Liverpool Women's
NHS Foundation Trust

Annual Report and Accounts

for the year ended 31 March 2013

NHS

Liverpool Women's NHS Foundation Trust

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Contents

Introduction from the Chair and Chief Executive

Welcome to our annual report which sets out the achievements of Liverpool Women's NHS Foundation Trust during 2012/13.

It gives us great pleasure to share with you the highlights of our work during the year and to set out details of our performance. In doing so we are able to demonstrate how we achieve our mission – to provide excellent healthcare for women, babies and their families in a safe, friendly and caring environment.

On pages 35 - 36 you will find just some of our reasons to be proud this year, taken from our '100 Reasons to Be Proud' which can be found on our website at *www.liverpoolwomens.nhs.uk*. Each and every day we have the privilege of touching the lives of the many women in our care and every day this makes us proud. Our staff are committed to providing high quality care to our patients and to achieving the best possible outcome. And the Trust is committed to its staff. We want Liverpool Women's to be the best place for women to receive care and be the best place for staff to work.

Just some of our reasons to be proud are:

- The work of our brilliant neonatal team who undertook the SCAMP nutritional study, outstanding research aiming to prevent early postnatal head growth failure in very preterm infants through optimising early nutrition intake
- Our Hewitt Fertility Centre became the first unit in Europe to offer patients EEVA (Early Embryo Viability Assessment) the most significant development in in-vitro fertilisation technology in the last decade
- We opened a new Maternity Assessment Unit which offers women and families facilities that are second to none in the country
- Introduction of the next generation DNA sequencing using our new Illumina MiSeq DNA sequencing instrument to simultaneously test over 100 genes in a pilot group of patients with a range of neurological conditions
- Development of laparoscopic radical hysterectomy which halves the postoperative length of stay of patients and minimises perioperative blood loss and postoperative pain for cervical cancer patients.

Chief Executive, Kathryn Thomson and Chair, Ken Morris

We hope you enjoy reading about our 100 reasons to be proud and will let us know if there are others you feel we should add to the list.

In common with the rest of the NHS and public sector the Trust has faced considerable financial challenges. Our task has been to achieve financial efficiencies whilst continuing to deliver high quality clinical care. The pages that follow will show that we have achieved this. Considerable cost improvements were made without the quality of clinical care being compromised.

During the year we prepared for implementation of the Health and Social Care Act 2012, parts of which came into effect in October 2012 and the rest of which is due to be implemented from 1 April 2013. The Act brings with it significant changes in the structure of the NHS and new duties for our Directors and Governors. It also presents new opportunities, particularly in respect of the additional non-NHS income we will now be able to generate. This income will continue to be used to develop our NHS services. We will ensure that the changes brought about by the Act are applied in a way that allows us to continue providing the best possible care to everyone who comes to Liverpool Women's.

Towards the end of the year the report of the public inquiry into failings at Mid Staffordshire NHS Foundation Trust was published. It is a difficult and sobering report to read, detailing poor standards of care, a disconnection between those managing, providing and receiving services and a regulatory system that was found wanting. The report contains some 290 recommendations which every NHS organisation will want to give full consideration to. Here at Liverpool Women's we have identified those recommendations which are of greatest relevance to the services we provide and during 2013/14 we will prepare and implement an action plan to address them.

Finally we would like to place on record our thanks. We would like to thank our patients who each day give us the privilege of providing care to them and for sharing in their lives at often difficult times. Our patients remain the most important reason why we strive to be the best provider of women's health services. We would also like to thank our staff, Governors, members, volunteers and fundraisers who together help to make Liverpool Women's the great place it is.

Ken Morris
Chair
29 May 2013

Kathryn Thomson
Chief Executive
29 May 2013

Directors' report

What is Liverpool Women's…?

Liverpool Women's NHS Foundation Trust is the largest women's hospital in Europe. We provide a comprehensive range of healthcare for the women and babies of Liverpool and its surrounding areas.

In 2012/2013, we:

- Delivered 8,421 babies
- Undertook gynaecological procedures on 6,144 women
- Cared for 1,259 babies in our neonatal intensive and high dependence care units
- Performed 1,321 cycles of in-vitro fertilisation (IVF)

Our vision, aims and values are:

Our Vision

We will be the recognised leader in healthcare for women, babies and their families.

Our Aims – WE SEE

- To develop a well led, capable and motivated **W**orkforce
- To be **E**fficient and make best use of available resources
- To deliver **S**afe services
- To deliver the most **E**ffective outcomes
- To deliver the best possible **E**xperience for patients and staff

Our Values – we CARE and we LEARN

- **C**aring – we show we care about people
- **A**mbition – we want the best for people
- **R**espect – we value the differences and talents of people
- **E**ngaging – we involve people in how we do tings
- **LEARN** – we learn from people past, present and future

We became Liverpool Women's NHS Foundation Trust on 1 April 2005. Before this date, the Trust operated as Liverpool Women's NHS Hospital Trust. That Trust was created in 1995 when all services for women and babies in Liverpool came together under one roof at Liverpool Women's Hospital on Crown Street in Toxteth, Liverpool, a purpose-built hospital designed for providing care in the twenty-first century. We also began providing services at the Aintree Centre for Women's Health in 2000, which provides care to women from north Liverpool, Sefton and Knowsley.

The Trust has two main contracts for its income which are essential for the Trust's business. These are Liverpool Primary Care Trust and North West Specialist Commissioners. In 2012/13, the Trust received £36,165,215 and £16,122,203 respectively from these commissioners. These contracts represent 55% of the Trust's total income and 61% of the Trust's clinical income.

We have a great story to tell in respect of our achievements over the last year, our plans for which were set out in our annual plan 2012/13.

Business review

The Board of Directors are pleased to present a fair review of the Trust's business during the financial year 2012/13. In doing so the Directors have ensured that so far as they are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

We will develop a well led, capable and motivated workforce

We have…

- Seen local and national recognition for our leaders including:
  - The election of one of our Consultant Gynaecologists to be President of the Royal College of Obstetricians and Gynaecologists
  - In the Nursing Times awards our Cancer Lead Nurse was awarded Cancer Nurse of the Year and our urogynaecology team was one of the top three in the country in their category
  - Our Specialist Lead for Disability was nominated for Merseyside's Woman of the Year
  - The Trust's Chief Executive, Vice Chair and Head of Safeguarding were all shortlisted for North West Leadership Academy awards
- Maintained our high ranking by trainee doctors as a place to receive training
- Seen a significant rise in the number of staff who have undertaken an annual Personal Development Review
- Attained occupational health accreditation with national standards Safe Effective Quality Occupational Health Services

We will make the most efficient use of available resources

We have ….

- Improved the overall productivity of our maternity service by redesigning the use of maternity theatre
- Agreed the strategic direction of our imaging service to improve its function and governance and promote growth
- Put in place an effective imaging equipment replacement programme
- Achieved the required £1m surplus in order to secure a Monitor Financial Risk Rating of 3

- Delivered our cost improvement targets for 2012/13 and identified further savings for 2013/14
- Completed development of the Centre for Women's Health and Centre for Better Births in partnership with the University of Liverpool, on the site of Liverpool Women's

We will deliver safe services

We have…

- Developed the policy for our vaginal birth after caesarean section (VBAC) service
- Reduced duplication of prescriptions and medication errors
- Reduced the number of multiple births as a result of assisted conception treatment
- Maintained full accreditation status for both of our genetics laboratories
- Achieved re-accreditation in our clinical genetics service as a Practice Development Unit

We will deliver the most effective outcomes

We have…

- Procured the technology to implement next generation sequencing in our genetics laboratories. This allows the analysis of up to 100 genes simultaneously
- Seen an increase in the number of patients treated in our Hewitt Fertility Centre and a significant improvement in pregnancy rates. To achieve this we purchased 5 EmbryoScopes and introduced their use together with EmbryoGlue. The combination of these technologies has increased the average implantation rate per embryo from 27.2% in 2011 for under 35 year olds to 44.2%. Our service was the first in Europe to introduce Early Embryo Viability Assessment which will continue to be used and became the only service in the world to have both of the leading systems for enhanced embryo selection
- Continued to roll out the use of microarray technology in our genetics services with more than 65% of our postnatal referrals and 20% of our prenatal referrals now being tested using this technology
- Introduced electronic prescribing
- Submitted grant applications to all relevant national funding streams to attract resources for Trust-led research
- Introduced new technology systems to enable the secure transfer of patient scans between healthcare providers

We will deliver the best possible experience for patients

We have…

- Redesigned access to gynaecology day case and outpatient procedures including:
  - Delivering the medical termination of pregnancy service in an outpatient setting
  - Enhancing the ambulatory gynaecology service
- Implemented advances in clinical practice (termination of pregnancy) and day case procedures
- Introduced a range of enhanced patient services in maternity, such as amenity beds and partner accommodation
- Completed the next phase of our maternity build project (formerly known as the Big Push) ahead of timetable and under budget
- Progressed our plans to open a clinic in Knutsford to provide all outpatient aspects of our fertility service so that it is more accessible to people across Cheshire and Greater Manchester

- Increased the number of tests performed in our molecular genetics service (up by 9.5%) whilst further improving our reporting times (3 day reporting improved by 0.2%, 20 day reporting by 1.9% and 40 day reporting by 7.4%)
- Designed a new model of service which provides a smoother and more efficient journey for patients using our clinical genetics service

As in all previous years we will continue to strive to build on these achievements next year and beyond.

Some of our plans for 2012/13 have yet to be achieved. They are:

- Increasing capacity at Aintree Centre for Women's Health which we aim to achieve during 2013/14
- Relocating the clinical genetics service from Alder Hey Hospital to Liverpool Women's Hospital on Crown Street – this is now planned for 2013/14
- Remodel our fetal medicine accommodation to increase productivity and access for women
- Implementing an electronic patient record system.

Our future plans

Our future plans are detailed in our annual plan for 2013/14 and are summarised below:

Within gynaecology, maternity, surgical services, neonates and clinical support services:

- Building works and service redesign for our termination of pregnancy service and chemotherapy unit
- Implement a new community gynaecology service on the Wirral (as an "Any Qualified Provider")
- Continue to develop specialist services for women both locally and further afield in respect of miscarriage, endometriosis and termination of pregnancy
- Develop laparoscopic gynaecological surgery
- Further develop nurse led urogynaecology pathways
- Redesign our clinical pathways for triage and assessment
- Review our service provision for both gynaecology and maternity at the Aintree Centre for Women's Health
- Re-evaluate our community midwifery services to ensure clinical pathways are as streamlined and efficient as possible
- Improve efficiency and use of antenatal clinics that will enhance the patient experience
- Review staffing levels in our maternity unit linked to forecast activity levels
- Complete the final phase of the maternity building redesign
- Work in collaboration with Alder Hey Children's NHS Foundation Trust to develop co-located surgery and intensive care for pre-term babies
- Together with the Neonatal Network, develop a clinically and financially robust strategy for neonatal services across Cheshire and Merseyside

Within reproductive medicine and genetics:

- Open our satellite Hewitt Fertility Centre clinic in Knutsford to offer all outpatient aspects of our fertility service. This service will be available to both NHS and private patients and will give easier access to our service for patients from Cheshire and Greater Manchester
- Introduce use of the EmbryoScope and EmbryoGlue as standard treatment for all patients attending for assisted conception care during 2013/14
- Scope a number of national and international opportunities for patients to receive care from our Hewitt Fertility Centre
- Our first nurse will commence studying for an MSc in reproductive medicine at Edge Hill University. This course will be based on distance learning and is being developed by the Trust's Professor Charles Kingsland, Consultant Gynaecologists and Clinical Director for Reproductive Medicine
- A new Consultant Ultrasonographer will come into post in our Hewitt Fertility Centre
- Building works to relocate the clinical genetics service from Alder Hey Hospital to Liverpool Women's Hospital on Crown Street
- Complete implementation of the Next Generation Sequencer in our genetics laboratories and develop new services for panels of genes
- Build on research that successfully analysed 100 genes simultaneously in a small number of patients with paediatric neurological conditions
- Explore use of the Next Generation Sequences for non-invasive prenatal diagnosis
- Roll out the use of our microarray technology in genetics to miscarriage referrals
- Offer a private pre-implantation screening service for our in vitro fertilisation patients

The principal risks and uncertainties facing the Trust include:

- Maintaining clinical quality in the light of financial pressures
- Non-delivery of our cost improvement programme
- Changes in the national funding tariff
- Changes in the architecture of the NHS, in particular the introduction of Clinical Commissioning Groups from 1 April 2013, and
- Retaining our market share in the face of increasing competition

The main trends and factors likely to affect the future development, performance and position of the Trust's business are maintaining our clinical and financial viability in an extremely challenging environment, diversifying our income base to support NHS services and managing what we do in a rapidly changing NHS structure, particularly the new commissioning system and provisions of the Health and Social Care Act 2012.

Performance against key targets

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

Indicator name	Target	Performance 2012/2013
Care Quality Commission: national priority		
18 week referral to treatment times: admitted (all specialties)	90%	96.95%
18 week referral to treatment times: non-admitted (all specialties)	95%	96.06%
18 week referral to treatment times: non-admitted (gynaecology, infertility and reproductive medicine)	95%	95.62%
18 week referral to treatment times: non-admitted (clinical genetics)	95%	99.54%
18 week referral to treatment times: incomplete pathways (admitted and non-admitted)	92%	93.14%
18 week referral to treatment times: incomplete pathways (gynaecology, infertility and reproductive medicine)	92%	92.79%
18 week referral to treatment times: incomplete pathways (clinical genetics)	92%	99.69%
All cancers: two week wait	≥93%	96.81%
All cancers: one month diagnosis to treatment (first definitive)	≥96%	97.17%
All cancers: one month diagnosis to treatment (subsequent surgery)	≥94%	99.26%
All cancers: one month diagnosis to treatment (subsequent drug treatment)	≥98%	100.00%
[1]All cancers: two month referral to treatment (GP referrals)	≥79%	88.87%
[2]All cancers: two month referral to treatment (consultant upgrade)	≥94% (to be confirmed)	96.92%
All cancers: two month referral to treatment (screening referrals)	≥90%	94.87%
Incidence of MRSA bacterium	0	0
Incidents of Clostridium difficile	0	0
Infant health and inequalities: breastfeeding rate	≥-5% (i.e. performance should not decrease by 5% or more)	0.55%
Infant health and inequalities: smoking rate	≤0%	0.87%
NHS staff satisfaction	National average for staff engagement – 3.92 (national average for acute specialist Trusts)	3.57

1 The national target is 85%, however the Trust has a further tolerance of 6% given the specialist nature of referrals received (Department of Health 2009, Monitor 2011)
2 This target is not confirmed by the Department of Health. The Trust continues to reflect the most recent national benchmark available as at Q4 2011/12 (94%) *(http://transparency.dh.gov.uk/2012/05/25waiting-times-for-suspected-and-diagnosed-cancer-patients-quarter-ending-march-2012)*

Indicator name	Target	Performance 2012/2013
Care Quality Commission: existing commitments		
Data quality on ethnic group (April to December 2012)	≥85%	92.80%
Delayed transfers of care	≤3.5%	0%
Last minute cancellation for non-clinical reasons	≤0.8%	0.79%
Last minute cancellation for non-clinical reasons, not readmitted in 28 days	≤5%	5.81%
Total time in Accident & Emergency (% seen within 4 hours)	≥95%	99.92%
Care Quality Commission: core standards		
Core standards for better health	Full compliance	Full compliance
Department of Health 2012/13 Operating Framework		
Mixed sex accommodation breaches	0	0
Risk assessment of hospital-related venous thromboembolism (VTE)	≥95%	95.65%

In respect of the targets we did not achieve, the following remedial action is being taken:

- **Infant health and inequalities: smoking rate**
  The Trust has made a concerted effort to improve this area of public health promotion but has struggled to sustainably have an impact. Currently the Trust is focusing on additional monitoring and improving the team's strategy to help increase compliance. We will look to have more effective collaboration with commissioners in order to clarify and ascertain a clear and robust definition of the parameters involved in monitoring and improving performance against this target.
- **NHS staff satisfaction**
  The Trust is still performing below the national average, however improvement is evident in this area and we continue to drive for more sustainable improvements in our results. In order to increase access to information about staff experience the Trust is introducing a 'pulse survey'. This will more readily identify staff experience by ward or department and allow swift action to be taken in respect of areas of concern.
- **Last minute cancellation for non-clinical reasons not readmitted in 28 days**
  There were five patient breaches of this target during 2012/13, primarily caused by administrative errors during departmental re-structuring which resulted in a temporary deterioration of effective monitoring. Robust monitoring processes are now in place and data is reviewed weekly to ensure there are no breaches.

Regulatory ratings

Up to 31 March 2013, Monitor was the independent regulator of NHS Foundation Trusts, after which date it became the health sector regulator. When assessing our performance, Monitor uses a risk rating system for financial performance and governance:

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

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

Our performance over the last two years in respect of these regulatory ratings is below:

	Financial risk rating	Governance risk rating
Annual plan 2011/12	3	Green
Q1 2011/12	4	Green
Q2 2011/12	4	Green
Q3 2011/12	5	Green
Q4 2011/12	4	Green

	Financial risk rating	Governance risk rating	
Annual plan 2012/13	3	Green	
Q1 2012/13	3	Amber	Green
Q2 2012/13	4	Green	
Q3 2012/13	4	Green	
Q4 2012/13	3	Green	

Our governance risk rating in quarter 1 of 2012/13 was amber – green because the Trust did not achieve the targeted performance against two indicators:

- All Cancers – 62 day referral to treatment (screening referrals). During quarter 1 the Trust was responsible for the care of [3]8.5 patients against this target and did not achieve it in respect of one of them. The breach occurred due to a non-clinical cancellation as the surgery list over-ran. In this quarter our performance against the target of 90% was 88.24%.

  Our admissions process for potential oncology patients attending for treatment against this target has since been revised. This ensures they are appropriately prioritised on theatre lists and avoids inappropriate future cancellations.
- All Cancers – 31 day diagnosis to treatment (1st definitive treatment) – In quarter 1 the Trust was responsible for the care of 101 patients against this target and did not achieve it in respect of five patients. Of these five, one patient chose to delay her treatment and chose another date outside of the target, two had complex clinical pathways which meant delaying their treatment was appropriate, one breach occurred due to the surgery list over-running (the same breach as is referred to above) and the final breach was as a result of lack of capacity. In this quarter our performance against the target of 96% was 95.05%.

Two of these breaches were avoidable. In order to ensure they do not recur the Trust has revised its admissions process as described above and also improved its waiting list management to include weekly capacity planning meetings.

Our governance rating for quarter 2 was green.

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

3 The care of some patients is shared by two Trusts. In this circumstance half of each patient's care is attributed to each Trust for the purpose of calculating performance against target

Quality

In January 2013 the Trust's Quality Strategy was approved by the Board of Directors. It sets out the transformational improvements that will be undertaken over the next 5 years to ensure Liverpool Women's is a world leader in healthcare quality. It is driven by our commitment to being a healthcare organisation where patients receive excellence in clinical care that is safe and effective and underpinned by a positive experience.

The strategy details the Trust's key priorities for quality improvement across 2013 – 2018 and how those improvements will be delivered. Our priorities are:

To deliver Safe services by ensuring no patients are harmed whilst in our care

- Venous thromboembolism (VTE) assessment 95% compliance
- Reduce gynaecology surgical site infections
- Incidence of multiple pregnancy maintained at <=10%
- Reduce number of babies born with Apgar scores <4 at more than 34 weeks gestation
- Reduce number of instances of Cord Ph <7.00 at delivery
- Zero incidence of methicillin resistant staphylococcus aureus (MRSA) bacteraemia and Clostridium difficile infection
- Reduction in severity of medication errors

To deliver the most Effective outcomes by ensuring care is evidence based and complies with best practice

- Reduce readmission rates in gynaecology
- Maintain zero tolerance of non-cancer related deaths in Gynaecology
- Increase biochemical pregnancy rates for patients receiving fertility treatments by 5% over 5 years
- Reduction of brain injury in preterm infants
- Perinatal mortality comparative to national average
- Stillbirth rate comparative to national average
- Nursing and Midwifery Indicators at >=90% compliance

To deliver the best possible Experience for patients and staff

- 75% of patients to recommend us in the family and friends test
- Staff survey results in upper quartile
- Patient satisfaction survey results in upper quartile
- Excellence in Patient Led Assessments of Care Environments (PLACE)
- One to one care in established labour 90% of the time
- Women receiving pain relief of choice 90% of the time

To deliver Innovative services to patients

- Ensuring that Liverpool Women's maintains and enhances its Research and Development profile
- Ensuring that Liverpool Women's is involved on the development of innovative practice
- Ensuring that Liverpool Women's is at the cutting edge of introducing innovative practice

Each year, through our Quality Report, we will report on performance against our agreed priorities. Through this process we will also set out our improvement priorities, with measurable targets for the forthcoming years.

Our quality, risk and governance arrangements are primarily coordinated by our governance team. The team oversees the Trust's functions in respect of risk management, clinical audit, research and development, health and safety, infection prevention and control, patient experience, safeguarding, emergency planning and business continuity.

In February 2012 the Trust received an unannounced visit by the Care Quality Commission (CQC) following which they registered a 'moderate concern' in respect of CQC Outcome 09 – Management of Medicines. That concern has since been lifted following a programme of remedial action. The CQC made a further unannounced visit to the Trust in February 2013 in respect of which the Trust was declared fully compliant with all outcomes reviewed.

Our greatest asset - our people

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

As at 31 March 2013 we employed 1,333 staff in a variety of clinical and support roles (1,128.49 whole time equivalents) not including those who work for our external contractors or staff seconded out to other organisations.

Our people work within four main areas across the Trust:

49.29% Maternity, Neonatal and Clinical Support Services
24.68% Gynaecology, Anaesthesia and Theatres, and Genetics
21.05% Corporate Support Services
5.00% Hewitt Fertility Centre

Staff Group	Whole time equivalent as at 31 March 2013
Registered Nurses and Midwives	547.90
Doctors	54.10
Other clinical services staff	189.43
Healthcare Scientists	50.46
Additional Professional, Scientific and Technical	21.83
Allied Health Professionals	13.32
Administrative and management	242.45
Estates and Ancillary	9.00
Totals	**1,128.49**

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

This commitment is outlined through the four NHS Constitution pledges to staff in respect of which significant achievements were made in 2012/13:

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

- We have seen a significant improvement in the number of staff who report they have undergone their annual Personal Development Review (PDR). The quality of the PDR discussions has improved from last year's staff survey results.
- Our Employee of the Month programme continues to go from strength to strength with increasing numbers of nominations each month.
- We have received local and national recognition for the role that our leaders and teams play in really making a difference. This includes recognition from the National Nursing Times Awards where our cancer lead nurse won Cancer Nurse of the Year, our Uro-gynaecology team were one of the top three in the country in their category, our Chief Executive, Vice Chair and Head of Safeguarding were all recognised by the North West Leadership Academy and our Specialist Lead for Disability was nominated for the award of Liverpool's Woman of the Year 2012.
- The range and quality of submissions for our annual awards process (Focussing on Excellence) has continued to improve, with a wide number of previous years' submissions being shortlisted in a range of local, regional and national awards.

Areas for improvement and continuous focus for 2013/14:

- Continuing focus on ensuring that all staff receive a Personal Development Review (PDR) that gives feedback on their individual contribution to patient care.
- Clear focus on understanding the reasons behind work pressure felt by staff and taking appropriate actions to address these.

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

- We maintained our high ranking by medical trainees on a national level across both speciality doctors and GP placements.
- We achieved improvements in our Library Quality Assurance Framework ratings which assess the quality of our library provision for our people.
- The interim evaluation of our leadership programme identified improvements across all leadership competencies.
- We commenced extending leadership development opportunities to those aspiring to leadership roles in the future.
- We provided consistent access across the Trust to simulation training for clinical emergencies and underlying issues identified through root cause analyses.
- We rolled out and continued to expand our work experience and outreach programmes to support people in the local community seeking work.

Areas for improvement and continuous focus for 2013/14:

- Ensure that leaders are held to account for their value based behaviours and that they take action based on feedback gained from their teams via the pulse survey.
- Pilot electronic PDR system which monitors progress in value based behaviour and delivery of objectives.
- Through our education governance process, continue to ensure high quality education and development is available and accessible for our people.

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

- During the year we attained occupational health accreditation with national standards Safe Effective Quality Occupational Health Services (SEQOSH) on our first assessment (70% of organisations who apply are deferred on their first attempt).
- Some 57% of our staff took up the flu vaccine. Although this was a positive response it was significantly lower than last year and our Occupational Health team have prepared an action plan for improvement next year.
- We continued to see a positive impact of early intervention clinics to support staff experiencing mental health and musculoskeletal conditions and preparing for planned surgery.
- A varied programme of events for staff to improve their physical activity levels continues to be provided including the cycle to work scheme, Zumba classes and the first Liverpool Women's Team Challenge where teams from around the Trust competed together in a fun obstacle and challenge course competition.

Areas for continued focus for 2013/14:

- Sustained focus on sickness absence figures, identifying underlying reasons for increasing absence and taking specific actions to address this by supporting our staff effectively to be "happy, healthy and here".
- Development and agreement of a Trust-wide health and well-being strategy to include and expand services available for staff across all aspects of well being – physical, mental health, social and financial. This will be delivered through an innovative partnership supporting the leadership development of individuals working for one of our private sector partners, Laing O'Rourke.
- Investigate the delivery of mental health and musculoskeletal "First Aid support for Managers" training for front line managers to ensure they are confident in supporting staff.
- Further develop a piloted case management group for sickness absence reviews where a multi-disciplinary approach is taken to support staff back into work after long term illness.

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

- We launched our People Champions programme where staff members put themselves forward to represent and test views from their work areas on key themes that would make Liverpool Women's a great place to work. During the year our Champions piloted the pulse survey, fed back on our approach to equality and human rights and provided input to the revised Team Brief process (a monthly briefing for all staff in respect of key issues).
- The Chief Executive continued to meet with staff through open coffee mornings.
- We undertook ongoing organisational change consultations for corporate support areas and a revised divisional structure was introduced after all staff had an opportunity to engage in the consultation process.
- We piloted the localised staff survey which will be run quarterly for each of our wards and departments, incorporating the recently launched friends and family test (our pulse survey) so staff can raise issues relevant to their immediate areas.
- An event which focused specifically on patient safety was held where over 120 staff attended to consider the recommendations from the Francis report into the failings at Mid Staffordshire NHS Foundation Trust and engage in how we can continue to ensure we provide safe services for patients.

Areas for improvement and continuous focus for 2013/14:

- Roll out of the pulse survey across the Trust with a commitment to action issues raised by the leaders within their areas of work.
- Re-launch a revised Team Brief process linked to a re-energised visibility programme where members of the Executive team will visit specific areas across the Trust for a defined period of time to build relationships with all areas (this has been based on staff feedback of what they would value).

Working with our partners in the community

Liverpool Women's is all about people – the people we care for, their families, the communities we serve and the people who are proud to work here. We are privileged to provide care for women at some of the most important and influential times in their lives and through them and their families, we can influence healthcare and well-being in our community in a positive way for the future.

In 2012/13 we continued to build on our overall programme of working together with partners in the community and expanding our reach and impact as a local employment provider.

We have expanded and enhanced our work experience and outreach programme to offer quality placements across the Trust in a wide variety of roles. In 2012/13 we offered a total of 95 placements throughout the Trust. The re-launch and improvement of the work experience and outreach programme is a central part of our overall plan to address issues relating to:

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

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

- delivery of various presentations to the Personal Social Health and Economic Education co-ordinators in both primary and secondary schools (these presentations have ranged from promotion of work experience placement programmes, the importance of breastfeeding, to teenage pregnancy support available through the Trust);
- these public health messages have been further embedded through the design of a breastfeeding promotion poster campaign for primary school children within the area;
- primary and secondary schools have had access to hosted visits within the hospital to learn about what we do and how we can help people within the community;
- we also provide guidance on CV preparation and interview skills to two key groups. The first is schools and individuals who are placed with us for work experience. The second is as part of our outplacement support package for members of staff affected by organisational change.

We hosted two major partnership events as part of our Annual Members' Meeting and Open Day in September 2012 and to celebrate International Women's Day on 8 March 2013. Both events had excellent involvement and participation from our Governors, members, leaders in local women's organisations and those interested in taking action to improve and coordinate a range of issues relevant to local women within Liverpool. The relationships built through these events, and the opportunities they present, has consolidated our resolve to continue to lead and influence the provision of services for women in the widest possible sense.

In 2013/14 we will look to:

- explore the provision of 10 week placements for people Not in Education, Employment or Training (NEET) in partnership with the North West Skills for Health Academy
- continuing our work with education partners promoting the importance of caring careers and the values of the NHS in line with the Francis report recommendations.

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

Valuing our staff

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

Equal opportunities for staff

Part of our commitment to valuing staff is taking action on specific areas where we have identified that improvement in our approach is required. We have continued to run a comprehensive data capture campaign called 'Count Me In', to improve the data we hold across all protected characteristics for our staff and have now made significant progress in the overall coverage rate we have for our staff. The impact of this will be seen when we commence monitoring key policies in 2013/14 to ensure they are applied equitably and are not having an indirect effect on people with specific protected characteristics.

Recruitment of staff with a disability

The Trust is signed up to "Two Ticks Symbol" which is a quality symbol providing assurance to individuals with a disability that we welcome applications from all individuals with or without a disability. Feedback in March 2013 from Job Centre Plus told us that we have made great progress in the last year around raising awareness of disabilities amongst our workforce and service users. We will look forward to working with the Job Centre Plus in 2013/14 to ensure that our application processes are accessible for applicants with varying disabilities. We will also seek to work with Job Centre Plus in their 'Sector Work Based Academies' scheme, where we can look at providing work based training for unemployed people from our local community (able bodied as well as those with disabilities). This will also allow us to further our commitment to corporate social responsibility.

