Liverpool Women's
NHS Foundation Trust

Dedicated to you

Quality Report
Liverpool Women's NHS Foundation Trust
2017-18

Contents

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 2017-18, celebrate our achievements and to share with you the Trust's key priorities for quality in 2018-19. 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 2017/18, 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.

The trust monitors data quality through a regular data quality sub-committee that reports through the information governance committee to FPBD and focusses on specific specialties to ensure regular representation from senior managers and clinicians. This provides a forum for informatics and operational staff to discuss issues and key data items relating to their specialty. Regular data quality reports, validations and audits are undertaken provides me with assurance that submitted data is representative of the trusts activity.

I am confident that the integrated governance structures in place relating to assurance surrounding data quality support my view that the data quality issues reported are limited to 18 week Referral to Treatment and Cancer 62 day targets.

I would like to take this opportunity to discuss some of our "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 to develop plans for the long term future of our services. This started with our Future Generations Strategy and has continued through our work with Liverpool CCG

which will hopefully lead to a public consultation on the future of our services.

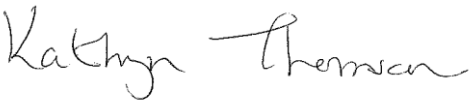
Healthcare should never stand still and we are unwavering in our desire to protect and enhance those aspects of Liverpool Women's that are most valued by our patients and our staff. This is what makes for a unique care experience for the women and families who use our services and is what instils quality in our delivery of the services. Every stage of work has produced opportunities 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.

This year has also seen the completion of two improvement projects to our current site, to keep our existing patients safe while we determine the long term future of our services. Our two gynaecology wards have been transformed into one Gynaecology Unit which provides a better space for patients and staff. In addition, we have re-developed our Outpatients Department which provides better facilities for patients and a more accessible space. Finally, we have received funding approval of £15m to upgrade and expand our existing Neonatal Unit which will help to keep our most vulnerable patients safe. All of these improvements and plans will help to drive the quality of our care in the coming years.

This report contains many more 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.



Kathryn Thomson
Chief Executive
29 May 2018

The History of LWH

From the middle of the 18th century, Liverpool has been unique in having a dedicated priority to the care of women and babies.

1796 - A group of public spirited Liverpool ladies set up the Ladies' Charity to provide medical care and assistance with childbirth to "reputable married women and widows resident in the town." This early example of specialisation did not operate in a hospital but took doctor and midwife services to patients' homes. It carried on its work independently for almost 90 years.

1841 - The council opened its own Lying-in Hospital.

1852 - The local Board of Guardians built the West Derby Union Workhouse Hospital for the sick poor of the parish – it later became Mill Road Infirmary.

1883 - The Special Hospital for Women opened in Shaw Street as a result of the fundraising work by a committee who wanted a separate hospital for non-maternity patients.

1884 -The Brownlow Lying–in hospital was opened as an amalgamation of the capabilities of the Ladies' Charity and original Lying-in hospital.

1891 - The West Derby Union Workhouse Hospital became Mill Road Infirmary and operated as a general hospital for around fifty years.

1895 - Interest in specialist treatment for women was clearly growing in Liverpool at the turn of the twentieth century and hence another hospital, the Samaritan Hospital for Women, opened in Upper Warwick Street.

1900 - The Samaritan Hospital for Women moved to Upper Parliament Street.

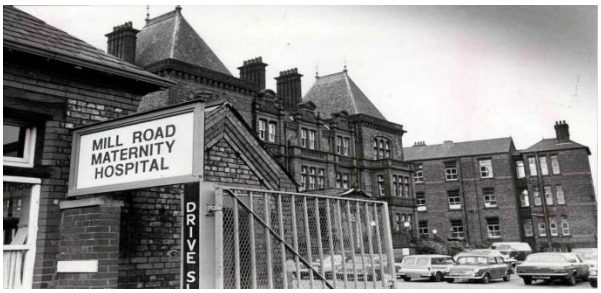
1926 - The Liverpool Maternity Hospital opened on Oxford Street as the largest voluntary maternity hospital in Britain and as an evolution of the Brownlow Lying-in Hospital to meet the demands of a growing city.

1932 - The Duchess of York opened the new building of The Women's Hospital (formerly known as the Liverpool and Samaritan Hospital for Women) on Catharine Street. The new building housed the amalgamation of the Shaw Street's Special Hospital for Women and the Samaritan Hospital for Women based in Upper Parliament Street.

1947- As a result of Mill Road Infirmary being badly bombed during the Second World War, patients were transferred from the damaged

building to Broadgreen Hospital. What was left of Mill Road Hospital after it was bombed during the Second World War was restored and upgraded as a specialist gynaecology and obstetrics hospital rather than a general infirmary.

1985 - Administration of the three hospitals, Mill Road, The Women's Hospital and Liverpool Maternity Hospital was assumed by the Liverpool Obstetrics and Gynaecology Unit.



1992 - The Liverpool Obstetrics and Gynaecology Unit became an NHS Trust

1994 - The Liverpool Obstetrics and Gynaecology Unit became known as Liverpool Women's Hospital NHS Trust.

1995 - Liverpool Women's Hospital NHS Trust main services for women and babies in Liverpool came together under one roof at the Trust's new £30 million hospital on Crown Street.

2000 - The Liverpool Women's Hospital NHS Trust took over the Aintree Centre for Women's Health, providing services to the women of north Liverpool, Sefton and Knowsley and in so doing became the largest women's hospital in Europe.

2005 - Liverpool Women's NHS Foundation Trust was founded on 1st April 2005 under the Health and Social Care (Community Standards) Act 2003. It was the first trust in Merseyside to achieve Foundation Trust status.

2010 - Liverpool Women's opened its extended and fully refurbished Reproductive Medicine Unit making one of the most up to date and state of the art facilities in Europe. The unit can accommodate up to 2,500 couples who may require IVF or other assisted conception treatments and hosts an NHS sperm bank and an embryology laboratory that is able to offer treatment to viral discordant couples.


Liverpool Women's
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North West Ambulance Service NHS Trust
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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 2017/18 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
Level 1 – Process in place (amber)
Level 2 – Improvement in performance (blue)
Level 3 – Target Achieved (green)

Quality and Safety Improvement Priority	Target	Status
Reducing Avoidable Harm (Safety)	Zero never events	**Level 1**
	Reduce medication incidents resulting in harm	**Level 3**
	100% sepsis screening	**Level 3**
	Reduce avoidable admissions	**Level 1**
	Reduce avoidable returns to theatre	**Level 2**
	Reduce avoidable term neonatal admissions	**Level 3**
Reducing Mortality - Achieve the best clinical outcome (Effectiveness)	Zero maternal deaths	**Level 3**
	Zero unexpected deaths in women having gynaecological treatment	**Level 3**
	Reduce avoidable stillbirth	**Level 3**
	Reduce avoidable neonatal deaths	**Level 3**
	Increase compliance with NICE Quality Standards	**Level 3**
Providing the Best Patient Experience (Experience)	Increase the percentage of staff recommending the Trust as a place to work	**Level 2**
	Increase the Trust's staff engagement score	**Level 2**
	Reduce PALS contacts regarding patient access to triage systems	**Level 1**
	Health & Wellbeing; to improve staff health and wellbeing	**Level 3**

Reduce Avoidable 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 Safety	Zero Never Events	Level 1 – Process in place

What we said we'd do

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.

What the data shows

The Trust reported 2 'Never Events' in the period 01/04/2017-31/03/2018 and consequently did not meet this target.

The first never event reported occurred in April 2017 and involved the retention of a Vaginal pack. A comprehensive investigation of the incident was conducted and the report was submitted to our commissioners. Subsequently, NHS England contacted the Trust to indicate that in their opinion the circumstances did not meet the criteria for a never event as defined in the NHSE Never Event List prevailing at the time.

However, the Trust had already implemented a process whereby a yellow wristband is applied to the patient for each item remaining in place at the end of surgery. The wristband carries the name of the object it relates to and acts as an additional prompt for staff to check for removal plans in the patient record.

The second reported never event resulted from the insertion of a contraceptive coil, which did not match the item consented by the patient. Whilst the device fitted was safe and the patient was happy to continue with it after being informed of the error, the incident demonstrated that the intra-operative checks were not effective in ensuring that the device available and fitted during surgery was that previously consented and documented.

At the time the stock was held on the ward and a device sent to theatre with the patient. Following the investigation this has been changed. Stock is kept within theatres and the pre-operative consent record used to select the appropriate device from stock.
Neither of these scenarios has recurred since the changes in process were implemented.

Financial Year	No. of Never Events per Financial Quarter				
	Q1	Q2	Q3	Q4	TOTAL
2016-17	0	0	2	1	3
2017-18	1	0	1	0	2

Data Source: Ulysses Risk Management System

What happens next?

Our ongoing aim is to ensure that no 'Never Events' occur and a key to this is staff vigilance as to what are 'Never Events'.

As part of the Trust Risk Management Strategy, the Governance team will continue to work to raise the profile of what 'Never Events' are and the lesson learnt from any which may occur.

Where a 'Never Event' may occur will continue to report them to the CCG and ensure a full investigation is completed and root causes and lesson learnt identified and disseminated across the organisation.

Our Priority Safety

Reduce medication incidents resulting in harm **Level 3 – Target Achieved**

What we said we'd do

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.

What the data shows

550 medication-related incidents were reported by the Trust in 2017/18. This represented a 25% decrease on 735, reported in 2016/17. Of the 550 reports submitted in 2017/18, 45 were recorded as near-misses, 423 caused no harm and 82 were recorded as causing low harm. The Trust reported no medication related incidents as causing moderate or severe harm during this period, reflecting the position achieved in 2016/17.

The number of incidents recorded as causing low harm increased, in both number and proportion of incidents reported, compared with 2016/17, when 66 incidents where recorded as causing low harm. Whilst this appears to suggest an increase in the number of incidents causing low harm, it is likely to be a reflection of a change in practice in assigning actual impact ratings to medication incidents. Low harm medication incidents are defined as 'any medication incident that required extra observation or minor treatment', even if the outcome of the monitoring was normal and there was no actual adverse effect caused by the incident.

