Liverpool Women's NHS
NHS Foundation Trust

Quality Account 2010/11

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Liverpool Women's
NHS Foundation Trust

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Our commitment to Quality

Introduction: Our commitment to Quality

Welcome to Liverpool Women's NHS Foundation Trusts second Annual Quality Account.

Liverpool Women's NHS Foundation Trust Quality Account is a review of the quality of services provided to our stakeholders, that is, patients, public, staff, commissioners and partners. We have listened to and consulted with our stakeholders in order to produce our Quality Account for 2010/11 which includes plans for 2011/12.

Looking back over the year (2010/11) we have worked hard to implement quality initiatives that have enabled staff to focus on clinical effectiveness, patient safety and patient and staff experience. Throughout the account you will see quality initiatives that focus on providing quality care to patients and their families, where we need to improve care provision and how we will measure improvement in clinical care.

About Liverpool Women's

Liverpool Women's NHS Foundation Trust provides a comprehensive range of health care for women and babies from Liverpool and surrounding areas. It is the largest women's hospital in Europe and has been an NHS Foundation Trust since 1 April 2005.

Prior to that it had operated as Liverpool Women's Hospital NHS Trust, created in 1995, when all services for women and babies in Liverpool came together under one roof at Liverpool Women's Hospital in Toxteth, Liverpool. In 2000 the Trust began operating the Aintree Centre for Women's Health which provides services to women from north Liverpool, Sefton and Knowsley.

Some 67% of the Trust's income comes from contracts with Liverpool, Sefton and Knowsley Primary Care Trusts.

In 2010/2011 we:

- Delivered 8,344 babies
- Undertook gynaecological procedures on 6,145 women
- Cared for 1,185 babies in our neonatal intensive and high dependency care units
- Performed 1,255 cycles of in-vitro fertilisation (IVF)

Our vision, aims and values

Our vision is to be the recognised leader in healthcare for women, babies and their families.

Our aims are:

To develop a well led, capable and motivated workforce

To be efficient and make best use of available resources

To deliver safe services

To deliver the most effective outcomes

To deliver the best possible experience for patients and staff

And _our values_ are:

Caring – we show we care about people

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

Trust staff – our greatest asset

- Our people are the most valuable asset we have to deliver services that are safe, effective and efficient and achieve the best possible outcomes and experience for our patients and their families.

- As at 31 March 2011 the Trust employed approximately 1,200 staff in a variety of clinical and support roles (1,185.32 whole time equivalents), not including those who work for our external contractors or staff seconded out to other organisations.

- Our staff work within five main areas across the Trust:

    - 36% Maternity and imaging
    - 22% Gynaecology and theatres
    - 17% Pharmacy and neonatology
    - 11% Genetics and reproductive medicine
    - 15% Corporate support

The numbers of staff employed by group are shown below:

Staff group	Whole time equivalent as at 31 March 2011
Doctors	63.61
Registered nurses and midwives	569.52
Healthcare scientists	34.99
Allied health professionals	10.24
Other clinical services staff	203.9
Other professional, scientific and technical	25.19
Estates and ancillary	8.67
Administrative and management	267.84
Total	**1,183.95**

Focus on Quality

Below are some key quality initiatives that shape the quality agenda here at Liverpool Women's

Leading Improvement in Patient Safety (LIPS VI and LIPS VII) Programme

Staff participated in national Leading Improvement in Patient Safety (LIPS) programmes with a focus on infection prevention and control, reduction in medication errors and prompt recognition of the deteriorating patient. The teams attended a nine month programme of six modules with a focus on Patient Safety and Service Improvement. This has enabled Liverpool Women's to improve Clinical Care through the use of service improvement tools.

A key lesson for the team was the need for high quality and timely clinical information. We therefore recruited a clinical information analyst to work with its clinical governance team. This enabled the introduction of a robust reporting system providing up to date quantitative data presented in a structured and transparent manner. This 'clinical dashboard and workbook' as it has been described has provided clinical staff with access to a user friendly central clinical information system.

Patient Safety First

Patient Safety First has at its heart a vision of an NHS with no avoidable death and avoidable harm; it is a campaign to make the safety of patients everyone's highest priority.

The Trust has focused on two Patient Safety First interventions.

1. Leadership
2. Perioperative Care (Patient safety in the operating theatre)

To ensure a leadership culture at Board level, all Directors and most of our Non Executive Directors have participated in 'walk-a-rounds'

and have taken lead for patient safety programmes. This has included monitoring progress and supporting staff to build patient safety and improve knowledge. The Director of Nursing, Midwifery and Patient Experience undertakes regular visibility walkabouts so that she is visible to patients and staff and undertakes a clinical shift every month, she gives feedback to staff on the wards and departments to ensure learning is embedded.

Clinical teams have focused on reducing surgical site infections and improving teamwork and communication. We have introduced the use of the World Health Organisation (WHO) Surgical Safety Checklist in the operating theatre and 'Briefing Huddles' of all relevant theatre staff prior to surgery.

Advancing Quality Alliance (AQuA) Partnership

The Trust has been a member of AQuA since April 2010. A clinical seminar was held with the Chief Executive of AQuA which determined our priorities from a clinical perspective. Liverpool Women's are working in partnership with the North West Maternity and Neonatal Steering Group leading on maternity early warning scores. This is a way of recognising quickly if a woman needs a higher level of midwifery or medical support during or after childbirth.

The Head of Clinical Effectiveness has undertaken the role of AQuA Link Associate in order to work with colleagues across the region to share good practice. The Trust will continue as a member of AQuA going forward.

Energising for Excellence in Nursing and Midwifery Care

Energising for Excellence (E4E) in Care is a quality framework for nursing and midwifery it aims to support the delivery of safe and effective care.

The aims are to ensure patients report a positive experience when using healthcare and for nurses and midwives to drive the delivery of high quality care improving job satisfaction. This is supported

by commissioners (the people who purchase or commission care from the Trust) using quality indicators to drive improvements in safe, efficient and effective care. In addition, it informs Boards in their decision making about nursing, midwifery and patient care.

The majority of quality improvement initiatives that carry financial incentives are delivered by the nursing and midwifery workforce; a good example of this is the Clinical Quality and Innovation (CQUIN).

As the financial challenges continue and further efficiencies are required, nurses and midwives are key to working differently and innovatively whilst continuing to drive improvements in quality and the patient experience. The past twelve months have seen the development of a suite of nursing and midwifery care indicators. Nursing and midwifery care Indicators are evidence based process indicators that allow nurses and midwives to undertake 'spot audits' of care provided to patients. This has been established through nurses and midwives coming together within a task and finish group to share ideas on implementation and find solutions to potential problems. Within four meetings the task and finish group members were able to launch the introduction of their indicators across the organisation.

From April 2010, each clinical business unit (CBU) devised its own set of care indicators relevant to speciality and based on work that had been developed regionally.

The role of the matron has been reviewed and redefined and further strengthened. Matrons at Liverpool Women's Hospital are visible in red uniforms, clinically present for a significant part of their role. Their primary focus is to ensure a quality service is consistently delivered to our patients. This year we want to focus on developing the role further through the Organisation Development (OD) strategy, and an event with the Council of Governors is being planned. The development of Band 7 clinical leaders is critical to ensuring high quality care is consistently delivered. This will be detailed within the OD strategy.

Productive Ward

The Productive Ward project helps staff to look at their ward and the process of care within it. Productive ward has been implemented in many of our inpatient and outpatient areas. Below are some examples of good practice that have emerged from the implementation of Productive Ward.

- Each day a member of the support team is identified to undertake parent education. The staff member now wears a distinct tabard so that they are easily identifiable. They ensure that women are shown how to make up artificial feeds if appropriate and how to sterilise equipment. They record all information to provide an audit trail for assurance. The support staff also take student midwives with them to be involved in this quality aspect of care.

- The use of the multifunction room on Jeffcoate ward for parent education and examination of the new born. Using an identified room promotes privacy and dignity and keeps the sitting room free for women to use.

- Medicine rounds are commencing on the maternity base. A tabard has also been purchased for the midwife responsible for the round to be easily identified and ensure that they are not disturbed during the activity as this has been shown to reduce medication errors.

- A shift leader template has been devised with the shift leaders on the ward to improve handover of care in particular for women with complex social and clinical needs.

- Bedside handover takes place at 07-15 hrs for all women. However we are exploring how

we can undertake bedside handover for antenatal women at 19-45 hrs.

- The Hewitt Centre (our reproductive medicine department) improved telephone response times, from 31% of patients getting through first time and 29% of patients trying more than 5 times, to 83% of patients getting through first time and 2% of patients trying more than 5 times

- Reduction of clinical supplies waste on the Neonatal Unit and standardisation of storage areas. In an area that carries so much equipment as the Neonatal Unit this has been a very positive improvement.

This year we will continue to implement all the modules of Productive Ward throughout wards and departments and we will commence productive ward in Delivery Suite.

Lead nurses and midwives within each CBU have undertaken monthly audits of care and provided quarterly progress reports to the Board of Directors. Care indicators are also part of the 2010/11 Trust Quality Account as part of the clinical effectiveness suite of indicators.

Enhanced Recovery Programme

The Enhanced Recovery Programme is an NHS initiative that focuses on the care of patients before, during and after their operation. By encouraging patients to take ownership of their own care it aims to reduce complications, reduce length of stay in hospital, reduce readmission rates and increase patient involvement in clinical decisions. Lengths of stay and re-admission rates have historically been consistently lower than our benchmarking peer Trusts, but it is our ambition to improve these figures further.

This initiative is initially focused on Gynae-oncology patients (patients with gynaecological cancer) but it is planned that we will apply the lessons learnt from our initial work to all gynaecological patients in the coming months.

Liverpool Mulago Partnership

The Liverpool-Mulago partnership is a collaboration between the Liverpool Women's NHS Foundation Trust and the Mulago Hospital in Kampala, Uganda.

The Aims of the partnership are to:

a) Improve the health care of women in Uganda

b) To provide technical training for Ugandan Hospital staff

c) To develop personal skills (practical and life skills) amongst our British staff

This initiative is evidence that we see ourselves as an important healthcare organisation that wishes to benefit the health of women on the international stage as well as here in our local region. A number of our staff have visited the team in Mulago and staff from Uganda have visited Liverpool Women's.

A visiting fellowship has been established which enables one of our junior doctors to spend a year in Uganda on an ongoing basis. Early work has focussed on the Maternity services in Mulago and in particular the establishment of triage systems which have already demonstrated a reduction in maternal deaths.

A small team from the Gynae-oncology department will shortly be visiting Mulago to identify how we may help establish better services for women with cervical and ovarian cancer in Mulago. This work will be carried out in conjunction with a team from the University of British Columbia, Canada.

Part 1: Statement of Quality from the Chief Executive

Statement of Quality from the Chief Executive

The Liverpool Women's NHS Foundation Trust Quality Account for 2010/11 is our second Quality Account and therefore the first opportunity to look back at what we have already achieved and forward to what we hope to achieve in the future. There is little doubt that the Liverpool Women's NHS Foundation Trust has a proven record in the provision of high quality services. However, whilst it is easy and tempting to focus on areas of strength, a successful organisation must understand both its strengths and weaknesses and should strive to improve in all areas.

In our pursuit of providing excellence in everything we do, we are again focussing on patient safety, the clinical effectiveness of our services, and patient experience. There is much work in progress and many new initiatives that have been developed in the Trust during the last 12 months. We have worked hard to record accurate and relevant data about our services over a much wider range of outcome indicators and aim to use this information to assure quality and drive improvement.

As Chief Executive I am pleased to see the progress that has been made since the publication of our first Quality Account in 2009/10. This year's publication is the next step on what will be a long and relentless quest to improve services wherever possible. I am confident that the information set out here is accurate and a reasonable reflection of the key issues and priorities that clinical staff have themselves developed over time.

On behalf of the Trust Board of Directors and myself, I would like to say a big thank you to staff, patients and our community for a very successful, quality driven and productive year.

Kathryn Thomson

Kathryn Thomson

Priorities for improvement

Liverpool Women's NHS Foundation Trust aims to provide care of the highest possible safety and quality. Our Quality Account also known as our Quality Report, sets out our approach to making this happen, to include looking back at 2010/11and setting out our quality priorities for 2011/12.

Central to this commitment to quality is our desire to learn from the experiences of our patients and staff, and to improve what we do in the light of those experiences. We regularly review, and report through our governance structure, problems that patients have complained about or contacted our Patient Advice and Liaison Service (PALS) about, together with any serious incidents that have occurred.

Incidents, complaints, PALS contacts, claims and other feedback that occurred during the year we have also been able to make a number of improvements.

These include the development of:

- A molar pregnancy pathway in partnership with the regional Trophoblastic Centre in Sheffield

- Twelve procedure specific consent forms, enhancing patient information relating to defined benefits, risks and alternatives to the procedure

- Systems to support implementation of 'Patient Group Directive(s)' which allows the prescribing of oxygen, Anti-D and a number of family planning treatments.

Our quality Account is a review of the quality of services provided to our stakeholders, our patients, public, staff, commissioners and partners. We have listened to and consulted with our stakeholders in order to produce our quality account for 2010/11 which includes plans for 2011/12.

Part 2: Looking back 2010/11
Review of Quality Performance

Looking back 2010/11 Review of Quality Performance

The looking back section of the Quality Account identifies three quality priorities that were set at the beginning of 2010/11 and in addition a series of quality indicators in relation to patient safety, clinical effectiveness and patient experience.

Liverpool Women's identified three quality improvement priorities for 2010/11

1. To investigate, monitor and reduce infection rates
2. To investigate, monitor and reduce mortality rates
3. To monitor and improve patient experience

How we monitor our progress

Before going into the detail of our quality performance for 2010/11 it may be useful at this stage to explain how we monitor progress.

Statistical Process Control (SPC) Charts

As a recommendation of the LIPS VI and LIPS VII programme the Trust has adopted the use of SPC charts to plot and monitor trends in our data. All clinical data is subject to natural variability and recorded results would be expected to change within certain limits from time to time. Simply comparing two points in time is therefore a crude and unhelpful way of using data to assess or improve quality. A better way of using this information is to use an analysis of trends in data that occur over time.

SPC charts are used to determine whether a process is in a state of statistical control or not. Natural variations are expected so only exceptional behaviour is highlighted by the use of both upper and lower control limits. These limits identify results that fall outside the expected norm. This allows us to identify a potential cause for concern or may provide evidence of an improvement in care.

The more data that is fed into an SPC chart the better the indication of the process it is looking at. For our Quality Account Indicators in 2010/11 we included data from the previous year to help us get a better understanding of our indicators. This can be identified in the graphs when the mean, upper limit and control limit shift to reflect the change in data.