In 2012/13, 59 applicants (4% of all applications) declared a disability in their application, 13 of this group were shortlisted (3% of all shortlisted applications) with 4 disabled candidates appointed (7% of all appointments in the period). The consistency in progress of candidates through each of the stages is positive although we would look to have a higher percentage of applications from people who have a disability. It may be that people with a disability are choosing not to disclose this at application stage and so we need to continue to ensure that confidence is built with prospective employees that this will not work against them.

Career development and promotion of staff with a disability

The NHS staff survey has identified that this is not seen as an area for concern by staff who have a disability. However, we know that there is a reluctance to declare a disability through the data capture report. As such we have launched a positive promotion campaign of disability role models from across the organisation, promoting their positive experiences of working at the Trust.

Reasonable adjustments for staff with a disability

The Trust's policy on the management of sickness absence provides for adjustments to be made to enable employees becoming disabled to remain in the Trust's employment and the Trust's Specialist Disability Adviser is available to provide advice and support in individual cases.

Equality, Diversity and Human Rights Training

One of our aims for 2012/13 was to significantly increase the compliance rates for equality, diversity and human rights basic awareness training across the Trust to ensure we are delivering an inclusive service for our patients and staff feel valued for their individual differences and contribution.

We did this by redesigning our training package, updated the training to include changes introduced by the Equality Act 2010 and most importantly we made the training more accessible, moving from the 6 sessions per year delivered by an external provider to over 60 sessions delivered at various times and venues across the Trust. In the last 12 months we have managed to increase the compliance rate for this training across the Trust from 31% in January 2012 to 62% in March 2013.

The 2012 NHS staff survey has highlighted that our score for equality and human rights training (66%) is one of the top 5 ranking scores overall and 5% above the national average for acute specialist Trusts in 2012, a massive improvement on previous years' scores.

NHS Employers Diversity Partners

In March 2012, we were one of twelve Trusts who successfully applied to become NHS Employers Equality and Diversity Partners. This is a 12 month programme which supports participating Trusts to progress and develop their equality performance and to build capacity in this area. This programme also gave us the opportunity to work collaboratively with two other Liverpool Trusts who were also successfully awarded partner status in 2012, and access to advice, guidance and demonstrations of good practice in equality and diversity management across the wider NHS.

Equal opportunities for service users

In January 2013 we launched our Patient Equality Data Capture Project, which aims to collect information regarding all nine protected characteristics for all new patients on their first visit to the Trust (including satellite clinics and those attending Aintree Centre for Women's Health). Currently we hold information on all nine protected characteristics from 14% of new patients who attended their first appointment at the Trust. Collection of this data has been slow but steady, with the overall percentage rising steadily.

Recognising and Rewarding Excellence

The Trust held its eighth annual "Focussing on Excellence" Awards for 2012/13 which celebrate and reward staff who deliver clinical and non-clinical improvements to achieve excellence for women, babies and their families.

This year the categories were expanded to reflect our focus on team based working to deliver enhanced services and also embed the Trust values of CARE - Care, Ambition, Respect, Engage - and Learn. Two additional categories were also added (Recognising outstanding contribution and Special recognition) awarded by the Chief Executive. The number of overall submissions continued to rise to 109 submissions which reflects the increasing energy and competition amongst teams to share and demonstrate the remarkable work that they do daily for women, babies and their families.

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

Health and well-being of the workforce

The sickness absence rate of staff within the organisation has risen from 4.58% in 2012 to 5.29% cumulative as at March 2013.

The NHS staff survey results for 2012 have identified an increase in the number of staff reporting work pressure and work related stress, particularly within our maternity services. Urgent action is being taken to address specific issues within these areas as well as ongoing support to managers to manage and support staff to return to work as soon as possible following a sickness absence, once they have recovered.

The appointment of an Occupational Health Specialist Practitioner in Public Health is a clear demonstration of the Trust's ongoing commitment to proactively supporting the health and well-being of our people. Together with an innovative partnership project with private sector partners Laing O'Rourke we are undertaking a comprehensive engagement exercise with staff to identify how best we can support their health and well being and inform the development and implementation of a long term health and well-being strategy.

Listening to staff

As stated in previous years, our people are our greatest asset. We continue to believe that it is only by truly listening to them and involving them in addressing issues that are important to them that we will achieve our overall vision of becoming one of the leading healthcare providers for women, babies and their families.

The NHS staff survey is a core tool for the Trust to engage consistently with our people each year to identify what is important to them and then take action to address identified issues. We continue to opt for a full survey for all staff employed by the organisation to be able to feedback their views and perceptions on what it is like to work at Liverpool Women's. The survey is our consistent measure of both the involvement of our people and the impact of the changes that are made in partnership with them. However, we identified the need for more localised engagement surveys (or pulse surveys) as a key priority for 2012/13. We piloted the design and implementation of these pulse surveys and will now be rolling these out across all services for 2013/14.

We have made a significant effort over the last four years to increase the survey response so that we hear the views of as many of our people as possible. We have done this through a partnership approach with the local full-time staff side representatives to encourage increased returns across all areas. The response rate for 2012 was 61% which was above average for UK specialist acute Trusts and represented a 4% increase on the 2011 Trust response rate of 57%.

The year was one of 'repair and rebuild' with our staff and focused on how we will continue to develop and grow our services in the future in the context of an increasingly restrictive economic climate. Significant focus was placed on ensuring there were high levels of staff appraisal and that the quality of appraisals improved.

This year the results of the staff survey are broken down into 28 key findings linked to the four NHS constitution staff pledges, plus the two additional themes of staff satisfaction and equality and diversity. It is important to note that the calculation and number of key findings has changed from 2011 and so direct comparisons between years for all key findings is not possible. This applies to 7 of the key findings from 2011.

Of the 28 key findings within the 2012 NHS staff survey:

- 11 have not demonstrated a statistically significant change from 2011 data
- 5 key findings have demonstrated a positive statistically significant change from 2011 data:
  - Effective team working moving from 3.51 to 3.71 (national average for acute specialist trusts is 3.92).
  - Percentage of staff appraised in the last 12 months from 72% to 89% (national average for acute specialist trusts is 83%).
  - Percentage of staff having well structured appraisals in the last 12 months from 22% to 34% (national average for acute specialist trusts is 36%).
  - Percentage of staff who felt able to contribute towards improvements at work from 53% to 62% (national average for acute specialist trusts is 71%).
  - Percentage of staff having equality and diversity training in the last 12 months from 49% to 66% (national average for acute specialist trusts is 71%).
- 5 key findings have demonstrated a negative statistically significant change from 2011 data:
  - Percentage of staff working extra hours increased from 58% to 70% (national average for acute specialist trusts 72%).
  - Percentage of staff receiving health and safety training in last 12 months decreased from 85% to 78% (national average for acute specialist trusts 76%).
  - Percentage of staff suffering work related stress in last 12 months has increased from 26% to 39% (national average for acute specialist trusts 32%).
  - Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month increased from 23% to 31% (national average for acute specialist trusts 30%).
  - Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell increased from 19% to 27% (national average for acute specialist trusts 23%).

In 2011 the areas of greatest deterioration were effective team working and the quantity and quality of appraisals. It is positive to note that the results in respect of both have significantly improved. This is as a result of focussed efforts in the light of the 2011 survey results. Staff satisfaction, intention to leave and recommending the Trust as a place to work or receive treatment have also improved but not yet to a statistically significant level. Indeed the overall staff engagement score has improved from 3.48 in 2011 to 3.57 in 2012.

Summary of performance:

	2010/11		2011/12		2012/13		Improvement/ deterioration
	Trust	National average	Trust	National average	Trust	National average	
Response rate	59%	54%	57%	52%	61%	50%	4% increase (better than the national average)

Top 5 ranking scores	2011/12		2012/13		Improvement
	Trust	National average	Trust	National average	
Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	1%	1%	2%	6%	4% better than the national average
Percentage of staff appraised in last 12 months	72%	81%	89%	83%	6% better than the national average
Percentage of staff having equality and diversity training in the last 12 months	49%	50%	66%	61%	5% better than the national average
Percentage of staff saying handwashing materials are always available	73%	67%	70%	61%	9% better than the national average
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	N/A	N/A	20%	23%	3% better than the national average
Bottom 5 ranking scores	**2011/12**		**2012/13**		**Deterioration**
	Trust	**National average**	**Trust**	**National average**	
Work pressure felt by staff	N/A	N/A	3.29*	2.88	*Lower score is better (0.41 worse than national average)
Staff recommendation of the trust as a place to work or receive treatment	3.30	3.90	3.41	4.06	Improvement on last year's score (0.65 worse than national average)
Staff job satisfaction	3.34	3.55	3.47	3.66	Improvement on last year's score (0.19 worse than national average)
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	74%	77%	76%	82%	Improvement on last year's score (6% worse than national average)
Percentage of staff able to contribute towards improvements at work	53%	66%	62%	71%	Improvement on last year's score (9% worse than national average)
Areas of largest deterioration	**2011/12**		**2012/13**		**Deterioration**
	Trust	**National average**	**Trust**	**National average**	
Percentage of staff suffering work related stress in last 12 months	26%	27%	39%	32%	Increase of 13% (7% worse than the national average)
Percentage of staff working extra hours	58%	67%	70%	72%	Increase of 12% (2% worse than the national average)
Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	19%	22%	27%	23%	Increase of 8% (4% worse than the national average)

Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	23%	31%	31%	30%	Increase of 8% (1% worse than the national average)
Percentage of staff receiving health and safety training in last 12 months	85%	83%	78%	76%	Decrease of 7% (2% better than the national average)

Actions being taken to address the areas of deterioration are clearly identified within our organisational development work plan, as follows:

- Continuing focus on ensuring that all staff receive a Personal Development Review that gives feedback on their contribution to patient care and provides an opportunity to discuss and agree relevant personal and professional development needs to be addressed over the following year.
- Continued delivery of the leadership and management development programmes for staff at senior and middle levels with the implementation of a specific communications and engagement module, and modules on how best to manage your own and others' behaviour to deliver the best for patients. The impact of this will be measured through the local staff engagement (pulse) survey.
- In depth health and well-being project to understand from our peoples' perspective what would make the biggest difference to their health and well-being. Specific focus of this project will be on the reduction of work pressure felt by staff and impact of work related stress.
- Comprehensive workforce analysis for each of the services we provide are currently being undertaken to ensure that our staffing model matches that of activity requirements for the services that we currently provide and are planning for the future.
- Consistent internal promotion and celebration of the achievements and successes of our people such as publication of '100 reasons to be proud of Liverpool Women's', Focussing on Excellence awards and pro-active entry and promotion of excellent practice into external awards.

Partnership and consultation

We remain 100% committed to working in partnership with our patients, families, members, the public, our staff and stakeholder organisations. During 2012/13 we worked with:

- **Our patients** – who continued to tell us about their experience of the care we offer and what we did well and not so well. Much of this is included in the six monthly report to our Board of Directors detailing complaints, litigation, incidents and contacts with our Patient Advice and Liaison Service, which report is also received by the Board Governance and Clinical Assurance Committee and the Trust's Council of Governors. Our Board of Directors continues to hear a patient story at the beginning of each of its meetings. The story is most often told on their behalf by the Director of Nursing, Midwifery and Operations and occasionally by the patient themselves. The Trust remains committed to learning from, and responding to, what our patients tell us. We are grateful for the opportunity their feedback gives us to further improve the care we provide.

  Further details of our work in respect of patient experience and patient involvement, are included in our quality report on pages 37 - 129.

- **Volunteers** – our brilliant volunteers continue to make a huge contribution to the experience of our patients and the work of the Trust. Amongst many other things they talk to and befriend patients, help to keep our leaflet racks stocked and collect and return equipment. They also support a wide range of events at the hospital such as our service of remembrance and fundraising activities and during the year they helped local school children who came to plant trees in the hospital grounds.

  This year one of our gardening volunteers sadly died very suddenly. Terry Kay was a long-serving and much loved volunteer and he is greatly missed. He was the winner of our Volunteer of the Year Award in 2011/12 and in honour of his memory, this award was renamed the Terry Kay Volunteer of the Year Award in 2012/13.

  In 2012/13 our volunteers gave a total of 14,828 hours of their time to helping patients, relatives and staff at the hospital. We recruited 99 volunteers during the year and currently have over 160 active volunteers.

  The work of our volunteers is greatly valued and we are pleased to recognise it by issuing certificates in respect of the hours they complete and the Trust's Chair also presents awards for Volunteer of the Season.
- **Local Involvement Networks** – we continued to work with the Local Involvement Networks (LINks) in our three main localities of Liverpool, Sefton and Knowsley. LINks visited the Trust on several occasions and based themselves in our main entrance and clinic areas. Here they met with our patients and their families and sought their views on the services being provided by the Trust. Their feedback was extremely useful and included a range of patient comments such as "Can't fault hospital, no problem with staff attitude, bus transport good" and "Was a visitor to the hospital, hygiene and toilets were fine, not enough parking places."

  LINks will be succeeded on 1 April 2013 by local Healthwatch. We therefore take this opportunity to thank the local LINks for their work with the Trust and will look forward to working with their successor organisation.
- **Hotel services** – this has been the second year of working with G4S who provide our cleaning and catering services. Our patient menu has been further updated during the year and our patients and Governors sampled the new dishes before they were introduced. Our ward hostesses continue to meet with patients each morning to discuss with them what meals they would like through the day and they then serve the meals requested.

  During the year the Trust received an 'excellent' score in respect of its Patient Environment Action Team (PEAT) assessment. This covers the quality of the environment in which our patients receive care, their privacy and dignity and also the quality of the food we serve. We received an 'excellent' score in all three categories.
- **Safeguarding** – our membership of the local Safeguarding Children Boards continued. These Boards are led by Local Authorities and our membership of the Board ensures we fulfil our statutory duties in respect of The Children Act 2004. The Trust is represented at the Liverpool, Knowsley and Sefton Safeguarding Children Board, and on the Liverpool Safeguarding Adults Board. Our work on safeguarding issues with our partners across health and social care also continues.

  During 2012/13 we provided an Individual Management Report (IMR) for a Serious Case Review and have also provided an IMR in respect of a Domestic Homicide Review.
- **Primary Care Trusts and Liverpool Clinical Commissioning Group** – we continued our collaborative working arrangements with our host Primary Care Trust (PCT) and also began working with the shadow Clinical Commissioning Group, the PCT's successor organisation, from 1 April 2013. During the year regular contract monitoring meetings were held in respect of the services the PCT purchases from the Trust, including scrutiny of our quality performance.

- **Laing O'Rourke** – during the year our successful partnership with Laing O'Rourke continued. Scheduled building work to our maternity wards was completed on time and patients using our maternity services now receive care in an environment that is second to none, including private en suite facilities in all delivery rooms. This partnership also saw the build of the new Centre for Women's Health Research which is scheduled to open in April 2013.
- **University of Liverpool** – our strong partnership with the University of Liverpool continues. This year saw completion of the building that is the Centre for Women's Health Research, located on the site of Liverpool Women's Hospital in Crown Street. The Centre brings together in one location a number of research focused organisations and initiatives including the Centre for Better Births, the University Departments of Physiology and Women's and Children's Health, the Cochrane Pregnancy and Childbirth Group and the Sanyu Research Centre. The Centre is a £4m investment which has laboratory space, seminar rooms and offices. Its research themes included clinical trials and research synthesis in global maternal health, smooth muscle physiology, personalised perinatal medicine and endometrial disease.
- **Edge Hill University** – we enjoyed a particularly successful year of partnership with Edge Hill University in respect of the people and services at our Hewitt Fertility Centre. Two of the Trust's Consultant Gynaecologists, Professor Charles Kingsland and Professor Iwan Lewis-Jones, were given visiting Chairs at Edge Hill University. Dr Stephen Troup, the Centre's Scientific Director, was made a visiting Reader at the University and Dr Rachel Gregoire, Senior Embryologist, a visiting Lecturer. We also began planning programmes of research with the University to evaluate our success rates and Professor Kingsland is developing a distance learning MSc for nurses who wish to specialise in reproductive medicine.
- **Liverpool's artistic community** – our Arts Committee was re-established during the year with the involvement of members of the city's artistic community as well as our Governors and staff. The Trust is proud to have a large and impressive collection of art including paintings, tapestry and sculpture. Through the Arts Committee we will look to displaying as much of the work as possible in public areas, for the enjoyment of our patients, visitors and staff.

No formal consultations were carried out during the year.

In 2013/14 we will consult with our patients, staff and stakeholders in respect of plans to relocate the clinical genetics service from Alder Hey Hospital to Liverpool Women's Hospital on Crown Street.

Research and development

Research and development continues to be a key activity for the Trust. Details of this activity can be found in the quality report section of this document on pages 37 - 129.

Sustainability report

Environmental matters/climate change

This year our efforts have been focussed on the following projects:

- Ensuring that the recent refurbishments of our maternity wards and the Centre for Women's Health were built to a good environmental standard. The standard used is Building Research Establishment Environmental Assessment Methodology (BREEAM) which looks at several aspects of the build from recycling of materials to neighbouring facilities. The methodology we have been targeting is that of a 'Very Good' standard. Feedback from assessors as to whether or not we have achieved this is expected in May 2013.

- The Department of Health (DH) has released £50 million of capital funding for energy efficiency measures and the Trust applied for a portion of this for the installation of our Combined Heat and Power (CHP) unit. Several conditions have been set by DH to the access the grant. Unfortunately the Trust's application was not successful on this occasion but our intention is to seek funds from other sources.
- The Carbon Collective, a representative group of all the North Merseyside NHS Energy and Environmental Managers, commissioned the Simple Actions programme. The programme and its supporting campaigns focuses on a different subject each month including energy, water, waste and travel. Staff competitions have been run through the year in order to draw attention to the campaign with one member of staff winning a bicycle.

  The Carbon Collective is currently reviewing the use of couriers and taxis across the North Merseyside NHS. It is exploring how best to reduce the amount of pollution caused by the vehicles involved and looking to negotiate with providers their use of alternative fuels or methods of transport. The Carbon Collective is also reviewing the use of no/low carbon energy provision.
- Together with a number of other Merseyside NHS organisations the Trust issued a tender in respect of its clinical waste service. When considering the tenders received, weighting was given to plans to meet the requirements of the Public Services (Social Value) Act 2012 which takes into account environmental, social and economic benefits. The successful provider has stated that they intend to create a waste transfer station in Merseyside employing approximately 40 people to provide the service.
- The Trust's travel plan was reviewed and updated. We also carried out a staff travel survey to establish how our staff travel to and from work. This will help us to plan access to our services by both patients and staff.

Performance

Our performance in respect of gas, electricity, water, clinical waste and domestic waste for 2012/13, and the previous three years, is summarised below:

	Annual usage				Annual cost (£)			
	2009/10	2010/11	2011/12	2012/13	2009/10	2010/11	2011/12	2012/13
Gas (Kwh)	4702346	5632074	5055119	6570428	129,221	149,701	165,309	217,028
Electricity (Kwh)	5840748	6050966	5838426	5907263	576,249	514,612	558,012	662,495
Water (m3)	29434	30822	30040	30859	49,329	36,545	39,230	47,127
Clinical waste (tonnes)	208	203	209	201	113,480	103,538	102,686	105,397
Domestic waste (tonnes)	407	407	299	488	59,647	59,835	59,760	70,387

Priorities and targets for 2013/14

For the year ahead our priorities and targets are:

- The introduction of an offensive waste category across the Trust in order to reduce the amount of clinical waste produced. The aim is to reduce the amount of waste which goes into landfill and also to reduce costs.
- Review the use of BREEAM and investigate the possibility of extending its use to all of the Trust's estate. This would facilitate an assessment of our buildings with a view to reducing running costs and improving environmental performance.

- Continue with the 'Simple Actions' campaign and programme of awareness raising. One of the projects will focus on taxi and courier usage to establish if we can reduce pollution around the local area that arises from our use of these methods of transport.
- Establish a car sharing database so that staff can reduce costs on getting to work and contribute to improving local air quality.
- Develop and construct a CHP unit to provide the Trust with an alternative method of heating and powering Liverpool Women's Hospital.

Information management and technology

In 2012/13 the Trust's Information Management and Technology (IM&T) department experienced a change in leadership with the departure of both its Chief Information Officer and Associate Director of IM&T. It also saw the end of its joint venture with the IM&T department at Alder Hey Children's NHS Foundation Trust and once again began procuring and delivering services for Liverpool Women's only.

Throughout this transition the department remained committed to delivering patient focused IM&T services to all Trust staff who use our systems. It continued to support the Trust to deliver care in community settings and has supported the setting up of community clinics as well as releasing new application for remote access and access at the point of providing care. IM&T staff have also supported departments across the Trust to develop clinical information and has further developed the use of its intelligent information infrastructure (data warehouse) as well as achieving 100% of clinical episodes coded within two working days of the end of each month.

In order to assist with internal and external communications the IM&T department has invested in a new Trust e-mail system, developed the telephone system and system to allow remote (off site) access, and successfully completed installation of a new server and storage infrastructure to enable seamless and fast access to patient and corporate information. The department has also begun to scope out the next generation Electronic Patient Record in order to ensure our clinicians delivering care have all patient information available at the touch of a button. This work will continue during 2013/14.

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

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

The appointment of a new Chief Information Officer in March 2013 will ensure that the IM&T department continues to scope, develop and implement the most innovative, cost effective applications and services in the coming year.

Health, safety and security management

Emergency preparedness, resilience and response

The safety of our patients, staff and visitors is a key priority of the Trust. The effective delivery of health, safety and security management together with emergency preparedness, resilience and response (EPRR) is an integral part of our governance arrangements, where internal controls are designed to eliminate risk where reasonably practicable and mitigate all remaining risk to the lowest acceptable level.

The effective management of health, safety and security and EPRR is underpinned by having in place the relevant policies, plans, systems and processes. These are carefully monitored within our governance structure.

Under the terms of the Civil Contingencies Act 2012, the Director of Nursing, Midwifery and Operations has been identified as the Accountable Emergency Officer (AEO) with executive responsibility at Board level for EPRR. Her role within EPRR is to ensure that the Trust is capable of responding to major incidents in a way that delivers optimum care to patients, minimises the consequential disruption to the Trust's services and brings a rapid return to normal levels of service. Business Continuity Management (BCM) is also an important component of EPRR and the Trust has in place a robust system to plan, test and train staff in order to respond to a range of potential disruptive challenges.

The Trust continues to improve safety in respect of needle stick injuries. By May 2013, the Trust must be compliant with the European Union Directive to prevent injuries and infections to healthcare workers from sharp medical devices such as needles, cannulas and scalpels. Clinical leads across the Trust are in the process of trialling and implementing safety needles, and to provide training on safer processes to reduce risks to staff.

We continue to monitor incidents of violence and aggression within the Trust and report all security related incidents and breaches to NHS Protect. In an attempt to reduce crime within the Trust we will share local intelligence with Crime Stoppers and Merseyside Police.

All community staff who visit patients in their homes are equipped with lone worker protection devices to enable them to discreetly call for assistance in a potentially aggressive situation at the press of a button. The device used enables staff to be swiftly and accurately located when an alert is activated. Compliance with this process has recently improved and is regularly monitored by our Health and Safety Committee.

Countering fraud and corruption

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

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

The Trust received a Counter Fraud Qualitative Assessment rating of green for 2011/12 (the most recent rating available). This is consistent with the previous year's assessment.

Serious incidents involving data loss or confidentiality breach

During the year the Trust experienced one confidentiality breach that constituted a serious incident according to criteria set out by the Department of Health.

The incident involved the uploading of data relating to 89 patients who were potentially eligible for recruitment to a research project involving a collaboration of four organisations. The server onto which the data was uploaded was hosted outside of the Trust by the University coordinating the project. The upload occurred prior to the patients being approached about their participation and thus without their consent. The matter was investigated as soon as the upload of the data was discovered and it was found that the data had been transferred without the appropriate encryption. Immediate action was taken to remove the data from the University server and to require the University to heighten the security measures in place.

This incident was properly reported to NHS Merseyside and to the Information Commissioner. The Trust undertook a root cause analysis and developed an action plan to address failings relating to project and data management which were attributable to the Trust. The Trust's involvement in the research project was suspended and remains so pending receipt of satisfactory assurances from the University.

Better payment practice code

The Better Payment Practice Code requires that 95% of undisputed invoices relating to trade creditors are paid within 30 days of receipt. Our performance during 2012/13 and 2011/12 is shown below:

Better Payment Practice Code	2012/13	2011/12
Value of invoices paid within 30 days	67%	69%
Number of invoices paid within 30 days	56%	57%

During 2012/13 our performance against the Better Payment Practice Code has deteriorated slightly. This has been caused by a number of changes to staff within this function of the Trust during the year. Work is underway to improve performance during 2013/14 and beyond.

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

Cost allocation and charging requirements

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

The position of the Trust at the end of March 2013

The Trust ended the year with a surplus of £1m after all expenditure was accounted for. This demonstrates the continued strong financial performance of the Trust in an environment which remains increasingly challenging for health care organisations.

The Trust also achieved an overall Financial Risk Rating (FRR) of 3 and a green governance rating, as measured by Monitor. Our plan for 2012/13 was to achieve an FRR of 3. The breakdown of the FRR and a comparison with last year is provided below:

Monitor Risk rating	2012/13	2011/12
Earnings before Interest, Depreciation and Amortisation (EBITDA)	3	3
EBITDA Margin	5	5
Return on Capital employed	4	5
Income and Expenditure Surplus	3	5
Liquidity Ratio	3	4
Overall Monitor Financial risk Rating	3	4

In the financial year 2011/12 Trust's financial risk rating was 4. In line with plan this has changed to 3 in 2012/13.

Full details of the Trust's financial performance in 2012/13 can be found in the annual accounts at pages 159 - 196 of this report.

Business overview

In 2012/13 the Trust had in place two main contracts for its income which are essential for our business. These were Liverpool Primary Care Trust and North West Specialist Commissioners from whom we received £36,165,215 and £16,122,203. These contracts represent 55% of the Trust's total income and 61% of the Trust's clinical income.

In common with the majority of NHS organisation the Trust continues to face significant financial challenges. The need to deliver efficiency savings remains and plans are in place to deliver £5.5m savings in 2013/14. The Trust has a strong record of delivering these efficiencies whilst continuing to develop the standard of clinical care to our patients.

Private Patient income

The statutory limitation on private patient income in Section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. There is no longer a requirement to make disclosures with regard to private patient income.

Capital

Details of capital expenditure for 2012/13 are detailed in the table below from which it can be seen that the Trust continues to reinvest in its estate, medical equipment and information technology for the benefit of patients.

Capital expenditure	2012/13 £000s
Buildings	5,597
Assets Under Construction	169
Plant and Machinery	2,159
Information Technology	2,048
Fixtures and Fittings	95
Total	**10,068**

The Assets Under Construction primarily relate to Centre for Women's Health Research, developed in collaboration with the University of Liverpool. During the year some £4,976k was transferred into Buildings from Assets Under Construction as the Centre for Women's Health Research came into use.

Going concern

After making enquires, the Directors have a reasonable expectation that the Liverpool Women's NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

Prudential Borrowing Limit

The Trust had a prudential borrowing limit of £25.5m in the year of which £19m related to long term borrowing and £6.5m to a working capital facility. The Trust has not borrowed against the limit.

Reasons to be proud

It is with great pleasure and great pride, that we present in this section just a few of the reasons to be proud of Liverpool Women's during 2012/13. These are a selection from our '100 Reasons to be Proud' which can be found at *www.liverpoolwomens.nhs.uk* and which includes those put forward by our patients using our Twitter account.

	Reasons to be proud of Liverpool Women's
1.	Jackie Rotherham, our Specialist Lead for Disability, won the Merseyside Woman of the Year 'Achieving' Award
2.	Neonatal nurse Ann Parry won the Merseyside Woman of the Year 'Caring' Award
3.	Esther Golby, Head of Safeguarding was nominated for Emerging leader of the year at the North West Leadership Academy
4.	Gail Naylor, Director of Nursing, Midwifery and Operations was appointed as lead nurse to the Board of the North West Leadership Academy
5.	Kathy Thomson, Chief Executive was nominated for Chief Executive of the Year award at the North West Leadership Academy
6.	Liz Cross, Non-Executive Director and Board Vice Chair, was nominated for Non-Executive Director of the Year award at the North West Leadership Academy
7.	Roy Farquarson, Consultant Gynaecologist named by The Times newspaper as one of the top 50 surgeons in the UK
8.	Our Newborn Appeal celebrated its 20th birthday by hitting the £2.5 million mark for total money raised
9.	Mark Turner, Consultant Neonatologist and the Trust's Director of Research, chaired the National Institute for Health and Care Excellence (NICE) guideline development group concerning antibiotics for neonates
10.	Angela Douglas, Consultant Cytogeneticist and Scientific Director (Genetics) was voted in as the first chair of The Association for Clinical Genetic Science (ACGS) and became Vice Chair of the British Society for Human Genetics
11.	Governor Professor Susan Wray won the Liverpool Echo's 'Knowledge Hero' award
12.	The Trust launched a new website dedicated to its Hewitt Fertility Centre, designed in partnership with patients and clinicians
13.	The Trust's Governors held two Partnership Summits with the aim to work together with local voluntary and support groups to help local people access our services
14.	The Hewitt Fertility Centre featured in a special documentary about fertility treatment aired on BBC 3 titled 'Babymakers; The Fertility Clinic'
15.	The Trust's new Maternity Assessment Unit opened, offering women and families facilities that are second to none
16.	Chris Webster, our Cancer Lead Nurse won the Nursing Times Award for Cancer Nurse Leader and was a finalist in the Health Service Journal Award for Clinical Lead of the Year
17.	The Hewitt Fertility Centre becomes the first unit in Europe to offer patients EEVA (Early Embryo Viability Assessment) the most significant development in in-vitro fertilisation technology in the last decade
18.	Liverpool Women's took part in a clinical trial to see if a drug called tranexamic acid is a good way to stop excessive bleeding after childbirth
19.	The Trust's Neonatal team undertook the SCAMP Nutritional Study, outstanding research with a potential for worldwide impact aiming to prevent early postnatal head growth failure in very preterm infants through optimising early nutrition intake
20.	Our neonatal infection task force was shortlisted in the national Patient Safety Awards.

