

Quality Report Liverpool Women's NHS Foundation Trust 2016-17



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Why publish a Quality Report?

The purpose of a Quality Report is to inform you, the public, about the quality of services delivered by Liverpool Women's NHS Foundation Trust. All providers of NHS Services in England are required to report annually on quality; the Quality Report enables us to demonstrate our commitment to continuous, evidence based quality improvement and to explaining our progress to the public. The Quality Report forms an important part of the Trust's Annual Report. This is the Trust's 8th Quality Report.

Statement from the Chief Executive

Welcome to Liverpool Women's NHS Foundation Trust's 8th annual Quality Report. This provides an opportunity for us to report on the quality of healthcare provided during 2016-17, celebrate our achievements and to share with you the Trust's key priorities for quality in 2017-18. This is a critically important document for us as it highlights our commitment to putting quality at the heart of everything we do.



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

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

range from nationally published measures through to our own locally selected issues.

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

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

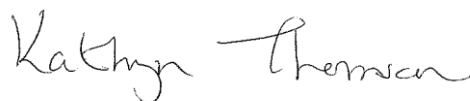
The experience patients and families have while on their journey with us is central to everyone at Liverpool Women's. To improve the opportunities for the patient voice to be heard we reported in last year's Quality Report on the on-going

transformation of our Patient Advise and Liaison Service (PALS). Efforts to increase accessibility continued into this year.

In October 2016, over 400 women and their families attended a Service of Remembrance, held at the Isla Gladstone Conservatory in Stanley Park, as part of Baby Loss Awareness Week. This event is just one of the ways the Trust supports those who have suffered a loss through miscarriage, stillbirth or early neonatal death, in some cases many years after their loss.

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

In making this statement I can confirm that, to the best of my knowledge, the information contained in this Quality Report is accurate and there are no concerns regarding the quality of relevant health services that we provide or sub-contract.

A handwritten signature in black ink that reads "Kathryn Thomson". The signature is written in a cursive, flowing style.

Kathryn Thomson
Chief Executive



Part 2

Priorities for improvement and statements of assurance from the board



Priorities for Improvement

The section of the report looks at the Trust's quality priorities, how we have performed against them during 2016-17 and how we plan to monitor progress during the coming year.

These priorities are a combination of national and local issues and wherever possible are identified by as wide a range of stakeholders as possible; this includes patients, their families, the wider public, our staff and commissioners. The Trust's priorities can be summarised by our 3 goals: to reduce harm,

reduce mortality and provide the best patient experience. The Trust priorities ensure that Safety, Effectiveness and Experience, set out by the Department of Health as the 3 central principles of quality healthcare, remain at the core of all activity at Liverpool Women's.



Reduce Harm

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



Reduce Mortality

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



Provide the best Patient Experience

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

Key

- ✓ Goal achieved
- ✓ Improvement made compared to last year
- ✗ Goal not achieved

Quality and Safety Improvement Priority	Target	Status
Reducing Harm	To reduce the number of elective surgical site infections in gynaecology to an average of 3 per calendar month	✓
	To work to cleanse data for emergency patients and determine underlying infection complication rates	✓
	To achieve zero MRSA infections	✓
	To achieve zero Clostridium-difficile (C-diff) infections	✓
	To achieve a rate of late-on-set bloodstream infections in preterm infants below 0.5 infections per 100 very low birth weight intensive care and high dependency days	✓
	To achieve a proportion of preterm babies who develop a late-onset bloodstream infection below the median benchmarked against the Vermont Oxford Network (VON)-UK	✓
	To reduce the incidents of babies born with grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% over 3 years	✗
	To reduce the number of very low birth weight babies who have ultrasound evidence of periventricular haemorrhage (grade 3 or 4) or periventricular leukomalacia to be in the lowest quartile of benchmarking peers	✓
	To increase reporting of all medication error incidents by 10% quarter on quarter (~16% in year), to enable identification and resolution of causal factors	✓
	To ensure that all medication incidents rated at 10 or above are subject to a Root Cause Analysis	✓
	To ensure that no more than 10% of live births as a result of assisted conception treatment are multiples	✓
Reducing Mortality	To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate	✓
	No non-cancer related deaths in gynaecology	✗
	Zero direct maternal deaths	✓
	To reduce the incidence of stillbirths attributed to Small for Gestational Age (SGA) by 20%	✓
	Introduce the national 'safety thermometer' for maternity services	✓
Providing the Best Patient Experience	1:1 care in established labour provided to at least 95% of women	✓
	To provide epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate	✗
	To be in the upper quartile of Patient Survey across all pathways	✓

Reducing Harm

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

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

Our Priority To reduce the number of elective surgical site infections in gynaecology to an average of 3 per calendar month

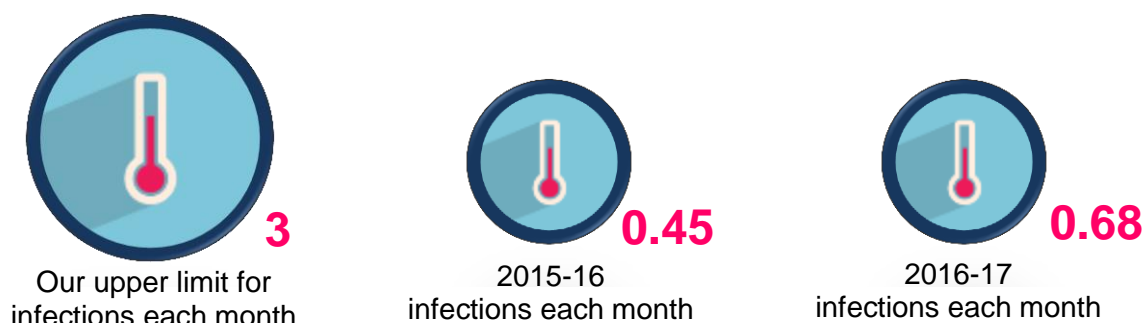
What we said we’d do

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

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

What the data shows

In the past 12 months there was an average of 0.68 surgical site infections recorded per month as a result of elective gynaecological surgery. Initiatives such as the WHO surgical checklist and our Enhanced Recovery Programme have helped us to ensure the surgical site infection rate remains significantly below the 3 per month stated as the upper limit in this priority.



Data Source: Hospital Episodes Submission

What happens next?

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

This indicator has assisted in reducing surgical site infections for our patients, ensuring it is discussed and monitored throughout the year and has led to the trust putting in place robust audits of theatres with several checklists audit carried out daily. The Trust will no longer monitor this priority in its Quality Report. We will however continue to monitor this indicator through performance metrics and contract reporting. If any deterioration is identified we would consider reinstating it into the Quality Report.

Our Priority

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

What we said we'd do

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

What the data shows

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

Data Source: Infection Control Department

What is data cleansing?

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



What happens next?

The indicator is reviewed by the Trust's Infection Prevention and Control Committee, with updates received by the Governance and Clinical Assurance Committee. As this priority has been achieved this will now be monitored through the Trust's monthly performance dashboard.

Our Priority To achieve zero MRSA infections

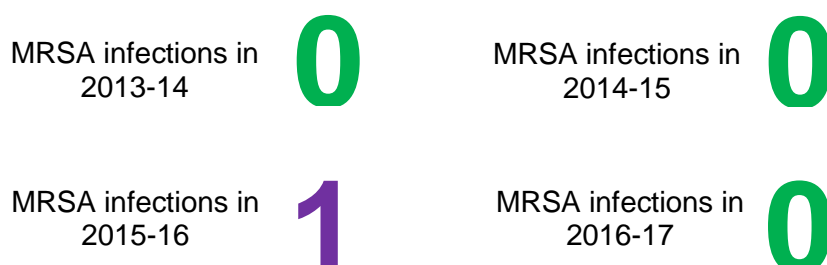
What we said we'd do

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

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

What the data shows

The Trust is pleased to have achieved the target of zero cases of MRSA. Each MRSA bacteraemia case is investigated with all staff involved using detailed Root Cause Analysis identifying areas for improvement.



