Liverpool Women's
NHS Foundation Trust

Annual Report and Accounts

for the year ended 31 March 2014

NHS

Liverpool Women's NHS Foundation Trust

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Presented to Parliament pursuant to Schedule 7,

Paragraph 25(4)(a) of the National Health Service Act 2006

Contents

Introduction from the Chair and Chief Executive

It gives us great pleasure to introduce the annual report of Liverpool Women's NHS Foundation Trust for 2013/14.

The year was another success for the Trust in achieving its mission of providing excellent healthcare for women, babies and their families in a safe, friendly and caring environment. Highlights include:

- Receiving excellent patient feedback via the national inpatient survey and the Friends and Family Test;
- Expanding our fertility work by establishing a satellite facility in Knutsford, Cheshire which gives easier access to our patients from across Cheshire and South Manchester, and by entering into partnership arrangements with Wrightington, Wigan and Leigh NHS Foundation Trust and King's College Hospital NHS Foundation Trust;
- Being awarded £465,000 for the refurbishment of our Midwifery Led Unit;
- Implementing ambulatory gynaecology;
- Significantly improving our staff engagement scores in the national staff survey;
- Safely reducing our costs by £1.7m and achieving a financial year-end surplus of £0.267m.

This report shares with you the details of these and many other highlights together with information about our performance during the year.

We never lose sight of the fact that each and every day we have the privilege of touching the lives of those in our care. To be able to do so makes us extremely proud. What also makes us proud is our exceptional staff whose commitment to providing excellent care is second to none.

As always, the year has not been without its challenges. In particular the 4% year on year savings which the NHS is required to make have tested the Trust's ability to be even more efficient in order to make cost improvements without impacting negatively on clinical care. As is shown in this report those efficiencies were successfully made whilst clinical standards continued to be improved.

A particular challenge for Liverpool Women's is the way in which maternity services are funded. The national tariff for maternity services is calculated based on average historical staffing levels and costs, therefore the current tariff cannot support nationally recommended staffing levels. This is something the Trust has drawn to the Secretary of State for Health and the Department of Health over a period of years. During 2013/14 two reports were [1]published stating this and whilst Liverpool Women's operates at staffing levels above the average levels cited in the National Audit Office report, we do not receive any additional funding over and above the tariff to support this. This is placing increased financial pressure on the Trust's remaining services and is becoming unsustainable. During the year we discussed the matter with a large number of groups and individuals to influence change. This included local commissioners, the Department of Health, Monitor (the sector regulator for health services in England), NHS England, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Foundation Trust

[1]'Maternity services in England' by the National Audit Office (NAO) and 'Maternity Services in England', House of Commons Committee of Public Accounts'

Network, Members of Parliament and Liverpool City Council. We also continued to lead the work of the NHS Women's Services Provider Alliance, a grouping of hospital Trusts from across England who provide care to large numbers of women and whose ability to meet recommended staffing levels is affected by the maternity tariff.

The role of our Governors has become even more important this year. Following implementation of the Health and Social Care Act 2012, Governors' duties increased and now include holding the Board of Directors to account via its Non-Executive Directors. Our Governors have embraced this additional duty which has further enhanced their role in making Liverpool Women's the best it can possibly be.

Shortly before we issued our annual report last year, the report of the public inquiry into failings at Mid Staffordshire NHS Foundation Trust was published (the Francis report). We carefully reviewed the 290 recommendations included in that report to identify those of greatest relevance to the services we provided. We then agreed how we would respond to those recommendations and throughout 2013/14 we have carefully monitored our progress. No part of the NHS can ignore the significance of the Francis report and here at Liverpool Women's we are totally committed to continuing to learn from what went wrong in Mid Staffordshire and doing all we can to ensure the safety of our patients at all times.

As always, we end our introduction with a series of thanks. Firstly we wish to thank our patients who give us the privilege of providing care to them and allowing us to touch their lives at often difficult as well as exciting times. Our patients, and our aim to provide them with the best services possible, are what we focus on every moment of every day. Thanks also go to our staff, Governors, members, volunteers and fundraisers who continue to work together to help make Liverpool Women's the great place it is.

Ken Morris	Kathryn Thomson
Chair	Chief Executive
23 May 2014	23 May 2014

Statement from the Board of Directors

The Directors are responsible for preparing this annual report and accounts. We hereby state that we consider that the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Signed for and on behalf of the Board of Directors:

Ken Morris	Kathryn Thomson
Chair	Chief Executive
23 May 2014	23 May 2014

Strategic report

What is Liverpool Women's?

Liverpool Women's NHS Foundation Trust is the largest women's hospital in Europe. We are a specialist Trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. We are also the recognised specialist provider in Cheshire and Merseyside of high risk maternity care including fetal medicine, level three neonatal care, complex surgery for gynaecological cancer, reproductive medicine and laboratory and medical genetics.

In 2013/14 we:

- Delivered 8,286 babies;
- Undertook gynaecological procedures on 6,168 women;
- Cared for 1,140 babies in our neonatal intensive and high dependency care units;
- Performed 1,598 cycle of in-vitro fertilisation (IVF).

Our vision, aims and values are:

Our vision:	To be the recognised leader in healthcare for women, babies and their families
Our strategic aims – WE SEE:	To develop a well led, capable, motivated and entrepreneurial *workforce*;
	To be ambitious and *efficient* and make best use of available resources;
	To deliver *safe* services;
	To participate in high quality research in order to deliver the most *effective* outcomes;
	To deliver the best possible *experience* for patients and staff.
Our values – We CARE and	*Caring* – we show we care about people;
we LEARN:	*Ambition* – we want the best for people
	Respect – we value the differences and talents of people;
	Engaging – we involve people in how we do things;
	LEARN – we learn from people past, present and future.

We became Liverpool Women's NHS Foundation Trust on 1 April 2005. Before this date, the Trust operated as Liverpool Women's NHS Hospital Trust. That Trust was created in 1995 when all services for women and babies in Liverpool came together under one roof at Liverpool Women's Hospital on Crown Street in Toxteth, Liverpool, a purpose-built hospital designed for providing care in the twenty-first century.

We also began providing services at the Aintree Centre for Women's Health in 2000, which provides care to women from north Liverpool, Sefton and Knowsley.

Business review

The Board of Directors are pleased to present a fair review of the Trust's business during the year. We have another great story to tell in respect of our achievements over the last year, our plans for which were set out in our annual plan 2013/14.

Achievements against our strategic aims are outlined below:

We will develop a well led, capable, motivated and entrepreneurial workforce

We have:

- Seen local and national recognition for our [2]leaders including:
    - The appointment of David Richmond, one of our Consultant Gynaecologists and former Trust Medical Director, as President of the Royal College of Obstetricians and Gynaecologists;
    - Dianne Brown, our Deputy Director of Nursing and Midwifery, winning 'Inspirational Leader of the Year' award from the North West Leadership Academy;
    - Lead Governor Dorothy Zack-Williams who won the Merseyside Woman of the Year award for Caring in respect of her work to tackle female genital mutilation;
    - Angela Douglas, Scientific Director, winning 'Mentor of the Year' award from the North West Leadership Academy and the award of Highly Commended in the Advancing Healthcare Awards category of 'Inspiring the Workforce of the Future';
    - Consultant Neonatologist Colin Morgan appointed as Head of the School for Paediatrics by Health Education North West;
    - Lynn Greenhalgh, Clinical Lead for Genetics, appointed as Secretary of the Clinical Genetics Society;
    - Angela Douglas, Scientific Director, appointed as Chair of the British Society of Genetic Medicine;
    - Cathy Atherton, Head of Midwifery, who was a finalist in the 'Mentor of the Year' category of the Royal College of Midwives awards;
    - Rachel Mavers, Maple East Community Midwifery Team Leader, who was a finalist in the 'Community Leader of the Year' category of the North West Leadership Academy awards;
    - Our Chief Executive, Kathryn Thomson, featured as an influential leader in 'The

[2]See also 'Our People' section on page 19

Leaders 2013' published by the Liverpool Post newspaper in association with the University of Liverpool.

- Significantly improving our staff engagement scores in the national staff survey;
- Collaboratively developed an MSc course for fertility nurses with Edge Hill University. The course will support the Trust's Hewitt Centre and other fertility services to improve care and success rates.

We will be ambitious and efficient and make best use of available resources

We have:

- Increased the number of patients undergoing fertility treatment by 20%;
- Seen a further increase in genetic tests provided across the region;
- Achieved a Financial Risk Rating of 3, a Continuity of Services Rating of 4 and a Green Governance Rating from Monitor;
- Safely reduced our costs by £1.7m and identified further savings for 2014/15 and 2015/16;
- Developed plans to expand our fertility services regionally, nationally and internationally.

We will deliver safe services

We have:

- Seen our CQC banding improve from 3 to 6 between October 2013 and March 2014, making the Trust one of the safest hospitals in the country (band 1 is highest risk and band 6 is lowest risk);
- Put in place nursing and midwifery indicators in a number of in-patient areas which present real-time data in respect of pain management, tissue viability, medication, health promotion, nutrition, patent observations, patient documentation, infection control and patient experience.

We will participate in high quality research in order to deliver the most effective outcomes

We have:

- Introduced time lapse technology in our Hewitt Centre (fertility) to select the best embryos for implantation. In doing so the Trust became the first in Europe to introduce this ground-breaking technology known as EEVA (Early Embryo Viability Assessment);
- Seen the world's first ever EEVA baby born at Liverpool Women's Hospital;
- Witnessed a large increase in cancer genetics referrals following publication of national guidelines regarding genetic testing for predisposition to breast and ovarian cancer;

- Participated in Maternity Assist, a digital channel of communication between the Trust's midwives and the mothers and families they care for;
- Participated in an international prenatal microarray project with a paper accepted for publication in Haematology Journal;
- Achieved Phase 1 accreditation for Good Clinical Practice by the Medicines and Healthcare products Regulatory Agency in respect of our clinical research facility;
- Seen the opening of the University of Liverpool's Centre for Better Births on the site of Liverpool Women's Hospital, a part of the University's new Centre for Women's Health Research. The state of the art Centres' focus will be on improving experiences in pregnancy and childbirth across the world.

We will deliver the best possible experience for patients and staff

We have:

- Implemented ambulatory gynaecology making treatments for certain conditions such as endometriosis and fibroids available in outpatient clinics;
- Been awarded monies to refurbish our Midwifery Led Unit;
- Over-performed on our contract for gynaecology services to the value of £1m;
- Launched our Bedford clinic termination of pregnancy website;
- Opened the Orchid Room providing facilities and privacy for terminally ill women to spend quality time with their families during their final days;
- Established a Hewitt Centre satellite clinic in Knutsford in order to make our fertility services accessible to a greater number of patients in the North West;
- Rolled out our staff Pulse survey which enables staff to give their views on key measures of engagement including whether they would recommend the Trust as a place to work;
- Undertaken a programme of listening events which involves executive directors and senior managers meeting with staff to hear their views and support staff to take action to improve patient care and staff experience;
- Supported our leaders to participate in a programme of leadership development training developed in partnership with Coventry University.

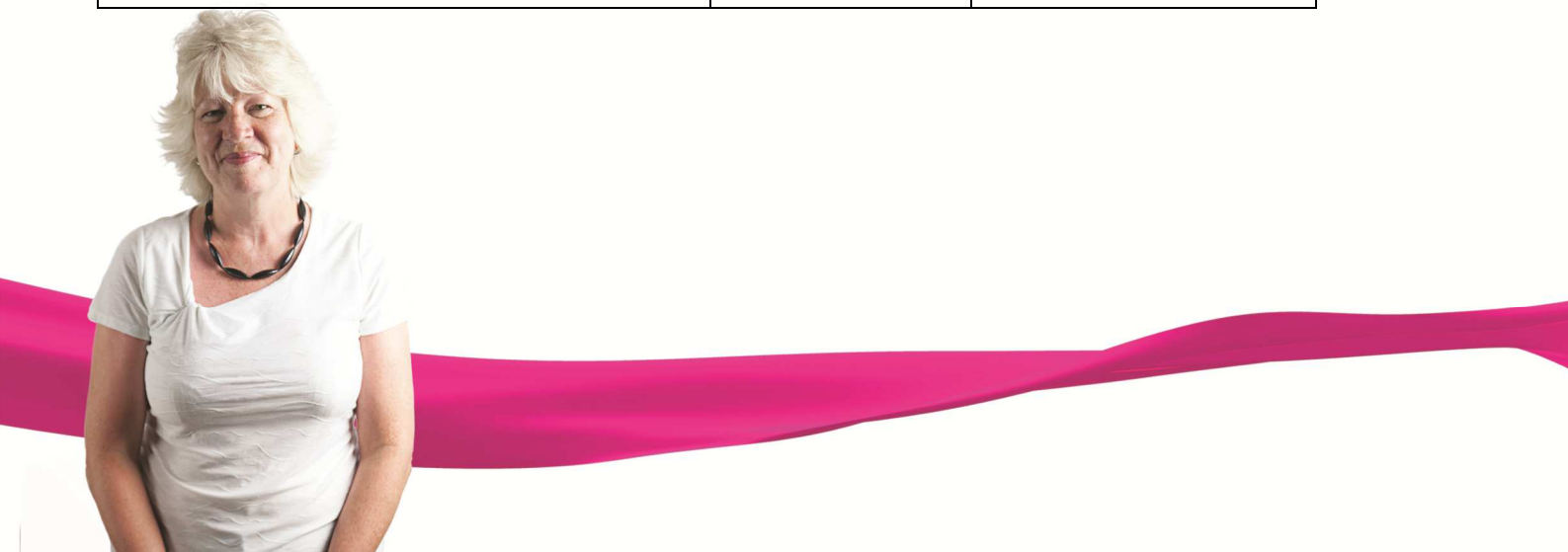
Performance against key targets

Our performance against national targets has remained strong during the year. Details of the targets we are required to achieve are set out below, together with our actual performance:

Indicator name	Target	Performance 2013/14
Care Quality Commission: national priority		
18 week referral to treatment times: admitted (all specialties)	90%	**97.61%**
18 week referral to treatment times: non-admitted (all specialties)	95%	**95.37%**
18 week referral to treatment times: non-admitted (gynaecology, infertility and reproductive medicine)	95%	94.82%
18 week referral to treatment times: non-admitted (clinical genetics)	95%	**100.00%**
18 week referral to treatment times: incomplete pathways (admitted and non-admitted)	92%	**94.68%**
18 week referral to treatment times: incomplete pathways (gynaecology, infertility and reproductive medicine)	92%	**94.16%**
18 week referral to treatment times: incomplete pathways (clinical genetics)	92%	**100.00%**
All cancers: two week wait	≥93%	**97.56%**
All cancers: one month diagnosis to treatment (first definitive)	≥96%	**98.40%**
All cancers: one month diagnosis to treatment (subsequent surgery)	≥94%	**98.71%**
All cancers: one month diagnosis to treatment (subsequent drug treatment)	≥98%	N/A (as there were no patients on this pathway during the year)
[3]All cancers: two month referral to treatment (GP referrals)	≥79%	**87.04%**

[3] The national target is 85%, however the Trust has a further tolerance of 6% given the specialist nature of referrals received (Department of Health 2009, Monitor 2011)

Indicator name	Target	Performance 2013/14
All cancers: two month referral to treatment (screening referrals)	≥90%	**100.00%**
Incidence of MRSA bacterium	0	0
Incidents of Clostridium difficile	0	2
Infant health and inequalities: breastfeeding rate	≥-5% (i.e. performance should not decrease by 5% or more)	**2.86%**
Infant health and inequalities: smoking rate	≤0%	1.30%
NHS staff satisfaction	National average for staff engagement – 3.92 (national average for acute specialist Trusts)	3.73
Care Quality Commission: existing commitments		
Delayed transfers of care	≤3.5%	**0%**
Last minute cancellation for non-clinical reasons	≤0.8%	**0.5%**
Last minute cancellation for non-clinical reasons, not readmitted in 28 days	≤5%	**0.6%**
Total time in Accident & Emergency % seen within 4 hours)	≥95%	**99.81%**
Care Quality Commission: core standards		
Essential standards for quality and safety	Full compliance	**Full compliance**



Regulatory ratings

Monitor is the sector regulator for health services in England. When assessing our performance, Monitor uses a risk rating system for financial performance/continuity of services and governance.

The methodology for calculating the financial performance of the Trust has changed with the introduction of the Risk Assessment Framework from October 2013, and a new approach to calculating the Trust's financial performance – now referred to as Continuity of Services. The purpose of the Continuity of Services ratios is to assess the level of risk to the ongoing availability of key services.

How the ratings worked during 2013/14:

Under Monitor's Compliance Framework, applicable April – September 2013

- Financial performance – based on the achievement of our financial plan, underlying performance, financial efficiency and liquidity. A scale of 1 – 5 is used with 5 indicating the lowest risk and 1 the highest;

- Governance – this takes into account our service performance, clinical quality and patient safety, risk and performance management arrangements, cooperation with partner organisations, our membership and compliance with the statutory framework. A traffic light system is used to indicate the rating given, based on green, amber-green, amber-red and red where green is the lowest risk and red the highest.

Under Monitor's Risk Assessment Framework, applicable October 2013 – March 2014

- Continuity of Service (CoS) – this assesses the level of risk to the ongoing availability of key NHS services and takes into account our liquidity and capital servicing capacity. A scale of 1 – 4 is used with 4 indicating the lowest risk and 1 the highest;

- Governance – this takes into account our performance against selected national access and outcomes standards, CQC judgements on the quality of care provided, relevant information from third parties, a selection of information chosen to reflect quality governance at the organisation, the degree of risk to continuity of services and other aspects of risk relating to financial governance, and any other relevant information. A traffic light system is used to indicate the rating given, based on green and red, where green indicates no evident concerns and red where enforcement action is being taken.

In 2013/14 the Trust achieved an overall Continuity of Services rating of 4 and a green governance rating, as measured by Monitor. This is consistent with the Trust's plan. In the financial year 2012/13 Trust's financial risk rating was 3.

The breakdown of our ratings and a comparison with last year is below:

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Compliance Framework					
Financial risk rating	3	3	3		
Governance risk rating	Green	Amber-Green	Green		
Under the Risk Assessment Framework					
Continuity of service rating				4	4
Governance rating				Green	Green
	Annual Plan 2012/13	**Q1 2012/13**	**Q2 2012/13**	**Q3 2012/13**	**Q4 2012/13**
Under the Compliance Framework					
Financial risk rating	3	3	4	4	3
Governance risk rating	Green	Amber-Green	Green	Green	Green

In Q1 our governance risk rating was amber-green as we did not achieve the 62 day target of treating patients for cancer within two months of referral by their general practitioner. Actions taken to address this performance resulted in the target being achieved 100% in July 2013 (the first month of Q2).

We confirm that there were no formal interventions from Monitor during the year.

Strategy and business model

The Trust's strategy is to provide high quality clinical care to women, babies and families within a service model that achieves clinical excellence and is financially sustainable. Our Trust's business model is that of an NHS Foundation Trust. NHS Foundation Trusts are legal entities in the form of public benefit corporations and operate under a licence which is issued by Monitor, the sector regulator for health services in England. The model has a framework of local accountability through a Board of Directors, members and a Council of Governors, which replaced central control from the Secretary of State for Health.

Principal risks and uncertainties

The principal risks and uncertainties facing the Trust include:

- The need to achieve 4% year on year savings which is further compounded by the withdrawal of funding to support safe staffing levels by our main commissioner, Liverpool Clinical Commissioning Group. The Trust needs to achieve a cost improvement programme of £11m between 2014/15 and 2015/16. Because of this the Trust placed itself in a process of voluntary internal turnaround towards the end of 2013/14 in order to address these significant cost pressures;

- Expansion of the Hewitt Fertility Centre regionally, nationally and internationally. In 2013/14 the Trust's Board of Directors approved a business case for the expansion of the Hewitt Fertility Centre. Delivery of the business case is ongoing and the risks are being reviewed by the Board on a regular basis. The Trust secured a loan facility from the Independent Trust Financing Facility to fund the associated capital for this project;

- The national Payment by Results tariff – the basis of which hospital receive money to provide services - is calculated based on an average historical staffing levels and costs, therefore the current tariff cannot support the nationally recommended staffing levels as outlined in the recently published [4]National Audit Office (NAO) and [5]Public Accounts Committee reports. The Trust operates at staffing levels above the average levels cited in the NAO report but do not receive any additional funding over and above the tariff to support this. This is placing increased financial pressure on the Trust's remaining services and is becoming unsustainable. The Trust is discussing this matter in detail with its commissioners;

- For 2014/15 the Trust's Clinical Negligence Scheme for Trusts (CNST) premium will increase by £2m with an outstanding liability of £111.4m. Approximately 30% of this is as a result of a particular group action relating to the practice of a Consultant Urogynaecologist once employed by the Trust. The increase in premiums is likely to continue at this or a greater level in future years in order to meet the payments made by the NHS Litigation Authority on the Trust's behalf.

These factors are likely to affect the Trust's future development, performance and position and our operational plan for 2014/15 – 2015/16 and our strategic plan for 2016/17 – 2018/19 will set out our approach to addressing them in a way which achieves our strategic objectives.

[4]Maternity Services in England, National Audit Office (November 2013)

[5]Maternity Services in England, House of Commons Committee of Public Accounts (January 2014)

Our greatest asset – our people

Putting People First

Our people are our greatest asset. It is through our staff that we are able to deliver services that are safe, effective and efficient and achieve the best possible experience for patients and their families.

As at 31 March 2014 we employed 1,407 staff in a variety of clinical and support roles (1,190.51 whole time equivalents) not including those who work for our external contractors or staff seconded out to other organisations.

Our people work within four main areas across the Trust:

47%	Maternity, Neonatal and Clinical Support Services
25%	Gynaecology, Anaesthesia and Theatres, and Genetics
21.5%	Corporate Support Services
6.5%	Hewitt Fertility Centre

Staff Group	**Whole time equivalent as at 31 March 2014**	**Headcount as at 31 March 2014**
Registered Nurses and Midwives	576.34	692
Doctors	55.91	64
Other clinical services staff	198.99	241
Healthcare Scientists	54.46	59
Additional Professional, Scientific and Technical	22.56	27
Allied Health Professionals	13.81	20
Administrative and management	260.91	296
Estates and Ancillary	7.53	8
Totals	1,190.51	1,407

As at 31 March 2014 the breakdown of the number of male and female directors and staff at the Trust was:

Group	Male	Female	Total
Directors	5	7	12
Staff	153	1,254	1,407

Our Human Resources and Learning and Development teams provide expert support to our staff to enable them to deliver the very best services for women, babies and their families. Our focus continues to be on creating a great place to work, where staff are treated fairly and equitably, are given an opportunity to grow and develop their skills, feel recognised and rewarded for the contribution that they make, and are engaged in decisions that affect them and the services they provide.

This commitment is outlined through the four NHS Constitution pledges to staff in respect of which significant achievements have been made during 2013/14.

Staff pledge 1 – ensure there are clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients

- We have seen a significant improvement in the number of staff who report they have undergone their annual Personal Development Review (PDR). The quality of the PDR discussions has improved from last year's staff survey results.
- Our Employee of the Month programme continues to go from strength to strength with increasing numbers of nominations each month and the introduction of Team of the Quarter.
- We have received local and national recognition for the role that our leaders and teams play in really making a difference. This includes:
    - Health Service Journal Award for Innovation finalist – Hewitt Fertility Centre;
    - NHS Employers Federation National Award 'Kate Granger Award for Compassion' finalist – Ann-Marie Ellard, Miscarriage Nurse;
    - JOHNSON'S Baby Mums' 'Midwife of the Year Award' 2014, part of the Royal College of Midwives (RCM) Annual Midwifery Awards – Joan Ellard, Midwife;
    - Merseyside Woman of the Year 'Award for Caring' – Lead Governor Dorothy Zack-Williams;
    - North West Leadership Academy 'Inspirational Leader of the Year' winner– Dianne Brown, Deputy Director of Nursing and Midwifery;
    - North West Leadership Academy 'Mentor of the Year' winner – Angela Douglas, Scientific Director;
    - North West Leadership Academy 'Community Leader of the Year' finalist – Rachel Mavers, Maple East Community Midwifery Team Leader;
    - Royal College of Midwives 'Mentor of the Year' finalist – Cathy Atherton, Head of Midwifery;
    - Advancing Healthcare Awards 'Inspiring the Workforce of the Future' Highly Commended – Angela Douglas, Scientific Director;
    - Patient Safety Awards Finalists – Neonatal Unit;

- Association for Healthcare Communications and Marketing awards 'Best Use of Social Media' finalist – The Communications Team;
- Family Go Live Awards 'Best Professional Service Provider' winner – Liverpool Women's NHS Foundation Trust;
- Finalist in the North West Excellence in Human Resources Awards – Working Together for Patients.

- The range and quality of submissions for our annual awards process (Dedicated to Excellence) has continued to improve, with a wide number of previous years' submissions being shortlisted in a range of local, regional and national awards.

Areas for improvement and continuous focus for 2014/15:

- Focus on a transformational approach to change and growth, empowering staff to develop and improve the services they provide to patients

Staff pledge 2 – provide personal development, access to training and development and line management support to succeed

- We continue to be ranked highly by medical trainees from the results of the General Medical Council Survey and Annual Assessment Visit by Health Education England North West;
- We have launched the Liverpool Women's Obstetrics and Gynaecology Guide smart phone app giving trainees vital information when working in the Trust;
- We have launched the Trainee Doctors Intranet page that contains training and course information as well as clinical guidelines;
- We provide free educational sessions to General Practitioners across Merseyside and the Manchester area on women's health and resuscitation training;
- We continue to work in collaboration with the University of Liverpool School of Obstetrics and Gynaecology to run Obstetric and Gynaecological Courses for our Regional Trainees, which are now open to National trainees;
- We maintained our Library Quality Assurance Framework ratings which assess the quality of our library provision for our people;
- We have launched a team coaching programme to support our aim of becoming a high performing organisation;
- We have further developed the quality of placements offered to students;
- We offered leadership development opportunities to all staff in leadership roles and aspiring leaders of the future;
- We have invested in Anatomy.TV interactive software. This enables our staff and students on clinical placement to access dynamic three-dimensional learning packages including pelvic floor disorders and anatomy for urology.

Areas for improvement and continuous focus for 2014/15:

- Ensure that quality personal development reviews are taking place across the Trust, with a focus on performance conversations, evidenced through the demonstration of our values and behaviours;
- Engage with apprenticeship programmes/vocational training to ensure access to learning opportunities for staff employed on Agenda for Change bands 1 – 4;
- Enhance our e-learning provision;
- Continue to development leadership capabilities across the Trust and develop a leadership framework;
- Increase information technology skills across the Trust.

Staff pledge 3 – provide opportunities for staff to maintain their health, well-being and safety

- During this year we retained Occupational Health accreditation with national standards Safe Effective Quality Occupational Health Services (SEQOSH);
- Some 73.6% of our staff took up the flu vaccine this last campaign. This was a 19.5% increase on the previous year's uptake. Although a significant increase was noted it fell just short of the national target of 75%. Occupational Health and senior management are reviewing last year's campaign are looking at ways to obtain the 75% target for the start of the September 2014 campaign;
- We continued to see a positive impact of early intervention clinics to support staff with experiencing mental health problems and musculoskeletal conditions and preparing for planned surgery;
- A varied programme of events for staff to improve their physical activity levels continues to be provided including the cycle to work scheme, Zumba classes, Liverpool Women`s running club and the Liverpool Women's Team Challenge. This year's team challenge was themed 'Back to School' and saw members of staff compete against each other in a number of school sports day activities. Some staff also climbed Mount Snowdon;
- Development and agreement of a Trust-wide health and well-being strategy to include and expand services available for staff across all aspects of well-being – physical, mental health, social and financial. This was delivered through an innovative partnership supporting the leadership development of individuals working for one of our private sector partners, Laing O'Rourke. The strategy is currently in draft form for review by the Board's Putting People First Committee ahead of finalising and ratification in 2014/15;
- The delivery of 'Stress Resilience' training accessible to and for all staff and managers has been rolled out and has been well received;
- The development a case management group for sickness absence reviews where a multi-disciplinary approach is taken to support staff back into work after long term illness;
- 'Revitalise' web based Health and Wellbeing Zone for staff and their families. This web site can be accessed remotely and has proven popular. Monthly anonymised usage reports are received via the 'Revitalise' administrator. This is a useful tool to identify current trends in usage and interest on which health programmes may be considered or introduced.

Areas for improvement and continuous focus for 2014/15:

- Sustained focus on sickness absence, identifying underlying reasons for increasing absence and taking specific actions to address this by supporting our staff effectively to be 'happy, healthy and here';
- The development and implementation of 'Schwartz' type rounds labelled 'Compassionate Conversations' to support the emotional and psychological wellbeing for all staff. This will be rolled out on a monthly basis and embedded into the Great Day. The programme will be supported by a Clinical Lead and a Psychologist;
- The recruitment of a part time Physiotherapist to support proactive interventions in the workplace. The service will continue to offer clinical assessment and treatment appointments but will also integrate with visit wards and departments;
- Change in Occupational Health Physician provider. This will increase the number of appointments available and the flexibility of the appointments diary. This will also increase access to an Occupational Health Consultant Physician which is currently based offsite and limited;
- The development of a 'Healthy Worker' package which will support 'Revitalise', the web based Health and Wellbeing Zone. It will provide advice for example on smoking, alcohol and salt intake for staff with no computer access;
- 'Topic of the Month' will be embedded in staff communication boards.

Staff pledge 4 – provide opportunities for staff to engage in decisions that affect them and the services they provide

- We rolled out our Pulse survey giving staff the opportunity to feedback at any time on their experience at work at a local level, and enables managers to gain live information on the issues that are important to their team;

- The Chief Executive continued to meet with staff through open coffee mornings and we commenced our programme of listening events;

- We re-launched our team brief – 'In the Loop' – and introduced two weekly briefings on the financial challenge – giving staff the opportunity to engage in the cost improvement programme through putting forward ideas for efficiency, growth and improvement;

- We held a series of drop in sessions themed around 'Raising Concerns' at which staff could speak openly about any issues or anything that may be getting in the way of speaking out safely in the interests of patients.

Areas for improvement and continuous focus for 2014/15:

- We will further promote and develop the pulse survey across the Trust with a commitment to action issues raised by the leaders within their areas of work;

- We will continue to offer further Raising Concerns sessions on a regular basis;

- We will adopt a transformation approach, with teams at the heart of change that affects the services they provide.

Health and well-being of the workforce
The sickness absence rate of staff within the organisation has decreased from 5.11% in March 2013 to 4.41% in March 2014 (cumulative year to date figures for the previous 12 months.)

The NHS staff survey results for 2013 have identified that 38% of staff had suffered work related stress over the last 12 months (compared to 41% in 2012); in our maternity service this figure was 41%.

Urgent action is being taken to address specific issues within these areas as well as on-going support to managers to manage and support staff to return to work as soon as possible following a sickness absence as soon as they have recovered.

The Trust employs Occupational Health Specialist Practitioners with experience in public health, thus demonstrating the Trust's on-going commitment to proactively supporting the health and well-being of our people.

Together with an innovative partnership project with private sector partners Laing O'Rourke we undertook a comprehensive engagement exercise with staff to identify how best we can support their health and well-being and inform the development and implementation of a long term health and well-being strategy. A draft strategy has been presented to the Board's Putting People First Committee which will be finalised and ratified during 2014/15. A comprehensive action plan is already in progress.

Working with our partners in the community

Liverpool Women's is all about people – the people we care for, their families, the communities we serve and the people who are proud to work here. We are privileged to provide care for women at some of the

most important and influential times in their lives and through them and their families, we can influence healthcare and well-being in our community in a positive way for the future.

In 2013/14 we continued to build on our overall programme of working together with partners in the community and expanding our reach and impact as a local employment provider. We have expanded and enhanced our work experience and outreach programme to offer quality placements across the Trust in a wide variety of roles with the aim of addressing.

- Under-representation across certain professions and groups;
- Encouraging more students to consider careers in healthcare, particularly in shortage occupations or job roles where our current staff are likely to retire within the near future;
- Supporting our local community to raise aspiration and gain valuable work experience for the future as part of our corporate social responsibilities as a major employer within Liverpool.

In addition to the work outlined above we actively support and are involved in programmes of work with our local schools. This promotes both aspiration and employment as well as delivering key public health messages.

Our work with partners in relation to focussing on ensuring equity of access and improved overall health outcomes for patients and staff across all nine equality protected characteristics continues to develop and improve services for all. This year saw us embed the Equality Delivery System which assesses, in partnership with stakeholder groups, how we are progressing with the equality agenda. Feedback from our stakeholder groups has been useful in prioritising key work streams such as the collection of patient related equality data and staff related equality data which will ensure we can monitor the impact of our services and policies effectively.

Valuing our staff
Valuing the skills, contribution and motivation of our people is absolutely central to ensuring that the Trust achieves its vision of being the leader in healthcare for women, babies and their families. We are committed to equality and human rights as a component part of our approach to valuing staff with appropriate skills and expertise irrespective of their background, age, disability, gender, family or marital status, race, religious belief, or sexual orientation.

Equality Delivery System – verified results 2012/13
The objectives we chose to progress during 2012/13 were:

Objective 1.4 – The safety of patients is prioritised and assured, in particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all;

Goal 2 – improved patient access and experience
Objective 2.1 – Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds;

Objective 2.4 – Patients and carers complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.

The objectives above were externally assessed by members of local HealthWatch groups who all agreed that we had moved from a grading of ‘developing’ to ‘achieving’ for all three objectives.

We also chose to progress:

Goal 3 – empowered, engaged and supported staff

- **Objective 3.1** - Recruitment and selection processes are fair, inclusive and transparent so that the workforce can be as diverse as it can be within all occupations and grades';
- **Objective 3.3** - Through support, training, personal development and performance appraisal, staff are competent and confident to do their work so that services are commissioned and provided appropriately.

The above two objectives were assessed by internal stakeholders, and although initially assessed as 'developing' it was noted that significant progress has been made in both areas.

A follow up assessment of objective 3.1 in autumn 2013 demonstrated that the Trust had reached a position of being able to demonstrate that our recruitment and selection processes are fair, inclusive and transparent. This objective was therefore re-graded to a score of 'achieving'.

Equal opportunities for staff

Part of our commitment to valuing staff is taking action on specific areas where we have identified that improvement in our approach is required. We have continued to run a comprehensive data capture campaign called 'Count Me In', to improve the data we hold across all protected characteristics for our staff, and are now able to monitor key policies to ensure they are being applied equitably and are not having an adverse indirect impact on staff members from specific protected groups.

Recruitment of staff with a disability

The Trust continues to be a 'Two Ticks Symbol' employer which is a quality symbol providing assurance to individuals with a disability that we welcome applications from all individuals including those with a disability. We have also worked with the local Job Centre Plus around flexibility in our recruitment and selection processes to make reasonable adjustments to our internal processes to make them more accessible to disabled applicants, particularly those who may have a learning disability.

Reasonable adjustments for staff with a disability

The Trust's policy for the management of sickness absence provides for adjustments to be made to enable employees becoming disabled to remain in employment. To support this policy a more structured approach has been developed to carrying out work risk assessments for staff returning to work following a period of sickness absence.

The Trust's Health and Safety Advisor is able to complete return to work risk assessments for staff returning to work following a period of absence due to a work related injury or other condition that may be covered by the Disability Discrimination Act. The risk assessment will cover all aspects of an individual's duties specific to their area of work and recommendations of change of practice, provision of equipment and reasonable adjustment such as a change in working pattern, hours or role, can be made. The risk assessment is aimed at safely bringing back to work those staff members who may have suffered a work related injury, had an accident or been newly diagnosed with a condition that is likely to affect them at work, and supporting them to their full potential whilst also supporting managers in that task. Patient safety and quality of care is also at the heart of the risk assessment.

Equality, Diversity and Human Rights Training

Building on the success we had in the compliance rate for staff completing Equality, Diversity and Human Rights training in 2012/13 we have now launched an online e-learning package to enable staff who may find it difficult to get time away from their work area to complete their training when needed. This is also supported by a workbook which allows staff to choose which method of learning best suits them. We also continue to deliver face to face training bi- monthly at our corporate induction events.

Equal opportunities for service users
The Trust has recently, through its Health and Safety Team and in collaboration with local mental health Trust Merseycare, introduced restrictive intervention training. This helps to ensure the safety of our patients with mental health problems, including those who may need to be safely restrained. This training will be offered to clinicians throughout the Trust in the coming year to ensure that no matter how diverse a patient's needs are, we are able to safely and effectively manage a patient's episode of care whilst ensuring the health and well-being of our staff and visitors to the Trust.

Recognising and Rewarding Excellence

The Trust held its annual 'Dedicated to Excellence' Awards which celebrate and reward staff who deliver clinical and non-clinical improvements to achieve excellence for women, babies and their families.

The number of overall submissions continued to rise year on year which reflects the increasing energy and competition amongst teams to share and demonstrate the remarkable work that they do daily for women, babies and their families.

Alongside the formal recognition processes, each meeting of the Board of Directors now includes a recognition ceremony where staff members are invited to share what work they have done that has been in line with the values of the Trust and/or demonstrated achievement above and beyond their usual role.

Staff survey - listening to our staff

We are committed to listening to the views of our staff and recognise their achievements on a regular basis. We recognise that motivated and engaged staff deliver better outcomes for our patients and our ongoing aspiration is to improve levels of staff engagement on a year on year basis, as measured by the NHS Staff Survey.

The national NHS staff survey is a core tool for the Trust to engage consistently with our staff each year to identify what is important to them and then take action to address identified issues. We continue to opt for a full survey to ensure that every member of staff has the chance to give their views on an annual basis and in 2013 we were pleased to receive an above average response rate of 61%, which was the same as in 2012.

Top 5 ranking scores when compared to other Acute Specialist Trusts:

Question	**Liverpool Women's**	**Average for Acute Specialist Trusts**
% of staff experiencing physical violence from patients, visitors or public in last 12 months	2%	7%
% of staff saying hand washing materials are always available	71%	61%
% of staff witnessing harmful errors or near misses in past month	27%	30%
% of staff working extra hours	68%	71%
% of staff experiencing discrimination at work over the past 12 months	7%	9%

Bottom 5 ranking scores when compared to other Acute Specialist Trusts:

Question	Liverpool Women's	Average for Acute Specialist Trusts
Staff recommending the Trust as a place to work or have treatment	3.69	4.08
% of staff feeling able to contribute to improvements at work	65%	72%
% of staff receiving job relevant learning or development in the last 12 months	77%	81%
% of staff feeling satisfied with the quality of work and patient delivered	74%	82%
% of staff suffering work related stress	38%	34%

Areas where Liverpool Women's has improved the most since 2012 (1 is negative 5 is positive)

Question	2012	2013
Staff job satisfaction	3.46	3.63
Staff motivation at work	3.72	3.88
Work pressure felt by staff	3.29	3.05
Staff recommending the Trust as a place to work or have treatment	3.41	3.69
Fairness and effectiveness of incident reporting	3.47	3.57

Areas where Liverpool Women's has deteriorated since 2012
There was one area where performance had deteriorated, the number of staff receiving Equality and Diversity Training has decreased from 66% to 55%. This decrease was anticipated as training is delivered in a 3 year cycle and there was particular focus and resources allocated to delivering training in 2012.

Overall as a Trust we are pleased that the 2013 Staff Survey showed an increase in positive responses for 75% of questions, and that the number of staff who would recommend the organisation as a place to work or have treatment has improved year on year. Nonetheless, we recognise that there is more work to do to fully engage our workforce in a shared vision for Liverpool Women's.

Since the last Staff Survey, a number of changes have been made to improve the experience of working at Liverpool Women's. We know that nursing and midwifery staff are our least positive and particular focus has been placed on ensuring that every ward and department has a set of shared objectives and common

goals and every staff member has the chance to contribute to improvements in their area. Examples of changes include:

- Practical stress management sessions on wards and departments to give staff the tools to cope with stressful situations at home and work.
- 6 monthly workforce reviews to ensure the staffing numbers in each area reflect the activity and needs of the service
- Leadership and management development training to ensure managers have the skills to manage people effectively.
- Transformation events which involve staff of all levels to remodel services and improve patient experience.
- Introduction of the internal staff bank to ensure safe staffing levels and minimise bank and agency spend.
- People Dashboards on every ward and department as the focus for team briefs and giving staff access to key information such as staffing levels, sickness levels and trust performance
- Minimum standards for staff communication and engagement which every manager signs up to.
- Review of the role of the healthcare support worker an increase in the number of Band 3s and relocation of staff to ensure staff with the right skills and expertise are being utilised in the right areas
- Review of rota management processes and introduction of e-rostering
- Increasing the visibility of senior managers in clinical areas

We recognise that the Staff Survey is one opportunity of many to hear the views of our staff. We have been running a Pulse survey since April 2013 which provides all staff with the opportunity to answer 12 questions every month. The questions mirror the themes of the staff survey and include the question of whether they would recommend Liverpool Women's as a place to work or have treatment. Themes coming from the survey are discussed by managers with their staff on a regular basis via team meetings and communications briefings.

Over the last 12 months there has been an overall positive trend. The area which has scored consistently lower is 'My PDR has helped me to do my job better'. A revised performance management system which is accessible to staff plus training for managers is being designed in response to this feedback.

Average scores for the Pulse survey over a 12 month period (scores range from 1 to 5 where 5 = strongly agree and 1 = strongly disagree):

Question	**Average Score April 2013-April 2014**
Care of women, babies and their families is Liverpool Women's top priority	4.15
I know how my role makes a difference to women, babies and their families	4.28
I am proud of the standard of care provided by Liverpool Women's	3.77
I am able to make suggestions to improve the work of my team/department	3.88
I am clear about what I need to achieve as part of my job	4.24
The people I work with treat me with respect	4.03
I am trusted to do my job	4.31
I would recommend Liverpool Women's as a place to work	3.57
I enjoy my job	3.97
At Liverpool Women's we learn from mistakes and take action to prevent them from happening again	3.73
My Appraisal/Personal Development Review has helped me to do my job better for patients	3.16

In order to ensure that Directors had the chance to meet with frontline staff on a regular basis, 'Listening Events' were introduced in April 2013. Directors visit the same department for consecutive months and meet with staff on an informal basis to talk about key issues such as patient safety and patient experience. The issue of whether there are any barriers stopping them recommending the Trust to their friends and family is also explored.

Key themes which emerged were a lack of ownership and clarity amongst staff about how they could make positive changes in their wards and departments. In response to this, dedicated staff engagement sessions are taking place across the Trust to:

- Feedback 12 months of themes from staff survey / pulse survey/ listening events;
- Develop a values statement / vision for the ward / department;
- Identify change and improvement projects staff can be involved in and lead on.

In addition we continue with other established methods to hear the views of staff including opportunities to have coffee with the Chief Executive and fortnightly briefings on the strategy and financial performance of the Trust. We are also introducing monthly sessions called 'compassionate conversations' which will provide staff with the opportunity to explore issues and challenges at work in a supportive team setting facilitated by a clinical psychologist.

Through all of these activities our objective is to ensure that every staff member at every level has a chance to have their views heard and contribute to the future success of Liverpool Women's.

Sustainability - our impact on the environment

Our commitment to minimising any negative impact on the environment continues. This year we have collaborated with two local NHS Foundation Trusts – Aintree and The Walton Centre – in tendering for a Combined Heat and Power unit. This work has been overseen by the Carbon Energy Fund and we anticipate installing a unit during 2014/15.

The Trust's gas consumption has reduced by approximately 13% this year with costs increasing by just over 1%. Our energy consumption has reduced slightly with costs increasing by 8%. These cost increases are largely due to an increase in transmission costs across the network.

Our performance in respect of gas, electricity, water, clinical waste and domestic waste for 2013/14, and the previous three years, is summarised below:

Utilities	Annual usage			Annual cost (£)		
	2011/12	2012/13	2013/14	2011/12	2012/13	2013/14
Gas (Kwh)	5055119	6570428	5692279	165,309	217,028	219,509
Elecricity (Kwh)	5838426	5907263	5862352	558,257	662,495	715,949
Totals	10893545	12477690	11554630	723,567	879,524	935,468
Water (m3)	30040	30859	32895	39,230	47,127	52,080
Clinical waste (tonnes)	209	201	201	102,686	105,397	111,108
Domestic waste (tonnes)	299	488	584	59,760	70,387	69,363

Through partnership with our clinical waste contractor the Trust was able to keep our waste the same level as last year, albeit with a 5% increase in cost. In 2014/15 we plan to tender our domestic waste services in conjunction with other NHS Trusts in order to gain best value and increase the amount of waste diverted from landfill sites.

This year our NHS Sustainability Day focus was '1.4 for 2014', the setting aside of 1.4m2 – roughly the size of a car park – for the production of food. We now have two areas on the site of Liverpool Women's Hospital for patients, staff and visitors to avail themselves of fruit and herbs.

We continue to promote alternative ways of reaching the Trust, in particular the use of bicycles by staff. A grant from Merseytravel allowed us to purchase ten bike bins for bicycles to be secured.

The Trust regularly reviews progress against its Carbon Management Plan to ensure its aims are being achieved and actions implemented are effective.

Partnerships, social, community and human rights issues

The Trust is committed to playing a positive role as a part of the communities it offers services to, and from which much of its workforce is drawn. Our Council of Governors plays an important part in linking the Trust with its members and the public and is able to act as a conduit for information and views.

Our Council of Governors hosted a partnership summit during the year and met with local voluntary and partnership organisations who share a commitment to enhancing the lives of women and their families and ensuring services are as accessible as possible. This was the third such summit held and once again it provided a great opportunity for networking, sharing information and exploring opportunities for collaborative working.

This year we also worked with:

- **Our patients** – who so generously and honestly continue to tell us about their experience of the care we offer. Much of this is included in the six monthly reports to our Board of Directors detailing complaints, litigation, incidents and contacts with our Patient Advice and Liaison Service, which is also received by the Board's Governance and Clinical Assurance Committee and the Trust's Council of Governors. Our Board of Directors continues to hear a patient story at the beginning of each of its meetings, sometimes told by the patient themselves or by a clinical member of staff on their behalf. The Trust remains committed to learning from, and responding to, what our patients tell us.

  Further details of our work in respect of patient experience and patient involvement, are included in our quality report which starts on page 44.

- **Volunteers** – who unfailingly continue to make a significant contribution to the experience of our patients and the work of the Trust. Amongst many other things they talk to and befriend patients, support a wide range of events at the hospital such as our service of remembrance, breast feeding support events, annual members' meeting and open day and the launch and introduction of an electronic kiosk in our ante natal clinic. and fundraising activities and during the year they helped local school children who came to plant trees in the hospital grounds.

  In 2013/14 our 90 active volunteers gave a total of 8,940 hours of their time to helping patients, relatives and staff at the hospital. On average, our wards and departments have been supported by 43 volunteers on a weekly basis.

- **Healthwatch, Cheshire and Merseyside Commissioning Support Unit and local NHS providers** – with whom we worked closely to develop a training package to help support members of our local Healthwatch groups carry out assessments for the newly introduced Equality Delivery System 2 (EDS2). We jointly delivered two training sessions and are planning a further two in 2014/15 to help build the knowledge and capability of the Healthwatch groups to fulfil this important role.

- **Staff from Toxteth Job Centre Plus** - to develop a work based academy. This was in respect of local long term unemployed people, people with disabilities, women returning to the workplace after taking a break to raise a family and young people aged between 16 and 24 – a group that is greatly under-represented in our workforce. It operated so that when the Trust advertised three or more vacancies in a department or ward, applicants who had successfully complete the work based programme and work based training offered through the academy, would be offered a guaranteed interview. Training was also provided to support academy participants in completing job applications and in respect of interview skills.

- **Hotel services** – this has been the third year of working with G4S who provide our cleaning and catering services. Our ward hostesses continue to meet with patients each morning to discuss with them what meals they would like. This year has seen the introduction of an electronic meal ordering system which now facilitates meals being ordered closer to service, that is after breakfast patients order their lunch and after lunch their order their evening meal.

  During the year the Trust scored above the national average in the new PLACE initiative (Patient Led Assessment of the Care Environment). Our scores were 98.71% for cleanliness (national average 95.74%), 87.05% for quality of food (national average 84.98%), 96.03% for privacy and dignity (national average 88.87%) and 90.67% for condition and appearance (national average 88.75%).

- **Safeguarding** – our membership of the local Safeguarding Children Boards continued. These Boards are led by Local Authorities and our membership of the Board ensures we fulfil our statutory duties in respect of The Children Act 2004. The Trust is represented at the Liverpool Safeguarding Children Board. Our work on safeguarding issues with our partners across health and social care also continues, in particular with Careline, Liverpool's Social Workers, the Family Crime Investigation Unit and the local domestic violence agencies.

- **Liverpool Clinical Commissioning Group** – we developed our collaborative working arrangements with our new main commissioner Liverpool Clinical Commissioning Group (CCG), from 1 April 2013. During the year regular contract monitoring meetings were held in respect of the services the CCG purchases from the Trust, including scrutiny of our quality performance. The CCG is leading the

- **Healthy Liverpool Programme** – the Trust is an active participant in this programme which is being led by Liverpool CCG. Its aim is to act as a vehicle to design, commission and secure a health service model for the city which is sustainable, ensures high quality and achieves value.