21.	Professor Andrew Weeks, Consultant Obstetrician won the University of Liverpool's 'Innovator of the Year' Award for the development of several projects, including the BASICS (Bedside Assessment, Stabilisation and Initial Cardiorespiratory Support) resuscitation trolley
22.	Robert McDonald, Consultant Gynaecologist developed Laparoscopic Radical Hysterectomy which halves the postoperative length of stay of patients and minimises perioperative blood loss and postoperative pain for cervical cancer patients
23.	Next Generation DNA sequencing using our new Illumina MiSeq DNA sequencing instrument to simultaneously test over 100 genes in a pilot group of patients with a range of neurological conditions
24.	The Trust launched its own Twitter feed, gaining over 1,800 followers and reaching over 5 million people in its first 9 months
25.	The Trust takes part in the 'Best Beginnings, Parent Champion' program offering peer support to parents of preterm babies
26.	A pilot study between the Trust's recurrent miscarriage clinic and cytogenetics department developed a study to help find the causes of miscarriage
27.	Pioneering use of ultrasound in theatre has reduced the number of attempts and time taken to administer epidural
28.	Margaret O'Hare, volunteer, contributed over 770 hours as a volunteer and is just one of our many amazing volunteers giving up their time to support the Trust and its patients.
29.	Life-saving laser surgery performed by Consultant in Fetal Medicine, Dr Leanne Bricker, one of only a handful of doctors in the country who can carry out the procedure known as intrauterine laser ablation of placental vessels.
30.	The Trust was visited by the UK's Chief Nursing Officer, Jane Cummings, in January 2013

Reason 14 – Members of staff from The Hewitt Fertility Centre, featured on the BBC Documentary 'Babymakers: The Fertility Clinic.'

Quality report

Introduction

This Quality account has been compiled by the Trust's Governance team with contributions sought from directors, and senior clinical staff on their area of expertise. Data used has been supplied form a variety of sources including:

- Clinical leads
- Trust Information Department
- Governance team data systems
- Comparative Health Knowledge System (CHKS)
- Hospital Episode Statistics (HES)
- Human Resources
- Finance Department

Performance summaries and commentaries have been provided by the relevant clinical lead/ senior manager.

The report has been scrutinised internally by the Clinical Governance Committee, Audit Committee, Governance and Clinical Assurance Committee (GACA) and the Trust Board and externally by our external stakeholders including commissioners, LINks (Local Involvement Networks)/'HealthWatch' groups and Local Authority Overview & Scrutiny Committees. It has also been reviewed for compliance with requirements and consistency with other Trust documentation by the appointed external auditors PricewaterhouseCoopers LLP (PwC).

Dr Leanne Bricker scans one of her patients. Leanne is one of the only doctors in the UK who can perform laser surgery on babies while they are still in the womb.

Part 1 - Statement of Quality from the Chief Executive

Everything we do at Liverpool Women's aims to provide the best quality care possible to our patients. This fourth Quality Report of Liverpool Women's NHS Foundation Trust once again provides a welcome opportunity for us to share details of our quality achievements and plans. As Chief Executive I am 100% committed to ensuring high quality, safe clinical services are provided to our patients and that our clinical performance improves year on year. Our Quality Report helps us to demonstrate that we are achieving this – all because of the great efforts of our staff.

Patient safety, clinical effectiveness and patient experience remain the focus of our efforts. We have achieved many great things to improve these and remain ambitious to do even more in order to be the best provider of care for women, babies and families in the country. Through their hard work and dedication our staff have achieved all but three of the national targets including all targets relating to cancer services (See Performance against key national priorities and National Core Standards page 72). Those we did not achieve this year relate to smoking, staff satisfaction and last minute cancellation for non-clinical reasons of patient admissions, with those patients not readmitted in 28 days. We have put in place plans to address each of these, details of which you will find in the 'Performance against key targets' section of this report.

We have a good track record of quality performance and of publishing data on quality through our monthly performance reports. This Quality Report presents details of our performance using a range of detailed measures and metrics. Its purpose is simple, however: to provide robust assurance that clinical performance and standards are high and to identify the areas where further improvements can and will be made.

I am especially pleased to see the progress we have made since our 2011/12 Quality Report was published. I am also extremely proud of our many achievements, highlights of which are:

- No MRSA infection for our third successive year and no Clostridium difficile infection.
- The work in our neonatal unit to prevent early postnatal head growth failure in very preterm infants through optimising early nutrition intake.
- Opening of our new maternity wards at Liverpool Women's Hospital providing en suite facilities to all women who have their baby with us and a new induction of labour ward.
- Introduction of the 'EmbryoScope' and 'EmbryoGlue' as standard treatment for all patients attending for assisted conception care during 2013/14 which has seen an increase in the number of patients treated in our Hewitt Fertility Centre and a significant improvement in pregnancy rates.
- The procurement of technology to implement next generation sequencing in our genetics laboratories.
- Our contribution to research and development, details of which are given on pages 37 - 130.
- The development of our Trust's Quality Strategy which was approved by the Board of Directors in January 2013. This Strategy sets out what our approach to quality will be over the next five years.

As always, the Trust wants to hear from you. Your feedback and comments is greatly valued and helps us to learn and further improve the care we provide. If you have any comments or questions on this Quality Report please let us know via *Quality.Report@lwh.nhs.uk*.

I am proud to present this Quality Report to you and confirm that to the best of my knowledge the information it contains is correct.

Finally, on behalf of the Trust's Board of Directors and myself, my sincere thanks go to our staff, patients, stakeholders and communities for another successful, quality driven year.

Kathryn Thomson

Kathryn Thomson,
Chief Executive
29 May 2013

Members of staff from our maternity services responsible for delivering excellent care.

Our Commitment to Quality

During 2012-13, we have continued to maintain and develop our focus on quality and the production of our Quality Strategy during the year articulates our continuing commitment to embed an approach of continuous improvement in all we do. Our priorities reflect our aims around clinical effectiveness, patient safety and patient and staff experience.

The report describes how we have performed against our priorities, together with our intentions for improvement to ensure we deliver the best care possible to women, babies and their families.

I hope you will find a little time to review this Quality Report – as ever Liverpool Women's Hospital NHS Foundation Trust welcomes feedback – if you have any questions or thoughts about the Quality Report – we would be delighted to hear from you, in the first instance by e-mail at: *Quality.Report@lwh.nhs.uk*

Chris Webster (centre), our Cancer Lead Nurse, won the Nursing Times Award for Cancer Nurse Leader and was a finalist in the Health Service Journal Award for Clinical Lead of the Year.

Focus on Quality

Consistently delivering high quality services that are safe, effective with a positive patient experience is at the heart of what we want to achieve as an organisation. This has never been more important than in the current landscape of economic challenge and continuing public concern in light of the high profile failings in some NHS organisations. We have to balance both quality and efficiency, remembering that quality without efficiency is unsustainable but efficiency without quality is unthinkable. Being able to measure outcomes in healthcare has never been more important.

Below are some examples of the work we have been doing.

Nursing and Midwifery Indicators

The Nursing and Midwifery Board together with the Head of Information for Governance have developed a suite of nursing and midwifery indicators to assess and measure the delivery of the basics of nursing and midwifery care. These indicators enable ward and department managers to identify where performance needs to improve and implement the associated actions to improve compliance. This year we have started to publically display our results on Boards at the entrance to our wards and departments together with our focus for improvement for that month. We are also piloting a ward/ department staff survey recognising the crucial dynamic between patient experience and staff experience. The staff survey will enable us to triangulate the feedback from both staff and patients about their experience, together with the clinical care indicators.

Neonatal Infection Quality Improvement Project

'Hospital acquired' bloodstream infection is the commonest avoidable complication of preterm birth and is a major cause of premature baby deaths. Benchmarking against other neonatal units in the international Vermont-Oxford Network collaboration indicated we were an outlier with very high rates of infection, 2-3 times the UK average.

The Neonatal Infection Task Force, a multi-professional team, was set up to try and reduce infection rates in December 2008. The team was led by a Consultant Neonatologist with representation from junior and senior nursing and medical staff, Infection Link nurses, the Trust Infection Control Team, the Clinical Governance Facilitator and our IT nurse.

Changes in practice over the last four years have included:

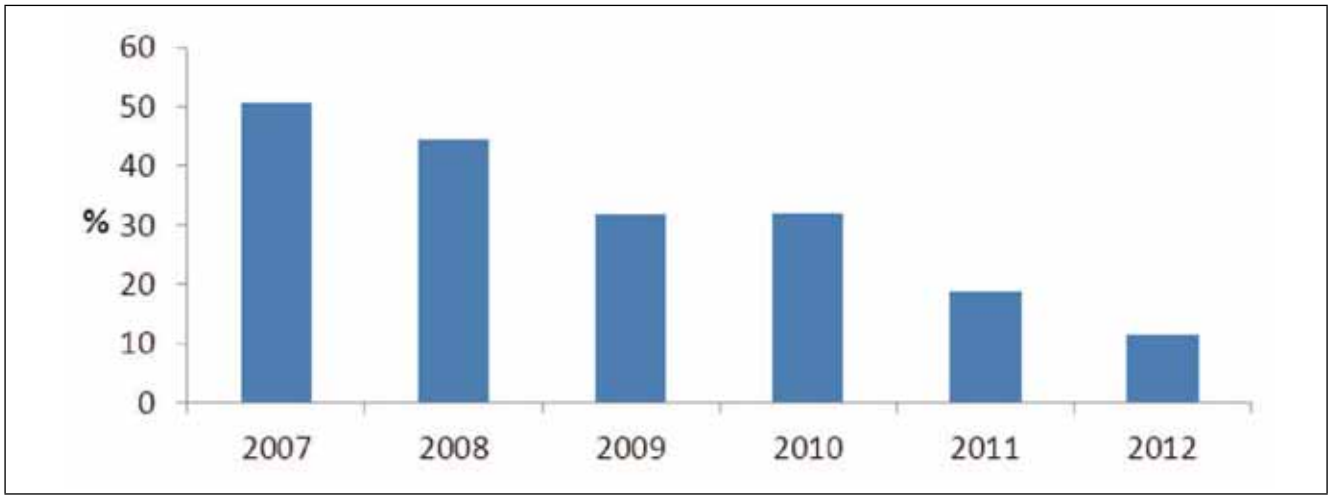
- Developing and implementing a system for infection surveillance to allow monthly infection rates to be displayed and presented to parents and staff.
- A literature search was conducted to identify evidence-based recommendations relating to minimising infection. We developed and agreed clinical guidelines including how to take blood cultures, peripheral cannulation, and incubator decontamination.
- We designed the '3 Steps' campaign to improve cotside practice. Audit tools were developed, and on-going audits conducted, to monitor compliance with good practice guidelines.
- We held a number of local education and training sessions to improve staff knowledge around neonatal infections.
- We were one of two centres selected to launch the National Patient Safety Agency (NPSA) Matching Michigan initiative to reduce catheter-associated bloodstream infections.
- Members of the team worked with the NPSA to develop a 'catheter care bundle' that was used nationally.
- We also developed a system for reviewing hospital acquired infections to identify whether there had been any deficiencies in care relating to infection practice.

- A training DVD was developed to support education and training of new and established staff. A process of formal assessments was introduced for all staff inserting central venous lines.

Achievements

At the start of this project 50% of preterm babies admitted < 30 weeks' gestation developed a late-onset, hospital-acquired bloodstream infection. Over the last 4 years (2009-2012), the measures that have been put in place have resulted in a dramatic fall in infection rates. In 2011, only 19% developed a nosocomial infection. This reduction means that, for every 100 preterm babies admitted to the unit there are approximately 31 fewer babies infected now compared with 2007.

Figure 1. Hospital acquired bloodstream infection rates (% of preterm admissions)



* Data for 2012 not yet finalised

Shared learning

- The work that has been undertaken by the project team has been presented locally, regionally and nationally.
- In response to the work done at LWH, a separate 12-month Cheshire & Mersey Neonatal Network-funded project was commissioned. This has involved site visits and educational sessions to other units to share our experiences.

Members of the Neonatal Infection Task Force, who won the Excellence in Clinical Innovation and Improvement award at the Trust's Focussing On Excellence Awards in March 2013.

Liverpool Mulago Project

Liverpool Women's remains committed to the Liverpool Mulago partnership, continuing its work with the Mulago Hospital in Kampala, Uganda and its outreach clinics, recognising that this work is not only important and beneficial to the women and babies of Uganda, but also benefits our patients in and around Liverpool through the impact that skills and learning brought back to the women's from Mulago have on our practice at Liverpool Women's. The Board of Directors recently recognised the work done by one of our consultants with a longstanding relationship with our Ugandan health partners and who describes eloquently the benefits to our own clinicians of experiencing a working environment that is less able to rely on equipment and technology and encourages clinicians to rely on the first principles of healthcare and then think creatively about developing and implementing solutions which can work as effectively in the western healthcare setting as they do in Uganda.

The Trust's Chief Executive, Director of Finance and Consultant Obstetrician recently visited Mulago to see firsthand the impact the work is having and to identify where we should be prioritising our efforts in future to gain maximum benefit for women and their babies.

On returning, the Director of Finance who chairs the Liverpool Mulago Partnership said, "We all know the work we are doing out there is important but the scale of the challenge they face really only hits you when you experience it personally… I have come back with a renewed personal and professional commitment to do all we can to support our colleagues in Uganda, by sharing our expertise, skills and compassion."

The Chief Executive commented that Liverpool Women's has an important role to play in shaping the provision of healthcare for women and their families both here in the UK and beyond and we work at many levels to ensure that our voice is heard to influence and inform the development of health policy and healthcare provision for women and their families. Indeed, in February 2013 she was invited to represent Liverpool Women's at a Parliamentary Reception for the Ugandan Ministry of Health and then at the launch of the Ugandan / UK Health Alliance where ways of working together to achieve health goals were explored.

The partnership work we do with Uganda is something which we are proud to share and promote, but is only one strand of the work we are involved in every day to influence the delivery of great healthcare and outcomes for women and their families. If you would like to know more about the work we are involved in or find out more about the Liverpool Mulago Partnership, including potentially volunteering, please contact - *info@liverpoolmulagopartnership.org* for further information.

Professor Andrew Weeks receives the 'Innovator of the Year Award' from the University of Liverpool. Professor Weeks is heavily involved in work with Mulago.

Part 2. Looking back 2012/13 Review of Quality Performance

Priorities for improvement

As declared in our 2011-12 Quality Report, during 2012-13 we have sought to monitor a sub-set of the measures and metrics scrutinised in 2011/12. This was a deliberate approach to aid us in measuring the improvement year on year and to ensure that staff across the organisation become increasingly familiar with how we measure our own success. We have used familiar headings to describe and monitor our quality quest in 2012-13:

Patient Safety

- VTE assessment (Nursing / Midwifery Care indicator) and Post-operative deep vein thrombosis / pulmonary embolism following discharge.
- Gynaecology surgical site infections
- Incidence of Multiple pregnancy
- Apgar scores <4 in infants born at more than 34 weeks gestation
- Delivery Cord pH<7.00
- Incidence of methicillin resistant staphylococcus aureus (MRSA bacterium
- Incidence of Clostridium difficile
- Medication Errors

Clinical Effectiveness

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

Patient Experience

- Commitment to implementation of Patient experience & Involvement Strategy
- One to one care in established labour 100% of the time
- Patients receiving pain relief of choice in Labour (NB. This measure replaces the previous measure of rates of epidural pain relief for analgesia in labour in recognition of patient choice).

Please note: In the following sections the charts presented show the monthly instances for the measure in bars and may have a blue line showing the level of activity and a black line showing the trend in the data. Where possible, two years data is shown with 2011/12 on the left and 2012-13 on the right. Each chart is accompanied with an improvement indicator in accordance with the following key:

⇧	⇔	⇩
Improvement in performance against the measure shown over the period.	Performance against the measure shows Stable / insignificant change or cannot be judged due to concerns described in associated text	Performance against the measure showed a decline over the period.

Where available, comparative and benchmark data has been included; unless otherwise stated, the indicators are not governed by standard national definitions and the source of the data is the Trust's local systems.

Patient safety

Venous Thromboembolism (VTE) Assessment

This clinical indicator has been a local priority indicator for this Trust for some time and is reported on in previous quality reports, However, Monitor has declared it a mandatory core indicator for all Trusts to report on from 2012-13, Accordingly, this indicator is now discussed on the Core Indicator section of this report (see 'Core Quality Indicators')

Post-operative Deep Vein Thrombosis or Pulmonary Embolism following discharge

The Quality Report for the period 2011/2012 committed to reporting the number of cases of post-operative deep vein thrombosis or pulmonary embolism following discharge from the Trust.

The accurate reporting of such a measure relies on data and information being made available to the Trust on patients that have passed out of the Trust and into the Primary Care system.

It remains the intention of the Trust to work closer with colleagues in Primary Care so that the whole of the patient care can be considered as an integrated care pathway, which will bring with it the inherent benefits of better information sharing.

At this time, a number of challenges have yet to be overcome to successfully deliver on the commitment to report activity on patients post discharge and the Trust will continue to develop this through 2012/2013 and beyond.

Surgical Site Infections

Rationale for Indicator: Surgical site infection is one of the commonest causes of post-operative morbidity and delayed recovery. A reduction in the incidence of infection will have a significant impact on patient recovery. The prevention and treatment of surgical site infections is outlined in NICE Clinical Guidelines (2008). CG74.

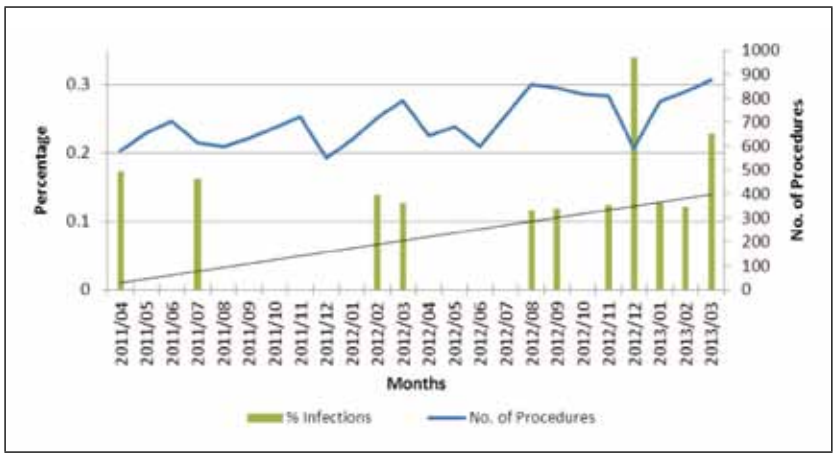
The following graphs show the percentage of patients who underwent elective surgical procedures reported with a surgical site infection by month at the Trust.

Elective Surgical Site Infections

Measure Summary: The number of elective Gynaecology patients with an infection expressed a proportion of all elective Gynaecology patients undergoing a surgical procedure.

Technical Descriptor: This measure is called Gynaecological Surgical Site Infections and measures infections following surgery on elective Gynaecological patients. The denominator lists patients who are Gynae patients who have undergone a surgical procedure. The numerator is a sub-set of the denominator and it is the same patient cohort including only patients with a coded surgical site infection (T814) in a diagnosis position.

Date Source: Inpatient Commissioning Dataset



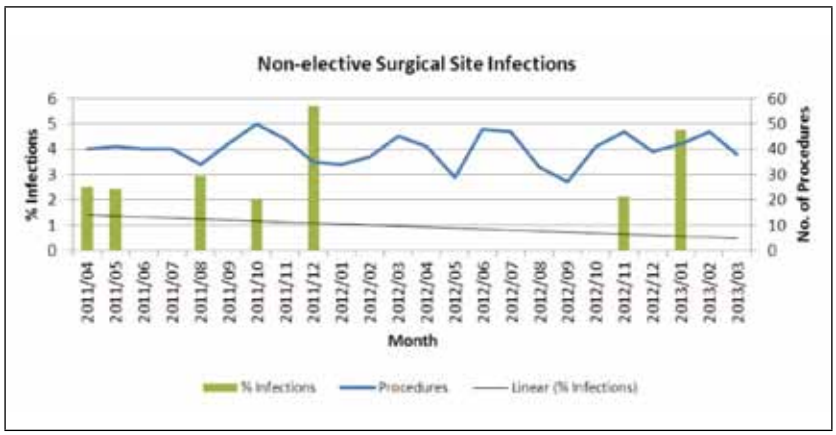
IMPROVEMENT

Non-Elective Surgical Site Infections

Measure Summary: The number of non-elective Gynaecology patients with an infection expressed a proportion of all elective Gynaecology patients undergoing a surgical procedure.

Technical Descriptor: This measure is called Gynaecological Surgical Site Infections and measures infections following surgery on non-elective Gynaecological patients. The denominator lists patients who are Gynae patients who have undergone a surgical procedure. The numerator is a sub-set of the denominator and it is the same patient cohort including only patients with a coded surgical site infection (T814) in a diagnosis position.

Data Source: Inpatient Commissioning Dataset



IMPROVEMENT

Available CHKS data

Infection	Jan –Mar 2011	Apr-Sep 2011	Oct'11-Mar 2012	Apr-Sep 2012
LWH	0.1%	0.3%	0.2%	0.1%
Peer Rate	0.3%	0.4%	0.4%	0.4%

Clinical Commentary:

Although the recorded infection rates for elective procedures are slightly higher in the past 12 months, the overall rate is still low, the reported infection rate in the Liverpool Women's Hospital is below that reported in other comparable hospitals, and infection remains a primary focus within the hospital. The recent number of wound infections (including non-systemic MRSA wound infections) clearly shows this needs on-going vigilance and attention to avoid future problems.

Clinical Lead Mr Rob McDonald, Consultant Gynaecological Oncologist/ Gynaecology Clinical Governance lead.

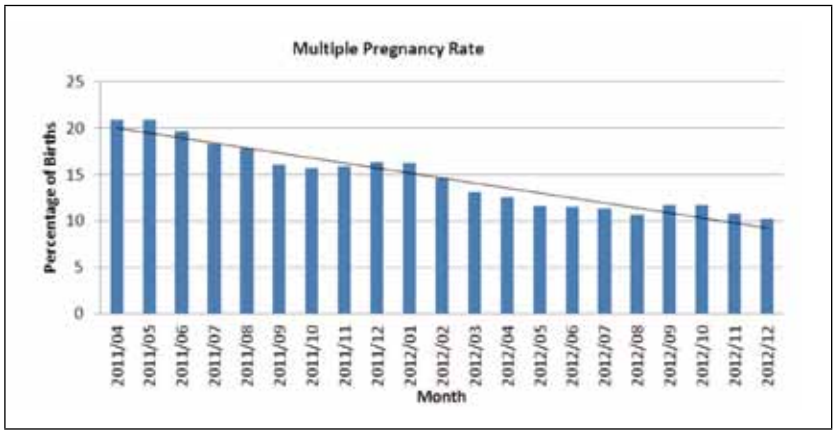
Incidence of Multiple Pregnancies

Rationale for Indicator: The Human Fertilisation & Embryology Authority (HFEA) sets a target for fertility centres to meet in its drive to reduce the number of multiple pregnancies arising from fertility treatments. Hence this data is collected to measure the unit's progress in meeting the challenge.

Measure Summary: The multiple pregnancy rates calculated as a proportion of all pregnancies.

Technical Descriptor: The multiple pregnancy rates (MPR) are calculated as the number of twins born plus the number of triplets born divided by the number clinical pregnancies x 100

Data Source: Data supplied by the Reproductive Medicine unit. Once received the data is manually entered into the storage data table. Please note though that the data is always approximately 2 months behind.



IMPROVEMENT

Annual Rates: 2011-12 = 17.0%, 2012-13 (available to Dec 2012) =11.3%

Clinical Commentary:

Over the last twelve months the Hewitt Fertility Centre was tasked to maintain and indeed improve upon pregnancy rates, whilst working towards the HFEA (fertility regulator) target to reduce the multiple live birth rates. An elective single embryo transfer protocol was introduced such that now about 70% of couples have 'one good embryo back at a time'. Advancements and investment in the latest laboratory equipment and the hard work of the staff have paid off in that the pregnancy rates have shown an upward trend over the reporting period, whilst the twin rate has fallen dramatically so that we are on track to hit our target.

As the Hewitt Fertility Centre is currently enjoying a period of sustained growth, we are receiving more out of area referrals. For example, our viral service for HIV Hepatitis B and Hepatitis C patients is now one of the largest in the country and in the last reporting period we have seen couples from over 43 different primary care trusts (PCT's) come to our unit for their treatment. We need to make this experience a better one for 2013/14, starting with the administration & funding through to working with respectable fertility clinics who want to satellite their patients to us, which will in turn improve patient experience.

Commentary from Andrew Drakeley, Consultant Gynaecologist / Reproductive Medicine Clinical Governance Lead.

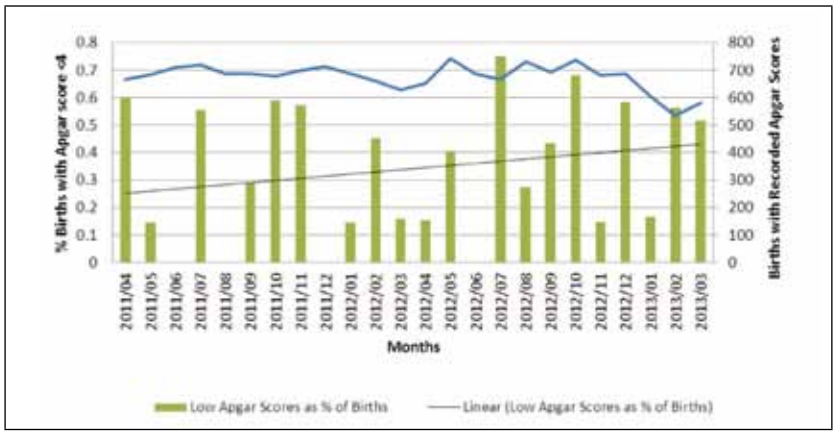
Apgar Scores <4 (at 5 mins)

Rationale for Indicator: The Apgar score is a measure of a baby's condition at birth. Although developed as an indicator to aid with resuscitation, a low Apgar score (<4 out of 10) is an indicator that the baby has been born in poor condition and not coped well with the rigours of labour. All babies born with low Apgars should have the mothers notes reviewed to identify pre-delivery risks missed, or sub-optimal labour care. NICE Guideline - Intrapartum Care: Care of healthy women and their babies during childbirth (2007) covers all aspects of Maternity Care.

Measure Summary: Percentage of babies with Apgar score <4 born at 5 minutes.

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

Data Source: dbo.Maternity which is within the SQL server of the Information Department. The data is produced automatically on or around the 5th of each month.



DETERIORATION

Commentary:

The incidence of babies with an Apgar Score <4 born at 5 minutes has increased in the last year and the Trust will continue to be vigilant around this issue and includes this indicator in its priorities for improvement within the 5-year Quality Strategy.

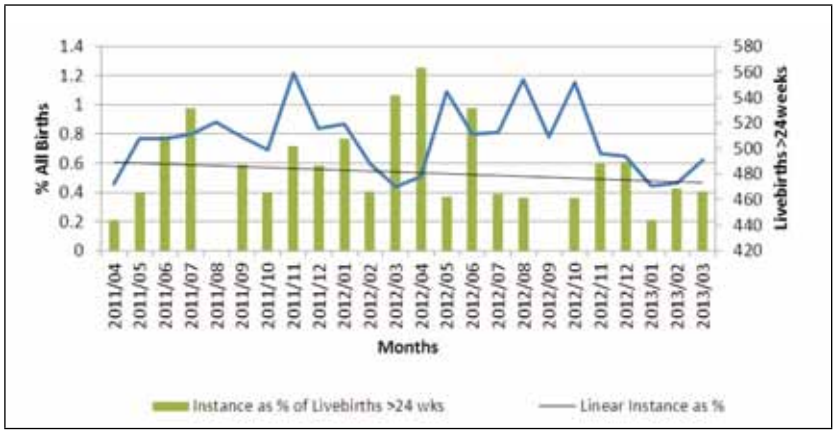
Cord pH < 7.00 for livebirths > 24 wks gestation

Rationale for Indicator: The cord blood pH analysis is a measure of a baby's condition at birth. All babies born with low cord blood pH (less than 7.00) should have the mother's notes reviewed to identify pre-delivery risks missed, or sub-optimal labour care. Appropriate NICE guidance includes: Intrapartum Care: Care of healthy women and their babies during childbirth (2007), Postnatal Care: Routine postnatal care of women and their babies (2006) and Antenatal Care: Routine care for the healthy pregnant woman (2008).

Measure Summary: The number of live births after 24 weeks gestation with an arterial cord pH recorded as less than 7.

Technical Descriptor: The number of live births after 24 weeks gestation where the arterial cord pH is recorded as less than 7. The number is expressed as a percentage of all births after 24 weeks with a recorded pH. (Exclusions apply to these calculations where baby has been born before arrival of midwife and for babies born on Midwifery Led Unit).