How to read our SPC charts

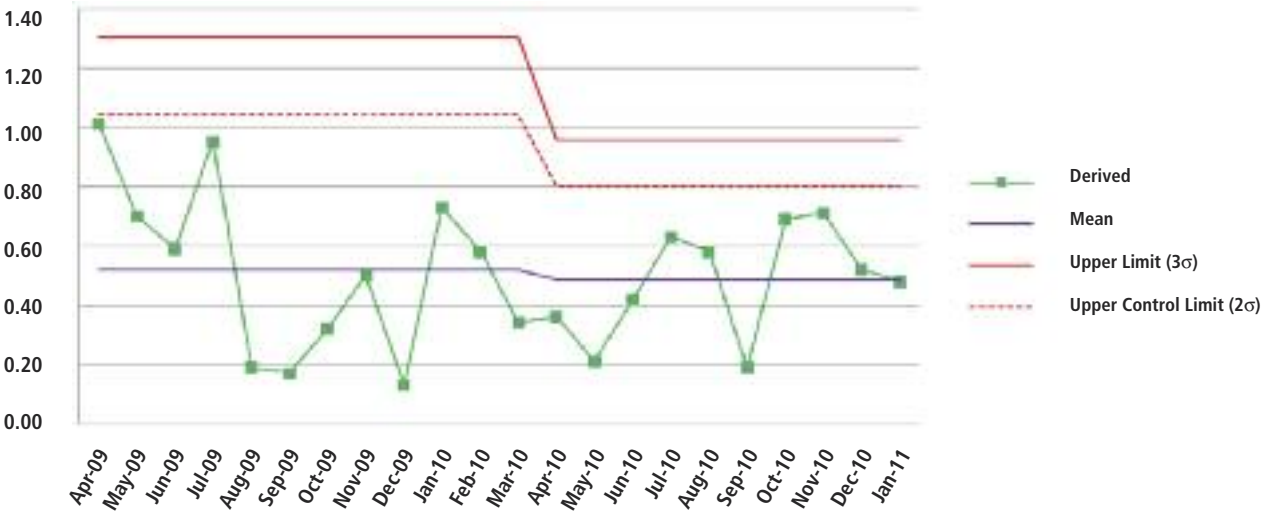
Most of the charts used to present data in this Quality Account are SPC charts. They will all have the same key calculations displayed on them as follows and in the example chart below.

1) **Derived data** This shows the derived or calculated value from the data we have collected for the indicator. This is usually a percentage or a rate.

2) **Mean** The mean is the average of the derived data. It tells us our average rate across the year.

3) **Upper Limit** The upper limit is a key concept of SPC charts. This represents a theoretical breach point that highlights data that is outside of the normal expected variations.

4) **Upper Control Limit** The Upper Control Limit is a warning level which tells us the derived value is approaching the upper limit.



In addition to our three main priorities, we have monitored a series of quality indicators across the domains of Safety, Clinical Effectiveness and Patient Experience as outlined in our Quality Account 2009/10.

These were:

Patient Safety

- Post operative deep vein thrombosis (DVT)/ Pulmonary Embolism following discharge
- Gynaecology Surgical Site Infections
- Ovarian Hyper Stimulation Syndrome
- Incidence of multiple pregnancy
- Late onset Neonatal bloodstream infections
- APGAR scores < 4 in infants born at more than 34 weeks
- Heart Rate < 100 in infants born at less than 34 weeks
- Delivery Cord PH < 7.00
- Wound infections following Caesarean Section
- Incidence methicillin-resistant staphylococcus aureus (MRSA) Bacterium
- Incidence of Clostridium Difficile
- Medication Errors

Clinical Effectiveness

- Readmission Rates in Gynaecology
- Hospital Standardised Mortality Rate in Gynaecology
- Clinical 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)
- Perinatal Mortality
- Transfer to intensive therapy unit (ITU) per 1000 maternities
- Stillbirth Rate
- Blood Transfusion Rates following Vaginal Delivery
- Hospital Standardised Mortality Rate in Maternity
- Care Indicators for Nursing and Midwifery

Patient Experience

- Patient Experience & Involvement Strategy
- One to one care in established labour 100% of the time
- Rates of epidural pain relief for analgesia in labour

Patient Safety

Post Operative DVT/ Pulmonary Embolism after Discharge

Deep vein thrombosis (DVT) is the term used to describe the formation of a thrombus (blood clot) in a deep vein, usually in the legs, which partially or completely obstructs blood flow. Pulmonary embolism is a condition in which one or more emboli, usually arising from a DVT are lodged in and obstruct the pulmonary arterial system.

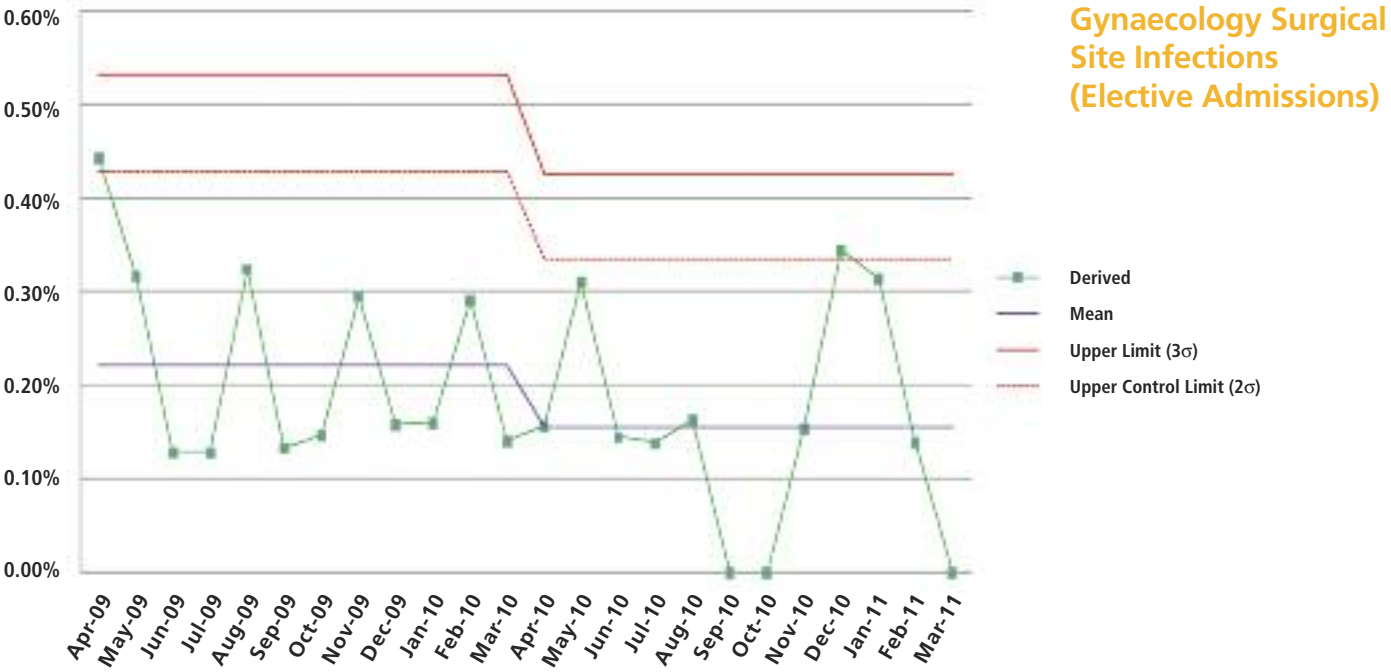
This is the blood vessels that supply the lungs. Obstruction of these vessels is a serious complication and potentially fatal. Both DVT and Pulmonary Embolism are potential complications that occur after surgery.

The National Institute for Clinical Excellence (NICE) (Guideline 92, 2010) gives guidance on 'Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital. As part of our CQUIN scheme for 2010/11 we have been monitoring our patient screening rates for VTE.

Due to the nature of the Trust's services these specific conditions may not develop until our patients have left us so we are working closely with the Primary Care Trust to try and capture this data and have taken it forward as a CQUIN indicator for 2011/12.

Gynaecology Surgical Site Infections

Surgical site infection is one of the commonest risks of surgery. A reduction in the incidence of infection will have a significant impact on patient recovery. The prevention and treatment of surgical site infections is outlined in NICE Clinical Guidelines (2008). CG74.



Gynaecology Surgical Site Infections (Elective Admissions)

"Prospective data is crucial, and our surgical site infection on elective cases is the most important measure of the risk of infection within Gynaecology. The figures for the past 18 months show a potential improvement in the infection rate in elective cases, in line with the significant work put into the LIPS VI programme – development and promotion of the WHO surgical site checklist, initiation of the Enhanced Recovery Programme and employment of a Tissue Viability Nurse."

Mr Robert Macdonald
Clinical Governance Lead for Gynaecology Services

Looking forward to 2011/12, surgical site infections in Gynaecology will continue to be a Patient Safety indicator.

Ovarian Hyper Stimulation Syndrome

Ovarian hyper stimulation syndrome (OHSS) is a potentially life threatening condition caused by excess of fertility drugs given to a patient as part of her fertility treatment. Most fertility patients are healthy before the start of treatment, so making someone sick should be considered a failure on the part of the clinical team.

Every IVF cycle sets out to stimulate the woman's ovaries in order to obtain a few more eggs than normal with the aim of increasing the chance of a pregnancy. The treatment aim is to do this in a controlled manner. Some patients are very sensitive to the drugs used and it is the clinician's responsibility to identify those patients and modify treatment accordingly.

Ovarian Hyper Stimulation Syndrome is discussed in NICE Guidelines (2004), 'Fertility: assessment and treatment for people with fertility problems.'

Response to Stimulation (Ovarian Hyper Stimulation Syndrome)

"We decided to choose number of 'eggs collected in excess of 20' as 'indicative' of ovarian hyper stimulation as the definition is not universally agreed upon. More than 20 eggs would be considered by most IVF units to be too many. Our unit average is about 10 eggs retrieved per collection. By eyeballing the monthly data, it was clear to us that we were exceeding our pre-determined targets.

As a result of this, we have amended the stimulation protocol by reducing the dose of drugs used and also altered our practice at egg collection. We are also auditing the number of women admitted to the gynaecology wards with a suspected diagnosis of ovarian hyper stimulation syndrome requiring clinical management. Nineteen women (out of over 1000 women having egg collections) were admitted to the gynaecology ward for this reason in 2010. "

Mr Andrew Drakeley
Clinical Governance Lead for Reproductive Medicine

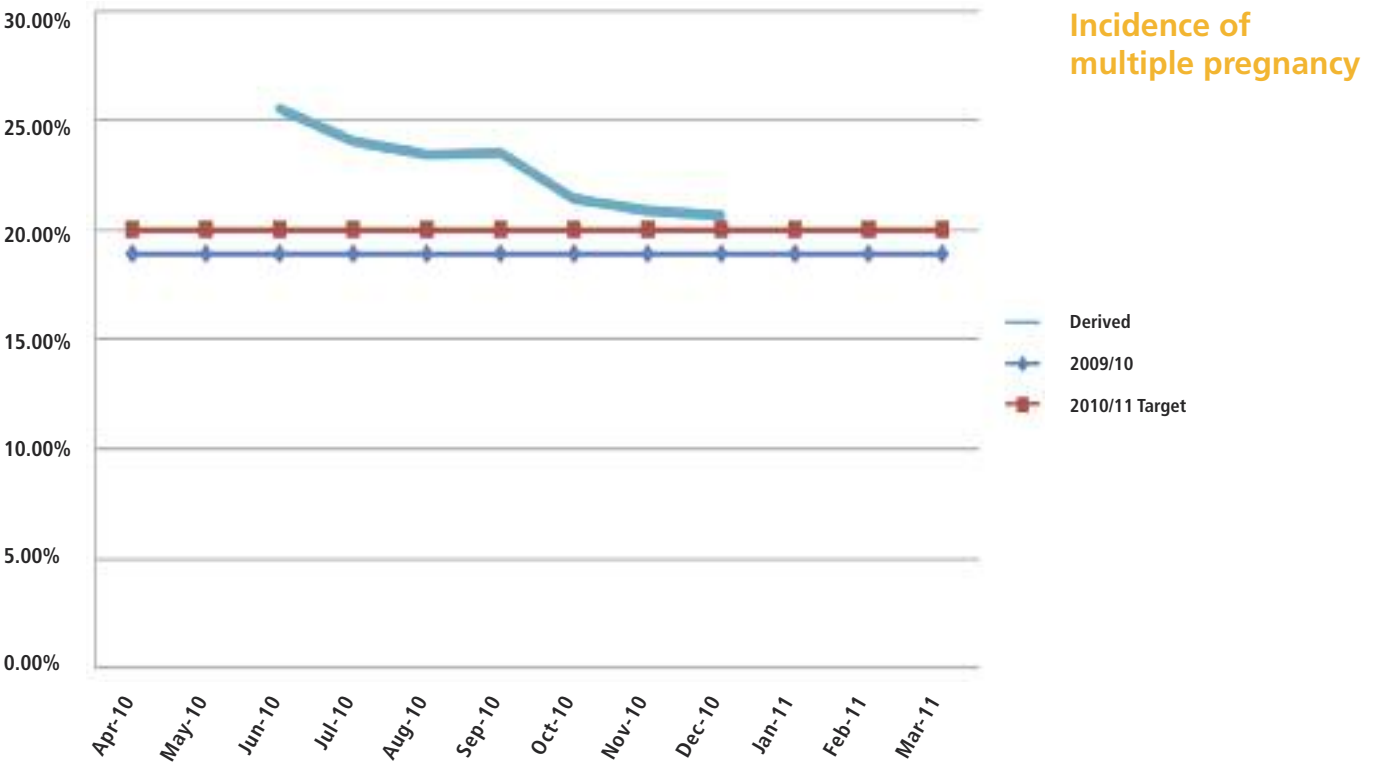
Ovarian Hyper Stimulation Syndrome will continue to be a Patient Safety Indicator looking forward to 2011/12 but measured in a different manner as discussed above.

Incidence of multiple pregnancy

For some couples, twins bring an 'instant complete family' and for childless couples this may be an attractive thought. Once one child is born, the couple subsequently lose entitlement to any more NHS funded fertility treatment. As a consequence there can be a lot of pressure applied to fertility clinics to replace more than one embryo.

However twin pregnancies are much more complicated than a normal singleton pregnancy. In particular there is a higher risk of premature delivery which can lead to developmental problems or even the loss of a baby.

It is becoming more widely accepted that the increased multiple pregnancy rate associated with fertility treatment is not a good thing and should be lowered. The fertility regulator the Human Fertilisation Embryology Authority (HFEA) has set an upper limit of 15% multiple pregnancy live birth rate for clinics to achieve in the period April 2011- March 2012. NICE (2004), 'Fertility: Assessment and treatment for people with fertility problems,' also covers multiple pregnancy in fertility.



"By assessing the monthly trend as set out in our quality account, it is clear that our elective single embryo transfer policy has only been partially successful. We have recently decided that for all first IVF/ICSI cycles (NHS funded) for women below the age of 37, we will only allow a single embryo to be transferred for their first treatment cycle (unless there are issues relating to embryo quality which indicate a two-embryo transfer to be appropriate). This is based on analysis of the last 50 sets of twin pregnancies, where all bar 5 were in women under the age of 37. Our health Commissioners may well add this caveat to the access criteria for NHS funded treatment."

Mr Andrew Drakeley
Clinical Governance Lead for Reproductive Medicine

Looking forward to 2011/12 Incidence of multiple pregnancy will continue to be used as a Patient Safety indicator for the Trust.

Late Onset Neonatal Bloodstream Infections (NBSI)

Late-onset NBSI in preterm infants has been chosen as a marker of quality because it is a good measure of patient safety in neonates. Hospital-acquired infections are one of the commonest complications of preterm birth and are an important cause of morbidity and mortality in newborn babies.

NBSI is also one of the national quality markers in neonatal medicine. Appropriate NICE guidelines include 'Infection Control: Prevention of healthcare-associated infections' (2003) and 'Intrapartum Care: Care of healthy women and their babies during childbirth' (2007).

"We set a target at less than one bloodstream infection per 200 days each of our very preterm babies spends on the neonatal unit (0.5 per 100 days). There are no nationally agreed benchmarks in this area of practice.