- **Liverpool City Council** – during the year our Chief Executive gave evidence to the Mayor of Liverpool Health Commission, set up to identify how best to support and improve the health and wellbeing of the people of Liverpool. Her evidence focused on the critical role women's health services played in improving not only women but children and families. We were also pleased to join the Council's Children and Young People's Health and Wellbeing Partnership Group which oversees the provision of services to improve the physical and emotional health and wellbeing of 0 – 19 year olds in the city.

- **University of Liverpool** – our strong partnership with the University of Liverpool continues and we are proud that its Centre for Women's Health Research is located on the site of Liverpool Women's Hospital. The Centre brings together in one location a number of research focused organisations and initiatives including the Centre for Better Births, the University Departments of Physiology and Women's and Children's Health, the Cochrane Pregnancy and Childbirth Group and the Sanyu Research Centre. Its research themes included clinical trials and research synthesis in global maternal health, smooth muscle physiology, personalised perinatal medicine and endometrial disease.

- **Edge Hill University** – with whom we enjoy a partnership in respect of the people and services at our Hewitt Fertility Centre. The Centre's Professor Charles Kingsland, Consultant Gynaecologist, has a Chair at the University and Dr Stephen Troup, the Centre's Scientific Director, is a visiting Reader. We also began programmes of research with the University aimed at improving our success rates and Professor Kingsland has developed a distance learning MSc for nurses who wish to specialise in reproductive medicine.

- **Liverpool Health Partners** – is a collection of high quality research partners from across the Merseyside and Cheshire region, of which Liverpool Women's NHS Foundation Trust is a founding partner. Its vision is to create a leading national and global centre, where world-class research, teaching and clinical practice are brought together to improve the health of people across the region and beyond. LHP is driving North West Coast Genomics Healthcare which aims to bring together the considerable genomics expertise over this footprint. Its three main work streams are research, service and education. This initiative is also supported by the North West Coast Academic Science Network.

We have committed to participating in Equality Delivery Scheme 2 (EDS2) and implemented the new system from April 2014. EDS2 is a generic tool designed for both NHS providers such as Liverpool Women's NHS Foundation Trust, and NHS commissioners. It requires organisations to consider the

question “how do people from protected groups or other disadvantaged groups fare compared with people overall?

In addition to the nine groups given protection by the Equality Act 2010, EDS2 can also be readily applied to people from other disadvantaged groups, including those who fall into ‘inclusion health’ groups who experience difficulties in accessing, and benefitting from, the NHS.

In October 2013 the Trust participated in the British Institute of Human Rights Road-show by hosting one of their all day events. The day was well attended with delegates from the Trust and many other sectors including the police, advocacy centres, mental health workers, local asylum seekers’ groups, local Councils and housing associations. Delegates came from as far afield as Cumbria and Birmingham. The event was a huge success with excellent feedback from all who attended. Comments made on the day include “this day really brought human rights home to be – and how important it is to consider peoples’ human rights in everything we do.”

All Trust policies are subject to an Equality Impact Assessment as part of a stringent policy assurance process. The aim of the assessment is to identify any areas of potential discrimination and take appropriate measures to reduce this risk prior to the policy being released for use by our staff. Based on the procedures in place the Trust is confident that it is taking all practicable measures to prevent discriminatory practices within all of its policies.

Going concern statement

Looking forwards, Liverpool Women’s NHS Foundation Trust, in common with many other NHS Foundation Trusts, has a significant financial challenge to address. This is exacerbated for the Trust due to a significant rise in the Clinical Negligence Scheme for Trusts premiums that the Trust has to pay. On 4 April 2014, the Trust’s Board of Directors approved a two year operational plan covering the period 2014 to 2016 and is currently working with its stakeholders in the local health economy to prepare a five year business plan. The Directors have determined that using the going concern basis in preparing the accounts is appropriate.

Preparation of the accounts

The accounts included in this report have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

This Strategic report was approved by the Board of Directors on 23 May 2014.

Kathryn Thomson

Chief Executive

23 May 2014

Directors' report

The Directors are pleased to present their report. In doing so they have ensured that so far as they are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The Board of Directors is responsible for determining the Trust's strategy and business plans, budget, policies, accountability, audit and monitoring arrangements, regulation and control arrangements, senior appointment and dismissal arrangements and approval of the Trust's annual report and accounts. These are amongst the matters reserved for the Board of Directors as set out in its scheme of reservation and delegation. The scheme also sets out those decision delegated by the Board to its committees and Trust management. This arrangement allows the efficient operation and success of the Trust. The Board is also responsible for ensuring the Trust acts in accordance with the requirements of its Foundation Trust license.

A policy in respect of the Non-Executive Director composition of the Board is in place, as confirmed by the Council of Governors. Overall Board composition is in accordance with the Trust's constitution.

During the year, the following were directors of the Trust:

Non-Executive Director	**Date of appointment**	**Length of appointment**
Ken Morris, Chair	August 2011 April 2008 August 2005	3 years 3 years 3 years
Allan Bickerstaffe	February 2012	3 years
Steve Burnett, Senior Independent Director	March 2012	3 years
Liz Cross, Vice Chair	February 2010 February 2013	3 years 3 years
Ian Haythornthwaite	May 2011	3 years
Pauleen Lane	April 2010 April 2013	3 years 3 years

Executive Director	**Date of appointment**
Kathryn Thomson, Chief Executive	September 2008
Vanessa Harris, Director of Finance	September 2009

Jonathan Herod, Medical Director	October 2010
Gail Naylor, [6]Director of Nursing, Midwifery & Operations	June 2009
[7]Caroline Salden, Chief Operating Officer	April 2004
Michelle Turner, Director of Human Resources and Organisational Development	April 2010

Appointment and removal of Non-Executive Directors is the responsibility of the Trust's Council of Governors. Non-Executive Director appointments may be terminated if individuals become ineligible to hold the position during their term of office, details of which are set out in the Trust's constitution.

Based on criteria set out in the [8]Code of Governance, and following consideration by the Council of Governors when recommending the Trust's Chair for a third, three year term of office, the Board of Directors considers that all of its Non-Executive Directors are independent.

The attendance of Directors at Board and other meetings is given on page 145.

Arrangements in place to govern service quality

Arrangements are in place to govern the quality of services provided at Liverpool Women's NHS Foundation Trust. These are supported by the Trust's five year Quality Strategy and its Quality Report, the latter of which can be found from page 44. Our work to enhance service quality is monitored by the Trust's Clinical Governance Committee which reports to the Board's Governance and Clinical Assurance Committee (GACA).

Led by one of our Consultant Obstetricians acting as the Trust's Director of Clinical Audit, and by our Head of Clinical Effectiveness, a programme of clinical audit is in place which supports delivery of the Trust's strategic aims. The programme is monitored by our Clinical Audit Committee which reports to the Clinical Governance Committee, which in turn reports to GACA. Systems and processes are in place to review and address all serious untoward incidents, complaints, claims and contacts with our Patient Advice and Liaison Service (PALS), as stored on our centralised system SAFEGUARD, all of which are reviewed in detail by GACA and reported to the Board of Directors. Enhancing the quality and triangulation of intelligence stored in SAFEGUARD will also be used to support medical revalidation. Operational performance is routinely reviewed by the Board and its Finance, Performance and Business Development Committee together with GACA.

There were deficiencies in the Trust's complaints handling process which we have worked hard to address this year. In particular there was a backlog of complaints responses and insufficient rigour around the

[6]Gail Naylor assumed this role on 1 February 2013. From 1 April 2012 – 31 January 2013 she was Director of Nursing, Midwifery and Patient Experience.

[7]Caroline Salden left the Trust on 1 February 2013 to pursue a secondment opportunity. She left the Trust's employ on 31 July 2013.

[8]The NHS Foundation Trust Code of Governance, Monitor (2013)

implementation of change as a result of complaints received. We are committed to ensuring we clearly respond to the complaints people raise in a timely way and in 2013/14 we reduced by an average of two weeks the time it took to make an appropriate response to complaints received. We have made good progress but there is still much more to do and our work to improve the complaints handling process will therefore continue. In particular we are reviewing our data systems and processes for the recording and management of complaints in order to ensure that real and significant changes in practice are brought as a result of them and to optimise the identification of learning opportunities to improve the safety and experience of our patients.

An action plan is in place which sets out how the Trust is responding to the findings of the Francis, Keogh and Berwick reports published in 2013 into numerous failings elsewhere in the NHS. This action plan is monitored across the Trust's governance structure and ultimately by the Board of Directors and there has been good progress in implementing the actions agreed.

A Board Assurance Framework is in place which details key risks to delivery of the Trust's strategic objectives. It informs the Board of Director's agenda to ensure its focus on organisational risks and each risk is assigned for oversight to an Executive Director and an assurance committee of the Board.

Internal control arrangements are in place across the Trust's activities, both clinical and non-clinical. These controls are reviewed by the Trust's internal auditors. The Trust's Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust. It provides an independent and objective view on internal control and probity.

The Trust's approach to governing service quality has due regard to Monitor's quality governance framework, a comprehensive assessment of which is scheduled to take place early in 2014/15.

Further, comprehensive details of the Trust's arrangements to govern service quality can be found in the Annual Governance Statement and Quality Report sections of this annual report.

Care Quality Commission

As required, the Trust is registered with the Care Quality Commission (CQC). During 2013/14 it was registered without any conditions.

During the year the Trust received an unannounced inspection by the CQC, in July 2013. As a result of the inspection the CQC issued a report containing three concerns:

- A minor concern in respect of the care and welfare of people who use our services (Outcome 4);
- A moderate concern in respect of people being cared for by staff who are properly qualified and able to do their job (Outcome 13);
- A minor concern in respect of supporting our workers (Outcome 14).

The challenges identified by the CQC were known to the Trust and were already being actively addressed through a comprehensive action plan that was progressed and closely monitored throughout the year via the Trust's governance structure, in particular its Maternity Service Risk Management Committee, Clinical Governance Committee and GACA, and reported through to the Board of Directors. Details of the action plan are included in our Quality Report from page 44 from which it can be seen that as at 31 March 2014,

only two of the action points remain outstanding. The CQC did not revisit the Trust before the end of the year to test compliance. They did, however, revisit in April 2014 and their report of that visit is awaited.

Also during the year the Trust received two CQC outlier alerts. The alerts related to perinatal mortality and elective caesarean sections. Both were carefully considered by the Trust's Clinical Governance Committee and at the weekly meeting of the Executive Team. Assurance was obtained that the trigger for both alerts was not related to clinical performance and that a strong programme of clinical audit and scrutiny exists to demonstrate this. In the case of the perinatal mortality alert the Trust was satisfied, based on the evidence examined, that the trigger that created the alert was a failure to have sufficient quality assurance measures in place in the dispatch of HES (Hospital Episode Statistics) data. The Elective Caesarean Section alert was triggered by the accidental miscoding of elective caesarean sections, which should have been coded as emergency caesarean sections. Appropriate arrangements were introduced to reduce the likelihood of a repeat episode.

Having considered the Trust's response to the alerts the CQC outlier team went on to advise the Trust that they did not need to undertake additional enquiries in respect of either.

Progress towards targets agreed with local commissioners

A proportion of the Trust's income is conditional on achieving quality improvement and innovation goals, known as CQUIN (Commissioning for Quality and Innovation) targets. These targets are agreed by the Trust and those bodies it enters into a contract with to provide services.

During the year we successfully achieved the CQUIN measure set in respect of the recently introduced Friends and Family Test, which resulted in a significant increase in the amount of feedback we received from our patients. Another related to the implementation of electronic patient information being sent to their general practitioner following their episode of care. There were some logistical and technical challenges with this CQUIN which slowed progress towards full implementation, hence this work will continue into 2014/15.

A further major strand of work is a set of CQUINs called 'The Maternity Bundle', which are a number of different measures relating to the care of patients such as administration of vitamin D and breastfeeding initiatives. We have made steady progress in respect of this CQUIN but there is more to achieve and as for the electronic patient information CQUIN, work will therefore continue into 2014/15.

The strategic report from page 10 gives details of the Trust's performance against key targets and our Monitor ratings. Further details in respect of our CQUINs can be found in the Quality Report from page 44.

Business overview

In 2013/14 the Trust had in place two main contracts for its income which are essential for our business. These were with Liverpool Clinical Commissioning Group and NHS England – Specialist Commissioning from whom we received £38,265k and £16,186k respectively. These contracts represent 58% of the Trust's total income and 61% of the Trust's clinical income.

In common with the majority of NHS organisation the Trust continues to face significant financial challenges. The need to deliver efficiency savings remains and plans are in place to deliver £5.6m savings in 2014/15. The Trust has a strong record of delivering these efficiencies whilst continuing to develop the standard of clinical care to our patients.

Private Patient Income

During the year Liverpool Women's NHS Foundation Trust generated income due to the provision of private patient services in a number of areas but most significantly in that of fertility services. The income received from these sources in 2013/14 was £2,658k, 3% of all Trust income.

This satisfies the requirements of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) where the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Any profits arising from the provision of private patient services are reinvested into patient care at the hospital.

Capital

Details of capital expenditure for 2013/14 are detailed in the table below from which it can be seen that the Trust continues to reinvest in its estate, medical equipment and information technology for the benefit of patients.

Capital expenditure	**2013/14** **£000s**
Buildings	1,813
Fixtures and fittings	9
Information Technology	1,021
Medical Equipment	959
Intangibles	220
Total	4,022

Following a number of years of significant capital investment the Trust officially opened its new maternity facilities during 2013/14.

Better payment practice code

The Better Payment Practice Code requires that 95% of undisputed invoices relating to trade creditors are paid within 30 days of receipt. Our performance during 2013/14 and 2012/13 is shown below:

Better Payment Practice Code	**2013/14**	**2012/13**
Value of invoices paid within 30 days	75%	67%
Number of invoices paid within 30 days	75%	56%

During 2013/14 our performance against the Better Payment Practice Code improved. This has been caused by a number of changes to staff within this function of the Trust during the year. We expect to continue this improvement during 2014/15 and beyond.

No interest was paid to suppliers under the Late Payments of Commercial Debts (Interest) Act 1998.

Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Accounting policies for pensions and other retirement benefits

The accounting policies for pensions and other retirement benefits are set out in note 4.3 to the accounts. Details of senior employees' remuneration can be found on page 205 of the remuneration report.

Financial risk management

Key financial risks to the Trust are included in the Board Assurance Framework. This is reviewed regularly by the relevant Board assurance committees and by the Board of Directors. The key financial risks and their mitigating actions are below:

Key Risk	**Mitigating action**
1. Achievement of the CIP	In 2013/14 the Trust entered a voluntary turnaround process which has identified £11m savings. As part of this process a robust governance system was developed and embedded with regards to the development and monitoring of the schemes and the programme. Work will continue to make this approach sustainable in the current climate.
2. Increasing CNST premiums	The Trust is in the process of working with the NHSLA and local commissioners to manage the financial impact of the rise in premiums.
3. Maternity tariff funding	Currently the national tariff for maternity care funds a midwife to birth ratio of 1:32; the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives recommend for safe staffing levels a ratio of 1:28 should be achieved. The Trust continues to attend national events developing the tariff and negotiate with local commissioners to achieve a level of funding that delivers safe care to the women of Liverpool and its surrounding areas.
4. Expansion of the Hewitt Fertility Centre	The Trust has been awarded a loan facility by the Independent Trust Financing Facility for the capital spend associated with the expansion of the Hewitt Fertility Centre. The risks associated with this activity are being monitored closely by the Board of Directors

Key Risk	Mitigating action
	and relevant assurance committees.

Research and development

Research and development continues to be a key activity for the Trust. Details of this activity can be found in the quality report section of this document from page 44.

Information management and technology

In 2013/14 the Trust's Information Management and Technology (IM&T) department experienced a change in leadership and a redefined IM&T strategy.

The outcome of this has resulted in the progression of the digitization of our paper records, integration of our clinical systems and improved access to records for our patients. The Trust is committed to the paperless 2018 vision, with this initiative being part-funded by the Safer Hospital, Safer Ward Technology Fund.

During 2013/14 SMS reminders have begun to be sent to patients which has reduce the 'Did Not Attend' (DNA) rate by over 7%, and self-service kiosks have been introduced into our ante natal outpatient clinics along with a virtual assistant, providing patients with health and well-being information, friends and family survey data collection and general information about the hospital.

The IM&T department remains committed to improving its services to the optimum standards and has been successful in maintaining the following international standards:

- ISO 27001 accreditation in data security;
- ISO 9001 accreditation in quality;
- ISO 14001 accreditation in environmental management.

Health and safety

During the year our Health and Safety Team ensured the development, review and implementation of health and safety policies in order to meet both internal and external requirements to keep our patients, staff and visitors safe. They engaged with clinical staff to effectively relieve the burden of risk assessments by supporting those clinicians responsible for health and safety within their clinical area, allowing the time freed up to be directed towards clinical and other managerial duties. Monitoring of health and safety related non-clinical incidents was carried out throughout the year and identifiable trends and RIDDORs investigated and acted upon.

Emergency preparedness, resilience and response (EPRR)

The safety of our patients, staff and visitors is a priority. Under the terms of the Civil Contingencies Act 2012 the Trust must be resilient in the event of emergency situations/major incidents and have robust plans in place to enable an effective response to a range of potentially disruptive challenges.

Business continuity management (BCM) is also an important component of EPRR and the Trust has in place a robust system to plan, test and train staff in order to enable continuation of critical services in the event of such disruptive challenges whilst delivering optimum care to patients.

The Trust's major incident plan and business continuity plans were tested on several occasions during the year, in both live incidents and 'table top' exercises. Lessons were learned as a result of both and changes in practice implemented.

The Trust's Director of Nursing, Midwifery and Operations is the Accountable Emergency Officer with executive responsibility at Board level for EPRR.

Local Security Management Specialist

The overall objective of the Local Security Management Specialist is to deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients. We achieved this objective by providing a security management service for the Trust, working towards the creation of a pro-security culture and ensuring security activity in respect of NHS Protect's four areas of priority, namely tackling violence and aggression against staff; protecting paediatric and maternity unit; protection of drugs, prescription forms and hazardous materials, and; protecting Trust property and assets

Countering fraud and corruption

The Trust is committed to countering fraud and corruption. We engage the services of a registered counter fraud specialist and we are compliant with the requirements of the counter fraud manual. The Trust fully cooperates with NHS Protect and responds to the national proactive reviews. Our work in respect of countering fraud and corruption is overseen by the Trust's Audit Committee.

Counter fraud policies are set out in the Trust's Standing Financial Instructions which form a part of our corporate governance manual, reviewed annually. We also have in place a whistle-blowing policy. The Trust's accountable officer for fraud is the Director of Finance.

The Trust received a Counter Fraud Qualitative Assessment rating of green for 2012/13 (the most recent rating available). This is consistent with the previous year's assessment.

Serious incidents involving data loss or confidentiality breach

During the year the Trust identified and managed one serious incident involving data loss or confidentiality breach. A number of patients' details were being uploaded onto an external website which did not have encryption deployed in order to ensure the protection of clinical information during transfer. There were 1,185 patients uploaded to the system which was a central repository for data used to measure patient outcomes and efficacy of uro-gynaecological procedures.

Both the Information Commissioner's Office and the local Clinical Commissioning Group were informed of the incident at the time. The Trust then worked with both organisations to ensure an effective management process was implemented to minimise any risk of recurrence.

This incident resulted in changes to the Trust's internal processes and our Information Governance policy.

Consultations

No formal consultations in respect of proposed changes to the Trust's services were carried out during the year but plans commenced in respect of consulting our patients, staff and stakeholders in respect of the proposed relocation of our clinical genetics service from Alder Hey Hospital to Liverpool Women's Hospital.

The position of the Trust at 31 March 2014

The Trust ended the year with a surplus of £0.276m after all expenditure was accounted for. This demonstrates the continued strong financial performance of the Trust in an environment which remains increasingly challenging for health care organisations.

The Trust also achieved an overall Continuity of Services rating of 4 and a green governance rating, as measured by [9]Monitor. The breakdown of our Financial Risk Rating and final Continuity of Services rating is provided below alongside a comparison with last year:

Monitor Ratings	**2013/14**	**2012/13**
Under the Compliance Framework		
Earnings before Interest, Depreciation and Amortisation (EBITDA)		3
EBITDA Margin		5
Return on Capital employed		4
Income and Expenditure Surplus		3
Liquidity Ratio		3
Overall Monitor Financial Risk Rating		**3**
Under the Risk Assessment Framework		
Liquidity	3	
Debt Service cover ratio	4	
Overall Continuity of Service rating	**4**	

Full details of the Trust's financial performance in 2013/14 can be found in the annual accounts from page 194 of this report.

[9]See page 16 for an explanation of how Monitor's methodology for measuring Trusts' changed during the year from the Compliance Framework to the Risk Assessment Framework.

Branches outside the UK

Liverpool Women's NHS Foundation Trust had no branches in operation outside the UK in 2013/14. It continues to investigate international opportunities in relation to the provision of fertility services for the future.

Directors' and Governors' significant interests

All members of the Board of Directors and Council of Governors are required to disclose any other significant interests which may conflict with their responsibilities. Both Directors' and Governors' register of interests can be found on the Trust's website at www.liverpoolwomens.nhs.uk.

Likely future developments

In 2014/15 the Trust will consider a series of strategic options aimed at ensuring services for women, babies and families remain clinically safe and financially viable.

Our plans for 2014/15 – 2015/16 can be found on the Trust's website at www.liverpoolwomens.nhs.uk.

Important events since the end of the financial year

There has been one important event since the end of the financial year. On 30 April 2014 the Council of Governors appointed a new Chair of the Trust as the term of office of the incumbent Chair, Ken Morris, will come to an end in August 2014. Edna Robinson will take up this role on 1 September 2014.

Disclosures included in Strategic Report

A number of disclosures required to be made in this Directors' Report have instead been included in the Strategic Report. This is because they relate to our staff and the Strategic Report includes a comprehensive section in respect of our people and the disclosures can therefore be considered in the context of our work with our staff. The disclosures are: (a) policies applied for giving full and fair consideration to applications for employment made by disabled persons; (b) policies applied for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons; (c) policies applied for the training, career development and promotion of disabled employees; (d) actions taken to provide employees systematically with information on matters of concern to them; (e) actions taken to consult employees or their representatives on a regular basis so that their views can be taken into account in making decisions which are likely to affect their interests; (f) actions taken to encourage the involvement of employees in the Trust's performance; (g) actions taken to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the Trust.

Quality report

Introduction
Part 1
Statement on quality from the Chief Executive of Liverpool Women's NHS Foundation Trust

These are challenging times and the life of a Chief Executive is both demanding and difficult. It is also a rewarding one and an enormous privilege. Despite the financial pressures that we cannot ignore, Liverpool Women's has placed a strong emphasis on maintaining, delivering and celebrating the provision of high quality care for our patients. This Quality Report seeks to recognise some of those achievements whilst identifying areas where we are striving to improve the care we provide. I hope it provides a useful source of information for all those who take an interest in the care we provide.

There have been many highlights during a year in which the Trust celebrated the 18th birthday of the Liverpool Women's Hospital at Crown Street.

In April 2013 we were joined by Dame Sally Davies, Chief Medical Officer for the opening of our Centre for Women's Health Research and Centre for Better Births in collaboration with the University of Liverpool. We are delighted to be working together with our partners in the University of Liverpool and hope that our research will benefit not only the women of Liverpool but women all over the world.

Following significant investment in new technologies, and led by our world-leading team of clinicians and scientists, the Hewitt Fertility Centre is achieving the best outcomes for embryo implantation rates in the UK (and comparable with best in world). They achieved the world's first birth using Eeva technology to assess embryo quality and were shortlisted in HSJ's innovation in Healthcare award. We have now opened a satellite clinic in Knutsford allowing us to offer the benefits of this quality service to more couples needing fertility treatment.

This year we received an unannounced visit by the CQC who raised a concern about staffing levels in midwifery. The issue was not a surprise to us and is something we have been aware of and responding to for some time. We have worked for several years to influence the Maternity tariff nationally as it has been clearly demonstrated that the maternity tariff is inadequate to provide recommended staffing levels of doctors or midwives. The problem was recently raised before and discussed by the Parliamentary audit committee. Despite this we have invested significantly in appointing more midwives to our Trust with an aim to provide a better experience for all our women and our staff. A reflection of the work that we have carried out over the year and in response to the CQC visit is that the CQC's Intelligent Monitoring report, March 2014 classified the Trust in Band 6 which is the lowest risk band.

Moving forward, the Trust is keen to improve our response to complaints and to develop a robust system for the ordering, reporting and reviewing of investigation results. These are 2 areas that we have identified that can improve the quality and safety of our services. We will also continue with our efforts to build on the success of our social media development following the successful launch of out Twitter and Facebook accounts which clearly appeal to many of our service-users.

I declare that to the best of my knowledge the information within this document is accurate.

Signed:

Kathryn Thomson
Chief Executive

23 May 2014

Service Vignettes

We present below, some brief narratives explaining changes in practice and quality improvement effected in the last 12 months.

Maternity / Neonatal - Transitional Care (TC) Service

The TC service was re-launched in October 2013 following relocation to an improved area, giving mothers more space and natural daylight. The staffing establishment for this service was also increased with the aim of having one registered, and one non-registered, staff member on every shift. This additional input from the registered staff member allowed for more direct care planning within the TC area, and allowed earlier identification of babies on the maternity wards who might require admission to the neonatal unit.
Since the service has been in place there has been a reduction in term admissions from 8.1% to 4.9% with an additional average of 7 babies, 37 weeks or more and 3 babies under 37 weeks staying with their mother rather than being admitted to NICU.
During this period the average score on the friends and family test results was 9.59 out of a possible score of 10 with comments such as:

- "I cannot praise the staff highly enough, particularly the neonatal nurses on TC. They have provided outstanding physical, emotional and moral support."
- "Without TC I would not be able to have my baby by my side which left me emotional and also gave me the opportunity to bond"

Neonatal - High Flow Therapy

High Flow Oxygen Therapy is a relatively new technique enabling the delivery of humidified oxygen to babies. In 2013, this method of respiratory support was trialled on the unit. Nurses and parents whose babies had been on our usual method of support (nasal CPAP) were asked for their opinions on the therapy. The therapy was used in 19 babies with 38 parents completing questionnaires. All the parents who responded preferred the high flow therapy to nasal CPAP. Half of the babies were able to establish feeds on the therapy and half were able to be given their first bath, neither of which is possible with CPAP. Following this successful evaluation, high flow therapy has now been introduced as a routine treatment on the neonatal unit.

Neonatal - Discharge Planning

The discharge of babies from the neonatal unit can be complicated both by medical and social issues. Previously discharge planning would be left until only a few days prior to discharge. A new system was introduced Autumn 2013 in which health and social concerns are explicitly identified and documented on all babies on the neonatal unit at a weekly multidisciplinary meeting. This approach allows earlier identification of issues and liaison and sharing of concerns with external agencies (such as social services) earlier in each neonatal admission than previously and enables the provision of more holistic care. A recent evaluation (April 2014) identified that 100% of babies who were on the unit (n=87) were discussed at least once at the discharge planning meeting.

The Cheshire and Merseyside Genetics Service – Patient Story

The Cheshire and Merseyside Genetics Service is based in Liverpool Women's Hospital and is one of only 23 Regional Genetic Services in the UK. The Service provides Genetic testing for a population of 2.8 million across the Region and uses state-of-the-art technology to ensure the provision of the most up to date testing for the patients served.

The NHS Constitution (March 2013) states that *"The NHS belongs to the people…..It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health…"* This is a value that is reflected daily, in the delivery of service provision from the Genetic Service at Liverpool Women's Hospital. A value that is reflected in the exemplar practices evidenced in this Genetic Service, that was highlighted in the Barnes Review of Pathology Quality Assurance (January 2014) and the National Quality Dashboards against which this Service is benchmarked for quality. This Regional

Genetic Service is a flagship of what works well in the NHS providing services at the highest quality standards and using validated and assured state of the art technology.

What does this mean to patients?

John is a Patient in Genetics; we have been seeing John, in Genetics, as an outpatient for 18 years. A diagnosis has eluded us all that time because we just have not previously had the technology that is sensitive enough to find out what was wrong with John. John came to our attention when he was born 18 years ago at Liverpool Women's with hypotonia and was a 'floppy' baby. He was admitted to the Neonatal unit and discharged 5 weeks later, having shown some progression, but we had not managed to diagnose the cause of his clinical condition based on the technology at that time. When he was 5 years old John presented at Alder Hey Children's Hospital with progressive wasting of muscles in his hands and feet, caused by damage of nerves. This progressed to clumsiness due to shrinking and damage to his cerebellum. In the past 10 years, John has become immobile and needs a wheelchair, and yet we have struggled to diagnose him and provide his family with the information they so desperately needed on the cause of this.

John's care over the past 18 years has included more than 50 clinic visits, 100's of esoteric and expensive laboratory tests including neurophysiological tests, which were unpleasant. John has been subjected to 4 (MRI /PET /ECG / Ultrasound) scans. He has had tests sent to a collection of EU laboratories, each test costing between £700 and £800. In total the NHS has spent around £25,000 over 18 years trying to get diagnosis for John and for this family. This is not an unusual story for patients like John.

Late last year John's mother found she was pregnant, the families major concern was that this child might also suffer the same disorder as John and this caused them a great deal of anxiety.

Because we had recently introduced new Genomic technology called microarrays or array comparative genomic hybridization (aCGH) for both prenatal and postnatal patients, we were able to carry out whole genome analysis using a microarray technology on a DNA sample form John, this test cost only £300. We were able to detect an abnormality so small it was not previously seen by the old technology, this abnormality affects the development pathway, it was not previously thought about as a cause for John's problems because infants with these disorders rarely survive.

We were then able to look for this abnormality in the fetus, carried by John's Mother, we were able to reassure the family that the fetus did not carry the abnormality and would therefore not have the problems John had experienced, which reassured the parent's.

As for John, having a diagnosis has made his condition easier to live with; the clinical team has now been able to tailor his management and treatment to more effectively handle his condition.

If a family has a diagnosis it may not always be possible to treat the individuals affected, but there are clear benefits to having a diagnosis, for family members and for future reproduction. Having a diagnosis also allows us to understand the mechanism of disease, manage patients better, provide them with valuable information they are desperately seeking and produce new treatments**.**

The advent of this state-of-the art technology such as Genomics in Liverpool Women's Hospital has provided us with the tools to tackle difficult problems and save money. By Testing Individuals up front we are able to now diagnose 25% more cases previously too difficult to diagnose, and save these individuals a whole raft of other unnecessary tests.

Social Media

During the last year the Trust has continued to develop its internet and social media presence.

There are regular Blogs posted on the Trust Web site, for the Chief Executive and Director of Nursing & Midwifery and both a Clinical and Patient Blog.

The Trust has also established the following Twitter accounts:
@LiverpoolWomens, @HewittFertility, @ Catharine_Med and the Maple team in Kirkby have set up ‘Tweet the Midwife’.

For Facebook accounts please search for: Liverpool Women’s Hospital, The Hewitt Fertility Centre and Catharine Medical Centre.

We encourage you to use these media to engage with the Trust and to see for yourself the experiences and comments posted by our patients.

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

Progress with Priorities for Improvement 2013-14

Patient Safety

Elective Surgical Site Infection

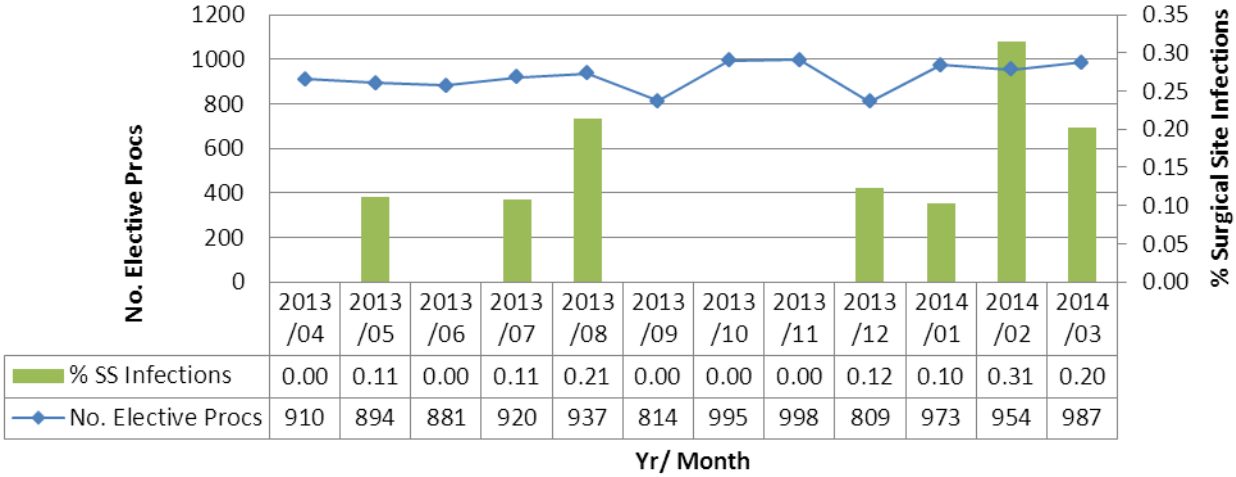
Description:
The number of elective Gynaecology patients with an infection expressed a proportion of all elective Gynaecology patients undergoing a surgical procedure.
Post-operative infections are important both to the individual patients involved, but also to the hospital as they can provide a marker as to the effectiveness of our care of patients before during and after operations.

Why and how this priority goal was selected:
Surgical site infection is one of the commonest causes of post-operative morbidity and delayed recovery.
Surgical site infection and its reduction is an important part of national guidance (NICE Clinical Guidance on Surgical Site Infection CG74) and national programmes to improve patient care (Enhanced Recovery Programmes developed by the Department of Health and the WHO Surgical Site Checklist). It was also highlighted within the Trust as part of our involvement in the Leading Improvement in Patient Safety (LIPS) programme from 2010 onwards.
Data is collated from the information produced by the hospital Coding Department from contemporaneous hospital records and drawn together on a monthly basis by the Information department.

Important because:
Post-operative infections occur in about 5% patients after operations, and can cause delays in recovery and return to health A reduction in the incidence of infection will have a significant impact on patient recovery.

Trust Sponsor / Lead: Mr Robert McDonald, Consultant Gynaecological Oncologist/ Gynaecology Clinical Governance lead.

Progress made in report period 2013-14



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
% SS Infections	0.00	0.11	0.00	0.11	0.21	0.00	0.00	0.00	0.12	0.10	0.31	0.20
No. Elective Procs	910	894	881	920	937	814	995	998	809	973	954	987

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	0.17	0.00	0.00	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.13	0.05
2012/13	0.00	0.00	0.00	0.00	0.12	0.12	0.00	0.12	0.34	0.13	0.12	0.23	0.10
2013/14	0.00	0.11	0.00	0.11	0.21	0.00	0.00	0.00	0.12	0.10	0.31	0.20	0.10

Data from 2010 suggested a recorded infection rate of 0.3%. Since then the rate has fallen to a consistent 0.1% recorded-post operative infection rate.

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reason:

Data collected from hospital records is a limited snap shot of actual patient experience, but is an effective way of comparing our performance over time as the data collection is consistent. WE cannot exclude the possibility that the actual rate of wound infection post operatively may be considerably higher than that recorded here, due to many factors (patients presenting post operatively to their GP and not to the hospital, or incomplete recording of information in the hospital records), but it does provide a record of our performance over time.

How progress to achieve the priority goal is monitored and measured
Data is collated from the information produced by the hospital Coding Department from contemporaneous hospital records and drawn together on a monthly basis by the Information department.

How progress to achieve the priority goal is reported

Infection rates are reported on a 6 monthly basis to the Clinical Governance Committee, and also reviewed twice monthly within the Matrons report to the Infection Control Committee.

The Liverpool Women's NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to focus on infection as a priority, with ongoing development of the WHO surgical checklist and its implementation, training and education of staff around No Touch Technique for invasive procedures, and regular review of the infection data collected.

Non-Elective Surgical site Infection

Description:
The number of non-elective Gynaecology patients with an infection expressed a percentage of all non - elective Gynaecology patients undergoing a surgical procedure.

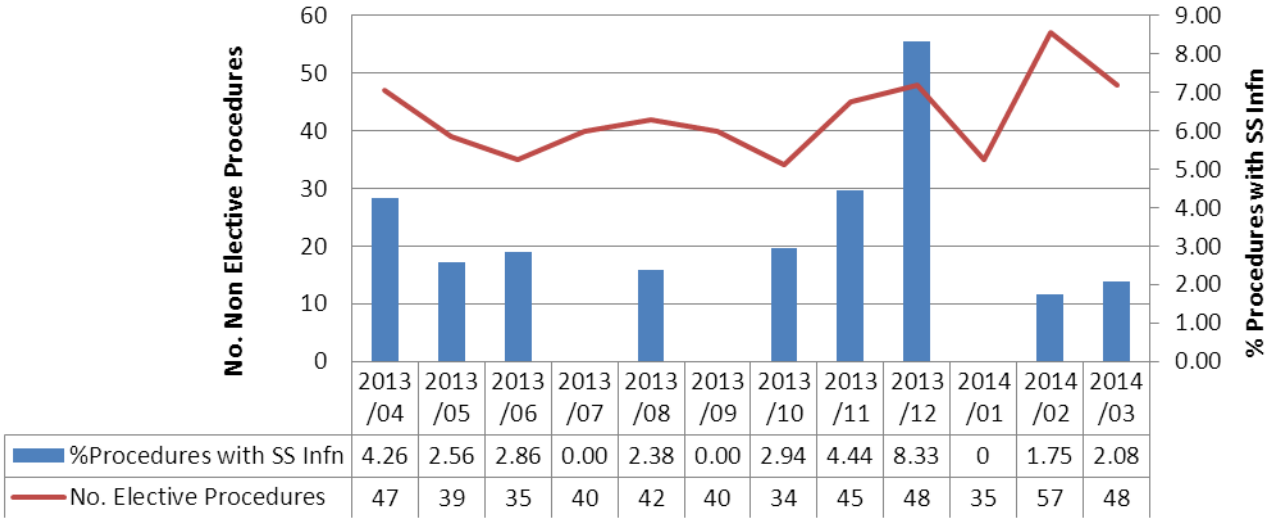
Why and how this priority goal was selected:
Surgical site infection is one of the commonest causes of post-operative morbidity and delayed recovery. Surgical site infection and its reduction is an important part of national guidance (NICE Clinical Guidance on Surgical Site Infection CG74) and national programmes to improve patient care (Enhanced Recovery Programmes developed by the Department of Health and the WHO Surgical Site Checklist). It was also highlighted within the Trust as part of our involvement in the Leading Improvement in Patient Safety (LIPS) programme from 2010 onwards.

Important because:
A reduction in the incidence of infection will have a significant impact on patient recovery. 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.

Post-operative infections occur in approximately 5% of all patents post operatively, but patients undergoing emergency surgery are at a significantly high risk. Past data has suggested our infection rate following emergency surgery is high than for elective cases, and this need to be a focus for the Trust.

Trust Sponsor / Lead: Mr Robert MacDonald, Consultant Gynaecological Oncologist/ Gynaecology Clinical Governance lead.

Progress made in report period 2013-14



Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	2.50	2.44	0.00	0.00	2.94	0.00	2.00	0.00	5.71	0.00	0.00	0.00	1.30
2012/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.13	0.00	4.88	0.00	0.00	0.58
2013/14	4.26	2.56	2.86	0.00	2.38	0.00	2.94	4.44	8.33	0.00	1.75	2.08	2.63

An average post-operative infection rate of 3% is markedly higher than the elective rate of 0.1%. The greater risk of complications after emergency surgery is in part related to this, but with no improvement in this figure (and indeed a worsening of the data for Dec 2013 shown below) this needs further attention and focus.
The increase in infections has been registered and is part of the Gynaecology Risk agenda for the coming year. There are no clear causes known at this time (indeed a recent audit of post-operative wound infections in 2014 showed a good compliance with antibiotic prophylaxis and skin preparation prior to surgery) but the information in this report will be highlighted with the clinical staff and a plan to focus on infection in emergency cases developed over the coming months.

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- This relative discrepancy between the elective and emergency data is in part due to the higher risk of post-operative complications in emergency situations, but also needs further work to identify what can be done to improve this.

How progress to achieve the priority goal is monitored and measured

Data is collated from the information produced by the hospital Coding Department from contemporaneous hospital records and drawn together on a monthly basis by the Information department.
A monthly review of the emergency infection data is underway, with a report back to the Clinical Governance committee and Infection Control Committee during 2014.

How progress to achieve the priority goal is reported

This measure will be part of Gynaecological Clinical Governance reports in June 2014 and the Quality report in 2015

The Liverpool Women's NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by:

- a review of the use of the WHO surgical checklist in emergency cases and a focus on emergency admissions and surgery in staff training and education.

Incidence of Multiple Pregnancy

Description:
The multiple pregnancy rates calculated as a proportion of all clinical pregnancies.

Why and how this priority goal was selected:
As assisted conception treatment improves, replacing more than one embryo at a time now more frequently results in a multiple pregnancy. This leads to a more complicated pregnancy with a much higher incidence of preterm birth.

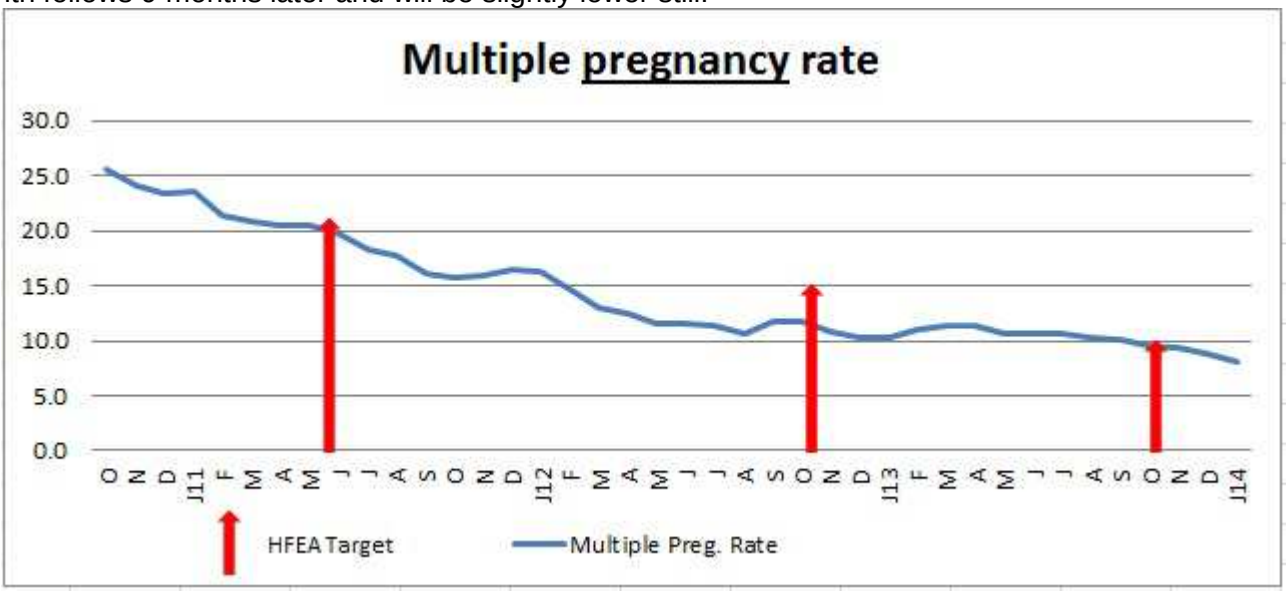
As preterm birth is well recognised to be associated with physical and development problems, reducing the incidence of multiple pregnancies was selected as a priority goal by the Unit Management team.
The Human Fertilisation & Embryology Authority (HFEA), the UK fertility regulator sets a target for fertility centres to meet in its drive to reduce the number of multiple pregnancies arising from fertility treatments. Currently the target is that fertility clinics should aim to have a live birth multiple pregnancy rate under 10%. Hence these data are collected to measure the Hewitt Fertility Centre's progress in meeting the challenge.

Important because:
Collection of multiple pregnancy rate data on a monthly basis allows the Hewitt Fertility centre to monitor its performance in relation to the HFEA's targets and, where necessary make adjustments to its Multiple Birth Minimisation Strategy, the latter being an HFEA requirement.

Trust Sponsor / Lead: Andrew Drakeley, Consultant Gynaecologist / Karen Schnauffer, Consultant Clinical Embryologist

Progress made in report period 2013-14
The figure below shows the multiple pregnancy rate on a monthly basis for the previous 39 month period. This allows us to monitor progress towards the HFEA's targets (shown below by red arrows) The HFEA target for the period Oct 12 - Sept 13 was that no more than 10% of live births generated in this period should be multiples.

The graph demonstrates that the Hewitt Centre has achieved the HFEA target of 10% multiple pregnancy rate. Note that we show the clinical pregnancy rate (fetal heart beat seen on scan). The live birth rate for month follows 9 months later and will be slightly lower still.



Nb. Red arrows indicate the introduction and level of the HFEA's reducing targets for incidence of multiple births

	2013/01	2013/02	2013/03	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01
No singletons	467	461	446	471	480	493	512	529	538	555	582	573	628
No twins	53	57	57	60	57	59	61	60	60	58	60	56	55
No trips	0	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Pregnancy Rate	10.2%	11.0%	11.3%	11.3%	10.6%	10.7%	10.6%	10.2%	10.0%	9.5%	9.3%	8.9%	8.1%

The Liverpool Women's NHS Foundation Trust considers that this data is as described since there is a regulatory requirement to provide these data to the HFEA who continually monitor and benchmark against their targets.

How progress to achieve the priority goal is monitored and measured

The multiple pregnancy rates (MPR) are calculated as the number of fetal hearts detected by ultrasound scan divided by the number clinical pregnancies x 100.

Data is supplied by the Reproductive Medicine unit. Once received the data is manually entered into the storage data table. Please note though that the data is always approximately 3 months behind.

By employing a selective single embryo transfer policy and monitoring the biochemical and clinical pregnancy rates on a monthly basis, as a more immediate check on twin rate, we have been able to show a steady decline in twin rate, whilst maintaining our overall clinical pregnancy rate.

How progress to achieve the priority goal is reported

Multiple pregnancy rate data derived and examined within the Hewitt Fertility Centre are supplied monthly to the Trust. Once received these data are manually entered into the storage data table. Please note, however, that the data are always approximately 3 months behind due to the time taken to establish a pregnancy. Outcome data is shared internally at the Hewitt Centre Quality meeting, 6 monthly at the Trust Clinical Governance meeting and externally with the HFEA continually.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by:

- Monitoring of multiple pregnancy rate and the review of the multiple birth minimisation strategy is a requirement of the HFEA.
- The constant review of clinical and laboratory methodologies and strategies which strive to provide every patient with a successful outcome, this being a healthy singleton live birth.

Apgar Scores <4 (at 5 mins)

Description:

The number of babies born with an Apgar score at 5 minutes and with a gestation >34 weeks expressed as a percentage of all births with a recorded Apgar score.

Why and how this priority goal was selected:

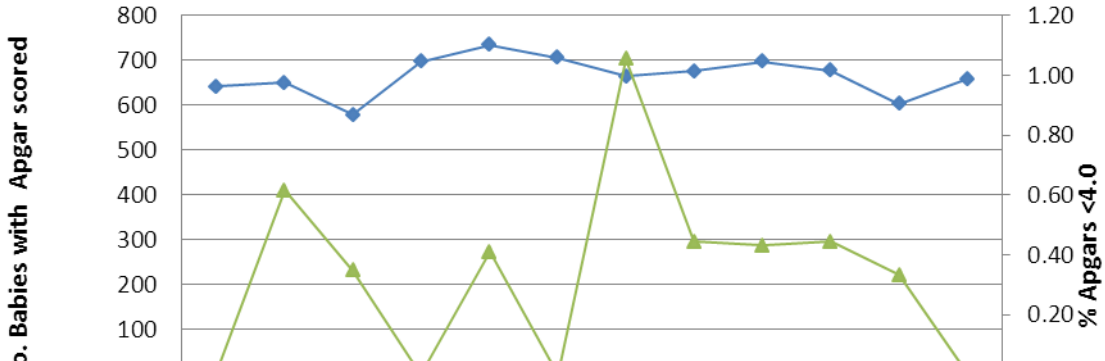
This indicator was originally chosen by the directorate following a multidisciplinary discussion at the division meeting about what was highest impact. Whilst there was no direct patient and public involvement- the impact of the selected Maternity indicators (Apgar score <4 at 5 mins, Cord pH <7.0 in liveborns >24 weeks gestation and Stillbirths) are common reasons for patient complaints and litigation locally and nationally.

NICE Guideline – "Intrapartum Care: Care of healthy women and their babies during childbirth" (2007), which covers all aspects of Maternity Care.

Important because:
The Apgar score is a measure of a baby's condition at birth. Although developed as an indicator to aid with resuscitation, a low Apgar score (<4 out of 10). There is low level evidence that the Apgar score at 5 minutes is moderately accurate at predicting neonatal death and cerebral palsy.