Data Source: Meditech



IMPROVEMENT

Commentary:

The data shows a slight reduction in the incidence of livebirths at greater than 24 weeks gestation with a Cord pH <7.00; however the Trust has committed to retaining this indicator as a priority for continued improvement within its 5-year Quality Strategy.

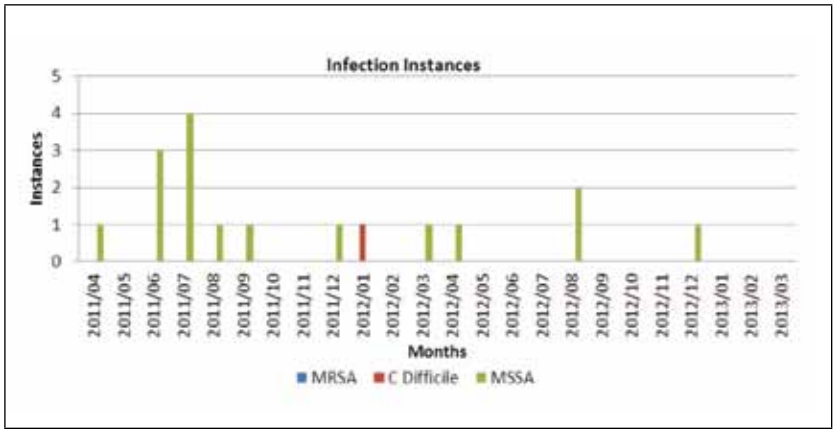
Incidence of methicillin resistant staphylococcus aureus (MRSA) bacteraemia infection

Rationale for Indicator: MRSA is Meticillin-Resistant Staphylococcus aureus. Staphylococcus aureus is a bacterium (germ) and is often found on the skin or in the nose of healthy people. Most S. aureus infections can be treated with commonly used antibiotics. However, MRSA infections are resistant to the antibiotic methicillin and also to many other types of antibiotics. Infections with MRSA are usually associated with high fevers and signs of the infection. As mentioned, most commonly these are infections of the skin and soft tissues (like boils and abscesses). Less commonly, MRSA can cause pneumonia and urine infections.

Measure Summary: Reported Instances of MRSA bacteraemia infections

Technical Descriptor: Data collated manually from reports to Infection Prevention & Control.

Data Source: Data supplied by Infection Control Analyst in the Governance Department.



STABLE

Clinical Commentary:

In the year 2012-13, the Trust reported no instances of MRSA or Clostridium difficile bacteraemic infection and 4 cases of MSSA infection. The Trust takes extremely seriously its duty to prevent infection and provide care in a safe environment. For the third successive year no patients developed MRSA bacteraemia. No adult patients developed bacteraemia as a consequence of MSSA infection; however 4 infections with MSSA occurred in patients cared for on the neonatal unit, a reduced incidence compared to previous years.

- Dr Tim Neal, Consultant Microbiologist / Director for Infection Prevention and Control.

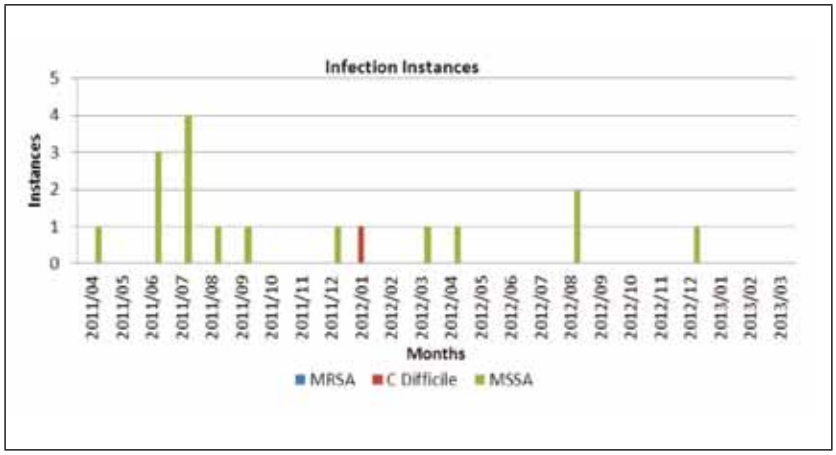
Incidence of Clostridium difficile

Rationale for Indicator: Clostridium difficile (C. difficile) are bacteria that are present naturally in the gut of around two-thirds of children and 3% of adults. C. difficile does not cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, C. difficile bacteria can multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever.

Measure Summary: Reported instances of Trust apportioned Clostridium difficile infection in persons aged 2 or over

Technical Descriptor: Not applicable

Data Source: Data supplied by Infection Control Analyst in the Governance Department.



The Trust reported a single instance of Clostridium difficile infection in 2011-12 and is pleased to report that there were no instances in 2012-13.

Benchmarking: Comparative National data secured from the Health Protection Agency website is provided below:

1. Quarterly Clostridium difficile infection (CDI) count data for Liverpool Women's NHS Foundation Trust and Birmingham Women's Hospital its recognised benchmark Trust April 2010-Mar 2012.

NHS Trust Name	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011
Liverpool Women's	1	1	0	1	0	0	0	1
Birmingham Women's	0	1	0	0	0	0	0	0

Data Source: *http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/*

2. National Monthly CDI Count Data for Liverpool Women's NHS Foundation Trust, Birmingham Women's Hospital its recognised benchmark Trust and the monthly national average, range and total number of recorded Clostridium difficile infections.

Data Source: *http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffmonthlymandatoryreporting/*

Trust Name	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013
Liverpool Women's	0	0	0	0	0	0	0	0	0	0	0	0
Birmingham Women's	0	0	0	0	0	0	0	0	0	0	0	0
Average - All Providers	3.3	3.0	3.2	3.1	3.1	2.9	2.8	3.4	3.1	2.9	3.2	2.9
All Provider Total	533	488	521	506	501	475	456	548	499	475	513	473
Range: All Providers	0-15	0-17	0-18	0-14	0-18	0-18	0-18	0-14	0-15	0-12	0-14	0-13

Clinical Commentary:

See previous comment from Dr T Neal, under 'Incidence of methicillin resistant staphylococcus aureus (MRSA) bacterium'

See also (Rate per 100,000 bed days of cases of Clostridium difficile infection reported within the Trust among patients aged 2 or over.)

IMPROVEMENT

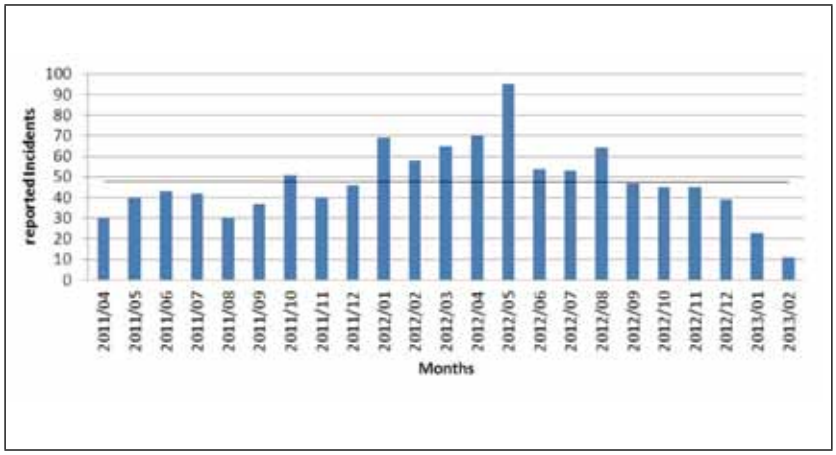
Medication Errors

Rationale for Indicator: Errors in the storage, management and administering of drugs obviously have the potential to cause serious harm and must be reduced as near to elimination as possible. The recording of all incidents is vital to ensure that contributing causal factors are identified and addressed. The measure allows progress to be monitored.

Measure Summary: Number of Medication errors recorded by the Pharmacy Department

Technical Descriptor: Number of Medication errors recorded by the Pharmacy Department into the Ulysses incident reporting system. Medication Error is any error involving any medication.

Data Source: Data is downloaded from the Ulysses incident reporting system and saved as QualityAccount_012_001_RawData.csv in the folder S:\PCT Performance\Quality Web Site Build\App_Data\ProcessedRawData on the Trust network. The period of download is 01/04/2011 to the end of the month to be reported up to. Once the file is saved the system calculates the number of errors per month.



STABLE

Clinical Commentary:

The data presented here represents reported medication-related incident reports recorded in the Trust Incident Reporting system each month. The number of incidents reported this year, 2012-13 [546] is similar to last year 2011/12 [551]. Although this annual rate is broadly unchanged there is a marked difference in the monthly reporting rates. Last year these were generally increasing month on month and this trend has reversed this year. It is accepted that a high reporting rate provides better opportunities to improve safety and so the pharmacy team are currently investigating the causes of the change in reporting profile. Comparisons with the overall trust reporting rate, location of error, error type and staff reporting the error are being made. This analysis will identify if the pattern of reporting of medication-related incidents is part of a trust wide pattern or a change in specific factors isolated to reporting of medicines optimisation issues.

- *Prashant Sanghani - interim chief pharmacist.*

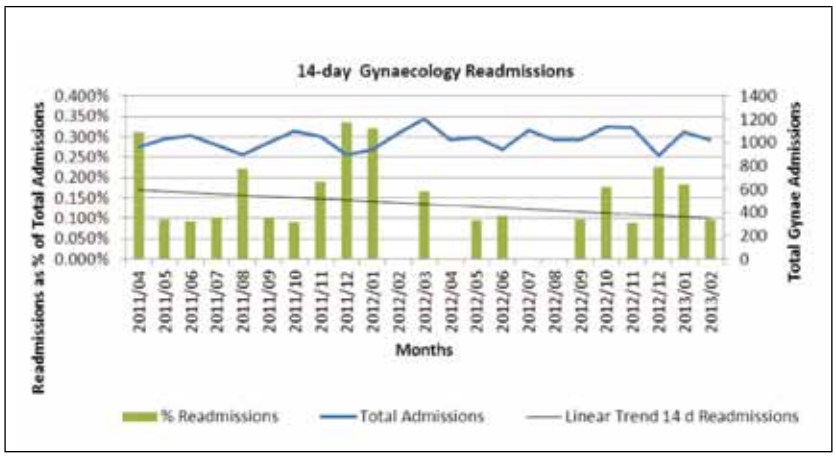
Clinical Effectiveness

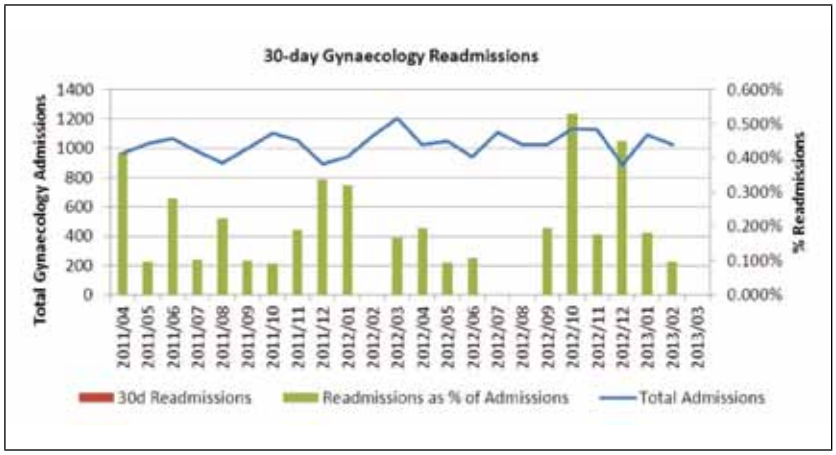
Readmission Rates in Gynaecology (14 & 30 days)

Rationale for Indicator: Measurement of re-admissions is part of the CQUIN payment framework

Measure Summary: The number of hospital admissions where the patient has a recorded discharge from a hospital spell within the last 14 days. The number is expressed as a percentage of all discharges. (Exclusions apply for diagnoses and procedures that conform to the allowed list of exclusions agreed with PCT).

Data Source: Meditech





STABLE

Table 1 - Available CHKS data 30-day Readmission Rates

Readmission Rates	Jan –Mar 2011	Apr-Sep 2011	Oct'11-Mar 2012	Apr-Sep 2012
LWH	1.7%	2.9%	3.5%	2.6%
Peer Rate	4.9%	6.2%	6.1%	6.0%

Clinical Commentary:

Our readmissions in Gynaecology are consistently low, due to a combination of good nursing care, the Enhanced Recovery programme (which includes telephone follow up within 48-72 hours for all major cases), and the nature of our tertiary referral services, which can mean readmissions after treatment here go back to their local hospital rather than being transferred back to the Women's.

Clinical Lead Mr Rob McDonald, Consultant Gynaecological Oncologist/ Gynaecology Clinical Governance lead.

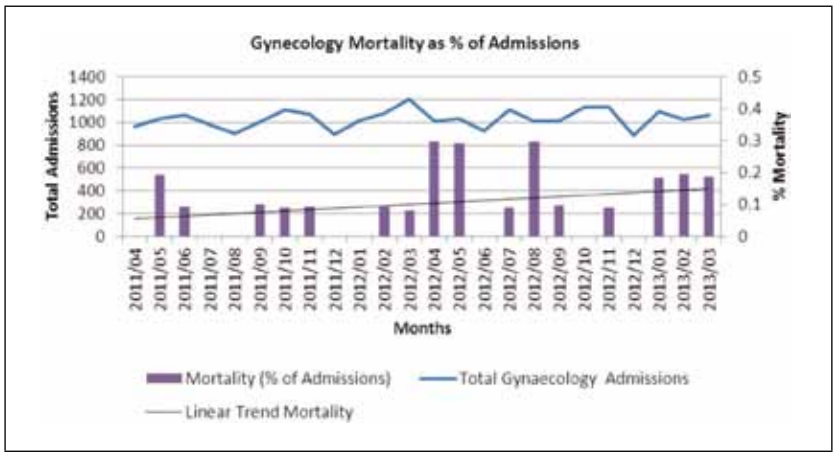
Mortality Rates in Gynaecology

Rationale for Indicator: Local Mortality Indicator used in place of unavailable national Standardised Hospital Mortality Index data for this Trust.

Measure Summary: The number of Gynaecology Inpatients that have died expressed as a proportion of all Gynaecology Inpatients.

Technical Descriptor: This measure is called Gynaecological Mortality and measures the number of deaths there has been in Gynaecology. The denominator lists all Gynaecological instances in the trust, which are identified within the IP CDS as those with [Treatment Function Code]="502" or "503". The numerator is a sub-set of the denominator and it is the same patient cohort except it is where the patient has a coded [Discharge Method] ="4"

Data Source: Meditech



DETERIORATION

(NB. Change due to increased proportion of end of life / palliative care patients).

Available CHKS data

Mortality	Jan –Mar 2011	Apr-Sep 2011	Oct'11-Mar 2012	Apr-Sep 2012
LWH	0.15%	0.07%	0.07%	0.18%
Peer Rate	0.07%	0.03%	0.03%	0.07%

Clinical Commentary:

Our hospital mortality rates are consistently higher than those in other Gynaecology units due entirely to the major Gynae Oncology work done in the Liverpool Women's, and within this work a significant focus on Palliative Care and End of Life Care provided so well by the Gynaecology and Macmillan nursing staff.

Clinical Lead Mr Rob McDonald, Consultant Gynaecological Oncologist/ Gynaecology Clinical Governance lead.

(NB. Change due to increased proportion of end of life / palliative care patients).

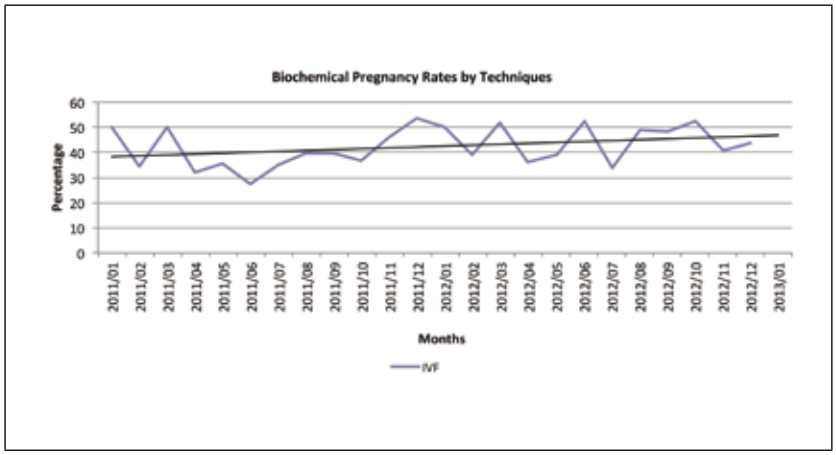
Biochemical Pregnancy Rates Invitro fertilisation (IVF, Intracytoplasmic sperm injection (ICSI) and Frozen Embryo Transfer (FET)

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

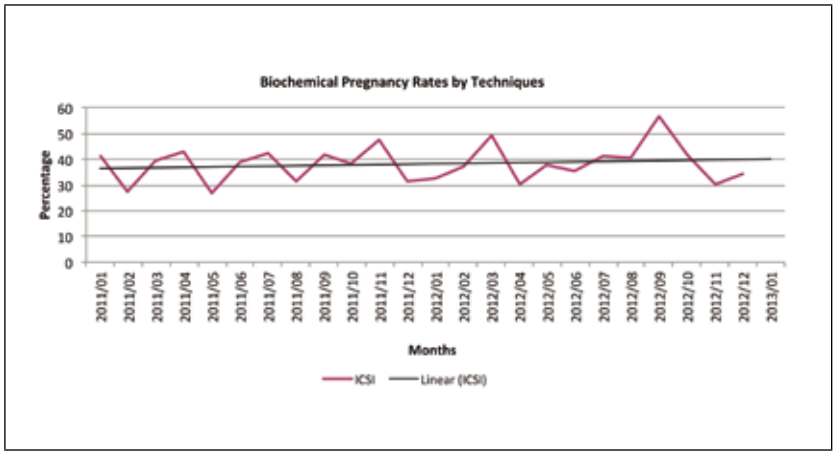
Measure Summary: The number of positive pregnancy tests per number of embryo transfers for a given time period.

Technical Descriptor: As above delineated by technique.

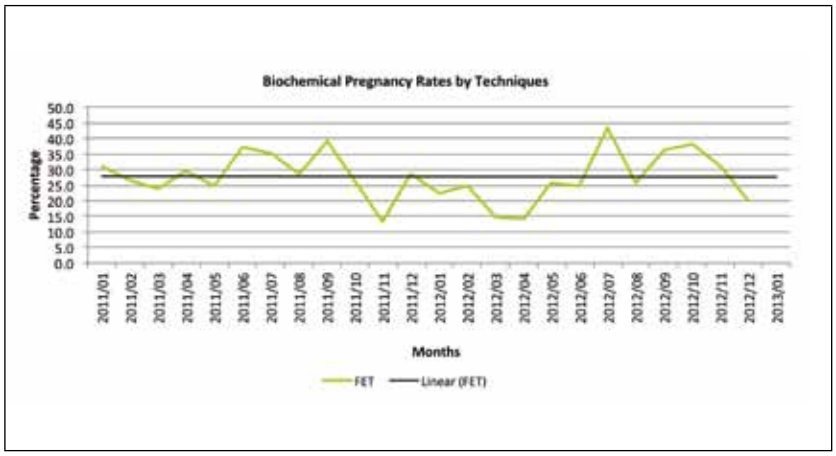
Data Source: "IDEAS" the Reproductive medicine database system



IMPROVEMENT



IMPROVEMENT



IMPROVEMENT

Clinical Commentary:

Over the last twelve months the Hewitt Fertility Centre was tasked to maintain and indeed improve upon pregnancy rates, whilst working towards the HFEA (fertility regulator) target to reduce the multiple live birth rates. An elective single embryo transfer protocol was introduced such that now about 70% of couples have 'one good embryo back at a time'. Advancements and investment in the latest laboratory equipment and the hard work of the staff have paid off in that the pregnancy rates have shown an upward trend over the reporting period, whilst the twin rate has fallen dramatically so that we are on track to hit our target.

Mr A. Drakeley, Consultant Gynaecologist / Reproductive Medicine Clinical Governance Lead

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

Rationale for Indicator: Cranial ultrasounds should be performed on all babies with a birth weight <1501g during their period on the neonatal unit to look for evidence of brain injury (periventricular haemorrhage (PVH) or periventricular leukomalacia (PVL)). The following data are based on all inborn VLBW babies admitted to the neonatal unit.

Technical Descriptor: The following data are based on all inborn VLBW babies admitted to the neonatal unit.

Data Source: Data is collated and analysed annually and the full calendar year data available are presented in the table below:

	2010		2011		2012	
No scan performed	37		22		15	
PVH (grade)	No.	%	No.	%	No.	%
0	65		57		81	
1	26	22.2	30	25	39	23.9
2	15	12.8	19	15.8	23	14.1
3	10	8.5	5	4.2	7	4.3
4	1	0.9	9	7.5	13	8.0
PVL	8	6.8	4	3.3	4	2.5
Total scanned	117		120		163	
Total with no evidence of serious injury (no PVL, PVH <3)	99		103		143	
% with no evidence of serious injury	84.6		85.8		87.7	

Clinical Commentary:

There are a small number of VLBW babies who do not have a cranial ultrasound scan during their period of admission. The majority of these babies are babies who are transferred to other units or die before the scan is performed.

There has been some variation in the incidence of some types of abnormality across the past 3 years, but the numbers are small and there is no obvious pattern of improvement or deterioration. The proportion of babies who have no evidence of serious injury on their scan is high and appears to be slightly improved across the past 3 years.

Benchmarking

We benchmark our brain injury data by collaboration in the Vermont Oxford Neonatal network. The data for 2012 are not yet published.

The VON report for 2011 reports risk adjusted rates of major PVH and PVL during 2011. These are expressed as "Observed – Expected" with 95% confidence intervals. The risk adjusted rate of severe PVH at LWH in 2011 was 0 (95% CI = -6 to 7), so is not statistically different to the expected rate given the case mix of babies cared for. The risk adjusted rate of PVL at LWH in 2011 was -1 (-4 to 3), again not statistically significant to the expected rate given the case mix of babies cared for.

Conclusions

The rates of brain injury seen in VLBW babies cared for at LWH is in keeping with the rate that is seen in other neonatal units. There is an apparent trend to an increase in the number of babies who had no major injury detected by ultrasound.

IMPROVEMENT

Perinatal Mortality

Neonatal Mortality

The following table shows the neonatal mortality rate for babies born at Liverpool Women's Hospital between 2010 and 2012

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

NNMR = Neonatal mortality rate and is expressed as deaths per 1000 live births.

Clinical Commentary:

Crude NNMR at 4.9/1000 live births for all babies born at LWH is higher than the published UK rate of 2.9 per 1000 births in 2011.

A significant number of women transfer their care to LWH during pregnancy or labour due to known fetal malformation, pregnancy complications or preterm labour with no local neonatal intensive care availability. These are high risk pregnancies with a high NNMR. When these pregnancies are excluded from our figures, the NNMR is calculated at 3.6 per 1000, which is still greater than the national rate.

IMPROVEMENT

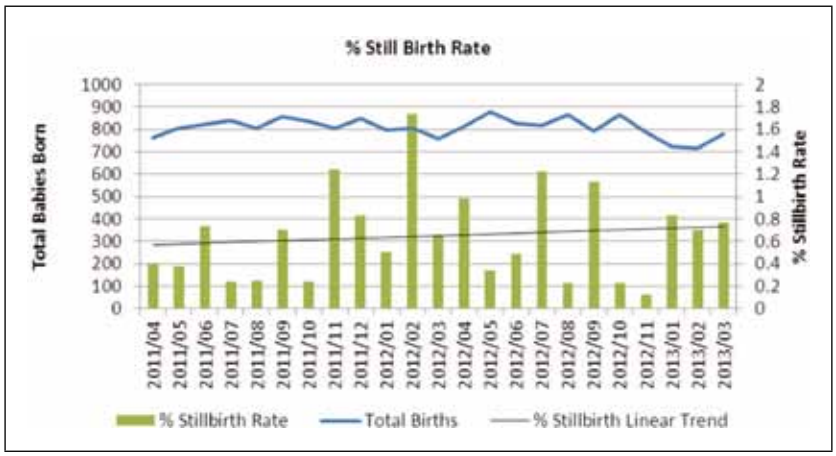
Stillbirth Rate

Rationale for Indicator: It is a sad fact of life that a small proportion of pregnancies result in unavoidable miscarriage or stillbirth through natural causes. However on occasion, a stillbirth may be avoidable and we aim to reduce the number of these to the lowest level possible for our patients through the monitoring of our stillbirth rate, the reviewing of cases and the implementation of any identified care improvement opportunities.

Measure Summary: The number of babies born stillborn expressed as a proportion of all babies born.

Technical Descriptor: The denominator lists all babies born and recorded within the Inpatient Commissioning Data Set. The numerator is a sub-set of the denominator and it is the same patient cohort except it is where the patient has a coded [Discharge Method] ="5".

Data Source: Meditech



IMPROVEMENT

Commentary:

The data shows a slight increase on the stillbirth rate over the two year period, however, the 12 month data shows an incidence of 0.63% compared to an incidence of 0.66% for 2011-12.

Internal monitoring has highlighted risk indicators including fetal growth restriction and reduced fetal movements. The Trust has in response introduced customised growth charts (GROW) and SFH measurement training midwives to enhance detection of reduced growth and a new algorithm for reduced fetal movements followed up by referral for a scan after one episode and consultant review on a second episode of reduced movements.

Care indicators for Nursing & Midwifery

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

Gynaecology

Gynaecology Inpatients

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Pain Management	100.0	91.2	90.4	86.2	88.7	90.4	67.4	66.6	84.9
Personal Care	100.0	100.0	100.0	100.0	91.6	100.0	94.1	95.2	71.4
Medication	92.3	100.0	95.8	97.5	97.7	95.3	97.3	95.3	100.0
Infection Control	100.0	100.0	100.0	94.8	100.0	100.0	100.0	97.5	100.0

Gynaecology Outpatients

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Personal Care	82.6	97.8	97.0	100.0	100.0	94.2	96	100.0	100.0

Gynaecology Day Ward

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Pain Management	100.0	83.3	100.0	100.0	88.8	100.0	100.0	100.0	100.0
Medication	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Documentation	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Gynaecology Emergency Room

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Pain Management	92.3	95.6	90.9	70.5	100.0		80.0	94.7	91.3
Medication	100.0	0	50	N/A	0		50	100.0	100.0
Health Promotion	100.0	100.0	N/A	50	75		N/A	100.0	100.0
Safeguarding	N/A	N/A	N/A	100.0	N/A		N/A	N/A	N/A

Gynaecology (Maternity) Theatres

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Documentation	44.4	39.5	83.3	73.8	78.0	71.7		60.6	

Gynaecology Theatres

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Documentation	62.8	70.8	60.0	75.6		61.1	81.7	86.7	76.9

Gynaecology Care indicator Summary & Commentary

Table 2 - Gynaecology Care Indicator Summary

CARE INDICATORS	CHALLENGES	SUCCESSES
Were you given enough privacy when discussing your condition or treatment?	We acknowledge there have been issues raised departmentally through PALS and Complaints however this has not yet been reflected in reported outcomes.	Despite local issues raised regarding privacy in ER the department have consistently had a positive responses
Has your care plan been discussed with you?	Misunderstood question in GOPD being revised. Ward have had inconsistent highs and lows and to address this the ward plan to have care plans at the bedside	Day care have achieved a more consistent positive response
Do you feel you were involved as much as you wanted to be in decisions about your care and treatment?	Communicating results to medical staff	Departments have received positive feedback
If you had worries or fears, did you find someone on the hospital staff to talk about them?		Departments have received positive feedback
Do you feel that visiting times are appropriate?	Compliance was inconsistent on Gynaecology ward and opinions were noted to be differing between bases	Provided a drive to change visiting hours across the bases and improvements have been reported
Did hospital staff tell you who to contact if you were worried about your condition or treatment after your left hospital?	Gathering information from patients post discharge Outpatients may interpret response from previous inpatient stay or previous outpatient appointment	
If you needed assistance with hygiene needs, do you feel you were offered sufficient assistance?	Inappropriate for GOPD being removed	Departments have received positive feedback
If you suffered any pain, do you feel that it was managed appropriately?	Some amber reports across division but mainly positive	Departments have received positive feedback
In recovery, if you suffered any pain, do you feel that is was managed appropriately?		Recovery have predominantly received positive feedback
If you had a spinal anaesthetic, was your experience a positive one?	Communicating results to Anaesthetic colleagues	
Do you feel you were kept informed at all stages whilst you were in theatres and everything was explained		Departments have received positive feedback
Did all members of theatre staff, who were involved in your care, introduce themselves to you?	Communicating results to Medical colleagues	Consistently achieved 100% in both theatres

CARE INDICATORS	CHALLENGES	SUCCESSES
If there was a delay in you going to theatre, due to unforeseen circumstances, did the ward staff keep you informed at all times?	Some inconsistencies within maternity and gynaecology	
Did you feel you were always included in conversations that took place between the staff in theatre?	Was initially a challenge in maternity theatre with negative responses from patients	Communication with maternity colleagues and medical staff has turned maternity patient feedback to being positive.
Would you have liked your partner to be present with you in theatre whilst your spinal anaesthetic was being inserted?	Patients consistently feedback that they would have liked to have their partner present. We have not been able to change practice with our anaesthetic colleagues	
Do you feel that your mealtimes have been uninterrupted?	Communicating results to Medical colleagues as results were inconsistent	Results have improved latterly
If you needed help during mealtimes, did you receive the help you needed?	Consistent positive feedback	
Were you provided with a hand washing wipe to use before your meal?	Initially very poor feedback	Hand wipes introduced Nov 12 now getting very positive feedback
When you attended pre-op, did you receive a patient information leaflet regarding VTE?	Slow improvement month on month.	
If you take regular medications, did you receive them on time?		Consistently achieved positive feedback
Are you aware of the details of your recovery pathway?	Inappropriate question in OPD. Ward have had inconsistent highs and lows and to address this the ward plan to have care plans at the bedside	
Has the patient been given access to alcohol gel?		Consistently achieved positive feedback
Have you observed staff washing hands or using hand gel whilst providing your care?		Consistently achieved positive feedback
If you were given medication to take home, did a member of the hospital staff tell you about the side effect to look out for?	Difficult to attain response whilst in-patient, question to be removed. Need to develop appropriate place to ask patients and determine compliance	
If required, was analgesia that was given to the patient prescribed, administered and recorded correctly?		Consistently achieved positive feedback

CARE INDICATORS	CHALLENGES	SUCCESSES
If the patient required pain management, were they under the care of Acute Pain Nurse or Macmillan Nurse?	Some amber reports across division but mainly positive Need to develop trigger for referral	
If the patient required pain management was it reflected in their pathway?		Consistently achieved positive feedback
Was the pain score recorded throughout hospital stay on MEWS chart?	Consistently negative feedback. With implementation of care pathways and Emar, staff do not record on MEWS chart. Task and finish group set up to develop pain assessment score and identify consistent place to record.	
Was the patients' pathway completed correctly?	Feedback inconsistent on gynaecology ward. Plans to have pathway at patient bedside to improve compliance and include patient directly in documentation of care	Consistently achieved positive feedback in day ward
If the patient requires an allergy band, are they wearing it?		Consistently achieved positive feedback
Have omission codes been recorded correctly?	Initially compliance was poor due to difficulty using Meditech	Introduction of EMar Dec 12 to support compliance
Is the patient's own medication prescribed?		Consistently achieved positive feedback
Was the Day Case Pathway completed?		Consistently achieved positive feedback
Waiting times were acceptable	Consistently scored amber	
Given sufficient information during consultation		Consistently achieved positive feedback

The nursing staff across the division have implemented nursing indicators and have taken ownership of the outcomes demonstrated. Several of the outcomes have led to changes in practice for the benefit of their patients. Although these are nursing indicators, they have identified issues that need to be addressed with the wider team and the challenge is how we can communicate findings and work together to influence behaviour and practice. With the Energising for Excellence 'E4E' board in place in the gynaecology ward and plans to have them in all clinical areas to share outcomes with our patients, staff and visitors we hope to raise awareness and transparency. Managers are reviewing when they have consistently had a positive feedback and changing their questions to identify possible other trends recently identified in the HCC inpatient and day case surveys.