The graph below shows that the NBSI rate varied between 0.19 and 0.71 in 2010/2011. The average rate of NBSI was lower in 2010/11 (0.48) compared with the previous year (0.55)"

Dr Nim Subhedar
Clinical Governance Lead for Neonatology and Pharmacy

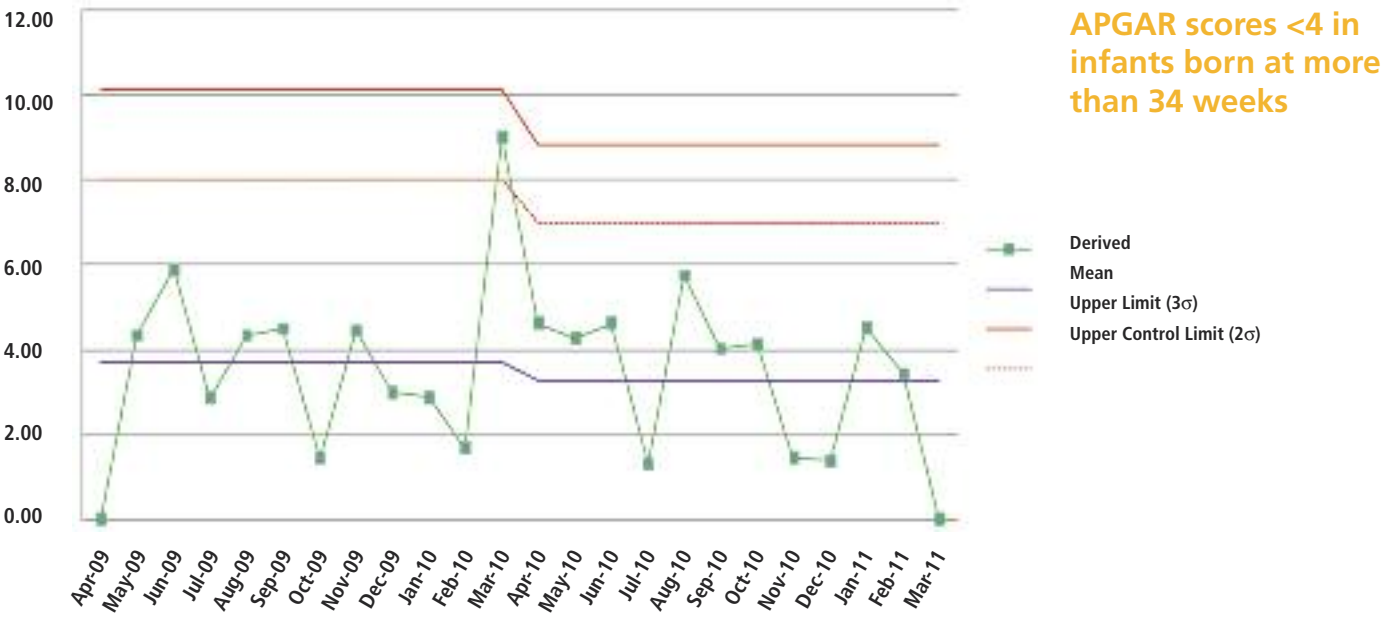
Late onset Neonatal Bloodstream Infections will continue to be used as a Patient Safety Indicator looking forward to 2011/12.

APGAR scores < 4 in infants born at more than 34 weeks

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) is an indicator that the baby has been born in poor condition and not coped well with the rigours of labour.

All babies born with low Apgars should have the mother's notes reviewed to identify pre-delivery risks missed, or sub-optimal labour care.

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



"The data shows that our Apgar score, less than 4 at 5 minutes, for infants born after 34 weeks, was 3.29 per 1000 maternities in 2010/11. This is comparable to 3.7 for 2009/10."

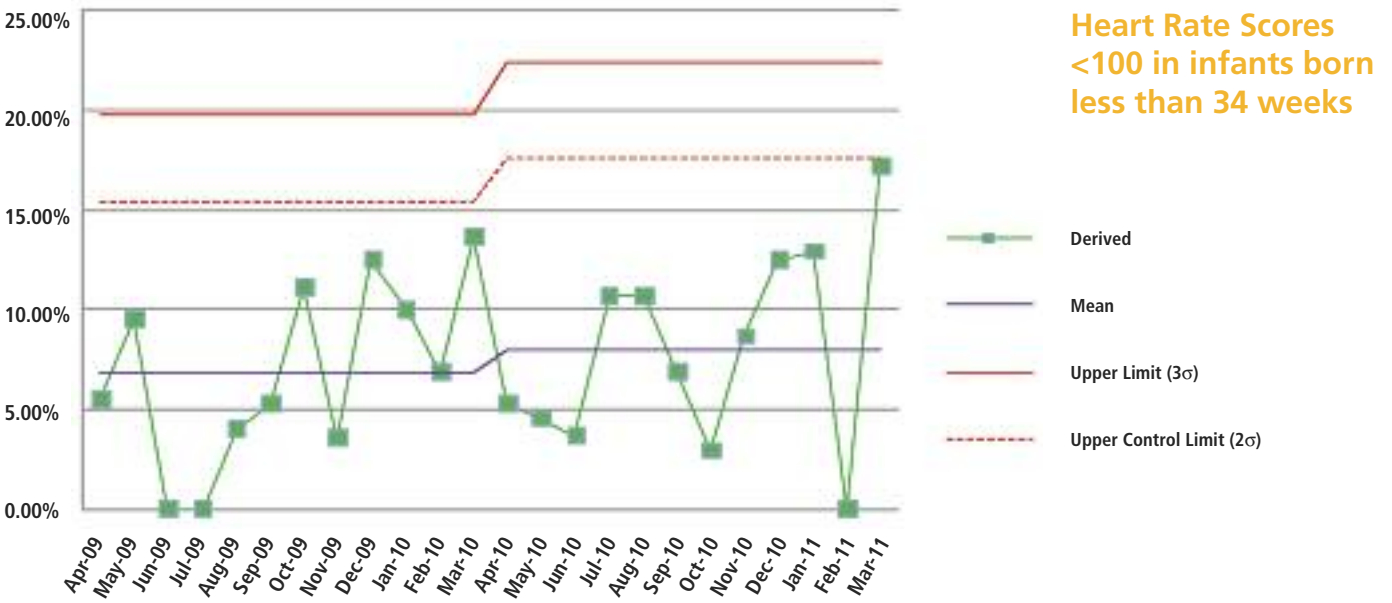
Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

Looking forward to 2011/12 APGAR scores will continue to be used as an indicator for Patient Safety.

Heart Rate < 100 in infants born at less than 34 weeks

For babies born less than 34 weeks gestation, the use of the Apgar score is less useful, due to active measures at birth to resuscitate the infant. For these babies, the most useful indicator of neonatal wellbeing at birth is probably a heart rate greater than 100, at 5 minutes old.

Therefore this is the measure used rather than Apgar <4 at 5 minutes for infants born below this gestation. Again, as for Apgar score, it is a measure of the quality of intrapartum care.



"This is a new quality indicator for 2010/11. In the last year an average of 8.01% of babies less than 34 weeks had a heart rate of less than 100 at 5 minutes.

This compares with an average 6.84% in 2009/10. There were no months when there appeared to be an increased number or trend, beyond normal variation."

Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

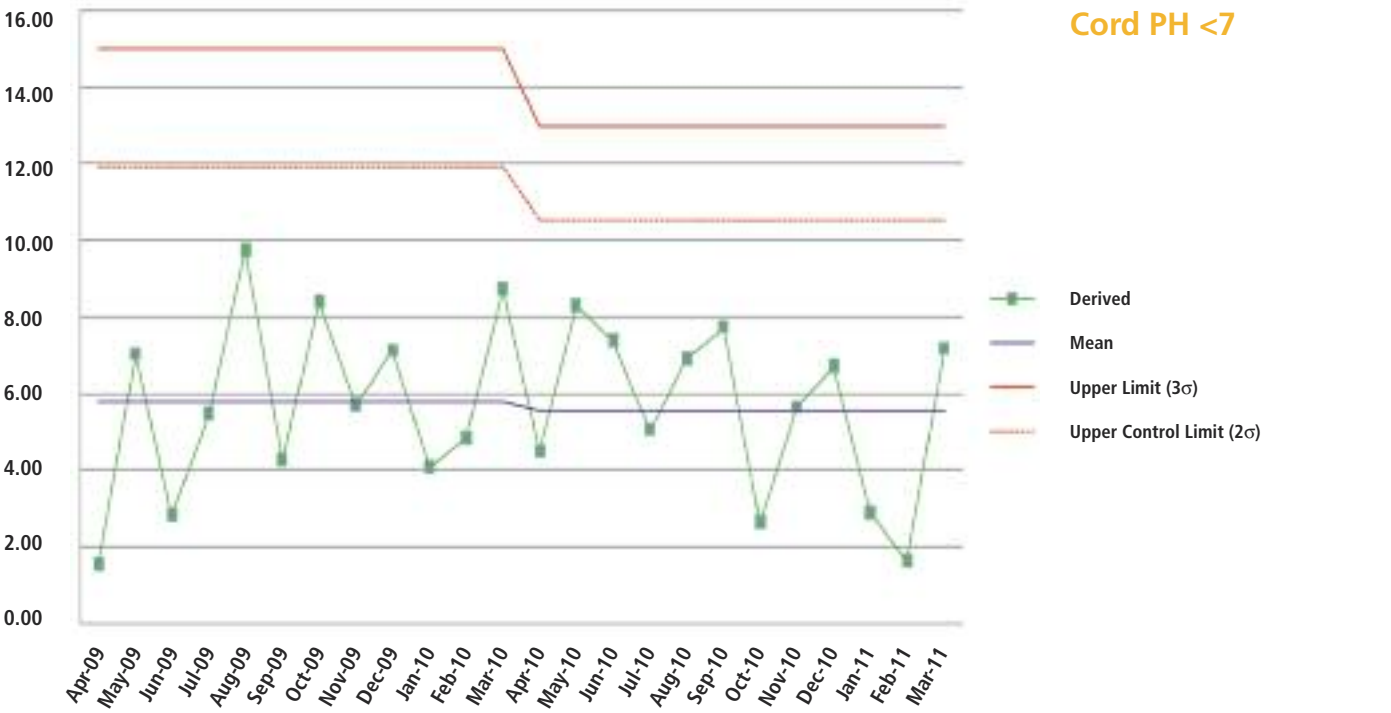
Looking forward to 2011/12 Heart Rate scores will continue to be used as an indicator for Patient Safety.

Delivery Cord Blood PH < 7

The umbilical 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) should have the mother's notes reviewed to identify pre-delivery risks missed, or sub-optimal labour care.

Appropriate 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).



"The incidence of cord blood pH <7 was 5.53 per 1000 deliveries, for 2010/11. This compares to 5.8 in 2009/10. In the previous quality account (and annual accounts) the incidence was for the calendar year rather than fiscal (2008, 3.8 and 2009, 4.05/1000 maternities)."

Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

Looking forward to 2011/12, Cord PH will continue to be used as a Patient Safety indicator.

Wound Infections Following Caesarean Section

Wound infection following caesarean section is a significant complication which is potentially avoidable. NICE Guidelines covering this area include 'Caesarean Section' (2004), 'Intrapartum Care: Care of healthy women and their babies during childbirth', 'Surgical Site Infection: Prevention and treatment of surgical site infection' (2008) and 'Postnatal Care: Routine postnatal care of women and their babies' (2006).

Wound Infections after Caesarean Section (Elective)

"We would like to collect better data on the development of wound infection following Caesarean section, as it is probably the biggest morbidity following birth. As part of LIPS VI the aim is to reduce infection in the trust by 25%.

Currently data is limited because women go home within 3 – 4 days of delivery, whereas wound infection may only become apparent after 5 – 7 days. Current data is for wound infection diagnosed as in patients, or who return to the Trust (emergency or assessment room)."

Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

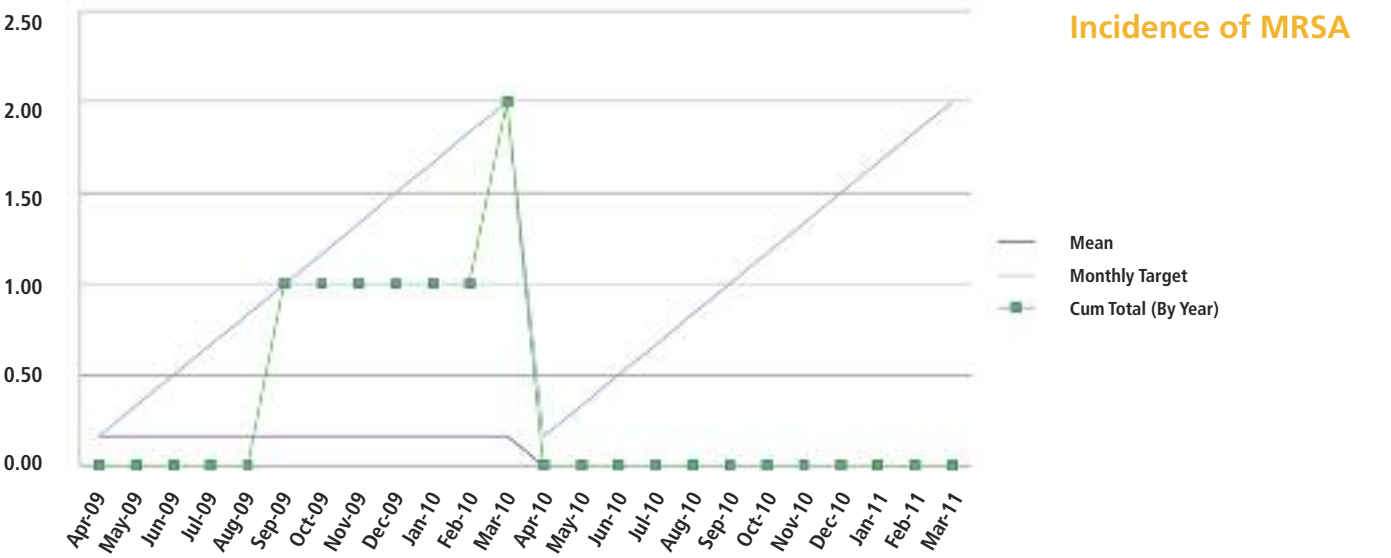
Looking forward to 2011/12 wound infections following Caesarean Section will continue to be used as a Patient Safety indicator but more accurate data will be collected by Community Midwives after patients have been discharged.

Incidence of MRSA

MRSA is methicillin-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 an antibiotic called methicillin and also to many other types of antibiotics. Infections with MRSA are usually associated with high fevers and signs of the infection.

As mentioned, most commonly these are infections of the skin and soft tissues (like boils and abscesses). Less commonly, MRSA can cause pneumonia and urine infections.



2009-10 – 2 cases
2010-11 – 0 cases

"In 2010/11 the Trust reported zero cases of MRSA bacteraemia, continuing the Trust's excellent performance against this standard."