Trust Sponsor / Lead: Intrapartum Clinical leads

Progress made in report period 2013-14



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
Babies with Apgar scored	641	650	578	697	734	706	664	676	697	677	603	659
% Apgars <4.0	0.00	0.62	0.35	0.00	0.41	0.00	1.05	0.44	0.43	0.44	0.33	0.00

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	0.60	0.15	0.00	0.56	0.00	0.29	0.59	0.57	0.00	0.15	0.45	0.16	0.29
2012/13	0.15	0.40	0.00	0.75	0.27	0.43	0.68	0.15	0.58	0.17	0.50	0.64	0.39
2013/14	0.00	0.62	0.35	0.00	0.41	0.00	1.05	0.44	0.43	0.44	0.33	0.00	0.34

The Liverpool Women's NHS Foundation Trust considers that the data is as described for the following reasons. The figures reflect the increase in associated co morbidities in the maternal population of women who attend this Trust and the fact that Liverpool Women's is a tertiary referral centre and therefore a significant number of babies with low Apgar scores would be expected as these babies would not have been expected to be born in optimal condition due to clinical factors.

How progress to achieve the priority goal is monitored and measured
The data is produced automatically on or around the 5th of each month from the information team. The data will be presented and monitored at the Intrapartum working group and actions escalated to the Maternity clinical group.

How progress to achieve the priority goal is reported
The Liverpool Women's NHS Foundation Trust currently reports the data collectively for the Intrapartum areas, however the high risk birth mentioned previously will occur within the central delivery suite.
It is therefore our intention to separate the data for the two Intrapartum areas and homebirths to identify the incidence in the low risk births.

The Liverpool Women's NHS Foundation Trust intends to take/ the following actions to improve this percentage, and so the quality of its services, by:

- Separate the data for the two Intrapartum areas and homebirths to identify the incidence in the low risk births.

Cord pH <= 7.00 in livebirths >=24 weeks gestation

Description:
The number of live births after 24 weeks gestation where the arterial cord pH is recorded as less than 7.00 expressed as a percentage of all births after 24 weeks with a recorded pH.

Why and how this priority goal was selected:
This indicator was originally chosen by the directorate following a multidisciplinary discussion at the division meeting about what was highest impact. Whilst there was no direct patient and public involvement- the impact of the selected Maternity indicators (Apgar score <4 at 5 mins, Cord pH <7.0 in liveborns >24 weeks gestation and Stillbirths) are common reasons for patient complaints and litigation locally and nationally.

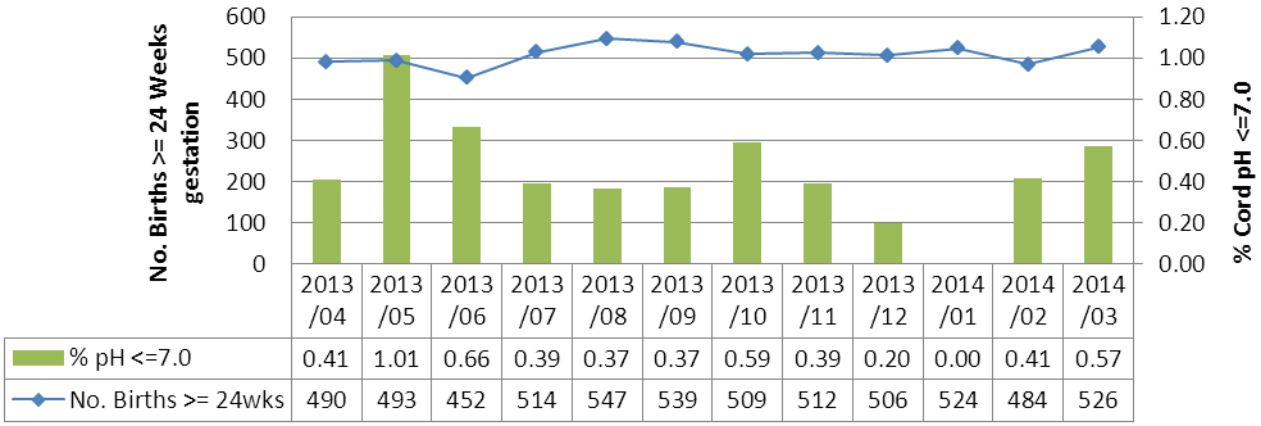
NICE guidance includes: "Intrapartum Care: Care of healthy women and their babies during childbirth" (2007), "Postnatal Care: Routine postnatal care of women and their babies"(2006) and "Antenatal Care: Routine care for the healthy pregnant woman"(2008).

There is limited evidence that cord PH is a predictor of neonatal death or cerebral palsy, however, if paired samples of blood gases are normal this excludes hypoxic ischaemic brain damage (Intrapartum brain damage). Therefore this is routinely performed on all high risk births. For births in the low risk areas this is undertaken for any expectantly compromised infant.

Important because:
The cord blood pH analysis is a measure of a baby's condition at birth. All babies born with low cord blood pH (less than 7.00) require paediatric review and possible admission to the neonatal unit for observation Following birth the mother's notes are reviewed to identify if there were any alterations in the Intrapartum care would / may have altered the outcome.

Trust Sponsor / Lead: Intrapartum clinical leads

Progress made in report period 2013-14



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
% pH <=7.0	0.41	1.01	0.66	0.39	0.37	0.37	0.59	0.39	0.20	0.00	0.41	0.57
No. Births >= 24wks	490	493	452	514	547	539	509	512	506	524	484	526

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	0.21	0.39	0.79	0.98	0.00	0.59	0.40	0.72	0.58	0.77	0.41	1.06	0.58
2012/13	1.26	0.37	0.98	0.39	0.36	0.00	0.36	0.60	0.61	0.21	0.42	0.41	0.50
2013/14	0.41	1.01	0.66	0.39	0.37	0.37	0.59	0.39	0.20	0.00	0.41	0.57	0.45

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons. Actions that have been put into place have resulted in a small but significant reduction in cases.

How progress to achieve the priority goal is monitored and measured
The data is recorded within and extracted from 'Meditech', the patient Information System. Exclusions apply to these calculations where baby has been born before arrival of midwife and for babies born on Midwifery Led Unit.

How progress to achieve the priority goal is reported
The data will be presented and monitored at the Intrapartum working group and actions escalated to the Maternity clinical group.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:

- Implementing a continuous programme of CTG interpretation.
- Implementation of the 'fresh eyes' approach. This is a process by which a second person reviews a CTG to minimise the risk of individual error.

Incidence of methicillin resistant staphylococcus aureus (MRSA) bacteraemia infection

Description:
The number of reported instances of MRSA bacteraemia infections amongst patients receiving care within the Trust.

Why and how this priority goal was selected:
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 three consecutive years wished to monitor and maintain this record.

Important because:
The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment.

Trust Sponsor / Lead: Dr Tim Neal, Consultant Microbiologist,
Director for Infection Prevention and Control.

Progress made in report period 2013-14

	No. of Reported MRSA Bacteraemias											
Year	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2011/12	0	0	0	0	0	0	0	0	0	0	0	0
2012/13	0	0	0	0	0	0	0	0	0	0	0	0
2013/14	0	0	0	0	0	0	0	0	0	0	0	0

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons.

- Infection data is collated manually by the infection control analyst from reports to infection prevention and control team.

How progress to achieve the priority goal is monitored and measured
The infection prevention and control team record and investigate any instances of MRSA bacteraemias reported.

How progress to achieve the priority goal is reported
All cases of MRSA bacteraemia occurring in the Trust are reported through the Trust reporting structures i.e. Infection Control Committee and Clinical Governance Committee monthly, Clinical and Governance Assurance Committee and Trust Board quarterly. All cases (and nil returns) are reported monthly onto the National mandatory reporting database.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- Putting in place a process for root cause analysis of all cases to identify learning outcomes, all cases are reported through the Trust governance structures to ensure transparency, in addition there is regular audit of antimicrobial prescribing and infection control practices to ensure the quality of service is improved.

Incidence of Clostridium difficile

Description:
The reported instances of Trust apportioned *Clostridium difficile* infection in persons aged 2 or over

Why and how this priority goal was selected:
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 2012-13 the Trust wished to monitor and maintain this record.

Important because:
The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment. Preventing infection improves patient, care, experience and safety.

Trust Sponsor / Lead: Dr Tim Neal, Consultant Microbiologist,
Director for Infection Prevention and Control.

Progress made in report period 2013-14

	No. of Reported C. difficile Infections											
Year	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2011/12	0	0	0	0	0	0	0	0	0	1	0	0
2012/13	0	0	0	0	0	0	0	0	0	0	0	0
2013/14	0	0	0	1	0	0	0	0	1	0	0	0

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons.

- Infection data is collated manually by the infection control analyst from reports to infection prevention and control team.

How progress to achieve the priority goal is monitored and measured
The infection prevention and control team record and investigate with a full root cause analysis any instances of *C.difficile* reported.

How progress to achieve the priority goal is reported
All cases of *C.difficile* infection occurring in the Trust are reported through the Trust reporting structures i.e. Infection Control Committee and Clinical Governance Committee monthly, Clinical and Governance

Assurance Committee and Trust Board quarterly. All cases (and nil returns) are reported monthly onto the National mandatory reporting database.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- Putting in place a process for root cause analysis of all cases to identify learning outcomes, all cases are reported through the Trust governance structures to ensure transparency, in addition there is regular audit of antimicrobial prescribing and infection control practices to ensure the quality of service is improved.

Medication Incidents

Description:
Number of Medication incidents recorded by the Trust on the electronic incident reporting system 'Ulysses'.

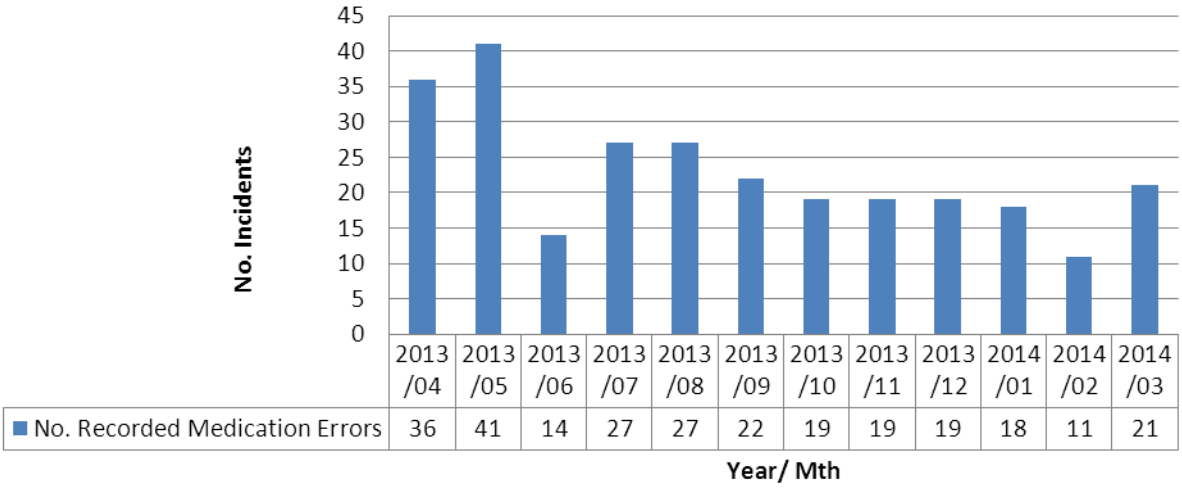
Trust staff report any misadventure with medicines as part of the provision of good assurance. The reporting of medicines incidents and near misses is a key requirement both to commissioners and for the greater national learning via the NPSA's National Reporting and Leaning Scheme

Why and how this priority goal was selected:
The recording of all incidents is vital to ensure that contributing causal factors are identified and addressed. The measure allows progress to be monitored.

Important because:
Errors in the prescribing, storage, supply and administering of drugs obviously have the potential to cause serious harm and must be reduced as near to elimination as possible.
Patients have a right to prompt and appropriate treatment with medicines. The reporting of incidents helps to identify a need to improve practice, review standards and introduce or improve training.

Trust Sponsor / Lead: Prashant Sanghani, Interim Chief Pharmacist

Progress made in report period 2013-14



	No. of Recorded Medication Errors												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	30	40	43	42	30	37	51	40	46	69	58	65	45.9

2012/13	70	95	54	53	64	47	45	45	39	40	34	35	51.8
2013/14	36	41	14	27	27	22	19	19	19	18	11	22	22.9

The Liverpool Women's NHS Foundation Trust considers that these data are as described for the following reasons: The trust has defined and differentiated between a pharmacy intervention [a routine improvement in prescribing quality] and an intervention [an unplanned improvement in care]. This may have led to a reduction in reported incident.

How progress to achieve the priority goal is monitored and measured

Medication incidents are recorded by all clinical staff into the Ulysses incident reporting system. A Medication Incident is any error involving any medication. Data is downloaded from the Ulysses incident reporting system and saved on the Trust network. The period of download is 01/04/2011 to the end of the month to be reported up to. Once the file is saved the system calculates the number of errors per month.
All medicines incidents are reported to local teams which, with the support of their risk leads, take appropriate steps to reduce a recurrence. All incidents are also reviewed by the Medicines Incident Review Subcommittee [MIRS] of the Medicines Management Committee [MMC]. The MIRS scrutinises local actions taken and identifies local and trust-wide themes. The MMC develops actions for improvement.

How progress to achieve the priority goal is reported

The goal for reported incidents is to have increasing numbers and for the proportion of these graded as serious to decline. Local teams have been informed of the need to promote incident reporting.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services:

- Advising local teams of the need to promote incident reporting and reporting incidents describing ideal clinical practice.

Clinical Effectiveness

Mortality Rates in Gynaecology

Description:

The number of Gynaecology Inpatients that have died expressed as a proportion of all Gynaecology Inpatients

Why and how this priority goal was selected:

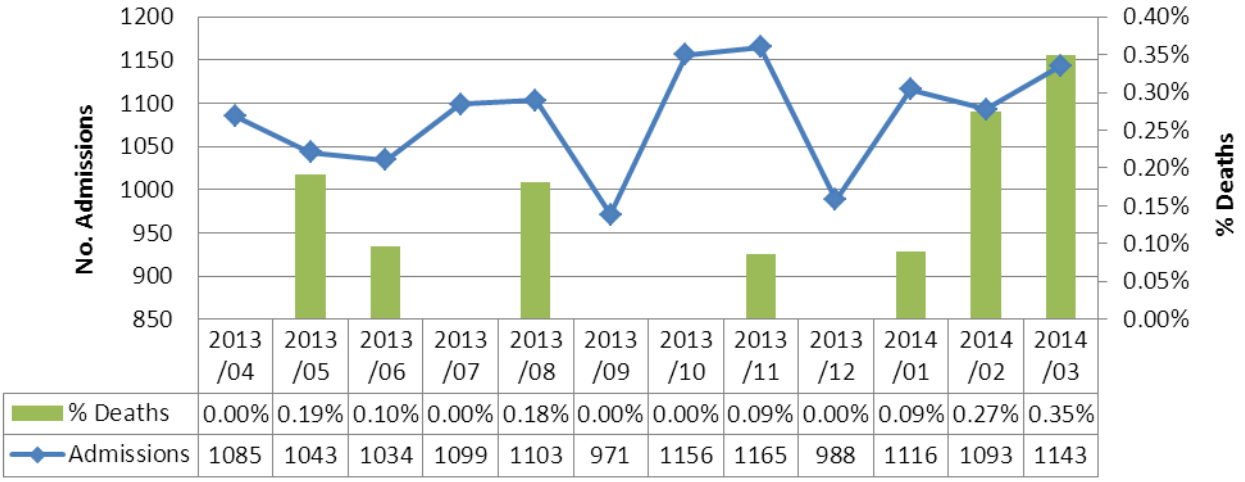
This is a local mortality Indicator used in place of unavailable national Standardised Hospital Mortality Index data for this Trust. Mortality data is crucial for all hospitals, and is an important focus of our Gynaecological Oncology service. All the patient deaths in the past year were in patients who had a Gynaecological cancer.

Important because:

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. There is no formal staff or patient involvement in the data collected, but a concern raised by the hospital Mortality data would be important information for the Oncology team to review.

Trust Sponsor / Lead: Mr Rob Macdonald, Consultant Gynaecological Oncologist/ Gynaecology Clinical Governance lead.

Progress made in report period 2013-14



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
% Deaths	0.00%	0.19%	0.10%	0.00%	0.18%	0.00%	0.00%	0.09%	0.00%	0.09%	0.27%	0.35%
Admissions	1085	1043	1034	1099	1103	971	1156	1165	988	1116	1093	1143

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	0.00%	0.19%	0.09%	0.00%	0.00%	0.10%	0.09%	0.09%	0.00%	0.00%	0.09%	0.08%	0.06%
2012/13	0.30%	0.29%	0.00%	0.09%	0.30%	0.10%	0.00%	0.09%	0.00%	0.18%	0.20%	0.19%	0.14%
2013/14	0.00%	0.19%	0.10%	0.00%	0.18%	0.00%	0.00%	0.09%	0.00%	0.09%	0.27%	0.35%	0.11%

How progress to achieve the priority goal is monitored and measured

There is no specific target figure for the hospital Mortality rates. Indeed, with the development of the Mulberry Suite and more recently the Orchid Suite in Gynaecology for seriously ill Oncology patients, we have had patients wishing to spend their last days within the support of the hospital. All hospital mortalities are reviewed within the Oncology Multidisciplinary team to ensure care and actions were appropriate.

How progress to achieve the priority goal is reported

Hospital Mortality data is reported to the Clinical Governance committee on a 6 monthly basis.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by reviewing all hospital deaths over the past 5 years and assessing the patient care. No major concerns were identified around patient care during the review, but this will need to be regularly reassessed to ensure our patients receive the best care both during treatment and also at the end of life.

Biochemical Pregnancy Rates Invitro fertilisation (IVF, Intracytoplasmic sperm injection (ICSI) and Frozen Embryo Transfer (FET)

Description:

The number of positive pregnancy tests per number of embryo transfers for a given time period. Whilst live birth rate data is most important to an infertile couple, the biochemical pregnancy rate is a more immediate reflection of how a fertility laboratory is performing.

Why and how this priority goal was selected:

This is the most useful and rapidly obtainable marker of how the whole system (drug stimulation, egg quality, lab performance) is working.

We submit, as we are required, to the HFEA fertility regulator data for each licensed treatment episode on different aspects of the couples care. These are then benchmarked nationally. The Hewitt Fertility Centre management selected this required measure as one of its Quality Indicators, whilst not involved in this selection the indicator is clearly of interest to those who have need of fertility services.

Important because:
Couples do not choose to go for IVF treatment. When they need to, they have a right to know that they are to be well cared for and are most likely to achieve a family in their clinic of choice.

Trust Sponsor / Lead: Andrew Drakeley, Gynaecologist & Karen Schnauffer, Embryologist

Progress made in report period 2013-14
The tables demonstrate that the Hewitt Centre has shown a steady improvement in pregnancy rates over the reporting period. In the last 12 months we have seen an increase in activity of 20% and now attract patients from over 45 different catchment areas in the UK.

IVF	% of Embryo transfers with positive pregnancy test												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	31.9	35.6	27.3	34.8	39.4	39.7	37	46.3	53.3	50	39.2	51.8	40.5
2012/13	36	39.1	52.4	34.1	49.2	48.5	52.6	40.6	43.6	44.8	43.1	38.6	43.6
2013/14	53.8	43.9	48.8	43.9	48.0	39.0	48.8	34.4	50.0	46.0	56.4	52.1	47.1

ICSI	% of Embryo transfers with positive pregnancy test												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	42.9	26.7	38.7	42.1	31.4	41.8	38.2	47.5	31.3	32.8	37.3	49.2	38.3
2012/13	30.5	37.8	35.3	41.1	40.7	56.5	42	30.4	34.5	55.2	45.5	51.6	41.7
2013/14	43.5	43.2	50.9	42.9	48.4	54.4	50.7	45.2	25.0	51.0	48.5	49.3	46.1

FET	% of Embryo transfers with positive pregnancy test												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	29.6	25	37	35.4	28.6	39	26.7	13.3	28.6	22.5	25	14.7	27.1
2012/13	14.3	25.8	25	43.5	25.9	36.4	38.1	30.8	20	29.7	44.1	31.0	30.4
2013/14	47.4	55.6	38.6	49.1	34.0	56.7	35.0	52.3	36.4	46.2	47.5	49.3	45.7

The Liverpool Women's NHS Foundation Trust considers that this data is as described as it is a regulatory requirement to collect and submit live data to the HFEA.

How progress to achieve the priority goal is monitored and measured
The number of positive pregnancy tests per number of embryo transfers for a given time period, as recorded on the Hewitt Fertility Centres 'IDEAS' database and delineated by technique. Once treatment is initiated, data is submitted externally to the HFEA before the eventual outcome is known.

How progress to achieve the priority goal is reported
Pregnancy rate data is shared internally at the Hewitt Centre monthly Quality meeting and executive meeting, 6 monthly at the Trust Clinical Governance meeting and externally with the HFEA continually.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:

- Investing heavily over the last two years in state of the art laboratory facilities with the latest developments on time lapse imaging and other innovations. This has borne fruit and resulted in better than ever before pregnancy rates across all age groups.

Brain Injury in pre-term babies (Severe Intraventricular haemorrhage and Preventricular leukomalacia)

Description:
The proportion of very low birth weight (birth weight below 1500g) babies born at Liverpool Women's Hospital who have ultrasound evidence of severe periventricular haemorrhage (grade 3 or grade 4) and/or

periventricular leukomalacia. Data are reported by calendar year to allow benchmarking with the rest of the Vermont Oxford Neonatal Network (VON).

Why and how this priority goal was selected:
Neurological disability as a consequence of perinatal brain injury is an important adverse outcome in babies who survive preterm birth. Many of the VLBW babies born here are followed up at other hospitals. There is no national system for recording information on preterm babies, so monitoring disability rates in children who have been cared for on our unit is difficult.

Cranial ultrasound examination should be performed on all babies with a birth weight <1501g during their period on the neonatal unit to look for evidence of brain injury (periventricular haemorrhage (PVH) or periventricular leukomalacia (PVL)).

Cranial ultrasound abnormalities can predict serious disability reasonably accurately, so these are used here as a surrogate marker for disability rates.

Important because:
Neurological disability is an important adverse outcome in children 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.

Trust Sponsor / Lead:
Dr Bill Yoxall, Clinical Director, Neonatal Unit.

Progress made in report period 2013-14

	2010		2011		2012		2013	
No scan performed	37		22		15			*17*
PVH (grade)	n	*%*	n	*%*	n	*%*	n	*%*
0	65		57		81		54	
Minor (1 or 2)	41	*35.0*	49	*40.8*	62	*38.0*	54	*47.0*
3	10	*8.5*	5	*4.2*	7	*4.3*	6	*11.1*
4	1	*0.9*	9	*7.5*	13	*8.0*	1	*1.9*
4	1	*0.9*	9	*7.5*	13	*8.0*	1	*1.9*
PVL	8	*6.8*	4	*3.3*	4	*2.5*	*0*	*0.0*
Total scanned	**117**		**120**		**163**		***115***	
Total with no evidence of serious injury (no PVL, PVH <3)	99	*84.6*	103	*85.8*	143	*87.7*	108	*93.9*

The proportion of VLBW survivors with ultrasound evidence of perinatal brain injury is decreasing across time.

The unit is a member of VON and the rates of severe PVH and PVL are benchmarked against the rest of the network. The rate of PVH and PVL on a unit is influenced by case mix as well as the quality of care. The rates of these outcomes for our babies have been risk adjusted by VON and these are shown for the

past 6 years in the charts below. The rates of these abnormalities in our patients is at the level expected across the rest of the VON network, given our case mix.

Chart 1 – Risk adjusted rate of severe IVH in VLBW babies born LWH over the past 6 years

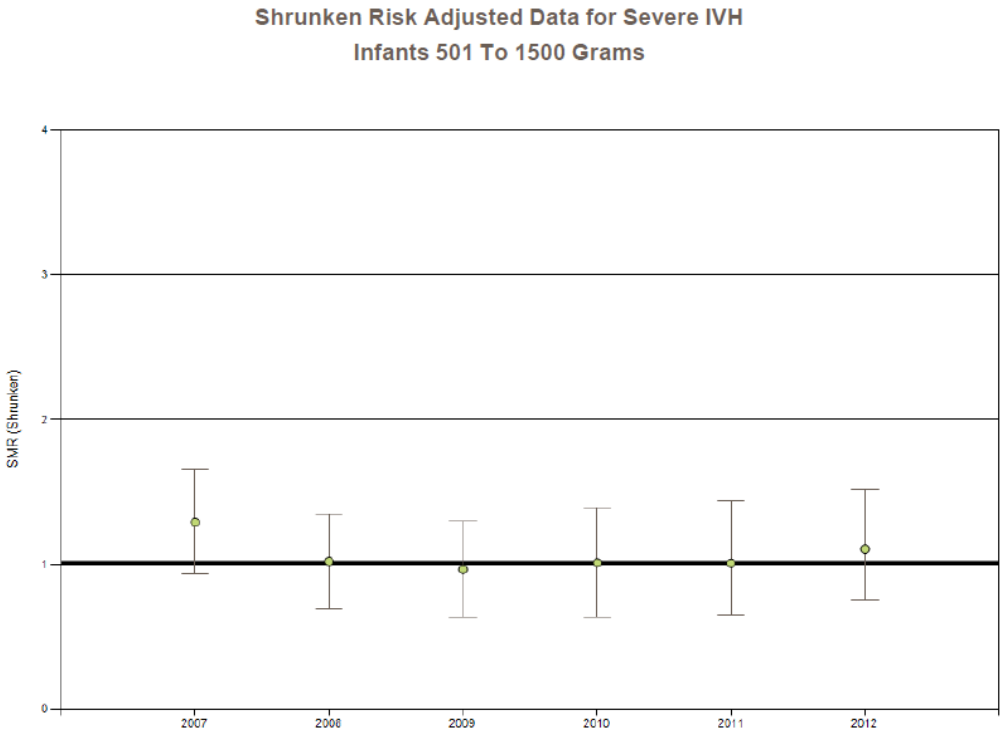
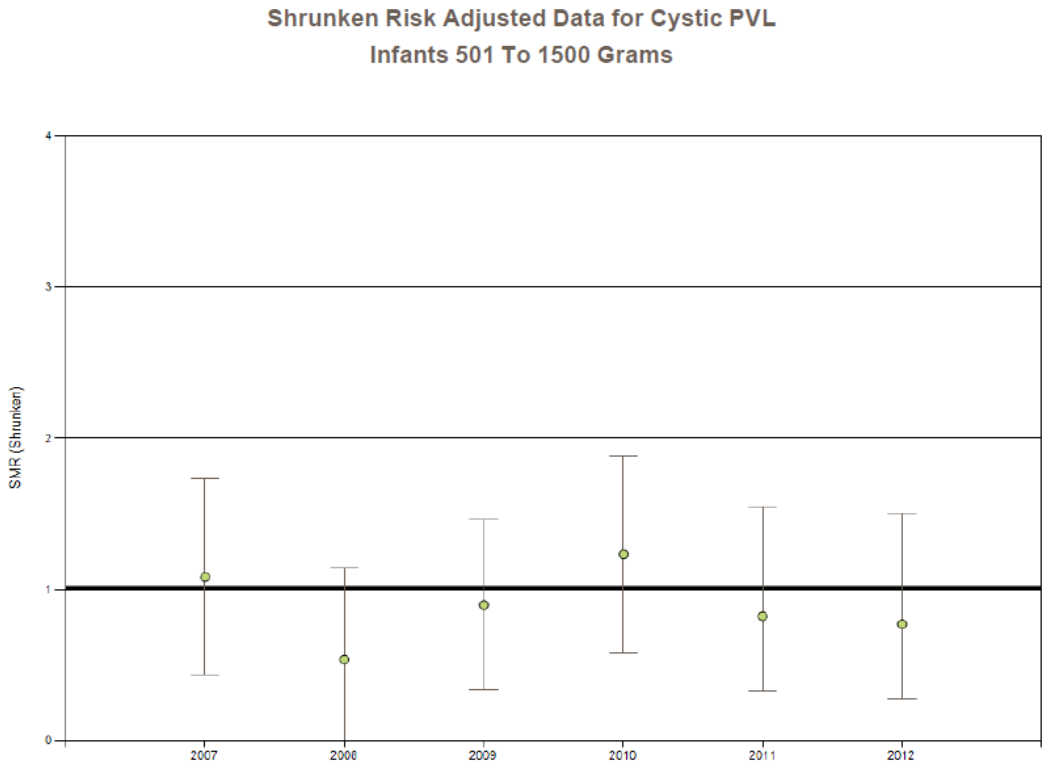


Chart 2 – Risk adjusted rate of PVL in VLBW babies born at LWH over the last 6 years.



How progress to achieve the priority goal is monitored and measured

These data are collected in and extracted from the Neonatal Unit information system (Badger system) before submission to VON. There is a robust system to ensure data completeness and validity in the collection of these data. The VON analysis is from the VON "Nightingale" system.

How progress to achieve the priority goal is reported

The VON data are reviewed as part of the VON annual report. These are reviewed and discussed at the Clinical Governance meeting within the unit. The data are also reported to the Trust's Clinical Governance Committee and discussed in that forum.

The Liverpool Women's NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by:

- Continued monitoring and implementation of new evidence based interventions to prevent or reduce preterm perinatal brain injury as they become available.

- In the longer term, we would hope to be able to report disability rates as national neonatal data collection systems are developed.

Neonatal Mortality

Description:

Death within 28 days of birth following live birth at Liverpool Women's Hospital, or home birth under the care of LWH during the calendar year 2013.

Survival to discharge for inborn babies born in the calendar year 2013 with a birth weight between 500g and 1500g.

Why and how this priority goal was selected:
Neonatal mortality rate (NNMR) is accepted to be a useful indicator of the effectiveness of a perinatal healthcare system.

National data for neonatal mortality by gestation are published annually by the Office for National Statistics (ONS) and we have used these for benchmarking purposes. The most recent data are those from 2011, published in October 2013.

Survival to discharge for preterm babies is an important indicator of the quality of neonatal care. We are members of the Vermont Oxford Neonatal Network. This allows us to benchmark our mortality figures against 30 other UK Neonatal Units.

Important because:
2/3 of infant deaths occur in the neonatal period. 2/3 of neonatal deaths occur in babies born before 31 weeks gestation. The neonatal service at LWH cares for one of the largest populations of preterm babies in the NHS. It is important that survival of these babies monitored to ensure that the quality of the care that we are providing is maintained

Trust Sponsor / Lead:
Dr Bill Yoxall, Clinical Director, Neonatal Unit.

Progress made in report period 2013-14
Neonatal mortality at each week of gestation for babies born at LWH is close to the ONS mortality rate (Graph 1). The apparently high neonatal mortality rate for all babies born at LWH (4.6/1000 – Table 1) is a reflection of the complex case mix cared for at LWH. When the NNMR is corrected for the gestation profile, it is close to the national rate and if the high risk babies transferred into LWHFT antenatally are excluded, the NNMR is below the national NNMR.

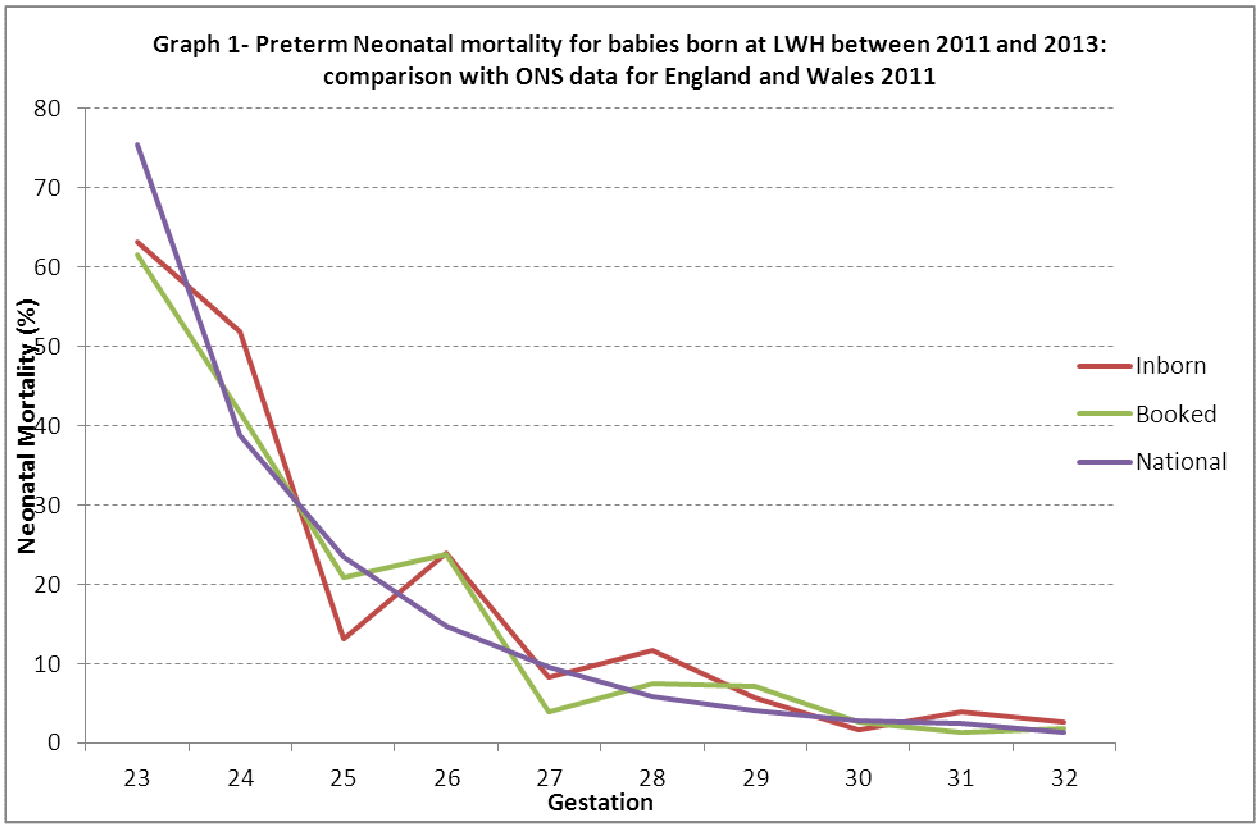
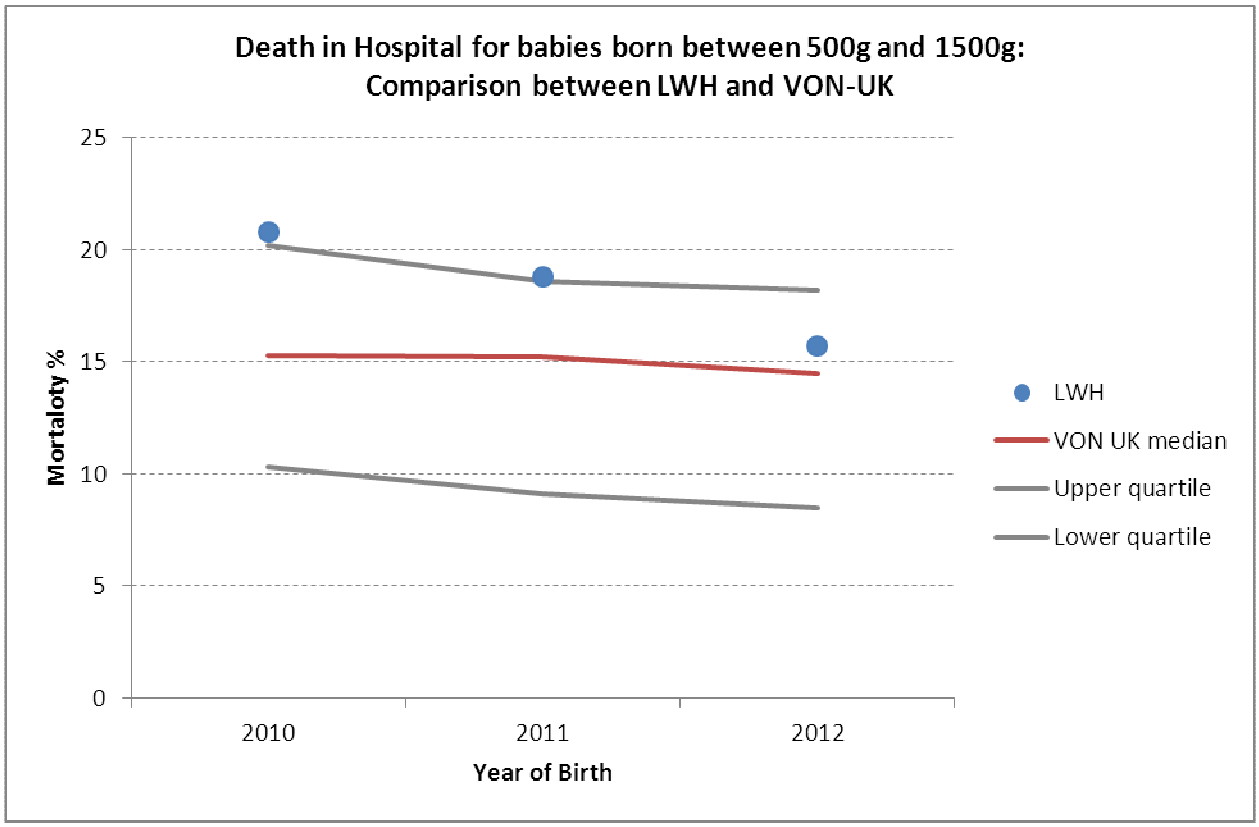

Graph 1- Preterm Neonatal mortality for babies born at LWH between 2011 and 2013: comparison with ONS data for England and Wales 2011
Neonatal Mortality (%)
80
70
60
50
40
30
20
10
0
23
24
25
26
27
28
29
30
31
32
Gestation
Inborn
Booked
National

Table 1: Neonatal Mortality rate for babies born at LWH over the preceding 4 years; comparison with UK rates and the effect of adjusting for case mix.

	2010	2011	2012	2013
Live births (Total)	8583	8430	8506	8112
Live births (from booked pregnancies)	8466	8252	8359	7984
Neonatal deaths (all live births)	61	45	42	37
Neonatal deaths (from booked pregnancies)	41	29	30	22
NNMR (all live births)	7.1	5.3	4.9	4.6
NNMR (booked pregnancies)	4.8	3.5	3.6	2.8
UK NNMR	3.0	3.0	2.9	TBC
LWH gestation corrected NNMR (all live births)	4.7	3.2	3.2	2.8
LWH gestation corrected NNMR (booked pregnancies)	3.6	3.7	2.3	2.3

(N.B. NNMR expressed as No. per 1000)

In comparison to other Neonatal units in the VON network, death before discharge for Very Low Birth Weight (VLBW) babies born at LWH has improved over recent years from the upper quartile to just above the median.



How progress to achieve the priority goal is monitored and measured

Data are collected from Trust Information systems (Meditech and Badger system). Additional data are sought from Alder hey hospital to ascertain neonatal survival for babies transferred there within the first 28 days of life.

Benchmarking data are collected from the Office for National Statistics website (http://www.ons.gov.uk/ons/index.html) and from the Vermont Oxford Network "Nightingale" system.

How progress to achieve the priority goal is reported

Neonatal mortality is reported each month on the neonatal dashboard and reviewed by the Neonatal Executive Committee. A prospective system is in place to review each death in order to identify learning points that can drive service improvements. Individual cases are discussed at the Perinatal mortality section of the Trust wide GREAT day and the annual mortality figures are also presented and reviewed at that meeting.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services:

- Increasing the number of hours per week with a neonatal consultant on site
- Prospective review of all deaths
- Prioritised a reduction in nosocomial infection.

Stillbirth Rate

Description:

The number of babies born stillborn expressed as a percentage of all babies born.

Why and how this priority goal was selected:

This indicator was originally chosen by the directorate following a multidisciplinary discussion at the division meeting about what was highest impact. Whilst there was no direct patient and public involvement- the impact of the selected Maternity indicators (Apgar score <4 at 5 mins, Cord pH <7.0 in liveborns >24 weeks gestation and Stillbirths) are common reasons for patient complaints and litigation locally and nationally.

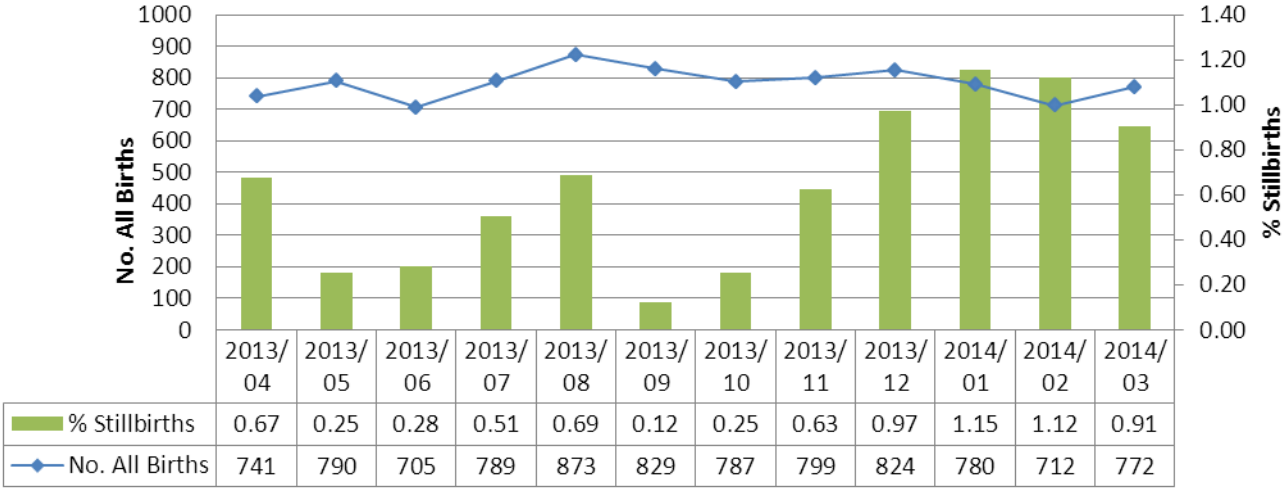
The Trust's rates for stillbirth are within the expected range for the UK however the stillbirth rate in the UK is one of the high compared to many other European countries. The Trust is therefore committed to try to reduce the stillbirth rate for the women we look after.

Important because:

It is a sad fact of life that a small proportion of pregnancies result in unavoidable miscarriage or stillbirth through natural causes The results of stillbirth on families is impossible to quantify. On occasion when a stillbirth is reviewed it is felt that an alternative management plan may have altered the outcome. It is the trusts aim to reduce the number of these cases to the lowest level possible for our patients through the monitoring of our stillbirth rate, the reviewing of cases and the implementation of any identified care improvement opportunities.

Trust Sponsor / Lead: Dr Devender Roberts

Progress made in report period 2013-14



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
% Stillbirths	0.67	0.25	0.28	0.51	0.69	0.12	0.25	0.63	0.97	1.15	1.12	0.91
No. All Births	741	790	705	789	873	829	787	799	824	780	712	772

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	0.39%	0.37%	0.73%	0.24%	0.25%	0.70%	0.24%	1.24%	0.83%	0.50%	1.74%	0.66%	0.66%
2012/13	0.99%	0.34%	0.48%	1.22%	0.23%	1.13%	0.23%	0.13%	0.48%	0.83%	0.70%	0.79%	0.63%
2013/14	0.67%	0.25%	0.28%	0.51%	0.69%	0.12%	0.25%	0.63%	0.97%	1.15%	1.12%	0.63%	0.60%

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons.

- The rate is comparable to the national average and it is recognised that indices of social deprivation can increase stillbirth rate. Many of the programmes that are currently being instituted to decrease the stillbirth rate are long term projects over the life span of a pregnancy therefore it is too early to demonstrate a significant reduction although the initial suggestion of a downward trend is encouraging.

How progress to achieve the priority goal is monitored and measured

The Trust has working party led by Dr Devender Roberts who have devised an action plan and are overseeing its implementation.

How progress to achieve the priority goal is reported

The findings and action of this group are reported to the Women's and Children's service and GACA.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:

- A review panel is held twice per year to identify if care could have been altered that would/ may have altered the outcome (A process similar to that used for Maternal deaths). As a result of this we have been able to identify that babies with unrecognised growth restriction are over represented in those who are stillborn. In response to this we have instituted the use of customised growth charts which are felt to identify growth restriction more accurately and allow us to intervene at an appropriate time.
- Adoption of the RCOG guideline of decreased fetal movement.
- The reduction in stillbirth rate has been identified as a priority by the newly formed Merseyside and Cheshire Maternity network and Dr D. Roberts is leading the working group to develop a Merseyside and Cheshire action plan.

Patient Experience

One –to-One Care in Established Labour

Description:
The number of patients receiving one to one care during labour expressed as a percentage of all maternity episodes of care. (Exclusions apply for patients with Elective Caesarean Section and emergency no labour Caesarean sections).

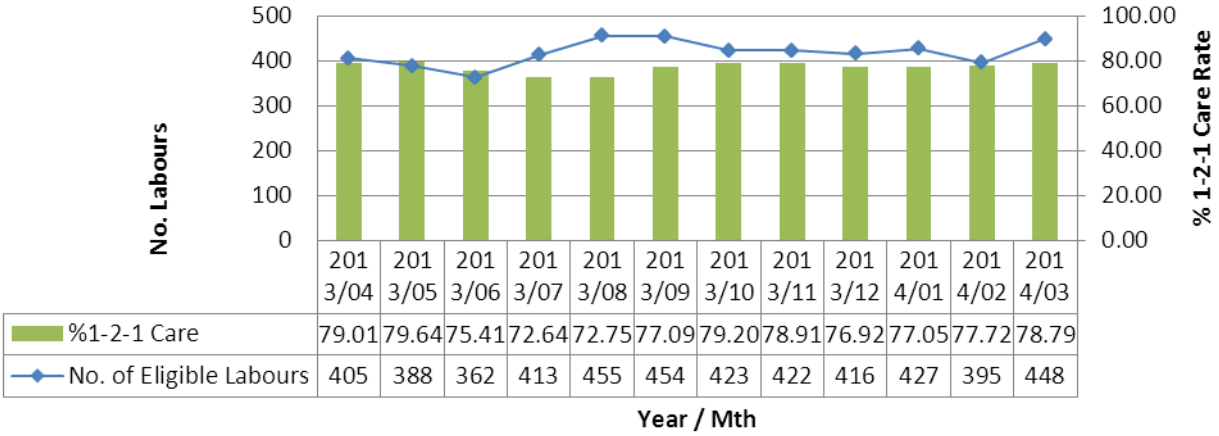
Why and how this priority goal was selected:
This goal was selected by clinical nomination and directorate approval due to the importance of support for a woman and her family during labour and birth.

Important because:
Delivering 1:1 care to women in established labour is known to promote normal birth, reduce intervention together with enhancing the woman's birth experience. We are striving to achieve 100%.

The one to one care and support when the woman is in established labour promotes a sense of safety and trust. If the woman is less anxious she is more likely for labour and birth to be straightforward and require less intervention. This will have an effect on both the mother and baby.

Trust Sponsor / Lead: Head of Midwifery

Progress made in report period 2013-14



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
%1-2-1 Care	79.01	79.64	75.41	72.64	72.75	77.09	79.20	78.91	76.92	77.05	77.72	78.79
No. of Eligible Labours	405	388	362	413	455	454	423	422	416	427	395	448

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	0.25	1.90	80.91	75.17	82.14	79.81	81.18	80.60	80.75	82.29	79.18	83.21	67.28
2012/13	79.55	75.11	77.70	76.18	72.97	73.53	61.18	75.97	72.77	78.57	73.39	71.08	71.08
2013/14	79.01	79.64	75.41	72.64	72.75	77.09	79.20	78.91	76.92	77.05	77.72	78.79	77.09

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- The measure is derived from an extraction report from Meditech, the Trust's Patient Information System.
- Data is entered by the midwifery staff at the point of delivery.

How progress to achieve the priority goal is monitored and measured
The number of patients receiving 1 to 1 care in labour expressed as a proportion of patients receiving maternity care excluding patient where the baby was born before arrival or where the patient is a planned

elective caesarean section or had an emergency caesarean section but did not labour. The measure is derived from an extraction report from Meditech and is completed by the nursing and midwifery staff at the point of delivery.

Data is entered into 'Meditech' by the midwife following the birth. The rate is calculated from the number of eligible births.

How progress to achieve the priority goal is reported
This is now reported daily for the midwife led unit and delivery suite and will be submitted monthly to the executive board.

The Liverpool Women's NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by

- Discussion with the CCG regarding additional numbers of midwives required to achieve an increase in the current percentage
- Making the daily report available to the intrapartum areas.
- Monthly reporting to and monitoring by the executive board.

Patients receiving pain relief of choice in Labour

Description:
The number of patients receiving the pain relief of choice during labour expressed as a percentage of discharges following birth.