Commentary provided by: G. Murphy, Matron for Gynaecology Inpatients & Theatres and R Stubbs Matron for Gynaecology Outpatients

Hewitt Centre (Reproductive Medicine)

Hewitt Centre

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Medication	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nutrition	78.5	71.4	100.0	72.7	69.2	70.0	90.0	100.0	90.9
Patient Observations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Thrombopro-phylaxis	100.0	100.0	100.0	100.0	90.0	100.0	92.3	100.0	90.9
Falls	91.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Documentation	86.3	95	90.2	95	95	95	92.5	92.5	95.4
Infection Control	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Hewitt Centre (Reproductive Medicine) Care Indicator Summary and Commentary

Table 3 - Hewitt Centre Nursing Care Indicator Summary

CARE INDICATORS	CHALLENGES	SUCCESSES
Patient Observations		Consistent Good Compliance
Pain Management	This question has been consistently misinterpreted therefore has been removed	
Falls Assessment	The results can be variable so we felt it important to keep this indicator to ensure no drop in standards	100% compliance in the last 6 months
Nutrition Assessment	Ensuring a BMI recorded continues to be an area which could be improved	However in 2010 results were regularly recorded in the range of 50% compliance. In the last 12 months this has not dropped below 90%
Medication Assessment		Maintaining good compliance
Infection Control		Maintaining good compliance
Documentation	This will consistently be our biggest challenge	However in 2010 HFEA forms showed compliance as poor as 25% and in the last 6 months this has not dropped below 92.5%
VTE assessment	The results can be variable so we felt it important to keep this indicator as the results of none compliance can have massive consequences	Compliance has never dropped below 90%

CARE INDICATORS	CHALLENGES	SUCCESSES
Told about the side effects of medication	This has been amber on several occasions throughout 2012. Although patients are given a significant amount of information re the side effects of medication, they did not seem to be reading it. Therefore staff have been asked to remind all patients how important it is to read all information they have been given, to ensure they are fully informed about all aspects of treatment	
Waiting times were acceptable	This has been the first red we have received within our patient experience audit and I think this is in light of our increasing workload. I think this will be our greatest challenge going forward whilst new staff in post are training. I think we will also need to consider new ways of working	

The Care Indicators are recorded from patient case notes post oocyte collection. The results are then discussed locally at nursing and departmental meetings. Although these are nursing indicators some require medical action and when there are medical omissions these are discussed at the appropriate executive meeting to be fed back to the medical team by the medical director. Commentary provided by J Mutch, Matron, Reproductive Medicine.

Maternity

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Pain Management	72.72	90.32	94.44	64.28	85	95.83	94.11	94.73	95.23
Medication	47.05	45.45	100.0	100.0	80	100.0	57.89	64	73.91
Nutrition	N/A	50	N/A	0	N/A	100.0	N/A	50	N/A
Patient Observations	79.3	83.3	65.3	64.7	80.7	78.5	91.3	92.8	75
Thrombopro-phylaxis	94.4	93.3	100.0	100.0	100.0	100.0	100.0	97.2	100.0
Documentation	40	52.6	85.7	52.9	85.7	93.3	83.3	93.3	86.6
Infection Control	86	81.9	83.7	94.3	92.1	90	90	92.5	92.9
Ante Natal	100.0	90.2	83.3	73.9	72.2	84.9	80	82.0	77.7
Intrapartum	82.1	80.6	83.3	87.2	84.0	90.5	86.4	87.0	81.8
Postnatal	93.8	87.7	73.8	91.6	90.4	91.1	91.6	88.8	84.4

N/A - There is insufficient applicable data to calculate

Maternity Care Indicator Summary and Commentary

Table 4 - Maternity Care Indicator Summary

CARE INDICATORS	CHALLENGES	SUCCESSES
Patient Experience	To continue to maintain compliance with providing assistance with first feed of baby. To ensure that patients are receiving assistance when required with hygiene needs. There has been a drop in compliance in the past 3 months from green to amber to red.	Improvement with assistance offered with first feed of baby has been demonstrated over the past 3 months. This has been underpinned by the part of the work that has taken place for the recent UNICEF breast feeding assessment. It has demonstrated partnership working with the infant feeding team and clinical staff within the Maternity Division. There has been a vast amount of work undertaken on the maternity ward in relation to staff allocation to patients. Support staff are allocated to work with a midwife for a shift to assist in providing continuity for the patients. Enabling midwives to spend more time with their patients, babies and families. This is reflected in the feedback, from patients regarding their patient experience, in that patients feel involved in decisions about care or if they had any fears or worries they could find someone to talk to.
Patient Observations	The key issue to be addressed in relation to this indicator is completion of fluid balance charts If a patient requires a fluid balance chart then this will be accurately completed. A review of the current fluid balance charts is required to ensure that they are fit for purpose. Ensuring that they are also user friendly for our patients to complete.	
Pain Management	To ensure that all patients receive adequate pain relief, when requested, without delay. Audit of the caesarean section pathway to monitor compliance with completion of the pain score. (PONW) To identify training needs in relation to completion of the pathway and utilisation of the score.	There have been improvements in percentage compliance since October 2012.
Nutrition Assessment	There have been large variations, in responses, due to the low number of women requiring referral to a dietician.	

CARE INDICATORS	CHALLENGES	SUCCESSES
Medication Assessment	Consistently this indicator has scored a compliance of red. It has been identified that it relates to the question have antibiotics been prescribed. The question is now being made more precise and therefore next month's audits should reflect an improved response as a result.	On-going dialogue between acting ward manager and the anaesthetic department
Infection Control	To improve and sustain the recording of VIP score. The matron, deputy matron and ward managers are working closely with the infection control team to improve compliance with infection control audits. It has been identified through the maternity indicators and infection control audits that a proactive approach needs to be taken to address the lack of compliance in completing VIP scores. Therefore from the beginning of May the ward managers will be auditing compliance through saving lives audits on a weekly basis. This will include cannula insertion and care. The expectation is that an improvement will be demonstrated in June's maternity indicator assessment.	
VTE assessment		Consistently maintaining excellent compliance.
Documentation	To ensure that all staff are including all patient demographics i.e. name, DOB, hospital and NHS number. To be discussed at the supervisor of midwives meeting in May to enlist support from the SOM when meeting with their midwives for 1:1 meetings and review of case notes audits.	
Antenatal care	To determine the reasons why the length of stay and choice of birth are not being discussed at the patients 36 week appointment.	
Intrapartum care	Failure to record a routine urine test on admission. This is consistently amber.	
Postnatal care	There has been a decrease in compliance in recording the first void of urine.	

Neonates
Neonatal Unit

Category	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Pain Management	100.0	100.0	100.0	90.9	100.0	92.3	92.3	91.6	100.0
Tissue Viability	100.0	100.0	100.0	100.0	87.5	100.0	100.0	100.0	93.7
Medication	88.2	100.0	100.0	90.0	100.0	100.0	100.0	91.6	100.0
Health Promotion	66.6	100.0	100.0	66.6	100.0	100.0	100.0	100.0	100.0
Nutrition	61.5	68.4	67.7	70.9	70.8	66.6	87.0	89.6	96.1
Patient Observations	98.4	98.2	98.2	100.0	100.0	98.2	98.2	100.0	100.0
Documentation	92.0	91.0	96.1	94.0	96.2	85.4	98.1	89.7	98.1
Infection Control	95.6	100.0	100.0	100.0	100.0	95.2	95.1	100.0	100.0

Neonatal Unit Care Indicator Summary and Commentary

Neonates
Table 5 Neonatal Unit Care Indicator Summary

CARE INDICATORS	CHALLENGES	SUCCESSES
Patient Observations	Baby's temperature on admission is the biggest challenge in this category	Three months amber the rest green Overall 98-100% each month
Pain Management	Not many Edin Scales completed required a reassessment in those viewed so difficult to assess compliance	Overall 90-100% each month
Tissue Viability		Overall maintaining good compliance
Nutrition Assessment	Skin to Skin and Mum taught to hand express new indicators for 12/13. Nurses required teaching to complete the necessary documentation.	We had a slow start but have moved from red to amber for the last two months
Medication Assessment		Maintaining good compliance
Infection Control	Some issues with documenting the daily cleaning of cots/ incubators.	Overall maintaining good compliance
Documentation	Documentation of Blood spots	After teaching input this is showing signs of improvement
Were you given enough privacy when discussing the condition treatment of your baby	Discussions can often take place in the nursery with other parents around.	On the whole most parent were happy with the privacy given

CARE INDICATORS	CHALLENGES	SUCCESSES
Do you feel you were involved as much as you wanted to in decisions about the care/treatment of your baby		On the whole most parent were happy with the privacy given
If you had worries or fears did you find someone on the hospital staff to talk about them		On the whole most parent were happy with the privacy given
If you were given medication to take home for your baby did a member of staff tell you about the side effects to look out for	Babies are usually discharged with only vitamins, staff have been given teaching around discussing this with parents	On the whole most parent were happy with the privacy given
Did hospital staff tell you who to contact if you were worries about the condition or treatment of your baby after you left hospital		100% every month

The Care Indicators are recorded from the Badger System, medication prescription chart and from direct observation. The results are then discussed locally at nursing and unit meetings, included in Neonatal Spotlight and Lesson of the Week as required.

Commentary provided by: J. Saltmarsh, Specialist Neonatal Nurse for IT systems

Patient Experience

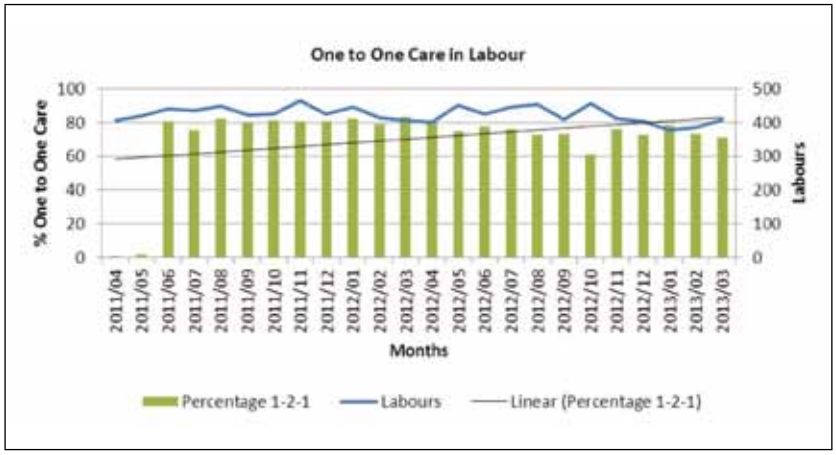
One–to-One Care in established Labour

Rationale for Indicator: Delivering 1:1 care to women in established labour is recognised good practice, known to reduce intervention and promote normal birth together with enhancing the woman's experience.

Measure Summary: The number of patients receiving one to one care during labour. The number is expressed as a percentage of all maternity episodes of care. (Exclusions apply for patients with Elective Caesarean Section).

Technical Descriptor: The number of patients receiving 1 to 1 care in labour expressed as a proportion of patients receiving maternity care excluding patient where the baby was born before arrival or where the patient is a planned elective caesarean section.

Data Source: The measure is derived from an extraction report from Meditech and is completed by the nursing and midwifery staff at the point of delivery.



IMPROVEMENT

Commentary:

Our aim is that every woman will receive one to one care from a midwife when she is in established labour.

The table above shows that this has not been achieved. The times when compliance has been lower reflects when there have been identified lower staffing levels. There have been several initiatives to address this including the agreement of minimum staffing levels and a rolling recruitment programme.

Cathy Atherton, Head of Midwifery

Patients receiving pain relief of choice in Labour

The Trust stated in the Quality Report 2011/2012 that it would present "Patient Pain Relief of Choice" as one of the measures. Discussions with the local commissioners led to a similar measure being agreed as one of the Trust's CQUIN metrics.

That CQUIN measure was a more in-depth measure of patient experience in pain relief of choice and led to patient being asked 3 separate questions about their Pain Relief of Choice rather than a single question.

The subsequent questions asked were:

1) Did you receive Pain Relief Quickly?

2) If yes, did it work as well as you thought?

3) How good were staff at managing pain?

The results of the questionnaires are shown below:

	2012/04	2012/05	2012/06	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
8.2.3 Optimum Care Package Questionnaire: If yes, did you receive it quickly?												
Actual Achieved	77.7	77.7	80									
Numerator	7	7	9									
Denominator	9	9	10									
Change in Methodology from July 2012												
Actual Achieved				100.0	92.5	90.6	75.0	87.1	100.0	90.0	88.9	93.3
Numerator				37	49	29	15	61	10	81	40	28
Denominator				37	53	32	20	70	10	90	45	30
8.2.4 Optimum Care Package Questionnaire: If yes, did it work as well as thought?												
Actual Achieved	88.9	88.9	88.9									
Numerator	8	9	8									
Denominator	9	9	9									

	2012/04	2012/05	2012/06	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Change in Methodology from July 2012												
Actual Achieved				95.1	87.7	96.7	76.2	83.3	100.0	87.0	80.0	87.1
Numerator				39	50	29	16	60	10	80	36	27
Denominator				41	57	30	21	72	10	92	45	31
8.2.5 Optimum Care Package Questionnaire Question: During L/B, how good were staff at managing pain?												
Actual Achieved	88.9	88.9	88.9									
Numerator	8	9	8									
Denominator	9	9	9									
Change in Methodology from July 2012												
Actual Achieved				97.7	100.0	100.0	85.7	98.8	100.0	100.0	100.0	97.0
Numerator				43	59	35	18	80	11	106	51	32
Denominator				44	59	35	21	81	11	106	51	33

The measure shows the number of positive responses expressed as a proportion of all patients responses received.

Although the Trust was collecting the responses from patients from April 2012, it was clear that there were insufficient patient experience questionnaires being returned. Following an assessment, it was decided that a better response rate would be achieved if the patients were asked for the responses at the point of discharge from the hospital rather than discharge in the community as was the case. The change of methodology became effective in July 2012 and resulted in a significantly improved response rate, as can be seen above.

STABLE
(New Indicator)

Patient Experience and Involvement

The Trust has implemented a number of separate but related patient experience measures, which provide valuable feedback to the Trust on any areas that require improvement. 2012/2013 saw the implementation of the systems to gather patient feedback and a key priority for 2013/2014 will be to improve the monitoring and recording of what the trust has done in response to the feedback it receives.

Gathering patient experience information

During 2012-13 the Trust has greatly improved its systems to gather patient experience data in addition to its continued participation in national surveys. As described below, patient experience questions have been added to the Nursing and Midwifery care indicators and the Trust is a Pilot site and early implementer for the Friends and Family Test.

Another development to enhance patient engagement was the establishment of two Twitter feeds; one for the Trust as a whole and another for the Hewitt Centre fertility service, which at the time of writing have 1579 and 294 followers respectively. Feedback has largely been positive, in the rare cases where tweets have highlighted concerns; the tweeters have been invited to provide more information. Only one person has taken up this invitation and the feedback was entered into the complaints system and passed to the appropriate service area.

National Surveys in which LWH has participated

Two surveys were carried out by the Picker Institute in 2012 on behalf of the Trust; the subjects being:

- Inpatient Survey
- Day Case Survey

The Inpatient survey was a repeat survey whilst the Day case survey was conducted for the first time.

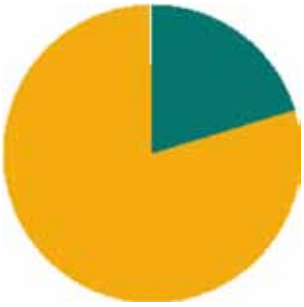
Inpatient Survey 2012

Survey Participation Data	
National Participation	69 Trusts
LWH Patient Response rate	54% (441/824 Eligible returns)
National Average Response rate	48 %

Have we improved since the 2011 survey?

The Picker report stated…

A total of 73 questions were used in both the 2011 and 2012 surveys.



Compared to the 2011 survey, your Trust is:

Significantly **Better** than average on 15 questions

Significantly **Worse** than average on 0 questions

The scores show no significant difference on 58 questions

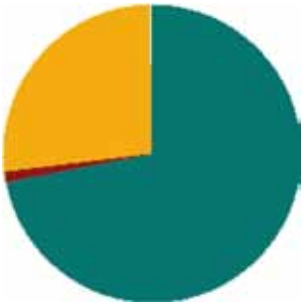
The Trust has improved significantly on the following questions:

	2011	2012
	Lower scores are better +	
Care: did not always get help in getting to the bathroom when needed	31 %	18 %
Hospital: didn't get enough information about ward routines	64 %	48 %
Hospital: did not always get enough help from staff to eat meals	29 %	13 %
Nurses: did not always get clear answers to questions	25 %	17 %
Nurses: did not always have confidence and trust	23 %	17 %
Nurses: sometimes, rarely or never enough on duty	37 %	30 %
Care: not always enough privacy when discussing condition or treatment	26 %	20 %
Discharge: not given any written/printed information about what they should or should not do after leaving hospital	25 %	14 %
Discharge: not fully told purpose of medications	18 %	11 %
Discharge: not given completely clear written/printed information about medicines	28 %	16 %

	2011	2012
	Lower scores are better +	
Discharge: not fully told of danger signals to look for	45 %	37 %
Discharge: family not given enough information to help	54 %	45 %
Discharge: not told who to contact if worried	12 %	7 %
Discharge: did not receive copies of letters sent between hospital doctors and GP	40 %	30 %
Overall: not asked to give views on quality of care	75 %	68 %

How do we compare to other trusts?

In relation to the other participating Trusts, the Picker report stated…



The survey showed that your Trust is:

- Significantly **Better** than average on 62 questions
- Significantly **Worse** than average on 1 questions
- The scores were average on 23 questions

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

	Trust	Average
	Lower scores are better -	
Planned admission: admission date changed by hospital	23 %	18 %

Areas where patients report most problems:

Questions where more than 50% of respondents reported room for improvement are listed below.

Focusing on these areas could potentially improve the patient experience for a large proportion of your patients.

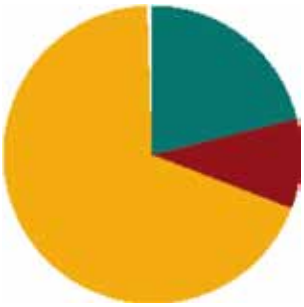
+ scores significantly better than average - scores significantly worse than average Trust - The problem score for your Trust Average - Average score for all Picker Trusts	Trust	Average	
	Lower scores are better		
Discharge: delayed by 1 hour or more	76 %	85 %	
Overall: not asked to give views on quality of care	68 %	76 %	+
Planned admission: not offered a choice of hospitals	65 %	62 %	
Planned admission: not given choice of admission date	60 %	65 %	
Discharge: not told how long delay in discharge would be	58 %	67 %	

Day Case Survey 2012

Survey Participation Data	
National Participation	33 Trusts
LWH Patient Response rate	48% (404/844 Eligible returns)
National Average Response rate	48 %

How do we compare to our 2011 Inpatients survey?[4]

A total of 61 questions were used in both the latest Inpatients survey and the Day Case survey.



Compared to the 2011 Inpatient survey, your Trust is:

- Significantly **Better** than average on 13 questions
- Significantly **Worse** than average on 6 questions
- The scores show no significant difference on 42 questions

Questions where more than 50% of respondents reported room for improvement are listed below.

Focusing on these areas could potentially improve the patient experience for a large proportion of your patients.

4 This was the first day case survey conducted by the Picker Institute; hence comparison is only possible against responses from another patient group (inpatients) to questions shared with the prior Inpatient survey.

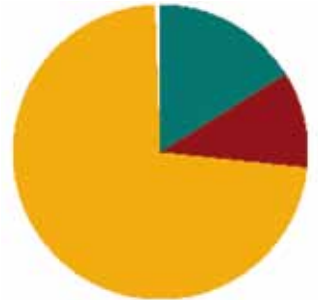
The Trust performs significantly **better** than the Inpatients survey on the following questions:

	IP11	DC12
	Lower scores are better +	
Before visit: should have been admitted sooner	20 %	12 %
Before visit: not given choice of appointment dates	56 %	43 %
Before visit: appointment date changed by hospital	24 %	17 %
Hospital: toilets not very or not at all clean	5 %	2 %
Hospital: no posters or leaflets asking patients to wash their hands or use hand-wash gels	5 %	1 %
Doctors: some/none knew enough about condition/treatment	8 %	4 %
Doctors: did not always wash or clean hands between touching patients	7 %	3 %
Nurses: did not always have confidence and trust	23 %	14 %
Nurses: sometimes, rarely or never enough on duty	37 %	27 %
Nurses: did not always wash or clean hands between touching patients	10 %	5 %
Care: staff contradict each other	23 %	14 %
Discharge: was delayed	23 %	8 %
Discharge: did not receive copies of letters sent between hospital doctors and GP	40 %	28 %

The Trust performs significantly **worse** than the Inpatients survey on the following questions:

	IP11	DC12
	Lower scores are better -	
Before visit: not given printed information about condition or treatment	9 %	19 %
Arriving: admission/registration process fairly or not at all organised	21 %	27 %
Discharge: not given any written/printed information about what they should or should not do after leaving hospital	25 %	32 %
Overall: patients treated unfairly because of age	0 %	2 %
Overall: patients treated unfairly because of gender	0 %	1 %
Overall: patients treated unfairly because of sexual orientation	0 %	1 %

How do we compare to other trusts?



The survey showed that your Trust is:

- Significantly **Better** than average on 12 questions
- Significantly **Worse** than average on 8 questions
- The scores show no significant difference on 54 questions

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

	Trust	Average
	Lower scores are better +	
Before visit: not offered choice of hospital	63 %	70 %
Before visit: should have been admitted sooner	12 %	22 %
Before visit: not given choice of appointment dates	43 %	61 %
Before visit: not given printed information about condition or treatment	19 %	28 %
Hospital: shared a room or bay with opposite sex	1 %	19 %
Hospital: no posters or leaflets asking patients to wash their hands or use hand-wash gels	1 %	3 %
Doctors: talked in front of patients as if they were not there	6 %	16 %
Doctors: did not always wash or clean hands between touching patients	3 %	5 %
Nurses: talked in front of patients as if they weren't there	9 %	16 %
Discharge: was delayed	8 %	11 %
Discharge: did not receive copies of letters sent between hospital doctors and GP	28 %	34 %
Overall: patients treated unfairly for another reason	1 %	2 %

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

	Trust	Average
	Lower scores are better -	
Surgery: results not explained in clear way	37 %	31 %
Nurses: sometimes, rarely or never enough on duty	27 %	21 %
Nurses: did not always get opportunity to talk to when needed	30 %	24 %
Discharge: family not given enough notice about discharge	30 %	24 %
Discharge: not enough time spent explaining health and care after arrival home	17 %	12 %
Discharge: not given any written/printed information about what they should or should not do after leaving hospital	32 %	20 %
Discharge: not fully told of danger signals to look for	43 %	35 %
Discharge: family not given enough information to help	53 %	36 %

Areas where patients report most problems

Questions where more than 50% of respondents reported room for improvement are listed below. Focusing on these areas could potentially improve the patients experience for a large proportion of your patients.

N.B. Questions where less than 50 patients answered the question have been highlighted with square brackets [-]

+ scores significantly better than average - scores significantly worse than average Trust - The problem score for your Trust Average - Average score for all Picker Trusts	Trust	Average	
	Lower scores are better		
Before visit: not offered choice of hospital	63 %	70 %	+
Discharge: delayed by 1 hour or more	[56] %	65 %	
Arriving: not given explanation for wait before operation or procedure	55 %	55 %	
Discharge: not told how long delay in discharge would be	[53] %	60 %	
Discharge: family not given enough information to help	53 %	36 %	-

Moving forward with this information

The two surveys have generated a lot of information and the Trust is committed to:

- Communicating the results and what the priorities are, across the Trust and in the local areas.
- Tie in and triangulate with feedback from PALS/Complaints
- Involve patients and staff in developing an action plan and in any changes

The Management of Complaints

In March 2012, it became clear that the Trust's Complaints process was not fit for purpose and the evidence for this was the backlog of complaint responses.

Problems identified included:

- Deadlines were agreed and then missed
- Confusion about roles and responsibilities within the system
- No robust way of addressing the concerns that were raised and for changes to take place.

This was both frustrating for our staff and a source of great irritation to our patients and their families. They were informing us why their experience had fallen below standard and the Trust appeared not to care as responses were so late in being sent out.

Thus it was decided that a new process had to be devised that:

- Took on board the feedback that had been given to the Trust
- Meets the needs of the complainant
- Involves the Divisional staff as well as the corporate service
- Is very clear on the role and expectations of everyone involved
- Gives clear guidance on how we should respond to complaints
- Specifies that there are deadlines that have to be kept to.

The revised process fully implemented by January 2013 has resulted in significant improvement in the management of complaints including clearance of the backlog; however we accept there is room for further improvement. One of the most important changes has been the recognition of how important a timely and appropriate response to a complaint is and how the Trust can learn from them and use them as a useful source of feedback to ensure we provide a service that meets the needs of our patients and their families.

During 2013-14 the Trust is committed to reviewing its data systems and processes for the recording and management of incidents, complaints and claims and enhancing the quality and use of this combined intelligence to optimise the identification of learning opportunities to improve patient safety and patient experience.

Nursing and Midwifery Indicators

A recent review of the Nursing and Midwifery Indicators resulted in significant changes that saw the addition of a whole series of patient experience questions added to them. A single reporting system was then developed for the Nursing and Midwifery Indicators, which allowed real time reporting of responses in patient experience and patient care. During 2012-13 we have been publically displaying our performance in the nursing and midwifery indicators on boards at the entrance to our wards and departments.

Results derived from patient feedback through the indicators have resulted in change being made within the clinical areas.