Dr Tim Neal
Director for Infection Prevention & Control (DIPC)

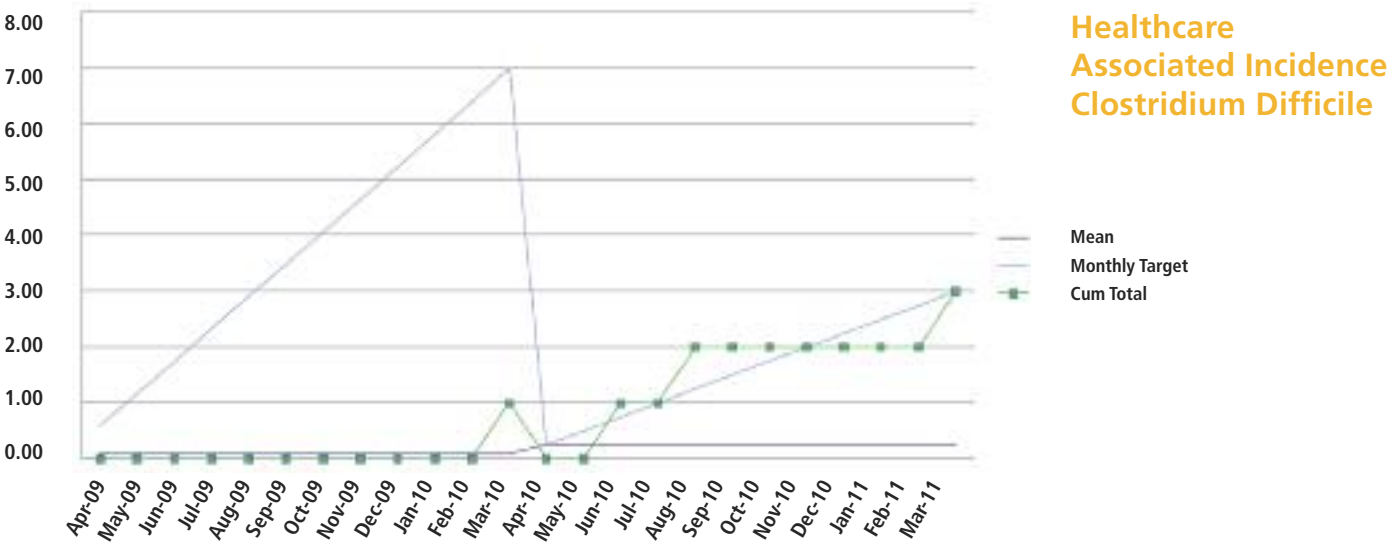
Looking forward to 2011/12 incidence of MRSA will continue to be monitored as an indicator of Patient Safety.

Healthcare Associated Incidence Clostridium Difficile

Clostridium difficile (C. 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.



2009-10 – 1 case
2010-11 – 3 cases

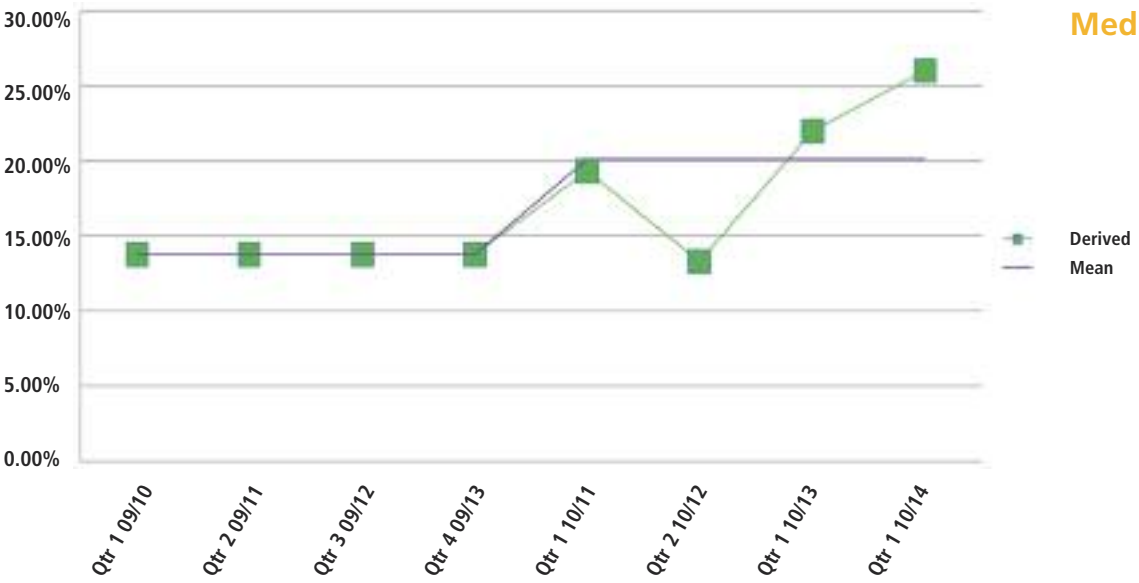
"In 2010/11 the Trust reported 3 cases of healthcare associated C.difficile diarrhoea, meeting the agreed target for this infection."

Dr Tim Neal
Director for Infection Prevention & Control (DIPC)

Looking forward to 2011/12 incidence of C-Difficile will continue to be monitored as an indicator of Patient Safety.

Medication Errors

The data presented here represents medication related incident reports that were downloaded onto the Trust Incident Reporting system each quarter. The rise in medication errors is attributed to the rise in reporting incidents which is encouraged by Liverpool Women's to ensure that we have an open and honest culture where staff feel they can raise concerns and learn from errors.



"High incident reporting is considered good practice as it demonstrates that an organisation is committed to improving its performance by learning from its mistakes. Staff are actively encouraged, with a no blame culture, to report incidents and a drive on medicine incident reporting is taking place.

Despite a poor result in Quarter 2, reporting figures have improved. The main reporters, NICU due to the high risk nature of their work, had a lull in reporting in Q2, but the increase in reporting in Q3 was significant, with a further improvement in Q4."

Eileen Reynolds
Chief Pharmacist

Looking forward to 2011/12 Medication Errors will continue to be monitored as an indicator of Patient Safety.

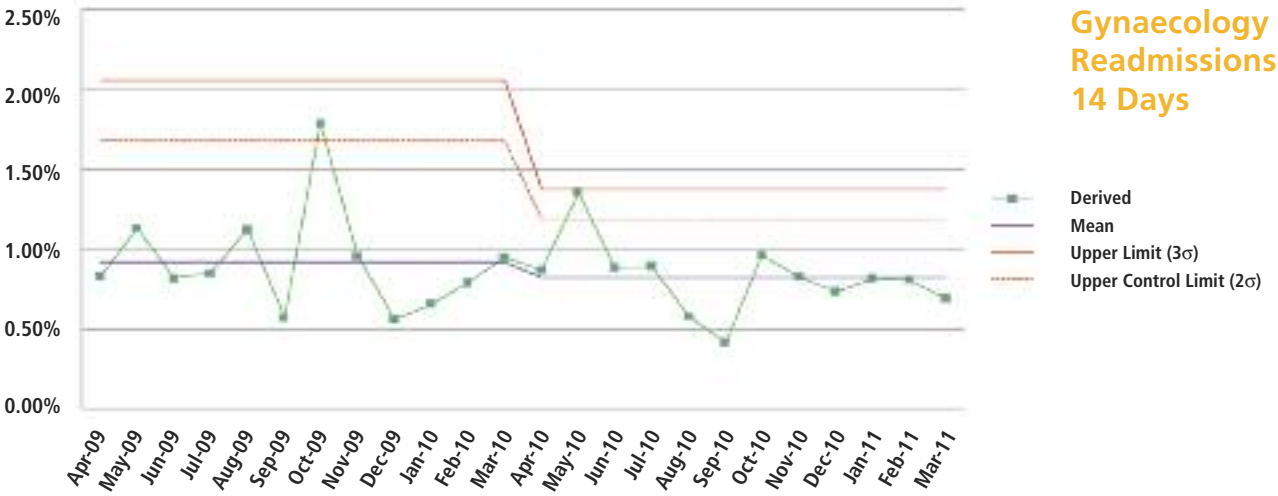
Clinical Effectiveness

Readmission Rates in Gynaecology

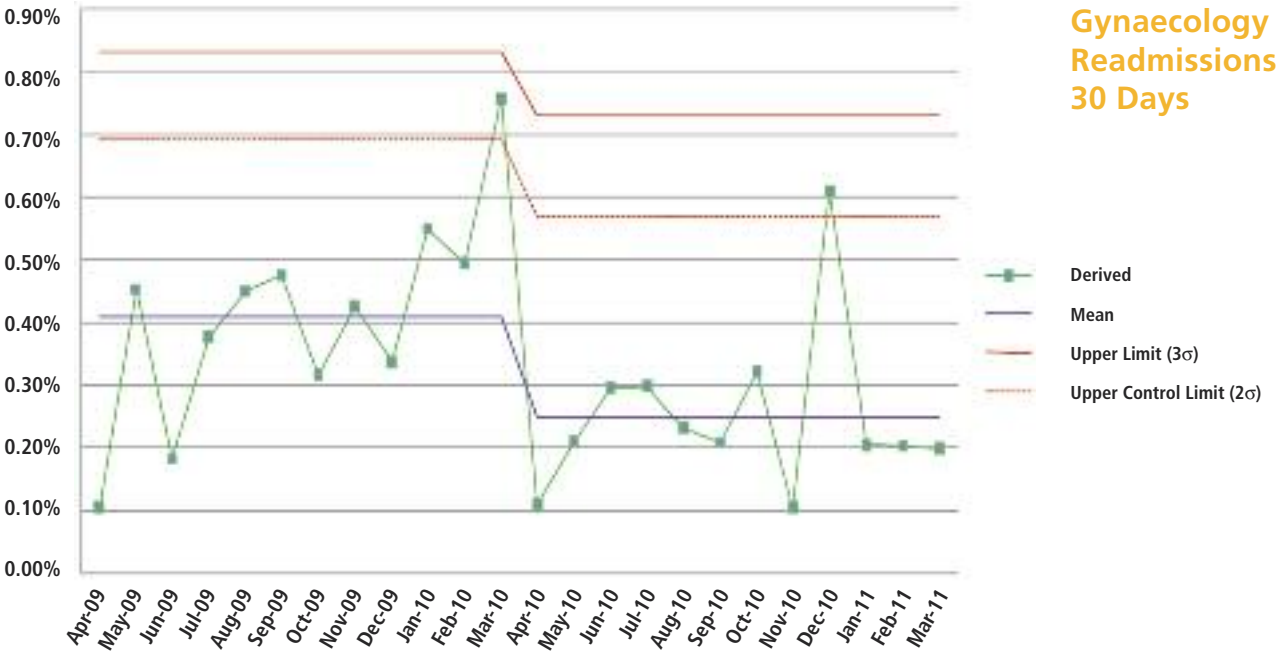
Measurement of readmissions is part of CQUINS and the Enhanced Recovery Programme. CQUINS is a required national process, whilst the Enhanced Recovery Programme, which started in the Liverpool Women's in February 2011, is an internally driven programme to improve patients' journey through the hospital.

This aim is to reduce complications, reduce readmissions and improve patient experience.

Measurement of the readmission rate, both early (14 days) and late (30 days) will be integral to the planned improvements.



Gynaecology Readmissions in 14 Days



Gynaecology Readmissions in 30 Days

"Continued monitoring will enable the hospital to identify whether new developments such as the Enhanced Recovery Programme are improving patient care.

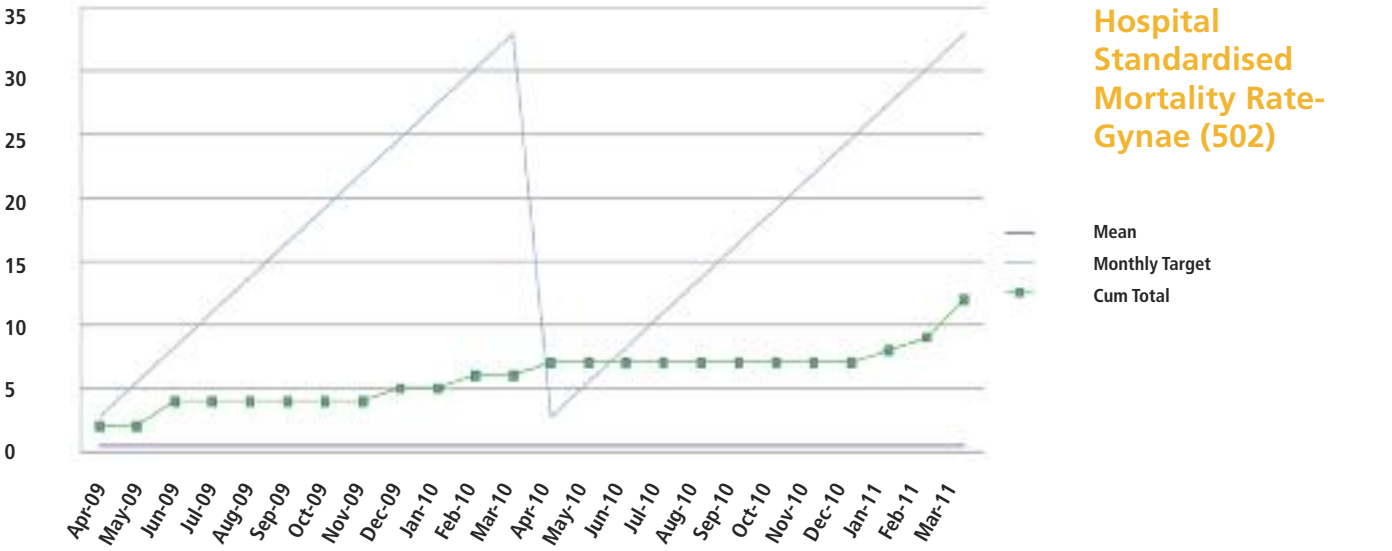
It will also allow the trust to closely monitor and action readmissions, making changes in practice as required not only to improve the patient pathway but reduce financial penalty of not receiving income for readmissions"

Mr Robert Macdonald
Clinical Governance Lead for Gynaecology Services

Looking forward to 2011/12, readmission rates in Gynaecology will continue to be used as an indicator for Clinical Effectiveness.

Mortality Rate in Gynaecology

The mortality rate in gynaecology is a measure of the number of deaths in the hospital population being treated or cared for in this medical specialty.



"Measurement of the mortality rate is crucial in a hospital with major surgery and in particular tertiary referral facilities for Gynaecological Cancer and palliative care facilities.

In this circumstance, a "target" for mortality is likely to be inappropriate, as nearly all deaths are in the palliative care setting, but continued monitoring is essential to allow (as occurred appropriately in 2009) a swift review of cases if and when a sudden rise in the hospital mortality figures occurs."

Mr Robert Macdonald
Clinical Governance Lead for Gynaecology Services

Mortality rate in gynaecology will continue to be used as an indicator for Clinical Effectiveness in 2011/12.