Data Source: Infection Control Department

What happens next?

As this priority has been achieved this will now be monitored through the Trust's monthly performance dashboard.

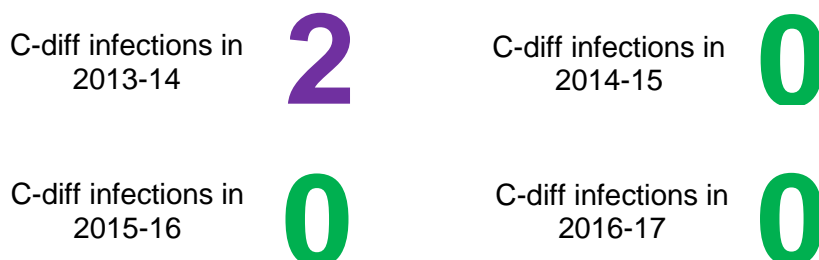
Our Priority To achieve zero Clostridium-difficile (C-diff) infections

What we said we'd do

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

What the data shows

There were no reported instances of Trust apportioned Clostridium difficile infection in persons aged 2 or over in 2016-17.



Data Source: Infection Control Department

What happens next?

Having successfully maintained zero instances of C-diff in consecutive years this priority has been achieved and will now be monitored through the Trust's monthly performance dashboard.

Our Priority

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

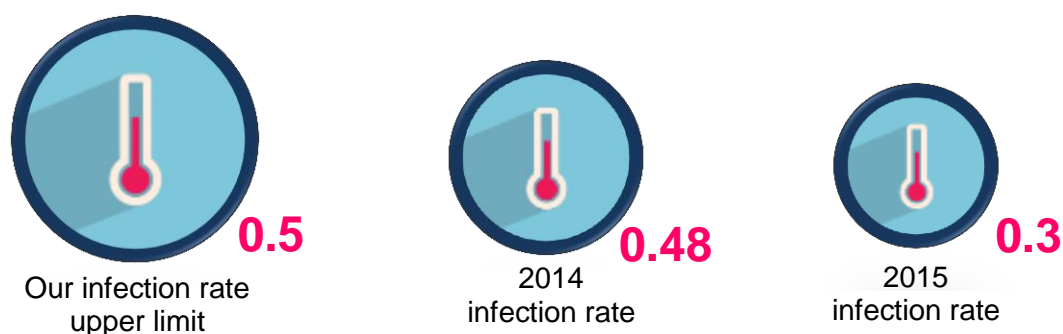
What we said we'd do

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

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

What the data shows

The most recent data available to us is from the calendar year 2015. Although the trust 2016 data is available and shows positive progress there is a process of verification through the national network before formal standardisation is complete. The infection rate was 0.29 infections per 100 very low birth weight intensive care and high dependency days. This is below our target of 0.5 and similar to the rate of 0.30 in 2015.



Data Source: Vermont Oxford Network

What happens next?

The data for this priority will continue to be calculated and reported as one of the items monitored by the Neonatal Unit. As this priority has been achieved this will now be monitored through the Trust's monthly performance dashboard.

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

What we said we'd do

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

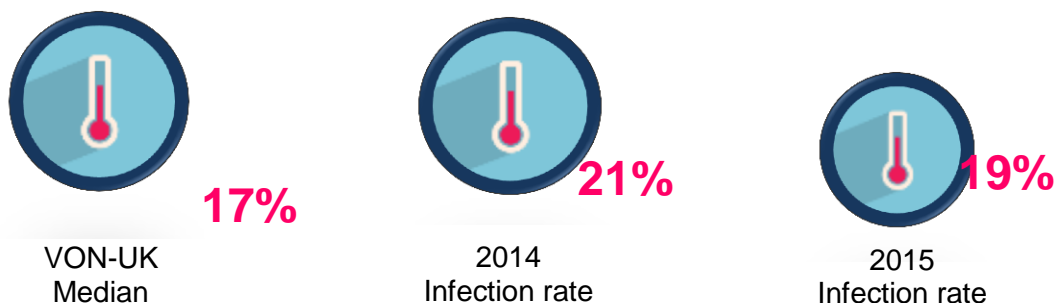
What is VON?

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



What the data shows

The most recent data available to us is from the calendar year 2015 there has been a national delay in reporting 2016 figures. The infection rate was 19%, lower than in 2014 but above the median value for VON units in the UK. This may, in part at least, be explained by differences in complex case-mix and survival of babies admitted to Liverpool Women's compared with other units.



Data Source: Vermont Oxford Network

What happens next?

The Trust will no longer monitor this priority in its Quality Report. The data for this priority will continue to be reported locally by the Neonatal Unit however. It is felt by clinicians that next year's indicators of reducing avoidable neonatal deaths and reducing avoidable admissions will provide a better benchmark of the quality of service provided.

Our Priority To reduce the incidents of babies born with Grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% over 3 years

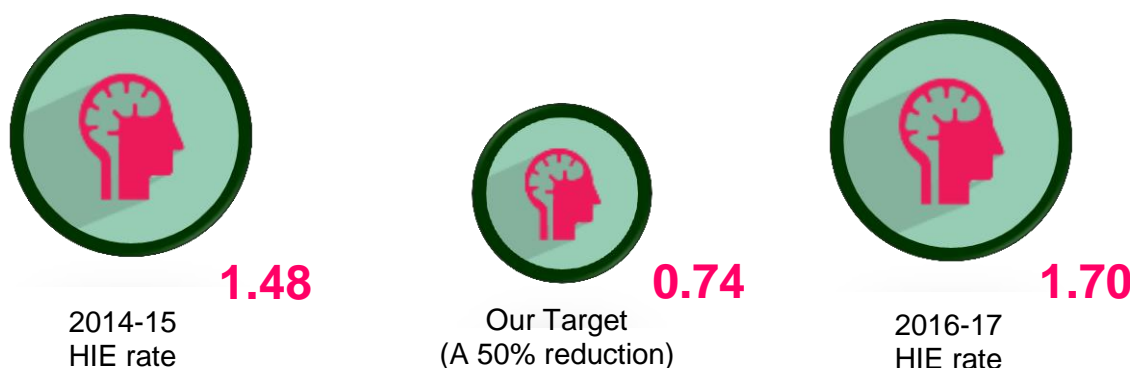
What we said we'd do

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

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

What the data shows

In the past 12 months 15 babies have been born with Grade 2/3 Hypoxic Ischaemic Encephalopathy. The HIE rate has therefore been 1.70. This compares to 1.48 at the start of this target.



Data Source: LWH Badger System

What happens next?

In line with "Each Baby Counts", all babies treated with therapeutic hypothermia will continue to have multidisciplinary reviews in conjunction with external peers. Themes identified and lessons learned will continue to be shared across the organisation and Strategic Clinical Network. Review reports will be uploaded to the Each Baby Counts data portal for evaluation. Data for HIE will continue to be reported monthly on the performance dashboard with concerns escalated to the Effectiveness Senate and onwards as required.

The previous indicator was truly aspirational, we now have pregnant ladies with significant health conditions and an older age range that are now having babies that previously would not have been able to. The matter is complex with a variety of issues that could occur before the patient arrives to have the baby. This will be monitored through 2 new indicators reducing stillbirths and reducing avoidable neonatal deaths

The Trust will retire this metric and instead monitor the number of term babies unexpectedly admitted to the neonatal unit. This ties in closely with HIE but is deemed to be a better way to measure the quality of Trust efforts to reduce avoidable harm.