The following tables show the results achieved from the Patient Experience part of the Nursing and Midwifery Indicators

Gynaecology Outpatients

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	100.0	100.0	95	100.0	100.0	100.0	100.0	100.0
Careplan been discussed with you	100.0	100.0	96.15	100.0	88.23	100.0	96	100.0	100.0
Involved in decisions about care	100.0	96.65	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Someone to talk to about worries/fears	95.45	88.88	100.0	100.0	100.0	100.0	95.23	100.0	100.0
Told about medication side affects	70	100.0	90.90	100.0	100.0	100.0	71.42	80	100.0
Staff tell you who to contact if worried	73.91	78.26	92.30	90	100.0	80.76	76	95	95
Sufficient assistance with Hygiene needs	100.0	100.0	100.0	100.0	90.0	100.0	90	100.0	100.0
Pain was managed appropriately	100.0	100.0	100.0	83.33	100.0	100.0	80	100.0	100.0
Waiting times were acceptable	86.95	82.60	88.46	80	94.11	88.46	92	85	100.0
Given sufficient information during consultation	95.65	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Aware of recovery pathway details	82.60	95.65	92.30	100.0	100.0	96.15	88	100.0	100.0

Gynaecology Inpatients

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	90	100.0	100.0	91.66	95.23	100.0	100.0	100.0
Careplan been discussed with the patient	83.3	95	100.0	95.2	95.8	85.7	47.0	95.2	100.0
Sufficiently involved in decisions about care	100.0	95	100.0	95.23	100.0	90.47	82.35	100.0	100.0
Found someone to talk about worries/fears	100.0	100.0	100.0	100.0	100.0	100.0	93.75	100.0	100.0
Visiting hours are appropriate	50	85	64.28	85.71	66.66	61.90	82.35	76.19	95.23
Patient told who to contact if worried	100.0	95	85.71	100.0	100.0	100.0	100.0	100.0	N/A
Sufficient assistance with Hygiene needs	100.0	100.0	50	100.0	88.88	100.0	100.0	100.0	100.0
Pain was managed appropriately	83.33	100.0	85.71	100.0	100.0	90.47	94.11	95	100.0
Meal times have been uninterrupted	100.0	55	78.57	85.71	100.0	95.23	82.35	95.23	95.23
Patient received help during mealtimes	N/A	100.0	100.0	100.0	100.0	100.0	100.0	90.90	100.0
Provided with hand wipe before meals	0	40	50	14.28	12.5	23.80	94.11	100.0	95.23
Received VTE information leaflet	100.0	90	92.85	58.33	80	92.85	81.81	92.85	93.33
Received regular medication on time	100.0	100.0	100.0	93.75	100.0	100.0	100.0	100.0	100.0
Patient is aware of recovery pathway	66.66	95	91.66	85.71	91.66	76.19	52.94	76.19	90.47

N/A - There is insufficient applicable data to calculate

Gynaecology Day Ward

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	85.75	100.0	92.30	100.0	100.0	94.11	100.0	87.5
Careplan been discussed with you	88.88	100.0	100.0	100.0	100.0	100.0	100.0	100.0	93.75
Involved in decisions about care	100.0	100.0	100.0	92.30	100.0	100.0	100.0	100.0	93.75
Someone to talk to about worries/fears	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Told about medication side affects	N/A	100.0	100.0	100.0	100.0	100.0	100.0	100.0	80
Staff tell you who to contact if worried	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sufficient assistance with Hygiene needs	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Pain was managed appropriately	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	77.77
Received VTE information leaflet	44.44	81.25	91.66	100.0	92.85	100.0	100.0	100.0	93.75

Gynaecology Emergency Room

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	100.0	100.0	100.0	100.0		100.0	100.0	100.0
Careplan been discussed with you	100.0	100.0	100.0	100.0	100.0		100.0	100.0	100.0
Involved in decisions about care	100.0	100.0	100.0	100.0	100.0		100.0	100.0	100.0
Someone to talk to about worries/fears	100.0	100.0	100.0	100.0	100.0		100.0	100.0	100.0
Told about medication side affects	100.0	100.0	100.0	100.0	N/A		100.0	100.0	66.66
Staff tell you who to contact if worried	100.0	91.66	85.71	88.88	90.90		100.0	100.0	100.0
Sufficient assistance with Hygiene needs	N/A	100.0	100.0	N/A	N/A		100.0	N/A	N/A
Pain was managed appropriately	100.0	100.0	100.0	100.0	83.33		100.0	100.0	100.0
Asked what was first language	88.88	100.0	57.14	88.88	72.72		100.0	100.0	92.30
Offered interpreter if needed	100.0	100.0	100.0	N/A	100.0		N/A	100.0	N/A

N/A - There is insufficient applicable data to calculate

Gynaecology Maternity Theatres

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	100.0	100.0	85.71	100.0	100.0		100.0	
Involved in decisions about care	100.0	100.0	100.0	100.0	88.88	100.0		100.0	
Someone to talk to about worries/fears	100.0	100.0	100.0	100.0	100.0	100.0		100.0	
Sufficient assistance with Hygiene needs	100.0	100.0	100.0	83.33	50	90		100.0	
Pain (recovery) was managed appropriately	100.0	100.0	100.0	100.0	77.77	100.0		100.0	
Spinal anaesthetic positive experience	100.0	100.0	100.0	92.85	100.0	90		100.0	
Kept informed at all times in theatres	100.0	100.0	100.0	85.71	100.0	100.0		100.0	
All theatre staff introduced themselves	100.0	100.0	100.0	100.0	100.0	100.0		100.0	
Ward staff kept you informed about delays	100.0	100.0	100.0	88.88	66.66	100.0		100.0	
Partners room was appropriate	100.0	100.0	100.0	90	100.0	91.66		100.0	
Patient felt included in conversations	100.0	87.5	44.44	100.0	0	100.0		90.90	
Partner present during spinal anaesthetic	0	71.42	60	38.46	66.66	66.66		66.66	

Gynaecology Theatres

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	95	93.3	100.0		100.0	100.0	100.0	100.0
Involved in decisions about care	100.0	95	93.33	100.0		100.0	90	100.0	100.0
Someone to talk to about worries/fears	100.0	100.0	100.0	100.0		100.0	100.0	100.0	100.0
Sufficient assistance with Hygiene needs	100.0	87.5	100.0	100.0		100.0	100.0	100.0	100.0
Pain (recovery) was managed appropriately	100.0	85.71	91.66	100.0		N/A	100.0	90	100.0
Was kept informed at all stages	100.0	95	100.0	100.0		100.0	90	100.0	100.0
All theatre staff introduced themselves	100.0	100.0	100.0	100.0		100.0	100.0	100.0	92.30
Ward staff kept you informed about delays	100.0	33.33	40	83.33		100.0	80	100.0	85.71
Patient felt included in conversations	92.30	100.0	100.0	100.0		100.0	100.0		100.0

N/A - There is insufficient applicable data to calculate

Maternity

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	76.47	100.0	92.85	100.0	100.0	94.11	91.66	100.0	100.0
Sufficiently involved in decisions about care	70.85	100.0	100.0	94.44	94.73	94.11	100.0	100.0	100.0
Found someone to talk to about worries/fears	88.23	0	100.0	77.77	78.94	93.75	100.0	100.0	100.0
Side effects of medication were explained	55.55	100.0	100.0	60	100.0	100.0	100.0	100.0	100.0
Patient was told who to contact if worried	94.11	0	100.0	63.63	100.0	100.0	100.0	100.0	100.0
Offered assistance with Hygiene needs	70	100.0	100.0	83.33	92.30	100.0	100.0	100.0	85.71
Pain was managed appropriately	87.5	94.73	100.0	61.11	84.61	100.0	83.33	100.0	92.85
Meal times have been uninterrupted	56.25	89.47	100.0	83.33	85.71	94.11	91.66	100.0	80
Patient received help during meal times	N/A	50	N/A	100.0	100.0	50	N/A	N/A	0
Offered assistance with 1st feed of baby	93.75	100.0	71.42	88.88	100.0	100.0	75	86.66	100.0

N/A - There is insufficient applicable data to calculate

Neonates

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	80	100.0	100.0	100.0	40	80	100.0	60
Involved in decisions about care	100.0	100.0	100.0	100.0	80	100.0	100.0	80	80
Someone to talk to about worries/fears	100.0	100.0	100.0	100.0	60	100.0	100.0	80	100.0
Told about medication side effects	100.0	100.0	100.0	100.0	75	80	100.0	100.0	100.0
Staff tell you who to contact if worried	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Reproductive Medicine Unit

Question	2012/07	2012/08	2012/09	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Enough privacy when treatment discussed	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.73	100.0
Careplan been discussed with you	100.0	100.0	100.0	100.0	95	100.0	100.0	100.0	95
Involved in decisions about care	86.36	100.0	100.0	100.0	95	100.0	100.0	100.0	100.0
Someone to talk to about worries/fears	95.45	100.0	100.0	100.0	100.0	94.73	100.0	100.0	100.0
Told about medication side affects	100.0	100.0	100.0	100.0	94.73	87.5	88.88	88.88	100.0
Staff tell you who to contact if worried	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Journey through IVF was positive	90	100.0	93.75	100.0	95	89.47	100.0	100.0	100.0
Cleanliness on the unit acceptable	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Waiting time were acceptable	81.81	100.0	81.25	100.0	80	94.73	100.0	73.68	95
Were staff helpful and approachable	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Would recommend LWH IVF to others	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sufficient assistance with Hygiene needs	95.45	100.0	93.75	100.0	90	100.0	100.0	89.47	100.0

Friends and Family Test

The NHS friends and family test is an important opportunity for patients to provide feedback on the care and treatment they received so that services can be improved. Patients are asked whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment. This means every patient in these wards and departments will be able to give feedback on the quality of the care they receive.

From October 2013, the test will also be available to women who use maternity services, and as soon as possible after to everyone using NHS services. Liverpool Women's is one of four Trusts in the country that have been piloting the Friends and Family Test in maternity services to inform the guidance for the October implementation.

Although the initiative will be formally launched in April 2013, Trusts can implement the systems and processes any time ahead of that deadline so as to be best prepared for the formal launch.

The Liverpool Women's Hospital took the decision to begin seeking the views of patients during February 2013 and agreed to implement Patient Exit Cards, which not only gathered the Friends and Family Test question but also sought general feedback in the patient's own words in addition.

Early results from the Friends and Family are shown in the following figure:

Exit Card Question	Pilot: Averaged Results (Jan- Mar 2013)	2012/01	2012/02	2012/03
	Overall Score Monthly Average	9.8	9.31	9.42
	Number of Exit Cards Received	5	107	77
	FFT Patient Index	4.8	4.81	4.81
Patient's offered overall experience rating (On a scale 1-10 poor to Good)				
Patient's response to the likelihood of them recommending the Ward/ Department visited to their Friends & Family. (Scale 1-5 as below) Extremely Unlikely-1, Unlikely – 2, Neither Likely nor Unlikely – 3 Likely – 4, Extremely Likely – 5.				

Priorities for improvement 2013/14

During 2012-13, the Trust formulated its Quality Strategy which will form the basis of its ongoing priorities.

The Trust has also committed to:

- A refresh of Governance using the following conceptual model, based on feedback from a Governance staff 'awayday' in April.

- Incorporating Francis Recommendations into the day to day functioning of the organisation, embedded in a committee structure reflecting the above Darzi orientated model

Following the establishment of our Governance team in late 2011 we have developed a Quality strategy and refined the areas that we feel should be the focus of our improvement initiatives. This will be a five year plan and will be underpinned by improvement methodology that was introduced following our participation in the LIPS programmes. This methodology has already been used with some success within this organisation. The areas that we will focus on relate directly to the core elements of effectiveness, efficiency and patient experience.

As mentioned previously in this report, the Trust is committed to reviewing its data systems and processes for the recording and management of incidents, complaints and claims and enhancing the quality and use of this combined intelligence to optimise the identification of learning opportunities to improve patient safety and patient experience

Quality Improvement Strategy

The Trust's 'Quality Strategy' was developed through consultation with the medical, nursing and midwifery staff representation on the Clinical Governance Committee, the Trust Management Group and Trust Board of Directors. It sets out its key priorities for quality improvement over the next 5 years (2013-18) and how the improvements will be delivered. It seeks to provide assurances that structures and systems are in place to promote Safety, Audit & Effectiveness and Patient Experience at all times. The Trust recognises the value of patient and public involvement, a fact reflected in its commitment to open Board meetings with invited patients who have experienced sub-optimal care from the organisation to tell their story, the appreciation of the input from its lay governors and its enthusiasm and success in piloting the 'Friends and Family' test. As part of the Quality Strategy, the Trust is determined to build on these examples of patient and public input and engage both groups in identifying improvement priorities for the future.

In the short term, the Trust has embarked on a programme of recruiting patients to key committees and plan to invite patients to sit on the recruitment panel for the Head of Patient Experience, who will develop a patient involvement strategy complementing the Francis Recommendations before February 2014.

The strategy is centred upon the four essential components of quality described by Lord Darzi in 2008:

- Effectiveness of the treatment and care provided to patients
- The Safety of treatment and care provided to patients
- The Experience patients have of the treatment and care they receive
- Delivering Innovative services to patients

At Liverpool Women's NHS Foundation Trust, we aim to achieve high quality care by putting patients at the centre of all we do, getting it right first time, every time for every patient.

As we hope this Quality report demonstrates, we have much to be proud of, but we are also mindful of the fact that we do not always 'get it right' and we can always improve our performance and the care and services we provide to our service users. The strategy indicates ways in which we aim to improve as presented below.

How will we improve?

To deliver **Safe** services by ensuring no patients are harmed whilst in our care.

- VTE assessment 95% compliance
- Reduce gynaecology surgical site infections
- Incidence of multiple pregnancy after fertility treatment at <=10%
- Reduce number of babies born with Apgar scores < 4 at more than 34 weeks gestation
- Reduce number of instances of Cord Ph< 7.00 at delivery
- Zero incidence of Trust attributable MRSA bacteraemia and Clostridium difficile infection
- Reduction in severity of medication errors

To deliver the most **Effective** outcomes by ensuring care is evidence based and complies with best practice.

- Reduce readmission rates in gynaecology
- Maintain zero incidence of non cancer related deaths in Gynaecology
- Increase Biochemical pregnancy rates for patients receiving fertility treatments by 5% over 5 years
- Reduction of brain injury in preterm infants
- Perinatal mortality comparative to national average
- Stillbirth rate comparative to national average
- Nursing and Midwifery Indicators at >= 90% compliance

To deliver the best possible **Experience** for patients and staff.

- 75 % of patients recommend us in the family friends test
- Staff survey results in upper quartile
- Patient satisfaction surveys in upper quartile
- Excellence in Patient Led Assessments of Care Environments (PLACE)
- One to one care in established labour 90% of the time
- Women receiving pain relief of choice 90% of the time

To deliver **Innovative** services to patients.

- Ensuring that Liverpool Women's maintains and enhances it's Research and Development profile
- Ensuring that Liverpool Women's is involved on the development of innovative practice
- Ensuring that Liverpool Women's is at the cutting edge of introducing innovative practice

Each year, through our Quality Account, we will report on performance against these our agreed priorities. Through this process we will also set out our improvement priorities, with measurable targets for the forthcoming years.

Midwife Kimberley Farrell (centre) was awarded the Patient Experience Award at the Trust's Focussing On Excellence Awards in March, this award involved patients nominating members of staff who they felt had provided excellent care.

Clinical Indicator Priorities for 2013-14

As noted amongst the wider priorities for 2013-14 and beyond, described in the Quality Strategy section above, the Trust is committed to improving or maintaining performance against the following **clinical** indicators:

- VTE assessment >=95% compliance
- Incidence of Gynaecology surgical site infections
- Incidence of multiple pregnancy maintained at <=10%
- Number of babies born with Apgar scores < 4 at more than 34 weeks gestation
- Reduce number of instances of Cord Ph< 7.00 at delivery
- Zero incidence of Trust attributable MRSA bacteraemia and Clostridium difficile infection
- Reduction in severity of medication errors
- Reduce readmission rates in Gynaecology
- Maintain zero incidence of non cancer related deaths in Gynaecology
- Increase Biochemical pregnancy rates for patients receiving fertility treatments by 5% over 5 years
- Reduction of brain injury in preterm infants
- Perinatal mortality comparative to national average
- Stillbirth rate comparative to national average
- Nursing and Midwifery Indicators at >=90% compliance

We are all aware of the importance of Quality in health care and this has been brought sharply into focus following the publication of The Francis Report. Quality does not necessarily happen quickly or easily and is something that needs to be part of every working day of every member of NHS staff, no matter what role they contribute to the patient journey. The publication of Quality Reports has been helpful in focussing our attention on quality and driving improvements in our services. We are an aspirational organisation and whilst we are happy to demonstrate our successes we have developed a much greater understanding of how we perform in all areas of practice. Knowing oneself is vital if one is to continue to improve.

- Mr J. Herod, Medical Director

Statements of Assurance

Review of services

During 2012-13 the Liverpool Women's NHS Foundation Trust provided and / or sub-contracted 4 relevant health services, distributed across its Clinical divisions. In 2011-12 the services were delivered via the divisional structure below:

Gynaecology Division:

Gynaecology and Surgical Services

Reproductive Medicine and Medical Genetics

Maternity Division:

Maternity Services and Imaging

Neonatal and Pharmacy

During 2012-13 The Trust further restructured its Clinical Divisions, combining Gynaecology with Maternity Services and Imaging and the Neonatal Unit and Pharmacy and creating a new Division comprising the Hewitt Fertility Centre (Reproductive Medicine) and Medical Genetics, service which includes the Regional Cytogenetics and Molecular Genetics services already managed and hosted by the Trust and the Clinical Genetics service currently managed by this Trust but hosted by the Royal Liverpool Children's Hospital, Alder Hey; the latter is expected to re-locate to the Liverpool Women's site during 2013/14.

Highlights for Genetics Services in 2012-13 included:

Clinical Genetics:

- Design of a new service model to allow a smoother and more efficient patient journey with an enhanced patient experience
- Entering data into the National Quality Dashboard which has demonstrated that we operate a quality service
- As part of the national Quality Data collection we wrote and delivered the first national clinical genetics audit on the cardiac genetics services provided across the country. The audit was a success.
- Business case approved to move clinical Genetics to LWH.
- Re-accredited as a practice Development Unit.

Laboratories:

- Increase in number of genotyping tests by 9.5%
- Activity for SLA funded work from local Trusts increased by 6.3%, whilst tests for out of region cases rose by 16.6%
- Performance was improved on 2011-12 across all reporting time targets
- Both laboratories maintained their full accreditation status following a very successful inspection by CPA (UK) Ltd in September 2012
- The laboratory received excellent support from the Trust capital programme including the purchase of a new "Next Generation Sequencer (NGS)". This exciting new technology allows the analysis of up to a 100 genes simultaneously and will have a significant impact on the quality of services with benefits to patients in terms of improved detection rates and more accurate diagnoses.

Developments for 2013-14 include

Clinical Genetics

- Incorporation of the Countess of Chester service
- Move to LWH site
- Implementation of new service model

Laboratories:

- The laboratory plans to complete the implementation of the NGS and develop new services for panels of genes. We will build on a small research project completed in 2012-13 that successfully analysed 125 genes simultaneously in 10 patients with paediatric neurological conditions (Epilepsy, Neuropathy and Spastic Paraplegia). This will be developed into a service that will be offered across the UK. NGS based tests are also planned for inherited deafness and other neurological conditions.
- The laboratories are also actively planning to look at the use of next generation sequencing technology for non-invasive prenatal diagnosis. This testing uses the fact that small amounts of DNA from a baby are found in the mother's blood stream and testing can replace existing invasive test procedures such as chorionic villus biopsy and amniocentesis where there is a small risk of miscarriage.

Each Clinical Division reports to the Clinical Governance Committee, which is a sub-committee of the Board of Directors. Their Clinical Governance leads report on their self-selected clinical outcome indicators categorised into Patient safety, Clinical effectiveness and Patient experience.

These indicators are part of the divisional dashboard and form part of the monthly performance and assurance report to the Board of Directors. Some of the indicators are benchmarked with the CHKS[5] national data or other specialty organisations. Data collected has influenced the organisation as identified in its improvement initiatives for 2013-14 and beyond.

The data reviewed aimed to cover the three dimensions of quality – patient safety, clinical effectiveness and patient effectiveness. Data has been available to achieve this in most cases, however, as the report highlights the Trust has experienced difficulty in accessing data relevant to some of the National Core Indicators, where data has not been available this is explained (see Core Quality Indicators section).

The Liverpool Women's NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 4 of these relevant health services.

The income generated by the NHS services reviewed in 2012-13 represents 100% of the total income generated from the provision of NHS services by Liverpool Women's NHS Foundation Trust for 2012-13.

Clinical Audit:

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

5 CHKS is a part of Capita plc's health division; they have been independent providers of healthcare benchmarking intelligence and quality improvement services since 1989.

National Clinical Audit and Confidential Enquiries

During 2012-13 three national clinical audits and no national confidential enquiries covered relevant health services that Liverpool Women's NHS Foundation Trust provides.

During 2012-13 Liverpool Women's NHS Foundation Trust participated in 100% (3 out of the 3) national clinical audits. [NB. During 2012-13 there were no Confidential Enquiries that were applicable to this trust. (NCEPOD)].

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust was eligible to participate in during 2012-13 are as follows:

National Clinical Audits

Peri-and Neo-natal

Neonatal intensive and special care (NNAP)

Blood transfusion

National comparative audit of the labelling of blood samples for transfusion

(National Comparative Audit of Blood Transfusion)

Long term conditions

Heavy menstrual bleeding (RCOG National Audit of HMB) (1yr follow up facilitated by Royal College)

Confidential Enquiries

None

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in during 2012-13 are as follows:

National Clinical Audits

Peri-and Neo-natal

Neonatal intensive and special care (NNAP)

Blood transfusion

National comparative audit of the labelling of blood samples for transfusion

(National Comparative Audit of Blood Transfusion)

Long term conditions

Heavy menstrual bleeding (RCOG National Audit of HMB) (1yr follow up facilitated by Royal College)

Confidential Enquiries

None

The report of one national clinical audit was reviewed by the provider in 2012-13 and Liverpool Women's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. (The review being limited by the awaited receipts of the other reports).

National Comparative Audit of Blood Transfusion

Actions

- Staff awareness to all staff involved in delivering blood transfusions.
- The trust has implemented a process where any patient who is transfused without wearing a form of complete and correct identification is considered to have been placed at serious risk. An incident report is completed and the circumstances investigated, taking corrective action where necessary
- All patients undergoing a blood transfusion MUST have pre-transfusion observations recorded in accordance with hospital blood transfusion policy.
- Additionally, further observations MUST be documented at 15 minutes and at the end of the transfusion
- All members of clinical staff involved in blood transfusion are trained and have competencies assessed according to Better Blood Transfusion (BBT3 HSC) and National Patient Safety Agency (NPSA notice 14) recommendations

The national clinical audits and national confidential enquiries that Liverpool Women's NHS Foundation Trust participated in, and for which data collection was completed or ongoing during 2012-13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Neonatal intensive and special care (NNAP): 1302 Eligible and 1302 entered (100%)

National comparative audit of the labelling of blood samples for transfusion (National Comparative Audit of Blood Transfusion): The number of patient blood transfusion samples received into the 3 month National comparative audit of the labelling of blood samples for transfusion' was 2608, this is 100% of all eligible samples.

Heavy Menstrual Bleeding (HMB) 1yr follow up audit is facilitated by the Royal College and the Trust has no involvement at this stage.

The Trust supported the national Give Blood campaign during the summer of 2012.

Trust wide Audits

There are currently 114 local Clinical Audits "live" within Liverpool Women's NHS Foundation Trust (registered during 2012/2013):

- 52 clinical audits are still in progress
- 13 clinical audits have been undertaken and both report and action plans have been completed
- 24 audits have been undertaken and have evidence of implementation from the audit report and actions plans.
- 23 clinical audits are still waiting to start
- 2 planned audits have been abandoned

The reports of 99 local clinical audits were reviewed by the provider in 2012/13 and Liverpool Women's Hospital intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions implemented
Audit to review the effectiveness of the Enhanced Recovery Pathway for post-operative oncology patients No. 2012/030	Updates in Enhanced Recovery pathways
Audit of procedures in hysteroscopy No. 2012/010	Hysteroscopy database has been modified and users informed of changes
Re-audit of diagnosis and referral of gestational trophoblastic disease at LWH 2011 No. 2012/018	Database is now checked following registration to confirm complete data.
Audit of the Rapid Access Clinic	Clinicians write to GP's generating inappropriate referrals to up skill their gynaecology knowledge/CPD. Principal investigator presents results to Community GP's.
Audit of VTE and Fragmin Compliance in patients undergoing hysterectomy	VTE scoring system and fragmin dosage now displayed on laminates in all relevant clinical areas. Daily review of fragmin prescribing continues on gynae wards as routine and led by pharmacy. VTE risk assessment proforma was redesigned and implemented. Pre-op staff received adequate induction in using the new proforma May 2012. New guidelines developed for VTE
Audit of Clinical letters prior to gynaecological routine surgery	This issue has been escalated by gynae business manager to A & C Lead and Director level and put on the Divisional Risk Register as a High Risk It has been agreed that no one else moves jobs (as staff are moving gaps are being left), extra resources are identified to clear backlogs, Other gaps are filled - Hewitt and Clinical Genetics seemed worse hit, that staff can only move to new jobs if old duties covered. Progress is being monitored weekly.
Re-audit to assess current ultrasound practice and to inform compliance to FASP standards (No: 2012/072)	Copies of Information Poster now placed in each ultrasound room to remind Sonographers about recording the 6 ultrasound images specified in FASP Standard 6.2

Audit Title	Actions implemented
Outcomes for Congenital Diaphragmatic Hernia (No: 2011/033)	Implemented a standard protocol for management of Congenital Diaphragmatic hernia
Management of PDA (No: 2011/038)	Audit proved best practice, no changes required. Re-audit not required.
CPAP management on the neonatal unit (previously titled: Evaluation of nasal injuries caused by nCPAP) (No: 2011/051)	Now standardise care re use of chin strap, suction, free drainage by new CPAP guidelines. Incorporated into new guidelines pictures of good positioning, sized hats/ prongs for reference by staff. Developed a CPAP quality team to provide clinical supervision and education to staff re correct sized hat, prongs/mask
BCG vaccination audit (No: 2011/055)	New rota devised. Midwife responsible for BCG to inform manager if unable to be free from other clinical responsibilities. Improved communication of BCG immunisation information to TB team. Structure and funding reviewed of the neonatal BCG service with HPA and PCTs.
Antibiotic use in infants with Negative Blood cultures on the Neonatal Unit (No: 2011/064)	Audit proved best practice no changes required.
Audit of traceability of blood products between AHCH and LWH (No: 2011/067)	Further education/training of staff regarding procedures and guideline. All blood to go into fridge regardless of whether it is to be used immediately or for storage.
Assess compliance with LWH guidance on Insulin treatment (No: 2012/001)	Audit proved best practice and no changes required.
2 year follow up of premature neonates (<30 weeks gestation) (No: 2012/027)	Changed procedure for recording data of two year follow-up documentation.
To assess compliance with the NPSA/2010RRR013 'Safer use of Insulin' guidance (No: 2012/055)	Changes in ordering system procedures. Ensuring continuing education and monitoring of compliance with insulin prescribing and reporting system
Audit of diagnostic genetic testing for hypertrophic cardiomyopathy and Long QT syndrome A National Audit No. 2012/024	Newly improved documentation of pedigrees. Newly improved documentation of discussion of possible genetic test results.
Re-audit of the Cheshire and Merseyside Genetic Service Protocol for Urgent Prenatal referrals No. 2011/030	New policy written to reflect recommendations identified within the audit and current practice. (Cheshire and Merseyside Clinical Genetic Service Protocol for Urgent Prenatal Referrals Version 4 31.08.12) Developed a booking in/out sheet to capture significant telephone contacts and to specifically define significant contact.
Clinical Genetics Send away Tests Audit No. 2011/054	Now feed back to the clinicians the importance of discussing send aways at the Send Aways Meeting.

Audit Title	Actions implemented
Audit to review sperm donor bank against HFEA requirements for use and outcome of donor sperm No. 2012/015	No changes needed (we are working to the regulations). Recommendation is that the database needs to be made more clinically useful.
Audit of activation of major haemorrhage pathway (NW Regional Transfusion Pathway) No. 2011/017	Rotational Thromboelastometry machine (ROTEM) pathway developed as improved part of massive haemorrhage pathway toolkit. Now monitor monthly request and usage of allogenic blood – more rapid correction of coagulopathy may lead to reducing the requirements for Packed Red Cell Transfusion. Now monitoring monthly request and usage of blood clotting products – using ROTEM enables 'targeted' transfusion of clotting products, with more rapid resolution of coagulopathies using fibrinogen concentrate.
Management of Perioperative Anaemia in Gynae' Pre-op No. 2011/065	New guidelines developed for Hospital Transfusion Education package developed
Pain after Caesarean section audit of transverse abdominus plane and rectus sheath block as part of multi-modal analgesia during post-partum period No. 2011/018	New guidelines implemented for TAP blocks to be used after c-section under GA.
Cell salvage in maternity and Gynaecology Theatres 2011 No. 2011/031	Audit proved best practice, no changes required.
Dural Tap and obstetric anaesthesia data collection.	Audit proved best practice, no changes required.
Urinary incontinence in women	New system being trialled where patients are telephoned to remind them to attend follow up appointments to help reduce DNA's. Patient information leaflet to include clearer information on importance of completing bladder diary.
Antibiotics IV to oral switch (5 day each)	System set up to provide monthly reporting, which is discussed and actioned at Monthly Medicines Management Committee meetings
Antibiotics Prophylaxis (5 day each)	System set up to provide monthly reporting, which is discussed and actioned at Monthly Medicines Management Committee meetings
Antibiotics Administration (5 day each)	System set up to provide monthly reporting, which is discussed and actioned at Monthly Medicines Management Committee meetings
Antibiotics Course length (5 day each)	System set up to provide monthly reporting, which is discussed and actioned at Monthly Medicines Management Committee meetings

The Trust's Urinary Incontinence team were shortlisted for a Nursing Times Award in November 2012.

Clinical Research - Improving patient outcomes through 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. The Trust also recognises that research is of the utmost importance in achieving cost improvement measures across the NHS. The White Paper Equity and Excellence: Liberating the NHS (DH July 2010) highlights that "Research is even more important when resources are under pressure; it identifies new ways of preventing, diagnosing and treating disease. It is essential if we are to increase the quality and productivity of the NHS and to support growth in the economy".

In 2012-13 we have continued our efforts to contribute to quality National Institute for Health Research (NIHR) studies and to increase subsequent 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.

The number of patients receiving NHS services provided or sub-contracted by Liverpool Women's NHS Foundation Trust in 2012-13 that were recruited during the period 1st April 2012 to 31st March 2013 to participate in research approved by a research ethics committee was 2,864 of which, 2,169 were recruited into NIHR portfolio studies.