Performance Indicator	LWH 2009	Peer 2009	LWH 2010	Peer 2010
Gynaecology Mortality	0.13%	0.09%	0.04%	0.07%

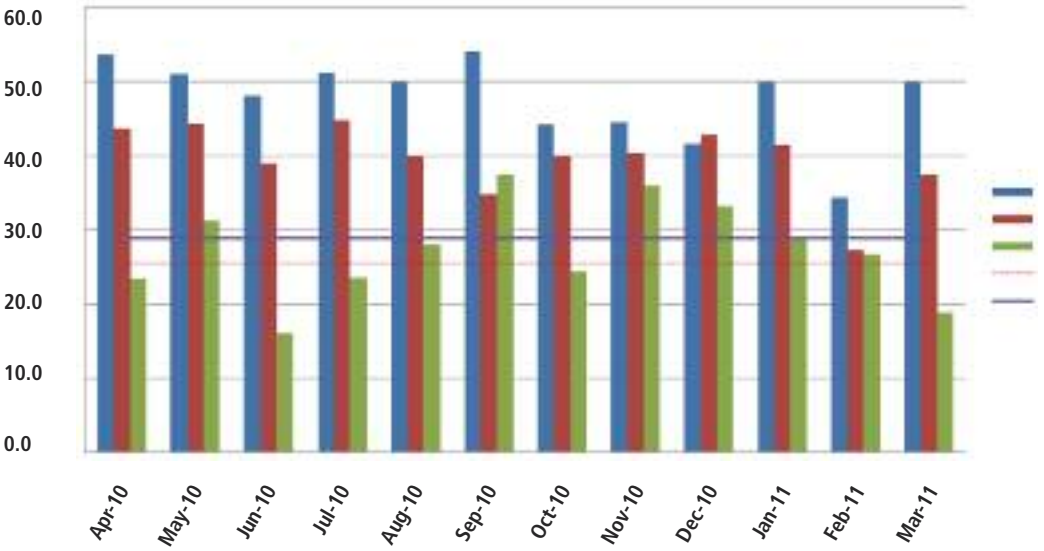
Source: CHKS (National Clinical Benchmarking Organisation)

Clinical Pregnancy Rates in in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) and frozen embryo transfer (FET) treatments.

Every couple embarking on fertility treatment wants to know how likely it is to work. Whilst live birth rates are perhaps more meaningful to lay people and academics, those data are only available a year or so after the event.

What is perhaps more meaningful is clinical pregnancy rate (the incidence of fetal heart(s) on scan) or biochemical pregnancy rate (the incidence of positive pregnancy tests) as these are available as soon as two weeks after treatment and are a more immediate reflection on the performance of the service.

The obtainment of a pregnancy is why we are here and why patients come to us. It is therefore fundamental to know how we are performing. NICE guidelines on this issue are found in 'Fertility: Assessment and treatment for people with fertility problems' (2004).



Biochemical Pregnancy Rate for IVF, ICSI & FET

"The achievement of a pregnancy is the rationale for which all couples undergo fertility treatment. It is therefore imperative to know our pregnancy rate. It is pleasing to see above target pregnancy rates throughout the year."

Mr Andrew Drakeley
Clinical Governance Lead for Reproductive Medicine

Looking forward to 2011/12 Biochemical Pregnancy rate will be used as an indicator for Clinical Effectiveness.

Brain Injury in premature babies (Severe intraventricular haemorrhage and Periventricular Leukomalacia)

Perinatal brain injury is assessed in very low birth weight babies using ultrasound examination. Severe intraventricular haemorrhage (grade 3 or 4) and periventricular leukomalacia are associated with a high rate of brain damage.

We report the rates of these two outcomes in very low birth weight babies who have survived to discharge after birth at Liverpool Women's Hospital (LWH).

We have compared these outcomes with the reported rates across the Vermont Oxford Network (VON), a collaborative network involving over 950 neonatal units across the world.

Severe periventricular haemorrhage

LWH 2009	2.2%
LWH 2010	3.4%
VON 2009 median (interquartile range)	4.5% (0% to 6.1%)

Periventricular leukomalacia

LWH 2009	1.5%
LWH 2010	4.2%
VON 2009 median (interquartile range)	2.4% (0% to 3.6%)

"The rates of severe PVH and PVL in very low birth weight survivors were within the range seen across the VON network in 2009 and remained within the expected range after adjustment for the risk profile of the babies cared for at Liverpool Women's hospital. The raw data show that there has been an increase in the rate of PVL in 2010 to a rate which is above the VON interquartile range for 2009. We have not yet received the risk adjustment for 2010. If the risk adjusted rate is raised, then further investigation will be performed to allow us to understand this."

Bill Yoxall
Clinical Director of Neonatology and Pharmacy

Looking forward to 2011/12 Brain Injury in preterm babies will be used as an indicator for Clinical Effectiveness.

Perinatal Mortality

The following table shows the neonatal mortality rate for babies born at Liverpool Women's Hospital between 2008 and 2010.

	2008	2009	2010
Live births (Total)	8344	8259	8583
Live births (from booked pregnancies)	8227	8106	8466
Neonatal deaths (total)	65	52	61
Neonatal deaths (from booked pregnancies)	44	31	41
NNMR (Total)	7.8	6.3	7.1
NNMR (booked pregnancies)	5.3	3.8	4.8
[1]UK NNMR 2009	3.1		
LWH gestation corrected NNMR (total)	4.2	4.2	4.7
LWH gestation corrected NNMR (booked pregnancies)	3.6	3.1	3.6

NNMR = Neonatal mortality rate and is expressed as deaths per 1000 live births.
[1]ONS Statistical Bulletin, March 2011

NNMR for all babies born at LWH is higher than the published UK rate. Most of this apparent excess is explained by the fact that a significant number of women transfer their care to LWH during pregnancy or labour due to known fetal malformation, pregnancy complications or preterm labour with no local neonatal care availability. These are high risk pregnancies with a high NNMR.

The NNMR for booked pregnancies is still higher than the UK rate. This appears to be due to the high prematurity rates seen in our local population. 1% of babies in UK are born before 31 weeks gestation, compared with 1.8% at LWH. Over 60% of neonatal deaths occur in babies born before 31 weeks gestation. When the mortality rate is corrected for the gestation profile of our population, the NNMR for babies at LWH is comparable with national figures.

Benchmarking with CEMACH

CEMACH is the Confidential Enquiry into Maternal and Child Health, funded by NICE it aims to improve the health of mothers, babies and children by carrying out confidential enquiries on a nationwide basis and by sharing the findings and recommendations.

It is recognised that there is great variability in the reporting of live births in pregnancies that deliver before 22 weeks. None of these pregnancies are viable, so variation reporting rates will impact on NNMR. To allow for this CEMACH publish an 'adjusted' NNMR for UK, excluding all pregnancies that deliver before 22 weeks.

The UK and LWH Neonatal mortality rates are presented in the following table.

[2]UK 2009 (CEMACH)	2.7
LWH 2010 (all births)	6.2
LWH 2010 (booked pregnancies)	3.9

The NNMR at LWH is comparable with published UK NNMR when adjustments are made for births before 22 weeks.

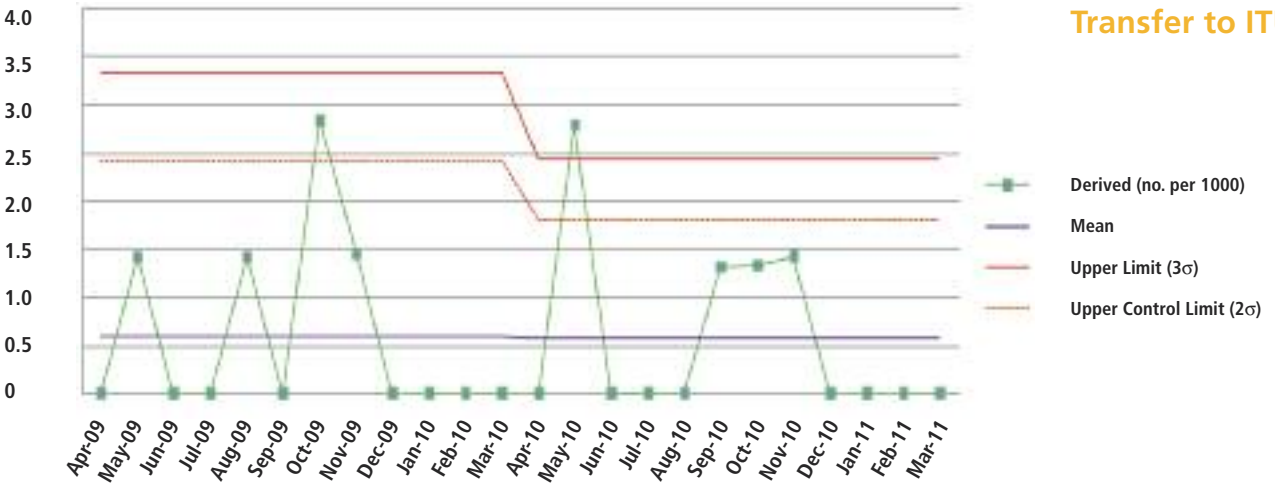
[2]Perinatal Mortality, 2009 CEMACH Trust specific report

Transfer to Intensive Therapy Unit (ITU) per 1000 maternities

The transfer of a woman before or after delivery to ITU is an indicator of both the pre existing health condition and/or the development of severe pregnancy associated health morbidity.

The identification and regular review of all women transferred to ITU is important to monitor the quality of our care for high risk pregnancies and complications.

This care is as per NICE guidance 'Intrapartum Care: Care of healthy women and their babies during childbirth' (2007) and 'Postnatal Care: Routine postnatal care of women and their babies' (2006).



"In 2010/11 the mean ITU transfer rate was 0.57 per 1000 compared to 0.59 in 2009/10. This is comparable to other specialist NHS Trusts providing maternity services."

Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

The following table shows the mean ITU Transfer Rate by calendar year:

Performance Indicator	LWH 2008	LWH 2009	LWH 2010	Peer 2010
Transfer to ITU	0.5 per 1000 maternities	0.63 per 1000 maternities	0.58 per 1000 maternities	0.96 per 1000 maternities

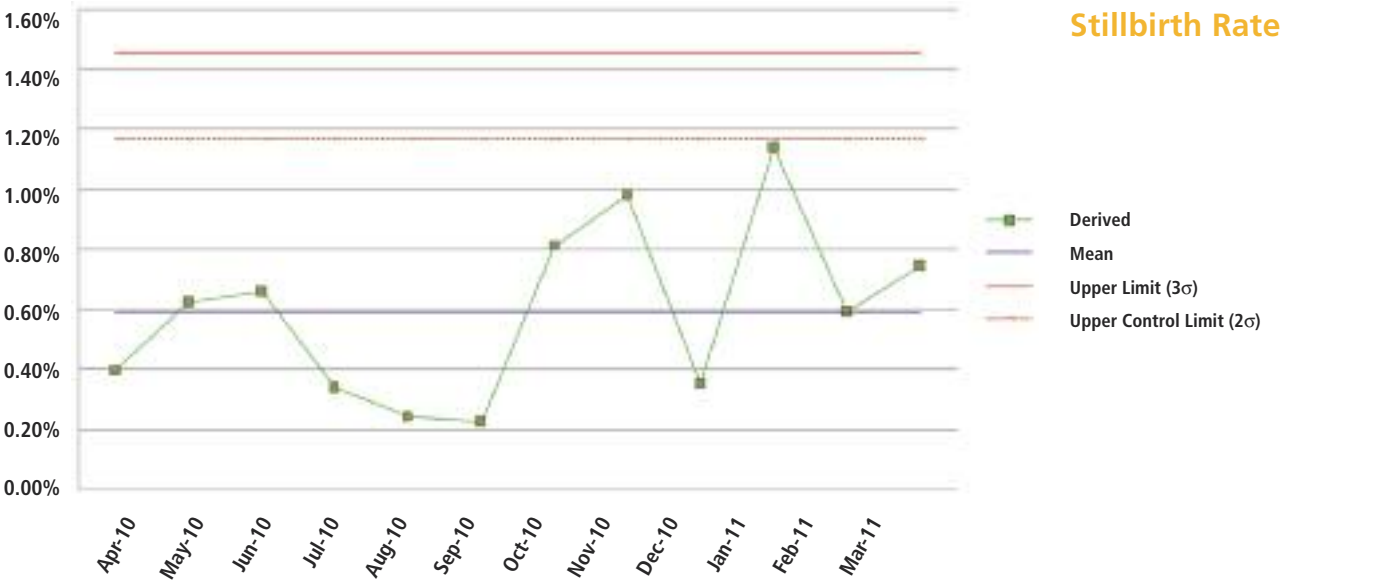
Source: Critical Care Lead Midwife Database, Peer Data Birmingham Women's Hospital 2007/8

Transfer to ITU will continue to be used as a Clinical Effectiveness indicator looking forward to 2011/12.

Stillbirth Rate

Clearly the aim of maternity care is a healthy mother and healthy baby.

A stillbirth is unfortunately a relatively common (1 in 200) event and we should be constantly aware of our stillbirth rate, and identify trends or spikes in the rate, and investigate when appropriate. Available guidelines for this are covered by NICE in 'Antenatal Care: Routine care for the healthy pregnant woman' (2008) and 'Intrapartum Care: Care of healthy women and their babies during childbirth' (2007).



"The stillbirth rate for the Trust was 6.2 per 1000 maternities in 2008; this was reduced to 5.5 per 1000 in 2009. In 2010/11 the stillbirth rate was 5.9. This is within the normal range for natural variation.

The trust continues to perform an annual audit of stillbirths, to attempt to identify themes or factors that could influence future pregnancy care, with the aim of reducing the future stillbirth rate."

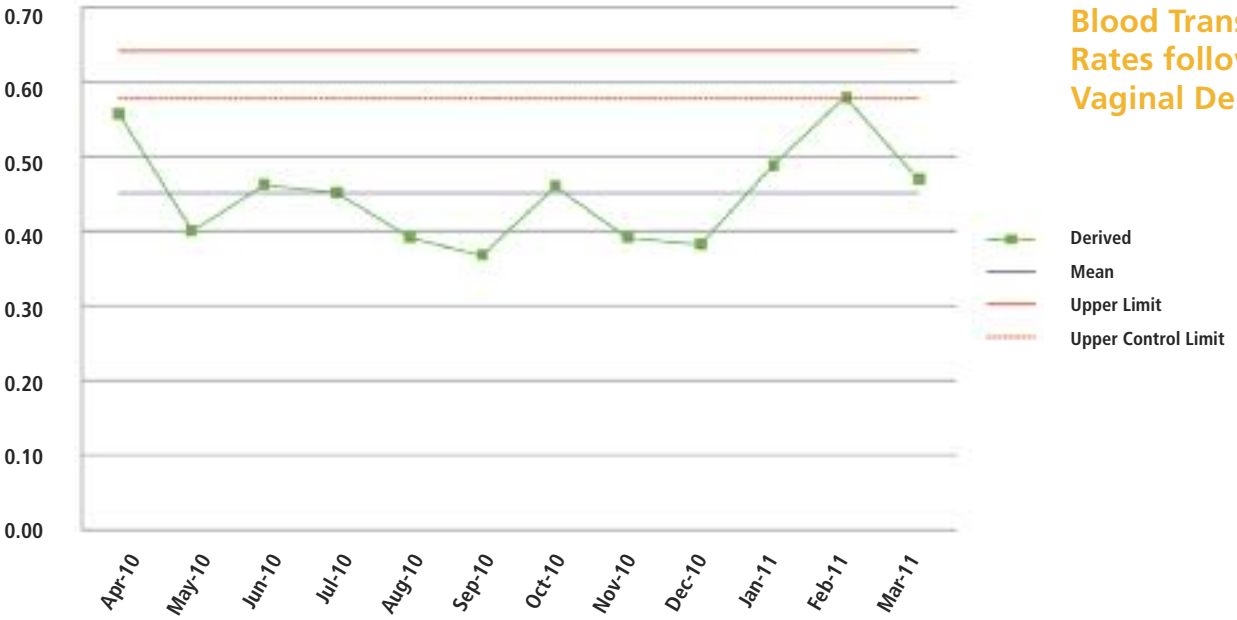
Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

Looking forward to 2011/12 Stillbirth rate will continue to be used as an indicator for Clinical Effectiveness.