Data Source: Ulysses Risk Management System

What happens next?

Individual service areas are responsible for managing medication related incidents, with support as required from the governance and pharmacy departments. The Trust's Medicines Management Committee has oversight of medication related incidents, receiving quarterly Trust-wide medication related incident occurrence data to identify trends.

To improve oversight and organisational learning, the Medicines Management Committee has introduced a requirement for individual service areas to present bi-annual reports regarding their medication safety programme to increase assurance that key lessons learned from incidents are being disseminated and actioned across the area and wider Trust. The Committee will continue to work to embed this new reporting schedule into practice.

In the coming year, the Medicines Management Committee will relaunch the Trust's Management of Medication-related Clinical Incidents or Near-miss policy and work is underway to review the delivery of medicines management training to clinical staff, to provide a greater focus on medication safety and reporting. The Medicines Management Committee is a reporting group of the Trust's Safety Senate and has executive support from the Medical Director to enable it to deliver its work plan.

Our Priority Safety	**100% Sepsis Screening**	**Level 3 – Target Achieved**

What we said we'd do

The Trust takes extremely seriously its duty to recognise and treat sepsis in a prompt and appropriate manner. Quarterly reports are prepared to check compliance with this target.

What the data shows

These data demonstrate that for all patients presenting to the Emergency room with suspected sepsis, and all hospital in-patients who developed symptoms, screening was undertaken in an appropriate manner.

There are traditionally low numbers of patients seen and treated at Liverpool Women's Hospital suffering or showing symptoms of Sepsis. However these low numbers can impact on our performance by skewing the figures when benchmarking or comparing with our comparative hospital groups and peers. In all but two cases potentially lifesaving antibiotic therapy was administered within one hour in compliance with National Guidelines.

Sepsis Identification and treatment	2016/17	2017/18
Timely identification of Sepsis in ED	100%	100%
Timely treatment of Sepsis in ED	20%	93%
Timely Identification of Sepsis in Inpatients	100%	100%
Timely Treatment of Sepsis in Inpatients	100%	100%

Data Source: LWH IT Performance Team

What happens next?

The Trust has appointed a Consultant Anaesthetist as the Trust Sepsis Lead. Sepsis, its recognition and treatment will be a standing agenda item at quarterly Critical Care Meeting (CCM) meetings. A rolling monthly audit on sepsis will take place which will eventually form the main quarterly report after review at the CCM.

Education on the importance of prompt recognition and management for new medical staff commencing in the Trust will continue. Sepsis awareness week and regular updates. Streamlining data collection process and analysis.

Our Priority Safety **Reduce avoidable readmissions** **Level 1 – Process in place**

What we said we'd do

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.

What the data shows

The ward redesign, key staffing changes and a delay with the implementation of a new PAS system for patient records has led to delays in progress in development of Criteria Led Discharge within Gynaecology.

Discharge plans are in place and pathways for Supported Early Discharge are in place, however this is not across all patients.

Expected Discharge Dates (EDD) on admission have and are being developed and implemented however analysis of the data shows that compliance is patchy and inconsistent.

Data table demonstrating the reduction in Readmission and Returns to theatres in 2017-18

	Target	Apr 17	May 17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18
Readmissions within 30 days	TBC	2.1%	3.9%	3.3%	2.1%	0.7%	1.4%	1.5%	1.5%	1.3%	1.7%	1.8%
Returns to Theatre	<=0.7%	0.0%	0.99%	0.41%	0.88%	0.59%	0.30%	0.42%	0.62%	0.50%	0.44%	0.48%

Data Source: LWH IT Performance Team

What happens next?

Development of pathways and criteria for Criteria Led Discharge (CLD) is being undertaken as a clinical priority in Quarter 1 and 2 with the expectation of full implementation of EDD and CLD in Quarter 3 and 4.

The new PAS system will support this work and is being built into the admissions process for Gynaecology.

This project is in the Nursing Plan for 2018/19 and is under the direction of a Matron and supported by the Practice Educator for Gynaecology and is a high priority for completion before September 2018.

Our Priority Safety **Reduce avoidable returns to theatre** **Level 2 – Improvement in performance**

What we said we'd do

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.

What the data shows

Looking at the details of the 27 cases returned to theatre, 10/27 cases related to miscarriage and surgical evacuation of uterus and 4 after surgical termination of pregnancy (TOP).

The rest of 13/27 cases indication vary either due to bleeding after major or laparoscopic surgery, 1/13 after loop excision and 1/27 after drainage of tubo-ovarian abscess deteriorated and required laparotomy.

The percentage of returns over the reporting year to theatre of gynaecological surgical procedures performed in theatres including incomplete surgical evacuation of uterus after miscarriage or termination of pregnancy (which might occur up to 4 weeks from original surgical evacuation procedure) is 28/5469 (5469 is the overall gynaecological/ surgical procedures in the reporting year) this is equivalent to 0.51% of all gynaecological procedures.

Gynaecology returns to theatre 2017-18

Month	Gynaecology
Apr-17	0
May-17	4
Jun-17	3
Jul-17	4
Aug-17	5
Sep-17	0
Oct-17	2
Nov-17	5
Dec-17	1
Jan-18	0
Feb-18	3
Mar-18	1
Grand Total	**28**

Data Source: LWH IT Performance Team

What happens next?

Following an analysis of the detailed information in relation to each return to theatre, are reviewed and reported individually via the Ulysses Risk Management Database. There will be ongoing monitoring of returns to theatre via monthly performance dashboard, scrutiny and overview at Genealogical Divisional monthly meetings.

Our Priority Safety

Reduce avoidable term neonatal admissions **Level 3 – Target Achieved**

A key aim of the Trust and its staff is the safety and welfare of our patients. 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, means that mothers and babies are cared for together whenever possible and is a national priority area.

What we said we'd do

Reduce harm from avoidable admissions to the neonatal unit in infants born at term (≥ 37 weeks' gestation). A multidisciplinary clinical team from Maternity and Neonatal Services will review all admitted term babies on a case-by-case basis and decide whether or not their admission could have been prevented.

We will identify any learning opportunities and put actions in place to minimise the number of unnecessary admissions. We will monitor the frequency of such admissions and aim to reduce their occurrence.

What the data shows

This table shows the number of babies admitted at term whose admission was deemed to be 'potentially avoidable' halved from 70 in 2016/17 to 35 in 2017/18. This represents a reduction in the proportion of potentially avoidable admissions from 16% to 9% in this 12-month period. Our rates compare very favourably with the national benchmark for avoidable term admission figure of 30%.

16%	9%	30%
2016/17	2017/18	National Benchmark

We have made changes to our neonatal admission policy and implemented changes to current clinical guidelines.

Data Source: Neonatal Admissions Database

What happens next?

We will continue to monitor our overall term admission rates as well as those considered potentially avoidable.

We will introduce changes to our care delivery systems to support midwives looking after babies in the postnatal areas with an advance neonatal nurse practitioner led in-reach service.

We will review our neonatal unit admission criteria to allow more babies to be cared for in the postnatal wards, thus preventing unnecessary separation of mother and baby.

Reducing Mortality

This section of the report considers how the Trust seeks to "achieve the best clinical outcomes", ensuring the effectiveness of our services 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 and improve best clinical outcomes 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 Effectiveness	**Zero Direct Maternal Deaths**	**Level 3 – Target Achieved**

What we said we'd do

A direct maternal death is one which is directly related to a complication of pregnancy (such as haemorrhage, pre-eclampsia or sepsis). We said we would keep this at zero level.

An adult mortality strategy was written and implemented in April 2017.
The strategy prioritises up to date guidelines and benchmarking in order to reduce the risk of adult mortality.

A new process for reviewing all adult deaths, using an Adult Mortality Audit sheet which complies with recognised and validated methodology detailed in PRISM studies has been implemented on Ulysses. (National Guidance on Learning from Deaths. National Quality Board (2017) Available at www.england.nhs.uk) (Learning Disabilities Mortality Review (LeDeR) Programme (2017) Available at www.bristol.ac.uk/sps/leder)

The Board of Directors approved this Adult Mortality Strategy, which relates to adult disease across the specialties of obstetrics and gynaecology.

What the data shows

No direct maternal deaths were recorded in 2017-18.

As well as assessing each individual case very closely, the Trust benchmarks using figures provided from MBRRACE-UK. The latest available MBRRACE-UK data shows a national rate of 3.46 direct maternal deaths per 100,000 of the population.

Direct Maternal Deaths					
2015-16	0	2016-17	0	2017-18	0

Data Source: Hospital Episode Submission Data (HES)

What happens next?

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 through the Trust's Quality Committee and ultimately the Board having an overview.

The Trust also works with the Merseyside and Cheshire strategic clinical network to develop regional guidelines for the management of severe pre-eclampsia and other pregnancy related conditions that can contribute to mortality.

Our Priority Effectiveness

Zero unexpected deaths in women having gynaecological treatment **Level 3 – Target Achieved**

What we said we'd do

An unexpected death is one which is not related to an end of life condition or which occurs as a result of treatment received.

We measure using HES data and report mortality rates to the Quality Committee.

How we help and deal with our patients who have serious or terminal diseases is 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 monitor deaths to ensure there are no non-cancer related deaths. An end of life care pathway audit was presented to the Board in February 2018.

What the data shows

There was 1 expected oncology in hospital death in Gynaecology in 2017-18.

Data Source: Hospital Episode Submission Data (HES)

What happens next?

All deaths within the hospital, whether cancer-related or not, are reviewed using the adult mortality tool to ensure the appropriate action was taken (see maternal death section above). The Trust benchmarks its mortality data against peer Trusts using the 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 Quality Committee and ultimately the Board have an overview of the delivery of this work. The Trust published an Adult 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 Effectiveness

Reduce avoidable still birth **Level 3 – Target Achieved**

What we said we'd do

We said we would reduce stillbirths due to small for gestational age babies by 20% from the 2013 rate of 42.5%.