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.

Liverpool Women's was involved in conducting 108 clinical research studies across our speciality areas of maternity, neonates, gynaecology oncology, general gynaecology, reproductive medicine and genetics during 2012-13. At the end of 2012-13 a further 25 studies were in set up including 4 industry studies (one in anaesthesia, one in neonates, and two gynaecology).

Clinical research leads to better treatments for patients. At Liverpool Women's we focus our research efforts on answering pressing questions, with an emphasis on translational research. A number of studies being led by Liverpool Women's were completed during 2012-13, the results of which may have a direct impact on clinical practice. Studies completed during this period which are likely to have a direct bearing on healthcare delivery, recruited 1010 patients. These studies were concerned with neonatal nutrition, assisted conception, antimicrobial use in neonates, cancer biomarkers, and patient experience (parents of sick babies). We continue to lead on a number of studies, including studies adopted onto the NIHR portfolio, which will influence healthcare delivery in antimicrobial use in neonates, intrapartum care (cord clamping), uterine/myometrial physiology, endometriosis and foetal medicine.

There were 74 clinical staff contributing to research approved by a research ethics committee at Liverpool Women's during 2012-13. These staff contributed to research covering a broad spectrum of translational research from basic research at the laboratory bench, through early and late clinical trials, to healthcare delivery in the community.

Our research has contributed to the evidence-base for healthcare practice and delivery, and in the last year, 92 publications have resulted from our involvement in research (with 27 NIHR publications), which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Clinical Quality and Innovation (CQUINs)

A proportion of the Liverpool Women's NHS Foundation Trust's income in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between Liverpool Women's NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The CQUIN indicators were negotiated and agreed following discussions between the Trust and Liverpool Primary Care Trust (LPCT), the host commissioner. These indicators reflect the key issues in the local health economy and National Health issues. Progress against these indicators was reviewed in detail at set intervals throughout the year.

At March 2013, the Trust was anticipating the receipt of £1,767,961 of CQUIN funding reflecting 100% achievement of agreed quality indicators with Liverpool PCT and Associates, North West Specialised Commissioners and West Midlands Specialised Commissioners. A further payment of £99,355 was also paid in relation to the previous year's CQUIN targets for which the Trust demonstrated it had achieved.

Further details of the agreed CQUIN targets for 2012-13 and for the following 12 months are available on request from the Director of Nursing, Midwifery and Patient Experience. Alternatively, further information can be found at the following web site:

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html (Please note that the Institute for innovation and improvement ceased to be at the end of March 2013. This website will remain until the end of June 2013, thereafter hosting of the content is expected to transfer to the NHS England. After 30th June 2013, we suggest internet searches for the information use the following search criteria: NHS England, CQUINs, 'CQUIN framework', 'CQUIN schemes' and 'CQUIN indicators'.

About Our CQUIN Measures

Our CQUIN measurement dashboard is a tool that we use for internal monitoring of some of our quality improvement initiatives and whilst we are happy for this information to be published, the fact that this is an internal monitoring means it is important that we provide some explanation of what is being viewed. The dashboards show the TV (Target Value) for each measure and RAG rate results as follows Green = target value achieved or exceeded, Amber = within 10% of target / improving but further improvement needed, Red = falling short of target by more than 10% / No improvement.

Each year the Trust agree a series of quality improvement targets with the local Commissioners and these will generally be implemented over the course of the following 12 months.

In order to do this we will need to make changes within our organisation and this inevitably takes time. Sometimes the changes we need to make take just a few weeks but others can take us a whole year.

Regardless of the changes we are making and the time it takes to implement them, we will try to monitor the changes straightaway. Many of our measures, therefore, show us apparently under-performing when, in fact, it is simply that we are making the changes within the organisation but they have yet to be fully implemented.

Another aspect of our monitoring system is that occasionally we will make changes in the middle of the year that will inevitably impact on our performance. We may need to implement training programmes for our staff in order to familiarise themselves with new ways of working and, therefore, our activity may be affected whilst we introduce and embed those changes.

Regardless of the changes that are being made, we continue to monitor them as our monitoring system provides an effective method of judging how successful our changes have been.

We can also reach the end of the year and the data or information that informs us of any changes may not yet be available to us at the time and so cannot be published within this report.

A summary of the Trust's performance against CQUIN targets is provided as follows:

Patient Experience

There are a number of key questions which are known to be important to patients and where past data indicates there is room for improvement across England. To supplement the annual inpatient survey, the Trust agreed to monitor 5 key questions on a monthly basis which would be asked as part of the Nursing and Midwifery indicators and are, therefore, asked on a monthly basis. The results of those surveys are shown below:

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
Do you feel you were involved as much as you wanted to be in the decisions about your care?												
Actual Achieved				92.72	97.61	99.16	97.79	96.72	97.45	94.59	99.2	98.37
If you had worries or fears, did you find someone on the hospital staff to talk about them?												
Actual Achieved				96.22	97.27	100	96.72	94.28	98.05	98.09	99.13	100
Were you given enough privacy when discussing your condition or treatment?												
Actual Achieved				96.36	95.23	98.34	97.05	98.36	95.76	97.29	99.20	96.74
If you were given medication to take home, did a member of the hospital staff tell you about the side effects to look out for?												
Actual Achieved				85.10	100	97.72	94.87	91.89	91.17	89.74	91.89	95.23
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?												
Actual Achieved				92.30	91.83	94.84	91.66	98.75	93.05	93.75	98.82	98.79

Venous Thromboemoblism (VTE)

VTE is a significant cause of mortality, long-term disability and chronic ill health. It was estimated in 2005 there were around 25,000 deaths from VTE each year in hospitals in England and VTE has been recognised as a clinical priority for the NHS by the National Quality Board and the NHS Leadership Team.

The Trust monitors the proportion of patients who receive a VTE assessment and then, where a VTE risk is found, monitors the proportion of patients who received appropriate prophylaxis to manage that risk. Where a patient is confirmed as having a VTE then the Trust is expected to implement root cause analysis on each and every case. The table below shows the Trust monthly performance for VTE.

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
2.1 All adult inpatients to be risk assessed for VTE. TV>=90%												
Actual Achieved	95.4	96.7	95.7	95.8	96.3	96.3	95.1	95.4	95.1	95.6	95.5	95.0
2.2 Patients assessed as High Risk for VTE to receive appropriate Prophylaxis. TV>=95%												
Actual Achieved	97.8	90.7	100.0	100.0	100.0	100.0	100.0	100.0	95.2	100.0	100.0	100.0
2.3 Ensure Root Cause Analysis is undertaken on all cases of VTE or PE. TV>=100%												
Actual Achieved	NIL	NIL	NIL	NIL	100.0	NIL	NIL	NIL	NIL	NIL	NIL	NIL

NHS Safety Thermometer

Participation in data collection using the NHS Safety Thermometer is an important step for organisations in reducing harm. The NHS Safety Thermometer is a collective measure of key aspects of care which include falls and catheter infections. The Trust is required to upload data to a central NHS repository and this CQUIN measure is a reflection of our performance against that target.

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
3.1 Upload NHS Safety Thermometer data to information Centre TV=Monthly Upload for all Months from July 2012 - March 2013												
Actual Achieved	N/A	N/A	N/A	Uploaded	Uploaded	Uploaded	Uploaded	Late	Uploaded	Uploaded	Uploaded	Uploaded

Dementia

Dementia is a significant challenge for the NHS - 25% of beds are occupied by people with dementia, their length of stay is longer than people without dementia and they often receive suboptimal care. Half of those admitted to hospital with dementia have never been diagnosed prior to admission and other causes of cognitive impairment such as delirium or depression are often missed. The aim of this CQUIN measure is to ensure that patients with Dementia are identified early so that the most appropriate onward care can be provided. Although the systems have been set up to manage the patients, a Trust the size of the Liverpool Women's Hospital will see very few patients that fall into the high risk group:

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
4.1 Undertake initial assessment of Emergency admissions TV>=90%												
Actual Achieved	0	NIL	0	0	NIL	100	100	NIL	100	100	100	100
4.2 Ensure diagnostic assessment of relevant patients TV>=90%												
Actual Achieved	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
4.3 Ensure onward referral of relevant patients TV>=90%												
Actual Achieved	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Discharge Management

It is important, once a patient has been seen at the Liverpool Women's Hospital, to ensure that their ongoing care is managed appropriately so it is important that a patient's General Practitioner is aware of the treatment the patient received during their stay. Timeliness of that correspondence is also important and so the CQUIN will measure the proportion of Discharge Summaries that are sent to the patient's GP within 24 hrs. as well as measuring the proportion of Discharge Summaries offered to the patient on discharge:

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
5.1.1 Discharge Summaries to contain minimum dataset TV>=98%												
Actual Achieved	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5.1.2 Discharge Summaries to be sent to GP within 24 hours TV>=95%												
Actual Achieved	98.6	97.9	98.8	99.1	97.4	98.9	98.1	96.8	98.6	96.9	98.2	98.2
5.1.3 All patients to be offered a copy of their discharge summary TV>=95%												
Actual Achieved	97.6	97.4	98.6	98.9	98.9	98.3	98.4	97.3	97.8	97.6	98.5	96.7
5.2 Transmission of standard outpatient correspondence from provider to primary care via the Merseyside Message Hub												
Actual Achieved	Requirement Met			Requirement Met			Requirement Met			Requirement Met		

Medicines Management

The Trust has been asked to implement monitoring of some Medicines Management practices in order to ensure good value for money in the use of prescription medicines. This CQUIN is a measure of that activity

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
6.1 Prescribing in line with local interpretation of NICE guidance specified by commissioner												
Actual Achieved	Progressing			Problems but still progressing			Progressing			Progressing		
6.2 Minimum dataset supplied for PBR-excluded recharged from provider to commissioner												
Actual Achieved	Progressing			Problems but still progressing			Progressing			Progressing		

Harm Free Care

The principles of Harm Free Nursing Care centre on recognising the contribution nurses make to patients' lives. This indicator aims to ensure that nurses are supported and facilitated in the delivery of high quality patient care. Acknowledging and valuing high quality patient care delivery by nurses is accepted as a key contributor to improving job satisfaction and the improvement of staff health and wellbeing. Harm Free Nursing Care is achieved through a shared nursing vision, nursing leadership and demonstration of shared nursing values in patient care delivery. The Trust monitor a number of related but independent measurement that assess the front line nursing and midwifery care that patients receive.

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
7.0 Implement Energising for Excellence												
Actual Achieved	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
7.1 Root Cause Analysis to be undertaken on all Grade 2 Pressure Ulcers TV=100%												
Actual Achieved	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
7.2.1 All adult inpatients to be risk assessed for Falls TV>=98%												
Actual Achieved	84.44	96.28	90.77	94.69	92.53	94.38	98.37	96.67	95.47	94.17	97.11	91.51
7.2.2 Adults at risk from Falls to have an appropriate careplan TV>=100%												
Actual Achieved	100.0	75.0	100.0	50.0	NIL	80.0	71.4	100.0	100.0	100.0	60.0	100.0
7.2.3 Root Cause Analysis to be undertaken on all relevant Falls TV>=100%												
Actual Achieved	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
7.3.1 All elective admissions to be screened for malnutrition TV>=95%												
Actual Achieved	80.2	97.0	95.0	94.4	94.4	95.0	97.3	95.8	94.5	96.4	98.2	91.6
7.3.2 All non-elective admissions to be screened for malnutrition TV>=90%												
Actual Achieved	80.5	89.8	81.9	95.0	90.6	91.37	97.5	100	92.7	88.4	94.4	93.0
7.3.3 High Risk nutrition patients to receive Careplan TV=100%												
Actual Achieved	77.7	88.8	63.1	87.5	72.7	76.9	83.3	84.2	85.7	66.6	52.3	58.8
7.3.4 High Risk nutrition patients to receive Dietician Referral TV=100%												
Actual Achieved	66.6	94.4	84.2	93.7	90.9	100	94.4	89.4	92.8	100	76.1	88.2
7.5 Implement Boorman Health and Well-being report												
Status	Progressing			Progressing			Progressing			Progressing		
7.6 Reduce the number of post C-Section Infections TV>=10												
Actual Achieved	1	0	0	2	0	1	1	4	2	0	1	1
7.7.1 Increase the number of staff to participate in the training programme supporting physiological birth												
Actual Achieved	72%	70%	70%	71%	71%	73%	71%	60%	72%	91%	89%	89%
7.7.2 Increase from 2011/2012 the number of women at approx 36 weeks offered an appointment where choice of birth is discussed TV>=53%												
Actual Achieved	55.3	55.2	55.0	56.6	52.8	56.5	54.9	57.7	61.1	59.2	61.6	72.3
7.7.3 Demonstrate an increase in normal births during 2012/2013 TV>=76%												
Actual Achieved	74.5	76.1	74.2	75.6	75.4	72.7	72.2	76.4	74.3	75.2	71.4	73.9

End of Life Care

Deciding where to die is very difficult for terminally ill patients and their families but the place of death can have an enormous impact on the quality of the patient's last few days. This CQUIN measure monitors how the patients are monitored against a number of network wide targets, which focus on ensuring the patient receives the best care possible at the end of their life.

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
7.4.1 End of Life - Patients are cared for on LCP TV>=35%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	NIL	100%	100%
7.4.2 End of Life - Evidence of Preferred Place of Care Assessment TV>=95%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	100%	100%	100%
7.4.3 End of Life - Patient has personalised care plan TV>=98%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	100%	100%	100%
7.4.4 End of Life - Patient died in preferred place of care TV>=70%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	100%	100%	100%
7.4.5 End of Life - End of Life - Pain assessed and controlled TV>=80%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	100%	100%	100%
7.4.6 End of Life - Symptoms assessed and controlled TV>80%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	100%	100%	100%
7.4.7 End of Life - Fax sent to GP to support care template TV>=80%												
Actual Achieved	100%	100%	100%	NIL	100%	100%	NIL	NIL	NIL	100%	100%	100%

Maternity Optimum Care Package

A number of measures incorporating patient care and patient experience have been implemented under the heading of Optimum Care Package. This group of measures focuses on the clinical and personal experience of maternity patients.

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
8.1 Patients to be assessed for clinical triage < 30 minutes of arrival TV>=98%												
Actual Achieved	38.1	82.0	72.5	80.7	95.0	98.6	94.9	96.9	96.8	98.1	85.7	78.3
8.2 Optimum Care Package Questionnaire Rate												
Actual Achieved	1.3	1.2	1.3	5.5	8.1	4.6	2.8	10.5	1.6	14.1	6.5	4.1
8.2.1 Patients to be offered an Optimum Pain Management Questionnaire of Community Discharge												
Actual Achieved	100	100	100	100	100	100	100	100	100	100	100	100
8.2.2 Optimum Care Package Questionnaire Question: Did you ask for Pain Relief?												
Actual Achieved	90	90	100	84.1	93.3	91.4	76.2	86.4	83.3	88.8	88.0	90.9
8.2.3 Optimum Care Package Questionnaire Question: If yes, did you receive it quickly?												
Actual Achieved	77.7	77.7	80	100.0	92.5	90.6	75.0	87.1	100.0	90.0	88.9	93.3
8.2.4 Optimum Care Package Questionnaire Question: If yes, did it work as well as thought?												
Actual Achieved	88.9	88.9	88.9	95.1	87.7	96.7	76.2	83.3	100.0	87.0	80.0	87.1

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
8.2.5 Optimum Care Package Questionnaire Question: During L/B, how god were staff at managing pain?												
Actual Achieved	88.9	88.9	88.9	97.7	100.0	100.0	85.7	98.8	100.0	100.0	100.0	97.0
8.3.1 Reduce Length of Stay for Vaginal Births - 12 hours TV>=22%												
Actual Achieved	23.1	21.6	23.1	21.7	20.5	20.3	19.4	18.2	21.5	19.1	21.6	18.7
8.3.2 Reduce Length of Stay for Vaginal Births - 24 hours TV>=44%												
Actual Achieved	44.42	47.90	46.16	44.03	42	47.28	46.85	46.76	50.77	45.55	43.73	42.61
8.4 Patients to be offered Environment, Privacy, Dignity Questionnaire on community discharge												
Status	100	100	100	100	100	100	100	100	100	100	100	100
8.5 Skin to Skin contact - 1 hour												
Actual Achieved	52%			47%			55%			61%		

Registration with the Care Quality Commission (CQC)

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

The CQC assessed the Trust in its national review of Termination of Pregnancy services in March 2012 and reported later in the year that the Trust was compliant with requirements in relation to Termination of Pregnancy.

Statements from the CQC

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

The Care Quality Commission did not take any enforcement actions against Liverpool Women's NHS Foundation Trust during the 2012-13 reporting period.

Liverpool Women's NHS Foundation Trust participated in a national review of Termination of Pregnancy (TOP) service providers by the CQC during the reporting period. This covered outcome 21 'Records' and the Trust was confirmed to be compliant with requirements in relation to Termination of Pregnancy.

The Trust is assured that it satisfies the CQC registration requirements through its monitoring of its CQC Quality & Risk Profile (QRP).

Data Quality

The Liverpool Women's Hospital NHS Foundation Trust submitted records during 2012-13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data, which included the patient, valid NHS Number was:

- 97.8% for admitted patient care
- 100% for Outpatient care; and
- 96.6% for accident and emergency care.

Which included the patients valid General Practitioner Registration Code was:

- 99.9% for admitted patient care
- 100% for Outpatient care; and
- 99.9% for accident and emergency care

Patients with valid postcode:

- 99.5% for admitted patient care
- 100% for Outpatient care; and
- 98.1% for accident and emergency care

Information Governance Toolkit attainment levels

The Liverpool Women's Hospital NHS Foundation Trust's Information Governance Assessment Report overall score for 2012-13 was 77% and was graded 'Green' (satisfactory). The Trust achieved Level 3 in 15 requirements and Level 2 in 30 requirements.

This represents a significant improvement from the score of 62% and "not satisfactory" that the Trust was graded at in March 2012. The progress is evidence of the Trust's commitment to Information Governance and its increased focus on it.

The Trust is aiming to solidify this position for future assessments. It has an Action Plan in place to ensure continued positive assessments of its robust management of Information Governance.

Clinical Coding

Liverpool Women's NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Percent of spells changing HRG - 8%

Clinical coding error rates:

- Primary Diagnoses Incorrect - 11.8%
- Secondary Diagnoses Incorrect - 11.9%
- Primary Procedures Incorrect - 18.2%
- Secondary Procedures Incorrect - 3.4%

It is important to note that these results cannot be extrapolated further than the actual sample audited.

The results are lower than the 2011/12 audit which was based on 200 episodes. The results are summarised below:

- Percent of spells changing HRG - 6.5%

Clinical coding error rates:

- Primary Diagnoses Incorrect - 5%
- Secondary Diagnoses Incorrect - 7.4%
- Primary Procedures Incorrect - 0%
- Secondary Procedures Incorrect - 3.2%

The clinical coding department has gone through significant changes over the last 12 months but now has new management and a robust internal audit plan for 2013/14. Clinical coders will be undergoing extra training with a view to clinical coders sitting the National Clinical Coding Qualification exam in March 2014. The 2012-13 Information Governance Clinical Coding audit provided positive results and was in line with level 2 requirement of the IG toolkit.

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

- Publication of Monthly Data Quality dashboard at the Information Governance and Data Quality Committee.

Core Quality Indicators

Monitor has mandated a number of core indicators for Trusts to include within the Quality report where data is available from the Health and Social Care Information Centre (HSCIC) and relevant to the organisation's service portfolio.

Where this information is available from the HSCIC (or failing that, internally or from another external source) it is included below. Where no corresponding data is available this is explained under the individual section heading.

Summary Hospital Mortality Indicator and percentage of deaths with palliative care coded at either diagnosis or speciality level for 2012-13

Searches of the HSCIC website and others have revealed that data for neither of these indicators are available for Liverpool Women's NHS Foundation Trust. It is not possible to produce Readmission standardised data locally, so the Trust is unable to present data against this indicator. However this report does report on Mortality Rates in Gynaecology.

Reported Outcome Measures for Groin, Varicose Vein, Hip replacement and Knee Replacement Surgeries

These surgeries are not undertaken within this Trust and hence the indicators are not relevant to this report.

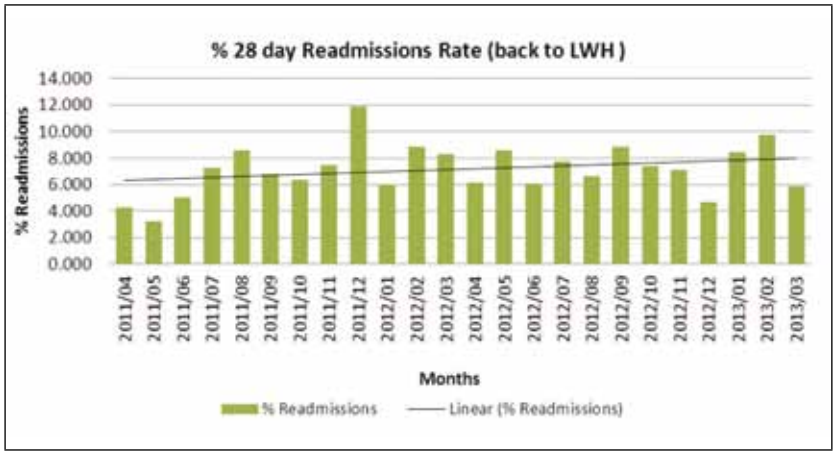
Readmission within 28 days of discharge from hospital

Rationale for Indicator: Mandated core indicator

Measure Summary: Percentage of emergency admissions to this hospital occurring within 28 days of a previous discharge from this hospital.

Technical Descriptor: Monitor - Percentage of emergency admissions to a hospital that forms part of the trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the trust.

The number of inpatients (staying in hospital at least overnight) who were not neonatal or obstetric admissions and did not die or have a diagnosis of cancer, who were subsequently readmitted to this hospital as an emergency admission within 28 days of their prior discharge.



STABLE

(New Indicator)

2011-12		2012-13	
Month	**% Readmissions**	**Month**	**% Readmissions**
04/11	4.26	04/12	6.11
05/11	3.22	05/12	8.57
06/11	5.01	06/12	6.08
07/11	7.24	07/12	7.78
08/11	8.59	08/12	6.64
09/11	6.80	09/12	8.90
10/11	6.36	10/12	7.42
11/11	7.49	11/12	7.14
12/11	11.85	12/12	4.70
01/12	6.02	01/13	8.46
02/12	8.86	02/13	9.76
03/12	8.29	03/13	8.17
Average	**7.0**	**Average**	**7.34**

Commentary:

This is a newly mandated measure introduced for quality accounts 2012-13, the data has not been collected or monitored previously. The prescribed Monitor definition requires data external to the Trust and the Trust has searched widely to source the data, but in common with other establishments has been unable to secure it. Readmission data was found to be included in the Hospital Episode Statistics (*http://data.gov.uk*), but was only available to 2009-10. Following discussions with the independent auditors it was agreed that data matching the DH definition, available from internal sources could be presented and this is shown above.

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

The data is obtained from the Inpatient Commissioning Dataset, which is an authoritative record of Trust activity

- The data excludes only codes for re-admissions of maternity patients, who would be admitted to their local acute Trust for adults post delivery rather than to this Trust, neonatal patients who would be admitted to the local children's hospital or an acute trust with paediatric services and those patients who have sadly died and consequently would not be readmitted to any hospital.

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

- Adopting this new indicator for readmissions for regular monitoring and investigation where appropriate.

Responsiveness to the personal needs of inpatients

Rationale for indicator: Mandated core indicator.

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

Technical Descriptor: An equally weighted average of the responses to the following 5 questions in the survey expressed as a score out of 100.

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

The following table shows the Trust's performance against this measure with data available from 2003 to 2012. Included in the data is the average score for the Trust's host SHA, data for the same period for Birmingham Women's Hospital (its recognised benchmark Trust) and the national average and range.

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

Commentary

The Trust has shown a consistently above average performance against this measure compared to both the SHA and National data. It has also performed well in comparison to the benchmark Birmingham Women's Hospital.

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

- The data was secured from the National tool for this measure.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by the completion of monthly Nursing Indicators. These are a set of bespoke questions and assessments that our nursing staff have collate each month.

The questions that are identified in the national survey are also asked of patients in the care setting on a regular basis. This enables locally led remedial plans to address in a timely manner any areas of concern or non-compliance.

The Ward and department managers, are supervisory and therefore have been able to role model the behaviours and attitudes required to provide the very highest standards of care to our patients. This has been supported by an internal development programme

Further work to enhance patient satisfaction include the introduction of intentional rounding, and a bespoke communication training package for all staff within in patient gynaecology

Percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their families

Rationale for indicator: Mandated Core Indicator

Measure Summary: The percentage of LWH staff reporting in the Annual NHS Staff Survey, that they would recommend this Trust as a provider to their friends and family.

Technical Descriptor: Amalgamated total % of staff agreeing and strongly agreeing with the Staff survey statement that they would recommend the Trust as a provider.

Trust / Group	2011-12	2012-13
Liverpool Women's NHS FT	66%	62%
Birmingham Women's NHS FT	71%	78%
Average All Specialist Acute Trusts	86%	85%
Range for All Specialist Acute Trusts	66-96%	62-95%
Average for All Trusts	65%	65%

Commentary

The data for the last two years shows a lower proportion of LWH staff indicating that they would recommend the Trust as a provider to their friends and family than would the staff employed by its benchmark Trust. The LWH result for 2012 was also lower than the average for all Trusts and the lowest score for all Specialist Acute Trusts.

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

- The data was obtained directly from the National NHS Staff Survey Co-ordination Centre detailed spreadsheets (*http://nhsstaffsurveys.com/cms/index.php?page=staff-survey-2012-detailed-spreadsheets*)

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by completing the following components of the organisational development work plan, as follows:

- Comprehensive senior and middle level leadership visibility programme combined with re-launch of revised team brief process to increase two way communication across all areas
- First wave pilot of value based performance development tool to focus on recognising and rewarding value based behaviours alongside continuing focus on ensuring that all staff receive a Personal Development Review that gives feedback on their contribution to patient care and provides an opportunity to discuss and agree relevant personal and professional development needs to be addressed over the following year
- Continued delivery of the leadership and management development programmes for staff at senior and middle levels with the implementation of a specific communications and engagement module, and modules on how to positively manage your own and others behaviour to deliver the best for patients - the impact of which will be measured through the local staff engagement (pulse) survey
- In depth health and well being project to understand from our people's perspective what would make the biggest difference to their health and well being. Specific focus of this project will be on the reduction of work pressure felt by staff and impact of work related stress.
- Comprehensive workforce analysis for each of the services we provide are currently being undertaken to ensure that our staffing model matches that of activity requirements for the services that we currently provide and planning for the future
- Consistent internal promotion and celebration of the achievements and successes of our people such as publication of '100 reasons to be proud of Liverpool Women's', Focussing on Excellence awards, pro-active entry and promotion of excellent practice into external awards.

Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE)

Rationale for Indicator: VTE (a fragment that has broken away from a clot that had formed in a vein) is a significant cause of mortality, long-term disability and chronic ill health. It was estimated in 2005 there were around 25,000 deaths from VTE each year in hospitals in England and VTE has been recognised as a clinical priority for the NHS by the National Quality Board and the NHS Leadership Team. Whilst this indicator had already been adopted y the Trust it has been made mandatory for all Trusts to report in their Quality Report from 2012-13.

Measure Summary: The Trust monitors the proportion of patients who receive a VTE assessment and then, where a VTE risk is found, monitors the proportion of patients who received appropriate prophylaxis to manage that risk. Where a patient is confirmed as having a VTE then the Trust is expected to implement root cause analysis on each and every case. The table below shows the Trust monthly performance for VTE.

Data Source: This measure is part of the Trust's suite of Nursing and Midwifery Care indicators reported under CQuINs.

	2012/04	2012/05	2012/06	2012/7	2012/8	2012/9	2012/10	2012/11	2012/12	2013/01	2013/02	2013/03
2.1 All adult inpatients to be risk assessed for VTE. TV>=90%												
Actual Achieved	95.4	96.7	95.7	95.8	96.3	96.3	95.1	95.4	95.1	95.6	95.5	95.0
2.2 Patients assessed as High Risk for VTE to receive appropriate Prophylaxis TV>=95%												
Actual Achieved	97.8	90.7	100.0	100.0	100.0	100.0	100.0	100.0	95.2	100.0	100.0	100.0
2.3 Ensure Root Cause Analysis is undertaken on all cases of VTE or PE. TV>=100%												
Actual Achieved	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Annual Compliance: 2011-12 average= 95.0%, 2012-13 average = 95.7%

Benchmarking: See below National data (Target 95%), as available (Source *http://transparency.dh.gov.uk/2011/04/01/vte-data/*) 2012-13 Quarter 4 pending.

VTE Assessment 2011-12

Month	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Activity	1640	1681	1719	1694	1569	1595	1743	1679	1627	1670	1686	1762
VTE Assessment	1548	1613	1626	1583	1493	1515	1643	1603	1575	1596	1604	1664
LWH Percentage	94.4	96.0	94.6	93.4	95.2	95.0	94.3	95.5	96.8	95.6	95.1	94.4
LWH vs. All Provider Average	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than
All Acute Providers	82.9	84.4	85.7	87.2	88.3	89.5	89.9	91.4	91.0	92.1	92.5	92.9

Key: <80% 80% to 94.9999% >=95%

VTE Assessment 2012-13

Month	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Activity	1621	1741	1600	1734	1685	1677	1804	1726	1578	1665	1577	1657
VTE Assessment	1546	1683	1531	1662	1622	1615	1715	1647	1501	1591	1506	1574
LWH Percentage	95.4	96.7	95.7	95.8	96.3	96.3	95.1	95.4	95.1	95.6	95.5	95.0
LWH vs. All Provider Average	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Better Than	Unknown	Unknown	Unknown
All Acute Providers	93.4	93.6	93.3	93.9	93.9	94.0	94.3	94.4	93.8			

Key: <80% 80% to 94.9999% >=95%

STABLE

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

- The internal data was obtained from the nursing and midwifery care indicator system, which identifies admissions and assessments live from the Trust Meditech system.