Why and how this priority goal was selected:
This indicator was selected following discussions with Liverpool GPs. Their patients had reported that this was an issue and a requirement; hence this became a CQUIN measure, which the Trust committed to report on in 2012-13. Initially, the Trust reported indirectly on the topic in the 2012-13 report using the responses to CQuIns related questions around patient satisfaction with the pain management they experienced. The questions used in the optimum Care Package Questionnaire were:

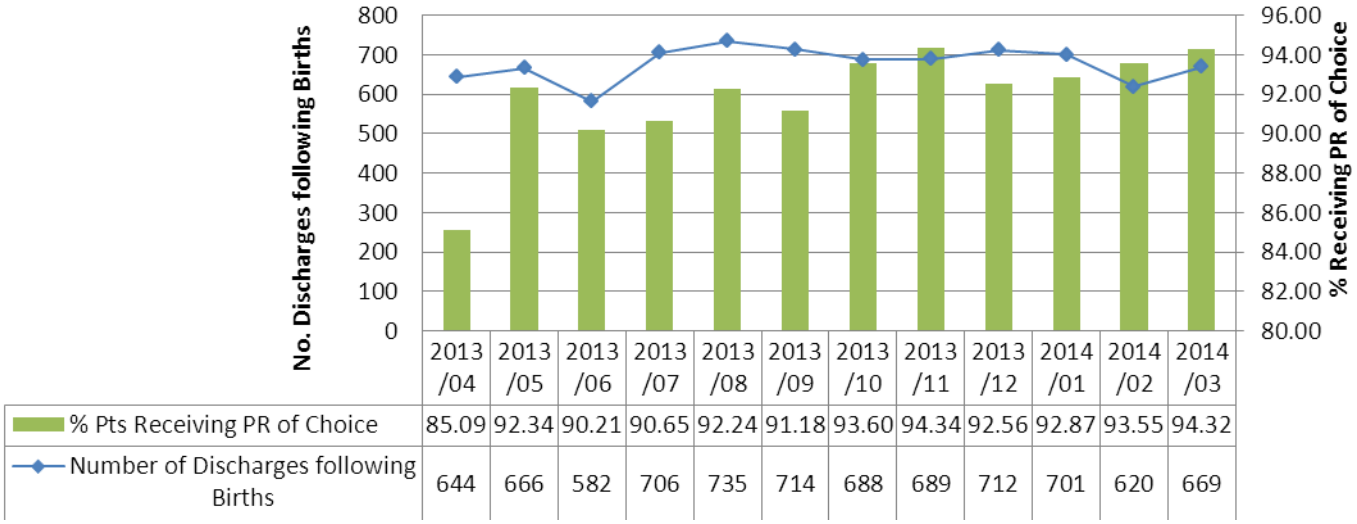
1) Did you receive Pain Relief Quickly?
2) If yes, did it work as well as you thought?
3) How good were staff at managing pain?

The Trust completed implementation of a field in the discharge screen of the Meditech patient Information system to gather this information directly in April 2013, making direct reporting possible for the 12 month period April 2013-March 2014 only. It is not comparable with the composite methodology used previously.

Important because:
The importance of women having choice and control of the method of pain relief in labour is well documented. This enhances patient satisfaction and birth experience.

Trust Sponsor / Lead: Cathy Atherton, Head of Midwifery

Progress made in report period 2013-14



% Patients Receiving Pain Relief of Choice during Labour – Historical data													
Year	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Av.**
2011/12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2012/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2013/14	85.1%	92.3%	90.2%	90.7%	92.2%	91.2%	93.6%	94.3%	92.6%	92.9%	93.5%	94.3%	91.9%

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- This data has been collected in this form since April 2013. It continues from other pain relief related questions that were previously addressed. Whist the overall compliance rate continues to be above 90% it shows room for improvement. This may relate to occasions when women do not receive an epidural when requested due to a number of reasons. This area will continue to be monitored.

How progress to achieve the priority goal is monitored and measured

This goal is recorded on the Meditech electronic database and will be monitored via the quality and risk committee.

How progress to achieve the priority goal is reported

This was part of the CQUIN – MATERNITY Bundle for last year and was reported internally through Trust Management Group, the Trust Board and externally through CQUINS.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by

- Prioritising women requiring transfer to delivery suite from the midwife led unit, for epidural.
- Working together with anaesthetists to enable the facility

Priority Goal Timely Genetics Testing

Description:

Ensure that users (clinicians) and patient's needs and expectations are met through timely reporting times, improving the patients experience and assuring effective and efficient testing.

Why and how this priority goal was selected:

This priority goal was selected as it is a National Benchmark measure for the Medical Genetics Clinical Reference Group (CRG E01) and NHS England, used to assure patients tests are completed in a timely manner.

Important because:
The data assures effective and efficient testing that meets the needs and expectations of both users (clinicians) and patients.

Trust Sponsor / Lead: Angela Douglas, Trust Genetic Scientific Director

Progress made in report period 2013-14
From the chart it can be seen that the Genetics Laboratories at Liverpool Women's Hospital perform well when benchmarked against other Regional Genetic Services for test turnaround times (the timeliness of getting results back to patients).

Table 1 Genetics turnaround for Tests - Benchmarked against 16 Regional Genetic Services

Quality Indicator	Indicator Description	National Mean Percentage in target	LWH Percentage in target	Meets national average (+/_ 5%)	Exceeds national average by>10%	Below national average by >10%
GEN01	Proportion of tests that return a positive result for affected patients	20.8	23.9	✓		
GEN04ai	Proportion of urgent High Priority tests within 3 working days	97.8	94	✓		
GEN04aii	Proportion of Urgent Postnatal blood tests within 10 calendar days	96.1	80.4	✓		
GEN04aiii	Proportion of Urgent Prenatal and Haematology/Leukaemia tests within 14 calendar days	88.7	92.2	✓		
GEN04aiv	Proportion of Routine Haematology/Leukaemia tests within 21 calendar days	73.3	92.5		✓	
GEN04av	Proportion of Routine Postnatal and microarray and/or PCR/FISH tests within 28 calendar days	57.7	41.7			✓
GEN04avi	Proportion of Routine microarray tests for parents referred together with child within 56 calendar days	89.7	87.6	✓		
GEN04bi	Proportion of urgent PCR-based tests for prenatal diagnosis completed within 3 working days	95.9	99	✓		
GEN04biii	Proportion of Non-urgent PCR-based tests within	88.1	96.0	✓		

	4 weeks					
GEN04biv	Proportion of routine Mutation screening completed within 8 weeks	85.9	89.4	✓		

A good performing laboratory would be within 5% or better than the National average performance figure. From the table it can be seen that 2 measures (GEN04aiv and 4av) are more than 25% better than the national average. One measure (GEN01) is more than 15% better than the national average. One Measure is more than 10% better than the national average. Five measures (GEN04ai, 4aiii, 4avi, 4bi and 4biv) are all within 5% of the national average. Only one measure is considered poor at 10% below the national average. This measure will need to be improved. This provides Liverpool Women's Hospital assurance of the excellent performance of the laboratories, when benchmarked against other Regional Genetic Services. Only one measure (GEN04aii) is an outlier at 10% below the national average. The delay in reporting times in this category is due to the complexity of the abnormal cases, which require additional (microarray/FISH) confirmation tests, resulting in delays to the reporting times. Nevertheless, this provides an area for quality improvement, which the laboratory will be working on over the next 3 months to ensure this categories data moves closer to the national average or better.

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons; the data is collated independently by the CRG, Liverpool Women's submits data from the Laboratory database, which is also monitored by users through an annual Service Level Agreement. Finally, the data is presented at Clinical Governance in the 6 monthly Genetics Reports.

How progress to achieve the priority goal is monitored and measured

This priority Goal is monitored externally by the National Clinical Reference Group for Medical Genetics and NHS England through quarterly submissions and benchmarking against the data submitted by the other 16 Regional Genetics Services in England. Progress is also monitored internally through weekly Genetics Head of Section meetings, the Genetics Division Executive meeting and the Trust's Clinical Governance Committee.

How progress to achieve the priority goal is reported

Progress is reported weekly through the Genetics Head of Section meetings, which report into the monthly Genetics Division Executive meetings and through the 6 monthly reports to the Clinical Governance Committee.

The Liverpool Women's NHS Foundation Trust intends to take the following actions to, improve this indicator, and so the quality of its services, by:

1) Focusing on improving the efficiency of testing through introduction of Automated FISH analysis by July 2014.
2) Increasing the workforce in the section with the poor indicators by decreasing the workforce in the area that is over performing, to ensure equal spread of capacity and demand across all sections.

Patient Feedback and Friends & Family Test

Patient Feedback

At the start of 2013, the Trust began a new patient feedback process with the introduction of a redesigned Patient Exit Card and the launch of a web based feedback page. As a part of this new feedback process the Trust began asking patients for their views on a number of different aspects of the care they received, such as:

- Whether they would recommend the ward or department to their Friends and Family if they needed similar care of treatment and what factors influenced their responses (the Friends and Family Test)
- How they rated the Trust overall on a score of 0 to 10 (0=Low, 10=High)

The patients are also asked for a comment, in their own words, on their experience at the Liverpool Women's Hospital.

In October 2013, a further change was made to the patient feedback process, which provided an opportunity for the patients to name a member (or members) of staff with whom they are particularly pleased or displeased with.

The Friends and Family Test

On the 25 May 2012, the Prime Minister announced the introduction of the 'Friends and Family Test' to improve patient care and identify the best performing hospitals in England.
The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. Within Liverpool Women's NHS Foundation Trust, it was introduced for patients seen within the Emergency Room and Inpatients on the 1st April 2013 and then within Maternity on the 1st October 2013. Although the Trust was obligated only to implement in the above areas, a decision was made to gradually implement the Friends and Family Test across all services in the Trust. The Friends and Family Test was introduced as part of that newly introduced patient feedback process.

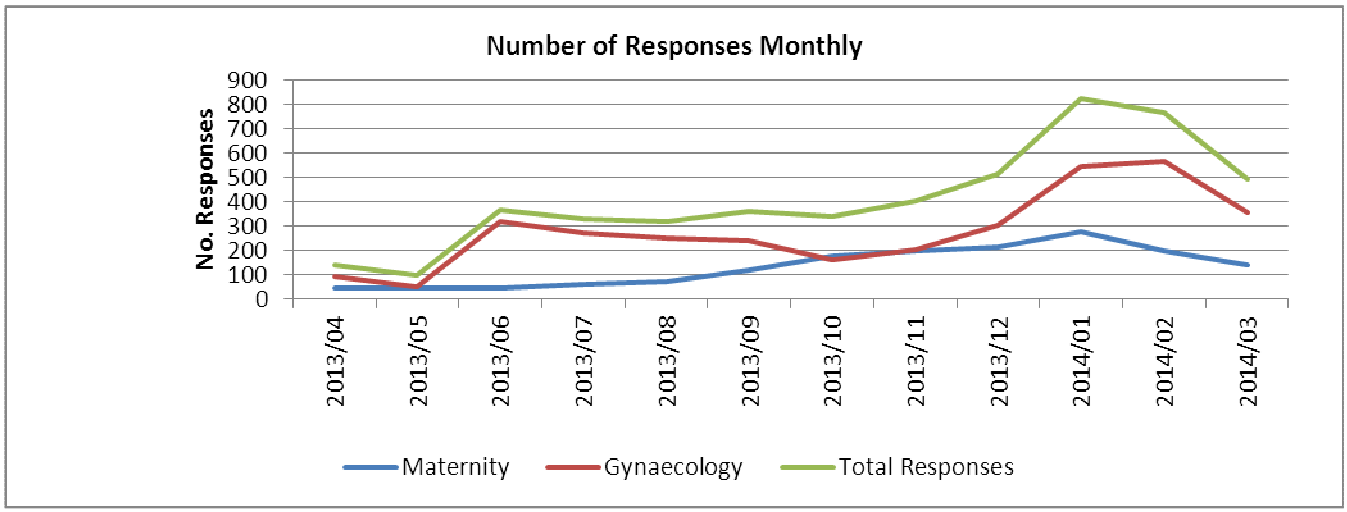
Number of Responses

The following table shows the number of responses that have been received since the introduction of the new patient feedback process.

Table 1, Number of responses by area / month

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar*	Tot
Maternity													
Antenatal (at 36 Weeks)	2	13	5	18	22	45	41	3	12	27	15	20	**223**
Delivery (or Homebirth)	0	0	0	0	1	1	14	48	76	116	82	47	**385**
Postnatal Ward	2	5	8	6	21	35	92	116	88	122	101	64	**660**
Community Discharge	12	0	1	1	0	10	11	8	18	5	1	0	**67**
Other Maternity	29	28	33	36	25	29	20	24	20	6	0	7	**257**
Total Maternity	**45**	**46**	**47**	**61**	**69**	**120**	**178**	**199**	**214**	**276**	**199**	**138**	**1592**
Gynaecology													
Emergency Room (A&E)	19	18	190	179	153	146	65	61	208	345	331	193	**1908**
Gynaecology Inpatients	17	7	99	72	55	56	59	81	41	96	99	77	**759**
Other Gynaecology	56	24	28	19	42	36	35	59	52	105	138	83	**677**
Total Gynaecology	**92**	**49**	**317**	**270**	**250**	**238**	**159**	**201**	**301**	**546**	**568**	**353**	**3344**
Total Responses	**137**	**95**	**364**	**331**	**319**	**358**	**337**	**400**	**515**	**822**	**767**	**491**	**4936**

The Trust saw a gradual increase in the number of instances of feedback received over the past 12 months. This has partly been due to a general increase in the numbers received from the earlier established departments combined with the introduction of Patient Exit Cards to other areas not previous covered.



Response Rates

For the Emergency Room and Gynaecology Inpatients, a mandatory target was to achieve response rates of 15% from April 2013 to December 2013 (inclusive) rising to 20% from January 2014 to March 2014 (inclusive).

Response rate = No. of Responses / No. Eligible Patients

Table 2 Formal reported response rates as part of the Friends and Family Test initiative

Response Rates	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Emergency Room	2.41	1.42	21.77	20.53	18.15	18.01	5.66	6.98	27.80	36.28	42.2	34.2
Gynae Inpatient	5.77	0.76	37.50	26.13	17.89	19.13	20.00	20.81	11.61	27.43	25.3	24.3
Overall Gynaecology Response Rate	3.21	1.26	25.49	21.86	18.09	18.29	8.78	11.24	22.57	34.22	37.1	31.2

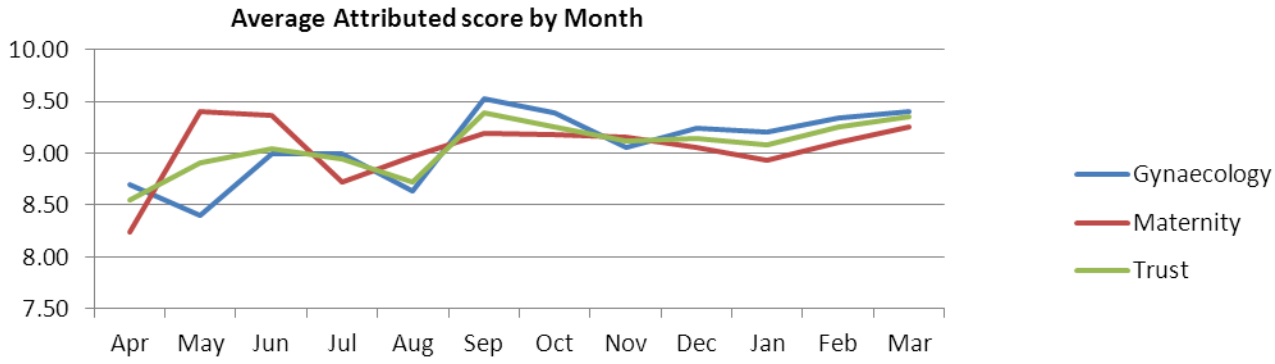
Key: Green = Target met, Red = Target missed.

Table 3 Average Patient Attributed Friends & Family Scores (i.e. How patients rated the Trust overall on scale 1-10)

Division	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Gynaecology	8.69	8.40	8.99	9.00	8.63	9.53	9.39	9.06	9.24	9.20	9.34	9.40
Maternity	8.24	9.41	9.36	8.72	8.97	9.19	9.17	9.15	9.06	8.93	9.10	9.25
Trust	8.54	8.91	9.05	8.95	8.72	9.40	9.25	9.12	9.15	9.09	9.26	9.35

Key:
Where the average score is less than 9.00 – Amber (requires improvement)
Where the average score is greater than or equal to 9.00 – Green (Satisfactory)

The following graph shows the average score the patient assigned to the Trust during their visit:



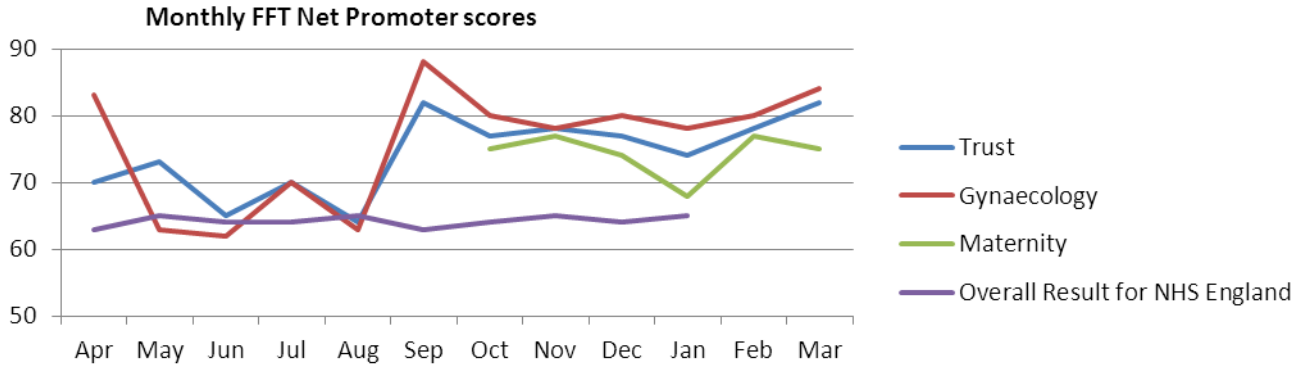
The Friends and Family Test Score

The Friends and Family Test Score is derived using a modification of the 'Net Promoter Score', which is a well-recognised way of expressing the proportion of patients that stated that were 'Extremely Likely' to Recommend the Ward or Department to their Friends and Family if they needed similar care or treatment.

Table 4 showing the results achieved for the Friends and Family Test using the Net Promoter Calculation

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust	70	73	65	70	64	82	77	78	77	74	78	82
Gynaecology	83	63	62	70	63	88	80	78	80	78	80	84
Maternity	Maternity collection began fully in October						75	77	74	68	77	75
Overall Result for NHS England	63	65	64	64	65	63	64	65	64	65	No Data	

Key: Red: Below Overall Result for NHS England. Green: Above Overall Result for NHS England.
NB. Includes NHS & Private Sector Providers



The above table and chart compare the results achieved for all areas within Gynaecology, all areas within Maternity and the Trust overall derived figure, with the results achieved for the rest of England. This demonstrates that the LWH responses are good in respect of the All of England performance.

Breakdown of Responses into Cause Group and Themes

The patient feedback process asks the patients to specify the reasons that they have responded to the Friends and Family Test question in the way that they have. Patient may select from a list of reasons (see table below for details) or may select "Other" and provide a comment specifying any other reasons that they wish to give.

These 'themes' are then categorised to provide an insight into which particular aspect of their experience influences how they feel and, therefore, how they respond.

Table 5 the number of responses received and the theme(s) that have been stated by the patients, a patient may choose more than one category within the same feedback instance should they wish to.

Response	Care	Environment	Food	Medical Treatment	Staff Attitude	Other	Total
Extremely Unlikely	14	7	3	10	27	33	**94**
Unlikely	14	7	1	11	18	45	**96**
Neither Likely Nor Unlikely	8	6	3	8	11	28	**64**
Likely	424	134	57	290	303	75	**1283**
Extremely Likely	2608	1142	478	1994	2474	472	**9168**

Number of Instances of Closure Management

The process adopted by the Trust to manage the feedback and the comments being received is a two-stage process. When collating the feedback into the Trust systems, the Governance Department will 'Close' any feedback that requires no response or action from the clinical nursing managers.

Any feedback that contains information that requires a response or action from the clinical nursing managers is visible in real time to them, which then allows for further management. Only when appropriate actions have been taken in response to the feedback is the instance of patient feedback finally 'Closed' by the nursing teams.

The tables below provide an overview of the status of the Trust management of patient responses and the number that have been actively 'Closed' by either the Governance Department or the Clinical Teams.
Where all the comments received in that month have been responded to and 'Closed' the numbers appears with a background; if this is not the case they are displayed with a Red background.

Gynaecology	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number Received	92	49	317	270	250	238	159	201	301	546	568	375
Number Closed on Entry	66	39	268	235	208	218	142	175	276	488	504	359
Number Passed to Clinical Teams	26	10	49	35	42	20	17	26	25	58	64	34
Number Closed	26	10	49	35	42	20	17	26	25	58	64	34

Maternity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number Received	47	51	55	67	90	155	270	315	302	398	300	202
Number Closed on Entry	44	50	53	60	80	142	220	281	262	323	227	186
Number Passed to Clinical Teams	3	1	2	7	10	13	50	34	40	75	73	17
Number Closed	3	1	2	7	10	13	50	34	40	75	73	17

Specifically Named Staff

The Trust provides an opportunity for the patients to specifically name a member (or members) of staff that they were particularly pleased or displeased with. The Trust collates the names of the staff into its electronic system and whether the patient is 'Pleased' or 'Displeased' with that particular member of staff.
The actual names of the staff where the patient is 'Pleased' is made available to the clinical teams in real time and they are then able to ensure that positive feedback is given to the staff in the clinical areas. The

names of staff where a patient is 'Displeased' are returned to the senior nurse managers for further local management.

The following tables shows the breakdown of instances where patients have specifically named a member (or members) of staff.

Area	Response	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Maternity	Displeased	0	0	6	5	4	1	0	**16**	**1.70%**
	Pleased	20	131	141	153	185	174	121	**925**	**98.30%**
Gynaecology	Displeased	0	1	1	2	5	7	1	**17**	**3.10%**
	Pleased	7	29	54	30	126	156	129	**531**	**96.90%**
Trust	Displeased	0	1	7	7	9	8	1	**33**	**2.22%**
	Pleased	27	160	195	183	311	330	250	**1456**	**97.78%**

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Launch of our Nursing and Midwifery Strategy
- Promotion of Trust Values
- Nursing and Midwifery staffing review, monthly reporting to Trust Board and displaying staffing levels publicly
- Investment in Estate and relocation of Gynaecology Emergency room
- Values based recruitment
- Compliance with triennial reviews
- Strengthen Nursing and Midwifery leadership.

Priorities for improvement 2014-15

The Trust has reviewed the currently reported priorities for improvement and determined that the priorities for improvement for the coming period and for reporting in the Quality Report for 2014 -15 are as follows:

Patient safety

- Gynaecology surgical site infections
- Incidence of Multiple pregnancy
- Apgar scores <4 in infants born at more than 34weeks gestation
- Delivery Cord pH<7.00
- Total episodes of late-onset (> 72h) bloodstream infection in preterm babies
- Total episodes of bloodstream infection (early and late) in all neonates (term and preterm)

Clinical Effectiveness

- Hospital Mortality Rate in Gynaecology
- Biochemical Pregnancy rates in In-vitro fertilisation (IVF), Intracytoplasmic sperm injection (ICSI) and frozen embryo transfer (FET) treatments
- Brain injury in preterm babies (Severe Intraventricular haemorrhage and Periventricular leukomalacia)
- Neonatal mortality
- Stillbirth Rate

- Care indicators for Nursing and Midwifery [NMB to select Priority indicators annually]
    - 36 week Antenatal risk assessment
    - One to One care in Labour (See Patient experience below)
    - Avoidable repeats for Antenatal screening and newborn screening blood sampling
    - Skin to Skin
    - Patients opting for surgical treatment of miscarriage undergo the procedure within 72 hours of their decision

Patient Experience

- One to one care in established labour
- Patients receiving pain relief of choice in Labour
- Reduction in number of complaints relating to care

The majority of the priorities listed above are current and the means of measurement, monitoring and reporting described elsewhere within this document. The arrangements for the new priorities are explained in the table below.

Priority	Rationale for Selection	How Measured	How Monitored	How Reported
Total episodes of late-onset (> 72h) bloodstream infection (preterm babies)	Infection is an on-going issue. It is an important marker of quality our staff believe all neonatal units should be reporting. It continues to be a priority for us. No direct involvement of patients or wider public.	The number of pre-term babies (<30wks gestation) with late onset (post 72hrs) bloodstream infections per total number of days that very low birth weight (VLBW) babies have spent in either intensive or high dependency care. [Where VLBW means a birth weight below 1500grams] It should be noted that congenital infections (i.e. obtained from the mother) within 3 days and repeated positive blood tests are excluded from the numbers.	Data collated from badger and entered into monitoring spreadsheet, Data monitored through monthly KPI review by Neonatal Executive.	Data displayed on Infection prevention and Control Board on the unit, Reported quarterly to Infection Prevention & Control Committee Reported 6-monthly to Clinical Governance Committee (CGC).
Total episodes of bloodstream infection (early and late) in all neonates (term and preterm)		Total Blood stream infections per total number of care days for all babies		
36 week Antenatal risk assessment	Identified as a concern in staff review of Nursing & Midwifery Indicators	Quarterly audit of Patient Record on 'Meditech'	Nursing & Midwifery Board	Maternity Risk Clinical Governance Committee
Avoidable repeats for Antenatal screening and newborn screening blood sampling	Identified as needing improvement from staff review of Key Performance Indicators	Compliance in documentation of antenatal and new-born screening	Through the monthly performance report. Nursing & Midwifery Board	Maternity Risk Clinical Governance Committee
Skin to Skin	Identified as a concern in review of Nursing & Midwifery Indicators.	Electronic patient records of 10 randomly selected babies admitted in the month are examined to establish if parents were offered skin to skin with their baby within the last 24hours	Reported monthly via NUMIS system and. Visible within the Neonatal Unit to staff, parents and visitors. Discussed at Unit, Operational and Team meetings.	Reviewed at Nursing and Midwifery Board
Patients opting for surgical treatment of miscarriage undergo the procedure within 72 hours of their decision	Delays in pathway Identified through formal and informal complaints from patients.	Medical notes from ER- 10 randomly selected patients admitted for surgical management to establish decision to treat to admission time and admission time to transfer to theatre	Retrospective audit – initially- review Meditech ability- Can this be incorporated into NUMIS??	Gynae Risk Committee
Reduction in number of complaints relating to care.	Bulk of Complaints. Identified in Maternity.	Monthly performance via Complaints recorded on Ulysses system	Nursing & Midwifery Board as part of Nursing / Midwifery Strategy	Quarterly Report to CGC

Statements of assurance from the Board

During 2013-14 the Liverpool Women's NHS Foundation Trust provided and / or sub-contracted 4 relevant health services:

- Gynaecology and Surgical Services
- Reproductive Medicine and Medical Genetics
- Maternity Services and Imaging
- Neonatal and Pharmacy

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, relating to the following activities.

- Delivered 8,286 babies (registered births)
- Number of gynaecological in-patient [Day case, Elective, Non-elective procedures] performed – 7,639 [NHS patients only] / 7,739 [including Private Patients(PPs) and Overseas visitors (OSVs)]
- Cared for 1,140 babies in our neonatal intensive and high dependency care units
- Number of IVF cycles performed – 1,149 (NHS patients only) / 1,598 (including PP and OSV)

The income generated by the relevant health services reviewed in 2013-14 represents 100 per cent of the total income generated from the provision of relevant health services by the Liverpool Women's NHS Foundation Trust for 2013-14.

Clinical Audit

During 2013-14, 4 national clinical audits and 1 national confidential enquiry covered relevant health services that the Liverpool Women's NHS Foundation Trust provides.

During 2013-14 Liverpool Women's NHS Foundation Trust participated in 100% national clinical audits and 100% 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 2013-14 are as follows:

National Clinical Audits

- Long Term Conditions – National Pregnancy in Diabetes (NPID)
- Peri and Neo-natal - Neonatal Intensive and special care (NNAP)
- Blood Transfusion - National comparative audit of the patient information and consent
- MBRRACE – UK – Perinatal Mortality

National Confidential Enquiries

- MBRRACE –UK – Maternal Deaths

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in during 2013/14 are as follows:

National Clinical Audits

- Long Term Conditions – National Pregnancy in Diabetes (NPID)
- Peri and Neo-natal - Neonatal Intensive and special care (NNAP)
- Blood Transfusion - National comparative audit of the patient information and consent
- MBRRACE – UK – Perinatal Mortality

National Confidential Enquiries

- MBRRACE –UK – Maternal Deaths

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 2013/14, 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 6. Relevant National Clinical Audits

National Clinical Audit	Did the Trust participate?	Cases submitted
Long Term Conditions		
National Pregnancy in Diabetes (NPID)	✓	**100%**
Peri-and Neo-natal		
Neonatal Intensive and special care (NNAP)	✓	**100%**
Blood Transfusion		
National comparative audit of the patient information and consent	✓	**100%**
MBRRACE – UK		
Perinatal mortality	✓	**87% ***

* Due to a change in staffing the information has been delayed in being entered and all data for 2013/14 will be on the MBRACCE system by the end of June 2014.

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Table 7 Relevant National Confidential Enquiries

Confidential Enquiry	Did the Trust participate?	Cases submitted
MBRRACE – UK		
Maternal Deaths	✓	**0 cases**

The reports of 4 national clinical audits were reviewed by the provider in 2013-14 and Liverpool Women's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

National Pregnancy in Diabetes (NPID):
National report not due until September 2014

Neonatal Intensive and special care (NNAP):
LWH performance exceeded or met national standards for measuring admission temperatures and mothers receiving antenatal steroids. 97% of the eligible babies were screened for retinopathy of prematurity (ROP), but only 73% were screened on time as per national standards. But this is an improvement from 29.5% in 2011 following change in protocols as a direct consequence of the NNAP results. LWH continues to not meet the standard for documented parental consultations within the first 24 hours although the figure has improved from 42.6% in 2011 to 56% in 2012. Plans are in place to include forced prompts in the new Electronic Patient Record (EPR) to be introduced soon on the neonatal unit to meet this target. It is hoped with the introduction of the new EPR platform- BADGERnet, LWH will be able to contribute to all the NNAP audit questions from 2015. For 2013 and 2014 LWH has contributed data for 100% of the eligible babies for the same five audit questions.

National comparative audit of the patient information and consent:
National report not due until summer 2014

MBRRACE – UK

The report that comes from this submission won't be published until May/June 2015. There has been a gap in annual reports since Confidential Enquiries into Maternal and Child Health (CEMACH) was replaced by MBRRACE so there are no previous reports that need to be actioned.

The reports of 62 local clinical audits were reviewed by the provider in 2013-14 and Liverpool Women's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Table 8 Local Audit actions

Local Audit Title	Actions
Audit of third degree tears	Information cascaded into GREAT Day presentation and lesson of the week plan
Re-audit Clinical letters	Pre-operative preparation to include a check to ensure that the last clinical letter is available on the day of surgery
Reaudit of the Rapid Access Clinic	RAC clinicians now write to GP as required.
Reaudit of diagnosis and management of molar pregnancy commencing 2012	Clinics dropped to every 4 weeks with facility to hold ad hoc clinics if required due to number of patients with GTD dropping.
Audit of the use of and any complications with shelf pessary	To produce a Standard Operating Procedure To produce a new guideline Train new staff in pessary procedure
Audit to assess the initial investigation and management of chronic pelvic pain and the use of diagnostic laparoscopy	To update and amend consent form and to create a diagnostic lap pathway
Audit to assess practice of clean intermittent self catheterisation (CISC) after urogynaecological procedures	A new guideline based on MDT consensus and audit results for preoperative teaching of clean intermittent self-catheterisation has been developed
Audit of vault prolapsed surgery at LWH and its outcomes compared to evidence from NICE/RCOG/BSUG on vaginal vault prolapse	To continue with on-going training.
Audit to assess the compliance to Electronic patient assessment questionnaire (e-PAQ) guidelines	Post-op vouchers are to be assessed with the same standards as pre-op.
Audit of pilot of GC led inherited cardiac condition clinics	Introduced a standard proforma.
Audit of Predictive testing protocol for conditions which preventative measures are available (BRCA 1/2 and Lynch Syndrome)	Introduced a standard proforma.
Audit of Diagnostic genetic testing for hypertrophic cardiomyopathy and Long QT syndrome	The Trust results for this audit were exceptional so not changes in practice needed as a result of this audit.
Audit of BSG Guidelines on Genetic Testing in children	Introduction of child specific consent form
Audit of the Management of carriers of BMD and DMD	GPs can now be asked to refer patients for cardiac screening unless they are symptomatic – if symptomatic, referrals will be made to cardiology directly
Audit of Measuring and improving vitamin D promotion and prescribing to prenatal and postnatal pregnant women	A pathway was established whereby all Liverpool women have access to Vitamin D in pregnancy
Audit of Pregnancy outcomes from women managed in a high risk pre-term labour	PTL clinic database was established and maintained on shared drive.

clinic at LWH	Introduction of new Meditech code for booking, ensuring capturing of all women with previous cervical surgery.
Placenta Praevia Audit	RCOG elective caesarean section consent form has been adapted for use at LWH and monitoring of compliance. Meditech field was modified for monitoring of compliance.
Risk factors and outcome of women Booking for antenatal Care after 12 weeks and 6 days Audit	Develop guideline for management of those who book after 20/40 Review data for those who book 13+0-19+6 to look for system failures Add field to meditech booking form to ask if patients are transferring or booking late
Comparative audit of outcomes in women with BMI of 35-40 who labour on Delivery Suite and MLU for CGC Assurance and audit to assess compliance with LWH Guidance on antenatal care in obese women	Audit met all standards so no actions required.
Audit of 2011 NICE guidance in Caesarean Section (NICE guideline 132)	Discussions between auditor, Anaesthetics and Maternity highlighted the need for documentation to be recorded accurately. This was highlighted to all staff.
Audit of the compliance with clinical pathways for antenatally diagnosed renal/urological abnormalities	Review of pathway and investigate possibility of creating pathway on Meditech.
Audit of current management of chromosomally normal pregnancies with a low serum PAP-A (<0.3MoM) in the first trimester	New protocol was produced and disseminated to the FMU consultants and antenatal screening midwife within the Trust.
Re-audit to validate breastfeeding statistics	Increased awareness at ward level about the need to have accurate data recorded on meditech
Annual invasive diagnostic procedures audit in the Fetal Medicine Unit 2012	Individual operators to be given their personal data for appraisal and reflection Communicate need to continue to work towards reducing >1 insertion for CVS aiming to reach standard of < 5% If >1 entry document why procedure difficult eg.
Annual stillbirth audit	Introduced customised growth and SFH charts. Produced patient information leaflet regarding reduced fetal movements. Guideline for late transfer of patients. Perinatal Pathologist now present at twice yearly review panel.
Re-audit of debriefing after emergency Caesarean Section	Training for midwives so that they can debrief patients with less complicated indications for the caesarean section. Debrief proforma disseminated in theatres and placed in the notes by the theatre staff as the patient is being discharged from the recovery room back to the wards.
Audit of the integrated elective Caesarean Section Care pathway for all women booked for Elective Caesarean.	Re- launch of the pathway with clear instructions for staff on its completion/ changes made. Changes required on meditech fields to capture changes

	to practice within the pathway
Low cord PH and HIE audit/Unexpected Admission of term babies to SCBU.	Development of continuous monitoring
Audit of the accuracy of ultrasound estimated fetal weight (EFW) determination in twin pregnancy	Audit met all standards so no actions required.
Audit of the evaluation of nasal injuries caused by nCPAP (Audit of CPAP management on the neonatal unit)	Education provided for nursing staff regarding the importance of correct sized hat, prongs/mask. Check list developed for "quality" CPAP standardised care regarding use of chin strap, suction, free drainage by developing new CPAP guideline. Developed a CPAP quality team to provide clinical supervision and education.
Re audit Prospective Review of Neonatal Deaths (Neonatal Mortality Review)	Multi-professional mortality review panels set us to review objectively the category of care provided. Enhanced education and training around the importance of administering antibiotics within 30 mins of admission/cannulation and of administering surfactant within 15 minutes of intubation in preterm babies.
Audit to assess Compliance with LWH Guidance on Metabolic Bone Disease of prematurity	MBD and Vitamin D policies aligned. MBD included in Senior House Officer teaching programme.
Audit of transport of neonates during periods off nasal CPAP	Network audit – Audit achieved standard. No changes required.
Audit of Cooling Treatment for Babies with Grade 2 or Grade 3 Hypoxic Ischaemic Encephalopathy born at or greater than 36 weeks gestation (Neonatal Network Audit)	Network audit – Audit achieved standard. No changes required.
Audit of 2 year follow up of premature neonates (<30 weeks gestation)	Paper copies of the two year follow up data collection form are now created and freely available in the outpatient clinics to aid capture of outcome data. Infant due to follow up are now highlighted by placing sticker on notes at discharge.
Audit of the detection of major congenital heart defects in babies born in Liverpool Women's Hospital	Formal review of the case of truncus arteriosus not diagnosed antenatally despite a family history of the same condition. Added for ACE review.
Audit to assess compliance with LWH protocol on Neonatal Early Warning Scores (NEWS)	NEWS chart modified. Staff trained on altered chart.
Audit to assess compliance with the NPSA/2010/RRR013 'Safer use of Insulin' guidance	Implemented a robust ordering system to ensure availability of pre-printed insulin prescribing and administration labels at all times. Education around the safe use of insulin is now included at nursing and medical staff induction and ongoing programmes of education. Compliance is now monitored regarding insulin prescribing and administration through the recording of pharmacy interventions and the Trust incident reporting system
Audit of term admissions to NNU	Amended hypoglycaemia policy
Audit of the use of CPAP in preterm infants	Staff informed that clinical practice of alternating

	masks/prongs is to continue. Staff continuing to use the skin integrity tool as a guide when nasal injury is seen.
Audit of Prescription Safety audit on Neonatal Intensive Care	Now emphasised importance of clear prescriber signatures and continue audits and monitoring of prescriptions on NICU New field on BADGER system for chart details/Gentamicin pathway
Audit of Blood Transfusion in Pre-term infants	Audit met all standards so no actions required.
Audit of central line associated infection on NICU (Femoral line infection)	Audit met all standards so no actions required.
Audit of the Outcomes for Congenital Diaphragmatic Hernia 2012	Audit met all standards so no actions required.
RE-AUDIT: To assess compliance with the NPSA/2010/RRR013 'Safer use of Insulin' guidance	Audit met all standards so no actions required.
Audit to look at compliance with cold chain traceability of blood products between AHCH and LWH	Staff awareness of the importance of always scanning blood products out, that bolus infusions must have start and stop time recorded and that platelets should be given as soon as possible following arrival at LWH.
Audit to assess compliance with LWH guideline on suspected infection in neonates managed on the Postnatal ward	Review suspected infection guidelines in particular need for daily blood tests, method for detecting babies with suspected sepsis and method for reviewing babies on antibiotics is required. To be presented and discussed at clinical governance afternoon. Following this, guideline is to be reviewed and recommended changes to be implemented.
FASP re-audit	Copies of Information Poster have been placed in each ultrasound room to remind Sonographers during scan.
Audit to assess NPSA 16 – Failure to act upon radiological reports (abnormal or clinically significant findings)	A new standard operating procedure has been developed for management of faxes.
DQASS Audit (Down's Syndrome Screening Quality Assurance Support Service)	Information sheet highlighting ways to improve CRL and NT measurements to improve screening service has been developed and disseminated to all sonographers in Imaging Dept. Poster also displayed on the notice board and antenatal scan room.
Management of Linen	The temporary space for storage of linen was unsuitable, therefore another more suitable temporary space has been found. A permanent space still to be agreed. Service Level Agreement to be developed with G4S Cleaning standards and storage to be included in Service Level Agreement being developed with G4S. Estate environment to be determined when new location identified. Reported non-compliance to individual ward managers to action via IPC clinical audit process - Awareness sessions via link staff communication.

	- Featured in IP&C Quarterly reports to IPCC
Audit Assessing compliance with clinical guidelines for the management of ovarian hyperstimulation and HFEA reporting requirements	Establish an effective system to identify, review and report OHSS. Examine and refine all protocols for OHSS prevention. Create new guidelines for OHSS clinical management.
Team Brief and WHO checklist for Gynae' theatres (Nursing Indicator) audit	All staff are reminded that the Safer Steps to Surgery is a mandatory theatre document that requires 100% completion, If there is no requirement for staff input or action, this is to be clearly indicated using a dash or the word “None: Awareness to remind all staff to sign each area of the WHO checklist. A newly re-designed perioperative care pathway to integrate the WHO checklist is in progress and Safer steps to surgery to be incorporated into specification for next generation of Theatre Management software
Difficult/Failed Intubation audit	Intubation trolley has been moved from Obstetric Theatre 3 to Obstetric Theatre 2 where most emergency cases are performed
Anaesthetic Record Keeping audit	New version of anaesthetic software V3.0 has been implemented
Anaesthetic activity for NAP5 project (baseline audit) (DG06 Depth of Anaesthesia Monitors)	Awaiting National report - no actions required at present
National comparative audit of the labelling of blood samples for transfusion	Continued mandatory education on a monthly basis to help reduce blood sampling errors, ongoing monthly sample rejection analysis and Lesson of the month on blood transfusion best practice
PONV following surgery audit	Implementation of procedure for all anaesthetists to give anti-emetics according to Apfel score and operation risk
Audit of the Efficiency of intra-op rectus sheath blocks at reducing post-op pain, reducing the need for opioid analgesia and improving overall pt recovery (Pain management following Gynae' surgery)	Implementation of a standard technique to be used by all teams regarding Rectus Sheath Blocks for Gynae' Surgery
Audit of pain relief using oral morphine for analgesia following elective C section	Awaiting changes in practice
Routine Enquiry procedures	Continue to deliver domestic abuse/routine enquiry training to all midwives as part of ‘Obstetrics 2’ mandatory training day, ensure all staff complete x 3 yearly after attendance on initial 4 hour training session, continue to offer bespoke domestic abuse training for staff upon request or as need arises, continue to quality assure all health professionals letters/children's service referrals/other forms of communication, continue to complete Adverse Clinical Event (ACE) forms where policy has not been adhered to and safeguarding risk has been increased due to this failure and change Meditech system to ensure mandatory fields are set up to include partner names/accompanied and if so by whom/PCI bulletin board checked
Health Record Content	Trust wide action plan to improve compliance is in progress

Clinical Research

The number of patients receiving relevant health services provided or subcontracted by Liverpool Women's NHS Foundation Trust in 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 1,401, of which, 1,308 were recruited into NIHR portfolio studies.

In 2013/14 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to increase subsequent NIHR recruitment accruals.

Liverpool Women's was involved in conducting 102 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine and genetics during 2013/14. At the end of 2013/14 a further 26 studies were in set up including 5 industry studies.
There were 66 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2013/14. 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 healthcare delivery in the community.
Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, 71 publications have resulted from our involvement in research (with 15 NIHR publications), which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

CQuIns

A proportion of Liverpool Women's NHS Foundation Trust's income in 2013-14 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.

Further details of the agreed goals for 2013-14 and for the following 12 month period are available electronically at: http://www.liverpoolwomens.nhs.uk/About_Us/Quality_and_innovation.aspx ,

in addition Information on 2014-15 contracts including CQuINs is available at:
(http://www.england.nhs.uk/nhs-standard-contract/)

The total monetary value of the income in 2013-14 conditional upon achieving quality improvement and innovation goals was £1,843,466. The monetary total for the associated payment in 2012-13 was £1,767,961.

The Trust reported performance against CQuIns targets for 2013-14 are provided below and followed by the dashboard developed for CQuIns monitoring in 2014-15.

CQUINS Quarter 4 Update

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		

1.1 Extend Friends and Family Test to Maternity

Requirement	N/A						Maternity FFT to be implemented					
Status	N/A						Maternity FFT has been implemented					

1.2 Improve Response Rate of Friends and Family Test (Target Value = 15% rising to 20% by year end)

Response Rate	3.2	1.3	25.5	21.9	18.1	18.3	8.8	11.2	22.6	34.2	37.2	31.2
Responses	35	14	285	244	201	198	109	135	247	408	410	381
Episodes of Care	1089	1108	1118	1116	1111	1082	1241	1201	1094	1192	1103	1221

1.3 Improve NHS Staff Survey Friends and Family Test

Question Considered "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"						
	Strongly Disagree	**Disagree**	**Neither Agree Nor Disagree**	**Agree**	**Strongly Agree**	
2012 Staff Survey	5	12	21	50	12	**3.53**
2013 Staff Survey	3	5	25	50	18	**3.75**
Comment	Comparative results between 2012 and 2013 Staff Survey show an improvement in the year to year score					

1.4 Provide Evidence of Responses to Patient Feedback

Evidence of Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

2.1 Send NHS Safety Thermometer to NHS Information Centre

Status	Sent	Part	Sent	Sent	Sent	Sent	Sent	Sent	Sent	Sent	Sent	Sent

3.1.1. Assess Emergency Admissions >= for Demenia (Target Value = 90%)

Assessment Rate	100	NIL	NIL	100	NIL	NIL	75	75	67	100	50	0
No Assessed	2	0	0	1	0	0	3	3	2	1	1	0
No Patients	2	0	0	1	0	0	4	4	3	1	2	1

3.1.2. Refer Postivie Assessed Dementia Patients for Diagnostics (Target Value = 90%)

Diagnostic Rate	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	100	NIL
Diagnostics Completed	0	0	0	0	0	0	0	0	0	0	1	0
Positive Assessments	0	0	0	0	0	0	0	0	0	0	1	0

3.1.3. Refer Positive Diagnostic Dementia Patients to Specialised Services (Target Value = 90%)

Referral Rate	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Referrals	0	0	0	0	0	0	0	0	0	0	0	0
Positive Diagnostics	0	0	0	0	0	0	0	0	0	0	0	0

3.2 Confirm Lead Clinican for Demenia and complete appropriate training for staff

Status	The CQUIN has been implemented and is considered complete

3.3 Undertake a quarterly audit of Carers of Patients with Dementia to ensure they feel appropriatelt supported

Status	NIL	NIL	NIL	NIL

4.1 Ensure all eligible patients receive a VTE assessment (Target Value - 95%)

Assessment Rate	95	96	98	98	98	97	97	97	98	97	98	98
No Assessed	1577	1602	1508	1672	1567	1583	1701	1692	1601	1703	1560	1697
No eligible	1660	1665	1545	1712	1608	1637	1756	1742	1639	1751	1593	1739
Comment												

4.2 Ensure all instances of Hospital Aquired Thrombosis have a RCA carried out (TV = 100%)

RCA Rate	NIL	NIL	100	NIL	NIL	NIL	100	NIL	NIL	NIL	NIL	NIL
No Completed	0	0	1	0	0	0	1	0	0	0	0	0
No VTEs	0	0	1	0	0	0	1	0	0	0	0	0
Comment												

5.0 Provide a quarterly update on the implementation of the Francis Report

Quarter 1	The Trust has an action plan that has been approved by the Clinical Governance Committee. It has also been presented to the Governance and Clininical Assurance Committee
Quarter 2	Francis Report is now a permanenent agenda item at Clinical Governance Committee. Recommendations and Trust actions progressing. Have been assigned to an executive and operational lead
Quarter 3	Francis Report remains a permanent agenda item at Clinical Governance Committee. Recommendations and Trust actons progressing well in this quarter with support of the executive and operational leads
	The Trust has continued to implement the recommendations of the Francis Report. As of March, the Trust had fully implemented 73% of the recommendations. 27% were partly though not yet fully implemented. There were no recommendations that had not been implemented to some degree
Comment	

6.1 Provide a quarterly update on the implementation of Electronic Transmission of Inpatient Correspondence

Quarter 1	All inpatient discharge summaries are now electronicaly constructed and contain the recommended minimum dataset. The Trust regards this CQUIN measure as complete given that this was introduced in 2012-2013
Quarter 2	As per Quarter 1
Quarter 3	As per Quarter 1
Quarter 4	As per Quarter 1

6.1.1 Electronic Inpatient Summaries to Contain Minimum Dataset (Target Value = 100%)

Compliance Rate	100	100	100	100	100	100	100	100	100	100	100	100
Comment												

6.2 Provide a quarterly update on the Implementation of Electronic Transmission of Outpatient Correspondence

Quarter 1	An implementation plan has been developed and is available
Quarter 2	The project is progressing in accordance with the revised implementation plan
Quarter 3	The project is progressing in accordance with the revised implementation plan
Quarter 4	Project progressing, and piloted, but further work required to ensure clarity on the scope of the project. Project will require further implementation time (during 2014/2015) in order to reach completion
Comment	

6.3 Provide a quarterly update on the implementation of Electronic Transmission of Emergency and Day Case Correspondence	
Quarter 1	An implementation plan has been developed and is available
Quarter 2	The project is progressing in accordance with the Q1 implementation plan
Quarter 3	The project is progressing in accordance with the Q1 implementation plan
Quarter 4	Project progressing, and piloted, but further work required to ensure clarity on the scope of the project. Project will require further implementation time
Comment	

7.1 Ensure CWT patients referred receive their first diagnostic test on or before Day 14 (Target Value = 85%)												
14 Day Test Rate	-	-	-	-	-	-	-	-	-	-	-	-
Comment	The standard (and list of diagnostic tests) has not been signed off by the CCG's within the Cheshire and Merseyside Strategic Clinical Networks. At the last network meeting (15/04/14) it was confirmed that some, but not all CCG's had ratified the standard. The Trust uderstands that It is now expected that the standard will be introduced during 2014-15, but there is no date for introduction, or if it will be backdated to the start of 2014-15											

7.2 Ensure CWT patient referral made by Day 42 (Target Value= 85%)												
42 Day Test Rate	100	89	50	67	67	0	0	100	100	50	0	100
No Patients by Day 42	2	8	4	2	2	0	0	1	1	1	0	1
No Patient Referrals	2	9	8	3	3	1	6	1	1	2	1	1
Comment												

8.1 Improve Breastfeeding Rates (Target Value = 60%)												
42 Day Test Rate	52	52	54	51	51	51	55	52	53	55	54	53
No Patients by Day 42	331	342	307	361	373	362	374	351	370	382	324	349
No Patient Referrals	636	660	570	704	731	703	678	573	699	690	601	658
Comment												

8.2.1 Incorporate Brief Intervention Training into Mandatory Training

Quarter 1	Head of Midwifery to discuss with CCG colleagues. Clarification required
Quarter 2	Awaiting response from CCG colleagues. Head of Midwifery obtiaining figures of when midwives have had previous brief intervention training. Will retrain if required
Quarter 3	Training is provided to all midwives annually as part of Maternity Study Day 1 with records kept on the Trust OLM system to ensure all staff are captured
Quarter 4	Brief intervention training is now incorporated into the Trust annual training and will be on going through out 2014
Comment	

8.2.2 Ensure Maternal Smoking Status is captured at 38 weeks (Target Value = 95%)

Capture Rate	100	100	100	100	100	100	100	100	100	100	100	100
No Patients Asked	636	666	582	704	735	714	685	687	700	696	618	669
No Deliveries	636	666	582	704	735	714	685	687	700	696	618	669
Comment												

8.2.3 Provide Brief Intervention Advice to Maternal Smokers (Target Value = 95%)

Advice Rate	95	95	97	97	99	94	96	95	95	95	96	97
No Interventions	143	136	141	161	140	127	152	147	104	158	160	148
No Smokers	150	143	145	166	141	135	159	154	109	167	166	153
Comment												

8.2.4 Provide Onward Referral to Stop Smoking Service for Maternal Smokers (Target Value = 50%)

Advice Rate	99	100	99	98	99	99	99	99	99	99	99	99
No Interventions	149	143	144	162	140	133	157	153	108	166	164	151
No Smokers	150	143	145	166	141	135	159	154	109	167	166	153
Comment												

8.3 Provide a quarterly update in the Implementation of Vitamin D Guidelines	
Quarter 1	Awaiting clarification and direction fromm CCG on availability of Vitamin D. Head of Midwifery to discuss implementation with CCG
Quarter 2	Awaiting action from public health regarding how LCH get vitamin D into children's centres. Pharmacy in LWH currently developing PGD guidelines.
Quarter 3	Universal Vitamin D is in the process of being implemented. PGD has been deemed necessary fir this so is in the process if e=being formatted and circulated. There is also an SOP outlining how women will receive the vitamins.
Quarter 4	The actions for the implementation of Vitamin D have been completed from LWH. There is ongoing communication with children's centres and public health
Comment	

8.4 Provide a quarterly update on Implementation of BFI Audit Tools	
Quarter 1	Updated Action Plan is available
Quarter 2	Updated Action Plan is available
Quarter 3	Updated Action Plan is available
Quarter 4	Awaiting feedback from BFI regarding accreditation for stage 3. Actions completed, expected green.
Comment	

8.3 Provide a quarterly update on the Implementation of the Flu Vaccinations to Pregnant Women	
Quarter 1	Awaiting clarification and direction from CCG on availability of Flu Vaccine. Head of Midwifey to discuss
Quarter 2	Teleconference booked with Dan Seddon re: this on 25/09/2013. Plan to offer in all areas that women are scanned plus by community midwives. Alltraining for midwives arranged
Quarter 3	triage and assessment. We also offered it to inpatient antenatal women. Between the dates if 18.11.2013 and 31.01.2014 over 300 women were vaccinated on Crown Street site, this is in addition to the signposting by community midwives to the practice nurse flu clinic in the GP surgeries. We hope to extend this services across other site next year
Quarter 4	This quarter fell outside of the recognised flu season, therfore vaccinations were not given. LWH did however continue to discuss the flu season update with the CCG
Comment	

Table 9. CQuins 2014-15

CQUINS Dashboard - 2014/15 - April 2014

Report Date: #NAME? at #NAME?