What the data shows

In 2013 (calendar year) nearly half the non-fetal abnormality stillbirths were due to small for gestational age babies. Due to the efforts of the Stillbirth Task Force in increasing the awareness of reduced fetal movements, introduction of better pathways for detection of growth and induction for these indications, the Trust has achieved a year on year reduction in stillbirths due to small for gestational age babies from 32.5% in 2014/15 to 16% in 2016/17.

Small for gestational age 2014/15 32.5%

Small for gestational age 2016/17 ↓ 16%

Data Source: Perinatal Institute Growth Analysis Programme.

What happens next?

Reduced fetal movement and detection of small for gestational age babies is part of the national Saving Babies Lives Care Bundle which the Trust is compliant with. The other two elements are smoking cessation and intrapartum monitoring of the fetal heart.

The Trust's next priority is to achieve full compliance with Carbon Monoxide monitoring at booking and training in intrapartum surveillance full compliance / timescales). Trajectories for achieving these will be set.

Our Priority Effectiveness

To deliver our risk adjusted neonatal mortality within 1% of the national Neonatal Mortality Rate
Level 3 – Target Achieved

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 (<28 days). 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.

We benchmark our mortality against the national NMR published from the Office of National Statistics, having committed to remaining within 1% of the NMR and reported to Effectiveness Senate. Furthermore, we benchmark against mortality data from VON (Vermont-Oxford Network), a collaborative network of neonatal care providers both nationally and internationally, which is committed to improving the quality of newborn infant care.

What the data shows

The latest available data (2016) from the VON network, for all infants <1500g, born in Liverpool Women's Hospital shows the mortality rate was 17%, this falls within the accepted range for VON centres in the UK of 7-18%.

Most recent data on NNMR from the Office of National Statistics is 2.7/1000 live births, for all babies booked and delivered at LWH in 2017 our rate equals the NNMR at 2.7/1000 live births, if we include babies born in LWH following ante-natal transfer for specialist care the mortality rate is 3.6/1000 live births, which is still within 1% of the NNMR.

Data Source: Office for National Statistics (ONS), Vermont Oxford Network
Note: NNMR is calculated as the number of deaths per 1,000 live births

What happens next?

The Trust will continue to benchmark against national data from the Office of National Statistics and annual data from Vermont-Oxford Network.

We will be introducing the national perinatal mortality review tool, with external representation and parental engagement, to ensure a high quality review process with a focus on learning, reporting and action to improve future care.

Our Priority Effectiveness

Increase compliance with NICE Quality Standards **Level 3 – Target Achieved**

What we said we'd do

Demonstrate compliance with evidenced based practice and aim to be in the top performing 20% of trusts for anticipated critical outcomes by:

- Agreeing implementation plans for NICE Quality Standards in each division.
- Auditing compliance.
- Identifying a suite of clinical indicators for each division, establishing baseline data.
- Developing and implementing improvement plans for clinical indicators that fall outside the top 20% against appropriate peers.
- Increasing oversight of delivery via the Effectiveness Senate and Governance and Clinical Assurance Committee (now Quality Committee).

What the data shows

The data shows that:

- Implementation plans for all relevant NICE Quality Standards in each division are agreed and recorded monthly.
- All NICE Quality Standards released in 2017-18 have been considered for applicability to the Trust and where applicable, allocated appropriately.
- NICE Quality Standards which are recorded as being 'fully implemented / compliant' are considered for inclusion in the Annual Clinical Audit Forward Plan.
- In order to increase oversight of delivery of the Quality Standards, this is reported monthly to the Information Team via the Governance Databook and quarterly at both the Effectiveness Senate and the Quality Committee.
- Of the 7 NICE Quality Standards deemed applicable, 6 (86%) have a completed baseline assessment and 1 (14%) has an assessment in progress. 5 (71%) of which we are fully compliant with requirements and 2 (29%) with actions in progress to either establish or improve compliance.

Guidance ID	Guidance Title	Baseline Assessment complete Y/N	Guidance Status
QS144	Care of dying adults in the last days of life	Y	**Fully implemented / compliant**
QS147	Healthy workplaces: improving employee mental and physical health and wellbeing	Y	**Fully implemented / compliant**
QS160	End of life care for infants, children and young people	Y	**Fully implemented / compliant**
QS161	Sepsis	Y	**Actions in progress to become fully compliant**
QS36 (updated from July 2013)	Urinary tract infection in children and young people	Y	**Fully implemented / compliant**
QS162	Cerebral Palsy in children and young people	Y	**Fully implemented / compliant**
QS163	Mental health of adults in contact with the criminal justice system	N	**Awaiting baseline assessment**

Data Source: NICE National Quality Standards

What happens next?

To continue with current processes and encourage audit of implemented Quality Standards.

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 Experience	**Increase the percentage of staff recommending the Trust as a place to work** **Level 2 – Improvement in performance**

What we said we'd do

Aim to increase the number of staff who would recommend the Trust as a place to work and increase overall levels of engagement as measured by the Staff Survey.

This includes taking actions around leadership training, providing managers with core skills, improving internal communications, ensuring staff can contribute to quality improvement and review reward and recognition structures.

What the data shows

Overall, the data shows a trend of stability rather than progress. However in the local context of change and the fact that the national picture is one of a downward trend, this stability can be viewed positively.

LWH Staff Survey Results

Would you recommend as a place to work or have treatment? (Staff Survey)

2016	2017
58%	60%

Overall engagement score (Staff Survey- out of a maximum of 5)

2016	2017
3.77	3.8

Data Source: NHS Staff Survey (Picker Institute)

What happens next?

We will ensure that themes raised in the staff survey are captured through the refresh of the Putting People First Strategy 2018-2021. A range of stakeholder groups are being engaged in developing this strategy and setting key people priorities for the next 3 years.

We have also commenced quarterly 'listening events' which give a multidisciplinary range of staff the opportunity to contribute and put forward ideas for improvement. A staff survey action plan for 18/19 is currently in development.

Our Priority Experience

Increase the Trust's staff engagement score
Level 2 – Improvement in performance

What we said we'd do

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.

What the data shows

Although the increase in performance is small, it is positive when measured against a national overall downward trend. The average for acute specialist Trusts is 3.95 and the average for acute Trusts is 3.79 and we would aim to always exceed this.

3.77%
2016-17

3.80%
2017-18

Data Source: NHS Staff Survey (Picker Institute)

What happens next?

Actions will be taken as outlined in the 'recommend as a place to work' priority.

Specific areas of focus include: continued investment in leadership training, improving quality of Personal Development Reviews (PDRs) and objectives, systematic multidisciplinary workforce planning, improved local communications and staff involvement processes.

Our Priority Experience

We will promote a positive experience that allows the trust to deliver a high quality carer and family experience
Level 1 – Process in place

What we said we'd do

Respond to themes from PALS, Complaints and Feedback and surveys. This will begin with improving patient access to telephone triage systems and will be reported to Experience Senate.

What the data shows

The data shows that 5.5% of the PALs contacts for 2017/18 were in relation to telephone calls not being answered in the Trust. This is up from 3.7% in 2016/17. This increase is a direct result of more comprehensive recording of all telephone contact concerns raised.

It has been identified that whilst the scores for the Friends and Family test are generally good, the response rate requires improvement to ensure we are getting a true reflection of the experience of our patients. We have renewed the messages and instructions about the feedback card collection method to ensure all areas understand their responsibilities within this process.

To support this main collection method we have also provided a basic web page based version of the policy which patients can use externally. We are currently working on an updated version of this which will allow staff and volunteers to take these surveys electronically directly from the patients whilst they are at the Hospital.

These responses will automatically feed directly into the Trust results, giving us more timely performance indicators that the current card method, which has a time delay whilst they are being returned, collected and manually entered. Once this is completed the next stage is to provide a web link to patients via text message prompt to capture a wider audience and improve the response rates.

3.7%
2016-17

5.5%
2017-18

Increases are a direct result of changes to a more comprehensive recording of all telephone contact concerns raised by patients.

Data Source: Ulysses Risk Management System

What happens next?

A review is already underway with the CCG in relation to the specific telephone issues identified in relation to the Gynaecology Emergency Department. A new call management software system called Netcall has been purchased and will be implemented to address some of the identified issues causing patient dissatisfaction. The progress of these actions will continue to be monitored via the patient experience senate.

Our Priority Experience

Health & Wellbeing; to improve staff health and wellbeing (HWB)
Level 3 – Target Achieved

What we said we'd do

We will strive to create a workforce that is aware of and takes ownership of how to maintain its physical and psychological welfare. This includes a culture in which leadership is focussed on the wellbeing of its staff. There will be a range of accessible and utilised facilities, information and resources to support individuals and leaders to maintain a culture of wellbeing.

Positive Actions: -

- Pamper days: a free service to staff also providing valuable experience to local apprentices. Where possible, the apprentices visit clinical areas monthly.
- Lunch time walks
- Yoga and Zumba
- Monthly HWB Newsletter
- Amazon lockers
- Mersey Tunnel Visits
- Quiz Nights
- Coffee Buddies
- HWB page on Intranet
- Table Tennis
- Wellbeing Interactive Zone
- Lunch time runs
- 3 Peak Challenge
- Commenced training for Mental Health First Aiders
- HWB Extravaganzas
- Workplace Wellbeing Charter
- HWB Website – links to Counselling, Physio, OH, current and up-coming events
- PDR Paperwork modified to address HWB conversation
- Leadership programme includes aims to link HWB to leadership
- Survey during HWB extravaganza which was used to inform HWB work plan for 2017-18
- Placed suggestions/feedback flipcharts in clinical area's

What the data shows

Staff Survey results over the last 3 years for health and wellbeing demonstrate a slight improvement in reports of musculoskeletal injuries, but slight deterioration in scores for experiencing stress at work and the organisation taking positive action of HWB. The scores are self-assessment and reflect people's perception.

Staff may experience muscular skeletal (MSK) injuries and visit their GP but may not take time off work, or report the injury. Similarly, people may experience pressure or stress without either reporting this to the managers or taking sick leave.

At the time of the survey many of the initiatives were new to the organisation. Over the coming year we hope to raise awareness of the availability of support to encourage staff to address health and wellbeing issues.