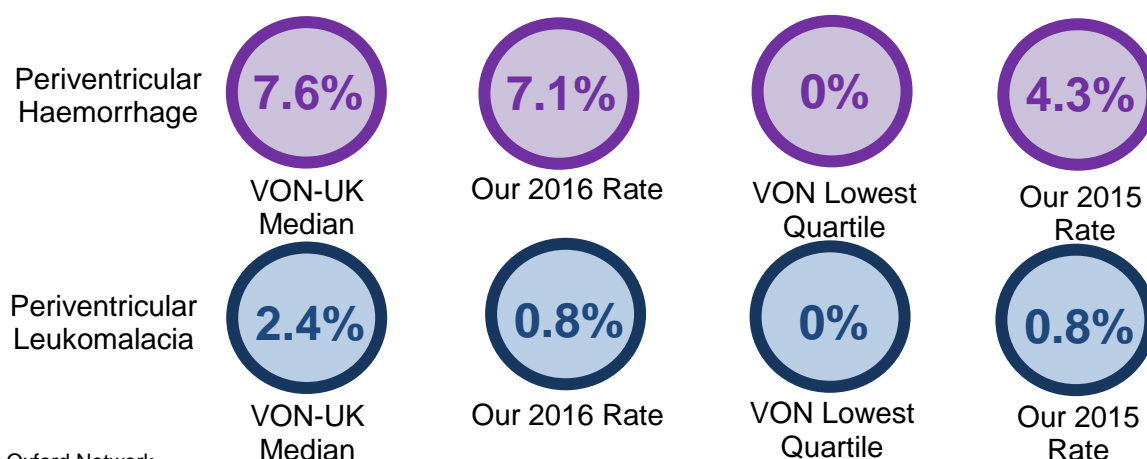
Our Priority To reduce the number of very low birth weight babies who have ultrasound evidence of periventricular haemorrhage (grade 3 or 4) or periventricular leukomalacia to be in the lowest quartile of benchmarking peers

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

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

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

The proportion of very low birth weight babies with ultrasound evidence of perinatal brain injury at LWH continues to be lower than the average rate seen across other neonatal units in UK.



Data Source: Vermont Oxford Network

What happens next? The Trust will no longer monitor this priority in its Quality Report. Outcomes will instead be monitored under the other indicators allowing for a more robust focus on neonatal outcomes. The Trust will however continue to benchmark against VON and endeavour to be in the lowest quartile. We will monitor and implement any new evidence based interventions to prevent or reduce preterm perinatal brain injury as they become available.

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

What we said we'd do

The administration of medication is the most frequent medical intervention a patient receives in hospital. The EQUIP¹ study, a large multi-centre study on prescribing errors shows an 8.9% prescribing error rate. We committed to this priority because improving the reporting culture around medication errors and having the right processes to review and learn from them can have a positive impact on patient safety.

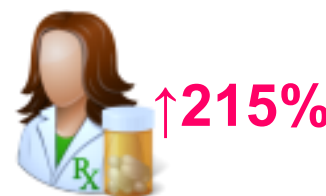
What is a medication error?

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



What the data shows

There were 732 medication error incidents reported during 2016-17. This represents an increase of 215% in reporting compared to the previous 12 months 2015-16 335 reported medication error incidents report and therefore met our annual target of a 16% increase to improve reporting rates of medication errors.



Data Source: Ulysses Risk Management System

What happens next?

Promotion of reporting across the multi-disciplinary team and robust systems to review medication errors have been implemented and have increased our reporting levels greatly. As a result the Trust intend to retire this metric but will continue to monitor reporting rates through Medicines Management Committee and the Safety Senate with a particular focus on incidents causing harm.

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

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

What we said we'd do

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

¹ Dornan, T, Ashcroft, D, Heathfield, H, Lewis, P, Miles, J, Taylor, D, Tully, M, Wass, V. An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education. EQUIP study. General Medical Council: 3 December 2009.

What the data shows

There were 0 medication error incidents scoring 10 or more during 2016-17.
Data Source: Ulysses Risk Management System

What happens next?

As this priority has been achieved this will now be retired. Medication errors are reported monthly to local forums with oversight of all medication incidents provided by Medicines Management Committee where cross divisional trends can be identified and action taken.

Our Priority

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

What we said we'd do

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

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

What the data shows

The Trust has continued to be significantly below its target for this metric despite a slight increase compared to the previous year. The Trust has been told by the HFEA that it has one of the lowest multiple live birth rates in the country.



Data Source: Human Fertilisation & Embryology Authority (HFEA)

What happens next?

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

As this priority has been achieved this will now be monitored through the Trust's monthly performance dashboard.



Liverpool Women's delivers services from locations across the North West

Reducing Mortality

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

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

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

The government uses a standardised measurement to calculate mortality across the NHS. This ratio, HSMR, compares a hospital’s actual mortality rate to the mortality rate that would be expected given the characteristics of the patients treated. This is not a useful tool for Liverpool Women’s since maternal deaths, stillbirths and neonatal deaths are all excluded

Our Priority	To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate
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What we said we’d do

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

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

What the data shows

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



UK
NNMR



Liverpool Women's
gestation corrected
NNMR (all live births)



Liverpool Women's
gestation corrected NNMR
(pregnancies booked at
Liverpool Women's)

Data Source: Office for National Statistics (ONS)

Note: NNMR is calculated as the number of deaths per 1,000 live births

What
happens
next?

The Trust will continue to benchmark using both the Office for National Statistics data and the data it gets from the Vermont Oxford Network. The Trust's Effectiveness Senate and ultimately the Board have an overview of the delivery of this work. This priority will remain on the Quality Strategy for 2017-2020 and reported annually through the Quality Report.

Our Priority No non-cancer related deaths in Gynaecology

What we
said we'd do

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

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

What the
data shows

Two non-cancer related deaths in Gynaecology in 2016-17. Full Serious Investigations (Si's) were undertaken for both cases, with no core issues identified.

Data Source: Hospital Episode Submission Data (HES)

What
happens
next?

All deaths within the hospital, whether cancer-related or not, are reviewed to ensure the appropriate action was taken. The Trust benchmarks its mortality data against peer Trusts using Capita Healthcare Knowledge System (CHKS). We will continue to benchmark in this way to complement the close monitoring of our mortality data internally. The Trust's Clinical Quality Governance Committee and ultimately the Board have an overview of the delivery of this work. The Trust intends to publish a Mortality Strategy in 2017.

This priority will continue to be reported in the Quality Report but will be reported under the redefined priority of Adult Mortality.

Our Priority **Zero direct maternal deaths**

What we said we'd do

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

What the data shows

There were 0 direct maternal death recorded in 2016-17. There has only been 1 since the Trust opened in 1998.

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

Direct Maternal deaths
in 2013-14 **0**

Direct Maternal deaths
in 2014-15 **0**

Direct Maternal deaths
in 2015-16 **0**

Direct Maternal deaths
in 2016-17 **0**

Data Source: Hospital Episode Submission Data (HES)

What happens next?

The Trust will continue to prioritise this metric in its Adult Mortality indicator. Our work within the Merseyside and Cheshire maternity clinical network develops regional guidelines for the management of severe pre-eclampsia and other pregnancy related conditions that can contribute to mortality.

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

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

What we said we'd do

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

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

What the data shows

The data shows a 23% reduction in stillbirths attributed to small for gestational age. The Stillbirth Task Force has achieved its Phase 1 target of 20% reduction in stillbirths attributed to small for gestational age.

Data Source: Hospital Episode Submission Data (HES)

What happens next?

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

The Trust will look to use this year's figures as the starting point and will monitor them for reduction while continuing to submit information on stillbirths nationally as part of our audit work. Local clinicians monitor this priority, reporting regularly on progress to the Trust's Effectiveness Senate with exceptions escalated as necessary, ultimately to the Board. This priority will be managed under a redefined priority of reducing avoidable stillbirths in line with the Trust Quality Strategy for 2017-2020.