Goal Number	Indicator Number	Indicator Name	Weighting	YTD	Apr	May	Jun	Qtr 1 Target	Qtr1	Jul	Aug	Sep	Qtr 2 Target	Qtr2	Oct	Nov	Dec	Qtr 3 Target	Qtr3	Jan	Feb	Mar	Qtr 4 Target	Qtr4
		Friends and Family Test																						
1	1.1	Implementation of Staff F&FT	0.0375%					Compliant					Compliant					Compliant					Compliant	
	1.2	Early implementation Day Cases and Outpatients	0.01875%					Compliant					Compliant					Compliant					Compliant	
	1.3	Improvement in A&E	0.01875%					15%					20%					>20%					>20%	
	14	Response rate improvement Inpatients	0.05%					25%					30%					>30%					>30%	
	1.5	Provide timely, granular feedback from patients about their experience	0.0750%					Compliant					Compliant					Compliant					Compliant	
		NHS Safety Thermometer – Data Collection																						
2	2.1	National safety thermometer – reduction targets for Pressure Ulcers	0.0625%					Compliant					Compliant					Compliant					Compliant	
	2.2	Reduction targets for Pressure Ulcers	0.0625%					95%					>Qtr1					>Qtr2					>Qtr3	
		Dementia																						
3	3.1.i	FAIR - Find, Assess, Investigate & Refer	0.0750%					90%					90%					90%					90%	
	3.1.ii	Clinical Diagnosis of delerium etc						90%					90%					90%					90%	
	3.1.iii	Further assessment/ diagnostics for Dementia						90%					90%					90%					90%	
	3.2	Clinical Leadership (Compliant: Yes or No)	0.0125%					Compliant					Yes					Yes					Yes	
	3.3	Supporting carers (Compliant: Yes or No)	0.0375%					N/A					Yes					Yes					Yes	
		Maternity Bundle																						
4	4.0	Breastfeeding Initiation	0.1%					53%					>53%					>Qtr2					>Qtr3	
	4.0.1	Maternal Smoking status captured at 38 Weeks	0.1%					65%					75%					85%					95%	
	4.0.2	% maternal smokers offered referral to smoking cessation services						45%					50%					55%					60%	
	4.0.3	Vitamin D	0.1%					NA		Set Baseline			TBC					75%					75%	
	4.0.4	Flu Vaccinations Pregnant Women	0.1%		ActionPlan			Compliant		Update Plan			Compliant					65%					75%	
	4.0.5	Pregnant women are cared for by a named midwife throughout their pregnancy	0.1%					65%					65%					65%					65%	
	4.0.6	BMI index	0.1%		etablish electronic system			Compliant					TBC					TBC					TBC	
		Cancer																						
5	5.1	First diagnostic test by day 14	0.125%					85%					85%					85%					85%	
	5.2	Referral to treating trust by day 42	0.125%					85%					85%					85%					85%	
		Effective Discharge Planning Maternity -																						
6	6.1	Signed off Action Plan (Compliant Yes or No)	0.125%		Action Plan			Compliant		Action Plan			Compliant		Progress of ActionPlan			Compliant		Progress of Action Plan			Compliant	
	6.2	Discharges with appropriate care packages?	0.125%		Action Plan			Compliant		Action Plan			Compliant		Progress of ActionPlan			Compliant		Progress of Action Plan			Compliant	
	6.3	Discharge Checklist Audit (Compliant Yes or No % completed)	0.125%		Action Plan			Compliant		Action Plan			Compliant		Progress of ActionPlan			Compliant		Progress of Action Plan			Compliant	
	6.4	Annual Discharge Survey (Numbers surveyed?)	0.125%		Action Plan			Compliant		Action Plan			Compliant		Progress of ActionPlan			Compliant		Progress of Action Plan			Compliant	

CQUINS - Specialist Commissioner

Goal Number	Indicator Number	Indicator Name		YTD	Apr	May	Jun	Qtr 1 Target	Qtr1	Jul	Aug	Sep	Qtr 2 Target	Qtr2	Oct	Nov	Dec	Qtr 3 Target	Qtr3	Jan	Feb	Mar	Qtr 4 Target	Qtr4
SC	SC1	Improved access to maternal breast milk in preterm infants						25%					TBC					TBC					TBC	
	SC2	Access to Array CGH for Prenatal Diagnosis						TBC					TBC					TBC					TBC	
	SC3	Perinatal pathology reporting time 70% in 6 weeks						70%					70%					70%					70%	

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 2013-14.

Liverpool Women's NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013-14:

- Special Reviews – Nil
- Unannounced inspection, July 2013.
-

Inspection	Standard(s) Reviewed	Outcome	
		Finding(s)	CQC Judgement
Unannounced inspection 7-8 July 2013	Outcome 4- People should get safe and appropriate care that meets their needs and supports their rights.	People didn't always experience timely care, treatment and support to meet their needs.	Minor Impact – Action needed.
	Outcome 13 – People should be cared for by staff who are properly qualified and able to do their job.	There were insufficient numbers of qualified, skilled and experienced staff on duty to meet the needs of people using the service	Moderate mpact – Action needed.
	Outcome 14 – Staff should be properly trained and supervised, and have the chance to develop and improve their skills.	People were cared for by staff who were not always fully supported to deliver care and treatment to an appropriate standard.	Minor Impact – Action needed.

Liverpool Women's NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the Care Quality Commission (See table below).

Liverpool Women's NHS Foundation Trust has made the following progress by 31st March 2014 in taking such action: See status column of table below.

Action	Status
Implement e-Rostering, to manage Midwifery and Nursing staffing.	In Progress
Provision of additional on-site parental accommodation for parents with Babies in neonatal intensive care unit. Funding identified, awaiting outcome of option appraisal project	In Progress
Increase midwifery staff to full establishment in MAU to provide increased staffing at peak times and address waiting times.	Completed
Introduce a mechanism to record time of woman's arrival, and point at which 30 minutes will elapse to highlight easily to staff women that have not been seen. (This information displayed in telephone triage room which has no patient access and so no issue around confidentiality).	Completed
Introduce escalation SOP for times of extreme activity and for women not triaged and treated within 2hrs.	Completed
Overview of activity on Delivery suite and MAU and medical staff allocated accordingly. Escalation to the 100 bleep if activity increases or women have been waiting for more than 30 minutes in order to flex the medical team throughout the Trust.	Completed
Development of an SOP which includes escalation to consultant on call if women are waiting for medical review from the registrar. Process currently in place	Completed
White board location and content has been reviewed. Board to be relocated to telephone	Completed

triage room (not visible to public). In the interim only patient initials are displayed on the board. Handover moved to the telephone triage room to protect confidentiality.	
Staff breaks- Individual areas to identify own mechanisms to ensure staff have adequate breaks. Shift leaders being tasked with pro-actively managing this with support from senior staff. A designated workforce proforma to be implemented for use on each shift to ensure staff breaks are recorded.	Completed
Implement Escalation policy for management of high acuity/ occupancy	Completed
Update Incident Reporting Trigger List Poster including reporting of Staffing issues and with reporting figures for last year included. SOMs to encourage their supervisees to report incidents appropriately.	Completed
Previously cancelled Annual Audit meeting for SOMs to be rearranged (Audit Meeting organised for the 22/10/13)	Completed
The Maternity Service committed to undertaking 25% of outstanding PDRs for October, November and December 2013 to recover the performance back to the Trust standard of 95%.	In Progress
Development of a Comprehensive mandatory training recovery plan by the Education leads monitored on a weekly basis.	Completed
Additional midwives to be appointed to support the professional development co-ordinator.	Completed
Mandatory training action plan to be developed with a target of 100% completion by December 2013. (As at 10/01/14 awaiting latest data on mandatory training compliance)	In Progress

Information Governance

Liverpool Women's NHS Foundation Trust's Information Governance (IG) Assessment report overall score for 2013-14 was 75% and was graded "Not Satisfactory".

The failure to match last year's "Satisfactory" grading reflects the Trust's difficulties in moving toward a fully electronic IG training solution. When implemented in 2014-15 this training solution will provide the Trust with far more robust assurance regarding staff knowledge and security of patient information but the transition state has led to a short-term reduction in training levels.

Clinical Coding

Liverpool Women's NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2013-14 by the Audit Commission.

Liverpool Women's NHS Foundation Trust has taken the following actions to improve data quality:

- Three clinical coders have been studying to sit the National Clinical Coding Examination in March 2014 and all clinical coders have protected study time to ensure they are up to date with national coding standards.
- The Trust has an extensive internal audit programme which has seen a steady improvement in clinical coding accuracy throughout the year and will continue in to 2014/15.
- Clinical coders have also been working closely with clinicians to improve the quality of clinical coding through education on clinical coding rules.

The Liverpool Women's NHS Foundation Trust will be taking the following actions to improve data quality:

- The Trust will continue to support all clinical coders wishing to sit the National Clinical Coding Qualification.
- The Trust will continue its extensive internal audit programme in to 2014/15.

Submission to Hospital Episodes Statistics & Data Quality

Liverpool Women's NHS Foundation Trust submitted records during 2013-14 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:**
98.16% for admitted patient care;
98.94% for out-patient care; and
97.82% for accident and emergency care.

— **which included the patient's valid General Medical Practice Code was:**
99.73% for admitted patient care;
97.98% for out-patient care; and
98.31% for accident and emergency care.
(*Data taken from the IG toolkit report provided by Liverpool CSU for April 2013 to January 2014*).

Liverpool Women's NHS Foundation Trust will be taking the following actions to improve data quality:

- Newly formed Data Quality sub-group will manage and have oversight of data quality issues, assign ownership, approve actions and escalation processes.
- Improved reporting mechanisms have been introduced to improve efficiency and delivery of activity and associated data quality reports to the Trust.
- Implement a new data warehousing systems to provide further assurance of data processing and reporting.

Reporting against core indicators

Summary high-level mortality (SHMI)

As specified in January 2013 by the Information Centre for Health and Social Care, specialist Trusts, such as Liverpool Women's NHS Foundation Trust are exempt from this indicator and no data available from HSCIC, however, there are other sections within this document reporting on Mortality (0 Mortality Rates in Gynaecology and 0 Neonatal Mortality).

Patient reported outcome measures scores

Although the core indicators for Acute Trusts include reporting this data for:

- Groin hernia surgery
- Varicose vein surgery
- Hip replacement surgery, and
- Knee replacement surgery

These procedures fall outside of this Specialist Acute Trust's service portfolio, hence there is no data to report from either local sources or HSCIC.

28 day Readmission rates ages (a) 0-15yrs and (b) 16yrs and over

Description:
Emergency Readmissions to the Trust within 28 days of discharge from the Trust, delineated into two age bands 0-15 years and 16 years and over.

Why and how this priority goal was selected:
The aim and hope after surgery is that all patients go home promptly and recover without complications. However, a small proportion of patients either their GP with minor concerns. Or sometimes need readmission to hospital with significant post-operative problems. As the issues may arise some weeks after surgery and not just in the immediate few days after discharge, we look at all readmissions up to a month after the original surgery.

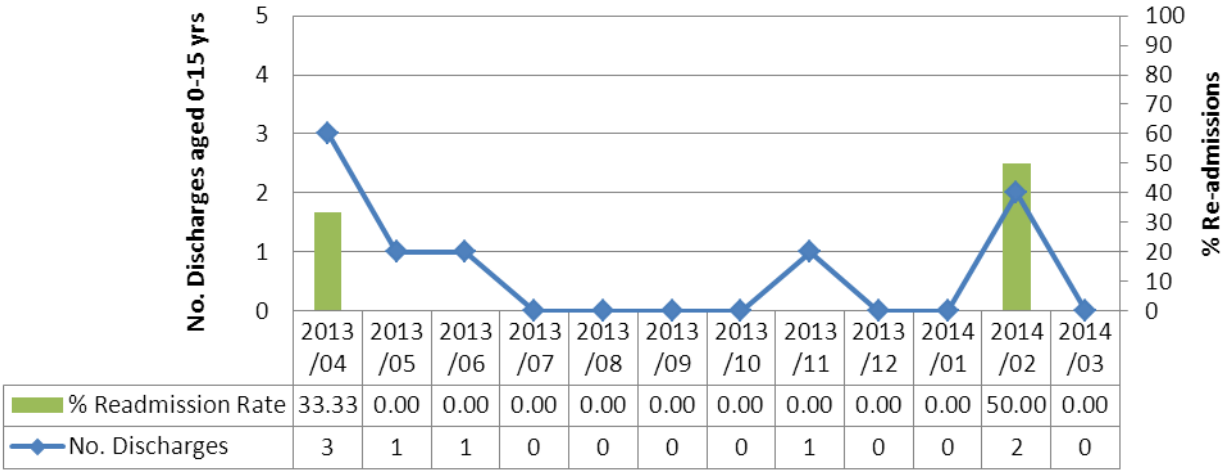
These measures are a prescribed reporting requirement for Quality Accounts determined by Monitor. As well as being a required assessment nationally, readmission rates can give us a worthwhile view of the effectiveness of the surgical and post-operative care of our patients.

Important because:

Readmission rates can be a barometer of the rest of the hospital care, in particular when changes in practice are planned to aim to improve patient care. For example, after the introduction of the Enhanced Recovery Programme during 2010-12, we were aware that a rise in the readmission rates would be an early indication of a problem with the aim for early discharge. Encouragingly, the readmission rate remained stable whilst the length of stay fell after the start of ERP, suggesting no harm was falling on patients as a result of the changes within the hospital

Progress made in report period 2013-14

a) 28 day Readmission rates Patients aged 0-15yrs



% Readmission rates ages 0-15yrs													
Year	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Av.**
2011/12	Not Collected												
2012/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2013/14	33.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	6.94

N.B. The definition of this 28 day re-admissions indicator has been revised since 2013-14 to delineate the data into the two age groups. The historic data presented is not that previously reported, but a reflection of the application of the new specification on the previous period. The data was not available for 2011-12.

The data shows a total of 8 patients discharged in this age group with two re-admissions (⅓ and ½) in separate months equating to an overall rate of 25%; however since the Trust has so few patients in this age group no useful conclusions can be drawn from the data.

Available Benchmarking Data:

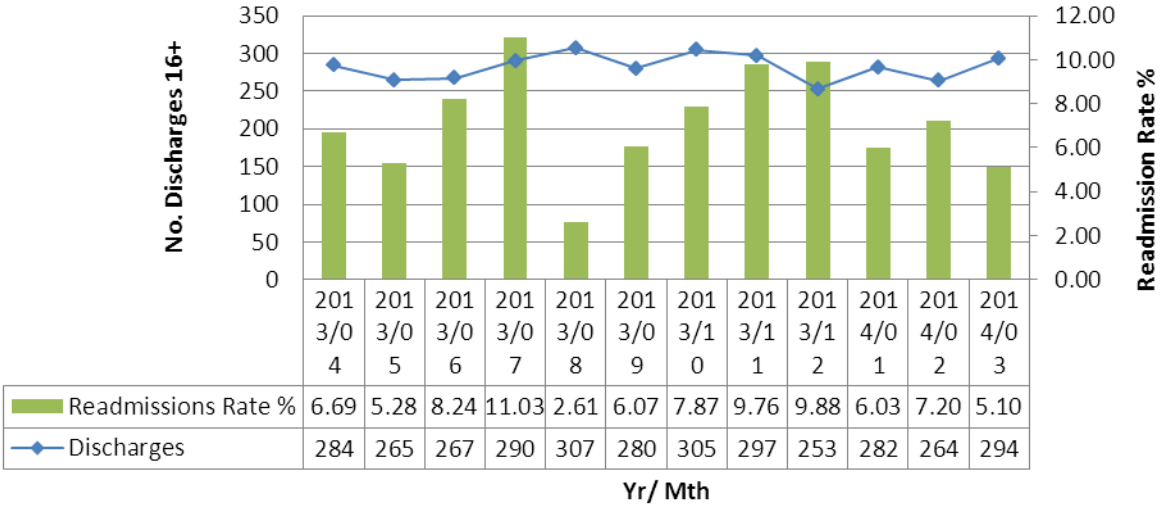
Emergency readmissions to hospital within 28 days of discharge from hospital: children of ages 0-15		2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
LWFT	Readmissions	9	4	5	2	N/A	N/A
	Discharges	71	59	46	25	N/A	N/A

	%	12.7%	6.8%	10.9%	8.0%	N/A	N/A
BWH	Readmissions	14	22	11	10	N/A	N/A
	Discharges	171	223	156	127	N/A	N/A
	%	8.2%	9.9%	7.1%	7.9%	N/A	N/A
Sp Acute Trusts	Readmissions	5281	5940	6506	5082	N/A	N/A
	Discharges	50705	58271	62295	53537	N/A	N/A
	%	10.4%	10.2%	10.4%	9.5%	N/A	N/A
Indirectly age, sex, method of admission, diagnosis, procedure standardised percent	LWFT	11.94%	7.57%	11.48%	6.71%	N/A	N/A
	BWH	7.38%	7.94%	6.89%	6.97%	N/A	N/A
	Sp Acute Trusts	11.15%	10.96%	11.02%	10.70%	N/A	N/A

Source HSCIC Portal (Unique data ID: P00913), http://nww.indicators.ic.nhs.uk/webview/ N.B. national data for 2012/13 and 2013/14 not yet posted on this site.

b) 28 day Readmission rates Patients aged 16yrs and over

N.*B. The definition of this 28 day re-admissions indicator has been revised since 2013-14 to delineate the data into the two age groups. The historic data presented is not that previously reported, but a reflection of the application of the new specification on the previous periods*.



	2013/04	2013/05	2013/06	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03
Readmissions Rate %	6.69	5.28	8.24	11.03	2.61	6.07	7.87	9.76	9.88	6.03	7.20	5.10
Discharges	284	265	267	290	307	280	305	297	253	282	264	294

% Readmission rates ages 16yrs+													
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Av.
2011/12	4.26	3.23	5.04	7.26	8.59	6.80	6.36	7.49	11.85	6.02	8.86	8.29	7.01
2012/13	6.11	8.60	6.10	7.83	6.64	8.90	7.42	7.17	4.72	8.46	9.76	8.17	7.49
2013/14	6.69	5.28	8.24	11.03	2.61	6.07	7.87	9.76	9.88	6.03	7.20	5.10	7.11

Although fluctuating, the readmission rate have remained static over the past 3 years – highly encouraging despite the increasing complexity of the surgery undertaken at the Trust and the increasing morbidity of our patients due to age and other factors.

Available Benchmarking Data:

Emergency readmissions to hospital within 28 days of discharge from hospital: children of ages16+		2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
LWFT	Readmissions	199	146	124	130	N/A	N/A
	Discharges	3100	3047	2789	2422	N/A	N/A
	%	6.4%	4.8%	4.4%	5.4%	N/A	N/A
BWH	Readmissions	132	138	108	111	N/A	N/A
	Discharges	2084	2023	1934	1686	N/A	N/A
	%	6.3%	6.8%	5.6%	6.6%	N/A	N/A
Sp Acute Trusts	Readmissions	4860	4832	4969	4844	N/A	N/A
	Discharges	78230	78921	79728	74421	N/A	N/A
	%	6.2%	6.1%	6.2%	6.5%	N/A	N/A
Indirectly age, sex, method of admission, diagnosis, procedure standardised percent	LWFT	11.70%	8.70%	7.49%	9.14%	N/A	N/A
	BWH	11.18%	12.03%	10.03%	11.70%	N/A	N/A
	Sp Acute Trusts	9.83%	9.55%	9.61%	9.73%	N/A	N/A

Source HSCIC Portal (Unique data ID: P00913), http://nww.indicators.ic.nhs.uk/webview/ N.B. national data for 2012/13 and 2013/14 not yet posted on this site.

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust date presented is extracted from the Trust's Patient information system and the methodology validated by the Trust's auditors.

How progress to achieve the priority goal is monitored and measured

Data for the last two years are not yet available from the Health & Social Care Information Centre (HSCIC). In order to report on readmission rates the Trust has derived its own data from 'Meditech' the Trust Patient Information system. The results from this are not standardised and hence are not directly comparable to the national standardised data. The technical specification for the data extraction (without the age delineation) was provided in the previous year's Quality Report available at:
http://www.liverpoolwomens.nhs.uk/Library/about_us/LWH_Quality_Account_2012-13.pdf

It should be noted that the extraction method uses discharges with admissions on a subsequent date; hence it does not identify the extremely rare instances of re-admission on the same day as the initial discharge.

How progress to achieve the priority goal is reported

With a stable readmission rate in the face of significant clinical and in patient changes, no specific action is required at present, though ongoing review will be necessary.

Liverpool Women's NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

- Reviewing its data from these newly defined measures to establish and address any causative trends and themes.

Responsiveness to the Personal needs of its patients

Description:
A composite measure (rating) of the organisation's responsiveness to the needs of its patients, derived from responses to 5 questions included within the CQC co-ordinated adult inpatient survey.

- *Were you involved as much as you wanted to be in decisions about your care and treatment?*
- *Did you find someone on the hospital staff to talk to about your worries and fears?*
- *Were you given enough privacy when discussing your condition or treatment?*
- *Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*

This data for 2013-14 is not available via the HSCIC site, the Trust has used the tool kit available at: http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/ to derive it's 2013-14 score from the picker Inpatient survey response data for the above questions.

Why and how this priority goal was selected:
This composite measure is a prescribed reporting requirement for Quality Accounts determined by Monitor

Important because:
Not all patients are alike, they have individual and varying needs, individuals fears and concerns and circumstances specific to themselves, their condition and treatment. It is important that these are recognised and accommodated to ensure optimal care and treatment.

Trust Sponsor / Lead: Director of Nursing, Midwifery & Operations.

Progress made in report period 2013-14
The following table shows the Trust's performance against this measure with data available from 2003 to 2013. Included in the data where available is the average score for the Trust's parent region (SHA), data for the same period for Birmingham Women's Hospital (BWH, its recognised benchmark Trust) and the national average and range.

Year	LWH Score	SHA Average	BWH Score	National Average	Annual Range
2013/14	80.5	N/A	N/A	N/A	N/A
2012/13	77.5	69.1	77.1	68.1	57.4 – 84.4
2011/12	76.6	68.6	73.8	67.4	56.5 – 85.0
2010/11	76.5	68.3	75.6	67.3	56.7 – 82.6
2009/10	74.6	67.5	78.3	66.7	58.3 – 81.9
2008/09	74.2	68.4	75.9	67.1	56.9 – 83.4
2007/08	71.3	67.2	78.1	66.0	54.6 – 83.1
2006/07	72.6	68.1	69.6	67.0	55.1 – 84.0
2005/06	73.6	69.6	75.9	68.2	55.8 – 82.6
2003/04	69.5	69.2	71.2	67.4	56.6 – 83.3

The Trust's achievement in 2013-14 exceeded the national average and is comparable with BWH our recognised benchmark Trust.
The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- It is derived from the responses to the abovementioned questions in the Picker report on the Inpatient survey 2013 for Liverpool Women's NHS Foundation Trust and has calculated in the prescribed manner.

- The survey was conducted independently by the Picker Institute.

How progress to achieve the priority goal is monitored and measured
The constituent questions are derived from questions used in the Picker In-patient survey and hence are considered by the Nursing and Midwifery Board in their review of the Trust's Picker in-patient Survey.

How progress to achieve the priority goal is reported

The results of the individual questions in the inpatient survey and the combined measure are considered by the Nursing and Midwifery Board in their review of the Trust's Picker in-patient Survey.

The Liverpool Women's NHS Foundation Trust has taken the following action to improve this score, and so the quality of its services, by:

- Including the contributing questions within the set of bespoke questions and assessments that our nursing staff have to collate each month. The questions that are identified in the national survey are also asked of patients in the care setting on a regular basis. This enables locally led remedial plans to address in a timely manner any areas of concern or non-compliance.
- The Ward and department managers are supervisory and therefore have been able to role model the behaviours and attitudes required to provide the very highest standards of care to our patients. This has been supported by an internal development programme
- Introducing 'intentional rounding'.
- Introduction of a bespoke communication training package within inpatient Gynaecology.

Percentage of Staff employed or under contract to the Trust in period who would recommend the Trust as a provider of care to their family or friends

Description:
The measure used for this indicator is the percentage of respondents to question 12(d) in the NHS annual Staff survey who state that they agree or strongly agree with the following statement-
" If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"

Why and how this priority goal was selected: This measure is a prescribed reporting requirement for Quality Accounts determined by Monitor.

Important because:
This question indicates the staff opinion of the quality of the services provided by the organisation and is an expression of their confidence in them.

Trust Sponsor / Lead:

Progress made in report period 2013-14

Trust / Group	2012-13	2013-14
Liverpool Women's NHS FT	62%	67.4%
Birmingham Women's NHS FT	78%	75.9%
Average for All Acute / Specialist Acute Trusts	65%	67.1%
Range for All Acute / Specialist Acute Trusts	51.1-77.3%	39.6-93.9%

NB. *The data is presented is that for this Trust and Birmingham Women's Hospital our recognised comparable bench mark Trust compared to the average and range for all Acute and Specialist Acute Trusts. Last year we reported a range for all Specialist Acute Trusts, but this is not available from the source data for the 2013 survey*.

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is collected independently of the Trust

How progress to achieve the priority goal is monitored and measured

The data for this measure is collated independently of the Trust and via the NHS National Staff Survey and is reported back to the Trust annually.

The data presented was taken from downloadable spread sheets available at:
http://www.nhsstaffsurveys.com/Search/?search=staff%20survey%202012%20detailed%20spreadsheets

How progress to achieve the priority goal is reported

The results of the Annual Staff Survey are reported through the Putting People First committee.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Focussing on ensuring that staff have the opportunity to get involved with improving patient care. This has been achieved in a number of ways:
    - Monthly Listening events with Executive Directors to hear staff ideas on how better care can be delivered
    - Service improvement and transformation events for clinical services where staff are involved in redesigning services for the benefit of patients
    - Investment in leadership training for managers
    - Timely and proactive recruitment to maintain consistent staffing levels
    - Changes to team structures with shift leaders and team leaders managing smaller teams
    - Local PULSE surveys giving managers the information to address staff issues in a timely fashion
    - Introduction of the staff bank ensuring effective responses to short term staffing issues
    - Introduction of e-rostering to ensure rotas are planned efficiently to meet the demands of the service.

- On an ongoing basis, staff in all clinical areas are being asked to get involved with projects to improve clinical care and regular engagement events are taking place to ensure that staff are informed about events and have an opportunity to influence positive change.

Percentage of patients admitted to Hospital and who were risk assessed for venous thromboembolism (VTE)

Description:

The number of patients receiving a VTE assessment expressed as a percentage of eligible 'ordinary' admissions (Patients admitted for at least an overnight stay, thus excluding day cases).

Why and how this priority goal was selected:

Venous Thromboembolism (a fragment that has broken away from a clot that had formed in a vein) is a significant cause of mortality, long-term disability and chronic ill health. It was estimated in 2005 there were around 25,000 deaths from VTE each year in hospitals in England and VTE has been recognised as a clinical priority for the NHS by the National Quality Board and the NHS Leadership Team. Whilst this

indicator had already been adopted by the Trust it was made mandatory for all Trusts to report in their Quality Report from 2012-13.

Important because:
If a risk of VTE is established in a patient, then appropriate prophylaxis treatment can be offered to manage that risk and hopefully avoid the adverse outcomes described above.

Trust Sponsor / Lead: Medical Director / Acting Director of Nursing, Midwifery & Operations

Progress made in report period 2013-14:

Key:	% Assessments Completed			
	>95%	>=80 <=95%	<80%	

2013-14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
LWH Activity	1660	1665	1545	1712	1608	1637	1756	1742	1639	1751	1560	1697	
No. VTE Assessments	1577	1602	1508	1672	1547	1583	1701	1692	1601	1703	1593	1739	Average
LWH %	95.00%	96.22%	97.61%	97.66%	96.21%	96.70%	96.87%	97.13%	97.68%	97.26%	97.93%	97.58%	96.99%
All Acute Providers	95.14%	95.50%	95.71%	95.96%	95.67%	95.58%	95.90%	96.00%	95.60%	N/A	N/A	N/A	95.67%
LWH vs. All Provider Average	Worse than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	N/A	N/A	N/A	

Previous years:

2012-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
LWH Activity	1621	1741	1600	1734	1685	1677	1804	1726	1578	1665	1577	1657	
No. VTE Assessments	1546	1683	1531	1662	1622	1615	1715	1647	1501	1591	1506	1574	Average
LWH %	95.37%	96.67%	95.69%	95.85%	96.26%	96.30%	95.07%	95.42%	95.12%	95.56%	95.50%	94.99%	95.65%
All Acute Providers	93.40%	93.60%	93.30%	93.90%	93.90%	94.00%	94.30%	94.40%	93.80%	94.30%	94.10%	94.10%	93.93%
LWH vs. All Provider Average	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	

2011-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
LWH Activity	1640	1681	1719	1694	1569	1595	1743	1679	1627	1670	1686	1762	
No. VTE Assessments	1548	1613	1626	1583	1493	1515	1643	1603	1575	1596	1604	1644	Average
LWH %	94.39%	95.95%	94.59%	93.45%	95.16%	94.98%	94.26%	95.47%	96.80%	95.57%	95.14%	93.30%	94.92%
All Acute Providers	82.90%	84.40%	85.70%	87.20%	88.30%	89.50%	89.90%	91.40%	91.00%	92.10%	92.50%	92.90%	88.98%
LWH vs. All Provider Average	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	Better than	

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- The local data is taken directly from the Patient Information System 'Meditech' on which admission and VTE assessment activity are recorded.
- The calculation is a simple percentage calculation of comparing the number of conducted assessments with the number of admissions of at least an overnight duration.

The National benchmarking data (Target 95%) included above is available at:

- http://www.england.nhs.uk/statistics/statistical-work-areas/vte/.
- http://webarchive.nationalarchives.gov.uk/20130107105354/http://transparency.dh.gov.uk/2011/04/01/vte-data/
- http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/VTERiskAssessment/index.htm

How progress to achieve the priority goal is monitored and measured:

Admission and VTE assessment data are recorded onto 'Meditech', the Trust's patient information system. The Trust employs a live Nursing and Midwifery indicator reporting system linked to 'Meditech', which allows managers to see admissions and outstanding assessments and actively manage compliance . The percentage figure is calculated as:

$$\frac{\text{No. VTE assessments conducted x 100}}{\text{No. 'Ordinary' Admissions}}$$

Matrons receive non-compliance reports and validate with relevant department managers. Incidents of VTE are reported and formal reviews undertaken. Remedial actions are agreed. The development of Managers dashboards in 2014-15 will facilitate on-going monitoring.

How progress to achieve the priority goal is reported

Data is collected from Meditech and forwarded to the Divisions for validation. The information is submitted by the Trust's Information Department to the Department of Health and NHS Information Centre via UNIFY 2.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Developing and maintaining the live nursing & midwifery care indicator system, which enables managers to see admissions and outstanding assessments and actively manage compliance.
- Where a patient is confirmed as having a venous thromboembolism then the Trust is expected to implement root cause analysis on each and every case.

Rate per 100,000 bed days of cases of C.difficile reported within the Trust amongst patient aged 2 or over

National Data for 2013-14 is not available from external sources including the HSCIC and Public Health England websites for this measure and so only Trust data provided by PHE is reported here, however, the data available for the financial years 20010-2013 inclusive is available via HSCIC and PHE web sites and is reported here.

Name of NHS Trust	*C.difficil* e infection reports for patients aged 2 years and over								
	2010-11			2011-12			2012-13		
	Trust Apportioned	Total	Trust App'd Rate per 100,000 Bed-days	Trust Apportioned	Total	Trust App'd Rate per 100,000 Bed-days	Trust Apportioned	Total	Trust App'd Rate per 100,000 Bed-days
LWH	2	3	5.2	1	1	2.6	0	0	0
BWH	1	1	3.2	0	0	0	0	0	0
National Data									
Minimum	0	0	0	0	0	0	0	0	0
Maximum	247	470	71.8	185	392	51.6	154	358	30.8
Average	**62.4**	**130**	**27.9**	**45.9**	**108.5**	**20.6**	**37**	**91**	**16.1**
Total	**10,417**	**21,707**	**29.6**	**7,670**	**18,005**	**21.8**	**5,974**	**14,687**	**17.3**

The most recently available12-month data provided to the Trust by Public Health England is as follows:

Quarterly C difficile Rates per 100,000 Bed days	2012-13 Qtr 4	2013-14 Qtr1	2013-14 Qtr2	2013-14 Qtr3	2013-14 Qtr4
Liverpool Women's NHS Foundation Trust	0	0	12.73	12.73	0

The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- all instances of C.difficile are reported to the infection control team
- all cases have a root cause analysis performed
- all cases are confirmed and reported to the National database

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- Putting in place a process for root cause analysis of all cases to identify learning outcomes, all cases are reported through the Trust governance structures to ensure transparency, in addition there is regular audit of antimicrobial prescribing and infection control practices to ensure the quality of service is improved.

Number / rate of Patient Safety Incidents and Number / percentage of such resulting in severe harm or death.

a) Number / rate of Patient Safety Incidents

Description:
Incidents reported as patient safety incidents (PSIs) within period on the Trust's Ulysses incident database.

Why and how this priority goal was selected:
These two measures are mandated for inclusion in Quality Reports by Monitor.

Important because:
The measure indicates the organisation's level of reporting of incidents to the National Reporting and Learning Service and gives a background to the 'Incidents Resulting in Severe Harm or Death' measure below.

The National Patient Safety Agency points out '*Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are*.'

Trust Sponsor / Lead: Mr Richard Sachs, Head of Governance

Progress made in report period 2013-14

	2011-12	2012-13	2013-14
Patient Safety Incidents reported in period	2523	2970	2127

The data shows a reduction in the number of incidents reported in the period 2013-14.

Benchmarking data

	All Reported Incidents			
	Oct'11-Mar'12	Apr'12-Sep'12	Oct'12-Mar'13	Apr'13-Sep'13
Total Incidents Reported to NRLS by Birmingham Women's NHS Foundation Trust	693	709	670	619
Total Incidents Reported to NRLS by Liverpool Women's NHS Foundation Trust	1378	1720	1138	763

The presented benchmarking data derived from that available from the NRLS web site, compares the Trust's performance with that of its recognised benchmark Trust, Birmingham Women's Foundation Trust.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- The Risk team have committed to investigate this fall and report back to the Trust's Governance Committee.
- The Clinical Governance leads have been asked to promote and encourage the reporting of incidents and their timely review.

b) Percentage of Patient Safety Incidents resulting in severe harm or death

Description:
Incidents reported within period on the Trust's Ulysses incident database and classified as a Patient Safety Incident with an actual impact of 'Severe Harm' or 'Death'.

Important because:
Incidents with severe or catastrophic consequences are by definition most damaging to the victims, their families and the organisation and hence should be particularly targeted for investigation to determine and address their causal factors; thereby eliminating or at least reducing the likelihood of recurrence.

Trust Sponsor / Lead: Mr Richard Sachs, Head of Governance

Progress made in report period 2013-14

Liverpool Women's NHS Foundation Trust	2013-14 Qtr1		2013-14 Qtr2		2013-14 Qtr3		2013-14 Qtr4		Annual Total	
Reported Patient Safety Incidents	446		472		619		590		2127	
Actual Impact of Incident	**No.**	**%of all PSIs**	**No.**	**%of all PSIs**	**No.**	**%of all PSIs**	**No.**	**%of all PSIs**	**No.**	**%of all PSIs**
Severe Harm as a result of the PSI	8	1.79%	7	1.49%	9	1.45%	7	1.19%	31	1.46%
Death as a result of the PSI	1	0.22%	0	0.00%	0	0.00%	0	0.00%	1	0.05%
Total Severe Harm or Death as a result of the PSI	9	2.01%	7	1.48%	9	1.45%	7	1.19%	32	1.50%

Liverpool Women's NHS Foundation Trust	2011-12		2012-13		2013-14	
Actual Impact of Incident	**No.**	**As % of all PSIs**	**No.**	**As % of all PSIs**	**No.**	**As % of all PSIs**
Severe Harm as a result of the PSI	25	1.00%	45	1.50%	31	1.45%
Death as a result of the PSI	2	0.08%	6	0.20%	1	0.05%
Total Severe Harm or Death as a result of the PSI	27	1.08	51%	1.70%	32	1.50%

The single case of death caused by the patient safety incident was declared as a Serious Incident, investigated and reported to the Commissioners and the responsive actions to the learning points identified from causal factors have been completed.
The Liverpool Women's NHS Foundation Trust considers that this data is as described for the following reasons:

- The PSI data presented was extracted directly from the Trust incident reporting database.
- Deaths can be more accurately recorded on the Incident database since Qtr 1 2013-14.(See below).

How progress to achieve the priority goal is monitored and measured

The measures are now calculated as follows:

$$\frac{\text{No. PSI's with actual harm = Severe Harm}}{\text{No. PSI's reported to National Reporting and Learning Service (NRLS)}}$$

$$\frac{\text{No. PSIs with actual harm = Death as result of incident}}{\text{No. PSI's reported to National Reporting and Learning Service (NRLS)}}$$

These mandated measures were first introduced in early 2013. The Trust extracted the data from its 'Ulysses' incident database using the 'Actual Impact' field to determine those incidents to be included in the numerator, this revealed that deaths could only be described as being a consequence of a patient safety, though there were instances were care was appropriate and had not contributed to the death. Such cases were manually filtered out. On identification of this issue, the system was updated to include two death categories; one being non-contributory to the death thus allowing more accurate recording and improved extraction of such data.

How progress to achieve the priority goal is reported

Incident reports are prepared by Governance Risk Leads and presented and discussed at divisional risk forums.

Data is regularly uploaded from the Trust's incident reporting database and submitted to NRLS usually on a weekly basis This NRLS data is published in 6 monthly reports by NRLS.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- Providing a web –based reporting tool across all areas of the Trust to facilitate the recording of incidents and learning from them.
- Promoting Incident reporting through distribution of annually updated 'Trigger List' posters, including data of the previous year's reporting numbers for the categories listed.
- Issuing and updating an easily accessible Incident reporting SOP with focussed direction on how to report and escalate incidents appropriately.
- Heightened Governance team involvement in escalation process to ensure incidents are appropriately assigned serious incident status and undergo full root cause investigation to identify opportunities for improvement that lessen or eliminate the likelihood of recurrence of similar incidents and are then effected through the development, implementation and monitoring of specific action plans and testing of embedded changes in practice.
- Further enhanced staff feedback mechanisms to disseminate learning from serious incidents through:
  - Mandatory feedback e-mails to reporters of incidents via the Ulysses system
  - Face to face feedback on the outcome of serious incident investigations to those directly involved / reporting.
  - Reporting feedback through the various risk forums.

Part 3 Other Information

Overview of Quality

Elsewhere in this report reference is made to the financial pressures the Trust faces (in common with other public services) and specifically the national Payment by Results tariff which cannot support nationally recommended staffing levels for maternity services. Taken together these issues heighten the challenge to adapt and to maintain and improve the quality of services.

Despite this the Trust has achieved undoubted successes to be proud of; our performance against national and local targets has remained strong, the expansion of services such as the opening of the Hewitt Centre in Knutsford has increased access to our reproductive medicine services, the opening of the Catharine Medical Centre means we can offer private care to generate income to support our NHS services. These and other improvements are described in relation to measures reported in this report.
The Hewitt Centre has both continued to meet the changing HFEA targets for the reduction of multiple pregnancies by reducing the number of embryos implanted whilst simultaneously improving its pregnancy rates for all its techniques to amongst the best nationally and internationally.

Though the Trust had 2 instances of attributed Clostridium difficile infection during 2013-14 it maintained its zero incidence of MRSA bacteraemias for a fourth successive year.

The neonatal service has achieved further reductions in the neonatal mortality rate and in the proportion of babies in its care experiencing severe brain injury.

The Trust has reported fewer medication incidents in the year, but has also seen an overall reduction in incident reporting during the year, despite measures to encourage reporting to ensure learning is captured and recurrences avoided. This is something the risk team have committed to investigate and understand in order to reverse the trend.

The maternity service has seen slight improvement in its attempts to reduce the incidence of low APGAR scores and that of cord pH values below 7.0 in babies born beyond 24 weeks gestation, but there remains room for further improvement as is the case for 1-2-1 care of women in established labour by a midwife, which though improved falls short of the 100% target and for the proportion of patients receiving the pain relief of their choice, which though now over 90% could be better still.

In Gynaecology, though there is no set target for mortality, a slight decrease in the average monthly figure is evident, though sporadic peaks appear over the year and the rates are affected by the fact that seriously ill oncology patients are choosing to spend the last days of their life within the support of our services, something we welcome – and are proud of - as an indication of the quality of service delivered. This is in keeping with the high Friends and Family Test (FFT) scores the Trust is receiving from patients participating in the survey.

Being a specialist Trust means that some of the core national priorities do not apply to the services we provide. But amongst those that do, we see improvement in score for our responsiveness to the personal needs of patients, which in the previous three years has been both greater than the national average and that of our benchmark Trust. The percentage of patients admitted to hospital who were assessed for venous thromboembolism (VTE) again rose improving on our own previous performance and in the data available for the first three quarters of 2013-14 exceeding the rate for all acute providers.

We are pleased that our annual NHS staff survey results for 2013-14 showed an increase in the percentage of our staff who would recommend the Trust as a provider of care to their family and friends. We are also pleased that our score exceeds the national average, however it is lower than our recognised benchmark Trust, hence we will work even harder to get even higher scores. To improve this we plan to implement a number of initiatives to engage with staff and include them in service development and improvement.

As the report explains the Trust has for some years reported on a set group of quality indicators, and this year has reviewed them to determine those that have achieved their purpose and achieved stable or improved performance. We have also identified some new priorities for improvement from intelligence gathered within the organisation. Adherence to this review process will support the Trust's drive for continual quality improvement.

National Surveys in which LWH has participated

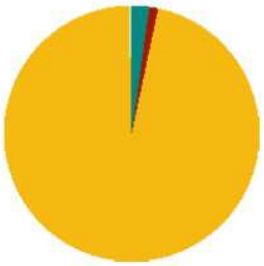
Picker Inpatient Survey 2013

The Trust satisfied the care Quality Commission requirement to participate in the Inpatient Survey 2013, conducted by the Picker Institute.

Survey Response

Survey Participation Data	2012	2013
National Participation	69 Trusts	76 Trusts
LWH Patient Response Rate	54% (441/824 Eligible returns)	54% (456/849 Eligible returns)
National Average Response rate	48 %	46%

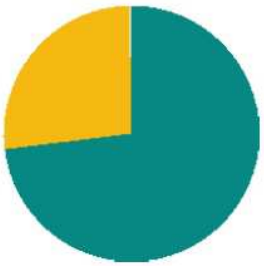
Summary results for Liverpool Women's NHS Foundation Trust from the Inpatient Survey 2013[10]:



Have we improved since the 2012 survey?

A total of 85 questions were used in both the 2012 and 2013 surveys.
Compared to the 2012 survey, your Trust is:

- Significantly BETTER on 2 questions
- Significantly WORSE on 1 question
- The scores show no significant difference on 82 questions



How do we compare to other trusts?

The survey showed that your Trust is:

- Significantly BETTER than average on 63 questions
- Significantly WORSE than average on 0 questions
- The scores were average on 23 questions

The following tables show the questions for which the Liverpool Women's NHS Foundation Trust responses for 2013 changed significantly from those in the 2012 survey.

The Trust has improved significantly on the following questions:

	Lower scores are better	
	2012	2013
Admission: had to wait long time to get to bed on ward	15 %	10 %
Discharge: did not receive copies of letters sent between hospital doctors and GP	30 %	22 %

The Trust has worsened significantly on the following questions:

	Lower scores are better	
	2012	2013
Nurses: did not always get clear answers to questions	17 %	24 %

As shown in the pie chart above the Liverpool Women's NHS Foundation Trust results in 2013 were significantly better than the survey average for 63 of the 85 questions, with the Trust's results for all other questions being average for the survey.

Those questions for which the Trust was significantly better than the survey average are shown in the following 2 tables below. (NB. The third table shown from the survey report confirms that in no cases were the Trust results for any question significantly worse that the survey average).