Blood Transfusion Following Vaginal Delivery

This is a new indicator for 2010/11. Post-partum haemorrhage is a significant cause of maternal morbidity. Correct management can reduce the effect on maternal health. Estimated blood loss is notoriously unreliable.

This substitute will hopefully be more effective and be easier to benchmark. NICE Guidelines include '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).



Blood Transfusion Rates following Vaginal Delivery

"In 2010/11 the number of units of blood transfused in women having vaginal delivery was 0.45 per 100 women."

Mr Mark Clement-Jones
Clinical Governance Lead for Maternity Services

Looking forward to 2011/12 this indicator will be refined to look at all methods of delivery including spontaneous vaginal, assisted vaginal, emergency and elective Caesarean section.

Mortality Rate in Obstetrics

There have been no maternal deaths within Liverpool Women's Hospital in 2010/11 as identified in the table below.

Performance Indicator	LWH 2009	Peer 2009	LWH 2010	Peer 2010
Obstetrics Mortality	0.00%	0.02%	0.00%	0.02%

Source: CHKS (National Clinical Benchmarking Organisation)

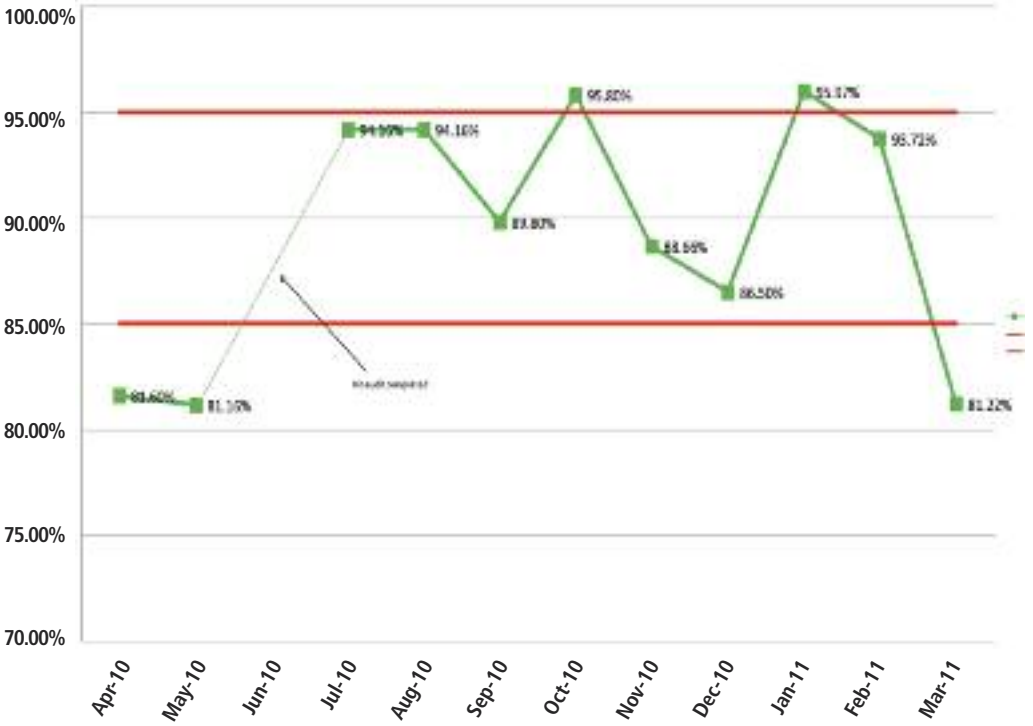
Mortality rate in Obstetrics will continue to be used as an indicator for Clinical Effectiveness in 2011/12.

Care Indicators in Nursing and Midwifery

Care indicators enable nurses and midwives to undertake spot-check audits on the quality of care received by patients. By undertaking monthly audits teams can assess quality of care provided and identify areas for improvement.

This provides the Clinical Business Units with monthly assurance that care is being regularly and consistently measured.

The following graphs show the compliance of these care indicators across the year for each Clinical Business Unit.



Care Indicators for nursing and Midwifery - Gynaecology

"The initiation of measurement of the Nursing Indicators in 2010 was a significant success. It allows the nursing management and the nursing staff themselves to have a clear way to assess day to day nursing of in patients on a prompt and regular basis.

Since the initiation of the indicators, the improvement in measured care has been significant, since it has identified where the improvements were needed in a very timely fashion".

Diane Brown
Head of Nursing

Care Indicators for nursing and Midwifery - Neonates

"The introduction of nursing care indicators has enabled the unit to focus on the important nursing contribution to clinical care of neonatal babies. Compliance is good and reflects the nursing care delivered."

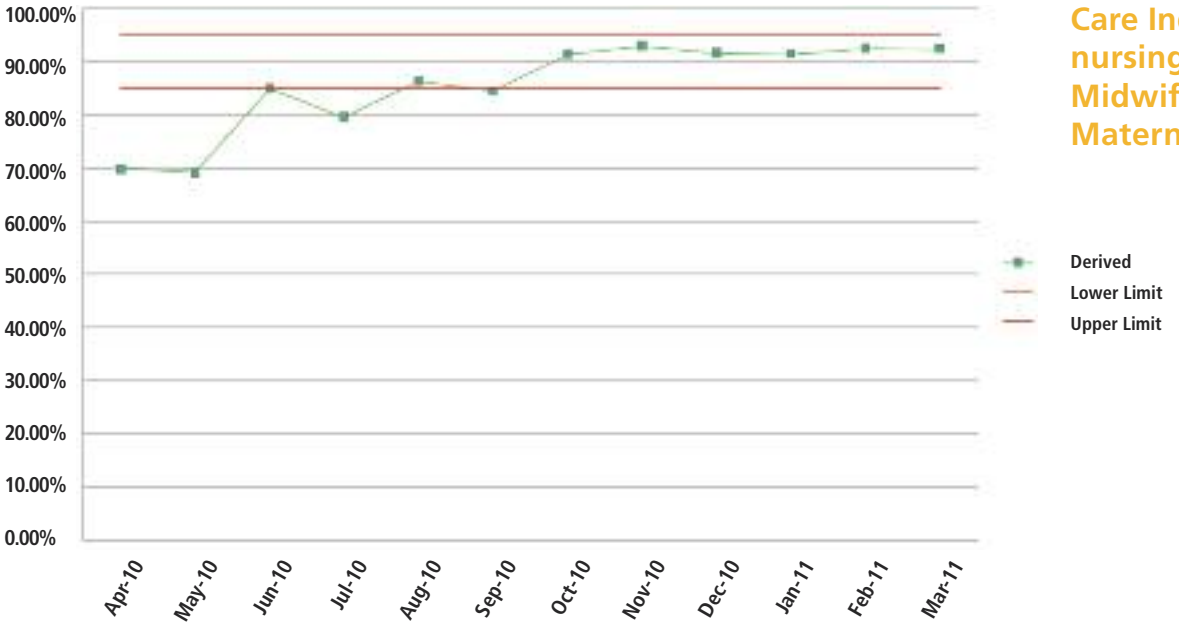
Valerie Irving
Matron Neonates

Care Indicators for nursing and Midwifery - Hewitt Centre

"Whilst there is still room for improvement there has been an overall improvement in compliance since introduction of the indicators. The last quarter results have been encouraging although we still have areas that need improvement.

The most difficult area we have chosen to look at is documentation, however we feel that the care indicators are there to ensure that improvements are made and all improvements are a move towards excellent patient care."

Jane Mutch
Hewitt Centre Matron



Care Indicators for nursing and Midwifery - Maternity Services

"In maternity we have demonstrated huge clinical improvements surrounding maternity care indicators. In areas we feel still require additional support we have embraced new methods of working.

We aim to raise the profile of maternity care indicators within the CBU to all our staff, by newsletters and at local ward meetings,."

Clare Fitzpatrick
Senior Midwife

Patient Experience

Patient Experience and Involvement Strategy

The Trust is committed to achieving its vision and aims and ensuring the best possible experience for all service users and their families. The Patient Experience and Involvement Strategy has been developed to clearly detail the methods and processes used within the organisation to learn from patients, their families and visitors and to involve them in all aspects of Trust business.

Strategy Development

A series of patient and public engagement activities were undertaken to develop the strategy. The aims were:

- To explore what is important to our patients and their families
- To inform patients how we gather information currently
- To explore how we could improve patient involvement in the future

Exploring what is important to our patients and their families

Activities included face to face discussions with individuals and groups of service users, and meetings with key stakeholders and community groups e.g. Local Involvement Networks (LINk) clinic staff, Young Mother's Group, Young Father's Group representatives, Women with mental health problems, Sisters at a local Mosque.

Representatives from specific patient groups, organisations, voluntary and employed staff also provided their views. This information was considered along with that already gathered through existing methods of obtaining feedback e.g. complaints and compliments, Patient Advice and Liaison Service (PALS), comment cards, research findings where patients views were explored and existing patient involvement groups.

The information gathered was analysed using standard qualitative methods. Five themes were identified regarding the needs of service users in relation to patient experience at Liverpool Women's NHS Foundation Trust, as illustrated below:

Gathering patient experience information

The Trust will continue to use traditional methods of collecting feedback from Complaints, PALS, comment cards, national surveys and service evaluations.

'Real time' surveys have been conducted in many areas using specifically designed electronic devices enabling a speedy analysis of the data collected. Patients and visitors, where appropriate, are invited to comment on their experience at the Trust using this innovative resource. Our Patient Quality team will ensure that feedback is collected from all areas within the Trust.

Patient Involvement

Following the development of the Patient Experience and Involvement Strategy, the Patient Involvement Committee has been re - established. Its membership includes members of the public, members of the Trust, Trust

governors, volunteers and Trust representatives. The purpose of the committee is to ensure that there is a designated forum for patients & visitors to review, challenge, influence and monitor all aspects of the Trust's work enabling it to achieve its vision and aims.

The committee will continue to meet every 3 months. The agenda will be developed collaboratively and this will enable both the Trust and committee members to contribute and benefit from the meetings.

The Patient Quality team will continue to meet with local communities in their own settings. This flexible approach to gathering feedback will assist in ensuring that the opportunity to become involved is equitable, particularly for those who are unable to attend meetings at the Trust.

Patient Experience report

All patient feedback received by the Trust is incorporated into a patient experience report, which is published every 3 months.

The report includes details of complaints and PALS issues, comment card data, quotes from letters of appreciation, findings of surveys and details obtained from feedback websites such as NHS Choices.

It is important that we learn from patients' experiences and from the feedback they provide in terms of what is important to them.

Some actions taken as a result of patient feedback are:

- Organisation of remembrance service for families who have lost their babies
- Handover of care by the midwifery staff at the bedside to ensure that women are actively involved in plan of care.
- Improved signage for the Early Pregnancy Assessment Unit
- Designated member of staff each day to ensure women are supported when bathing their baby and preparing feeds
- Additional bathroom facilities for visitors, close to the clinical areas in both Gynaecology & Maternity Units.
- Drinking water facilities installed in Gynaecology Outpatient's Clinic
- Windowed doors on Bedford ward covered in opaque film to maintain patient privacy.
- Refreshments provided in dispensing machine at main reception, particularly used when cafe and shop are closed.

National Surveys

National surveys of both Gynaecology and Maternity patients were undertaken this year.

Gynaecology survey

842 women were eligible for the survey, of which 422 returned a completed questionnaire, giving a response rate of 50%. The average response nationally being 47%

Nationally, the Trust scored

- Significantly BETTER than average on 65 questions
- Average on 22 questions
- Significantly WORSE on 1 question

Some examples are:

- Overall: rating of care was good/excellent 95%.
- Overall: doctors and nurses worked well together 95%.
- Doctors: always had confidence and trust 88%.
- Hospital: room or ward was very/fairly clean 99%.
- Hospital: toilets and bathrooms were very/fairly clean 96%.
- Hospital: hand-wash gels visible and available for patients and visitors to use 93%.

- Care: always enough privacy when being examined or treated 93%.
- Surgery: risks and benefits clearly explained 83%.

The Trust scored significantly worse when patients were asked if they were bothered by sharing sleeping area with opposite sex. The Trust is committed to support the Department of Health's directive to eliminating the sharing of accommodation with members of the opposite sex.

The Trust cares for approximately 25 men per year attending as an inpatient for very short periods of time when attending the Hewitt centre for reproductive medicine. Male patients are always cared for in wards with their own sleeping and bathroom facilities and as such the Trust has not breached its strict policy for delivering same sex accommodation. The Trust has also provided visitor male and female toilet facilities externally to ward areas in order to ensure visitors do not utilise in ward facilities.

Maternity Survey

A total of 569 patients were sent a questionnaire. 560 patients were eligible for the survey, of which 232 returned a completed questionnaire, giving a response rate of 41.4%. The average response rate was 49.8%.

The findings of the survey indicate that:

- Significantly BETTER than average on 10 questions
- Average on 55 questions
- Significantly WORSE than average on 11 questions

'Real time' surveys

The use of electronic resources has aided the efficiency of collecting, analysing and presenting patient feedback.

The questionnaires used are developed to address themes identified from other sources of feedback data.

All areas will ask patients their views on core questions which include:

- Privacy & dignity
- Cleanliness
- Attitude of staff

All participants are asked if they would recommend the Trust to their family and friends.

Area	Yes, definitely	Yes, probably	No
Gynaecology inpatients (35 patients answered	25 (71.4%)	8 (22.8%)	2 (5.7%)
Maternity inpatients (131 patients answered)	94 (71.7%	30 (22.9%)	7 (5%)
Bedford (51 patients answered)	42 (82%)	9 (17.6%)	0
Hewitt Centre (40 patients answered)	33 (82.5%)	4 (10%)	3 (7.5%)
Fetal Medicine Unit (11 patients answered)	10 (91%)	1 (9%)	0
Assessment Unit (77 patients answered)	45 (58%)	20 (26%)	12 (15.5%)
Neonatal (34 patients answered)	30 (88%)	4 (11%)	0

One to one care in established labour 100% of the time

This was originally a maternity indicator for 2010/11. However it was recognised through audit that the figures were not a true representation of the actual activity. The results that were forwarded were demonstrating 1:1 care by a midwife during the second stage of labour and not during established labour which is the standard.

In view of this, in November 2010, this indicator was removed from the hospital's computerised medical system (Meditech) whilst further work on the understanding of this standard took place. NICE guidance for this includes: 'Intrapartum Care: Care of healthy women and their babies during childbirth' (2007)

Going forward this will be a recognised care indicator for maternity during 2011/12.

Rates of epidural pain relief for analgesia in labour

A working epidural is the most effective form of pain relief in labour and the provision of a 24 hour epidural service may influence a woman's choice of where they would like to give birth.

Performance Indicator	LWH 2008/9	LWH 2009/10	LWH 2010/11	National Average 2007/8
Epidural Rate for Pain Relief in labours	16.1%	18.7%	17.5%	22.2%

"In 2010/11 the epidural rate was 17.5%, which is a decrease on last year (18.7%). There is a suggestion that this might be higher.

However the numbers almost certainly reflect patient choice.

A more meaningful indicator may be the number of women unable to have the pain relief of their choice. In the future we will capture the data of non-provision of epidurals."

David Patrick
Consultant Anaesthetist and Clinical Governance Lead

Looking forward to 2011/12 Rates of Epidural Pain Relief for Obstetric Analgesia will be refined to look at the non compliance of pain relief of choice during labour.

Part 3: Priorities for improvement 2011/12

Priorities for improvement 2011/12

Part 3 of Liverpool Women's Quality Account describes our priorities for 2011/12 described as the looking forward section of the quality account. These priorities have been determined by clinical teams within Liverpool Women's clinical units and have been shared with stakeholders.