Our Priority **Introduce the national 'safety thermometer' for maternity services**

What we said we'd do

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

What the data shows

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

Data Source: National Safety Thermometer

What is the National Safety Thermometer?

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



What happens next?

As this priority has been met and the Safety Thermometer is introduced the Trust does not intend to continue to report against this metric in the Quality report. This remains a contractual requirement however and is monitored quarterly by our local commissioners where any performance issues will be challenged and addressed.

Providing the Best Patient Experience

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

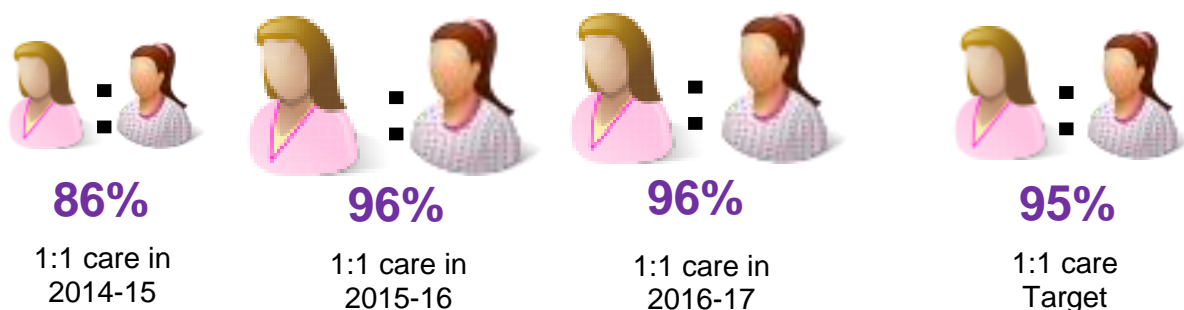
Our Priority 1:1 care in established labour provided to at least 95% of women

What we said we'd do

The importance of support for a woman and her family during established labour and birth cannot be underestimated. Delivering 1:1 care to women in established labour is known to promote a normal birth, reduce intervention and enhance women's birth experiences. Ensuring that at least 95% of our women receive 1:1 care in labour was therefore selected as a priority by the Trust.

What the data shows

The Trust has historically struggled to meet this target. There has been a significant improvement in the last 2 years with the Trust succeeding in exceeding this planned target.



Data Source: Meditech

What happens next?

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

This priority will be monitored on the Trust performance dashboard and also highlighted through learning and concerns but will not remain a standalone metric in the Quality Report. Any concerns raised in relation to 1:1 care provision will be captured in the patient experience metrics of next year's Quality Report

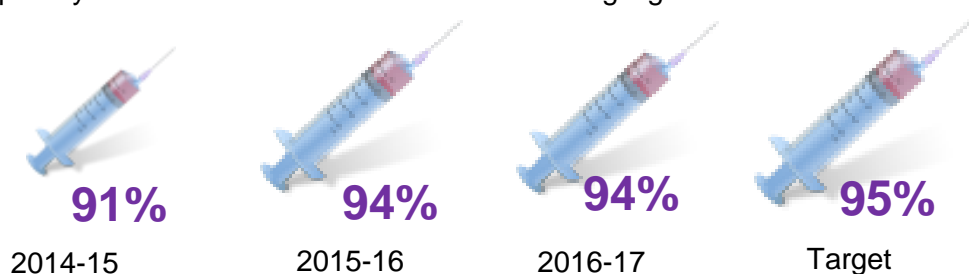
Our Priority	To provide epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate
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What we said we'd do

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

What the data shows

There has been consistent improvement over the past several years. However, the Trust has narrowly missed its target of 95% against this priority. This is not unexpected as the priority was selected after a deficit had been highlighted in 2013-14.



Data Source: Hospital Episode Submission Data (HES)

What happens next?

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

Local clinicians monitor this priority, reporting regularly on progress to the local quality meetings. This priority will be monitored on the Trust performance dashboard and highlighted through learning and concerns meetings. Individual instances where epidurals are not provided are predominantly clinical decisions in situations where a woman asks for an epidural but is too far along in delivery for this to be given safely.

Our Priority	To be in the upper quartile of Patient Surveys across all pathways
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What we said we'd do

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

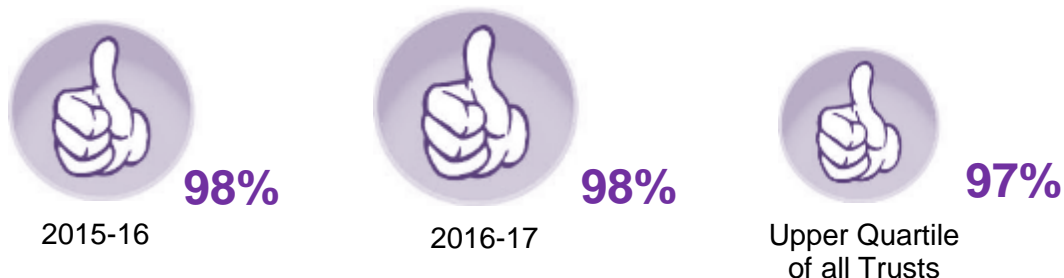
What is the Friends & Family Test?

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



What the data shows

In 2016-2017 98% of those responding to the survey said they would recommend Liverpool Women's to their friends and family. This was the same figure as reported in 2015-16. The upper quartile was 97% meaning we successfully met this priority.



Data Source: NHS England

What happens next?

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

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

Priorities for Improvement in 2017-18

As has been outlined in the report so far, the Trust has 3 clearly defined quality goals; to reduce harm, to reduce mortality and to provide the best patient experience. You have seen already how we have performed during 2016-17; the tables below set out what our priorities will be in the coming 12 months.

Our priorities are a combination of national and local issues and wherever possible are identified by as wide a range of stakeholders as possible as well as by the Trust. This includes patients, their families, the wider public, our staff and commissioners. We have held listening events and engagement sessions to allow all our stakeholders the opportunity to assist in choosing this year's priorities. The priorities are driven by the Trust's Quality Strategy and will allow us to achieve our vision of being the recognised leader in healthcare for women, babies and their families

Reduce Avoidable Harm

Core Principle: Safety

Improvement Priority	Why is this important, how is it measured and where will it be reported
Zero never events	The Trust takes extremely seriously its duty to prevent harm and provide care in a safe environment. This will be monitored via our Ulysses incident reporting system and reported to Safety Senate.
Reduce medication incidents resulting in harm	Improving the reporting culture and having the correct processes to review and learn can have a positive impact on patient safety. This will be measured using data from the Trust's Ulysses system and reported to Safety Senate.
100% sepsis screening	The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment. This will be measured using data from the Infection Control Department and reported to Safety Senate.
Reduce avoidable readmissions	Planning patient discharges as early as possible and ensuring clear discharge plans are in place leads to safer care. Targeted clinical audits to understand patient flow will be in place and reported to Safety Senate.
Reduce avoidable returns to theatre	Monitoring and understanding why patients are returned to theatre unexpectedly including analysing variation as part of the revalidation process. Conducting root cause analysis and learning from these investigations will be reported to Safety Senate.