[10] The following graphics and tables relating to Liverpool Women's NHS Foundation Trust's performance in the 2013 Picker Inpatient survey are sourced from the Picker Institute's Inpatient Survey 2013, Executive Summary Report

Your results were significantly better than the 'Picker average' for the following questions:

Lower scores are better

	Trust	Average
A&E Department: waited 4 hours or more for admission to bed on a ward	[7] %	28 %
Planned admission: should have been admitted sooner	15 %	21 %
Planned admission: not given enough notice of admission date	1 %	4 %
Planned admission: not given choice of admission date	54 %	65 %
Planned admission: not given printed information about condition or treatment	11 %	22 %
Admission: process not at all or fairly organised	20 %	32 %
Admission: had to wait long time to get to bed on ward	10 %	33 %
Hospital: patients using bath or shower area who shared it with opposite sex	1 %	12 %
Care: did not always get help in getting to the bathroom when needed	21 %	27 %
Hospital: didn't get enough information about ward routines	49 %	63 %
Hospital: bothered by noise at night from other patients	24 %	38 %
Hospital: bothered by noise at night from staff	15 %	19 %
Hospital: room or ward not very or not at all clean	1 %	3 %
Hospital: toilets not very or not at all clean	2 %	6 %
Hospital: felt threatened by other patients or visitors	1 %	3 %
Hospital: nowhere to keep personal belongings safely	35 %	58 %
Hospital: food was fair or poor	38 %	42 %
Hospital: not offered a choice of food	16 %	20 %
Hospital: patients did not get the food they ordered	12 %	22 %
Hospital: did not always get enough help from staff to eat meals	21 %	34 %
Doctors: did not always get clear answers to questions	20 %	30 %
Doctors: did not always have confidence and trust	13 %	19 %
Doctors: talked in front of patients as if they were not there	8 %	24 %
Doctors: did not always get opportunity to talk to when needed	31 %	46 %
Doctors: some/none knew enough about condition/treatment	6 %	11 %
Nurses: did not always get clear answers to questions	24 %	31 %
Nurses: did not always have confidence and trust	18 %	24 %
Nurses: talked in front of patients as if they weren't there	9 %	19 %
Nurses: sometimes, rarely or never enough on duty	31 %	41 %
Nurses: did not always get the opportunity to talk to when needed	28 %	37 %
Nurses: some/none knew enough about condition/treatment	9 %	16 %
Care: staff contradict each other	23 %	31 %
Care: wanted to be more involved in decisions	32 %	43 %
Care: not enough (or too much) information given on condition or treatment	14 %	20 %
Care: not enough opportunity for family to talk to doctor	43 %	50 %

Care: could not always find staff member to discuss concerns with	41 %	58 %
Care: not always enough emotional support from hospital staff	33 %	43 %
Care: staff did not do everything to help control pain	23 %	29 %
Care: more than 5 minutes to answer call button	10 %	17 %
Tests: results not explained in a way that could be understood	22 %	37 %
Surgery: risks and benefits not fully explained	13 %	17 %
Surgery: what would be done during operation not fully explained	19 %	23 %
Surgery: questions beforehand not fully answered	16 %	21 %
Surgery: not told how to expect to feel after operation or procedure	33 %	42 %
Surgery: not enough time to discuss operation or procedure with consultant	23 %	29 %
Surgery: anaesthetist / other member of staff did not fully explain how would put to sleep or control pain	10 %	15 %
Surgery: results not explained in clear way	26 %	31 %
Discharge: did not feel involved in decisions about discharge from hospital	36 %	45 %
Discharge: Not given notice about when discharge would be	32 %	43 %
Discharge: was delayed	22 %	40 %
Discharge: not given any written/printed information about what they should or should not do after leaving hospital	12 %	29 %
Discharge: not fully told purpose of medications	15 %	23 %
Discharge: not fully told side-effects of medications	47 %	58 %
Discharge: not told how to take medication clearly	13 %	23 %
Discharge: not given completely clear written/printed information about medicines	16 %	25 %
Discharge: not fully told of danger signals to look for	41 %	54 %
Discharge: Family or home situation not considered	26 %	36 %
Discharge: not told who to contact if worried	6 %	20 %
Discharge: did not receive copies of letters sent between hospital doctors and GP	22 %	31 %
Discharge: letters between hospital doctors and GP not written in a way that could be understood	18 %	23 %
Overall: not treated with respect or dignity	16 %	19 %
Overall: rated experience as less than 7/10	11 %	17 %
Overall: Did not receive any information explaining how to complain	49 %	58 %

Your results were significantly worse than the 'Picker average' for the following questions:

Lower scores are better

NONE

The Trust welcomes the encouraging results of this survey showing that the service experience reported by our patients exceeds the national average for the survey in the majority of the measured aspects and for criteria where this was not the case, that our performance at least matched the national average for the survey.

Whilst our performance against one criterion was significantly worse than that reported in the 2012 survey, it was still better than the national average.

We recognise that there is still room for improvement and the Matron for Gynaecology has proposed a target cohort of 11 criteria for which our performance did not exceed the national average for action planning to further improve performance. These will be considered by the Nursing and Midwifery Board when it formally reviews the findings of the survey.

Table 10. Proposed focus for improvement Picker Inpatient Survey 2013.

Source	Issue
Proposed Focus on 11 of the 23 Average Responses Picker Inpatient Survey 2013 Published February 2014	A&E did not always have confidence and trust in doctors and Nurses
	Planned Admission, Admission date changed by Hospital
	Admission: Member of staff did not explain reason for wait
	Hospital Not all staff introduced themselves
	Handwash Gels not available or empty
	Not Always Healthy Food on menu
	Not always enough privacy when discussing care or treatment
	Not always enough privacy when being examined
	Discharge delayed by 1 hour or more
	Not given a reason for discharge delay
	Staff did not discuss need for additional equipment for home adaption

Trust's Nursing and Midwifery Indicators

The Nursing and Midwifery Care Indicators are locally defined and evolving set of parameters to monitor a changing set of elements of care, They are classified into the three domains shown in the Dashboards below (Patient safety, Clinical effectiveness and Patient Experience).The evolution of the criteria means there is no directly comparable historic data to present, Nor is there any direct link to a National standard and therefore any aligned benchmarking data.

The dashboard data provided below is sourced from front line data collated either from patients directly or from their case notes and entered by clinical staff onto the local Nursing & Midwifery indicator system called NUMIS.

The data presented below represents a high level overview of individual measures and criteria grouped into the three domains of Patient Safety, Clinical Effectiveness and Patient Experience based on numerous criteria around topics including:

- Patient involvement in decisions re treatment / provider
- Environment / Cleanliness/ Hygiene/ Privacy
- Communication / Information & Support
- Care planning / Aspects of Care / Onward referrals
- Staff attitudes / Competence/ Manner/ Helpfulness
- Waiting times
- Assessments
- Nutrition
- Pain management
- Documentation

The NUMIS dashboards are considered at local Quality forums and the Nursing & Midwifery Board, where performance is suboptimal (Amber / Red) actions to improve are formulated.

The Nursing and Midwifery Board has used these indicators to identify it priorities for 2014-15 and has included this commitment within this report, see section 0.

Patient Safety

Key: Less than 80% | 80-90% | Greater than 90%

	PATIENT SAFETY	Report	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Response	NEONATAL UNIT		92.56	96.92	96.99	93.51	95.27	98.41	98.4	97.41	95.2	96.94	93.89	94.65
Response	REPRODUCTIVE MEDICAL UNIT			99.24	100	99.11	94.82	98.24	96.39	97.39	100	97.32	98.21	96.49
Response	MATERNITY			87.38	79.45	90.59	85.03	85.57	89.35	91.3	93.44	83.03	87.64	86.95
Response	GYNAECOLOGY INPATIENTS		91.85	88.57	95.77	89.55	83.33	89.7	96.15	81.63	81.42	87.02	89.02	100
Response	GYNAECOLOGY BEDFORD		98.14	97.18	94.44	95	97.43	98.55	98.78	100	100	100	100	97.89
Response	GYNAECOLOGY DAY WARD		96.66	100	95.23	100	100	100	96.55	83.33	92	90.9	95.45	90
Response	GYNAECOLOGY OUTPATIENTS		87.5	100	95.23	91.66	90.9	100	100	95.45	94.11	90.47	95	90.9
Response	GYNAECOLOGY EMERGENCY ROOM		95.83		98.38	100	95.08	93.75	100	100	100	100	100	96
Response	GYNAECOLOGY THEATRES		78.57	73.01	85.71	91.83	94.73	89.79	88.96	87.61	91.83	92.85	93.4	100
Response	MATERNITY THEATRES		81.66	94.64	75.71	81.25	100	95.31	88.05	94.93	98.43	94.23	94.2	100

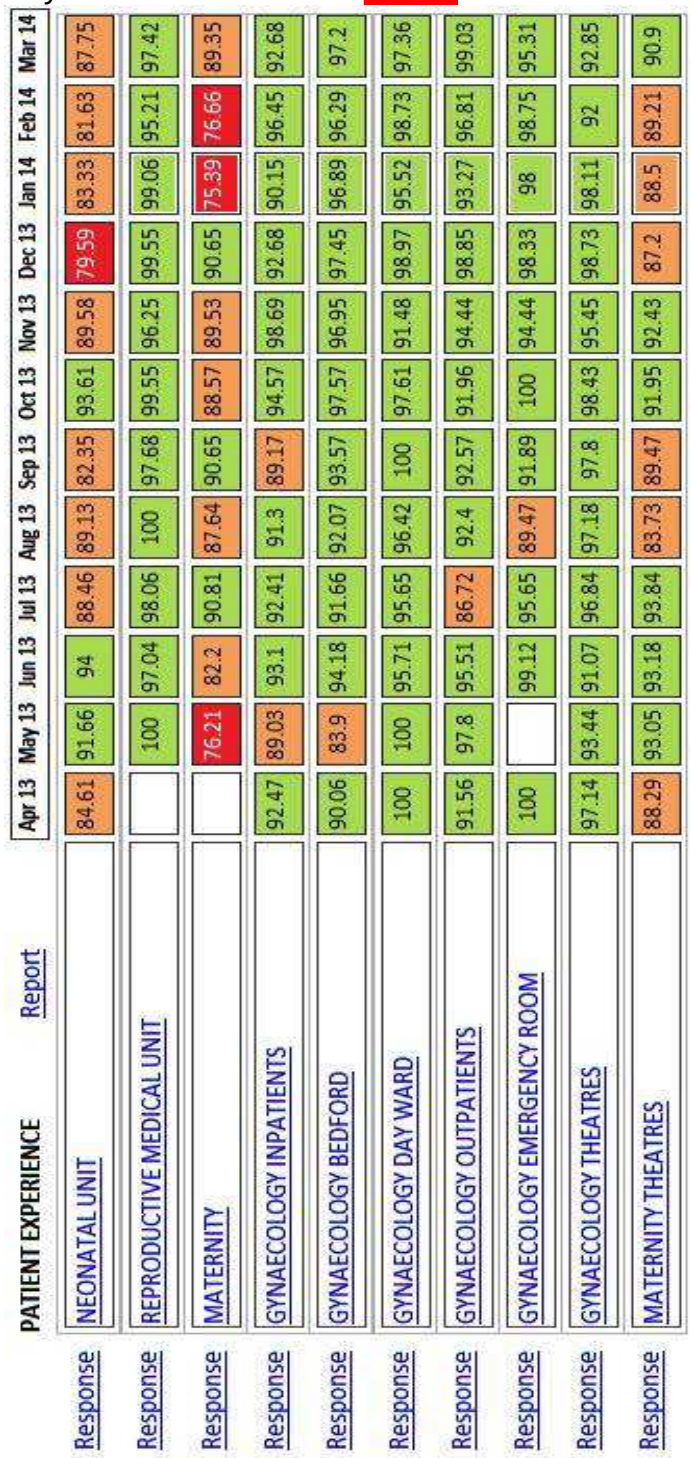
Clinical Effectiveness

Key: Less than 80% 80-90% Greater than 90%

CLINICAL EFFECTIVENESS Report	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
NEONATAL UNIT	88.23	86.41	96	91.78	92.75	94.59	94.59	91.78	97.26	97.56	92.1	98.68
Response												
REPRODUCTIVE MEDICAL UNIT		60	60	80	100	90	70	80	70	80	80	90
Response												
MATERNITY		78.12	65.42	81.48	90.95	92.22	92.03	91.71	94.44	70.53	76.74	89.84
Response												
GYNAECOLOGY INPATIENTS	59.74	70.83	55.88	82.05	97.14	96.77	86.84	88.88	92.59	98.33	87.71	93.33
Response												
GYNAECOLOGY BEDFORD UNIT	92.45	98.61	83.87	88.7	91.93	83.33	91.04	94.66	96.55	96.9	80.64	83.54
Response												
GYNAECOLOGY DAY WARD	100	100	100	100	97.22	85.71	88.88	96.66	88.88	91.66	100	100
Response												
GYNAECOLOGY OUTPATIENTS	97.43	100	93.47	91.3	93.87	100	98	97.67	97.14	95	90	100
Response												
GYNAECOLOGY EMERGENCY ROOM	88.23		94.44	100	100	100	100	100	90.9	100	100	87.5
Response												
GYNAECOLOGY THEATRES	100	100	100	93.33	100	100	100	88.23	93.75	100	92.85	78.94
Response												
MATERNITY THEATRES	83.33	100	95	100	85.71	100	100	100	100	94.44	95.45	90.9
Response												

Patient Experience

Key: Less than 80% 80-90% Greater than 90%



PATIENT EXPERIENCE Report		Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
NEONATAL UNIT	Response	84.61	91.66	94	88.46	89.13	82.35	93.61	89.58	79.59	83.33	81.63	87.75
REPRODUCTIVE MEDICAL UNIT	Response		100	97.04	98.06	100	97.68	99.55	96.25	99.55	99.06	95.21	97.42
MATERNITY	Response		76.21	82.2	90.81	87.64	90.65	88.57	89.53	90.65	75.39	76.66	89.35
GYNAECOLOGY INPATIENTS	Response	92.47	89.03	93.1	92.41	91.3	89.17	94.57	98.69	92.68	90.15	96.45	92.68
GYNAECOLOGY BEDFORD	Response	90.06	83.9	94.18	91.66	92.07	93.57	97.57	96.95	97.45	96.89	96.29	97.2
GYNAECOLOGY DAY WARD	Response	100	100	95.71	95.65	96.42	100	97.61	91.48	98.97	95.52	98.73	97.36
GYNAECOLOGY OUTPATIENTS	Response	91.56	97.8	95.51	86.72	92.4	92.57	91.96	94.44	98.85	93.27	96.81	99.03
GYNAECOLOGY EMERGENCY ROOM	Response	100		99.12	95.65	89.47	91.89	100	94.44	98.33	98	98.75	95.31
GYNAECOLOGY THEATRES	Response	97.14	93.44	91.07	96.84	97.18	97.8	98.43	95.45	98.73	98.11	92	92.85
MATERNITY THEATRES	Response	88.29	93.05	93.18	93.84	83.73	89.47	91.95	92.43	87.2	88.5	89.21	90.9

'Pulse' – Staff Survey and Opinions

In April 2013 the Trust introduced the 'Pulse' staff survey, within which staff were invited, as frequently as they wished, to respond to a series of questions that were based on the National Staff Survey. Although staff could respond as often as they wished to, they were encouraged to respond monthly, which would, if fully implemented, provide a valuable and frequent insight into the attitudes of staff.

CARE IS LWH TOP PRIORITY	4.09	3.84	4.03	4.06	4.42	4	4.28	4.27	4.17	4.12	3.84	4
KNOW HOW MY ROLE MAKES A DIFFERENCE	4.27	4.08	4.17	4.38	4.59	4.37	4.37	4.39	4.29	4.29	4.18	4.2
PROUD OF STANDARD OF CARE PROVDED	3.55	3.45	3.64	3.55	4.26	3.82	3.85	3.77	3.75	3.72	3.66	3.68
ABLE TO SUGGEST IMPROVEMENTS	3.83	3.54	3.51	3.87	4.14	3.77	3.90	3.84	3.86	3.78	3.76	3.56
CLEAR ABOUT WHAT I NEED TO ACHIEVE	4.25	4.01	3.97	4.34	4.64	4.24	4.30	4.41	4.25	4.33	4.09	4.2
PEOPLE TREAT ME WITH RESPECT	3.83	3.68	3.58	4.08	4	3.85	4.18	4.12	4.09	4.03	3.84	3.88
I AM TRUSTED TO DO MY JOB	4.44	4.02	4.05	4.48	4.5	4.23	4.40	4.39	4.37	4.32	4.13	4.24
RECOMMEND LWH AS A PLACE TO WORK	3.65	3.14	3.23	3.55	4.11	3.60	3.78	3.51	3.62	3.40	3.46	3.52
I ENJOY MY JOB	3.97	3.61	3.77	4.10	4.33	4.02	4.14	3.88	4.13	3.93	3.89	3.8
WE LEARN FROM OUR MISTAKES	3.90	3.47	3.50	3.75	4.21	3.83	3.96	3.91	3.85	3.77	3.55	3.88
PDR HAS HELPED DO JOB BETTER	2.79	2.57	3.00	3.20	3.64	3.05	3.30	3.04	3.10	2.98	2.98	2.96

At the same time as implementing the Pulse staff survey, the Trust also took the decision to introduce the Friends and Family Test question for staff. Although it was not mandatory at that stage, it was felt that it would be a wise step to understand the views of staff in response to the Friends and Family question.

Trust Overall Score	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Locally Developed Measure	4.17	3.9	3.88	4.12	4.26	4.1	4.08	3.91	4.04	3.98	3.95	4.06

Extremely Likely	5
Likely	4
Neither Likely Nor Unlikely	3
Unlikely	2
Extremely Unlikely	1

Although the Staff Friends and Family Test Question had been introduced, the method of calculation was a locally developed measure in accordance with the assignments on the left. The reported values are the average scores achieved.

From April 2014 onwards, the Staff Friends and Family is to become one of the trust CQUINs and, therefore, the method of reporting and the phrasing of the questions etc. will be modified to align with national requirements for calculation the Friends and Family Test, called the Friends and Family Test Score and using a calculation method called the Net promoter Score

Key Findings and Responsive Actions

Over the last 12 months there has been an overall positive trend. The area which has scored consistently lower is 'My PDR has helped me to do my job better'. A revised performance management system which is accessible to staff plus training for managers is being designed in response to this feedback.

Average scores for the Pulse survey over a 12 month period:

April 2013- April 2014	
Question	**Average Score**
Care of women, babies and their families is Liverpool Women's top priority	4.15
I know how my role makes a difference to women, babies and their families	4.28
I am proud of the standard of care provided by Liverpool Women's	3.77
I am able to make suggestions to improve the work of my team/department	3.88
I am clear about what I need to achieve as part of my job	4.24
The people I work with treat me with respect	4.03
I am trusted to do my job	4.31
I would recommend Liverpool Women's as a place to work	3.57
I enjoy my job	3.97
At Liverpool Women's we learn from mistakes and take action to prevent them from happening again	3.73
My Appraisal/PDR has helped me to do my job better for patients	3.16

In order to ensure that Directors had the chance to meet with frontline staff on a regular basis, 'Listening Events' were introduced in April 2013. Directors visit the same department for consecutive months and meet with staff on an informal basis to talk about key issues such as patient safety and patient experience. The issue of whether there are any barriers stopping them recommending the Trust to their friends and family is also explored.

Key themes which emerged were a lack of ownership and clarity amongst staff about how they could make positive changes in their wards and departments. In response to this, dedicated staff engagement sessions are taking place across the Trust to:

- Feedback 12 months of themes from staff survey / pulse survey/ listening events;
- Develop a values statement / vision for the ward / department;
- Identify change and improvement projects staff can be involved in and lead on.

In addition we continue with other established methods to hear the views of staff including opportunities to have coffee with the Chief Executive and fortnightly briefings on the strategy and financial performance of the Trust. We are also introducing monthly sessions called 'compassionate conversations' which will provide staff with the opportunity to explore issues and challenges at work in a supportive team setting facilitated by a clinical psychologist.

Through all of these activities our objective is to ensure that every staff member at every level has a chance to have their views heard and contribute to the future success of Liverpool Women's.

Stakeholder Statements on our Quality Report

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Commentaries from Clinical Commissioning Groups (CCGs)

Liverpool CCG

Liverpool CCG – Quality Account Statement Liverpool Women's NHS Foundation Trust

Liverpool CCG welcomes the opportunity to comment on Liverpool Women's NHS Foundation Trust Quality Account for 2013/14, the forth quality account since the national introduction of Quality Accounts.

As Lead Commissioner of care services and on behalf of our co-co-Commissioning CCGs and the local population, we believe this Quality Account demonstrates a commitment to quality improvement and high quality services. NHS England "Everyone Counts: Planning for Patients 2014-15 to 2018/19" sets out NHS England ambitions and commitment in ensuring high quality care for all, now and for future generations and describes quality as spanning three areas: safe, effective and personalised care. This Quality Account provides an overview of these areas and presents a true reflection of the provider's achievement of quality of service delivery against the backdrop of a changing NHS. Delivering care and treatment in an organisation with a wide range of services requires commitment to continuously monitor and deliver high quality patient care.

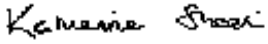
There have been many highlights during a year in which the Trust celebrated the 18th birthday of the Liverpool Women's Hospital at Crown Street. Also following significant investment in new technologies the Hewitt Fertility Centre is achieving the best outcomes for embryo implantation rates in the UK and comparable with best in world.

Liverpool CCG along with our co-commissioning CCGs is aspiring through strategic objectives and 5 year plans to develop an NHS that delivers great outcomes, now and for future generations. That means reflecting the Government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and paramount to our success.

The CCG recognises that the Trust acknowledges that improvements are required in certain areas and have referenced these in the report. The Trust has demonstrated considerable improvements following the unannounced inspection by the CQC and have invested significantly in appointing more midwives to the Trust with an aim to provide a better experience for all our women and our staff. A reflection of the work that has been carried out over the year and in response to the CQC visit is that the CQC's Intelligent Monitoring report, March 2014, classified the Trust in Band 6 which is the lowest risk band.

The CCG looks forward to the implementation of these schemes to enhance the quality of service delivered. With the quality systems and programmes Liverpool Women's NHS Foundation Trust has demonstrated and the introduction of improvements, Liverpool CCG and co-commissioning CCGs are confident that patient safety, clinical effectiveness and patient experience on the whole, is a positive encounter whilst under the care and treatment of the NHS.

The CCG enjoys a productive working relationship with the Trust and looks forward to continuing this collaborative approach to strive for excellence and deliver high quality care and treatment to our local population.

Signed  27 May 2014

Katherine Sheerin
Chief Officer

Halton CCG

NHS
Halton Clinical Commissioning Group

First Floor
Runcorn Town Hall
Heath Road
Runcorn
Cheshire
WA7 5TD

Tel: 01928 593479
www.haltonccg.nhs.uk

23rd May 2014

Our Ref: QA/LWH /14

Mrs Dianne Brown
Director of Nursing & Midwifery
Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool L8 7SS

Dear Dianne

Re: Quality Account 2013-2014

Many thanks for submission of the Quality Acco8nt for 2013-2014 and for the presentation to local stakeholders on 6th May 2014. This letter provides the response from NHS Halton CCG to the Quality Account.

NHS Halton CCG is linked to Contract Quality Group, which scrutinises the key quality indictors in the Quality Schedule and CQUINs which is led by Liverpool CCG as the co-ordinating commissioner; these are proving to be both effective and useful.

NHS Halton congratulates the Trust on the delivery of leading edge research and development programmes across all areas of care the trust delivers. The CCG would like to compliment the trust on the use of service vignettes within the Quality Account. The trust is also to be commended on its programme of engagement to develop quality priorities and gain user views.
NHS Halton CCG notes that the Trust has made progress in the delivery if its quality priorities and the successful implementation of Friends and Families Test for Maternity Services.

We look forward to working with the Co-ordinating Commissioner and the Trust through 2014/15, helping to improve the quality of services for our patients through the NHS contractual mechanisms and the review and management of Serious Incidents, applying good governance and ensuring lessons are learnt throughout the Trust

Jan Snoddon
Chief Nurse/Quality Lead
NHS Halton CCG

Email: jan.snoddon@haltonccg.nhs.uk

Knowsley CCG
Quality Report provided and commentary invited, none received

South Sefton CCG
Quality Report provided and commentary invited, none received.

Southport & Formby CCG
Quality Report provided and commentary invited, none received.

St Helens CCG
Quality Report provided and commentary invited, with the e-mail response below:

Dear Alan

Your email to Lynda Carey has been passed to me for action. I am pleased to say that St Helens CCG is happy with the Quality Report and does not wish to submit a commentary.

Best wishes.

Paula

Paula Guest
Quality Improvement and Patient Experience Manager
St Helens CCG

T: 01744 621749
M: 0775 749 7415
E: paula.guest@sthelensccg.nhs.uk
St Helens Chamber of Commerce, Salisbury Street, St Helens, Merseyside WA10 1AU

Commentaries from Local HealthWatch Groups

Liverpool HealthWatch

Healthwatch Liverpool is pleased to have the opportunity to comment on the 2013 – 2014 Quality Account for Liverpool Women's NHS Foundation Trust. As the Trust is aware, for Healthwatch to write an informed Quality Account commentary, regular engagement with the Trust and patients is vital. Unfortunately Healthwatch Liverpool does not feel that the Trust has embedded timely engagement opportunities with Healthwatch Liverpool, which should be throughout the year. This commentary solely relates to the contents of a draft Quality Account document that was made available to Healthwatch Liverpool prior to Quality Account publication.

The Quality Account document sets out how the Trust has continued to focus on patient safety, clinical effectiveness and patient experience. The report makes clear that as a specialist Trust some of its outcomes are difficult to compare, but the impression Healthwatch Liverpool gains from the report is that the Trust offers a high quality service overall, and wants to keep improving on that service.

Healthwatch Liverpool notes from the report that there have been challenges, including staffing levels and higher post-surgery infection rates in patients undergoing emergency surgery compared to patients undergoing elective surgery.
We are pleased to note that staffing levels have increased and that the Trust achieved most of the CQUIN targets for 2013-14, although the target for improving breastfeeding rates was not achieved. Breastfeeding initiation will be a CQUIN for 2014-15, and we will follow its development with interest.

Healthwatch Liverpool would be interested to find out more about how patient experience feedback from the Friends and Family Test and the Picker Survey is incorporated in ensuring improvements are made throughout the Trust. We are pleased to see that a reduction in the number of complaints relating to care has been chosen as a priority for improvement in 2014-15.

The Trust states it will continue to focus on patient safety, clinical effectiveness and patient experience. Healthwatch Liverpool hopes for improved, regular engagement with the Trust in 2014-15, in order to be able to monitor the progress of the Quality Account priorities and other quality considerations.
Healthwatch Liverpool.

Halton HealthWatch
Quality Report provided and commentary invited, none received.

Knowsley HealthWatch
Quality Report provided and commentary invited, none received.

Sefton HealthWatch

Healthwatch Sefton
Sefton CVS
3rd Floor, Suite 3B
North Wing, Burlington House,
Crosby Road North, Waterloo
L22 0LG
Tel:(0151) 920 0726 ext 240

info@healthwatchsefton.co.uk
www.healthwatchsefton.co.uk

Liverpool Women's NHS Foundation Trust 2013 - 2014 – Quality Account Commentary.

Healthwatch Sefton would like to thank the Trust for the opportunity to comment on the Quality Account.

We submitted a report to the Trust during this period detailing experiences which we had received from Sefton residents who had accessed services. The experiences within the report mirrored what the Trust was already aware of, in that some patients view their quality of treatment as a positive experience whereas other patients view it as a negative experience. The sample size for the report was small (5 experience forms). Although the report was not responded to within the statutory time frame, a response from the Director of Nursing was received 3rd January 2014.

Within the report we shared an experience relating to access to information in accessible formats. We were informed within the response to the report that the Trust was currently about to start a review of all available patient information and that a process would be in place to allow a registered blind person to access relevant information. It would have been useful within the quality account to have read more about the review of patient information and the outcome from the review.

Within the same report we shared an experience about the lack of coordination between services and we were informed within the response from the Trust that maternity services were constantly under review and that the community midwives team were being re-organised. We would welcome information within the account about the work of the community midwives and the work they are undertaking. We were encouraged by the use of Twitter, particularly the 'Tweet the Midwife' set up in Knowsley.

One of the forms shared with us and detailed within our report detailed a positive experience of the breastfeeding volunteer support programme which is delivered in one of our Healthy Living Centres in Sefton, The May Logan. There is little information about this within the account and it would have been useful to read about this further.

Discharge is an area which we again highlighted within our report and it was pleasing to note that work during this period has been undertaken on neo-natal discharge planning and within the Picker Inpatient survey 2013 that the Trust has improved significantly within the area of discharge and communication. We would be keen to work with the Trust further on this area.

In terms of readability, the account includes a glossary but we feel that its inclusion at the beginning of the document would help. The document includes a mix of text and diagrams but when using percentages as a statistic it would be useful to state the number it relates to.

We would like to work closely with the Trust over the coming 12 months to independently gather the experiences/voice of local residents accessing the services of Liverpool Women's NHS Foundation Trust. We have been informed that a lead for Patient Experience is currently being recruited and we look forward to working with them. (492)

St Helens HealthWatch

Quality Report provided and commentary invited, with the response below:

Hi Alan and thanks but no commentary from us this time.

Thanks, Emma.

Emma Rodriguez Dos Santos
Healthwatch St.Helens Support Manager
Email: erds@healthwatchsthelens.co.uk
Telephone: 01744 457119 (direct line)

Company No. 8567187

Tell us your stories - www.healthwatchsthelens.co.uk or freephone 0300 111 0007

Commentary from Local Authority Overview & Scrutiny Committees (OSCs)

Liverpool Council

Quality Report provided and commentary invited, none received.

Halton Borough Council

HALTON
BOROUGH COUNCIL

Kathryn Thompson
Chief Executive
Liverpool Women's Foundation Trust
Crown Street
Liverpool
L8 7SS

Our Ref	EST
If you telephone please ask for	Emma Sutton-Thompson
Your ref	
Date	19th May 2013
E-mail address	Emma.Sutton-Thompson @halton.gov.uk

Dear Kathryn,

Liverpool Women's Foundation Trust Quality Accounts 2014

Further to receiving a copy of your draft Quality Accounts and the Joint Quality Accounts event held on 6th May that your colleagues Jonathan Herod and Alan Clark attended to present a summary of your Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2013/14 the Trust identified a number of priorities to be achieved during this year under Patient Safety, Patient Experience and Clinical Effectiveness. Although not all of the priorities were achieved, the Board was pleased to note the following areas:

- *Incidence of MRSA bacteraemia infection*- the Board were pleased to note that this figure continues to be at zero.
- *Incidence of Clostridium difficile* – the Board noted that the Incidence of Clostridium difficile were only at two in the year, although this was two more than the previous year.
- *Medication Incidents* – The Board is pleased to note that Medication Incidents are lower than in previous years.

The Board is pleased to note the Clinical and Quality Goals for 2013/14 and looks forward to hearing progress made in these areas next year. In particular:

- ***Patient Safety*** – Gynaecology surgical site infections and Incidence of Multiple pregnancy

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- ***Clinical Effectiveness*** - Hospital Mortality Rate in Gynaecology, Biochemical Pregnancy rates in In-vitro fertilisation (IVF), Intracytoplasmic sperm injection (ICSI) and frozen embryo transfer (FET) treatments and Brain injury in preterm babies (Severe Intraventricular haemorrhage and Periventricular leukomalacia)

- ***Patient Experience*** - One to one care in established labour, Patients receiving pain relief of choice in Labour and Reduction in number of complaints relating to care

The Board would like to thank Liverpool Women's Foundation Trust for the opportunity to comment on these Quality Accounts.

Yours sincerely,

E.L. Cargill-Thompson

pp **Councillor Ellen Cargill**
Chair, Health Policy and Performance Board

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Runcorn Town Hall, Heath Road, Runcorn, Cheshire WA7 5TD
Tel: 0151 907 8300
www.halton.gov.uk

Knowsley Council

Quality Report provided and commentary invited, none received.

Sefton Council

OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE) - MONDAY 12TH MAY, 2014

74. LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

The Committee received a presentation from Alan Clark, Governance Quality Manager and Diane Brown, Acting Director of Nursing, Liverpool Women's NHS Foundation Trust, on the Trust's draft Quality Account for 2013/14 and the work of the Trust in general.

The presentation outlined information on the following:-

Overview:

- 5th Quality Account prepared by the Trust;
- Performance against :
  - 1. Core indicators required by Monitor; and
  - 2. Local indicators committed to in the previous report.
- Reduction in indicators but inclusion of emerging priorities; and
- Digestible and 'bite size' - facilitates conversion to leaflets/ posters/ web pages for further dissemination and wider engagement.

Trust Highlights:-

- Use of Social Media - Twitter and Facebook, Chief Executive Blogs, Accounts for HFC and the Catherine Medical Centre Suite;
- Hewitt Fertility Centre in Knutsford;
- Extensive Refurbishments of Trust Estate; and
- Developing ICE Electronic Reporting.

ICE - Replaces paper based system, response to monitoring concerns, gives audit trail of review and actions, due for completion by May 2014.

Reasons to be Proud:-

- 18th Birthday Celebrations;
- Dorothy Zack-Williams, Lead Governor – winner of 'Women Caring' category at Merseyside Woman of the Year awards;
- David Richmond – President of Royal College of Gynaecology;
- The "Me Effect", for staff; and
- The Trust won 'Best Professional Service Provider' at the Family Go Live Awards.

Challenges for the Year Ahead:-

- Innovation of services;
- Better use of Benchmarking Information and Intelligence;
- Financial Challenge; and
- Final implementation of Francis Recommendations.

Trust Response to Francis Report:-

- Report and Recommendations published in February 2013; and
- Performance against the 63 recommendations relevant to the Trust is closely monitored.

Care Quality Commission Findings:-

- July 2013 - CQC Unannounced Visit, concerns in 3 areas:
    - Staffing Levels;
    - Supporting Staff; and
    - Care and Welfare of People who use services.
- February 2014 the CQC rated Liverpool Women's as in the lowest risk group in its Intelligent Monitoring report, highlighting it as one of the safest places in the country to receive care; and
- April 2014 the CQC Unannounced Visit – feedback awaited, early positive indications.

Patient Survey Results and comparison with other Trusts:-

- Picker Survey, 9 indicators;
- Friends and Family;
- Friends and Family for Staff; and
- PULSE, an ongoing staff survey accessible via Hospital Intranet.

External Factors:-

- Financial Challenge:
    1. Appropriateness of maternity tariff;
    2. Expansion and Introduction of New Services; and
    3. Private Service Income to support NHS services.
- Staffing Levels:
    1. E-Rostering; and
    2. Ward Staffing Boards.
- Meeting Regulatory Commitments, such as Monitor.

The Committee had previously been supplied with the full version of the Trust's draft Quality Account.

Members of the Committee asked about financial pressures on NHS Trusts, particularly in relation to maternity services and discussed the necessity for the Trust to build on private income to support NHS services; the use of the laboratory at the Royal Liverpool and Broadgreen University Hospitals NHS Trust for tests; and breast feeding rates.

The representatives of the Liverpool Women's NHS Foundation Trust explained that increased financial pressures and the need to produce efficiencies were required at a time when improvements in staffing, standards, etc. were demanded. Fortunately, the Trust was able to build on its reputation and brand, particularly with regard to cases with complications, and the representatives advised that the maternity tariff was the same across the country. An increasing customer approach was now being adopted in respect of laboratory services; and although breast feeding rates could be improved and there was work to be done challenging cultural influences, for the Trust the major priority area remained the time of delivery as this presented potentially the largest risk factors.

RESOLVED:

That the presentation and the draft Quality Account for 2013/14 from the Liverpool Women's NHS Foundation Trust be received.

Minute provided via e-mail 20/05/2014 by: Debbie Campbell, Senior Democratic Services Officer, Democratic Services, Sefton MBC, Town Hall, Trinity Road Bootle

Directors' Responsibilities

Statement of directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of 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 the NHS Foundation Trust Annual Reporting Manual for 2013-14

- 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 2013 to March 2014.
    - Papers relating to quality reported to the Board over the period April 2013 to March 2014.
    - Feedback from the commissioners Liverpool Clinical Commissioning Group dated 11 May 2014 and 27 May 2014, Halton Clinical Commissioning Group dated 19 May 2014.
    - Feedback from Governors dated 12 May 2014.
    - Feedback from local Healthwatch organisations dated 22 May 2014 (HealthWatch Sefton), 23 May 2014 (St Helens HealthWatch) and 23 May 2014 (HealthWatch Liverpool).
    - Feedback from Local Authorities dated 20 May 2014 (Sefton Borough Council) and 22 May 2014 (Halton Borough Council).
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014 (final ratification pending).
    - 2013/14 national patient survey issued February 2014.
    - 2013/14 national staff survey issued February 2014.
    - The Head of Internal Audit's annual opinion over the Trust's control environment 2013/14 as presented to the Audit Committee on 23 May 2014.

- CQC quality and risk profiles dated 31 May 2013, 30 June 2013 and 31 July 2013 and CQC Intelligent Monitoring Reports dated 21 October 2013 and 13 March 2014.

- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- The performance information reported in the Quality Report is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board.

Signed:

Ken Morris	Kathryn Thomson
Chair	Chief Executive
23 May 2014	23 May 2014

Independent Auditor's Limited Assurance Report to the Council of Governors of Liverpool Women's NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Liverpool Women's NHS Foundation Trust to perform an independent assurance engagement in respect of Liverpool Women's NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 in the Quality Report that have been subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor:

Specified Indicators and Specified indicators criteria

Emergency re-admissions within 28 days of discharge from hospital (please see page 100)

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers (please see page 14)

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2013/14" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2013/14 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2013 to the end of April 2014;
- Papers relating to Quality reported to the Board over the period April 2013 to the end of April 2014;
- Feedback from the Commissioners - Liverpool Clinical Commissioning Group dated 11/05/2014 and 27/05/2014, Halton Clinical Commissioning Group dated 19/05/2014;
- Feedback from Governors dated 12/05/2014;
- Feedback from local Healthwatch organisations - Healthwatch Sefton received 22/05/2014, Healthwatch St Helens received 23/05/2014, Healthwatch Liverpool received 23/05/2014;

- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014 (final ratification pending);
- The 2013 national patient survey dated February 2014;
- The 2013 national staff survey dated February 2014;
- Care Quality Commission quality and risk profiles dated 31/05/2013, 30/06/2013, 31/07/2013;
- Intelligent Monitoring Reports dated 21/10/2013 and 13/03/2014; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 23/05/2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Liverpool Women's NHS Foundation Trust as a body, to assist the Council of Governors in reporting Liverpool Women's NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Liverpool Women's NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2013/14";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Liverpool Women's NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2014,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2013/14 Detailed guidance for external assurance on quality reports".

PricewaterhouseCoopers LLP

Chartered Accountants

Manchester

29th May 2014

The maintenance and integrity of the Liverpool Women's NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Remuneration report

The remuneration and pension benefits of our senior employees are given in the tables on pages 205 - 207. These senior managers are all Executive and Non-Executive Directors of the Board of Directors who served during the financial year 2013/14.

The Remuneration Committee of the Board of Directors determines the remuneration, terms and conditions of the Trust's Chief Executive and its Executive Directors. It does so based on job evaluation, market intelligence and inflation alongside any guidance from national recommendations for NHS senior managers. The Committee also considers Executives' annual appraisals and achievement of the Trust's corporate objectives for the year in order to determine whether or not any bonus should be paid. In determining this group of staff's remuneration the Committee has regard to the remuneration of other Trust employees who hold contracts under terms and conditions agreed nationally and locally.

Each Executive Director has objectives set at the beginning of the financial year which are drawn from the Trust's agreed corporate objectives. Performance against these objectives is reviewed annually by the Chief Executive and details shared with the Board's Remuneration Committee. The Chair appraises the Chief Executive who in turn appraises Executive Directors and the Trust Secretary.

The remuneration of the Chief Executive and Executive Directors comprises annual basic salary and normal NHS pension contributions. Performance is not a determinant of the Chief Executive and Executive Directors' remuneration; market rate and portfolio content are the key factors used to determine the levels of remuneration. Executive team performance has previously been used as the basis of determining whether a team bonus should be paid. This policy on remuneration applied based on a team objective set for the Chief Executive and Executive Directors linked to improved patient experience. However this policy was revised during the year; the bonus arrangement was brought to an end and consolidated into salary on a non-pensionable basis, based on the average percentage of the last three annual incentive payments. It is proposed that this policy on remuneration continue.

A review of the Chief Executive and Executive Directors' remuneration was undertaken during the year which included an independent report prepared by the Hay Group. This review was undertaken at the Committee's request and the Hay Group were commissioned on the basis of their well established and independent expertise in assessing executive remuneration across the health care sector. A fee of £23,834 was paid to the Hay Group in respect of this work. The review also took into account benchmarking data provided by the Foundation Trust Network which is drawn from information provided by all NHS Foundation Trusts.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The mid-point of the banded remuneration of the highest paid director for the Trust in the financial year 2013/14 was £150,000 (£192,500 in 2012/13). This was 5.4 times the median remuneration of the workforce (8.5 times in 2012/13) which was £27,901 (£22,676 in 2012/13). In 2013/14 one employee received remuneration in excess of the highest paid director (1 in 2012/13).

In 2013/14 the average total number of whole time equivalent staff employed at the Trust was 1,240 (1,223 in 2012/14).

Total remuneration includes salary, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The Chief Executive and Executive Directors are employed on permanent contracts of employment, subject to six months' notice on either side. Any termination payments would be subject to review and approval by the Board of Directors' Remuneration Committee if outside of statutory entitlements.

Membership of the Board's Remuneration Committee comprises the Trust's Chair and Non-Executive Directors. It met on two occasions during the year and attendance is detailed in the table below. At the second of its two meetings the Committee agreed to reduce its membership by two Non-Executive Directors. The Director of Human Resources and Organisational Development or the Trust Secretary acted as Secretary to the Committee. At the Committee's invitation and in accordance with its terms of reference, the Chief Executive and Director of Human Resources and Organisational Development attended both meetings.

Committee member – **Non-Executive Director**	**Remuneration Committee** **meetings attended**
Ken Morris, Chair	2 of 2
Allan Bickerstaffe	2 of 2
Steve Burnett	2 of 2
Liz Cross	2 of 2
Ian Haythornthwaite	2 of 2
Pauleen Lane	1 of 2
Attendees	
Kathryn Thomson, Chief Executive	2 of 2 (ex-officio)
Michelle Turner, Director of Human Resources and Organisational Development	2 of 2 (ex-officio)
Julie McMorran, Trust Secretary	1 of 2 (ex-officio)

The Remuneration Committee of the Trust's Council of Governors determines the remuneration and terms and conditions of the Chair and Non-Executive Directors of the Board. It does so by using benchmarking data provided by the Foundation Trust Network which is drawn from information provided by all NHS Foundation Trusts. The results of Non-Executive Directors' appraisals are also taken into account by the Council.

Objectives for the Chair and Non-Executive Directors are set at the beginning of each financial year. Performance against those objectives is reviewed annually and shared with the Council of Governors' Remuneration Committee. The Chair assesses Non-Executive Directors' performance and undertakes their annual appraisal. The Senior Independent Director (SID) undertakes the Chair's appraisal, with input from members of the Board and the Council of Governors. The SID's appraisal is conducted by the Vice Chair. This

arrangement ensures that there is proper segregation between the person being appraised and the person undertaking the appraisal.

The Chair and Non-Executive Directors are appointed by the Council of Governors for fixed terms of office.

Membership of the Council's Remuneration Committee comprises three public, one staff and one appointed Governor together with the Trust's Lead Governor. During the year they were Paul Moran (Committee Chair), John Foley, Kate Johnston, Maureen Kelly, Mary McDonald and Dorothy Zack-Williams (Lead Governor).

The Committee met once during the year. Present were Paul Moran, Kate Johnston, Maureen Kelly and Mary McDonald. The Trust Secretary acted as Secretary to the Committee.

Remuneration and retirement benefits (pensions) of all Directors are set out within note 4.4 of the annual accounts. Accounting policies for pensions are set out in note 4.3. Details of Directors' and Governors' expenses are given in note 4.5.

The audited remuneration and [11]pension benefits of senior managers is disclosed in this report and can be found at note 4.4. This information has been subject to audit.

Below are details off-payroll engagements made by the Trust during the year, that is public sector appointees not on the Trust's payroll:

Off-payroll engagements as of 31 March 2014, for more than £220 per day and that last for longer than six months:

Number of existing engagements as of 31 March 2014	0
Of which:	
• Number that have existed for less than one year at the time of reporting	0
• Number that have existed for between one and two years at the time of reporting	0
• Number that have existed for between two and three years at the time of reporting	0
• Number that have existed for between three and four years at the time of reporting	0
• Number that have existed for four or more years at the time of reporting	0

New off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	14
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	14

[11]Note that pension disclosures apply to executives only as Non-Executive Directors do not receive any pensionable remuneration.

Number for whom assurance has been requested	0
Of which:	
• Number for whom assurance has been received	0
• Number for whom assurance has not been received	0
• Number that have been terminated as a result of assurance not being received	0

For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2013 and 31 March 2014:

Number of off-payroll engagements of Board members, and/or senior officials with significant financial responsibility during the financial year	0
Number of individuals that have been deemed "Board members and/or senior officials with significant financial responsibility" during the financial year. This figure should include both off-payroll and on-payroll engagements	0

Kathryn Thomson

Chief Executive

23 May 2014

Board of Directors

Directors' meeting attendances

Membership of the Board of Directors during the year is given on page 34.

During 2013/14 the Board of Directors met 9 times. Directors' attendance at meetings of the Board and its committees held during the year, possible and actual, is shown below.

Director	Board of Directors	Audit Committee	Governance & Clinical Assurance Committee	Putting People First Committee	Finance, Performance & Business Develop-ment Committee
Allan Bickerstaffe	8 of 9		5 of 6	3 of 4	
Steve Burnett	8 of 9	4 of 4	6 of 6		
Liz Cross	8 of 9			4 of 4	
Vanessa Harris	9 of 9		3 of 6		5 of 5
Ian Haythornthwaite	9 of 9	4 of 4			2 of 5
Jonathan Herod	8 of 9		5 of 6		
Pauleen Lane	9 of 9	4 of 4			5 of 5
Ken Morris	9 of 9		[12]2 of 6		[13]3 of 5
Gail Naylor	9 of 9		6 of 6		1 of 5
Kathryn Thomson	8 of 9				2 of 5
Michelle Turner	8 of 9			4 of 4	

[12]Attendance of the Trust Chair at any meeting of a Board Committee counts towards its quorum.

[13]As above.

Pen portraits of members of the Board

Ken Morris – Chair

Ken Morris joined the Trust in August 2005. Following a successful appraisal process, he was reappointed in April 2008 for a further 3 years, and again in July 2011 for a third and final 3 year term of office. Ken has had over 20 years experience of working at executive and Non-Executive Director level in a variety of organisations in the public, private and not-for-profit healthcare sectors.

Immediately prior to joining the Trust Ken was Chair of a successful Primary Care Trust. His management consultancy experience has centred on change and improving overall performance in a variety of heal and not-for-profit organisations. He has chaired and been a member of a number of national committees.

In 2008/09 Ken was elected to the Board of the national Foundation Trust Network and in 2011 became the Chair of its Audit Committee. He is also Chair of the Foundation Trust Network in the North West, a member of the Department of Health's Independent Trust Financing Facility. And in 2012 Ken was instrumental in establishing the National Women's NHS Provider Alliance which he also chairs.

Kathryn Thomson MCIPD – Chief Executive

Kathryn joined the Trust in September 2008 from the University Hospital of South Manchester NHS Foundation Trust, where she was an Executive Director for six years. During that time she supported the Trust through a major financial and performance recovery plan and subsequent achievement of Foundation Trust status.

Kathryn has previously held key posts as a Director of Operations and Human Resources in a number of Merseyside hospital Trusts.

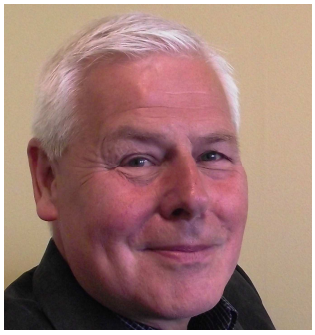
Steve Burnett – Non-Executive Director and Senior Independent director

Steve joined the Board in March 2012. He is a qualified actuary and spent 35 years in the financial services sector during which time he was Chief Executive of two large Merseyside companies, Swiss Life and Royal Liver. In recent years Steve has actively promoted the values of mutuality and is a keen supporter of member engagement in the setting of strategy and the governance of organisations.

Steve has now successfully diverted his attention to new areas and to the public sector in particular, with Liverpool Women's joining the Wales Audit Office and the Homes and Communities Agency as diverse areas where he now has non-executive roles.

He sits on the Trust's Audit Committee, Governance and Clinical Assurance Committee and Charitable Funds Committee.

Allan Bickerstaffe – Non-Executive Director



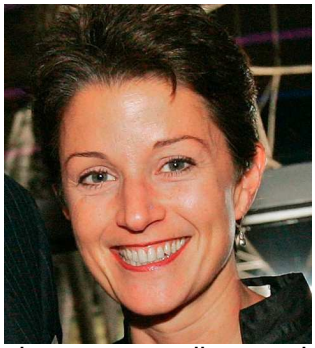
Allan joined the Board in February 2012 and until the end of March 2012 was employed by Liverpool John Moores University as a Pro Vice Chancellor. In earlier times he also served as University Bursar and Director of Finance. Allan has spent his entire working life in Liverpool, employed by several large private and public sector organisations, including United Biscuits, Merseyside Passenger Transport Executive, Arriva Limited and Liverpool City Council. He has held roles, past and present, with many voluntary organisations in the area.

Allan also has experience as a Non-Executive Director with a number of private and public sector companies, both regionally and nationally. In June 2011 he ended a five year term of office as a Non-Executive Director with the North West Ambulance Service NHS Trust, where he was Chair of the Audit Committee.

By profession Allan is a Chartered Secretary and through work with his professional body has been involved with the development of governance best practice over many years and utilises this experience in his role with Liverpool Women's. Allan Chairs the Board's Governance and Clinical Assurance Committee and is a member of its Putting People First Committee.

He has three grown up sons, each of whom was born at the Trust's former hospital locations at Oxford Street and Mill Road.

Liz Cross BSc (Hons), MBA, MBPS, Non-Executive Director and Vice Chair



Joining the Trust as a Non-Executive Director in February 2010, Liz Cross is an experienced Executive and Non-Executive Director. With over 25 years in leadership and governance roles, Liz founded, and is Managing Director of, The Connectives – a values based consultancy practice – that works with private, public, social enterprises and voluntary/ charitable organisations locally, nationally and internationally.

She has helped mature billion pound businesses grow and change, as well as working with individuals in communities to establish start up groups and businesses that deliver social as well as economic benefits to the people served.