Looking Forward

In 2011/12 our main priorities will be:

1. To investigate, monitor and reduce infection rates (LIPS VI)
   - Wound infection following elective and emergency Caesarean section to be monitored by Community Midwifery team.
   - Surgical Site Infections in Gynaecology
   - Neonatal Bloodstream Infections (NBSI)
   - Methicillin-resistant staphylococcus auereus (MRSA) and methicillin-sensitive staphylococcus aureus (MSSA)
   - Clostridium Difficile

2. To investigate, monitor and reduce mortality rates
   - Neonatal mortality for all live births at LWH early/late
   - Neonatal mortality for all live births from booked pregnancy early/late
   - Perinatal mortality, stillbirth and early neonatal mortality benchmark appropriate

3. To monitor and improve Patient Experience
   - Patient Experience and Involvement Strategy
   - Energising for Excellence in Nursing and Midwifery
   - Urogynaecology Quality of Life Electronic Personal Assessment Questionnaire (EPAQ).

Priorities for improvement 2011/12 were agreed by clinical teams within clinical business units. Clinical Governance Leads for each unit held discussions with clinical staff in order to determine the priorities for 2011/12. All clinical business units priorities where shared with the Medical Director and the Clinical Governance Committee.

In addition, a stakeholder event was held which included LINks Liverpool, Knowsley and Sefton, Liverpool PCT, Patient Involvement Group, auditors, members of the Board of Directors, Liverpool Women's staff and members of the public.

The final decision for priorities for improvement was the responsibility of the Medical Director.

Additional Quality Indicators

In addition to our three main priorities and the indicators already identified as continuing priorities for 2011/12 the following additional indicators will be also be monitored.

Patient Safety

Administration of Medication Errors

One of LIPS VII's primary aims is to reduce medication errors associated with the administration of medicines across the Trust. It is paramount that we aim to reduce harm to our patients, medication errors are a preventable harm. The LIPS VII team are auditing the administration of medicines to identify medication errors and compare the outcomes with previous audits.

The Trust's performance will be measured by identifying a reduction in medication errors year on year. The LIPS VII team will review current polices and guidelines, review staff education and training, identify a tool to quantify errors, standardise the process of administration of medicines and increase reporting of incidents.

Currently all staff are encouraged to report medication errors through the Trust's incident reporting system, 'Safeguard.' The opinion of the CBU is errors are under reported. The LIPS VII team will review current polices and guidelines, review staff education and training, identify a tool to quantify errors, standardise the process of administration of medicines and increase reporting of incidents.

A scoring tool is being devised to quantify medication administration errors, taking into account the type of medicine and other parameters. The pilot tool is being tested currently. A benchmark score will be obtained from previous (last years) ACE reports, with the aim to reduce this score by 5% whilst increasing the reporting rate.

Clinical Effectiveness

Accidental perforation or damage

This is a current internal indicator for gynaecology, collating the number of patients during surgery who experience accidental perforation or damage to an organ or vessel.

This may have been identified during the procedure and repaired, or it may be identified post operatively, requiring the patient to undergo further surgery. As a Trust this indicator is important as it identifies when difficulties or complications during surgery have occurred. This information is then shared with clinical staff and reviewed to identify trends. In some cases it may support the need for additional training and competency.

Following discharge all of a patients care is clinically coded. The specific code for accidental perforation or damage is recorded against the patient episode. This information is then stored within the Trust's main electronic data storage facility (data warehouse), which can be reported on as required. The CBU will report on this indicator monthly. This will be presented by Clinician, as a clinical team, as a Trust and as a comparison against peers. The information will form part of the clinical dashboards as an episode but also as a percentage of procedures performed.

The CBU aims to audit all cases where accidental perforation or damage has occurred to assess for trends. The outcome will be actioned as required.

The CBU is currently developing a clinical dashboard to support clinical outcomes. This will be shared with clinicians to inform them of their own clinical outcomes. Clinicians will be asked to ensure all episodes of accidental perforation or damage which are identified during surgery and repaired to be clearly documented to enable the episode to be coded.

Patient Experience

The Patient Quality team will continue to implement the Patient Experience and Involvement Strategy to staff within all areas of the Trust. This process will include discussions in individual areas before a Trust-wide launch of the strategy. The discussions will underpin the main objective of embedding the strategy throughout the organisation, and stressing the responsibility that each individual staff member has to deliver an excellent patient experience.

2011/12 will focus on implementation of the Patient Experience Strategy to include patient reported experience and outcomes.

Patient Surveys

In addition to the annual patient surveys, required by the Care Quality Commission, we will continue to develop systems for collecting 'real time' patient experience data and having sets of comparable data to assess whether the action planning process is effective in improving patient experience.

We propose to collect data from each clinical area on a monthly basis and this information will form a part of the monthly performance indicators.

Action planning

We have recognised the need to develop a robust system for collating data for all aspects of patient experience. This will inform each area of the expected standards of care identified in the survey response. It will also act as a performance indicator to measure the effectiveness of the feedback in making improvements.

Patient Involvement

The consultation events held during the development of the strategy provided an invaluable opportunity to develop links with local communities. This work will continue and expand to ensure an equitable opportunity for groups, who are currently under represented or 'hard to reach,' to become involved in Trust business and share their views with us.

Patient Experience report

The patient experience report will demonstrate the continuing use of service user feedback and the ways in which we liaise with local and wider communities who may consider using, or have already used the range of services provided by the Trust.

The development of the Patient Experience and Involvement Strategy will enable engagement with staff, women and their families about their experiences at Liverpool Women's and together develop a plan of action for the future.

The clinical teams and clinical information leads are in the process of identifying quality indicators that support the patient experience strategy.

To sustain the improvement in communication achieved from the introduction of the triage phone system.

Our telephone service has shown huge improvements over the last twelve months following the introduction of a new triage process, but it is important that this is maintained to improve and maintain good patient communication links.

Maintaining a good communication system is a vital element of the patient experience as well as ensuring patient safety. This is also key to reducing patient complaints.

Energising for Excellence within Nursing and Midwifery care

As described on previously, Energising for Excellence (E4E) in Care is a quality framework for nursing and midwifery that aims to support the delivery of safe and effective care, creating positive patient and staff experiences.

The role of the matron and band 7 leaders is pivotal to the success of this framework of governance and clinical care.

The clinical teams and clinical information leads are in the process of identifying quality indicators that support E4E within nursing and midwifery care.

Urogynaecology Quality of Life Electronic Personal Assessment Questionnaire (EPAQ)

The CBU want to develop a process to clearly capture Patient Reported Outcome Measures (PROMs). PROMs measure quality from the patients' perspective, they can measure the health gain after surgical treatment using pre and post operative questionnaires.

The urogynaecology team have introduced a process to capture PROMs using the Electronic personal Assessment Questionnaire (EPAQ).

PROMs are measures of a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure these at a single point in time.

2 groups of patients are asked to complete an EPAQ:

- All new referrals to urogynaecology
- All women who have undergone prolapse or continence surgery.

The urogynaecology team collect this data using EPAQ. However, the results obtained from EPAQ are not continuously monitored and reviewed, and are not being used to shape our services. Also, not all patients complete the EPAQ but those who do have reported how useful it was in supporting them during their consultation to concentrate on their specific clinical complaint.

This information will be presented monthly to the urogynae multi-disciplinary team (MDT) by the Clinical information Analyst. The team will review and action changes in practice as required. It is aimed to roll out EPAQ to all urogynaecology patients after every intervention.

The clinical teams and clinical information leads are in the process of identifying quality indicators that support the urogynaecology PROMs.

Performance against key national priorities and National Core Standards

Our performance against national targets has remained strong throughout the year. We have sustained low waiting times for all our patients and ensured that over 97% of our patients have been able to access treatment in less than 18 weeks from referral by their GP.

All patients referred to us with suspected cancer followed agreed clinical pathways and access to appropriate treatment quickly.

Our infection prevention and control processes are robust and we have no incidences of MRSA and only 3 patients with Clostridium Difficile during the year. We have been able to declare compliance with all the Standards for Better Health.

Indicator name	Target	Performance 2010/2011
Care Quality Commission: national priority		
18 week referral to treatment times: admitted (all specialties)	90%	97.97%
18 week referral to treatment times: non-admitted (all specialties)	95%	97.57%
18 week referral to treatment times: non-admitted (gynaecology, infertility and reproductive medicine)	95%	97.35%
18 week referral to treatment times: non-admitted (clinical genetics)	95%	99.46%
18 week referral to treatment times: non-admitted data completeness	80 – 120%	105.92%
18 week referral to treatment times: admitted data completeness	80 – 120%	99.67%
All cancers: two week wait	≥ 93%	97.30%
All cancers: one month diagnosis to treatment (first definitive)	≥ 96%	97.99%
All cancers: one month diagnosis to treatment (subsequent surgery)	≥ 94%	98.36%
All cancers: one month diagnosis to treatment (subsequent drug)	≥ 94%	None applicable
All cancers: two month referral to treatment (GP referrals)	≥ 79%	89.96%
All cancers: two month referral to treatment (consultant upgrade)	≥ 98%	91.89%
All cancers: two month referral to treatment (screening referrals)	≥ 90%	100%
Experience of patients	To be confirmed	Via annual survey
Incidence of MRSA bacterium	≤ 2	0
Incidence of Clostridium difficile	≤ 3	3
Infant health and inequalities: breastfeeding rate	≥ 5%	-1.92%
Infant health and inequalities: smoking rate	≤ 0%	1.14%
NHS staff satisfaction	To be confirmed	3.51
Care Quality Commission: existing commitments		
Data quality on ethnic group (April to December 2010)	≥ 85%	98.30%
Delayed transfers of care	≤ 3.5%	0%
Last minute cancellation for non-clinical reasons	≤ 0.8%	0.54%
Last minute cancellation for non-clinical reasons not readmitted in 28 days	≤ 5%	1.72%
Total time in Accident & Emergency (% seen within 4 hours)	≥ 98%	99.91%
Care Quality Commission: core standards		
Core standards for better health	Full compliance	Full compliance

Part 4: Statements of assurance from the Board of Directors

Statements of assurance from the Board of Directors

Review of Services

During 2010/11 Liverpool Women's Hospital provided NHS services in four core specialty areas.

Liverpool Women's Hospital has reviewed all the data available to them on the quality of care provided by it Clinical Business Units as listed below:

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

Each CBU reports to Clinical Governance Committee which is a sub-committee of the Board of Directors. CBU clinical governance leads report at least five self-selected clinical outcome indicators that are categorised into safety, effectiveness and experience.

These indicators are part of the CBU dashboard and form part of the monthly performance and assurance report for the Board of Directors. Some of the CBU indicators are benchmarked with CHKS national data or other relevant specialty organisations. Data collected has influenced the organisation as identified in its improvement initiatives for 2011/12.

The income generated by the NHS services reviewed in 2010/11 represents 100% per cent of the total income generated from the provision of NHS services by Liverpool Women's Hospital for 2010/11.

Clinical Audit

The reports of two national clinical audits relevant to the services provided by Liverpool Women's Hospital (NNAP and Occupational Health Practice in the NHS in England: Round 2 Report) were reviewed in 2010/11, as well as the reports from the Vermont Oxford Network (in which LWH participates) and wider clinical network reports.

Liverpool Women's intends to take the following actions to improve the quality of healthcare provided:

- Ensure that the data and reports from national audits and network reports relevant to the services provided here are considered within and across clinical teams and support services
- Clinical care services are reviewed to provide a position statement against issues identified by national audit and network reports, as appropriate
- Action plans are developed and their implementation monitored in line with local recommendations

Through our involvement in local, regional and national networks we will also continue to support the development of clinical audit practitioners and programmes and to ensure that the value of audit is realised in practice. In 2011-12, for example, we will be involved in a North West project looking at specific aspects of nursing care.

The project involves regular audits and through the use of web-based technologies ensures that the results are available to staff almost immediately. As there are a number of Trusts involved in the project not only can we review our own audit results very quickly, but the system also allows us to compare our audit results with other organisations.

This is a major initiative for the Trust and we are delighted to be involved as it demonstrates how audit can be embedded at ward or service level and used to provide assurance about specific standards of care.

Participation in Clinical Audits:

During 2010-2011, 3 national clinical audits and 2 national confidential enquiries covered NHS services that Liverpool Women's NHS Foundation Trust provides.

We participated in 100% (3 out of the 3) national clinical audits and 100% (2 out of 2) national confidential enquiries which we were eligible to participate in, as follows:

National Clinical Audits:

- Neonatal intensive and special care (NNAP)
- Heavy menstrual bleeding (RCOG National Audit of HMB)
- O negative blood use (National Comparative Audit of Blood Transfusion)

Confidential Enquiries:

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- Confidential Enquiry into Maternal and Child Health (CMACE);

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in, and for which data collection was completed or ongoing during 2010-2011, 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.

		Number of cases as a percentage of the number of registered cases required by the terms of the audit / enquiry
HMB Audit	Data collection still ongoing	-
NNAP	1198	1198 (all eligible cases) 100%
O Negative blood use	3	100% (all eligible cases in the month of data collection)
CMACE	126 119	100% (2009 data) 100% (2010 data)
NCEPOD	0	No eligible cases occurred within the reporting year although on-going participation by the LW NHS FT

During 2010-2011 Liverpool Women's NHS Foundation Trust undertook a major review of its clinical audit activity to ensure that all of our clinical audit projects provide us with confidence about the standards of care we provide and/or are used to stimulate our quality improvement activities.

For those unfamiliar with what clinical audit actually is, clinical audit involves us looking at aspects of our care to ensure that what we do is in line with particular standards and/or guidelines. Clinical audit is one of the main ways that we review the quality of the care we provide and is particularly useful in identifying areas for improvement or, once we have done an audit and implemented changes, demonstrating that our standards have improved.

All of the specialities within Liverpool Women's undertake clinical audit projects during the year and each clinical speciality has a designated Senior Clinician as the Speciality Clinical Audit Lead. Each service prospectively identifies key clinical audit projects to be undertaken during the forthcoming year, and these may be in relation to national audit projects (such as the heavy menstrual bleeding (HMB) audit in gynaecology and neonatal intensive and special care (NNAP) in neonatal), regional audits or specific audits which have been identified as being important to us at a local level. In addition, we also instigate audit projects in-year, to reflect new guidance or to explore specific aspects of care which merit review.

It should be recognised that some of the clinical audit projects registered in 2010-2011 have yet to be fully completed, and progress on these is being monitored and reviewed by the relevant speciality clinical audit lead. However, the reports of 28 of our 'local' (speciality specific) clinical audits were reviewed by us in 2010-2011. Additional reporting on clinical audit related to our participation in the Clinical Negligence Scheme for Trusts (CNST), which requires provider organisations in the scheme to undertake a major programme of audit throughout the year (51 separate clinical audits in our obstetrics and neonatal departments).

Our Reproductive Medicine Unit is regulated by the Human Fertilization and Embryology Authority (HFEA) which also requires a programme of clinical audit to be in place and the Trust has a significant programme of Trust-wide audits for Infection Control and Medicines Management which report to our Infection Control Committee, Medicines Management Committee and on to Clinical Governance Committee and the Trust Board. In the year 2010-2011 for example, we undertook almost 150 infection control audits within the Trust.