LWH Staff Survey Health & Well Being Results

	2017 LW Result	2017 Acute specialist Trust median	2017 Acute Trust median
9a % of staff stating that they believe LWH takes Health & wellbeing seriously	28% ↓	36%	32%
9b % of staff stating they suffered from MSK injuries in the last year	17% ↑	22%	26%
9c % of staff experiencing work related stress in the last year	32% =	35%	36%

Data Source: NHS Staff Survey

What happens next?

Our focus, in addition to continuing our current range of activities will be to enhance the HWB element of PDR discussion which we will highlight in training and through a webinar to ensure managers share relevant information and address specific issues.

To support mental wellbeing, we aim to train 10% of the workforce as mental health first aiders, and we make the link between health and wellbeing and good leadership more explicit in our Leadership programme. The current HWB Plan runs until June 2018.

A further HWB Extravaganza is planned for June 2018 where we will survey staff regarding the offer from this year and what they would like to see next year.

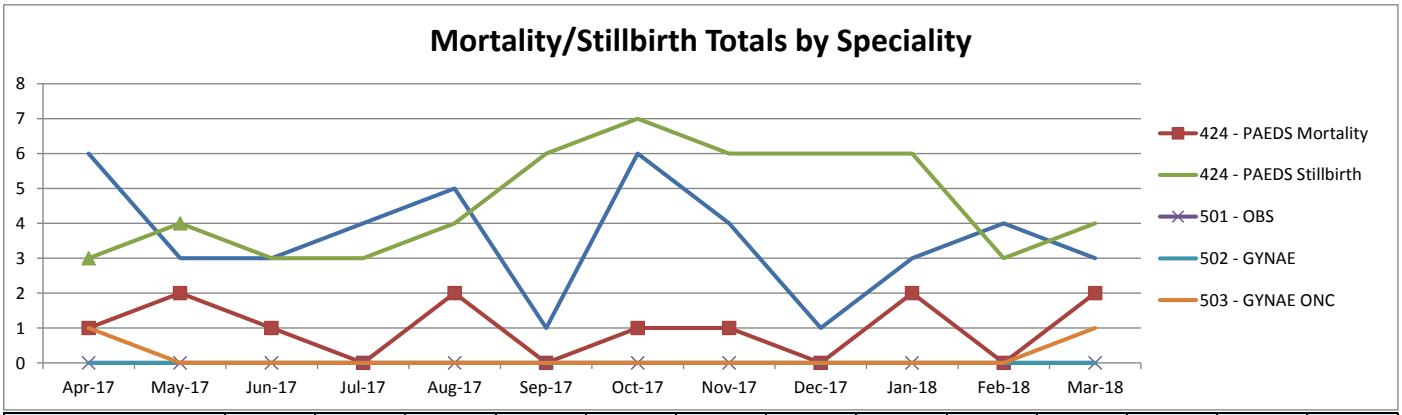
Learning from Deaths

The following section of the report is new for the 2017/18 Quality Account and provides information as to how the trust is learning from deaths.

The use of a method of Hospital Standardised Mortality Rate such as SHMI 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 Board and we have committed to monitoring our mortality by focussing on each clinical area separately and using crude mortality data.

We 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.

The Trust seeks to “achieve the best clinical outcomes”, ensuring the effectiveness of our services 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 and improve best clinical outcomes wherever possible

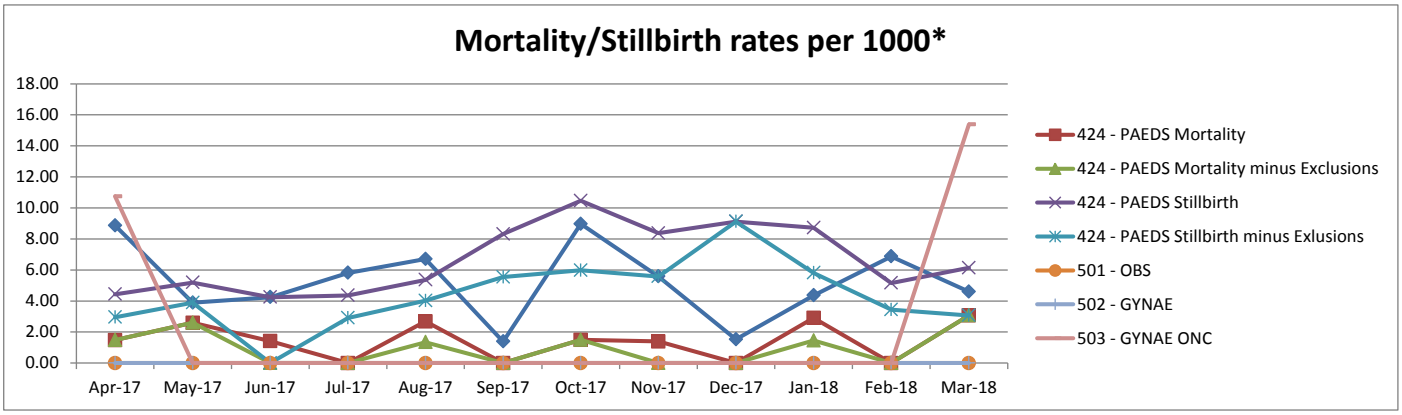


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	TOTAL
422 - NICU	6	3	3	4	5	1	6	4	1	3	4	3	43
424 - PAEDS Mortality	1	2	1	0	2	0	1	1	0	2	0	2	12
424 - PAEDS Stillbirth	3	4	3	3	4	6	7	6	6	6	3	4	55
501 - OBS	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - GYNAE	0	0	0	0	0	0	0	0	0	0	0	0	0
503 - GYNAE ONC	1	0	0	0	0	0	0	0	0	0	0	1	2

There have been two adult gynaecology oncology deaths during the reporting period and these patients were on palliative care pathways and their deaths were expected. All adult gynaecology deaths are discussed at the gynaecology Morbidity & Mortality meeting. As part of this process an adult mortality sheet is completed indicating any potential for improvement in care. Unexpected adult gynaecology deaths trigger a serious incident investigation.

The Trust has had no direct maternal death and if any were to occur this would trigger a serious incident investigation.

All deaths which occur on the neonatal unit are reviewed as part of a well-established robust Morbidity and Mortality review process, which occurs every 2 weeks. The unit deaths with not only local babies but also receives babies from around the north-west region and outside the region if required. The deaths on the unit relate to the complexity and the severity of condition of the babies who are admitted to and cared for on the neonatal unit.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	TOTAL
422 - NICU	8.86	3.89	4.24	5.81	6.70	1.39	8.97	5.58	1.52	4.36	6.87	4.60	62.80
424 - PAEDS Mortality	1.48	2.59	1.41	0.00	2.68	0.00	1.49	1.39	0.00	2.91	0.00	3.07	17.03
424 - PAEDS Mortality minus Exclusions	1.48	2.59	0.00	0.00	1.34	0.00	1.49	0.00	0.00	1.45	0.00	3.07	11.43
424 - PAEDS Stillbirth	4.43	5.19	4.24	4.36	5.36	8.31	10.46	8.37	9.12	8.72	5.15	6.13	79.86
424 - PAEDS Stillbirth minus Exlusions	2.95	3.89	0.00	2.91	4.02	5.54	5.98	5.58	9.12	5.81	3.44	3.07	52.31
501 - OBS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
502 - GYNAE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
503 - GYNAE ONC	10.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.38	26.14

*** PAEDS and NICU measured against Deliveries. Remaing specialities are measured against total discharges.**

The table above shows the rate adult mortality rate per 1000* of the population, overall for the year for Gynaecology Oncology it is 26 per 1000* of the population.

The below table provides an overview of all reviews or investigations conducted for each adult and perinatal deaths within LWH. The quarterly percentage includes both adult and perinatal deaths, in total there were 117 deaths, of this 2 were expected gynaecological oncology patients on a palliative care pathway and the remaining 115 deaths were infants who died as a reuslt of their serverity and/or complexity of their clinical condition.

Overall deaths (adult and paediatric deaths)	%
Estimate of number of deaths during reporting period April 2017 – March 2018 for which case review or investigation has been carried out, that were likely to have been due to problems in care given to patients	100%
Number of the patient deaths during the reporting period April 2017 – March 2018 are judged to be more likely than not to have been due to problems in the care provided to the patient	0%
Number of overall deaths as a percentage in Q1	24%
Number of overall deaths as a percentage in Q2	22%
Number of overall deaths as a percentage in Q3	29%
Number of overall deaths as a percentage in Q4	25%
A revised estimate of the number of deaths during the previous reporting period taking into account the deaths judged to be more likely than not to have been due to problems in the care provided to the patient.	0%

Priorities for Improvement in 2018-19

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 2017-18; 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	A 'Never Event' is an event which has been identified by NHS Improvement that should never occur during a patients care. There are currently 16 listed in national guidance. 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	Where a medication incident results in harm for the patient, this may have a significant not only from that medication but on their overall condition. Therefore medication incidents are a serious issue which the Trust is working to reduce and ensure safe care. 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. The early identification of Sepsis is a priority as this will affect the outcome for the patient. The Trust is working to ensure that the 100% screening target is met and maintained. This will be measured using data from the Infection Control Department and reported to Safety Senate.
Reduce avoidable readmissions	Readmission is not a good experience for the patient or for the Trust and we are working to ensure that this does not occur. 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 are in place and reported to Safety Senate.

Reduce avoidable returns to theatre	There are a number of reasons why a patient may need to return to Theatre. The Trust is working to understand the issues when this occurs and ensure that avoidable return to theatre is reduced. By monitoring each reason for return to theatre, we are working to understand 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	A key aim of the Trust and its staff is the safety and welfare of our patients. 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.

