses on the reduction of avoidable harms. We launched projects in November 2015 that aim to reduce avoidable harm by 50% in 3 years by reducing the incidents of babies born with Grade 2/3 Hypoxic Ischaemic Encephalopathy and reducing the incidence of sepsis.

The Trust publishes regular updates on the progress of its Sign up to Safety Projects, the following address: [http://www.liverpoolwomens.nhs.uk/About_Us/Sign_up_to_Safety.aspx](http://www.liverpoolwomens.nhs.uk/About_Us/Sign_up_to_Safety.aspx) where the overall Trust Improvement Plan is also available.

NHS Staff Survey

All Trusts are asked to include NHS Staff Survey results for showing the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months and the percentage believing that trust provides equal opportunities for career progression or promotion.

<table>
<thead>
<tr>
<th>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</th>
<th>Percentage of staff believing that trust provides equal opportunities for career progression or promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Score</td>
<td>National Average</td>
</tr>
<tr>
<td>20%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Reporting against Core Indicators

All NHS Trusts contribute to national indicators that enable the Department of Health and other organisations to compare and benchmark Trusts against each other. As a specialist Trust, not all of them are relevant to Liverpool Women’s. This section of the report gives details of the indicators that are relevant to this Trust with national data included where it is available.

28 Day Readmission Rates

The first category of patients benchmarked nationally is those aged 0-15. The Trust admits fewer than 10 patients in this age category each year and so benchmarking of readmissions with other Trusts is not of any meaning.

The table below shows the percentage of patients aged 16 and above who were readmitted within 28 days:

<table>
<thead>
<tr>
<th>Trust Score</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.85%</td>
<td>11.45%</td>
<td>17.15%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Liverpool Women’s considers that this data is as described for the following reasons: readmission rates can be a barometer of the effectiveness of all care provided by a Trust. Liverpool Women’s is committed to providing effective care and has had this metric independently audited in 2013 and 2014.

Liverpool Women’s intends to take the following actions to improve this indicator and so the quality of its services: continue to monitor the effectiveness of surgical and post-operative care using this indicator.

Staff who would recommend the Trust to their family or friends

All Trusts are asked to record the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the trust as a provider of care to their family or friends. The table below shows how Liverpool Women’s compares with other specialist Trusts nationally:

<table>
<thead>
<tr>
<th>Trust Score</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>89%</td>
<td>93%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Liverpool Women’s considers that this data is as described for the following reasons: although below the national average when measured against Specialist Trusts, Liverpool Women’s performs more favourably if grouped with other Acute Trusts.

Liverpool Women’s intends to take the following actions to improve this indicator and so the quality of its services: make the question a standard item at team meetings, continue to host monthly ‘In the Loop’ sessions, conduct focus groups in departments where the number of staff recommending the Trust is particularly low, measure staff feedback using the Trust’s Pulse Survey.
Venous Thromboembolism (VTE)

All Trusts are asked to record the number of patients receiving a VTE assessment expressed as a percentage of eligible ‘ordinary’ admissions. The table below shows how Liverpool Women’s compares nationally:

<table>
<thead>
<tr>
<th>Trust Score</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>96%</td>
<td>100%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Liverpool Women’s considers that this data is as described for the following reasons: the Trust has well established processes for assessing patients’ risk of VTE and consistently performs above average.

Liverpool Women’s intends to take the following actions to improve this indicator and so the quality of its services: review cases where assessment has not taken place and provide education to staff, improving performance and reducing the potential for harm for patients.

Clostridium Difficile

All Trusts are asked to record the rate of Trust apportioned C.Difficile per 100,000 bed days. The table below shows how Liverpool Women’s compares nationally:

<table>
<thead>
<tr>
<th>Trust Score</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6</td>
<td>15.1</td>
<td>62.2</td>
<td>0</td>
</tr>
</tbody>
</table>

Liverpool Women’s considers that this data is as described for the following reasons: the Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment.

Liverpool Women’s intends to take the following actions to improve this indicator and so the quality of its services: all cases will continue to be reported to the infection control team, will have a root cause analysis and will be reported nationally. The Trust will also review its range of interventions to ensure they remain fit for purpose.