Examples of where clinical audit has influenced / enhanced practice are provided below:

Within **Clinical Genetics:** "Genetic Testing For A Predisposition To Bowel Cancer". Based on the findings of this audit undertaken during 2010 and new recently produced guidelines we have changed who we offer direct and indirect gene testing to. We now offer more intensive testing to our highest risk families and less testing to our lower risk families where the audit showed we have a low chance of picking up an abnormality.

Within **Maternity,** an audit of all stillbirths has been ongoing since 2004. The audit methodology used involves determining cause-specific reasons for stillbirth as well as a panel assessment of the standard of care relating to each case. This allows identification of key themes which may require action (such as the systems in place to monitor fetal growth) and has resulted in a number of different work streams as a result.

Within **Gynaecology,** a Thromboembolic Prophylaxis Audit ensured our clinical practice was in line with NICE guidelines and we have modified patient preoperative assessment and postoperative prescribing rules for anticoagulants. An audit of thermachoice endometrial ablation lead to the revision of hospital guidelines and raised the profile of patient safety across different staff groups working in this area.

Reproductive medicine have recently completed a six month audit on antibiotic usage following oocyte collection. The audit concluded that no changes in practice were required in relation to oocyte collection and after care of the patient post procedure. However, given the importance of information control and patient experience this is an area of care that will be monitored on a regular basis.

Within our **Neonatal Unit,** an audit was undertaken of 50 babies at risk of neonatal hypoglycaemia by virtue of birth weight and gestation. The standards of care and documentation were reviewed and compared with previous audit results from 2005. It was identified that practice had improved in a number of key areas, but that specific actions were required in order to further support the effective management of babies at risk in this area.

Since the audit was undertaken we have purchased haemacue blood glucose measurement devices, introduced birth centile charts on labour ward to help identify at risk babies and have developed a NEWS (Neonatal Early Warning Score) chart. The use of the NEWS chart will itself be subject to further review and audit in our 2011-12 audit programme.

In 2011-2012 we intend to take the following actions in relation to clinical audit in order to improve the quality of healthcare provided:

- Ensure that each clinical service has a prioritised programme of clinical audit activity in place
- Where changes in practice have occurred as a result of an earlier audit project, we will look at instigating a re-audit or collect data via other reporting mechanisms to demonstrate that our standards have improved
- Support staff from across a wide range of clinical specialities to undertake audit projects through awareness raising, the provision of education / training events and mentoring opportunities
- Promote robust clinical audit by ensuring that our audit projects are conducted to the highest possible standards
- Further develop standardised reporting of audit findings and monitoring of action plans within and across all of our clinical services
- Report the findings from all audit projects within the clinical speciality and to wider staff groups as well as at external events, as appropriate, to share the knowledge and learning from audit activities/findings and to stimulate improvement.

- Ensure that our clinical audit activity links into wider patient experience, risk management and quality improvement activity
- Develop the profile of clinical audit within the Trust and amongst our patients, membership and wider stakeholders.
- Explore how we can work with other providers to develop clinical audits which reflect the care provided to women and babies across care pathways.

Clinical Research

Commitment to research as a driver for improving the quality of care and patient experience

In last year's quality account, we reported our progress with implementing National Institute for Health Research (NIHR) processes and subsequent NIHR recruitment accruals. We continue to focus our efforts on conducting quality NIHR research. We are also building strong collaborations with academic partners to ensure the research we conduct is not only of high quality, but is translational, providing clinical benefit for our patients.

The number of patients receiving NHS services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2010/11 that were recruited during the period 1st April 2010 to 31st January 2011 to participate in research approved by a research ethics committee was 2,137 of which, 1,323 were recruited into NIHR portfolio studies.

Offering our patients the opportunity to participate in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our healthcare providers stay abreast of cutting-edge treatment options and are able to offer the latest medical treatments and techniques.

Liverpool Women's was involved in conducting 119 clinical research studies in reproductive medicine, maternity, neonates, gynaecology oncology and genetics during 2010/11.

Clinical research leads to better treatments for patients. At Liverpool Women's we focus our research efforts on answering pressing questions, with an emphasis on translational research. A number of studies being led by Liverpool Women's were completed during 2010/11, the results of which have directly impacted clinical practice. Studies completed during this period which have had a direct bearing on healthcare delivery, recruited 1,242 patients. These studies were concerned with miscarriage, third-stage labour, preterm infants and neonatal care, and have all influenced healthcare delivery in their respective areas for the benefit of patients. Furthermore, we are leading on a number of ongoing studies, including studies adopted onto the NIHR portfolio. These studies will influence healthcare delivery in assisted conception, neonatal nutrition, antimicrobial use in neonates, obesity in pregnancy, and foetal medicine.

There were 72 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2010/11. 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.

In terms of contributing to the evidence-base for healthcare practice and delivery, in the last three years, 31 publications have resulted from our involvement in NIHR research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Clinical Quality and Innovation (CQUINS)

A proportion of the Trust's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the CQUIN payment framework.

CQUIN indicators for 2010/11 were negotiated and agreed following discussion between Liverpool PCT (as host commissioner) and the Trust and reflect key issues in the local health economy as well as national health issues. The total CQUINS amount for 2010/11 is 1.5% of contract income and progress against the agreed targets is subject to a detailed monthly review.

In February 2011, Liverpool Primary Care Trust confirmed that £954,000 out of the full CQUINS total of £1,062,000 would be payable to the Trust. A further payment would then be made post 31 March 2011 providing the Trust could demonstrate achievement against any outstanding targets. The Trust is confident that the majority of the £108,000 payment withheld will subsequently be paid.

Further details of the agreed CQUINS targets for 2010/11 and for the following year are available on request from the Director of Nursing, Midwifery and Patient Experience.

Statements from the Care Quality Commission (CQC)

The Care Quality Commission (CQC) is an independent regulator of health and social care in England. It regulates care provided by NHS, local authority, private and voluntary organisations. It aims to make sure better care is provided for everyone – in hospitals, care homes and their own homes and seeks to protect the interests of people whose rights are restricted under the Mental Health Act.

Liverpool Women's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully compliant. Liverpool Women's NHS Foundation Trust currently does not have any conditions on registration.

The Care Quality Commission has not taken enforcement action against Liverpool Women's NHS Foundation Trust during the 2010/11 reporting period.

Liverpool Women's NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality

The Liverpool Women's Hospital NHS Foundation Trust submitted records during April 2010 and at the end of Dec 2010 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 valid NHS Number was:

- 97.6% for admitted patient care
- 95.7% for Outpatient care; and
- 97.0% for accident and emergency care

Included the patients valid General Medical Practice was:

- 100% for admitted patient care
- 100% for Outpatient care; and
- 100% for accident and emergency care

Information Governance (IG) Toolkit attainment levels

The Liverpool Women's Hospital NHS Foundation Trusts Information Governance Assessment Report score overall for the March 2011 assessment was 60% and was graded not satisfactory.

Liverpool Women's hospital will be taking the following actions to improve data quality:

1. Complete review of Data Quality processes with a focus on returning errors to the user who created it with the opportunity for re-training where appropriate.
2. Development of high level Data Quality monitoring reports to monitor trends in errors and identify when further action is required.

Update for Quality Account – April 2011

The national information governance toolkit underwent a major change in requirements during 2010/11. As a result of these changes the Trust did not achieve a satisfactory rating in respect of its toolkit assessment in March 2011. We achieved a satisfactory rating in respect of 21 of the 45 standards and plans are in place to achieve 22 of the standards by the end of June 2011, which is the level of attainment required by Monitor for a satisfactory governance rating. A plan to address other standards where a satisfactory assessment was not achieved will be monitored via the Board's Governance and Clinical Assurance Committee throughout 2011/12.

Source:

Data Quality scores from SUS Dashboard

IG Toolkit attainment levels from National IG Assessment.

Clinical Coding

Liverpool Women's NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2010/11 by the Audit Commission.

The PbR Assurance Framework for 2010/11 stated that only the worst performing 20 percent of Trusts, based on the finding of the previous three years audit work, would be audited during 2010/11. The high levels of coding accuracy, demonstrated in all three PbR Data Assurance Framework audits resulted in Liverpool Women's NHS Foundation Trust being exempt from 2010/11 PbR Clinical Coding Audit.

Clinical Coding Supporting Clinical Risk

During 2009 the clinical coding staff, were involved in a pilot project in conjunction with the clinical risk team for gynaecology.

The gynaecology team developed adverse clinical incident trigger form for completion by coders. Initially five clinical triggers were listed on the form e.g. unexpected admission to the high dependency unit, post operative blood transfusion. If during analysis of the patient health record for coding purposes, the coder became aware that the patient fulfils the criteria for one of the 5 five triggers he/she would complete a trigger form. The completed forms were forwarded to the Gynaecology risk team for investigation and review.

This proved to be highly successful. The original trigger form was amended to include two further clinical 'triggers' making seven in total and the process was rolled out to incorporate obstetric in-patients.

Commentary by Our Stakeholders

Commentary by Our Stakeholders

2011 Commissioning PCT statement
In line with the NHS (Quality Accounts) Regulations Liverpool PCT is happy to receive the Quality Account for 2010/11 from Liverpool Women's NHS Foundation Trust.

As Director for Service Improvement and Executive Nurse for Liverpool PCT I have reviewed, the information contained within the account and verified this against data sources where this is available and can confirm that this is an accurate account of the quality of care in relation to the services provided. I have also reviewed the content of the account and can confirm that the Quality Account complies with the prescribed information, form and content as set out by the Department of Health.

I believe that the account represents a fair and balanced view of the 2010- 2011 progress that Liverpool Women's NHS Foundation Trust has made against the identified quality standards. The Trust has complied with all contractual obligations and has made progress over the last year with evidence of improvements in key quality & safety measures.

Liverpool Women's NHS Foundation Trust has taken positive steps to engage with patients, staff and stakeholders in developing a comprehensive set of quality priorities and measures for the forth coming year 2011/12 and I personally applaud their continued commitment to sustainable quality improvements.

Trish Bennett
Director of Service Improvement
& Executive Nurse
Liverpool PCT

Liverpool LINk Commentary for Liverpool Women's NHS Foundation Trust Quality Account 2010/11

The comments made here pertain to a draft document that was made available to LINk prior to Quality Account publication. This means that the published document may have already been amended in line with some of the suggestions made here.

Throughout 2010/11, Liverpool Women's NHS Foundation Trust has engaged effectively with Liverpool LINk, met regularly with LINk members and hosted LINk members during an Enter and View visit which examined the quality of services offered by the Trust. The Trust has demonstrated effective involvement of service users, staff and other stakeholders in evaluating the quality of its services by holding consultation events in which LINk members and other stakeholders participated.

Given the clinical/technical nature of the Quality Account, the language used is as plain and accessible to the public as possible and all acronyms are explained. However, it would be good to see a statement in the final version about how to access the document in other formats/languages.

This Quality Account is generally well laid out and the inclusion of a contents page is a helpful aid to finding your way around the document, that is not found in all Quality Accounts produced by NHS Trusts.

Liverpool Link is aware that a number of effective consultation and involvement events were undertaken by the Trust and this is reflected in the Quality Account. Liverpool LINk Quality Accounts Commentaries are restricted in scope to commenting on issues pertaining to individual Quality Accounts. LINk remains engaged with the Trust in order to monitor the progress of the Quality Account and other quality considerations.

Endorsed by Liverpool LINk Core Group May 2011

Liverpool Women's Hospital NHS Foundation Trust
Knowsley LINk Quality Account Commentary

Knowsley LINk is pleased to be able to provide a comment on the Trusts Quality Account for 2010 – 11. This response was completed following the review of a draft copy of the Quality Account and formal presentation to LINk members to provide further information on the content of the Account.

Knowsley LINk has had ongoing discussions with the Trust in particular regarding the local services for the Kirkby community. Knowsley LINk has expressed its disappointment at the Trust's failure to carry out its statutory duty to consult the community regarding the closure of some of the Services at the Aintree Centre for Women's Health. We have, however, been pleased that the Trust has now opened a dialogue with Knowsley LINk to ensure that the most vulnerable people in the community are not disproportionately disadvantaged.

We do however congratulate the Trust on its excellent community services in particular the community midwives, who provide an invaluable and greatly treasured service to the women of Kirkby. We were therefore concerned to be informed that community services are not monitored for the purposes of the Quality

Account, as we think this would be an excellent opportunity for the Trust to showcase some of its excellence in quality of service.

The Quality Account itself was rather difficult to read, with the typeface being very small and there being a high number of graphs and statistics, which were sometimes difficult to interpret. We would recommend that the Quality Account should include a glossary to make it easier to understand. We would also recommend that the Quality Account should also provide some data to put the statistics into context, for example percentages do not mean much without quantifiable data to substantiate this.

We were disappointed at the lack of focus on patient experience within the Quality Account. For example we note that in the National Gynaecology and Maternity surveys few details are given of the domains in which the Trust scored significantly better or worse than the national average.

We were also concerned at some of the results of the annual staff survey. We were pleased to note that the Trust has now put into place a new strategy to support staff that are experiencing violence and harassment. We would recommend that for the year 2011-12 measures are put in place to gauge staff morale particularly around the proposed changes to the NHS and budget cuts.

We would like to congratulate the Trust on its excellent infection control results and would recommend in the Quality Accounts that they highlight these successes to improve patient confidence.

Knowsley LINk looks forward to building on the work completed so far and providing an ongoing critical friend relationship.

Statement of Directors' responsibilities in respect of the Quality Report

Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 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 2010-11

- 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 2010 to June 2011
    - Papers relating to quality reported to the Board over the period April 2010 to June 2011
    - Feedback from the commissioners dated 02/06/2011
    - Feedback from governors dated 20/04/2011
    - Feedback from Liverpool Local Involvement Network (LINk) dated 27/05/2011 and Knowsley LINk dated 31/05/2011. Sefton LINk have declined to comment on Liverpool Women's Quality Account 2010/11
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 12/11/10
    - The national patient survey 2010/11
    - The national staff survey 2010/11
    - The Head of Internal Audit's annual opinion over the Trust's control environment dated 12/04/2011
    - CQC quality and risk profiles dated 31 March 2011.

- 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) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data

quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual)).

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.

Ken Morris *Kathryn Thomson*

Ken Morris
Chair

Kathryn Thomson
Chief Executive

Who has been involved

Finally I would like to say thank you to all our staff and to acknowledge the following people, for without the dedicated staff contribution and commitment to quality we could not provide this working quality document.

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Governance & Clinical Assurance Committee
Clinical Governance Committee

Patient Involvement Group

Sefton Local involvement network

Liverpool Local involvement network

Knowsley Local involvement network

Glossary of Terms

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Analgesia – The relief of pain without loss of consciousness.

Antenatal – Occurring before birth, also called prenatal.

Epidural – Form of regional analgesia used during childbirth.

Gynaecology – Medical practice dealing with the health of the female reproductive system.

Gynaecological Oncology – Specialised field of medicine that focuses on cancers of the female reproductive system.

Haemorrhage – The flow of blood from a ruptured blood vessel.

Intrapartum – Occurring during labour and delivery.

ITU (Intensive Therapy Unit) – Specialised department in a hospital that provides intensive-care medicine.

Matron – Term given to a very senior nurse.

Maternity – The period during pregnancy and shortly after childbirth.

Morbidity – Incidence of a particular disease.

Mortality - Death

Neonatal – Of or relating to newborn children.

Perioperative Care – Time period describing the duration of a patient's surgical procedure.

Post operative – Period immediately after surgery

Post partum – Period beginning immediately after the birth of a child.

Pre-operatively – Period immediately before surgery.

Quality Account 2010/11

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