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	A key aim of the Trust and its staff is the safety and welfare of our patients. Mortality data is crucial for all hospitals in identifying shortcomings in care and learning lesson to improve safety and quality of the patient experience. This will be measured using HES data and reported to Effectiveness Senate.
Zero unexpected deaths in women having gynaecological treatment	A key aim of the Trust and its staff is the safety and welfare of our patients. Mortality data is crucial for all hospitals in identifying shortcomings in care and learning lessons to improve safety and quality of the patient experience. This will be measured using HES data and reported to Effectiveness Senate.
Reduce avoidable stillbirth	The safe delivery of all babies is the goal of our midwifery service and the Trust. Our aim is to ensure that the service we provide is to a high quality and safe. Stillbirth is potentially preventable through early intervention and learning lessons from times when it has gone wrong. This priority will be measured using HES data and reported to Effectiveness Senate.
Reduce avoidable neonatal deaths	Neonates are some of the Trust most vulnerable patients. They can have multiple issues which mean that they may not survive. Our aim is to ensure the quality of care we provide is of the highest level, 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	NICE Quality Standards are nationally set and

Standards	benchmarked to ensure that they are recommending the highest level of quality to strive for. It is always the aim of the trust and its staff to provide the best care and be the best service that we can be. Through reviewing and implementing NICE Quality Standards we can work towards being the best service. We will monitor 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

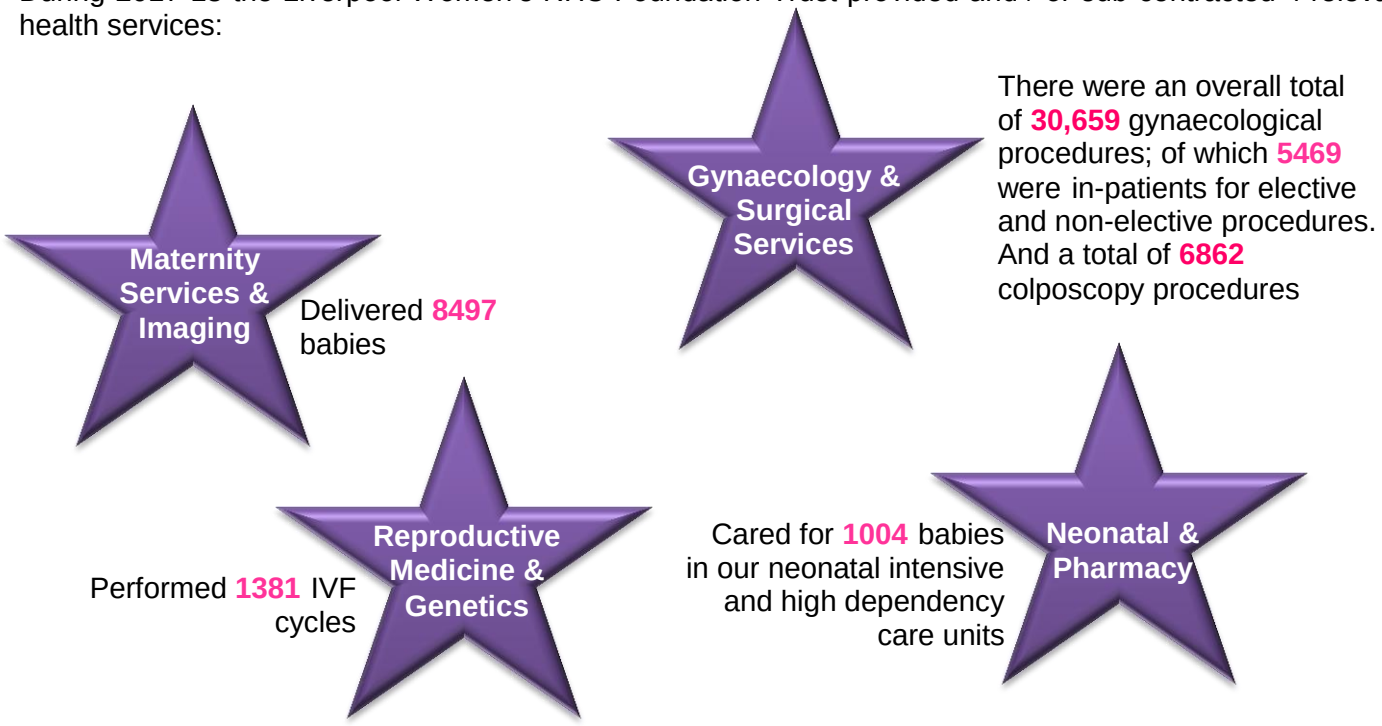
Improvement Priority	**Why is this important, how is it measured and where will it be reported**
Increase the percentage of staff recommending the Trust as a place to work	We want all patients to have a good experience with the care they have received whilst at LWH. Listening to feedback helps us respond 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	The PALS service role is to support patients when they have a concern or a complaint about their care, a service or the Trust. These are dealt with on an individual basis until the patient is satisfied. As part of the wider process we look to identify if there are any themes to the issues being shared by patients and if so what can we learn and how can we improve. We will work to respond to themes from PALS, Complaints, and Feedback & Surveys. In March 2018 the Trust has implemented a new Patient Experience Strategy to support his process. This will report to Experience Senate.
Health & Wellbeing; to improve staff health and wellbeing	We will strive to create a workforce that is aware of and takes ownership of how to maintain its physical and psychological welfare. This includes a culture in which leadership is focussed on the wellbeing of its staff. There will be a range of accessible and utilised facilities, information and resources to support individuals and leaders to maintain a culture of wellbeing.

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 2017-18 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 2016-17 represents 100% of the total income generated from the provision of relevant health services by the Liverpool Women's NHS Foundation Trust for 2017-18.

Participation in Clinical Audit

During 2017-18 5 national clinical audits and 2 national confidential enquiries covered relevant health services that Liverpool Women's NHS Foundation Trust provides. During 2017-18 Liverpool Women's NHS Foundation Trust participated in 100% of national clinical audits and 100% of 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 2017-18 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 2017-18, are listed below alongside the 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 – Transfusion Associated Circulatory Overload (TACO)	✓	**100%**
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality	✓	**100%**
National Pregnancy in Diabetes Audit (NPID)	✓	**80%**
National Maternity and Perinatal Audit (NMPA)	✓	**100%**

Relevant National Confidential Enquiries	Did the Trust participate?	Cases Submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal Deaths	✓	**100%**
Perioperative Diabetes – (NCEPOD)	✓	**Study still open and figures have not been finalised**

The reports of 5 national clinical audits were reviewed by the provider in 2017-18 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)	• To improve parent documentation for babies admitted to Neonatal Intensive Care Unit (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 being undertaken to find the true incidence of bronchopulmonary dysplasia.
2017 National Comparative Audit of Blood Transfusion programme) Transfusion Associated Circulatory Overload (TACO)	• An electronic checklist is to be added to the LWH prescribing system. This will include risk of TACO, consent, target Hb and fluid balance recording. • This change to the electronic prescribing system will ensure that only one unit of blood can be prescribed at a time, with a prompt for clinical and Hb review before prescribing of subsequent units. • The success of this change will be monitored through an annual transfusion audit.
Maternal, Newborn and Infant	• Appropriate triaging process in Maternity Assessment Unit

Clinical Outcome Review Programme (MBRRACE-UK) – Perinatal Mortality	(MAU) has been set up to ensure that women needing urgent medical attention get the right treatment by right members of the team at the right time. • A quarterly review of SGA (Small for Gestational Growth) detection rates has been implemented which should reduce the number of undetected SGA's. • In order to obtain greater knowledge and awareness of how to reduce smoking in pregnancy, attendance of Public Health England's 'Stopping smoking in pregnancy to reduce infant mortality in the North West', and the public health sector has been approached to discuss implementing a strategy to reduce smoking in pregnancy. • A new SBAR sheet has been designed to aid in achieving a smoother handover for patients.
National Pregnancy in Diabetes Audit (NPID) 2017	• Awaiting National Report.
National Maternity and Perinatal Audit (NMPA)	• The national report highlighted that Liverpool Women's Hospital was an outlier regarding APGAR scoring. In response to this, APGAR scores are now recorded, monitored and reported on at relevant meetings on a quarterly basis.

The reports of 42 local clinical audits were reviewed by the provider in 2017-18 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.

Review of Prenatal Practice Following Introduction of SBAR (Situation, Background, Assessment, Recommendation) and Weekly Update of Cases
As a result of this audit, clearer instructions and training in relation to following the SBAR have been implemented. This should result in an improvement in the effectiveness of the Prenatal SBAR database in maintaining safe and efficient data capture, handover of care and multi-disciplinary case review of all prenatal referrals in the Clinical Genetics Department.

Audit to Assess the Management of Voiding Following (Tension-free Vaginal Tape) TVT Procedure for Stress Incontinence
As a result of this audit, the bladder care pathway was reviewed, updated and implemented with a view that this will improve the levels of patient care being provided e.g. prevent patient dissatisfaction, UTI or the need for sling revision.

Audit to review practice of Ovarian Hyper stimulation Syndrome (OHSS) pathways practice against RCOG guidelines
As a result of this audit, the unit protocol on prescribing metformin was reviewed and updated and staff awareness of the Rotterdam criteria for OHSS diagnosis was raised in order to develop consistency of prescribing, improve diagnosis of OHSS and reduce the risk of developing OHSS.

Audit to Assess Patient's Compliance with Advice Given Regarding Pre-Operative Medicines during Pre-op Consultation at Liverpool Women's Hospital (LWH).
Following this audit, all policies within the Trust regarding pre-op medication were reviewed and combined into one succinct policy. This will ensure that all patients are given the most appropriate, up to date and clear advice.

Audit to assess compliance with LWH guidance on auditing Safeguarding procedures in accordance with statutory guidance
As a result of this audit, communications and training were implemented in order to raise awareness of the necessity to record the unique reference number when a referral is made to the local authorities. This will ensure that LWH has a record of the referral being submitted as this unique reference number acts as a receipt.

Audit of the standard of Fetal Anomaly Screening Programme (FASP) images for the 20 week anomaly scan
The results from this audit revealed that we are meeting the standards required with an "adequate" level of images, however it is recognised that with the limitations of ultrasound, 100% "good" standard of images is impractical. Regardless of these limitations, all sonographers aim to achieve the highest possible standard of images.

Postoperative surgical site infections (SSI) following caesarean sections (CS)
Overall, we were compliant with guidelines, with 'all' patients receiving prophylactic antibiotics. Regardless of this, the Maternity unit considered the implementation of single use negative pressure dressings in patients with booking BMI of 35 or more, who are undergoing caesarean section, to reduce the SSI rates, as these women are over represented in the infection cases, when compared with background CS population. As the Maternity unit and the Integrated Primary Care Team (IPCT) supported this recommendation a business case is being developed and the recommendation will be implemented if costings are favourable.