Patient Safety Incidents

All Trusts are asked to record their rate of patient safety incidents per 1,000 bed days. The table below shows how Liverpool Women’s compares nationally:

<table>
<thead>
<tr>
<th>Trust Score</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>44</td>
<td>109</td>
<td>16</td>
</tr>
</tbody>
</table>

Liverpool Women’s considers that this data is as described for the following reasons: the Trust has a strong culture of incident reporting.

Liverpool Women’s intends to take the following actions to improve this indicator and so the quality of its services: revise and reissue its Policy for Reporting and Managing Incidents, continue to promote incident reporting, revise delivery of training.

All Trusts are asked to record the percentage of reported incidents that result in severe harm or death. The table below shows how Liverpool Women’s compares nationally:

<table>
<thead>
<tr>
<th>Trust Score</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1%</td>
<td>0.5%</td>
<td>4.2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Liverpool Women’s considers that this data is as described for the following reasons: the Trust has a strong learning culture and encourages the reporting of incidents.

Liverpool Women’s intends to take the following actions to improve this indicator and so the quality of its services: ensure that all incidents where patients have suffered severe harm or death are reported externally and undergo a full investigation to identify the causes. This supports learning and identifies necessary changes in practice.
Part 3

Other Information
Performance against Key National Priorities and National Core Standards

Monitor’s Risk Assessment Framework sets out their approach to overseeing NHS Foundation Trusts’ compliance with the governance and continuity of service requirements of the Foundation Trust licence. This section of the report shows our performance against the indicators Monitor set out in this framework, unless they have already been reported in another part of this report.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 week Referral to treatment times: admitted (all Specialties)</td>
<td>90%</td>
<td>97.0%</td>
<td>Yes</td>
<td>95.6%</td>
<td>97.6%</td>
</tr>
<tr>
<td>18 week Referral to treatment times: non-admitted (all Specialties)</td>
<td>95%</td>
<td>95.5%</td>
<td>Yes</td>
<td>95.6%</td>
<td>95.4%</td>
</tr>
<tr>
<td>18 week referral to treatment times: Incomplete Pathways</td>
<td>92%</td>
<td>95.2%</td>
<td>Yes</td>
<td>93.6%</td>
<td>94.7%</td>
</tr>
<tr>
<td>All cancers: two week wait</td>
<td>93%</td>
<td>95.9%</td>
<td>Yes</td>
<td>96.4%</td>
<td>97.6%</td>
</tr>
<tr>
<td>All cancers: one month diagnosis to treatment (first definitive)</td>
<td>96%</td>
<td>99.7%</td>
<td>Yes</td>
<td>97.5%</td>
<td>98.4%</td>
</tr>
<tr>
<td>All cancers: one month diagnosis to treatment (subsequent surgery)</td>
<td>94%</td>
<td>100%</td>
<td>Yes</td>
<td>99.1%</td>
<td>98.7%</td>
</tr>
<tr>
<td>All cancers: one month diagnosis to treatment (subsequent drug)</td>
<td>98%</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>All cancers: two month diagnosis to treatment (GP referrals)</td>
<td>85%</td>
<td>86%</td>
<td>Yes</td>
<td>88.7%</td>
<td>87.0%</td>
</tr>
<tr>
<td>All cancers: two month diagnosis to treatment (screening referrals)</td>
<td>90%</td>
<td>100%</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>NHS Staff satisfaction: Overall staff engagement</td>
<td>3.74</td>
<td>3.86</td>
<td>Yes</td>
<td>3.74</td>
<td>3.73</td>
</tr>
<tr>
<td>Total time in Accident &amp; emergency (% seen within 4 hours)</td>
<td>95%</td>
<td>99.1%</td>
<td>Yes</td>
<td>99.9%</td>
<td>99.8%</td>
</tr>
</tbody>
</table>
Annex 1: Statements from our Partners