Liz has worked with many organisations over the years to advance women's health and wellbeing. At a personal level she began her interest in helping to change the NHS having the first water assisted delivery in a Manchester hospital, raising the funds and securing the commitment to open a birthing pool for St Mary's Women and Children's Hospital in the early 1990s.

Liz is also Chair of Blackburne House Group in Liverpool, actively involved in many aspects of its work and development in 1992. She chairs a social business delivering coaching to offenders and ex offenders as well as being a founder and trustee of a charity working with a local community in the slums of Bangalore delivering health, education and community development programmes. She has been an active school governor in Moss Side, Manchester since 1988 and is a member of the advisory group for Common Purpose in the North West.

Liz chairs the Trust's Putting People First Committee and its Charitable Funds Committee. On 1 February 2012 she was appointed as the Board's interim Vice Chair and subsequently appointed to the role substantively.

In January 2013 the Trust's Council of Governors reappointed Liz to the Board for a further term of three years.

Vanessa Harris BSc, ACA, MBA – Director of Finance

Vanessa joined the Trust in September 2009 as Director of Finance. She has held a number of senior posts in the health service and the independent sector, including previous Director of Finance posts. Vanessa has experience of leading and managing organisations through periods of change and improving financial performance.

Ian Haythornthwaite – Non-Executive Director

Ian joined the Trust in May 2011 and is a fellow member of the Chartered Institute of Management Accountants, with extensive public sector management experience.

Ian is currently Director of Finance for the BBC, controlling a budget of £4bn per annum. Previously he was Finance Director for BBC North based at Media City which opened in May 2011. Prior to the BBC, Ian was Deputy Chief Executive at the North West Development Agency which led on the economic regeneration of the North West of England. Prior to this Ian was the Finance Director and then Pro Vice Chancellor at the University of Central Lancashire. As an Executive Director of the group he was responsible for the regional strategy, business interaction, commercial and intellectual property exploitation and innovation. In addition he was responsible for executive management of the University estate and facilities including all trading and service provisions.

Ian chairs the Trust's Audit Committee and is a member of its Finance, Performance and Business Development Committee.

In January 2014 the Council of Governors reappointed Ian for a further term of three years from April 2014

Jonathan Herod BSc, MBChB (Hons), MRCOG – Medical Director

Jonathan joined the Board as its Medical Director in October 2010. He is also a Consultant Gynaecological surgeon and Oncologist at the Trust and an Honorary Lecturer at the University of Liverpool.

Jonathan has worked in Liverpool since 1999 having trained in gynaecology oncology at St Bartholomew's and The Royal Marsden hospitals in London. During his time at Liverpool Women's he has carried out many posts, most recently as Clinical Director for Gynaecology immediately prior to his appointment as Medical Director.

He is a member of the Royal College of Obstetricians and Gynaecologists, British Gynaecological Cancer Society, an Executive Committee member of the British Society for Colposcopy and Cervical Pathology and of the National Quality Assurance Committee for Cervical Screening.

Pauleen Lane – Non-Executive Director

Pauleen joined the Trust's Board of Directors in April 2010. She is a civil engineer by profession who has held a number of board level appointments in the North West and nationally as well as teaching on the master courses at Manchester University. Pauleen is currently the Group Manager for National Infrastructure at the Planning Inspectorate.

She has been a member of the Audit Commission with special responsibility for improvement in local Council performance, Chair of Infrastructure for the North West Development Agency, Chair of Environment for the Coal Authority and Deputy Chair of English Partnerships. She was Mayor and Deputy Leader of Trafford Metropolitan Borough Council and was awarded the CBE for services to local government in 2005. Pauleen has been the specialist engineering advisor to the Theatres Trust and is a board member of the Sports Ground Safety Authority, set up after Hillsborough to ensure safety for spectators in all sports grounds.

Pauleen chairs the Trust's Finance, Performance and Business Development Committee, is a member of its Audit Committee and has a special interest in the development of the Hewitt Fertility Centre at the Trust. Pauleen is also a member of Central Manchester and South Manchester University NHS Foundation Trusts. She has two small boys and enjoys cycling, swimming and camping with them.

In January 2013 the Trust's Council of Governors reappointed Pauleen to the Board for a further term of three years.

Gail Naylor RCG, RM, MBA – Director of Nursing, Midwifery and Operations

Gail joined the Trust in June 2009. She trained as a nurse in 1983 at North Manchester General Hospital and then as a midwife in 1987. She continued to work in a variety of clinical roles at North Manchester General Hospital until 1993, when she moved to Bolton Hospitals NHS Foundation Trust until she joined Liverpool Women's.

Gail's background is in leading and managing women and children's services and she has held a variety of senior clinical leadership and managerial roles. Gail is passionate about the impact high quality care can have on women, the wider family unit, and the health economy.

Gail will leave the Trust at the end of April 2014 to take up post as Director of Nursing and Midwifery at an NHS Trust in Cumbria.

Michelle Turner MCIPD – Director of Human Resources and Organisational Development

Michelle joined the Trust in April 2010. Committed to creating great places to work, Michelle is responsible for ensuring the Trust has a competent, engaged and truly motivated workforce focused on delivering the best possible patient experience. She is also responsible for the Trust's communications and marketing functions.

A member of the Chartered Institute of Personnel and Development, Michelle has a long a varied NHS career, working in patient-facing roles early in her career and undertaking senior human resources roles more recently.

The Trust confirms the balance, completeness and appropriateness of the membership of the Board.

Performance evaluation of the Board, its committees and individual Directors is undertaken in a number of ways:

- The whole Board reviews its performance each year and for 2013/14 this will be done in June 2014 at an independently facilitated meeting. It will draw on a Board effectiveness questionnaire undertaken earlier in the year and focus on Monitor's quality governance framework and strategic risks. This approach is being adopted to bring independence to the process of reviewing the Board's effectiveness.

- At the conclusion of each meeting the Board and its committees assesses the effectiveness of the meeting.

- The Board of Directors receives an annual report of achievements from each of its committees.

- All Directors undergo appraisal each year during which there is an evaluation of their performance against their objectives as set at the beginning of the year:
    - The Chair appraises all Non-Executive Directors save for the Senior Independent Director. The Senior Independent Director appraises the Chair and invites the views of other Directors and members of the Council of Governors as a part of the process. The Vice Chair appraises the Senior Independent Director.
    - The Chief Executive appraises Executive Directors and the Chair appraises the Chief Executive. A report on the outcome of these appraisals is presented each year to the Remuneration Committee of the Board of Directors.

The Chair's other significant commitment are detailed page 146 and within the Board of Directors' register of interests. Members of the public can find the register of interests at www.liverpoolwomens.nhs.uk.

Directors can be contacted by email via the 'contact' link on the Trust's website at www.liverpoolwomens.nhs.uk/Contact_Us/ or via the Trust Secretary, Julie McMorran, at julie.mcmorran@lwh.nhs.uk or on 0151 702 4033.

Audit Committee

The Audit Committee is one of the most significant means by which the Board of Directors ensures effective internal control arrangements are in place. It also provides a form of independent check upon the executive arm of the Board. During the year Trust's Audit Committee was chaired by Non-Executive Director Ian Haythornthwaite. Its other members were Non-Executive Directors Steve Burnett and Pauleen Lane. The three members' attendance at meetings held during 2013/14 is shown on page 145.

During the year the Audit Committee reviewed the Trust's annual report and accounts for 2012/13 including the Annual Governance Statement, external audit findings and external audit management letter (ISA260). It also reviewed the Trust's compliance with Monitor's Code of Governance, compliance with the requirements of The Bribery Act, and approved the external and internal audit plans and counter fraud plan for 2013/14. The registers of directors' and governors' interests were reviewed as were their registers of gifts and hospitality and that of staff.

Each time it met the committee received an update on actions taken in response to internal audit recommendations. It focused on ensuring that actions were undertaken fully and expeditiously and that officers responsible were held to account. It queried the number of waivers to standing orders and challenged executives and senior officers in respect of capital project works and information management and technology (IM&T) procured through waivers. In response to this, the Trust's procurement department have been working with our IM&T and Estates teams to ensure that the procurement and contracting process accounts for annual maintenance contracts in addition to the initial equipment purchase to reduce the volume of waivers. There has been a notable reduction during the past year as a result of this work.

The Committee considered the issue of the Trust's non-compliance with National Patient Safety Alerts following a report from internal audit which offered no assurance in respect of the systems and processes in place to respond to alerts. The Trust's Head of Governance attended meetings of the Committee to outline actions being taken to ensure compliance and to report progress with implementation of those actions.

PricewaterhouseCoopers LLP (PwC) were the Trust's external auditors during the year, having been appointed by the Trust's Council of Governors in October 2011.

A review of the effectiveness of the Trust's external audit process is regularly undertaken by the Audit Committee's members and participants. The outcome is shared with the external auditors and their response shared with the Committee. The Trust has access to an independent review partner at PwC should there be any issues it was not possible to resolve directly with the nominated Audit Partner.

Where work outside of Monitor's audit code for NHS Foundation Trusts has been purchased from its external auditors, the Trust ensures their independence has not been compromised. During the year PwC undertook non-audit work relating to a strategic options appraisal for the Trust in support of its strategic plan from 2015/16. The values of this non-audit work was £77,600. Their appointment was overseen by the Audit Committee and reported to the Council of Governors.

In situations where the Trust is contemplating the appointment of outside management consultants, consideration is given to whether the external auditors can be included in the list of firms from which a selection may be made. If inclusion would potentially compromise the external auditors' independence then they may be excluded. In arriving at a view the Trust would consider a range of factors such as the area in which it was to be undertaken and whether the auditors were likely to review the same area as a part of their work, and the likely fees for the work.

The Trust appointed new internal auditors for 2013/14. Baker Tilly (formerly RSM Tenon) now provides the internal audit service for the Trust and they presented their internal audit plan to the Audit Committee in May 2013. During the year they executed an internal audit plan approved by the Audit Committee which focused on business critical systems using a risk based approach. Internal audit reports were received by the Committee and provided a level of assurance in respect of the Trust's governance of both financial and non-financial risk. The work of the internal auditors is one of the key means through which the Audit Committee reviews the Trust's systems of integrated governance, risk management and internal control across its activities, both clinical and non-clinical.

Through the Chief Executive as the Trust's Accounting Officer, Directors are responsible for preparing the accounts as presented in this report. The Directors take this opportunity to state that so far as they are aware there is no relevant audit information of which the Trust's auditors are unaware. The Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Nomination Committees

The Trust has two Nomination Committees:

- **Nomination Committee of the Council of Governors**. This Committee oversees the appointment of Non-Executive Directors (NED) to the Board. It is chaired by the Trust's Chair, Ken Morris, though for most of 2013/14 it was chaired by the Trust's Vice Chair, Liz Cross, as its main focus was on appointment a new Chair of the Trust. The Committee's other members during the year were Governors Helen Casstles, Annette James (to September 2013), Mary McDonald (from July 2013) Gail Mannion and Dorothy Zack-Williams (Lead Governor).

  During the year the Committee met on five occasions. At each meeting it considered succession planning for the Board, in particular the Chair given that the final term of office of the incumbent Chair Ken Morris would end in August 2014. At one of its meetings, and following a competitive process, the Committee appointed executive search agents Gatenby Sanderson to support the Chair recruitment process. The position of Trust Chair was subject to open advertisement via the national press and online recruitment sites. During the year it also gave consideration to the Non-Executive Director composition policy and Board diversity.

  The Committee agreed to recommend the reappointment of Non-Executive Director Ian Haythornthwaite whose term was due to end in April 2014. His reappointment was recommended following consideration of his contribution to the Board as reported by the

Trust's Chair, including the outcome of his most recent appraisal. Ian Haythornthwaite confirmed his wish to be reappointed and the Council of Governors accepted its Nomination Committee's recommendation that he be reappointed for a further term of three years.

At the Committee's final meeting in 2013/14 it prepared a long-list for the position of Trust Chair. In April 2014 it short-listed candidates and went on to a formal selection process, recommending an appointment to the Council of Governors in April 2014 which was accepted. The Trust's new Chair, Edna Robinson, will join the organisation in September 2014.

- **Nomination Committee of the Board of Directors**. This Committee oversees the appointment of Executive Directors to the Board. It is chaired by the Trust's Chair Ken Morris and its members are at least three other Non-Executive Directors plus the Chief Executive (unless the Chief Executive is being appointed). The Committee met three times during the year and Directors' attendance is shown below:

Director	**Nomination Committee of the Board of Directors**
Ken Morris, Chair	3 of 3
Allan Bickerstaffe	2 of 3
Steve Burnett	2 of 3
Liz Cross	2 of 3
Ian Haythornthwaite	1 of 3
Pauleen Lane	3 of 3
Kathryn Thomson, Chief Executive	3 of 3
Michelle Turner, Director of Human Resources and Organisational Development	3 of 3 – partial attendance at 1 (ex-officio)
Jonathan Herod, Medical Director	1 of 1 – partial attendance (ex-officio)

The Committee considered the reappointment of the Trust's Medical Director whose initial term had been for three years. It was agreed to reappoint him for a further period of three years from 1 October 2013.

It also considered changes to the Executive Director team introduced in 2012/13 following the planned departure of the Trust's former Chief Operating Officer. It agreed that the interim arrangements that had been put in place, based on portfolio realignment amongst a

reduced number of Executive Directors, had operated successfully and agreed that the arrangement be made permanent.

The Committee also met to succession plan in respect of the Director of Nursing, Midwifery and Operations who tendered her resignation during the year to take up a Directorship at an NHS Trust in Cumbria. It agreed to recruit to the post with the support of an executive search agency and to put in place a series of interim arrangements to cover the portfolio for the period between her leaving the Trust and the appointment of a successor.

Remuneration Committee

Please see remuneration report on page 141.

Code of Governance

The Trust remains committed to the principles of good corporate governance as outlined in the [14]NHS Foundation Trust Code of Governance published by Monitor. Each year an assessment of the Trust's position against each of the Code provisions is undertaken, which states the current position and any actions required together with a statement against the principle of 'comply or explain'.

For the year 2013/14 the Trust can confirm that it complies with the provisions of the Code with two exceptions. These exceptions are detailed below in red. The Code was updated in 2013 and now requires the Trust to make a series of disclosures even where it complies with the provision, and these disclosures are also below:

Code provision	Trust position	Comply or explain?
A.1.1 The Board of Directors (Board) should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule should include a clear statement detailing the roles and responsibilities of the Council of Governors (Council). This statement should also describe how any disagreements between the Council and Board will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board and Council operate, including a summary of the types of decisions to be taken by each and which are delegated to the executive management of the Board. These arrangements should be kept under review at least annually.	In 2013/14 the BoD met formally on 9 occasions. Matters reserved for the Board, including the types of decisions it takes and which are delegated to committees and executive management, are included in the Trust's Corporate Governance Manual and summarised in the Director's report on page 34 and the Annual Governance Statement on page 175. The general duties of governors are stated in the Trust's constitution. Matters for which the Council of Governors is responsible and makes decisions on is outlined in the section of this report in respect of the Council on page 164. A general statement on the handling of disputes is contained in the Trust's constitution.	**Comply**
A.1.2 The annual report should identify the Chair, deputy Chair, Chief Executive, Senior Independent Director (SID) and the Chair and members of the Nominations, Audit and Remuneration Committees. It	This information is provided in the Directors' report on page 34, the Remuneration report on page 141, directors' meeting attendances on page 145, Board pen portraits on page 146 the Nomination Committees report on page 153, Audit Committee	**Comply**

[14]The NHS Foundation Trust Code of Governance published by Monitor can be found at www.monitor.gov.uk

Code provision	Trust position	Comply or explain?
should also set out the number of meetings of the Board and those committees and individual attendance by directors.	report on page 152 and the Annual Governance Statement on page 175.	
A.5.3 The annual report should identify the members of the Council, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the Council and the attendance of individual Governors and it should be made available to members on request.	Full details of Governors and their terms of appointment is given in the Council of Governors' section of this report on page 164. A register of governors' attendance at meetings is maintained and recorded in meeting minutes. Details of attendance are given from page 164. The Trust's Lead Governor is public Governor Dorothy Zack-Williams.	**Comply**
B.1.1 The Board should identify in the annual report each Non-Executive Director (NED) it considers to be independent. The Board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The Board should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination.	NEDs are asked each year to confirm their independence or otherwise as per the criteria outlined in the Code of Governance; One of the independence criteria included in the Code is where a director has served on the Board for more than six years from the date of their first appointment. During 2011/12 the Trust's Council of Governors reappointed the incumbent Chair for a third and final three year term of office. Ken Morris had already served two three-year terms. In reaching its decision the Council's Nominations Committee took this Code provision fully into account. Its interview of Ken Morris focused in particular on assessing his independence, which the Committee agreed remained intact. Governors were also mindful of the	**Explain**

Code provision	Trust position	Comply or explain?
	need for some continuity on the Board of Directors given that three new NEDs were joining the Board during 2011/12. The terms of office of the NEDs who held the roles of the Board's Vice Chair and Senior Independent Director ended early in 2012 hence these roles were due to fall to new NEDs. Accordingly, the Committee did not consider that a change in Chairmanship at this time was in the best interests of the Trust.	
B.1.4 The Board should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the Trust. Both statements should also be available on the Trust's website.	Please see Board pen portraits section on page 146.	**Comply**
B.2.10 A separate section of the annual report should describe the work of the nominations committee/s, including the process it has used in relation to Board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	Please see Nomination Committees section on page 153. The committees' terms of reference are available on request from Trust Secretary Julie McMorran at julie.mcmorran@lwh.nhs.uk.	**Comply**
B.3.1 For the appointment of a Chair, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A Chair's other significant commitments should be disclosed to	The Trust's constitution provides for the job description and person specification of the Chair to be devised by the Board. The significant commitments of those recommended for appointment as Chair are disclosed to the Council before appointment. The Chair's other significant	**Comply**

Code provision	Trust position	Comply or explain?
the Council before appointment and included in the annual report. Changes to such commitments should be reported to the Council as they arise, and included in the next annual report. No individual, simultaneously whilst being a Chair of a Foundation Trust, should be the substantive Chair of another Foundation Trust.	commitments are included in the Board pen portraits section of this report on page 146. Changes to the Chair's commitments are reported to the Council of Governors as they arise. The Trust's Chair has not been the substantive Chair of another Foundation Trust during his tenure.	
B.5.6 Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Please see section on 'our members' on page 170.	**Comply**
B.6.1 The Board should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chair, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the Trust adopted a particular method of performance evaluation.	See Board pen portraits section of this report on page 146.	**Comply**
B.6.2 Evaluation of the Board should be externally facilitated at least every three years. The evaluation needs to be carried out against the Board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they	This will take place in 2014/15.	**Comply**

Code provision	Trust position	Comply or explain?
have any other connection to the Trust.		
C.1.1 The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Please see statement from the Board of Directors on page 9, the Annual Governance Statement on page 175 and the auditor's report on page 191.	**Comply**
C.2.1 The Board should maintain continuous oversight of the effectiveness of the Trust's risk management and internal control systems and should report to members and governors that they have done so. A regular review should cover all material controls, including financial, operational and compliance controls.	An annual review of the system of internal control is conducted on the instruction of the Trust's Audit Committee by internal auditors. Please see Audit Committee section of this report on page 152 and the Annual Governance Statement at page 175.	**Comply**
C.2.2 A Trust should disclose in the annual report if it has an internal audit function, how the function is structured and what role it performs or if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Please see Audit Committee section on page 152.	**Comply**

Code provision	Trust position	Comply or explain?
C.3.5 If the Council does not accept the Audit Committee's recommendation, the Board should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council has taken a different position.	Not applicable.	**Comply**
C.3.9 A separate section of the annual report should describe the work of the committee in discharging its responsibilities.	See Audit Committee section at page 152.	**Comply**
D.1.3 Where a Trust releases an executive director, for example to serve as a NED elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	This has so far not occurred at the Trust.	**Comply**
E.1.4 The Board should ensure that the Trust provides effective mechanisms for communication between Governors and members from its constituencies. Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the Trust's website and in the annual report.	See 'our members' section on page 170 and Board pen portraits on page 146.	**Comply**
E.1.5 The Board should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the NEDs, develop an understanding of the views of governors and members about the Trust.	See Council of Governors' section from page 164.	**Comply**
E.1.6 The Board should monitor how representative the Trust's	Information about the Trust's membership is reviewed by the	**Comply**

Code provision	Trust position	Comply or explain?
membership is and the level and effectiveness of member engagement and report on this in the annual report.	Council's Membership Strategy Committee and is available to the Board. See 'our members' section of this report on page 170.	

Council of Governors

The Trust's Council of Governors has a number of statutory duties, namely to hold the Board of Directors to account via its Non-Executive Directors, to appoint, remove and decide the terms of office (including remuneration) of the Chair and Non-Executive Directors, approving the appointment of the Chief Executive, appointing or removing the Trust's external auditors, receiving the annual report and accounts and external auditor's report, and expressing a view on the Trust's forward plans. The Council also ensures that the interests of the community served by the Trust are appropriately represented.

Each year the Council of Governors meets on at least three occasions, in public. Between April 2013 and March 2014 the Council met on 5 occasions.

The Council has a number of Committees, namely a Membership Strategy Committee, Nomination Committee and Remuneration Committee. The Membership Strategy Committee leads preparation of the Trust's membership strategy and oversees all membership activities. The work of its Nomination and Remuneration Committees is outlined on pages 153 and 143. Each of the Council's Committees reports to the full Council of Governors and makes recommendations for its consideration as appropriate.

The tables below details the names of those who were Governors during the reporting period, whether they were elected or appointed to the role and the length of their appointment. Also shown is attendance of individual Governors at formal meetings of the Council held during the year.

Public Governor (elected)	**Area**	**[15]Term of office**	**From**	**To**	**Council of Governors' meetings attended, April 2013 – March 2014**
Arshad, Mohammed	South Liverpool	3 years	2013	2016	3 of 3
Bedding, Kate	Central Liverpool	3 years	2011	2014	5 of 5
[16]Burke, Pauline	Sefton	2 years	2014	2015	1 of 1
[17]Croft,	Knowsley / Rest of	3 years	2011	2014	2 of 3

[15]Terms of office begin and end at the annual members' meeting, held in October. In the case of a Governor being elected part-way through a year as a result of a bi election, the term of office has been rounded up to the nearest year.

[16]Elected during Quarter 4 (bi election)

Public Governor (elected)	Area	[15]Term of office	From	To	Council of Governors' meetings attended, April 2013 – March 2014
Jayne	England & Wales	1 year	2014	2014	1 of 1
[18]Hannon, Jenny	Central Liverpool	2 years	2014	2015	1 of 1
[19]Henry, Felicia	Sefton	3 years	2011	2014	0 of 1
James, Annette	South Liverpool	3 years	2010	2013	1 of 2
[20]Kearney, Kathleen	North Liverpool	1 year	2013	2014	2 of 3
Kelly, Maureen	Sefton	3 years	2011	2014	3 of 5
Kerr, Barbara	North Liverpool	3 years	2012	2015	4 of 5
McDonald, Mary	South Liverpool	3 years	2012	2015	5 of 5
[21]Mograby, Lorna	Central Liverpool	3 years	2012	2015	0 of 2
Moran, Paul	Central Liverpool	3 years	2011	2014	4 of 5
[22]Phillips, Sheila	Knowsley	1 year	2013	2014	1 of 3

[17]Term in respect of Knowsley seat ended in November 2013 because of change in eligibility. Subsequently elected at bi election to rest of England & Wales seat in Quarter 4

[18]Elected during Quarter 4 (bi election)

[19]Term ended in Quarter 1 for reasons of non-attendance

[20]Elected during Quarter 3 (bi election)

[21]Term ended in Quarter 2 for reasons of non-attendance

Public Governor (elected)	Area	[15]Term of office	From	To	Council of Governors' meetings attended, April 2013 – March 2014
Tattersall, Geoffrey	Rest of England & Wales	3 years	2013	2016	2 of 3
[23]White, Valerie	North Liverpool	3 years	2011	2014	0 of 1
Zack-Williams, Dorothy	Central Liverpool	3 years	2012	2015	5 of 5

Staff Governor (elected)	Class	[24]Term of office	From	To	Council of Governors' meetings attended, April 2013 – March 2014
Cooper, Iris	Nurses	3 years	2011	2014	2 of 5
[25]Drakeley, Andrew	Doctors	3 years	2010	2013	1 of 1
Foley, John	Clinical Support Staff & non-clinical staff	3 years	2012	2015	3 of 5
Mannion, Gail	Scientists, Allied Health Professionals &	3 years	2011	2014	4 of 5

[22]Elected during Quarter 3 (bi election)

[23] Term ended in during Quarter 1 for reasons of non-attendance due to illness

[24] Terms of office begin and end at the annual members' meeting, usually held in September each year

[25]Term ended in Quarter 1 due to a change in eligibility

	Technicians				
[26]Mehigan, Simon	Midwives	2 years	2013	2015	4 of 5
Soltan, Adel	Doctors	3 years	2013	2016	3 of 3

Appointed Governors (appointed	**Organisation**	**Council of Governors' meetings attended, April 2013 – March 2014**
Alfirevic, Ana	University of Liverpool	3 of 5
[27]Arnall, Del	Knowsley Council	2 of 3
[28]Casstles, Helen	Liverpool City Council	4 of 5
Johnston, Kate	Liverpool John Moores University	4 of 5
[29]Killen, Nina	Sefton Borough Council	1 of 2
[30]Spelman, Sue	Down's Syndrome Liverpool	0 of 2

Some of the seats on the Council were vacant during the course of the year. These were in the public seats of Central Liverpool, North Liverpool, Sefton, Knowsley, rest of England and Wales, the staff Doctors seat and the appointed Governor seats for Knowsley Borough Council, Sefton Council and up to two partnership organisation seats.

Elections and bi elections to the Council were held during the year in respect of 17 seats that became vacant either because the term of office had ended at the conclusion of the 2013 annual members' meeting or because of Governor resignation, change in eligibility to hold the seat or removal from the Council for reasons of non-attendance. Of these, 9 were elected unopposed and no nominations were received in respect of 8 of the seats. All public and staff governors are elected by members in their constituency, by secret ballot and the

[26]Re-elected during Quarter 3 (bi election)

[27]Appointed during the year as successor to Kay Moorhead

[28]Reappointed by Liverpool City Council

[29]Appointed during Quarter 4 by Sefton Borough Council

[30]Resigned seat during Quarter 2

Electoral Reform Service acts as returning officer. The exception to this is where Governors were elected unopposed as a result of being the sole candidate for an available seat. Partnership governors were appointed by their appointing organisation.

Composition of the Council of Governors changed in April 2013 following a review of the constitution by the Council and the Board of Directors in order to incorporate changes brought about with introduction of the Health and Social Care Act 2012. The Council's composition changed from 18 to 14 public Governors, from 6 to 5 staff Governors and from 9 to 7 appointed Governors.

There continues to be a positive and constructive working relationship between the Council of Governors and the Board of Directors. Governors effectively fulfill their statutory duties and the Council provides both constructive challenge and support to the Board. Members of the Board of Directors regularly attend meetings of the Council of Governors in order to understand Governors' views and concerns and all Directors receive agenda for the Council's meetings. The Chief Executive has a standing invitation to attend all meetings of the Council.

Governors receive agenda for meetings of the Board of Directors and meeting minutes, and Governors and Directors meet informally on a regular basis.

Governors are not remunerated but they are entitled to claim expenses in connection with their duties. Details of Governors' expenses claimed during the year are given on page 206.

A Governors' register of interests is maintained. Members of the public can find the register of interests at www.liverpoolwomens.nhs.uk.

Directors' attendance at meetings of the Council of Governors held during 2012/13 is given below:

Director	**Council of Governors' meetings attended, April 2013 – March 2014**
Allan Bickerstaffe	2 of 5
Steve Burnett	3 of 5
Liz Cross	5 of 5
Vanessa Harris	4 of 5
Ian Haythornthwaite	0 of 5
Jonathan Herod	4 of 5
Pauleen Lane	2 of 5
Ken Morris	5 of 5
Gail Naylor	3 of 5

Director	Council of Governors' meetings attended, April 2013 – March 2014
Kathryn Thomson	5 of 5
Michelle Turner	3 of 5

Our members

Any member of the public over the age of 12 years who lives in England and Wales is able to be a member of Liverpool Women's NHS Foundation Trust. Most of our members come from the areas where we provide clinical services, namely the local authority areas of Central Liverpool, North Liverpool, South Liverpool, Knowsley and Sefton. Some 1,350 of our members come from outside these areas, the constituency known as Rest of England and Wales.

Membership of the Trust is made available to all Trust staff automatically where they have a permanent contract of employment or have worked for the Trust for at least 12 months.

As at 31 March 2014 the Trust had 11,364 members:

Public	**Number**
Central Liverpool	2,893
North Liverpool	1,670
South Liverpool	1,415
Knowsley	1,183
Sefton	1,296
Rest of England and Wales	1,400
Total public membership	9,957
Staff	**Number**
Doctors	97
Nurses	328
Midwives	325
Scientists, technicians and allied healthcare professionals	149
Administrative, clerical, managers, ancillary and other support staff	508
Total staff membership	1,407

Led by its Membership Strategy Committee, the Trust's Council of Governors developed and approved a three year membership strategy in October 2011 and 2013/14 saw further progress made in achieving its aims to achieve and maintain a representative membership, listen to our members and take their views into account when planning new developments and/or changes to services, encourage our members to stand for election to the Council of Governors, provide an opportunity for our members to learn more about the Trust, and to

increase the quality and level of participation in the Trust's democratic structures. All Trust members were invited to be involved in the Trust's forward planning process via the Trust's members' newsletter.

We concluded our 'Medicine for Members' series which offering members the opportunity to meet with clinical experts from the Trust to discuss a broad range of women's health issues including hysterectomy and genetics. These events were not as successful as hoped for and the Council's Membership Strategy Committee therefore agreed that alternative approaches to engaging with our members were needed.

One such approach has been the hosting of Partnership Summits which bring together organisations from across the city with an interest in women's healthcare in order to explore effective ways of working together in order to have the most positive impact on women's lives. Our Governors have now held a total of three Summits at which they discussed the range of Trust services and how they might be made more accessible. The outputs of the Summits have been shared with the Board of Directors and taken into account during the forward planning process. Further Summits will be planned for 2014/15.

In September 2013 we held our annual members' meeting and hospital open day. The day was themed as the Trust's 18th birthday party as it was eighteen years since the Liverpool Women's Hospital building opened its doors. We were delighted to welcome Jamie Carragher, former footballer with Liverpool Football Club, to help us mark the occasion. Many hundreds of people came along to the day – including lots of eighteen year olds who were amongst the first born at the hospital - and met with our Governors, Directors and Trust staff and learned more about the services we offer. Amanda and Andy Wroe, patients of our Fetal Medicine unit, spoke movingly at the annual members' meeting about the round-breaking laser treatment undergone at Liverpool Women's which saved their unborn twins' lives.

On 8 March 2014 – International Women's Day – the Trust ran a social media campaign to mark, celebrate and raise awareness about the day. The campaign aimed to have people from around the world tweeting about the women who had inspired them throughout their life, using the hash tag #MyGreatWomen. At one point in the day, #MyGreatWomen was trending in Liverpool (this means that it was one of the most common phrases tweeted about at that time in the city). In total, almost 700 unique #MyGreatWomen tweets were sent by 151 people. These were re-tweeted 500 times which resulted in over one million individual Twitter users being reached on a total of 2.9 million occasions throughout the day. The Trust was mentioned almost 600 times on the day itself.

Towards the end of the year our Governors' Membership Strategy Committee began to develop the Trust's next three year membership strategy which will be approved by the Council of Governors during 2014/15.

We continued to publish our members' newsletter, Generations, which is sent to all our members several times each year.

Members can contact Governors and Directors at the Trust by:

- Post – Trust Offices, Liverpool Women's NHS Foundation Trust, Crown Street, Liverpool L8 7SS
- Telephone – 0151 702 4018
- Email – communications@lwh.nhs.uk or to contact Governors, governor@lwh.nhs.uk.

Statement of the Chief Executive's responsibilities as the accounting officer of Liverpool Women's NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed Liverpool Women's NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Liverpool Women's NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and

- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Kathryn Thomson

Chief Executive

23 May 2014

Annual governance statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievements of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Liverpool Women's NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Liverpool Women's NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's risk management strategy sets out the responsibility and role of the Chief Executive in relations to risk management which, as Accounting Officer, I have overall responsibility for. I have delegated the following responsibilities to my Executive Directors:

- The Director of Nursing, Midwifery and Operations is responsible for implementation and effectiveness of risk management systems, all aspects of risk management and governance including health and safety management, security management and emergency preparedness, resilience and response. She is also responsible for Care Quality Commission (CQC) compliance matters and for operational and business risks.

- The Medical Director is responsible for all aspects of clinical risk management and clinical governance and has responsibility for the Trust's Quality Report.

- The Director of Finance is responsible for risk management as it relates to the policies, procedures and systems of financial control and management and in respect of service performance.

- The Director of Human Resources and Organisational Development is responsible for workforce risks and risks relating to communication, reputation and marketing. She is also responsible for promoting and encouraging staff to report concerns in line with the Trust's whistle-blowing policy and monitoring the effectiveness of this policy.

The Trust's clinical divisional structure comprises a division which incorporates maternity, gynaecology, surgical services, neonates and clinical support services led by a Divisional

Manager, and a division comprising reproductive medicine and genetics which is led by a Commercial Director. These divisions come under the executive leadership of the Director of Nursing, Midwifery and Operations, and the Director of Finance respectively.

A framework for managing risks across the Trust is provided through the risk management strategy. It provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels across the organisation.

A committee structure supports the Trust's integrated governance processes and facilitates the appropriate identification of risk ensuring it is properly mitigated, monitored and reported. As Chief Executive I chair the Corporate Risk Committee which coordinates and prioritises all categories of risk management. In fulfilling its role the Committee meets monthly to review all risks with a score greater than 15 as included on the Trust's risk register and considers whether any risks need to be escalated to its parent committee and/or entered onto the Board Assurance Framework (BAF). The Committee is also responsible for ensuring that where lessons learned from risks need to be communicated across the Trust, this is done so effectively. The Corporate Risk Committee reports to the Governance and Clinical Assurance Committee of the Board of Directors.

The risk management strategy clearly identifies the Chief Executive as providing leadership and accountability to the Trust for risk management and quality improvement. The Board of Directors aims to receive annual training in risk management as do senior managers and all staff receive basic risk management training via the Trust's mandatory training programme. In addition, specific staff are trained to a higher level in risk management techniques such as root cause analysis or IOSH (Institution of Occupational Safety and Health) working and managing safely, as identified through the training needs analysis process. Ad hoc training on use of the Trust's risk software is also provided across the organisation. The Trust's annual staff performance and development review process is used to identify where and if additional, enhanced risk management training is required. Taken together these arrangements ensure staff are trained or equipped to manage risk in a way appropriate to their authority and duties.

Details of all known adverse incidents are captured within the Trust using a centralised system (ULYSSES, SAFEGUARD). Data from this system informs trend reports to the Board, its Governance and Clinical Assurance Committee and to operational risk and quality committees. Reports focus on the performance management of actions and recommendations and thus eliminate any risk of false assurance. During the year a number of 'deep dives' were undertaken to test how embedded agreed actions were following the investigation of a serious untoward incident. This process will continue in respect of a small, random selection of incidents to ensure that actions planned following their investigation are properly and fully embedded within the organisation.

The Audit Committee has overarching responsibility for the management of risk systems and processes within the organisation. The Trust's three assurance committees – the Governance and Clinical Assurance Committee, the Finance, Performance and Business Development Committee and the Putting People First Committee – monitor the Trust's BAF which identifies the key risks to its strategic objectives. These Committees have oversight of

progress against action plans prepared in respect of risk issues and each Committee reports directly to the Board of Directors. The Board itself reviews the BAF at least twice per annum; however any BAF risks which increase would be escalated to the Board at the next available opportunity by one of its assurance committees.

The BAF in place at the Trust has been reviewed and considered by its internal auditors in preparing their Head of Internal Audit Opinion and Annual Report for 2013/14. In this Opinion/Report significant assurance is given that the Trust has a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. The Board is planning to refresh the BAF during 2014/15 to enable it to fully encapsulate the risk systems and processes being applied within the Trust, to make it more effective in providing overarching assurance to the Board on the strength of the controls being operated to mitigate all principal risks.

Developing a risk aware and risk sensitive culture remains an ongoing aim for the Trust. This is to enable risk management and risk management decisions to occur as near as practicable to the source of the risk. It is also to facilitate appropriate escalation of those risks that cannot be dealt with at the local level.

The risk and control framework

The Trust's BAF is the principal mechanism through which the organisation identifies, quantifies, prioritises and monitor's the Trust's most significant risks to the achievement of its strategic objectives. The most significant risks, both in-year and on-going, are contained within the Trust's corporate risk register. The register drives a dynamic process that changes in response to the changing profile and status of the risks it contains. Significant risks are those scored at 15 or above. Risks on the corporate risk register with a score of 15 or above are reviewed each month by the Trust's Corporate Risk Committee which is chaired by the Chief Executive.

Significant risks to the organisation are identified through risk reporting and through the work of committees which are informed by the Trust's risk management and quality improvement functions. The Board agrees and reviews the risks outlined in the BAF and makes informed decisions about risk treatments and interventions based on the best intelligence available. In this way the Board is able to determine its risk appetite. Decisions relating to the organisation's response to individual identified risks are therefore determined by the Trust's appetite which remains risk averse, and consequently favours intervention wherever possible.

During the year the Trust's greatest risks, as described in the BAF, were the safety and effectiveness of our pathology services, financial contributions required under the NHS Litigation Authority (NHSLA) Clinical Negligence Scheme for Trusts (CNST) scheme, delivery of our cost improvement programme (CIP) and achievement of a financial risk rating/Continuity of Service rating of 3 and the performance of our human resources shared services provider. Also included on the BAF were the ability to provide safe maternity care, compliance with mandatory training, compliance with alerts previously issued by the National Patient Safety Agency (NPSA), staff survey results, the capability and capacity of our leaders, robust workforce plans, development of our fertility services, the future of genetics services, the provision of a fit for purpose administrative and clerical service and the

establishment of a Cancer Centre in Liverpool. Many of these will continue to be the focus of the Board during 2015 together with our service delivery plans not matching local commissioning intentions, failure to realise a £1m opportunity within our fertility services in 2015/16, failure of our information management and technology strategy to deliver its planned outcomes and the risk that the Trust is not financially sustainable.

During 2013/14 the Trust continued to operate a model of integrated governance. This best practice model is defined by having in place effective systems, processes and behaviours governing quality assurance and operating within a transparent dynamic that encourages challenge. There are defined clinical and patient safety performance metrics within the Trust's broad governance work-streams which are monitored through the Trust's internal control systems (clinical governance) and external assurance(s), accreditation and regulation including Monitor, the CQC and the Human fertility and Embryology Authority (HfEA). Evidence of the Trust's compliance with internal controls (patient safety and clinical effectiveness) is maintained through a near-live evidence repository (HealthAssure) which is available for evaluation by internal and external managers. The assurance repository is continuously updated and monitored and provides robust in-year, near real-time assurance in respect of external accreditations of safety and quality.

The quality of performance information used across the Trust is assessed using a multi-layered approach. All patient NHS numbers are checked and validated against national data on a weekly basis, patient level activity data is validated against plan on a monthly basis, including consistency checking across hospital/clinical patient record systems and a central data warehouse, and datasets are verified through two external sources. Our data is then further reviewed to compare against other providers, to ensure our clinical performance is satisfactory or better using date provided via CHKS, an independent provider of healthcare benchmarking intelligence, and for validation against national expectations using data provided via SUS (Secondary Uses Service), which is part of the NHS. Summary and data level reports are provided to our clinical divisions following the quality checking process, to allow them to correct any errors and review data entry processes.

The Trust operates a principle whereby risks are identified early and are resolved as close as possible to where the risk originated. The dynamic risk register in place is actively monitored by senior managers within clinical and corporate departments and serious risks and/or risks that have remained unresolved for a period of time are escalated for action as appropriate. The risk register operates as part of a coordinated process within the Trust's BAF.

The reporting of incidents, including serious incidents, is actively encouraged. Reporting is via SAFEGUARD, the Trust's web-based incident reporting system. During the year the number of incidents reported, and learning from reported incidents, has fallen for the latest published period. This is currently subject to a review to understand the root causes of this decline. Any decline in quality would be detected via a triangulation of intelligence from a number of valid sources including incidents, complaints, contact with our Patient Advice and Liaison Service, dialogue with patient representative organisations, input from our primary care stakeholders and feedback from GPs, alongside clinical performance benchmarking data. During 2013/14 the Trust, reflecting on the Francis, Keogh and Berwick reports and

recommendations, undertook a mock CQC/Keogh review and also held a series 'raising concerns' drop-in sessions for staff to escalate any safety concerns that they might have.

Quality and equality impact assessments are integrated into the core business of the Trust and had been adopted as a prerequisite for all significant cost improvement programmes with sign-off provided by the Medical Director and the Director of Nursing, Midwifery and Operations.

A strengthened process of developing, reviewing and approving policy documents was introduced during 2012/13. This process was refined during 2013/14 so that all policies now go through a streamlined and robust approvals process which ensures appropriate standardisation of documentation, including completion of equality impact assessments.

Risks to data security are managed and controlled as part of our risk and control framework. The Trust is ISO 27001 certified which brings our information and data security under explicit management control. Our Director of Finance, as Senior Information Risk Owner, is responsible for information governance, performance against which is monitored through our Governance and Clinical Assurance Committee, which receives regular updates from the Trust's Information Governance Committee.

Patients are involved in the risk management process in a number of ways. A patient story is told at the beginning of every meeting if the Board of Directors, sometimes by the patient in person, via a video or audio recording or on their behalf by the Director of Nursing, Midwifery and Operations or a clinical member of Trust staff. Organisational learning from each story told is identified and actions taken in response are reported back to the Board. The same patient stories are also told at the beginning of each meeting of Trust Management Group which brings together the Trust's executive team, senior clinical and corporate leaders and is chaired by the Chief Executive. The Trust also considers complaints, litigation and PALS (Patient Advice and Liaison Service) feedback as important indicators of quality. The Board and its relevant committees regularly receive reports detailing this feedback.

The Trust has in place a governance structure to support compliance with the NHS Foundation Trust condition 4 (Foundation Trust governance) which is drawn from best practice issued by the Foundation Trust Network and DAC Beachcroft in 'The Foundations of Good Governance'. Its Board of Directors is composed of six Non-Executive Directors including the Chair and five Executive Directors including the Chief Executive.

The Board of Directors is responsible for determining the Trust's strategy and business plans, budget, policies, accountability, audit and monitoring arrangements, regulation and control arrangements, senior appointment and dismissal arrangements and approval of the Trust's annual report and accounts. It acts in accordance with the requirements of its terms of license as a Foundation Trust.

A number of committees report directly to the Board:

- The Audit Committee which is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust. It provides an independent and objective view on internal control and

probity, ensures there is an effective internal audit function and reviews the independence, objectivity and work of the external auditor as appointed by the Trust's Council of Governors. The Committee also reviews the findings of other significant assurance functions, both internal and external to the Trust, and considers the implications to the governance of the organisation;

- The Finance, Performance and Business Development Committee which has responsibility for reviewing the Trust's financial and operational plans and making recommendations to the Board as appropriate. It monitors performance and assures the Board that performance is in line with plans and reviews specific areas of financial and operational risk. The Committee maintains an overview of the strategic business environment in which the Trust is operating and identifies strategic business risks and opportunities. It also seeks to ensure that the Trust obtains value for money;

- The Governance and Clinical Assurance Committee is responsible for seeking and providing assurance to the Board that the Trust's systems of governance and risk management are fit for purpose, adequately resourced and effectively deployed. It tests assurances through 'deep dives' and receives exception reports in respect of matters of non compliance with clinical quality, performance and risk management targets and standards. The Committee reviews the Trust's draft Quality Report and Research and Development strategy and makes recommendations to the Board as appropriate. It also receives assurances in respect of the Trust's clinical audit function;

- The Putting People First Committee which is responsible for developing and overseeing implementation of the Trust's People Strategy, the integrated workforce and organisational development strategy, and for providing assurance to the Board that it is being delivered in line with the annual operational planning process. The Committee also ensures that the Trust fulfils all legislative and regulatory requirements pertaining to workforce and organisational development issues, including but not limited to equality and diversity;

- The Remuneration Committee which determines the remuneration, terms of service and other contractual arrangements relating to the Chief Executive and Executive Directors. It is also responsible for succession planning in respect of executive appointments and for any disciplinary or termination matters relating to the executive management team;

- The Nomination Committee which oversees the recruitment and selection of the Chief Executive and Executive Directors and for reviews the structure, size and composition of the executive management team on the Board of Directors.

Each Board committee is chaired by a Non-Executive Director and has terms of reference setting out its duties and authority, including matters delegated to it by the Board of Directors. Membership of the Audit Committee and Remuneration Committee is composed only of Non-Executive Directors.

The Board reviews it effectiveness on an annual basis, often with an external facilitator. Each Board committee reviews it effectiveness at the conclusion of each year and prepares an annual report setting out how it has fulfilled its terms of reference. Committee annual reports are then submitted to the Board for review. The Audit Committee reviews its

effectiveness with input from the Trust's internal and external auditors. Each Board committee routinely receives the minutes of meetings held by its subordinate committees.

Directors' responsibilities are set out in their job descriptions in which reporting lines and accountabilities are identified. Their specific roles are:

- The Chair leads the Board of Directors in being accountable to the Council of Governors and leads the Council in holding the Board to account. He ensures the Board develops vision, strategies and clear objectives whilst ensuring it understands its own accountability for governing the Trust. The Chair provides visible leadership in developing a healthy culture for the organisation and ensures this is reflected and modelled in their own and the Board's behaviour and decision making. They lead and support a constructive dynamic within the Board and also hold the Chief Executive to account for the delivery of strategy;

- Non-Executive Directors are responsible for bringing independence, external perspectives, skills and challenge to strategy development. They hold the executive directors to account for the delivery of strategy, offer purposeful, constructive scrutiny and challenge, and chair or participate as members of key committees that support accountability. Non-Executive Directors account individually and collectively to the Council of Governors for the effectiveness of the Board. They actively support and promote a healthy culture for the organisation and reflect this in their own behaviour whilst providing visible leadership in developing a healthy culture so that staff believe they provide a safe point of access to the Board for raising concerns;

- The Chief Executive is responsible for leading the strategy development process and deliver of the strategy. She acts as Accountable Officer and establishes effective performance management arrangements and controls. The Chief Executive provides visible leadership in developing a healthy culture for the organisation, and ensure that this is reflected in their own and the executive directors' behaviour and decision making;

- Executive Directors take a lead role in developing strategic proposals, leading the implementation of strategy within functional areas and managing performance within their areas of responsibility. The actively support and promote a positive culture for the organisation and reflect this in their own behaviours. Executive Directors nurture good leadership at all levels.

All directors operate as members of the unitary Board.

Principal risks to compliance with condition 4 relate to changes in membership of the Board of Directors and amongst the Trust's senior management team. In respect of Board membership, during 2013/14 the Chief Operating Officer went on secondment to another NHS organisation and subsequently left the Trust's employ. With the agreement of the Board's Nomination Committee the portfolio of the post was redistributed amongst other members of the executive team on a temporary basis whilst consideration was given to whether or not it was necessary to recruit to the post. In particular the Director of Nursing, Midwifery and Patient Experience assumed responsibility for operational management of the Trust and became the Trust's Director of Nursing, Midwifery and Operations. These arrangements operated for a period of some months and were then reviewed whereupon

they were found to be effective by the Chief Executive and the Board's Nomination Committee, and were thus confirmed as permanent.

The term of office of the Trust's Chair will end in August 2014 after a nine year tenure. During 2013/14 a recruitment process was undertaken in order to find his successor. Led by the Council of Governors' Nomination Committee, an appointment was made in April 2014 and the new Chair will take up post in September 2014. This arrangement will allow for a comprehensive programme of induction for the incoming Chair and thus minimises the risks to leadership of the Board.

The Trust's Director of Nursing, Midwifery and Operations will leave the Trust in April 2014 to take up post in another NHS Trust. This directorship is key in respect of the Trust's quality governance arrangements including its risk management systems and processes. Recruitment to the post is underway and until the new director joins the organisation the Trust's Deputy Director of Nursing and Midwifery will become the Acting Interim Director of Nursing and Midwifery, and the Deputy Director of Operations will become the Acting Interim Director of Operations.

Two senior members of Trust staff will leave the organisation early 2014/15, namely the Deputy Director of Finance and the Head of Governance. Respectively they have key roles in ensuring that effective financial and quality governance arrangements are in place. Mitigation against the risks posed by the departure of these staff is in place to ensure that pending the appointment of successors, the roles are fulfilled on a temporary basis by expert interim staff.

The Trust submits a report to Monitor on a quarterly basis which provides accurate information in respect of compliance with the Trust's licence and any associated risks to compliance. The report details the Trust's financial and operational performance for the quarter, including quality performance. It is reviewed by the Trust's executive team prior to consideration and approval by the Board of Director's Finance, Performance and Business Development Committee on behalf of the Board.

Each time it meets the Board of Directors receive the latest available information in respect of the Trust's performance. Reports focus on exceptions to target performance and Executive Directors outline improvement plans and mitigating actions. Three of the Board's Committees (Finance, Performance and Business Development, Governance and Clinical Assurance, and Putting People First) review aspects of the Trust's performance each time they meet.