To assess compliance with LWH Guideline on Delivery Room Continuous positive airway pressure (CPAP)
The resuscitation policy was modified to state that 'any' exposure to antenatal steroids at these gestations qualifies the baby for a trial of CPAP if they are not apnoeic. A bespoke teaching package to highlight use at induction and for Advanced Neonatal Nurse Practitioner's (ANNP's) and Nursing staff and a Quality Improvement package was also developed.

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 in the Trust Clinical Audit Annual Report and on the Trust's intranet to ensure all staff are able to access and share in the learning.

Participation in Clinical Research

The Trust is continually striving to improve the quality of its services and patient experience. Research is recognised by the organisation as being pivotal to this ambition.

During 2017/18 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. We also continue

to focus our efforts on collaborative research with academic partners to ensure the research we conduct is not only of high quality, but is translational, providing clinical benefit for our patients in a timely manner.

Our commitment to conducting clinical research demonstrates our dedication to improving the quality of care we offer and to making our contribution to wider health improvements. Our healthcare providers stay up to date with new and innovative treatment options and are able to offer the latest medical treatments and techniques to our patients.

The number of patients receiving relevant health services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 2995 of which, 1931 were recruited into NIHR portfolio studies.

Liverpool Women's was involved in conducting 105 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine, anaesthetics and genetics during 2017/18. At the end of 2017/18 a further 26 studies were in set up, including 4 industry studies.

There were approximately 223 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2017/18. 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, 97 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.

Some key research achievements during 2017/18 can be summarised as follows:

- The main multi-centre STRIDER trial, under the leadership of Professor Zarko Alfirevic was completed in February 2017. A follow-up study funded by the National Institute for Health Research (NIHR) Efficacy and Mechanism Evaluation (EME) is now underway to examine the balance of longer term benefits and risks associated with oral sildenafil citrate therapy in IUGR infants, in particular to determine the effect of sildenafil on neurodevelopmental and cardiovascular outcomes in infancy in comparison with a placebo controlled group of IUGR infants.

- Preventing Post Traumatic Stress Disorder: the Stress and Wellbeing after Childbirth Study (STRAWB2)": This definitive trial, funded by the NIHR Research for Patient Benefit programme (£348,363), compares self-help material with usual care for women screened to be at risk of developing Post-Traumatic Stress Disorder (PTSD) after childbirth. The self-help material aims to help women to understand and manage their early responses, based on psychological research. The trial opened on time at the beginning of April 2017 and has continued to recruit well throughout 2017/18.

- The Minidex trial, in receipt of funding of approximately £476,000 from the Efficacy and Mechanism Evaluation (EME) Programme, successfully novated from Leeds Teaching Hospital NHS Trust to the Trust. The Minidex study, now led by Dr Mark Turner will investigate whether a new, reduced dose of dexamethasone will be helpful or make no difference to premature babies with lung disease. The Minidex study opened for recruitment during the summer of 2017.

- During the summer of 2017, the Trust in collaboration with Finox AG and Boston IVF USA designed and obtained ethical approval for an innovative research study examining whether salivary hormone levels can be correlated to ovarian response in IVF cycles. If proven, it is hoped that this method can be used to replace serum measurements in the future.

- Research led by Dr Colin Morgan has led to the development of an idea for a new parenteral nutrition product that comprises a specific amino acid formulation concentration. The research team and the R&D Department, with the assistance of 2Bio, have worked with a team of patent attorneys to finalise and submit a patent application to protect the IP and allow the team to publish the preliminary data without other parties (especially commercial) using the information for commercial gain whilst the remaining scientific analysis is undertaken.

- Dr Dharani Hapangama continues with her ground breaking endometrial research supported by specific grant funding awards. A research project investigating the three dimensional architecture of the lining of the womb (endometrium) in relation to stem cell organisation was funded by the Wellbeing of Women national charity following open national competition. Dr Tempest was awarded a clinical training fellowship to work with Dr Hapangama at LWH (and with Professor Sir Nicholas Wright in London). The research has directly confirmed that stem cells exist in the human endometrium and described the three dimensional (3D) architecture of the human endometrial glands for the first time. This will lead to future research in obstetrics and gynaecology.

The Trust's Vision is to be the recognised leader in healthcare for women, babies and their families. To achieve this vision, the Trust aims to foster a research culture, which will support its existing strengths and allow for opportunities to explore new directions in its research efforts. The following eight Strategic Principles (SPs) have been devised:

- (SP1) Research activities will become an integral part of the Trust's clinical activities

- (SP2) All of the Trust's clinical staff will contribute to the research agenda and relevant non-clinical staff will support research activity

- (SP3) The Trust will support and build upon its present research strengths

- (SP4) New areas of research that the Trust supports will link to the healthcare challenges of our local population of women and their newborn babies

- (SP5) A contribution to research internationally will be supported, particularly when social and economic disadvantage is linked to poor outcomes

- (SP6) The Trust will continue to underpin high quality research by training researchers and managing research infrastructures

- (SP7) The Trust will work with local, national and international research partners to achieve its vision and its aims.

- (SP8) Innovation will be encouraged and receive corporate support

A new Research and Innovation Strategy has been produced and approved by the Trust Board. The new strategy document describes the ways in which these eight Strategic Principles will be pursued in a five year cycle between 2018 and 2023.

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

A proportion of Liverpool Women's NHS Foundation Trust's income in 2017/18 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:

- Staff Health and Wellbeing
- AMR / SEPSIS
- Advice & Guidance
- E-Referrals
- Neonatal early supported discharge
- Neonatal reduction / term admissions

Further details of the agreed goals for 2017/18 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 2017/18 conditional upon achieving quality improvement and innovation goals was £2,035,820. The monetary total for the associated payment in 2016/17 was £1,983,283.

Care Quality Commission – Inspection Report May 2018

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 2017/18. 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 2018, the CQC identified 1 minor breach but had no concerns and rated the Trust as **'GOOD'** There are 3 areas for Gynaecology which require improvement and the recommendations made by the CQC will be developed into an action plan which will be agreed with the CQC. Full results are shown in the table that follows:

Ratings for Liverpool Women's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Outstanding ↑ May 2017	Good →← May 2018	Good →← May 2018
Gynaecology	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018	Requires improvement ↓ May 2018
Neonatal services	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
End of life care	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Outpatients	Good May 2015	Not rated	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Overall*	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Data Quality

Liverpool Women's NHS Foundation Trust will be taking the following actions to improve data quality: monthly data quality sub-committees will continue to focus on specific specialties with representation from senior managers and clinicians. The focus will be on automating data submissions and developing the current suite of data quality reports to ensure accurate data submissions.

Liverpool Women's NHS Foundation Trust submitted records during 2017-18 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:

98.6% for admitted patient care,
99.3% for outpatient care,
97.8% for accident and emergency care.

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

100% for admitted patient care,
99.9% for outpatient care,
99.9% for accident and emergency care.

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

Information Governance

Liverpool Women's NHS Foundation Trust's Information Governance Assessment report overall score for 2017-18 was 75% and was graded **"Green - Satisfactory"**. An independent audit of the Trust proposed Information Governance Toolkit submission by the Merseyside Internal Audit Agency concluded its audit with an opinion of "Significant Assurance"

As well as managing the Trust Information Governance Toolkit submission for 2017/2018, the Trust has also been working to implement the General Data Protection Regulations, which will supersede the Data Protection Act 1998

Clinical Coding

Liverpool Women's NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017-18 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 specified instances in which it applies duty of candour on its Ulysses Risk Management system.

A review of Duty of Candour was undertaken in accordance with an amendment to the Trust's 2017/18 Internal Audit Plan as approved by the Audit Committee Chairman.

Duty of Candour requirements are covered by the Care Quality Commission's (CQC) Regulation 20. Trust Management are keen to confirm compliance with key aspects of Regulation 20 where they are aware that an incident has arisen requiring a Duty of Candour response.

The audit identified that there were actions raised in relation to how duty of candour conversations with patients and relatives were being recorded in patient notes. Actions have been completed to ensure that any duty of candour conversation held with patient are recorded in the patient records and on the Ulysses risk management system.

Sign up to Safety

In September 2015 Liverpool Women's was at the forefront of the national "Sign up to Safety" campaign. This campaign focused on the reduction of avoidable harms. We launched projects in November 2015 that aimed 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. Following development in our quality approach these two specific improvement goals were incorporated into the ambitions and goals detailed within the new Quality Improvement Strategy that was launched in April 2017.

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. There is also an increasing trend of Consultants being asked to 'act own' and cover junior shifts where a junior doctor or agency doctor cannot be sourced. The gaps fluctuate throughout the year due to maternity leave, out of programme experiences and completion of training. The Guardian of safe working hours reports gaps and locum usage quarterly in accordance with The NHS Doctors in training contract 2016. The table below shows the number of gaps on rotas as of the start of the national rotation programme August 2017:

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

Due to the difficulty in recruiting to junior doctor posts, the Trust is working in partnership with Wrightington, Wigan and Leigh NHS Foundation Trust and Edge Hill University to provide an Obstetrics and Gynaecology programme to 2 International Training Fellows. The doctors will be placed at the Trust, for 3 years working clinically full time whilst undertaking a Master's programme.

The Trust is also working in partnership with the University of Liverpool and the Tropical School of Medicine, jointly employing clinical academics who will work 2.5 days clinical and 2.5 days academic.

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
24%	23%	18%

* National lower scores unavailable at the time of this report

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

Trust Score	National Average	Highest National Score
91%	88%	91%

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

9.85%	7.11%	11.45%

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.

Trusts Responsiveness to Personal Needs of Patients

One of the care goals of the Liverpool Women's NHS Foundation Trust is to provide the best patient experience. We use the information provided from our patients to tell us that the experience they have of the treatment and care they receive on their journey through the NHS and how we can be even more important to them than how clinically effective care has been.