Liverpool Women’s shares its Quality Report with commissioners, local Healthwatch organisations and Local Authority Overview and Scrutiny Committees. This section of the report details the responses and comments we have received from them.
Annex 2: Statement of Directors’ Responsibilities
Annex 3: External Auditor’s Limited Assurance Report
## Annex 4: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Conception</td>
<td>The use of medical procedures to produce an embryo.</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group – Local groups of GP practices commissioned health services from the Trust for their patients.</td>
</tr>
<tr>
<td>C-Diff</td>
<td>Clostridium difficile - bacteria that are present in the gut.</td>
</tr>
<tr>
<td>Epidural</td>
<td>Form of regional analgesia used during childbirth.</td>
</tr>
<tr>
<td>Established Labour</td>
<td>The period from when a woman is 4 cms dilated and contracting regularly.</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Medical practice dealing with the health of the female reproductive system.</td>
</tr>
<tr>
<td>Gynaecological Oncology</td>
<td>Specialised field of medicine that focuses on cancers of the female reproductive system.</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>The flow of blood from a ruptured blood vessel.</td>
</tr>
<tr>
<td>HES</td>
<td>Hospital Episodes Submission.</td>
</tr>
<tr>
<td>HF EA</td>
<td>Human Fertilisation &amp; Embryology.</td>
</tr>
<tr>
<td>HIE</td>
<td>Hypoxic Ischaemic Encephalopathy is an acute disturbance of brain function caused by impaired oxygen delivery and excess fluid in the brain.</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Health and Social Care Information Centre.</td>
</tr>
<tr>
<td>Intraventricular Haemorrhage</td>
<td>Bleeding within the ventricles of the brain.</td>
</tr>
<tr>
<td>Intrapartum</td>
<td>Occurring during labour and delivery.</td>
</tr>
<tr>
<td>LWFT (sometimes LWH)</td>
<td>Liverpool Women’s NHS Foundation Trust.</td>
</tr>
<tr>
<td>Maternity</td>
<td>The period during pregnancy and shortly after childbirth.</td>
</tr>
<tr>
<td>MBRRACE -UK</td>
<td>Mother and Baby Reducing Risks through Audits &amp; Confidential Enquiries across the UK.</td>
</tr>
<tr>
<td>MRSA</td>
<td>Meticillin Resistant Staphylococcus Aureus – a bacterium resistant to treatment with the antibiotic Meticillin.</td>
</tr>
<tr>
<td>Neurological</td>
<td>The science of the nerves, the nervous system and the diseases affecting them.</td>
</tr>
<tr>
<td>Neonatal</td>
<td>Of or relating to newborn children.</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence.</td>
</tr>
<tr>
<td>NIHR</td>
<td>National Institute for Health Research.</td>
</tr>
<tr>
<td>NNAP</td>
<td>National Neonatal Audit Project.</td>
</tr>
<tr>
<td>NMR / NNMR</td>
<td>Neonatal Mortality Rate; Deaths of infants in the newborn period.</td>
</tr>
<tr>
<td>NRLS</td>
<td>National Reporting &amp; Learning System.</td>
</tr>
<tr>
<td>ONS</td>
<td>Office for National Statistics.</td>
</tr>
<tr>
<td>PALS</td>
<td>Patient Advice &amp; Liaison Service.</td>
</tr>
<tr>
<td>Perinatal</td>
<td>The period surrounding birth.</td>
</tr>
<tr>
<td>Periventricular Leukomalacia</td>
<td>A form of brain injury involving the tissue of the brain known as ‘white matter’.</td>
</tr>
<tr>
<td>Postnatal</td>
<td>Term meaning ‘After Birth’.</td>
</tr>
<tr>
<td>Post-operative</td>
<td>Period immediately after surgery.</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>A condition involving a number of symptoms including increased maternal blood pressure in pregnancy and protein in the urine.</td>
</tr>
<tr>
<td>RCOG</td>
<td>Royal College of Obstetrics &amp; Gynaecology.</td>
</tr>
<tr>
<td>Root Cause</td>
<td>A method of problem solving used for identifying the root causes of...</td>
</tr>
<tr>
<td>Analysis</td>
<td>faults or problems.</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>SGA</td>
<td>Small for Gestational Age.</td>
</tr>
<tr>
<td>Tissue Viability</td>
<td>Tissue Viability is about the maintenance of skin integrity, the management of patients with wounds and the prevention and management of pressure damage.</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.</td>
</tr>
<tr>
<td>VTE</td>
<td>Venous Thrombo-embolism; this describes a fragment that has broken away from a clot that had formed in a vein.</td>
</tr>
<tr>
<td>VLBW</td>
<td>Very Low Birth Weight - babies born weighing less than 1500 grams</td>
</tr>
<tr>
<td>VON</td>
<td>Vermont Oxford Neonatal Network.</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation.</td>
</tr>
</tbody>
</table>