Reduce avoidable term neonatal admissions	Minimising term admissions reduces potentially avoidable separation of mothers and babies, reduces unnecessary investigation and treatment and allows better utilisation of resources in the neonatal unit. This will be monitored using routinely collected hospital activity data and the neonatal admissions database and reported to Safety Senate.
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Achieve the best clinical outcomes

Core Principle: Effectiveness

Improvement Priority	Why is this important, how is it measured and where will it be reported
Zero maternal deaths	Mortality data is crucial for all hospitals in identifying shortcomings in care. This will be measured using HES data and reported to Effectiveness Senate.
Zero unexpected deaths in women having gynaecological treatment	Mortality data is crucial for all hospitals in identifying shortcomings in care. This will be measured using HES data and reported to Effectiveness Senate.
Reduce avoidable stillbirth	Stillbirth is potentially preventable through early intervention. This priority will be measured using HES data and reported to Effectiveness Senate.
Reduce avoidable neonatal deaths	This will ensure the quality of care we provide is of the highest quality, it will be monitored using local data along with information from the Office of National Statistics and reported to Effectiveness Senate.
Increase compliance with NICE Quality Standards	Compliance with quality standards helps ensure the trust is working to best practice. This will be measured using information from the Clinical Audit team and reported to Effectiveness Senate.

Provide the Best Patient Experience

Core Principle: Experience

Improvement Priority	Why is this important, how is it measured and where will it be reported
Increase the percentage of staff recommending the Trust as a place to work	Listening to feedback helps us respond to patient concerns and informs us when we make decisions about how our services are provided. This priority will be measured using data from NHS England and reported to Experience Senate.

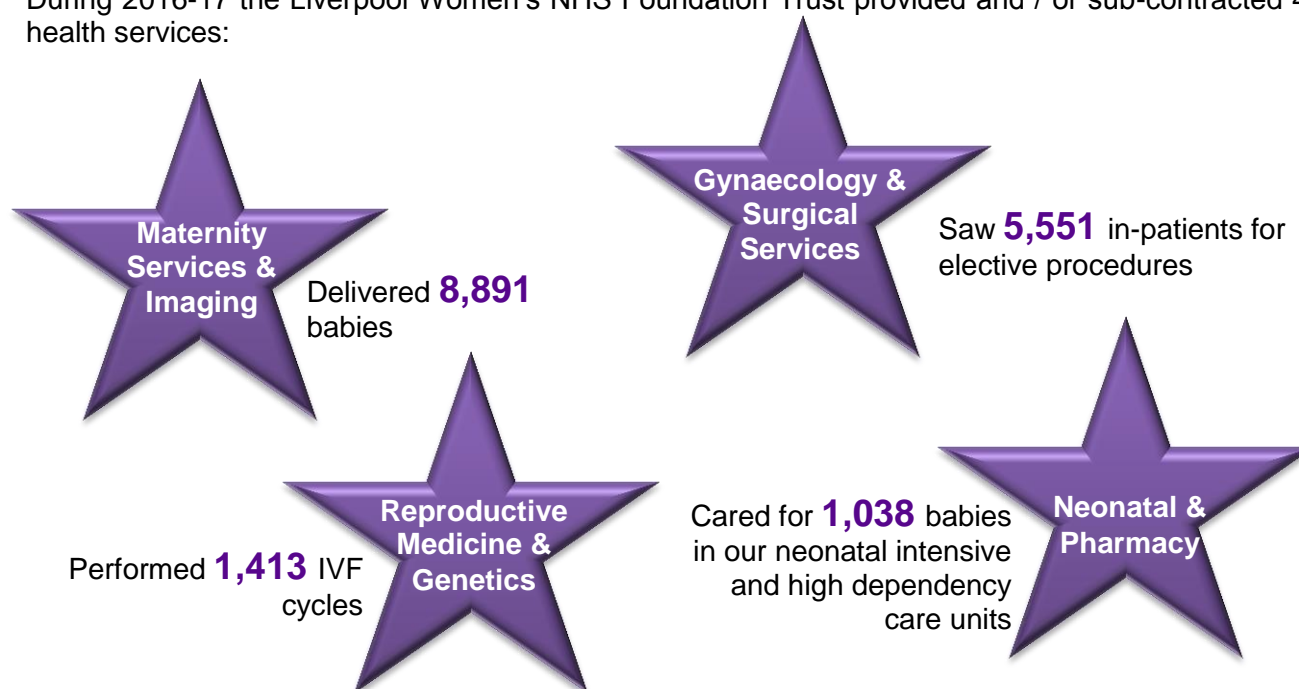
Increase the Trust's staff engagement score	There are well evidenced links between staff engagement and good outcomes for patients. By supporting our staff to develop, listening to their feedback and involving them in decision –making we aim to improve both staff and patient experience. It is measured via the engagement score in the annual staff survey and reported to Experience Senate.
Reduce PALS contacts regarding patient access to triage systems	Respond to themes from PALS, Complaints, and Feedback & Surveys. This will begin with improving patient access to telephone triage systems and will be reported to Experience Senate.

Statements of Assurance

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

Review of Services

During 2016-17 the Liverpool Women's NHS Foundation Trust provided and / or sub-contracted 4 relevant health services:



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

The income generated by the relevant health services reviewed in 2015-16 represents 100% of the total income generated from the provision of relevant health services by the Liverpool Women's NHS Foundation Trust for 2016-17.

Participation in Clinical Audit

During 2016-17 4 national clinical audits and 1 national confidential enquiry covered relevant health services that Liverpool Women's NHS Foundation Trust provides. During 2016-17 Liverpool Women's NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust was eligible to participate in during 2016-17 are as follows in the table below. The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in during 2016-17 are as follows in the table below.

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in, and for which data collection was completed during 2016-17, 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.

Relevant National Clinical Audits	Did the Trust participate?	Cases Submitted
Neonatal Intensive and Special Care (NNAP)	✓	100%
National Comparative Audit of Blood Transfusion Programme – Audit of Patient Blood Management in Scheduled Surgery	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality	✓	100%
National Pregnancy in Diabetes Audit (NPID)	✓	92.5%

Relevant National Confidential Enquiries	Did the Trust participate?	Cases Submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal Deaths	✓	100%
Mental Health in General Hospitals (NCEPOD)	✓	100%

The reports of 4 national clinical audits were reviewed by the provider in 2016-17 and Liverpool Women's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audits	Actions Taken
Neonatal Intensive and Special Care (NNAP)	<ul style="list-style-type: none"> The recording system was not fully compatible with the national system; therefore the Unit has now migrated from the "Badger 3" system to a "Badgernet full EPR" system. To improve parent documentation for babies admitted to NICU, all the admissions to NICU in the preceding 24 hours are highlighted during morning huddle to check if parent communication is documented or to allocate the responsibility for communication and documentation. To improve breast feeding rate, increased utilisation of small wonders programme DVD and appointed new Healthcare assistant for breast feeding support to mother in NICU. A service evaluation is to be undertaken to find the true incidence of bronchopulmonary dysplasia
2016 National Comparative Audit of Blood Transfusion programme) Re-audit of Patient Blood Management in Adults undergoing Scheduled Surgery	<ul style="list-style-type: none"> Awaiting National report
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality	<ul style="list-style-type: none"> A Perinatal Mortality Review Multidisciplinary Group with an Obstetric & Neonatology lead has been set up to regularly review all stillbirths/term neonatal deaths/cooled babies. In order to comply with EBC recommendations to use a standardised tool to review process, the DH tool will be used. Review of Diabetes related stillbirths 2011- Oct 2016 (introduction of new Diabetes protocol) is to be undertaken

	<ul style="list-style-type: none"> Phase 2 of Stillbirth Task Force target will now involve participation from midwifery staff and other multi-disciplinary team members in the review panel, especially from the community and antenatal clinics
National Pregnancy in Diabetes Audit (NPID) 2016	<ul style="list-style-type: none"> Awaiting National Report

The reports of 26 local clinical audits were reviewed by the provider in 2016-17 and Liverpool Women's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. This is a selection of key actions that have improved healthcare or made a difference to patients as a result of local clinical audit; they are those we feel are most relevant from our Clinical Audit programme this year.

Audit of blood transfusion practice against NICE guidance: NG24

As a result of the audit findings, we didn't need to change or implement any new guidelines or policies. We have educated staff in order that they will change their practice; only transfuse single units, 'don't transfuse two without review' and consider the use of tranexamic acid, particularly in gynaecological surgery.