To be able to achieve this we work to ensure that all patient individual personal needs are identified and dealt with in the most appropriate manner. Working with patients in partnership is key to a good patient experience which can have a significant impact on their maternity experience and the birth of their baby, experience of the gynaecology services throughout patients department and inpatient ward and their recovery or a peaceful death.

A close relationship is built up with parents who have babies on the neonatal unit no matter how short a time that may be to ensure not only that the parent scan be involved in their babies care as much as they are able but to also allow them to form a key essential bond with their baby.

Within the Gynaecology in patient service all patient have an individualised care plans in place form when they are admitted, which are updated as the patient condition changes. These are reviewed by the Matrons and Head of Nursing to ensure that they are of a high quality and meet the patient's needs.

Also within the unit there is a process of intentional rounding completed by the ward staff, ward manager and matrons to ensure that core care requirements are being met. This process is monitored via the use of ward nursing metrics system. The gynaecology ward had also introduced a daily huddle to clearly identify patients' needs and where applicable additional support if required.

IN relation to the maternity service, all women have an individualised birth plans which is developed during their pregnancy, to ensure that as far as is possible during the woman's maternity care she has the best experience she would like to have to meet her own personal needs. Birth pans are viewed by one of the Matrons to ensure that they are appropriate and written to meet the personal needs of the induvial women.

A review of Quality Spot Checks was undertaken in accordance with the requirements of the Liverpool Women's NHS Foundation Trust's (Trust) Internal Audit Plan 2017/2018, as approved by the Audit Committee.

NHS Trusts are required to have robust processes in place to ensure that essential standards of quality and safety are maintained in line with standards set by the Care Quality Commission (CQC) and Health and Social Care Act (2008). The desired outcome is that a patient's experience of care is safe, positive and clinically effective.

The objective of this review was to undertake an unannounced, observational Quality Spot Check within Gynaecology, the Midwifery Led Unit and the Maternity Base. These checks took place on 29th, 30th and 31st August 2017.

The first audit completed by Mersey internal Audit Authority (MIAA) was completed and found that a number of actions were required to improve the level of assurance. A follow up review was then completed in November 2018 and it was found that actions had been completed which provided for High Assurance in in Gynaecology and Significant Assurance in Maternity Base.

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
80%	80%	90%

Data that is available / derived for 2016-17 no further update available nationally for 2017/18

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:

LWFT 2017-18*	LWFT 2016-17	National Target
98%	98%	90%

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:

LWFT 2017-18*	LWFT 2016-17	National Average
0	0	N/A

*Local unmoderated data
Cannot find data for this measure for either 2016-17 or 2017-18 There is data for monthly infection counts for 2016-17 and 17-18 to February via Gov.uk

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:

LWFT 2017-18*	LWFT 2016-17	National Average 2016-17
157.8	148.3	N/A

*Local unmoderated data
National Data is that available / derived for 2016-17

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:

LWFT 2017-18*	LWFT 2016-17	National Oct 16-Sep17**
0.3%	0.6%	0.5%

* Local unmoderated data
** Latest available data derived from NaPSIR data: NHSi April 2018

Liverpool Women's considers that this data is as described for the following reasons: the Trust over the last 18 months has achieved some success in moving its incident harm profile towards the cumulative national

profile by encouraging the reporting of lesser harm incidents in order to capture the learning from these before the issues manifest in patient harm. This re-balancing of the profile has reduced the proportional impact of the already low number of severe harm and death incidents.

Liverpool Women's intends to take the following actions to improve this indicator and so the quality of its services: to further strengthen its learning culture by increasing the reporting of 'no harm' and 'near miss' events to capture and address issues with the potential to cause harm, whilst still ensuring that all incidents where patients have suffered severe harm or death are reported externally and undergo a full investigation to identify the causes.

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.

Last year was a particularly challenging one for the NHS; all trusts were expected to provide the highest standards of care while achieving demanding efficiency savings. The trust continued to provide safe, high quality care to our patients. With the exception of Referral to Treatment and 62 Day Cancer, the trust continued to deliver the national targets. Alongside this, in a climate where many providers have struggled to achieve their financial plan, the trust has continued to deliver its financial performance.

Details of the national targets that are required to achieve are set out below, together with our actual performance:

Indicator Name	Target	Performance 2017/18	
A&E Clinical Quality - Total Time in A&E under 4 hours (accumulated figure)	95%	**98.34%**	**Achieved**
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation (accumulated figure)	90%	**75%**	**Not Achieved**
Cancer 31 day wait for second or subsequent treatment – surgery (accumulated figure)	94%	**100%**	**Achieved**
Cancer 31 day wait from diagnosis to first treatment (accumulated figure)	96%	**96.6%**	**Achieved**
Cancer 2 week (all cancers) (accumulated figure)	93%	**96.4%**	**Achieved**
Clostridium difficile due to lapses in care (accumulated figure)	0	**0**	**Achieved**
Never Events	0	**2**	**Not Achieved**
Incidence of MRSA bacterium	0	**0**	**Achieved**
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	**87.5%**	**Not Achieved**
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation (accumulated figure)	85%	**57.4%**	**Not Achieved**
Maximum 6-week wait for diagnostic procedures	99%	**98.15%**	**Not Achieved**

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

18 Week Referral to Treatment and 62 day Cancer targets: The Trust declared two serious incidents relating to breaches of national access target in February 2018 – one related to patients who had been referred in to the Trust by a GP with suspected cancer and who had subsequently breached the 62 day target; the second incident related to failure to accurately report patients who had breached the 18 week (referral to treatment) target.

Both incidents were reported internally on the trust's incident reporting system and externally on the national incident reporting system. This alerted NHS Improvement, NHS England and the CCG to the incident. The Trust also spoke directly to all regulators including the Care Quality Commission.

Formal Serious Incident investigations have been completed by an external investigator who is an expert in respect of cancer pathways and other referral to treatment targets. The Trust has been systematically working through the recommendations from the investigations to improve compliance to the national targets. The reported positions on the Cancer 62 day target was corrected in January 2018 and the RTT target from February 2018 as set out in the table above.

The trust's priority, as always, was to identify whether any patient had suffered a detriment in their care or any harm. Clinical reviews have taken place for individual patients who have been significantly delayed in receiving treatment and these have concluded that no harm has occurred.

The Trust has been open and transparent with patients and were appropriate patients have received a letter from the Trust apologising and assuring them that clinical review by a senior doctor had confirmed that they had suffered no harm or detriment as a result.

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.

Celebrating Success at Liverpool Women's

Dedicated to Excellence Awards

This is an annual award night to celebrate and acknowledge the achievements and dedication of all our staff. The awards evening offers an opportunity to personally thank and show our gratitude and personally to thank our staff for all their endeavours during the year. We would like this opportunity to also thank all the teams and individuals that were nominated.

WINNERS

Dedicated to Innovation and Improvement (clinical)
New Induction of Labour Pathways

Dedicated to Innovation and Improvement (non-clinical)
'je ne comprends pas' - Maternity Care Cards

Dedicated to Working together (team working and partnerships)
It's a family affair

Dedicated to Research
Description of the three dimensional architecture of the lining of the womb (endometrium) in relation to stem cell organisation

Dedicated to Patients and their Families
Improving Parental Engagement

Dedicated to Patient Safety
10 years of 'One at a time'

Dedicated to Clinical Audit
Stillbirth Audit

Staff Fundraiser of the Year
There Is No Footprint Too Small To Run A Marathon For

Mentor of the Year
Judi Brophy

Learner of the Year
Rebecca Slater

Employee of the Year
Nadia Aboarook

Team of the Year
Theatres

Volunteer of the Year
Margi O'Hare

Patient Choice Award
Janet Burch

Foundation Award
Description of the three dimensional architecture of the lining of the womb (endometrium) in relation to stem cell organisation

Chief Executive Outstanding Contribution Award
IM&T
Sarah McGrath

NHS at 70 Chief Executive Outstanding Contribution Award
Bill Yoxall

Dedicated to Innovation and Improvement (non-clinical) –'je ne comprends pas' - Maternity Care Cards

Dedicated to Patients and their Families - Improving Parental Engagement

Dedicated to Patient Safety - 10 years of 'One at a time'

Dedicated to Innovation and Improvement (clinical) - New Induction of Labour Pathways

National Bereavement Care Pathway

Our trust is one of eleven trusts that are piloting The National Bereavement Care Pathway (NBCP). The pathway aims to improve the bereavement care parents in England receive after pregnancy or baby loss. It helps professionals to support families in their bereavement after any pregnancy or baby loss. The pathway covers five bereavement experiences: Miscarriage, Termination of pregnancy for fetal anomaly (ToPFA), Stillbirth, Neonatal death, Sudden unexpected death in infancy (SUDI).

Maternity

The maternity team were part of wave 1 of NHS Improvement (NHSI) national initiative – Maternal and Neonatal Health Safety Collaborative. The key focus for 2017/2018 for LWH has been to monitor and reduce Co2 in pregnancy, as studies have found that there is an impact on the stillbirth rate. A collaboration with Liverpool Public Health is planned for 2018/2019 to develop a strategy to reduce smoking in pregnancy.

Improvements to triaging patients within the midwifery led unit and maternal assessment unit have been identified and adopted. The Trust is part of a 3 year improvement project in conjunction with NHSI, this involves regional and national networking, sharing best practice and putting new learning into place to improve safety and outcomes for patients.



Gyneacology

A Transformed Gynaecology Unit for a Better Patient Experience
In September 2017 the newly refurbished inpatient environment opened. The redesign, transformed two previous existing Gynaecology Wards, into one, new, modern, Gynaecology Unit to provide patients with a better experience.

This project began in September 2016 with an aim of reviewing and redesigning inpatient pathways, to improve patient experience. The main objective was to ensure that patients are looked after at the right time, in the right place and with the right clinical teams around them. We are also aim use the wards space more efficiently, which as well as improving the patient and staff experience creating a caring and safe environment.

The Gynaecology in-patient and Admissions Lounge redesign opened in July 2017. This has facilitated and transformed an effective inpatient pathway at the hospital to improve the patient experience and also to ensure that we are providing efficient care to patients.