The Trust is able to assure itself of the validity of its Corporate Governance Statement by referring to the Board's annual review of effectiveness, the annual reports of Board committees, reports of its internal and external auditors and reviews of the Trust's performance and compliance against national and local standards.

Risk management is embedded in the activity of the organisation in a variety of ways. The agenda for all meetings, from the Board downwards, include an item to consider whether any new risks have been identified during the course of discussion. Where new risks are identified, mitigation is considered and agreed and there is appropriate entry onto the Trust's

risks register or BAF. Each meeting would also consider whether a known risk had changed in any way and the risk register of BAF would then be updated accordingly.

The Trust's CIP includes a process of quality impact assessment (QIA). CIP schemes undergo impartial QIA by the Trust's governance department and all schemes relating to clinical care must be approved by the two clinical Executive Directors confirming it will not impact negatively on patient safety and quality.

During 2013/14 the Trust held a series of 'raising concerns' drop-in sessions where staff could meet and speak in confidence with an Executive Director and/or senior manager. The sessions aimed to promote and encourage the reporting of concerns and incidents and to explain how the Trust's systems operated. In addition, the Trust signed up to and promoted the Nursing Times' Speak out Safely campaign during the year. In the 2013 staff survey, Trust staff were positive about the feedback they received from incidents they had reported or been involved in, a key driver to improving incident reporting levels.

Public stakeholders are involved in managing risks which impact on them in a number of ways. Liverpool Clinical Commissioning Group (CCG) is involved through the monthly clinical performance and quality review meeting held with them and which is chaired by the CCG. This meeting is used to discuss the Trust's contract and quality performance and to identify any concerns which may become risks. The Trust also makes the CCG aware of risks during this meeting. Our local Healthwatch is involved by alerting the Trust to issues of concern put to them by their members relating to our services, which we consider and define as risks where appropriate. Other local NHS providers are also involved through a mutual exchange of intelligence and a commitment to addressing risks, for example through the development of patient pathways. Our Council of Governors also plays a role in representing the interests of those we serve and holding the Board to account for the services provided by the Trust.

Liverpool Women's NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. Assurance is obtained on compliance with CQC registration requirements via the six monthly Hospital Intelligent Monitoring report. This is reviewed by members of the executive team and via the Board's Governance and Clinical Assurance Committee and the Trust's Clinical Governance Committee. The Trust's CQC registration status is also confirmed in the monthly performance report which is received and reviewed across the organisation's governance structure.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Liverpool Women's NHS Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil

contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources.

Each year the Trust prepares an operational plan which details the Trust's plans, its budget and efficiency targets and is approved by the Board of Directors. The Trust's Council of Governors is invited to contribute to the development of the forward plan. Reports on performance against the plan are presented to the Board of Directors and Council of Governors during the year.

The Audit Committee commissions reports on specific issues relating to economy, efficiency and effectiveness through the internal audit plan. Implementation of recommendations is overseen by the Audit Committee and the executive team.

The Board reviews the financial position of the Trust each time it meets via a performance and assurance report. This provides integrated information on financial performance, including the achievement of efficiency targets and other performance measures. During the year the Trust appointed a Turnaround Director to enhance its use of resources, and placed itself in a process of internal, voluntary turnaround to achieve an ambitious CIP.

There is a scheme of delegation in place and the key governance committees of the Board are a part of this process, principally the Audit Committee, Finance, Performance and Business Development Committee and the Governance and Clinical Assurance Committee.

A Service Sustainability Board (SSB) is in place which provides oversight and challenge in respect of the Trust's delivery of its corporate aims. This Board comprises the executive team together with senior clinical and corporate leaders and it scrutinises, challenges and agrees the Trust's plans to deliver clinically and financially viable services.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Quality Report is contained within this annual report. Key controls are in place to prepare and publish the Quality Report, responsibility for which is discharged through the Trust's Medical Director who provides leadership. Each of the Trust's clinical functions has a designated clinical governance lead who is a consultant clinician. Clinical governance leads are responsible for operationally managing delivery of the Quality Report which focuses on patient safety, clinical effectiveness and patient experience. Clinical Directors and Divisional Managers/ Directors are accountable for delivering all aspects of the Quality Report.

A key role is played by the Trust's Clinical Governance Committee in preparing the Trust's Quality Report each year. Chaired by the Trust's Medical Director, this committee provides a forum for discussion and challenge in respect of quality indicators and enables a balanced view to be presented in the published Quality Report. Led by the Medical Director, Head of Governance and Governance Quality Manager, a stakeholder event in respect of our draft Quality Report was held in April 2014. At that event our stakeholders were invited to comment upon and question our draft report and they have been given a subsequent opportunity to do so. The Medical Director, Head of Governance, interim Director of Nursing and Midwifery and Governance Quality Manager have also attended events hosted by a number of Local Authorities to whom we relate, to present our Quality Report and address comments and questions from these stakeholders. The input of our stakeholders adds further to the balanced view presented in the Quality Report.

A quality performance report and dashboard has been established in order to review and report the quality metrics. This is updated monthly and regularly reviewed by the Trust's Clinical Governance Committee. The dashboard is key to delivery of the Quality Report; delivery is also supported by the Trust's Head of Clinical Audit, Head of Governance and Head of Information for Governance who combined provide the skills necessary to compile, analyse and audit for the accuracy of data which informs the quality metrics. Data sources used include the Trust's Nursing and Midwifery indicators, data reported under CQUINS (Commissioning for Quality and Innovation payment framework), Inpatient Commissioning Dataset, Trust activity data drawn largely from Meditech, IDEAS reproductive medicine database, clinical audit data, Ulysses incident reporting system , CHKS and SUS data, inpatient and day case survey results and our staff survey results. There is also a series of policies in place at the Trust which underpin the quality of care provided and include clinical guidelines and standard operating procedures.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Governance and Clinical Assurance Committee, the Clinical Governance Committee and the Corporate Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit has provided me with a positive opinion on the overall adequacy and effectiveness of the organisation's system of internal control. The assurance framework in place provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives has been reviewed. The Head of Internal Audit has stated that in his opinion, significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives,

and that controls are generally being applied consistently. The assurance framework will, however, be reviewed and refreshed during 2014/15 to further enhance its effectiveness.

The Head of Internal Audit's opinion makes reference to two specific issues flowing from reviews undertaken at the request of Trust management, who recognised a lack of assurance in these areas.. The first of these concerned the competency assessment process for high risk reusable medical devices. This review identified weaknesses within the application of and compliance with the Trust's designed control framework. The second was in respect of end user database administration management which made a number of recommendations regarding the application of and compliance with the control framework. Recommendations from internal audit, external audit and the Local Counter Fraud Service are monitored by the Audit Committee using tracking software, to ensure recommendations are followed through to implementation. It will be noted that the Head of Internal Audit did not consider these two matters identified in his Opinion to be of sufficient concern to cause his overall opinion to be negative.

My review of effectiveness is also informed by reports and minutes from the Audit Committee, Governance and Clinical Assurance Committee, Finance, Performance and Business Development Committee, Putting People First Committee, Clinical Governance Committee, Clinical Audit Committee, Emergency Preparedness, Resilience and Response Committee and Infection Prevention and Control Committee. Other relevant assessments to which the Trust responds includes relevant CQC reviews, the Patient Led Assessments of the Care Environment (PLACE) undertaken, national confidential inquiries, reports from the Centre for Maternal and Child Enquiries and Ombudsman's reports. Independent assessment has been provided by the NHS Litigation Authority assessors who re-accredited the Trust as Level III for general standards in May 2011 and re-accreditation at Level III of the Clinical Negligence Scheme for Trusts for maternity standards in June 2011. We were not subject to an external clinical coding audit during 2013/14 due to the national focus being on services the Trust does not provide. However our regular internal audits suggest we maintain a high level of clinical coding accuracy which ensures appropriate income is received by the Trust within the Payment by Results data assurance framework.

In reviewing the system of internal control I am fully aware of the roles and responsibilities of the following:

- The Board of Directors whose role is to provide active and visible leadership of the Trust within a framework of prudent and effective controls that enable risk to be assessed and effectively managed. The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system;

- The Audit Committee which, as part of our governance structure, is pivotal in advising the Board on the effectiveness of the system of internal control. This includes tracking the Trust's response to internal control weaknesses identified by internal audit;

- The Board's assurance committees namely the Governance and Clinical Assurance Committee, the Finance, Performance and Business Development Committee and the

Putting People First Committee, each of which provides strategic direction and assurance to the Board in respect of risk management;

- The Clinical Governance Committee which is instrumental in preparing our Quality Report and monitoring performance against agreed quality indicators;

- The programme of clinical audit in place which is designed to support achievement of the Trust's strategic objectives. The programme is monitored by the Clinical Audit Committee which reports to the Clinical Governance Committee;

- Internal audit provides regular reports to the Audit Committee as well as full reports to the Director of Finance and executive team. The Audit Committee also monitors action taken in respect of audit recommendations and the Director of Finance and Deputy Director of Finance meet regularly with the internal audit manager;

- External audit provides an annual audit letter and progress report through the year to the Audit Committee.

Significant control issues would be reported to the Board via one of its committees. All significant risks identified within the BAF have been reviewed in-year by the Board and relevant committee and appropriate control measures put in place.

During the year, specific management reviews were undertaken as a result of risks to performance identified from the performance management system. These included:

- In March 2013, Liverpool CCG undertook a quality review visit of the Trust in line with the National Quality Board guidance. The review focused on the electronic management of pathology results and the Trust's preparations for a paperless system. Over the course of 2013/14 the Trust successfully addressed all but two of the thirty-three resulting actions. The CCG revisited the Trust twice during the year to be assured of progress towards completing the action plan.

- The Trust experienced its first Never Event in May 2013. It related to Never Event number 17 in respect of Transfusion of ABO-incompatible blood components. A full root cause analysis, involving external and impartial experts, was conducted. The resulting action plan will see the roll-out of an electronic blood track and traceability system by September 2014.

  The Trust has been open and transparent with both the patient concerned (who suffered no ill effect as a result of the incident) and the CCG.

- In July 2013 the CQC made an unannounced visit to the Trust as a result of which it registered three concerns. These were (a) a minor concern in respect of the care and welfare of people who use our services (Outcome 4); (b) a moderate concern in respect of people being cared for by staff who are properly qualified and able to do their job (Outcome 13), and (c) a minor concern in respect of supporting our workers (Outcome 14).

  The matters identified by the CQC were well known to the Trust and were already being actively addressed. A comprehensive action plan was prepared subsequently and

closely monitored throughout the year via the Trust's Maternity Service Risk Management Committee, Clinical Governance Committee and Governance and Clinical Assurance Committee, and reported through to the Board of Directors. Three action points from the plan remain outstanding.

The CQC revisited the Trust in April 2014 and a draft report of that revisit, accompanied by two warning notices, has recently been received. The warning notices are in respect of:

- Regulation 22 – sufficient numbers of suitably qualified, skilled and experienced persons employed;
- Regulation 10 – effective operation of systems designed to:
  - Regularly assess and monitor the quality of the services provided; and
  - Identify, assess and manage risks relating to the health, welfare and safety of service users and others.

The CQC's inspection process allows for the inspected organisation to make representations if the inspected organisation thinks that the notice has been wrongly served. The Trust intends to make representations to the CQC, and has until mid-June 2014 to do so. The Trust's intention is to provide the CQC with further evidence in respect of the matters raised in its draft report and warning notices.

- The Trust received two CQC outlier alerts during the year. The first, received in June 2013, related to perinatal mortality and the second, received in November 2013, to elective caesarean sections. Both were carefully considered by the Trust's Clinical Governance Committee and at the weekly meeting of the Executive Team. Assurance was obtained that the trigger for both alerts was not related to clinical performance and that a strong programme of clinical audit and scrutiny exists to demonstrate this. In the case of the perinatal mortality alert the Trust was satisfied, based on the evidence examined, that the trigger that created the alert was a failure to have sufficient quality assurance measures in place in the dispatch of HES (Hospital Episode Statistics) data. The Elective Caesarean Section alert was triggered by the accidental miscoding of elective caesarean sections, which should have been coded as emergency caesarean sections. Appropriate arrangements were introduced to reduce the likelihood of a repeat episode.

  Having considered the Trust's response to the alerts the CQC outlier team went on to advise the Trust that they did not need to undertake additional enquiries in respect of either.

- National Patient Safety Alerts. In December 2012 the Trust received a report from internal audit offering no assurance in respect of its systems and processes to respond to alerts issued by the National Patient Safety Agency (NPSA). It made four recommendations namely the need to continuously monitor compliance with alerts, have in place completed action plans for all NPSA alerts to demonstrate compliance, ensure that NPSA alerts were properly received and acted upon by designated leads and that data from the central alert system (CAS) needed to be transferred to the Trust's

SAFEGUARD CAS. The Trust took swift action to respond to the recommendations and progress against was monitored by the Board's Audit Committee and Governance and Clinical Assurance Committee.

During 2013/14 and under guidance of the CCG, the Trust has continued to develop its assurances in respect of NPSA alerts with a clear commitment to either becoming compliant or making available suitable mitigation in order to keep patients safe. The Trust has sought further assurance from internal audit in 2014/15 that this system is effective.

- I have previously reported through annual reports that the Trust had cause to review the surgical practices of one of its consultants during 2008/09. This review led to the recall of a number of patients in order for the Trust to be satisfied that they have received the quality of care expected for all patients. All of these patients were signposted to further treatment or they were discharged, whichever was most appropriate for them. An independent review of governance arrangements was commissioned by the Trust to determine the lessons that could be learned and identify any areas for further improvement. The outcome of this review was considered by the Board of Directors in January 2010. It concluded that the Trust's governance arrangements were generally strong and that the issues that triggered the review was not systemic. An action plan was developed based on the report's recommendations and which was implemented and monitored through the Trust's governance structure from 2010/11 onwards. An independent review of its implementation was also commissioned and undertaken during 2010/11, to provide robust assurance that all required actions had been satisfactorily completed or were on target for completion, and the report of this review was considered by the board of Directors in April 2011.

  The Trust then commissioned its internal audit service in 2012/13 to provide some external assurance that the organisation had adopted, embedded and learned from the recommendations made in the independent review of governance. This review led to a finding of limited assurance and indicated that further work was required in respect of two of the recommendations.

  This further work was undertaken during 2013/14. The Board's Putting People First Committee developed a comprehensive medical workforce recruitment and development strategy, and the Clinical Governance Committee oversaw the collection, collation and reporting of outcome measures in the Trust's urogynaecology service by ensuring all of its clinicians collected BSUG (British Society of Urogynaecologists) audit data.

The Board of Directors is committed to continuous improvement and the development of systems of internal control.

Conclusion

There have been no significant control issues identified during 2013/14 and up to the date of approval of the annual report and accounts.

Kathryn Thomson

Chief Executive

23 May 2014

Independent Auditors' Report to the Council of Governors of Liverpool Women's NHS Foundation Trust

Report on the financial statements

Our opinion

In our opinion the financial statements, defined below:

- give a true and fair view of the state of the NHS Foundation Trust's affairs as at 31 March 2014 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

This opinion is to be read in the context of what we say in the remainder of this report.

What we have audited

The financial statements, which are prepared by Liverpool Women's NHS Foundation Trust, comprise:

- the Statement of Financial Position as at 31 March 2014;
- the Statement of Comprehensive Income for the year then ended;
- the Statement of Cash Flows for the year then ended;
- the Statement of Changes in Taxpayers' Equity for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2013/14 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

In applying the financial reporting framework, the directors have made a number of subjective judgements, for example in respect of significant accounting estimates. In making such estimates, they have made assumptions and considered future events.

What an audit of financial statements involves

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)"). An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed;

- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinions on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

Other matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- we have qualified, on any aspect, our opinion on the Quality Report.

Responsibilities for the financial statements and the audit

Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement set out on page 9 the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation

Trusts issued by Monitor and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Board of Governors of Liverpool Women's Hospital NHS Foundation Trust in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Fiona Kelsey (Senior Statutory Auditor)

for and on behalf of PricewaterhouseCoopers LLP

Chartered Accountants and Statutory Auditors

101 Barbirolli Square, Lower Mosley Street, Manchester, M2 3PW

29 May 2014

(a) The maintenance and integrity of the Liverpool Women's Hospital NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

(b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Liverpool Women's NHS Foundation Trust

FINANCIAL ACCOUNTS

Liverpool Women's NHS Foundation Trust Annual Accounts 2013/2014

These accounts for the year-ended 31 March 2014 have been prepared by the Liverpool Women's NHS Foundation Trust and are presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006 in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury directed.

Kathryn Thomson
Chief Executive
23rd May 2014

Liverpool Women's NHS Foundation Trust is a public benefit corporation domiciled in England. The principal activities of the Trust are to serve the community by the provision of goods and services for the purpose of the health service in England. This includes education and training, research, accommodation and other facilities related to the provision of health care.

Registered address: Crown Street, Liverpool, L8 7SS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2014

	Note	2013/14 £000	2013/14 £000	2012/13 £000
Operating Income	2		94,261	94,788
Operating Expenses	3		(92,313)	(94,043)
OPERATING SURPLUS			**1,948**	745
Finance Costs:				
Finance income	5	**26**		39
Finance expense		**(13)**		(21)
PDC Dividends payable		**(1,694)**		(1,661)
Net Finance Costs			**(1,681)**	(1,643)
Surplus/ (deficit) for the year			**267**	(898)
Surplus/ deficit before exceptional items			**267**	1,050
Exceptional items			0	(1,948)
Surplus/ (deficit) for the year			**267**	(898)
Other comprehensive income				
Revaluation gains and losses	8		**3,154**	400
TOTAL COMPREHENSIVE INCOME FOR THE YEAR			**3,421**	(498)

STATEMENT OF FINANCIAL POSITION as at 31 MARCH 2014

	Note	At 31 March 2014 £000	31 March 2013 £000
ASSETS			
Non-current assets:			
Intangible assets	7	**313**	141
Property, plant and equipment	8	**63,799**	60,207
Total non-current assets		**64,112**	60,348
Current Assets			
Inventories	10	**308**	328
Trade and other receivables	11	**3,799**	8,938
Cash and cash equivalents	12	**5,388**	11,660
Total current assets		**9,495**	20,926
TOTAL ASSETS		**73,607**	81,274
LIABILITIES			
Current liabilities			
Trade and other payables	13	**(8,212)**	(11,544)
Provisions	15	**(274)**	(2,898)
Other liabilities	15	**(794)**	(7,134)
Total current liabilities		**(9,280)**	(21,576)
Non-current liabilities			
Provisions	15	**(1,426)**	(670)
Other liabilities	15	**(1,720)**	(1,734)
Total non-current liabilities		**(3,146)**	(2,404)
TOTAL LIABILITIES		**(12,426)**	(23,979)
TOTAL ASSETS EMPLOYED		**61,181**	57,295
TAXPAYERS' EQUITY			
Public Dividend Capital		**35,675**	35,210
Revaluation reserve	16	**6,812**	3,658
Income and expenditure reserve		**18,694**	18,427
TOTAL TAXPAYERS' EQUITY		**61,181**	57,295

The accounts on pages 194 to 216 were approved by the Board of Directors on 23rd May 2014 and signed on the boards behalf by:

Kathryn Thomson
Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2013/14	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2013	**57,295**	**35,210**	**3,658**	**18,427**
Surplus for the year	267	0	0	267
Revaluation gains	3,154	0	3,154	0
PDC capital received	465	465	0	0
Transfers between reserves	0	0	0	0
Taxpayers' Equity at 31 March 2014	**61,181**	**35,675**	**6,812**	**18,694**

The revaluation gain is in respect of the revaluation of land and buildings by DTZ professional valuers as at 31 M
Further details are provided in Note 8

2012/13	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2012	57,793	35,210	4,307	18,276
Prior year adjustment	0	0	0	0
Taxpayers' Equity at 1 April 2011 (restated)	57,793	35,210	4,307	18,276
Surplus for the year	(898)	0	0	(898)
Revaluation gains	400	0	400	0
Transfer between reserves	0	0	(1,049)	1,049
Taxpayers' Equity at 31 March 2013	57,295	35,210	3,658	18,427

STATEMENT OF CASH FLOWS for the YEAR ENDED 31 MARCH 2014

	Note	2013/14 £000	2012/13 £000
Operating surplus generated from operations	SOCI	1,948	745
		1,948	745
Non-cash income and expense:			
Depreciation and amortisation	3	3,388	2,782
Impairments	3	0	2,039
Reversal of impairments	8	0	(24)
Loss on disposal	3	0	195
Other movements in operating cashflows	3	(12)	(21)
Decrease/(increase) in Trade and Other Receivables	11	5,139	(5,365)
Decrease/(increase) in Inventories	10	20	(105)
(Decrease)/increase in Trade and Other Payables	13	(2,896)	1,104
(Decrease)/increase in Other Liabilities	15	(6,354)	7,745
(Decrease)/increase in Other Provisions	15	(1,869)	222
Net cash generated from operations		(636)	9,317
Cash flows from investing activities			
Interest received	5	26	39
Public Dividend capital received		465	0
Sales of property plant and equipment		25	0
Purchase of Intangible assets	7	(220)	(107)
Purchase of Property, Plant and Equipment	8	(4,238)	(10,004)
Net cash used in investing activities		(3,942)	(10,072)
Cash flows from financing activities			
PDC Dividend paid		(1,694)	(1,660)
Net cash used in financing activities		(1,694)	(1,660)
Decrease in cash and cash equivalents		(6,272)	(2,415)
Cash and Cash equivalents at 1 April 2013		11,660	14,075
Cash and Cash equivalents at 31 March 2014	12	5,388	11,660

Note 2. Operating Income (by classification)	**2013/14**	2012/13
	£000	£000
Elective income	**10,163**	9,411
Non elective income	**18,230**	26,382
Outpatient income	**10,816**	13,192
A & E income	**1,091**	1,151
Other NHS clinical income	**40,059**	32,220
Income from activities before private patient income	**80,359**	82,356
Private patient income	**3,183**	3,268
Other non-protected clinical income	**853**	394
Total income from activities	**84,395**	86,018
Other operating income		
Research and development	**875**	706
Education and training	**5,218**	5,258
Other	**3,773**	2,806
Total other operating income	**9,866**	8,770
Total operating income	**94,261**	94,788

Income from activities arising from mandatory and non mandatory services	**2013/14**	2012/13
	£000	£000
Income from mandatory services	**80,359**	82,356
Income from non mandatory services	**13,902**	12,432
Total income arising from activities	**94,261**	94,788

Note 2.1

The Statutory limitation on provate patient income in section 44 of the 2006 Act was repealed from 1 October 2012 by the Health and Social care Act 2012.
The financial statements disclosures that were provided previousley are no longer required.

Notes to the Annual Report and Accounts (continued)
Note 2, Income(by classification) (continued)

Note 2.2 Operating Lease Income	2013/14 £000	2012/13 £000
Operating lease income		
Rents recognised as income in the year	**224**	142
Future minimum lease payments receivable:		
- not later than one year	**29**	29
- later than one year and not later than five years	**118**	**118**
- over 5 years	**1,587**	**1,616**
TOTAL	**1,734**	1,763

The future minimum lease payments in 2012/13 relate to rental income due to the Trust.

Note 2.3 Operating Income (by type)	2013/14 £000	2012/13 £000
Income from activities		
NHS Foundation Trusts	**2,041**	1,420
NHS Trusts	**777**	772
CCGs and NHS England	**78,080**	0
Primary Care Trusts	**0**	78,987
Local Authorities	**224**	161
NHS Other	**0**	1,296
Non NHS: Private patients	**3,183**	3,268
Non-NHS: Overseas patients (non-reciprocal)	**83**	65
NHS injury scheme (was RTA)	**7**	1
Non NHS: Other	**0**	48
Total income from activities	**84,395**	86,018

Note 2.4 Analysis of Other Operating Income – Other	2013/14 £000	2012/13 £000
Local Information Systems monies	**0**	316
Car parking income	**190**	415
Property rentals	**224**	142
Other	**3,359**	1,933
Total Other Operating Income - Other	**3,773**	2,806

Note 3. Operating Expenses (by type)	2013/14 £000	2012/13 £000
Services from NHS Foundation Trusts	**3,065**	2,525
Services from NHS Trusts	**2,535**	2,862
Services from PCTs	**0**	52
Services from CCGs and NHS England	**24**	0
Purchase of healthcare from non NHS bodies	**47**	0
Employee Expenses – Executive directors	**813**	869
Employee Expenses – Non-executive directors	**116**	116
Employee Expenses – Staff	**55,625**	55,113
Employee Expenses - Research and development	**795**	682
Drug costs	**659**	506
Supplies and services – clinical (excluding drug costs)	**5,524**	5,707
Supplies and services – general	**3,039**	3,505
Establishment	**1,282**	1,449
Research and development - (non employee expense)	**151**	81
Transport	**406**	101
Transport (other)	**43**	0
Premises	**4,107**	4,639
(Decrease)/increase in allowance for impairment in receivables	**0**	(297)
(Decrease)/increase in other provisions	**(101)**	577
Inventories written down (net, including inventory drugs)	**26**	0
Drug inventories consumed	**1,741**	1,780
Rentals under operating leases - minimum lease payments	**0**	38
Depreciation of property, plant and equipment	**3,339**	2,736
Loss on disposal of PPE	**0**	195
Amortisation of intangible assets	**48**	46
Other impairments of property, plant and equipment	**0**	67
Audit fees		
Statutory audit	**57**	44
Non audit fees	**77**	55
Internal audit services	**74**	80
Clinical negligence	**5,955**	5,512
Legal fees	**178**	76
Consultancy costs	**1,368**	1,330
Training, courses and conferences	**224**	216
Patient travel	**15**	15
Hospitality	**11**	0
Car parking and security	**0**	244
Insurance	**67**	98
Other services, eg external payroll	**325**	175
Losses, ex-gratia and special payments	**0**	240
Impairments of property, plant and equipment as a result of revaluations	**0**	1,972
Other	**678**	637
TOTAL	**92,313**	94,043

In addition to statutory audit fees £77,000 has been paid to PricewaterhouseCoopers LLP (PWC LLP) for consultancy work.

The limitation on the External Auditor's (PWC LLP) liability was set at £5m in the 2013/14 engagement letter (£5m in 2012/13).

Note 3.1 Arrangements containing an operating lease	2013/14 £000	2012/13 £000
Minimum lease payments	**135**	43

Note 3.2 Arrangements containing an operating lease other than land and buildings	2013/14 £000	2012/13 £000
Future minimum lease payments due:		
- not later than one year	**51**	28
- later than one year and not later than five years	**84**	15
TOTAL	**135**	43

All operating leases relate to lease cars and vending machines.

Note 4. Employee Expenses	2013/14 £000	2012/13 £000
Salaries and wages	**47,347**	46,718
Social security costs	**3,608**	3,282
Employers contributions to NHS Pensions	**5,046**	4,965
Termination benefits	**0**	284
Agency/contract staff	**1,232**	1,531
Total	**57,233**	56,780

Note 4.1 Average monthly number of employees (Whole Time Equivalent basis)	2013/14 Total Number	2013/14 Permanent Number	2012/13 Total Number
Medical and dental	**133**	**54**	133
Administration and estates	**265**	**265**	256
Healthcare assistants and other support staff	**150**	**150**	148
Nursing, midwifery and health visiting staff	**572**	**572**	575
Scientific, therapeutic and technical staff	**119**	**119**	111
Social care staff	**1**	**1**	0
TOTAL	**1,240**	**1,161**	1,223

Note 4.2 Early retirements due to ill health	2013/14		2012/13	
	Value £000	Number	Value £000	Number
Early retirements on the grounds of ill-health	**0**	**0**	279	4

Note 4.3 Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the Annual Report and Accounts do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on the valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

For early retirements, other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable. For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Note 4.4: Salary Entitlements of Senior Managers

		2013/14					
Name	**Position Held**	**Salary (bands of £5,000) £000**	**Taxable benefits £000**	**Annual Performance-related bonuses (bands of £5,000) £000**	**Long term Annual Performance-related bonuses (bands of £5,000) £000**	**Pension related benefits (bands of £2,500) £000**	**Total (bands of £5,000) £000**
Kathryn Thomson	Chief Executive	**150 - 155**				**55.0 - 57.5**	**205 - 210**
Jonathan Herod	Medical Director	**160 - 165**		**40 - 45**		**82.5 - 85.0**	**285 - 290**
Gail Naylor	Director of Nursing, Midwifery & Operations	**115 - 120**				**177.5 - 180.0**	**295 - 300**
Vanessa Harris	Director of Finance	**115 - 120**				**92.5 - 95.0**	**205 - 210**
Caroline Salden	Chief Operating Officer to 31 January 2013	**75 - 80**				**(5.0) - (7.5)**	**70 - 75**
Michelle Turner	Director of Human Resources & Organisational Development	**105 - 110**				**130.0 - 132.5**	**235 - 240**
Ken Morris	Chair	**35 - 40**					**35 - 40**
Pauleen Lane	Non Executive Director	**10 - 15**					**10 - 15**
Liz Cross	Non Executive Director	**10 - 15**					**10 - 15**
Ian Haythornthwaite	Non Executive Director from 1 May 2011	**10 - 15**					**10 - 15**
Allan Bickerstaffe	Non Executive Director from 1 February 2012	**10 - 15**					**10 - 15**
Steve Burnett	Non Executive Director from 1 March 2012	**10 - 15**					**10 - 15**

The total remuneration and on costs paid to executive directors amounts to £1,110,240 of which £113,604 is for employers pension contributions to the NHS staff pension scheme.

		2012/13					
Name	**Position Held**	**Salary (bands of £5,000) £000**	**Taxable benefits £000**	**Annual Performance-related bonuses (bands of £5,000) £000**	**Long term Annual Performance-related bonuses (bands of £5,000) £000**	**Pension related benefits (bands of £2,500) £000**	**Total (bands of £5,000) £000**
Kathryn Thomson	Chief Executive	155 - 160				90.0 - 92.5	245 - 250
Jonathan Herod	Medical Director	190 - 195				(30.0) - (32.5)	155 - 160
Gail Naylor	Director of Nursing, Midwifery & Operations	105 - 110				62.5 - 65.0	170 - 175
Vanessa Harris	Director of Finance	110 - 115				72.5 - 75.0	180 - 185
Caroline Salden	Chief Operating Officer to 31 January 2013	90 - 95				17.5 - 20.0	110 - 115
Michelle Turner	Director of Human Resources & Organisational Development	100 - 105				62.5 - 65.0	160 - 165
Ken Morris	Chair	40 - 45					40 - 45
Pauleen Lane	Non Executive Director	10 - 15					10 - 15
Liz Cross	Non Executive Director	10 - 15					10 - 15
Ian Haythornthwaite	Non Executive Director from 1 May 2011	15 - 20					15 - 20
Allan Bickerstaffe	Non Executive Director from 1 February 2012	10 - 15					10 - 15
Steve Burnett	Non Executive Director from 1 March 2012	10 - 15					10 - 15

Note 4.5: Expenses paid to Senior Managers Name	Position Held	2013/14 (bands of £2,500) £000	2012/13 (bands of £2,500) £000
Kathryn Thomson	Chief Executive	**0-2.5**	0-2.5
Jonathan Herod	Medical Director	**0-2.5**	0-2.5
Gail Naylor	Director of Nursing, Midwifery & Operations	**0-2.5**	0-2.5
Vanessa Harris	Director of Finance	**0-2.5**	0-2.5
Caroline Salden	Chief Operating Officer to 31 January 2013	**0-2.5**	0-2.5
Michelle Turner	Director of Human Resources & Organisational Development	**0-2.5**	0-2.5
Ken Morris	Chair	**0-2.5**	0-2.5
Pauleen Lane	Non Executive Director	**0-2.5**	0-2.5
Liz Cross	Non Executive Director	**0-2.5**	0-2.5
Ian Haythornthwaite	Non Executive Director	**0-2.5**	0-2.5
Allan Bickerstaffe	Non Executive Director	**0-2.5**	0-2.5
Steve Burnett	Non Executive Director	**0-2.5**	0-2.5
Roy Morris	Non Executive Director to 31 January 2012	**0**	0
Hoi Yeung	Non Executive Director to 29 February 2012	**0**	0
David Carberry	Non Executive Director to 31 January 2012	**0**	0

The total expenses claimed by Governors in the year did not exceed £1,000.

Note: 4.6 Pension Entitlements of Executive Directors

Name	Position Held	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 - 31 March 2014 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £000	Cash equivalent transfer value (CETV) at 31 March 2014 £000	Cash equivalent transfer value (CETV) at 31 March 2013 £000	Real increase in (CETV) during 2013/14 £000
PENSION ENTITLEMENTS								
Kathryn Thomson	Chief Executive	**2.5-5**	**12.5-15**	**55-60**	**175-180**	**1,050**	941	**88**
Jonathan Herod	Medical Director	**2.5-5**	**15.0-17.5**	**50-55**	**160-165**	**983**	859	**105**
Gail Naylor	Midwifery & Operations	**7.5-10**	**25.0-27.5**	**45-50**	**140-145**	**815**	637	**165**
Vanessa Harris	Director of Finance	**5.0-7.5**	**15.0-17.5**	**30-35**	**90-95**	**513**	413	**91**
Caroline Salden	Chief Operating Officer	**0-2.5**	**0-2.5**	**20-25**	**70-75**	**353**	347	**-1**
Michelle Turner	Director of Human Resources & Organisational Development	**5.0-7.5**	**20.0-22.5**	**40-45**	**125-130**	**735**	596	**126**

As Non-executive directors do not receive pensionable remuneration there are no entries in respect of pensions for Non-Executive directors.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses movements in the Consumer Prices Index for the start and end of the period. The rate of inflation for 2013/14 is 2.2%

Note 5. Finance income	2013/14 £000	2012/13 £000
Interest on held-to-maturity financial assets	**0**	1
Other bank interest	**26**	38
Total	**26**	39

Note 6. Impairment losses (Property, plant and equipment and intangibles)	2013/14 £000	2012/13 £000
Changes in market price	**0**	1,948
Unforseen obsolesence	**0**	67
Total Impairment losses	**0**	2,015

The impairment charge for 2012/13 was in respect of changes in market price and is as a result of a professional valuation of buildings and dwellings together with Property plant and equipment by DTZ, professional valuers.

Note 7. Intangible assets at the Statement of Financial position date comprise the following: The Trust only holds Software Licences (purchased)	2013/14 £000	2012/13 £000
Gross Cost as at 1 April	**255**	373
Additions – purchased	**220**	107
Disposals	**0**	(225)
Gross Cost at 31 March	**475**	255
Accumulated amortisation as at 1 April	**114**	289
Provided during year	**48**	46
Disposals	**0**	(221)
Accumulated amortisation at 31 March	**162**	114
Net book value:		
Total Purchased at 1 April	**141**	84
Total Purchased at 31 March	**313**	141

Note 8. Property, plant and equipment 2013/14	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2013	**83,217**	**4,000**	**52,175**	**385**	**301**	**18,701**	**7,252**	**403**
Additions – purchased	**3,802**	0	1,813	0	0	959	1,021	9
Reclassifications	**0**	0	0	0	0	0	0	0
Disposals	**(25)**	0	0	0	0	(25)	0	0
Revaluations	**3,154**	0	3,139	15	0	0	0	0
Gross cost at 31 March 2014	**90,148**	**4,000**	**57,127**	**400**	**301**	**19,635**	**8,273**	**412**
Accumulated depreciation at 1 April 2013	**23,010**	**0**	**6,621**	**146**	**0**	**12,763**	**3,214**	**266**
Provided during the year	**3,339**	0	816	3	0	1,258	1,170	92
Impairments recognised in operating expenses	**0**	0	0	0	0	0	0	0
Reversal of impairments	**0**	0	0	0	0	0	0	0
Disposals	**0**	0	0	0	0	0	0	0
Accumulated depreciation at 31 March 2014	**26,349**	**0**	**7,437**	**149**	**0**	**14,021**	**4,384**	**358**
Net book value at 31 March 2014	**63,799**	**4,000**	**49,690**	**251**	**301**	**5,614**	**3,889**	**54**
Net Book Value								
NBV - Purchased at 31 March 2014	**63,649**	4,000	49,547	251	301	5,607	3,889	54
NBV - Donated at 31 March 2014	**150**	0	143	0	0	7	0	0
	63,799	**4,000**	**49,690**	**251**	**301**	**5,614**	**3,889**	**54**

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. An assessment of the value of the Trust's land and buildings was carried out by DTZ,a firm of professionally qualified surveyors and valuers at 31 March 2014. The Modern Equivalent Asset (MEA) basis of valuation was used to value land and buildings.

Note 8.1 Property, plant and equipment 2012/13	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2012	**74,847**	**3,600**	**41,619**	**385**	**6,016**	**18,059**	**4,816**	**352**
Additions – purchased	10,068	0	5,597	0	169	2,159	2,048	95
Reclassifications	0	0	4,976	0	(5,790)	0	814	0
Disposals	(2,098)	0	(17)	0	(94)	(1,517)	(426)	(44)
Revaluations	400	400	0	0	0	0	0	0
Gross cost at 31 March 2013	**83,217**	**4,000**	**52,175**	**385**	**301**	**18,701**	**7,252**	**403**
Accumulated depreciation at 1 April 2012	**20,100**	**0**	**3,950**	**165**	**0**	**12,904**	**2,797**	**284**
Provided during the year	2,736	0	699	5	0	1,191	817	24
Impairments recognised in operating expenses	2,039	0	1,972	0	0	67	0	0
Reversal of impairments	(24)	0	0	(24)	0	0	0	0
Disposals	(1,841)	0	0	0	0	(1,399)	(400)	(42)
Accumulated depreciation at 31 March 2013	**23,010**	**0**	**6,621**	**146**	**0**	**12,763**	**3,214**	**266**
Net book value at 31 March 2012	**54,747**	**3,600**	**37,669**	**220**	**6,016**	**5,155**	**2,019**	**68**
	60,207	**4,000**	**45,554**	**239**	**301**	**5,938**	**4,038**	**137**
Net Book Value								
NBV - Purchased at 31 March 2013	60,057	4,000	45,411	239	301	5,931	4,038	137
NBV - Donated at 31 March 2013	150	0	143	0	0	7	0	0
	60,207	**4,000**	**45,554**	**239**	**301**	**5,938**	**4,038**	**137**

Note 9. Economic life of intangible assets	Minimum Life Years	Maximum Life Years
Software licences (purchased)	1	7

Note 9.1 Economic life of property, plant and equipment	Minimum Life Years	Maximum Life Years
Buildings excluding dwellings	41	90
Dwellings	75	75
Assets under Construction	0	0
Plant & Machinery	1	15
Information Technology	1	10
Furniture & Fittings	1	10

Note 9.2 Analysis of property, plant and equipment 31 March 2014	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
NBV – Protected assets at 31 March 2014	53,941	4,000	49,690	251	0	0	0	0
NBV – Unprotected assets at 31 March 2014	9,858	0	0	0	301	5,614	3,889	54
Total at 31 March 2014	63,799	4,000	49,690	251	301	5,614	3,889	54

Note 9.3 Analysis of property, plant and equipment 31 March 2013	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
NBV – Protected assets at 31 March 2013	49,793	4,000	45,554	239	0	0	0	0
NBV – Unprotected assets at 31 March 2013	10,414	0	0	0	301	5,938	4,038	137
Total at 31 March 2013	60,207	4,000	45,554	239	301	5,938	4,038	137

Note 10. Inventories	2013/14 £000	2012/13 £000
Finished goods	**308**	328

Note 10.1 Inventories recognised in expenses	2012/13 £000	2011/12 £000
Inventories recognised in expenses	**1,741**	1,787

Note 11. Trade and other receivables	Total At 31 March 2014 £000	Financial assets At 31 March 2014 £000	Non-financial assets At 31 March 2014 £000	Total At 31 March 2013 £000	Financial assets At 31 March 2013 £000	Non-financial assets At 31 March 2013 £000
NHS Receivables	**2,152**	**2,152**	**0**	7,112	7,112	0
Other receivables with related parties	**0**	**0**	**0**	35	35	0
Provision for impaired receivables	**(687)**	**(687)**	**0**	(687)	(687)	0
Prepayments	**595**	**0**	**595**	906	0	906
Other receivables	**1,739**	**1,739**	**0**	1,572	1,572	0
Total Current Trade and Other Receivables	**3,799**	**3,204**	**595**	8,938	8,032	906

Trade and other receivables

In 2012/13, Trade and other receivables included £6.3m relating to Month 1 2013/14 invoices being raised to the CCGs in advance of the year end. This was to secure payment during a period of significant re-organisation within the NHS. The income was showed as deferred income.

In 2013/14, with the re-organisation completed and payment procedures established, it was not necessary to issue Month 1 2014/15 invoices in this way. This largely accounts for the difference in trade debtors above and other liabilities (deferred income) in note 15.3.

Note 11.1 Provision for impairment of receivables	2013/14 £000	2012/13 £000
At 1 April 2013	**687**	**1,178**
Increase/(decrease)	628	(297)
Amounts utilised	0	(240)
Unused amounts reversed	(628)	46
At 31 March 2014	**687**	**687**

Note 11.2 Analysis of impaired receivables	2013/14 £000	2012/13 £000
Ageing of impaired receivables		
Up to three months	**0**	**0**
In three to six months	**274**	**221**
Over six months	**413**	**466**
Total	**687**	**687**
Ageing of non-impaired receivables		
Up to three months	**3,204**	**8,032**
In three to six months	**0**	**0**
Over six months	**0**	**0**
Total	**3,204**	**8,032**

Impaired and non-impaired receivables have been aged on the basis of invoice date.

Note 12. Cash and cash equivalents	2013/14 £000	2012/13 £000
At 1 April 2013	**11,660**	14,075
Net change in year	**(6,272)**	(2,415)
At 31 March 2014	**5,388**	11,660
Broken down into:		
Cash at commercial banks and in hand	**2**	49
Cash with the Government Banking Service	**5,386**	11,611
Cash and cash equivalents as in Statement of Financial Position	**5,388**	11,660

Note 13. Trade and other payables	Total At 31 March 2014 £000	Financial liabilities At 31 March 2014 £000	Total At 31 March 2013 £000	Financial liabilities At 31 March 2013 £000
Current				
NHS payables	**977**	**977**	2,140	2,140
Trade payables – capital	**0**	**0**	436	436
Trade payables – revenue	**2,206**	**2,206**	0	0
Taxes payable	**1,738**	**0**	1,075	0
Other payables	**1,070**	**1,070**	2,314	2,314
Accruals - expenditure	**2,221**	**2,221**	4,386	4,386
Accruals - capital	**0**	**0**	1,193	1,193
Total current trade and other payables	**8,212**	**6,474**	11,544	10,469

Note 14. Prudential Borrowing Limit

The provisions surrounding the prudential borrowing limit no longer apply to Foundation Trusts.

Note 15. Provisions	Current		Non Current	
	At 31 March 2014	At 31 March 2013	**At 31 March 2014**	At 31 March 2013
	£000	£000	£000	£000
Pensions relating to other staff	**56**	61	**614**	670
Other Legal Claims	**50**	964	**812**	0
Other	**168**	1,873	**0**	0
Total provisions	**274**	2,898	**1,426**	670

Note 15.1 Provisions analysis	**Total**	**Pensions – other staff**	**Other legal claims**	**Other**
	£000	£000	£000	£000
At 1 April 2013	**3,568**	**731**	964	1,873
Arising during the year	168	0	0	168
Utilised during the year	(1,767)	(61)	(102)	(1,604)
Reversed unused	(269)	0	0	(269)
At 31 March 2014	**1,700**	**670**	862	168
Expected timing of cashflows:				
- not later than one year	**274**	**56**	50	168
- later than one year and not later than five years	**1,036**	**224**	812	0
- later than five years	**391**	**391**	0	0
Total	**1,700**	670	862	168

Pensions provisions relating to other staff are for early retirements and reflect actuarial forecasts in respect of the duration of payments, the life expectancy of the persons involved and current value of the future stream of payment flows.

Other Legal Claims comprises amounts due as a result of third party and employee liability claims. The values are informed by information provided by third party solicitors.

Other comprises a provision for restructuring costs arising from the outcome of organisational change proposals that are anticipated to be finalised within the next year.

Note 15.2 Clinical Negligence liabilities

As at 31 March 2014 £111,392,064 (31 March 2013 - £90,248,000) is included within the provisions of the NHS Litigation Authority in respect of the clinical negligence liabilities of the Trust, and is not included within the provisions shown above. These figures include the Existing Liabilities Scheme amounts of £4,460,300 (2012/13: £4,394,000)

Note 15.3 Other liabilities	**At 31 March 2014 £000**	At 31 March 2013 £000
Current liabilities		
Deferred Income	**794**	7,134

See also Note 11 for reasons as to changes in the balance between the two years

Note 15.4 Other liabilities	**At 31 March 2014 £000**	At 31 March 2013 £000
Non-current liabilities		
Deferred Income	**1,720**	1,733

Note 16 Revaluation reserve balances 2012/13, 2013/14	**Total Revaluation Reserve** £000	**Revaluation Reserve – intangibles** £000	**Revaluation Reserve – property, plant and equipment** £000	**Revaluation Reserve – land** £000
Revaluation reserve at 1 April 2012	4,307	63	1,000	3,244
Revaluation reserve at 31 March 2013	3,658	0	14	3,644
Revaluations	3,154	0	3,154	0
Revaluation reserve at 31 March 2014	**6,812**	**0**	**3,168**	**3,644**

Note 17. Related Party Transactions and Balances

Transactions with related parties are undertaken on a normal commercial basis.

During the year none of the key staff members of the Trust or any party related to them have undertaken any transactions with this Trust.

The Liverpool Women's NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts. It undertakes as part of its ongoing provision of healthcare services in accordance with its terms of authorisation a number of transactions with bodies defined as being within the scope of Whole Government Accounts (WGA) including the Department of Health and for other entities that the Department is regarded as the parent department. The total value of the transactions that were undertaken are listed below, together with

	Income £	Expenditure £	Receivables balance £	Payables balance £
Total Value of transactions with other related parties in 2013/143				
Individual entities with Income or expenditure transactions over £1,000,000:	86,191	12,700	816	702
NHS Halton CCG	1,446	0	-41	0
NHS Knowsley CCG	6,015	0	23	0
NHS Liverpool CCG	35,522	0	279	0
NHS South Sefton CCG	9,066	0	65	0
NHS Southport And Formby CCG	1,056	0	123	0
NHS St Helens CCG	1,146	0	6	0
NHS Warrington CCG	1,196	0	-29	0
NHS Wirral CCG	2,577	0	-63	0
Health Education England	5,218	0	23	0
Cheshire, Warrington & Wirral Area Team	16,177	0	36	0
Aintree University Hospitals NHS Foundation Trust	179	1,388	7	49
Alder Hey Childrens NHS Foundation Trust	454	1,058	138	123
Royal Liverpool & Broadgreen University Hospitals NHS Trust	0	2,882	0	0
NHS Litigation Authority	0	5,955	0	0
Total Value of transactions with other related parties in 2012/13	89,375	12,262	7,240	9,482
Individual entities with Income or expenditure transactions over £1,000,000:				
Liverpool PCT	37,243	52	26	5
North West Specialised Commissioning Team	16,581	0	4	0
Sefton PCT	9,848	0	11	0
Knowsley PCT	6,407	0	7	0
North West Strategic Health Authority	5,101	0	0	0
Halton and St. Helens PCT	2,460	0	0	0
Wirral PCT	2,109	0	2	0
Central and Eastern Cheshire PCT	1,043	0	103	0
Royal Liverpool and Broadgreen University Hospitals NHS Trust	814	3,486	34	1,726
Alder Hey Children's NHS Foundation Trust	531	1,082	24	202
Aintree University Hospitals NHS Foundation Trust	175	1,395	9	59
NHS Litigation Authority	0	5,512	0	1

Note 18. Contractual Capital Commitments

At 31 March 2014 the Trust had capital commitments of £36k in respect of property plant and equipment (31 March 2013 £Nil)

Note 19. Financial Assets by Category	Total £000	Loans & receivables £000
Assets as per Statement of Financial Position		
NHS, Trade and other receivables excluding non financial assets at 31 March 2014	**3,204**	3,204
Cash and cash equivalents	**5,388**	5,388
Total at 31 March 2014	**8,592**	8,592
Assets as per Statement of Financial Position		
NHS, Trade and other receivables excluding non financial assets at 31 March 2013	**8,032**	8,032
Cash and cash equivalents	**11,660**	11,660
Total at 31 March 2013	**19,692**	19,692

There are no concerns regarding the credit quality of the above financial assets.

Note 19.1 Financial liabilities by category	Total £000	Other financial liabilities £000
Liabilities as per Statement of Financial Position		
Trade and other payables excluding non financial liabilities at 31 March 2014	**6,474**	6,474
Provisions under contract at 31 March 2013	**1,700**	1,700
Total at 31 March 2014	**8,174**	8,174
Liabilities as per Statement of Financial Position		
Trade and other payables excluding non financial liabilities 31 March 2013	**10,469**	10,469
Provisions under contract at 31 March 2013	**3,568**	3,568
Total at 31 March 2013	**14,037**	14,037

The book value and fair value of cash and cash equivalents are considered to be the same at £5,388,000 (2013 - £11,660,000).

Liverpool Women's NHS Foundation Trust

Crown Street

Liverpool

L8 7SS

Telephone: 0151 708 9988

Fax: 0151 702 4028

Web: www.liverpoolwomens.nhs.uk

Twitter: @LiverpoolWomens