Prescribing Incident audit on the maternity ward

The audit results identified that the training programme for Junior Doctors was now more enhanced and Doctors were taught more about safety of Fragmin and Paracetamol prescriptions and that it may be useful to have a reference guide for Doctors to carry. In order to raise awareness of VTE risk assessment and subcutaneous Fragmin prophylaxis prescribing, posters were created and are on display in clinical areas, and lanyard cards have been designed for Doctors to carry as a guide. Standards have now been created from this audit and the Trust is eager to encourage excellence in prescribing.

Referral of babies with abnormalities identified on routine examination of the newborn (NIPE)

Following the audit, guidelines related to referral for absent eye reflex, developmental dysplasia of hips and undescended testes, were disseminated widely in the Neonatal Team. The audit report, including results was shared with orthopaedics, surgical and ophthalmology teams and presented at the Neonatal Clinical Governance meeting. New guidelines are currently under discussion and will be implemented once agreed by the Neonatal Clinical Team.

Trust compliance with Mental Capacity Act (MCA) 2005 & Deprivation of Liberty Safeguards (DOLS)

The audit findings confirmed that the combination of; raising awareness of how to apply the MCA in clinical practice through mandatory training, identification of patients who may lack capacity in pre-operative assessment, a robust referral system, access to specialist support and expert guidance and the reformatted Consent Form 4 have all contributed to the overall improvement in compliance, when compared to 2015/16. All Standards were met and therefore no actions were required.

Bowel Injury

As a result of the audit findings, we didn't need to change or implement any new guidelines or policies. We found that documentation was good and we now display visual prompts in gynaecology theatres as a reminder to staff to document operation notes for oncology patients on the Somerset database and that operation notes for complex cases need to be completed by a Lead Surgeon.

What is Clinical Audit?

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

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



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

Participation in Clinical Research

During 2016/17 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to maintain our subsequent numbers of NIHR recruitment accruals.

The number of patients receiving relevant health services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 1795 of which, 1046 were recruited into NIHR portfolio studies.

Liverpool Women's was involved in conducting 137 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2016/17. At the end of 2016/17 a further 24 studies were in set up.

There were 89 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2016/17. These staff contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials, to health systems research about healthcare delivery in the community.

Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, 86 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

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

A proportion of Liverpool Women's NHS Foundation Trust's income in 2016-17 was conditional upon achieving quality improvement and innovation goals agreed between Liverpool Women's NHS Foundation Trust and any other person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The main areas covered by the framework are:

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

Further details of the agreed goals for 2016-17 and for the following 12 month period are available electronically at: www.liverpoolwomens.nhs.uk/About_Us/Quality_and_innovation.aspx.

The total monetary value of the income in 2016-17 conditional upon achieving quality improvement and innovation goals was £ £1,983,283. The monetary total for the associated payment in 2015-16 was £1,977,598.

Care Quality Commission

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

The Care Quality Commission has not taken enforcement action against Liverpool Women's NHS Foundation Trust during 2016-17.

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

What is the Care Quality Commission?

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



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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity (inpatient services)	Requires improvement	Good	Good	Good	Good	Good
Maternity (community services)	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Surgery (gynaecology)	Requires improvement	Good	Good	Good	Good	Good
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Neonatal services	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	N/A	N/A	N/A	N/A	N/A	Good

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

Data Quality

Liverpool Women's NHS Foundation Trust submitted records during 2016-17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

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

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

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

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

Liverpool Women's NHS Foundation Trust will be taking the following actions to improve data quality: a monthly data quality sub-committee, data quality report reviews and a robust data quality audit plan, commenced April 2016 with quarterly update reports reported into and monitored by the Data Quality Sub Committee.

Information Governance

Liverpool Women's NHS Foundation Trust's Information Governance Assessment report overall score for 2016-17 was 74% and was graded **"Green - Satisfactory"**.

Clinical Coding

Liverpool Women's NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016-17 by the Audit Commission.

Duty of Candour

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

In interpreting the regulation on the duty of candour Liverpool Women's NHS Foundation Trust use the definitions of openness, transparency and candour used by Robert Francis in his report. The thresholds and harm definitions of moderate and severe harm are consistent with existing National Reporting and

Learning System (NRLS) definitions, including prolonged psychological harm. The Trust records all instances in which it applies duty of candour on its Ulysses Risk Management system.

Sign up to Safety

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

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

Junior Doctor Staffing

Due to the known national shortage of junior doctors, and as detailed on the Trust Risk Register, the Trust usually runs with a number of gaps on the rotas across all services. The majority of these gaps are in the main covered by locum shifts from the current cohort of doctors in training. However, there is an increasing reliance on agency locum shifts in in O&G, managed within the current framework agreement. The table below shows the number of gaps on rotas during this rotation period:

Speciality	No: of gaps
O&G	6.5
Neonates	2
Anaesthetics	2
Genetics	1

For note, due to the national shortage of junior doctors, it is becoming increasingly difficult to recruit to posts within the junior doctor workforce across all specialities so it is envisaged that rota gaps will continue and may even increase.

NHS Staff Survey

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

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Trust Score	National Average	Highest National Score	Lowest National Score
24%	23%	29%	17%

Percentage of staff believing that trust provides equal opportunities for career progression or promotion

Trust Score	National Average	Highest National Score	Lowest National Score
89%	86%	94%	81%

Reporting against Core Indicators

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

28 Day Readmission Rates

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

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

Trust This Year	Trust Last Year	National Average	Highest National Score	Lowest National Score
9.85%	7.11%	11.45%	17.15%	0%

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

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

Staff who would recommend the Trust to their family or friends

All Trusts are asked to record the percentage of staff employed by, or under contract to, the Trust during the reporting period who would

recommend the trust as a provider of care to their family or friends. The table below shows how Liverpool Women's compares with other specialist Trusts nationally:

Trust This Year	Trust Last Year	National Average	Highest National Score	Lowest National Score
80%	80%	90%	93%	80%

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

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

Venous Thromboembolism (VTE)

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

Trust This Year	Trust Last Year	National Average	Highest National Score	Lowest National Score
98%	98%	96%	100%	78%

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

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

Clostridium Difficile

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

Trust This Year	Trust Last Year	National Average	Highest National Score	Lowest National Score
0	0	40.8	111.1	0

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

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

interventions to ensure they remain fit for purpose.

Patient Safety Incidents

All Trusts are asked to record their rate of patient safety incidents per 1,000 bed days. The table below shows how Liverpool Women's compares nationally 2016:

Trust This Year	Trust Last Year	National Average	Highest National Score	Lowest National Score
120	85	57	141	16

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

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

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

Trust This Year	Trust Last Year	National Average	Highest National Score	Lowest National Score
0.6%	1.1%	0.2%	0.9%	0%

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

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

Part 3

Other Information



Performance against Key National Priorities and National Core Standards

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

The indicators provide an overview of the quality of care offered by the NHS foundation trust based on performance in 2016/17. The indicator set includes indicators for patient safety, clinical effectiveness and patient experience. The Trust has successfully met all but one of the targets in 2016-17. Positive progress in the all cancers two week wait is particularly pleasing. There has however been a decrease in the overall staff engagement score. The trust intends to conduct focus groups in departments where the number of staff recommending the Trust is particularly low. It is of note that the trust is grouped with specialist trusts and performs better when results are considered alongside those of acute trusts.