This project was an excellent opportunity to demonstrate the skilled work we do within our wards and for us to be forward thinking in suggesting new ways of working.

As a department we are fortunate to have a vast range of staff that all bring different qualities. We have experienced, knowledgeable and highly skilled staff who demonstrate this in the patient care they deliver ensuring the transformation of the ward's vision is that patients are at the heart of everything we do,

Research

Professor Andrew Weeks was successful in obtaining **an £1.8 million grant award** from the NIHR HTA for the multi-centre COPE: The Carboprost or Oxytocin Postpartum haemorrhage Effectiveness study. The aim of the research is to determine the relative efficacy of intramuscular carboprost 250mcg and intravenous oxytocin 10iu as initial treatments for women with clinically diagnosed postpartum haemorrhage after giving birth in British hospitals.

A pan-European consortium, of which Dr Mark Turner is the scientific lead, was been successful in securing a **€140 million funding award** from Innovative Medicines Initiative 2 (IMI2). The funding will allow for a pan-European paediatric research network, CONECT4CHILDREN, to be established – led from Liverpool and Padova, Italy. CONECT4CHILDREN aims to improve the feasibility and impact of the overall paediatric medicines research agenda, providing crucial information at the right time for the licensing and use of medicines in children.

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

NHS Liverpool Clinical Commissioning Group
Quality Account Statement 2017/18
Liverpool Women's Hospital NHS Foundation Trust

Liverpool, South Sefton, Southport and Formby and Knowsley CCGs welcome the opportunity to jointly comment on the Liverpool Women's Hospital NHS Foundation Trust Draft Quality Account for 2017/18. It is acknowledged that the submission to commissioners was draft and that some parts of the document require updating. Commissioners look forward to receiving the Trust's final version of the Quality Account.

We have worked closely with the Trust throughout 2017/18 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.
This Account indicates the Trust's commitment to improve the quality of the services it provides and supports the key priorities for improvement of quality during 2017/18. Commissioners note the priorities and individual measures from 2017/18 have been carried forward to 2018/19 and they are:

Priority 1: Reduce avoidable harm

Priority 2: Achieve the best clinical outcomes

Priority 3: Provide the best patient experience

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 the Trust 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.

The Trust places significant emphasis on its safety agenda, promoting an open and transparent culture, and this is reflected with the work the Trust has undertaken to aim to achieve zero never events, reduce medication incidents resulting in harm, achieve 100% sepsis screening, reduce avoidable readmissions, reduce avoidable returns to theatre and reduce avoidable 'term' neonatal admissions. Of particular note, is the work the Trust has undertaken to improve outcomes on the following work streams:

- Screening was undertaken in an appropriate manner for all patients presenting to the emergency room with suspected sepsis, and all hospital in-patients who developed symptoms
- There were no direct maternal deaths recorded in 2017-18
- There were zero unexpected deaths in women having gynaecological treatment
- There has been zero cases of Clostridium Difficile since 2014-15 and Zero MRSA infections in 2017/18

The CCGs would like to acknowledge the Trust's work with commissioners 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 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 reflective of the current issues across the health economy. We therefore commend the Trust in taking account of opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

Liverpool CCG	**South Sefton CCG** **Southport and Formby CCG**	**Knowsley CCG**
Jan Ledward	**Fiona Taylor**	**Dianne Johnson**
Chief Officer	Chief Officer	Chief Executive
Date 23.05.18	Date 21.05.18	Date 18.05.18

Healthwatch Liverpool

Liverpool Women's Quality Account Commentary

Healthwatch Liverpool welcomes the opportunity to comment on the 2017-18 Quality Account for the Liverpool Women's NHS Foundation Trust.

This commentary is informed by our ongoing engagement with the Trust and its patients, the feedback received through our information and signposting service and independent web-based resources (such as www.careopinion.org.uk).

We would like to take this opportunity to commend the Liverpool Women's for their engagement with Care Opinion and how compassionate their responses are to patients' feedback left on the Care Opinion website. This level of care for the patients and their experience was mirrored during the PLACE assessment which Healthwatch Liverpool attended on 25/04/201 and from the Listening Event held at the Liverpool Women's on 11/01/2018 where we spoke to 68 patients. Overall the feedback from the listening event was very positive, especially with regards to staff; however there was some dissatisfaction around the state or lack of certain facilities (e.g. lack of TVs on wards).

It is reassuring that although the NHS is under increased pressure, and the Trust in particular may have major changes ahead, the staff are perceived by patients to care for them and to be doing the best they can despite any challenges or uncertainty about the future. This is a reminder of how important staff and their attitudes towards patients are in the patient experience of care.

However, from a patient's perspective, we did note that only one of the Trust's Patient Experience priorities for 2018-19 is directly related to patients and their experience. The remaining 3 Patient Experience priorities focus on staff health and wellbeing. While we agree that improved staff health and wellbeing is important, it is not the only factor in patient experience. Furthermore when patients express concerns to us about NHS staffing it tends to be about the staffing levels and whether staff workload is sustainable. To address this we feel issues such as staffing levels would also need to be addressed as well as staff wellbeing activities. Additionally, although it is good to see the Trust has a Patient Experience Lead, we feel there could be more focus on patient experience feedback, especially in light of the low uptake of the Friends and Family Tests by patients (which could have been an objective to improve). Another one of the objectives could have been about PALS+; whilst we welcome the PALS+ approach to help people get their concerns resolved promptly, we'd like to see how the Trust plans to learn from any trends that may be identified through issues raised this way.

It is good to see that the Trust is being responsive to patient feedback such as the investment in Netcall to address the issues around getting through on the phones.

The low twin rate in the IVF department is laudable as we are aware that lowering multiple birth rates has been a priority in the past. It is reassuring that there have continued to be no maternal deaths and the number of avoidable deaths is decreasing. It is also impressive to see that avoidable neonatal admissions have halved from last year and are well below the national benchmark (9% vs 30%).

We would have liked to have seen the Trust's positive work to support its diverse patients reflected in the Quality Account. We are aware for example that the Trust has listened to the experiences of refugee women with English as a second language and developed 'care cards' to improve their experience of maternity services. We would like to see examples of patient focused care such as this celebrated and shared in the future.

We look forward to our continual engagement with the Trust, its commissioners and its patients, as well as the expected public consultation about the future of the hospital. This will hopefully lead to more certain times for the Trust.

Sarah Thwaites
Chief Officer Healthwatch Liverpool
15/05/2018

Healthwatch Sefton

"Given a change in deadlines, Healthwatch Sefton has unfortunately not been able to submit a commentary for this account. We would like to meet with the Trust to discuss how we can engage with patients over the coming 12 months and have more involvement in the Trusts patient experience work."

Best Wishes
Diane Blair
Manager
16/05/2018

Knowsley HealthWatch - Requested but not received.

Halton HealthWatch - Requested but not received.

St Helens HealthWatch - Requested but not received.

Commentary from Local Authority Overview & Scrutiny Committees (OSCs)

Liverpool Council - Requested but not received.

Knowsley Council - Requested but not received.

Sefton Council - Requested but not received.

St Helens Council - Requested but not received.

Halton Borough Council - Requested but not received.

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.

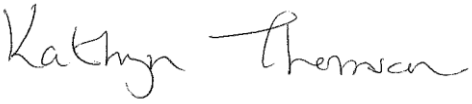
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality 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 2017/18 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 2017 to 26 May 2018
    - Papers relating to quality reported to the board over the period April 2017 to 18th May 2018
    - Feedback from Liverpool CCG, South Sefton CCG, Southport and Formby CCG, Knowsley CCG dated 23/05/18
    - Feedback from Council of Governors requested on 24 April 2018
    - Feedback from Local Healthwatch organisations, Healthwatch Liverpool dated 15/05/2018 and Healthwatch Sefton dated 16/05/2018
    - Feedback from Sefton Council Overview and Scrutiny Committee, no response received
    - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018
    - The latest national patient survey, published January 2018
    - The latest national staff survey, published March 2018
    - The Head of Internal Audit's annual opinion over the trust's control environment dated May 2018
    - CQC inspection dated 23 May 2018
- 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
29/05/2018

Kathryn Thomson
Chief Executive
29/05/2018

Annex 3: External Auditor's Limited Assurance Report

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF LIVERPOOL WOMENS NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Liverpool Women's NHS Foundation Trust to perform an independent assurance engagement in respect of Liverpool Women's NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period ('the 18 week RTT indicator'); and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers ('the 62 day cancer waits indicator').

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18 ('*the Guidance*').*

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated 23 May 2018;
- feedback from governors, dated 24 April 2018;
- feedback from local Healthwatch organisations, dated 15 May 2018;
- feedback from Overview and Scrutiny Committee, requested but not received;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;

- the latest national patient survey, dated January 2018;
- the latest national staff survey, dated March 2018;
- Care Quality Commission Inspection, dated 23 May 2018;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Liverpool Women's NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Liverpool Women's NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non- mandated indicator, which was determined locally by Liverpool Women's NHS Foundation Trust.

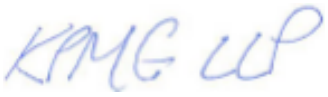
Basis for adverse conclusion on the 18 week RTT indicator and the 62 day cancer waits indicator

As set out in the Statement on Quality from the Chief Executive of the Foundation Trust on pages 4 [88] to 5 [89] of the Trust's Quality Report, the Trust currently has concerns with the accuracy and completeness of the data for the 18 week RTT indicator and the 62 day cancer waits indicator. The Trust identified during the year that there were data quality issues with the data recorded for both indicators. The Trust had been incorrectly reporting patients who had been referred in to the Trust by a GP with a suspected cancer and who had subsequently breached the 62 day target. The Trust had also failed to accurately report patients who had breached the 18 week target. As a result of these issues, we have concluded that the 18 week RTT indicator and the 62 day cancer waits indicators for the year ended 31 March 2018 have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for adverse conclusion on the 18 week RTT indicator and the 62 week cancer waits indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance.



KPMG LLP
Chartered Accountants Manchester
1 St Peter's Square Manchester
M2 3AE

29 May 2018

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.
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.
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.