Indicator	Target	2016-17 Performance	Target Met?	2015-16	2014-15	Data Source
Patient Safety						
(A) 18 week referral to treatment times: Incomplete Pathways	92%	93.65%	Yes	95.2%	93.6%	Somerset Cancer Register
All cancers: two week wait	93%	96.5%	Yes	95.9%	96.4%	Somerset Cancer Register
All cancers: one month diagnosis to treatment (first definitive)	96%	99.3%	Yes	99.7%	97.5%	Somerset Cancer Register
Clinical Effectiveness						
All cancers: one month diagnosis to treatment (subsequent surgery)	94%	100%	Yes	100%	99.1%	Somerset Cancer Register
All cancers: one month diagnosis to treatment (subsequent drug)	98%	-	Yes	-	-	Somerset Cancer Register
(A) All cancers: two month diagnosis to treatment (GP referrals)	85%	86.9%	Yes	87.2%	88.7%	Somerset Cancer Register
Patient Experience						
All cancers: two month diagnosis to treatment (screening referrals)	90%	100%	Yes	100%	100%	Somerset Cancer Register
NHS Staff satisfaction: Overall staff engagement	3.86	3.77	No	3.86	3.74	NHS Staff Survey
Total time in Accident & emergency (% seen within 4 hours)	95%	98.1%	Yes	99.1%	99.9%	Meditech

(A) These indicators have been subject to additional assurance procedures by the Trust's external auditor

The number of indicators shown above has reduced this year in comparison to previous years' reports. This is in response to regulatory changes aimed at reducing the burden on providers and allowing a clearer focus on the indicators that are most important to patients.

Annex 1: Statements from our Partners

Liverpool Women's shares its Quality Report with commissioners, local Healthwatch organisations and Local Authority Overview and Scrutiny Committees. This section of the report details the responses and comments we have received from them.

South Sefton, Southport and Formby, Liverpool and Knowsley Clinical Commissioning Groups

South Sefton, Southport and Formby, Liverpool and Knowsley CCGs welcome the opportunity to jointly comment on the Liverpool Women's Hospital NHS Foundation Trust Draft Quality Account for 2016/17. We have worked closely with the Trust throughout 2016/17 to gain assurances that the services they delivered were safe, effective and personalised to service users. The CCGs share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care. The account reflects good progress on most indicators.

We have reviewed the information provided within the Quality Account and checked the accuracy of data within the account against the latest nationally published data where possible.

This Account indicates the Trust's commitment to improving the quality of the services it provides for commissioners supports the key priorities for improvement of quality during 2016/17.

- Priority 1: Avoidable Harm
- Priority 2: Achieve the best clinical outcomes
- Priority 3: Provide the best Patient Experience (this has been carried over from 2015-16)

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals, in line with their Quality Strategy.

Through this Quality Account and on-going quality assurance process the Trust clearly demonstrates their commitment to improving the quality of care and services delivered. Liverpool Women's Hospital NHS Foundation Trust continues to develop innovative ways to capture the experience of patients and their families in order to drive improvements in the quality of care delivered.

The Trust places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected with the work the Trust has undertaken under the "Sign up to Safety" agenda.

Of particular note, is the work the Trust has undertaken to improve outcomes on the following work streams for example:-

- Zero C-Diff since 2014-15 and Zero MRSA infections in 2016-17.
- Trust has continued from 2015-16 with 98% of patients responding to the Friends and Family Test said they would recommend the Trust to their friends and family.
- Trust achieved its target of an increase of 16% in relation to the reporting of medication incidents. Trust has reported an increase of 215% (732 reported in 16-17).

The CCGs would like to acknowledge the Trust's work with commissioners on the Future Generations Strategy and the continued involvement of patients and carers in developing options for the future based on strong clinical evidence and the most rigorous standards of quality.

Commissioners are aspiring through strategic objectives and 5 year plans to develop an NHS that delivers great outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend the Trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

Katherine Sheerin
Chief Executive, NHS Liverpool CCG

Fiona Taylor
Chief Officer, South Sefton and Southport & Formby CCGs

Dianne Johnson
Accountable Officer, Knowsley CCG

Healthwatch Liverpool

Healthwatch Liverpool welcomes this opportunity to comment on the 2016-17 Quality Account for the Liverpool Women's NHS Foundation Trust.

This commentary relates to the contents of a draft Quality Account document that was made available to Healthwatch prior to its publication, and has also been informed by our ongoing engagement with the Liverpool Women's hospital. Healthwatch Liverpool receives feedback about the Trust through our information and signposting service, and via independent web-based resources such as www.careopinion.org.uk. We have been particularly pleased with some of the personal and empathetic responses by the Trust to patient feedback left on the Care Opinion website.

Healthwatch Liverpool, Sefton and Knowsley held a joint Listening Event at the Women's Hospital on 6th March 2017. From that event and a Patient Opinion event on 14th March 2017 we received feedback from 76 patients about their experience of using the Trust's services. We also attended sessions at the Honeysuckle service, set up by the Trust to support families who have suffered loss through miscarriage, stillbirth or early neonatal death where we gathered in-depth feedback from 10 people. Although the Honeysuckle team is not mentioned specifically in the Quality Account, we would like to take this opportunity to share how positive those families were about the support received and how this helped them deal with their losses.

Healthwatch Liverpool is assured that this Quality Account provides a good summary of the quality of services provided by Liverpool Women's hospital during 2016 -17. The priorities for improvement continued to be the same as the previous year: to reduce harm, to reduce mortality, and to provide the best patient experience. Details about the Trust's performance for all these priorities are provided within the report.

Healthwatch Liverpool is pleased with the progress overall as shown in the report; it was particularly positive to note that infection rates have remained very low, with zero MRSA and C-Diff infections reported. The trust aimed to increase the reporting of medication errors; the increased reporting rate of 215% is a welcome sign of openness. It is reassuring to note that no serious harms occurred as a result of medication errors. We are also pleased to see that the Trust has met its target of providing one-to-one care to 95% of women in established labour for the second year in a row.

The report shows a slightly more mixed picture in terms of reporting against national core indicators as set out by the Department of Health. Patient safety incidents appear to have risen, attributed by the Trust to better reporting. Although the figures for incidents leading to severe harm or death have dropped compared to the previous year, they are still above the national average. However, Healthwatch Liverpool is of the view that this Quality Account shows that overall the Trust is continuing to improve the quality of its services.

Healthwatch is aware that consultations about the future of local women's health services have been taking place this year. We look forward to the Trust's and Commissioners' ongoing engagement with patients and the wider public about this, ensuring that patients and the wider public remain fully informed.

Finally, the Trust serves diverse communities and Healthwatch would therefore welcome some information in the Quality Account about the work that the Trust carries out to ensure its services are equally accessible to all patients. Healthwatch Liverpool is looking forward to ongoing regular engagement with the Trust in 2017-18 to be able to monitor the progress of both quality and equality considerations.

Sefton Council

Quality Account 2016/17

As Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health), I am writing to submit a commentary on your Quality Account for 2016/17.

Members of the Committee met informally on 12 May 2017 to consider a number of draft Quality Accounts, together with representatives from Healthwatch Sefton and the local Sefton CCGs. We welcomed the opportunity to comment on your Quality Account and I have outlined the main comments raised in the paragraphs below.

Mr. Andrew Loughney, Medical Director, and Amanda Cringle, Quality Improvement and Resilience Lead, attended from your Trust to provide a presentation on the Quality Account and to respond to questions raised.

With regard to "Safety – Reduce Harm" and the Improvement Priority of "To reduce the incidents of babies born with Grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% over 3 years", we heard the reasons and anecdotes why this particular Improvement Priority should possibly be re-worded, to include something along the lines of "...in those cases where something should have been avoided", in order to achieve clarification. Otherwise, we understood the difficulties in ever achieving this Improvement Priority.

Similarly, under "Effectiveness – Reduce Mortality" and the Improvement Priority of "No non – cancer related deaths in Gynaecology", we heard that wording for this particular Improvement Priority should possibly be re-drafted in order to clarify and attain realistic improvement.

Again, under "To Provide the Best Patient Experience" and the Improvement Priority of "To provide epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate", we queried what figure 95% represented and were made aware that the wording for this particular Improvement Priority should possibly be re-drafted in order to clarify and achieve realistic improvement.

We were made aware of the NHS England documentation on "Saving Babies' Lives" and of the important work being undertaken in this area to reduce stillbirths.

We also discussed the current Case for Change for the Trust and the possible future relocation of the Trust, together with associated concerns relating to communication, full consultation with Sefton residents and all

relevant parties, and retention of the “Liverpool Women’s” brand. Trust representatives acknowledged that we are all striving to achieve the best quality care for patients and extended an invitation for us to get in touch with any future concerns.

We very much appreciated the opportunity to scrutinise your draft Quality Account for 2016/17 and were grateful for Mr. Loughney and Ms. Cringle’s attendance at our meeting. I hope you find these comments, together with the suggestions raised, useful.

Please accept this letter as my OSC’s formal response to your Quality Account.

Yours sincerely,



Councillor Catie Page
Chair of Sefton Council’s Overview and Scrutiny Committee (Adult Social Care and Health)

Healthwatch Sefton

Healthwatch Sefton welcomes the opportunity to comment on the draft Quality Account.

In reviewing the ‘Quality and Safety Improvement’ priorities, it was good to see that the majority of the targets have been achieved. We attended the Sefton MBC Overview and Scrutiny Committee (Adult Social Care and Health), informal meeting on the 12th May and received a presentation from the Trusts Medical Director. It was interesting to hear further information about the targets which had not been met and how those targets had been unrealistic. For example a reducing harm target; ‘to reduce the incidents of babies born with grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% over 3 years’ is an unachievable target with the Trust having no influence when something happens during pregnancy off site.

In reviewing the target for improving the best patient experience, it was good to see that there have been significant improvements in the last 2 years for the target of providing one-to-one care to 95% of women in established labour, the trust exceeding this planned target. The Trust narrowly missed its target of providing epidural pain relief to at least 95% of women requesting it, where possible and clinically appropriate. We would be keen to know how progress against this target is monitored moving forward as epidural pain relief not being administered could be due to factors outside of the Trusts control.

The Trust should be congratulated that there have been zero MRSA and zero Clostridium-difficile (C-diff) infections.

Healthwatch Knowsley, Liverpool, and Sefton held a joint ‘Listening Event’ at the Trusts main site in Liverpool on 6th March 2017. From that event we received feedback from 76 patients and their families about their experience of using the Trusts services. The majority of feedback was positive, especially about staff and about care received. More negative feedback was captured about waiting times at outpatient appointments.

Year on year the report is written in a style which is more readable to the public and it is good to see a mix of text, photographs and images. It would be useful for the public however to provide information in context

and include figures alongside percentages used. We found the paragraph on page 4 'Why publish a Quality Account?' to be a good way of letting the public know what the document is about and other Trusts would benefit from including this at the beginning of their accounts. The glossary is also welcomed.

It would have been good to have read more about the work undertaken to ensure services are equitable for all patients and hope that in next year's account there is information about work being undertaken which focusses on equality and diversity.

Healthwatch Sefton is aware of the pre consultation community engagement which has taken place during this period which has focussed on the future of women's health services provided by the Trust. During 2016, with little notice, we held 2 engagement sessions across Sefton with the support of our local Clinical Commissioning Groups to ensure Sefton residents could feed into the pre consultation work. Looking forward, as a key stakeholder, Healthwatch Sefton would like to work with the Trust and key commissioners to ensure that Sefton residents are involved in future engagement and consultation plans to ensure their voices are heard.

Healthwatch Sefton was not involved in choosing the new quality priorities for 2017–18, but hopes to work with the Trust over the coming year and would welcome informal meetings with key personnel on a quarterly basis with other local healthwatch organisations to ensure we receive regular updates and can share local information.

Annex 2: Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement 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 NHS 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 2016/17 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2016 to 26 May 2017
 - Papers relating to quality reported to the board over the period April 2016 to 26 May 2017
 - Feedback from Liverpool CCG dated 26/05/2017
 - Feedback from governors dated 26/04/2017
 - Feedback from Local Healthwatch organisations, Healthwatch Liverpool dated 10/05/2017 and Healthwatch Sefton dated 01/05/2017
 - Feedback from Sefton Council Overview and Scrutiny Committee, dated 16/05/2017
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017
 - The latest national patient survey, published January 2017
 - The latest national staff survey, published January 2017
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 27/03/2017
 - CQC Intelligent Monitoring Report dated 22/05/2015
- 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;

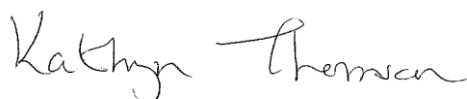
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.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.



Robert Clarke
Chair
26/05/2017



Kathryn Thomson
Chief Executive
26/05/2017

Annex 3: External Auditor's Limited Assurance Report

Independent Auditors' Limited Assurance Report to the Council of Governors of Liverpool Women's Hospital NHS Foundation Trust on the Annual Quality Report

Annex 4: Glossary of Terms

Assisted Conception	The use of medical procedures to produce an embryo.
CCG	Clinical Commissioning Group – Local groups of GP practices commissioned health services from the Trust for their patients.
C-Diff	Clostridium difficile - bacteria that are present in the gut.
Epidural	Form of regional analgesia used during childbirth.
Established Labour	The period from when a woman is 4 cms dilated and contracting regularly.
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.
HES	Hospital Episodes Submission.
HFEA	Human Fertilisation & Embryology.
HIE	Hypoxic Ischaemic Encephalopathy is an acute disturbance of brain function caused by impaired oxygen delivery and excess fluid in the brain.
HSCIC	Health and Social Care Information Centre.
Intraventricular Haemorrhage	Bleeding within the ventricles of the brain.
Intrapartum	Occurring during labour and delivery.
LWFT (sometimes LWH)	Liverpool Women's NHS Foundation Trust.
Maternity	The period during pregnancy and shortly after childbirth.
MBRRACE -UK	Mother and Baby Reducing Risks through Audits & Confidential Enquiries across the UK.
MRSA	Meticillin Resistant Staphylococcus Aureus – a bacterium resistant to treatment with the antibiotic Meticillin.
Neurological	The science of the nerves, the nervous system and the diseases affecting them.
Neonatal	Of or relating to newborn children.
NICE	National Institute for Health and Care Excellence.
NIHR	National Institute for Health Research.
NNAP	National Neonatal Audit Project.
NMR / NNMR	Neonatal Mortality Rate; Deaths of infants in the newborn period.
NRLS	National Reporting & Learning System.
ONS	Office for National Statistics.
PALS	Patient Advice & Liaison Service.
Perinatal	The period surrounding birth.
Periventricular Leukomalacia	A form of brain injury involving the tissue of the brain known as 'white matter'.
PHE	Public Health England.
Postnatal	Term meaning 'After Birth'.
Post-operative	Period immediately after surgery.
Pre-eclampsia	A condition involving a number of symptoms including increased maternal blood pressure in pregnancy and protein in the urine.
RCOG	Royal College of Obstetrics & Gynaecology.
Root Cause Analysis	A method of problem solving used for identifying the root causes of faults or problems.
SGA	Small for Gestational Age.
Tissue Viability	Tissue Viability is about the maintenance of skin integrity, the

	management of patients with wounds and the prevention and management of pressure damage.
Ultrasound	Sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.
VTE	Venous Thrombo-embolism; this describes a fragment that has broken away from a clot that had formed in a vein.
VLBW	Very Low Birth Weight - babies born weighing less than 1500 grams
VON	Vermont Oxford Neonatal Network.
WHO	World Health Organisation.

Dedicated to you

www.liverpoolwomens.nhs.uk