The Liverpool Women's NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by developing and implementing the live nursing & midwifery care indicator system, which enables managers to see admissions and outstanding assessments and actively manage compliance.

Clinical Commentary:

Our intention going forward is to improve against the underlying good practice.

J Herod, Medical Director

Rate per 100,000 bed days of cases of Clostridium difficile infection reported within the Trust among patients aged 2 or over.

Data for 2012-13 is not available from external sources including the HSCIC and Health Protection Agency websites for this measure and so is not reported here, however, the data available for the financial years 2007-2012 inclusive is reported here.

Name of Trust	C. Difficile Infection reports for patients aged 2 years and over								
	2007-08			2008-09			2009-10		
	Trust Apportioned	Total	Trust App'd Rate per 100,000 bed-days	Trust Apportioned	Total	Trust App'd Rate per 100,000 bed-days	Trust Apportioned	Total	Trust App'd Rate per 100,000 bed-days
LWH	8	11	18.7	1	4	2.4	1	1	2.4
BWH	0	0	0.0	0	0	0.0	0	0	0.0
National Data									
Minimum	0	0	0	0	0	0	0	0	0
Maximum	759	1157	205	683	1073	133.4	303	545	85.2
Average	**200.3**	**332.3**	**88.4**	**119.3**	**216.1**	**51.5**	**79.2**	**153.3**	**34.4**
Total	**33,442**	**55,498**	**93.3**	**19,927**	**36,095**	**54.9**	**13,220**	**25,604**	**36.7**

Name of Trust	C. Difficile Infection reports for patients aged 2 years and over					
	2010-11			2011-12		
	Trust Apportioned	Total	Trust App'd Rate per 100,000 bed-days	Trust Apportioned	Total	Trust App'd Rate per 100,000 bed-days
LWH	2	3	5.2	1	1	2.6
BWH	1	1	3.2	0	0	0.0
National Data						
Minimum	0	0	0	0	0	0
Maximum	247	470	71.8	185	392	51.6
Average	**62.4**	**130.0**	**27.9**	**45.9**	**108.5**	**20.6**
Total	**10,417**	**21,707**	**29.6**	**7,670**	**10,005**	**21.8**

This data shows LWH performance in comparison to its recognised benchmark Trust, Birmingham Women's Hospital and the national average for all NHS providers. The data shows improvement and is consistent with the internally reported data for instances of C. difficile bacteraemias for 2011-12 (1) cited earlier in this report (see Incidence of Clostridium difficile). This internal monitored indicator shows a further improved performance with zero incidences for 2012-13, which would result in a rate of zero infection reports per 100,000 bed days for this measure.

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

- The internal data was obtained directly from infection report data maintained by the infection prevention and control team.
- The external data was secured from the Health Protection Agency web site at :

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/

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

- Rapid testing of patient with diarrhoea
- Swift implementation of Barrier nursing for symptomatic patients
- Effective Hand Hygiene Training and monitoring
- High level of compliance with Hand Hygiene requirements
- Controlled use of antibiotics

Measures which have successfully achieved a zero incidence.

Patient Safety Incidents Reported

NB. This is a new mandated Core indicator.

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

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

Measure Summary: Patient Safety Incidents reported in period on the Trust's Ulysses database.

Technical Descriptor: The number of incidents as described above.

Trust Data Source: Ulysses 'Safeguard' database.

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

Benchmarking data (source NRLS organisation reports):

	All Reported Incidents			
	Oct '10-Mar'11	Apr'11-Sep'11	Oct'11-Mar'12	Apr'12-Sep'12
Total Incidents Reported to NRLS by Birmingham Women's NHS Foundation Trust	370	466	693	709
Total Incidents Reported to NRLS by Liverpool Women's NHS Foundation Trust	1292	1203	1378	1720

Data Source: NRLS Organisation Patient Safety Incident Reports for Liverpool Women's NHS Foundation Trust and Birmingham Women's NHS Foundation Trust

A Patient Safety incident (PSI) is defined by NRLS as 'any unintended or unexpected incident(s) that could or did lead to harm for one or more person(s) receiving NHS funded healthcare'.

Commentary:

The rising numbers of reported incidents is welcomed by the Trust, as a number of initiatives have been undertaken to promote and encourage the reporting of incidents to ensure that the Trust is better aware of the challenges it faces. Critical to reporting greater numbers of incidents is the commitment to learn from errors to improve clinical outcomes and most importantly the patient experience. Data for Birmingham Women's NHS Foundation Trust, our recognised benchmark specialist Trust, is also provided for comparative purposes.

IMPROVEMENT

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

- The data presented was extracted directly from the Trust incident reporting database
- The data is in keeping with that published by NRLS for the previous year and a 6-month overlap with 2012-13.

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

- Providing a web –based reporting tool across all areas of the Trust
- Promoting Incident Reporting through distribution of 'Trigger List' posters, training and a Governance Newsletter
- Issuing an easily accessible Incident reporting SOP with focussed direction on how to report in place of instructions embedded in a weighty policy document.
- Providing a programme of Incident reporting Masterclass drop-in sessions.

Incidents Resulting in Severe Harm or Death

Rationale for Indicator: Mandated Core Indicator.

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

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

Technical Descriptor:

Numerator: the number of patient safety incidents recorded as causing severe harm / death. N.B Deaths registered are further filtered to remove cases where care was appropriate and the death not therefore attributable to shortfalls in the Trust's care or treatment.

Denominator: The number of patient safety incidents reported to the National Reporting and Learning Service (NRLS).

Data Source: Trust Ulysses Database

Trust Data:

Liverpool Women's NHS Foundation Trust	2011-12		2012-13	
Actual Impact of Incident	**Number**	**As % of all PSIs**	**Number**	**As % of all PSIs**
Severe Harm	25	1.00%	45	1.50%
Death	2	0.08%	6	0.20%

Benchmarking data (source NRLS reports):

		As Percentage of all Reported Incidents			
		Oct '10-Mar'11	**Apr'11-Sep'11**	**Oct'11-Mar'12**	**Apr'12-Sep'12**
Severe Harm	Acute Specialist Organisations	0.60%	0.20%	0.50%	0.40%
	Birmingham Women's NHS Foundation Trust	1.10%	0.90%	0.30%	0.30%
	Liverpool Women's NHS Foundation Trust	3.40%	0.40%	1.30%	1.30%
Death	Acute Specialist Organisations	0.10%	0.10%	0.10%	0.10%
	Birmingham Women's NHS Foundation Trust	0.40%	0.00%	0.30%	0.30%
	Liverpool Women's NHS Foundation Trust	0.10%	0.00%	0.40%	0.20%

Data Source: NRLS Organisation Patient Safety Incident Reports for Liverpool Women's NHS Foundation Trust and Birmingham Women's NHS Foundation Trust.

The 'degree of harm' for PSIs is defined by NRLS as follows:

'severe' – the patient has been permanently harmed as a result of the PSI.

'death' – the PSI has resulted in the death of the patient.

CANNOT YET BE JUDGED AS NEW INDICATOR

(Baseline data for a new indicator not previously monitored actively)

Commentary:

The Trust is aware of issues with the raw data on its Ulysses database; whilst a definition of severe harm exists local perceptions and interpretations can and do result in some cases recording an exaggerated impact rating when judged against the NPSA matrix. There is also an issue with the system having only one selectable death category, which states that the death was caused by a PSI incident. Staff are reporting stillbirths, intrauterine deaths and other deaths on the system using this death category in cases where no contributing care or service delivery issues are attributable, which could result in apparently inflated levels being reported. Although the data provided to NRLS includes an outcome field detailing whether care was appropriate or there was potential for improvement which would allow the exclusion of instances where care was appropriate and therefore not contributory to the death and the Trust has filtered the data in this way, it is uncertain whether NRLS similarly refine the raw data provided to them.

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

Data for Birmingham Women's NHS Foundation Trust, our recognised benchmark specialist Trust, is also provided for comparative purposes. This demonstrates that both Trust's, with their similar service profile and size have recorded rates of incidents graded as Severe Harm or Death higher than the aggregated rate for all acute specialist Trusts.

The Trust has instigated a project to review and improve the data systems relating to incidents, claims and complaints and the gathering of meaningful and comparable intelligence from these sources to facilitate the identification of trends and themes to inform improvement. This project will look to address the issues described above.

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

- The data presented was extracted directly from the Trust incident reporting database
- The data is in keeping with that published by NRLS for the previous year and a 6-month overlap with 2012-13.

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

- Providing a web–based reporting tool across all areas of the Trust
- Promoting Incident Reporting through distribution of 'Trigger List' posters, training and a Governance Newsletter
- Issuing an easily accessible Incident reporting SOP with focussed direction on how to report in place of instructions embedded in a weighty policy document.
- Providing a programme of Incident reporting 'Master class' drop-in sessions.
- Heightened Governance team involvement in escalation process to ensure incidents are appropriately assigned serious incident status and undergo full root cause investigation to identify opportunities for improvement that lessen or eliminate the likelihood of recurrence of similar incidents and are then effected through the development, implementation and monitoring of specific action plans.
- Commitment to a schedule of 'deep dives' to ensure the embedding of learning and changes in practice from serious incidents, at least 6 months after completion of the action plan.

Part 3. Other Information

Introduction

This section includes additional information including other measures and monitoring of performance conducted by the Trust in period beyond that included in the preceding review section and gives an overview of the quality of care based on the presented indicators. The reader is referred to the preceding section for an overview of the quality of care in relation to the presented indicators under the Patient Safety, Clinical Effectiveness and Patient Experience headings.

Managerial Reviews

During the year, specific management reviews were undertaken as a result of risks to performance identified from the performance management system. These included:

- **Medicines management**

  As reported in our annual report for 2011/12, in February 2012 the CQC made an unannounced visit to the Trust and reported a moderate concern in respect of compliance with key CQC outcome 09 – Management of Medicines. The Commission judged that the Trust had in place arrangements for obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines but that staff were not always following them. The Trust responded by expediting an already planned review of its pharmacy services and an action plan was put in place to address the concerns raised. The CQC subsequently revisited the Trust and confirmed that its moderate concern was to be lifted.

- **National Patient Safety Alerts**

  In December 2012 the Trust received a report from internal audit offering no assurance in respect of its systems and processes to respond to alerts issued by the National Patient Safety Agency (NPSA). It made four recommendations namely the need to continuously monitor compliance with alerts, have in place completed action plans for all NPSA alerts to demonstrate compliance, ensure that NPSA alerts were properly received and acted upon by designated leads and that data from the central alert system (CAS) needed to be transferred to the Trust's SAFEGUARD CAS. The Trust took swift action to respond to the recommendations and progress against them will be monitored by the Board's Audit Committee and Governance and Clinical Assurance Committee.

- **Independent Review of Governance**

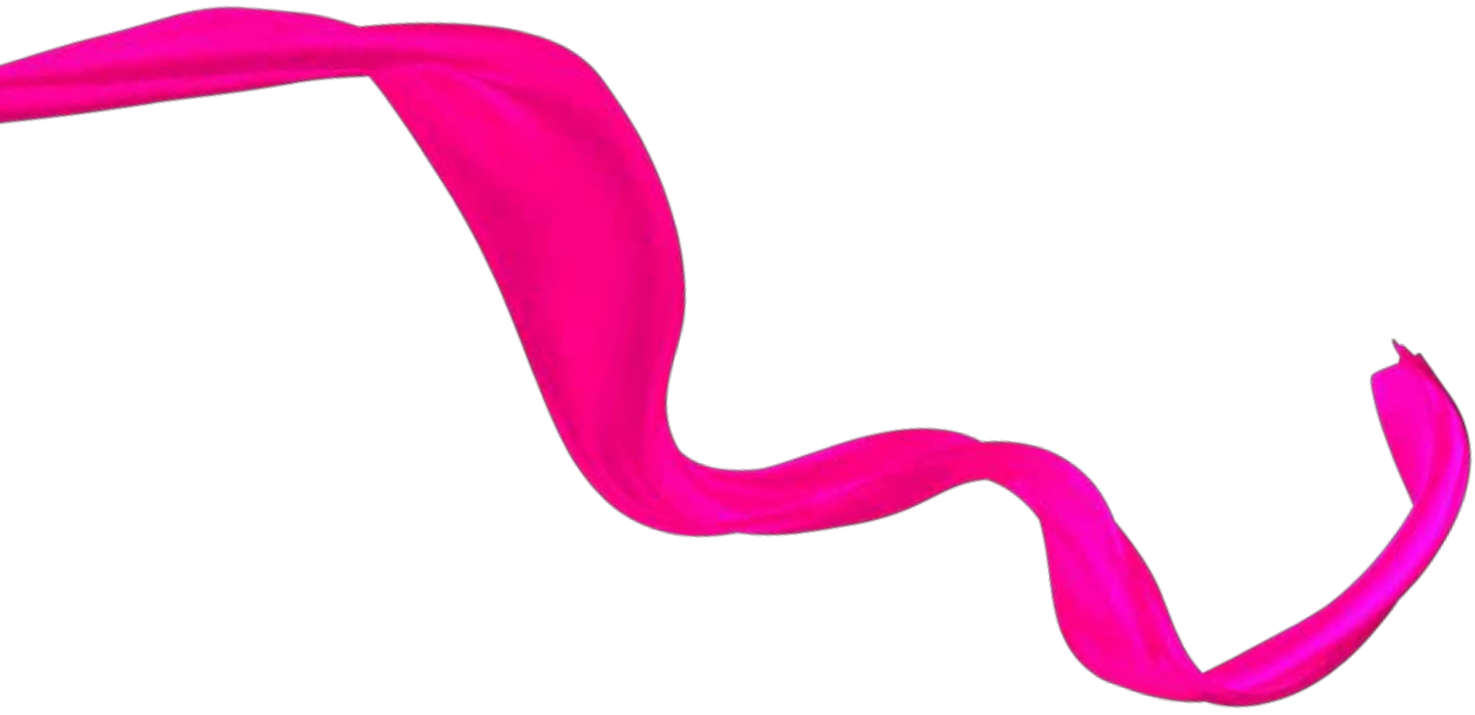
  As reported through previous annual reports, the Trust had cause to review the surgical practices of one of its consultants during 2008/09 and as a result recalled a number of patients to in order for the Trust to be satisfied that they have received the quality of care expected for all patients. All of these patients were signposted to further treatment or they were discharged, whichever was most appropriate for them.

  An independent review of governance arrangements was commissioned by the Trust to determine the lessons that could be learned and identify any areas for further improvement. A report with recommendations was submitted to the Trust Board in January 2010 and the Trust developed and implemented a corresponding action plan with progress being monitored through the Trust's governance structure and a further independent review.

During 2012/13 the Trust commissioned its internal auditor to provide some external assurance that the organisation had adopted, embedded and learned from the recommendations made in the independent review of governance. This review indicated that further work was required in respect of two of the recommendations. In March 2013, the Trust Management Group remitted oversight of the work put in place to more fully respond to the two recommendations as follows:

- The 'Putting People First Committee' will monitor progress in respect of the recommendation concerning introduction of a comprehensive medical workforce recruitment and development strategy
- The 'Clinical Governance Committee' will oversee progress in respect of the collection, collation and reporting of outcome measures in the Trust's Urogynaecology service.

The Board's Governance and Clinical Assurance Committee will continue to monitor the Trust's overall response to the original, independent report of governance until such time as it can be demonstrated all actions arising from it have been satisfactorily completed.



Stakeholder Statements on our Quality Report

Commentary from Liverpool Clinical Commissioning Group

Liverpool CCG as Co-ordinating Commissioner is pleased to provide a statement for inclusion in this Quality Account. Liverpool Women's NHS Foundation Trust has taken reasonable steps to corroborate the accuracy of data provided within this Quality Account and considers it contains accurate information in relation to the service provided. Information contained accords with data received throughout the year in question, and which is considered within regular Clinical Quality and Performance Meetings.

Liverpool CCG as Co-ordinating Commissioner was pleased to support the priorities selected by the Trust last year. The work that the Trust has undertaken, described within this Quality Account has helped to improve patient safety and the quality of patient experience whilst receiving care.

Throughout the year, we have seen the improved and sustained performance of venous thromboembolism risk assessments and look forward to the trust demonstrating continual achievement recorded via UNIFY2.

The NHS is striving to make sure that the Patient Experience of care is central to good quality of care and is used to ensure that the care delivered is right for patients. The Quality Account describes the work the Trust has undertaken to proactively seek feedback from patients and carers and demonstrated how this has impacted upon changes in service delivery. We think the report could have been enhanced by including details on the partnership working with Local Involvement Networks to improve access to services closer to home for Gynaecology and would have welcomed more verbatim feedback from patients and staff.

The achievements reported in connection with reduction in surgical site infections, Health Care Associated Infections and late onset neonatal blood stream infections are highly commendable and the decision to improve further within these areas is welcomed.

We are pleased to note the audit and research information contained in the Quality Account. We are also pleased to note the continued commitment of the Trust to improve data quality and look forward to seeing a continual focus on improving data quality and monitoring processes within booking, scheduling and administration service.

We have agreed a number of incentive schemes under the CQUINs this year which demonstrates the organisation's determination to continually improve the quality of care.

It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues and we look forward to developing our relationship further to collaboratively seek to improve health outcomes for patients.

Overall the trust has complied with its contractual obligations in developing this Quality Account and has made good progress over the last year with evidence of improvements in key quality and safety measures.

Signed

Katherine Sheerin,
Chief Officer,
NHS Liverpool Clinical Commissioning Group

Dr Nadim Fazlani,
Chair Liverpool Central Locality,
NHS Liverpool Clinical Commissioning Group

Dr Simon Bowers,
Chair Liverpool Matchworks Locality,
NHS Liverpool Clinical Commissioning Group

29 May 2013

Commentary from Halton Clinical Commissioning Group

Halton Clinical Commissioning Group

Halton Clinical Commissioning Group
First Floor
Runcorn Town Hall
Heath Road
Runcorn
Cheshire
WA7 5TD

Gail Naylor
Director of Nursing, Midwifery and Patient Experience
Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

Ref: QA 12/13/JS

Dear Gail

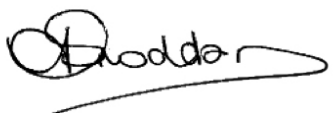
Re: Quality Account 2012/13

Many thanks for sharing and presenting the Quality Account for 2012/2013 for Liverpool Women's NHS Foundation Trust to NHS Halton Clinical Commissioning Group to the Merseyside CCGs on the 9th May 2013.

NHS Halton CCG would like to thank you for an informative and well written Quality Account and would like to congratulate the organisation on its performance and success during 12/13.

We wish you continued success during 2013/2014

Yours Sincerely



Jan Snoddon
MSc BA SRN S CM NDN
Chief Nurse
NHS Halton CCG

Commentary from Healthwatch Liverpool

Healthwatch Liverpool is pleased to have the opportunity to comment on the 2012 – 2013 Quality Account for Liverpool Women's NHS Foundation Trust

The comments made here pertain to a draft Quality Account document that was made available to Healthwatch Liverpool prior to Quality Account publication.

This Quality Account clearly sets out how the Trust is performing across a large number of key quality areas. The overall impression that Healthwatch Liverpool gains from the Quality Account is that of a Trust that is in general offering a very high quality service to the people of Liverpool and surrounding areas, and one which is also keen to improve further on that service.

There are many positive achievements and developments outlined in the Quality Account but for reasons of brevity Healthwatch Liverpool would like to highlight two as particularly pleasing to note. The establishment of a 5-year Quality Improvement Strategy for 2013-18 based upon the Darzi elements of quality: Effectiveness, Safety, Experience and Innovation, is a positive development that Healthwatch Liverpool will be keen to monitor in coming years. And the Community midwifery support for Breastfeeding is a measure that has great potential for improving the health of babies and local people in future.

Of the various challenges that the Trust has correctly identified for development in 2013/14, Healthwatch Liverpool is particularly supportive of the Trusts drive to implement changes identified from consideration of the recommendations of the Francis report, and to build on the Trust's 'Friends & Family' pilot by implementing it throughout all areas of the Trust. These are measures that Healthwatch Liverpool believes are of real importance to the experience of patients using the Trust, and Healthwatch Liverpool looks forward to observing the Trust's ongoing work in these areas.

Healthwatch Liverpool Quality Accounts Commentaries are restricted in scope to commenting on issues pertaining to individual Quality Accounts. Healthwatch Liverpool remains engaged with the Trust in order to monitor the progress of the Quality Account and other quality considerations.

Commentary from Healthwatch Sefton

Healthwatch Sefton
Sefton CVS
3rd Floor, Suite 3B
North Wing, Burlington House,
Crosby Road North, Waterloo
L22 0LG

Tel: (0151) 920 0726 ext 240

info@healthwatchsefton.co.uk
www.healthwatchsefton.co.uk

As a new company, Healthwatch Sefton is in the throes of setting itself up. Healthwatch Sefton welcomes the opportunity to work with the Trust over the coming years as a critical friend to ensure that local people receive quality services. We have received a copy of the draft Quality Account from the Trust and will use the information within the account to help us in our work over the coming 12 months.

Commentary from Sefton Overview and Scrutiny Committee

Sefton Council

www.sefton.gov.uk

Ground Floor,
Trinity Wing,
Town Hall,
Trinity Road
Bootle,
L20 7AE

To:-
Liverpool Women's NHS Foundation Trust

Date: 22 May 2013
Our Ref:
Your Ref:

Please contact: **Debbie Campbell**
Contact Number: 0151 934 2254
Fax No: 0151 934 2034
e-mail: debbie.campbell@sefton.gov.uk

Dear Sir / Madam,

Draft Quality Account 2012/13

Sefton Council's Overview and Scrutiny Committee (Health and Social Care) welcomed the submission of the Trust's Quality Account and the opportunity to provide a commentary on it.

The Committee formally received and reviewed the Quality Accounts at its meeting held on 21st May 2013, and a copy of the relevant Minute from the meeting is attached, for your information.

Yours faithfully,

Debbie Campbell
Senior Democratic Services Officer

OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE) – TUESDAY 21ST MAY, 2013

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

The Committee received a presentation from Gail Naylor, Director of Nursing Midwifery and Operations, Liverpool Women's NHS Foundation Trust, on the Trust's draft Quality Account for 2012/13 and the work of the Trust in general.

The presentation outlined information on the following:-

- achievements during 2012/13;
- celebratory information; and
- challenges for development during 2013/14.

The Committee had previously been supplied with the full version of the Liverpool Women's NHS Foundation Trust's draft Quality Report.

In response to questions put by Members of the Committee, Ms. Naylor indicated that the Trust usually operated at about 85% capacity and that where necessary, the Trust provided a supportive, protective environment in cases of domestic violence.

Resolved

That the draft Quality Account for 2012/13 from Liverpool Women's NHS Foundation Trust be received and reviewed.

Directors' Responsibilities

Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual for 2012-13
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers up to the date of signing (the period).
  - Papers relating to Quality reported to the Board to the date of signing (the period).
  - Feedback from the commissioners – Liverpool Clinical Commissioning Group dated 29 May 2013 and Halton Clinical Commissioning Group dated 28 May 2013.
  - Feedback from governors dated 16 January 2013 (at a meeting of the Council of Governors).
  - Feedback from local Healthwatch organisations - Liverpool Healthwatch (received 29 May 2013) and Sefton Healthwatch (received 22 May 2013).
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009(publication pending).(Supported by Complaints, Litigation, Incidents and PALS (CLIP) reports dated 02/11/2012, 04/01/2013, 25/04/2013, 03/05/2013)
  - Feedback from other stakeholders involved in the sign-off of the Quality Report – Knowsley Council Health Scrutiny Sub-Committee dated April 2013; Sefton Council Overview and Scrutiny Committee dated 21 May 2013.
  - The national patient survey 2012-13. Dated February 2013.
  - The national staff survey 2012-13. Dated February 2013.
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2013.
  - CQC quality and risk profiles dated 02/04/2012; 31/05/2013; 30/06/2012; 31/07/2012; 30/09/2012; 31/10/2012; 30/11/2012; 31/01/2013; 28/02/2013; and 31/03/2013.
- 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 *http://www.monitor-nhsft.gov.uk/annualreportingmanual*) as well as the standards to support data quality for the preparation of the Quality Report (available at *www.monitor-hsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275*).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.

Signed:

Ken Morris

Ken Morris
Chair
29 May 2013

Kathryn Thomson

Kathryn Thomson
Chief Executive
29 May 2013

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

We have been engaged by the Council of Governors of Liverpool Women's NHS Foundation Trust to perform an independent assurance engagement in respect of Liverpool Women's NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 in the Quality Report that have been subject to limited assurance consist of the following national priority indicators as mandated by Monitor:

- Maximum cancer waiting time of 62 days from urgent GP referral to first treatment for all cancers; and
- Emergency readmissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the "specified 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 assessment criteria referred to in the Statement of Directors' Responsibilities in the Annex to the Quality Report (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the period April 2012 to March 2013 (the period);
- Papers relating to Quality reported to the Board over the period;
- Feedback from the Commissioners – Liverpool Clinical Commissioning Group dated 29/05/2013; Halton Clinical Commissioning Group dated May 2013;
- Feedback from Governors;

- Feedback from local Healthwatch organisations – Healthwatch Sefton received May 2013; Healthwatch Liverpool received 29/05/2013;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 (supported by Complaints, Litigation, Incidents and PALS (CLIP) reports dated 02/11/2012; 04/01/2013; 25/04/2013; 03/05/2013);
- Feedback from other stakeholders involved in the sign-off of the Quality Report – Knowsley Council Health Scrutiny Sub-Committee dated April 2013; Sefton Council Overview and Scrutiny Committee dated 21/05/2013;
- The 2012 national patient survey dated February 2013;
- The 2012 national staff survey dated February 2013;
- Care Quality Commission quality and risk profiles dated 02/04/2012; 31/05/2013; 30/06/2012; 31/07/2012; 30/09/2012; 31/10/2012; 30/11/2012; 31/01/2013; 28/02/2013; 31/03/2013;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2013.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Liverpool Women's NHS Foundation Trust as a body, to assist the Council of Governors in reporting Liverpool Women's NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Liverpool Women's NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Limited testing, on a selective basis, of the data used to calculate the specified indicators back to supporting documentation.
- Comparing the content requirements of the FT ARM to the categories reported in the Quality Report.
- Reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Directors' interpretation of the Criteria in the Statement of Directors' Responsibilities in the Annex to the Quality Report.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Liverpool Women's NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2013,

- the Quality Report does not incorporate the matters required to be reported on as specified in annex 2 to Chapter 7 of the FT ARM;
- the Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.

PricewaterhouseCoopers LLP, Chartered Accountants, 101 Barbirolli Square, Lower Mosley Street, Manchester, M2 3PW 29 May 2013

The maintenance and integrity of the Liverpool Women's NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Remuneration report

The remuneration and pension benefits of our senior employees are given in the tables on pages 159 - 193. These senior managers are all Executive and Non-Executive Directors of the Board of Directors who served during the financial year 2012/13.

The Remuneration Committee of the Board of Directors determines the remuneration, terms and conditions of the Trust's Chief Executive and its Executive Directors. It does so based on job evaluation, market intelligence and inflation alongside any guidance from national recommendations for NHS senior managers. The Committee also considers Executives' annual appraisals and achievement of the Trust's corporate objectives for the year in order to determine whether or not any bonus should be paid. In determining this group of staff's remuneration the Committee has regard to the remuneration of other Trust employees who hold contracts under terms and conditions agreed nationally and locally.

Each Executive Director has objectives set at the beginning of the financial year which are drawn from the Trust's agreed corporate objectives. Performance against these objectives is reviewed annually by the Chief Executive and details shared with the Board's Remuneration Committee. The Chair appraises the Chief Executive who in turn appraises Executive Directors and the Trust Secretary.

The remuneration of the Chief Executive and Executive Directors comprises annual basic salary and normal NHS pension contributions plus a non-consolidated discretionary payment of up to 5% of basic salary, as agreed by the Remuneration Committee. Performance is not a determinant of the Chief Executive and Executive Directors' remuneration; market rate and portfolio content are the key factors used to determine the levels of remuneration. However executive team performance is used as the basis of determining whether any bonus should be paid. For 2012/13 it is proposed that this policy on remuneration continue but with the introduction of a team objective set for the Chief Executive and Executive Directors which will relate to significant improvement in patient experience outcomes.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The mid-point of the banded remuneration of the highest paid director for the Trust in the financial year 2012/13 was £192,500 (£197,500 in 2011/12). This was 8.5 times the median remuneration of the workforce (7.1 times in 2011/12) which was £22,676 (£27,625 in 2011/12). In 2012/13 1 employee received remuneration in excess of the highest paid director (1 in 2011/12).

In 2012/13 the average total number of whole time equivalent staff employed at the Trust was 1,223 (1,230 in 2011/12).

Total remuneration includes salary, non-consolidated discretionary payment, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The Chief Executive and Executive Directors are employed on permanent contracts of employment, subject to six months' notice on either side. Any termination payments would be subject to review and approval by the Board of Directors' Remuneration Committee if outside of statutory entitlements.

Membership of the Board's Remuneration Committee comprises the Trust's Chair and all Non-Executive Directors. It met on five occasions during the year and attendance is detailed in the table below. The Trust Secretary acted as Secretary to the Committee. At the Committee's invitation and in accordance with its terms of reference, the Chief Executive and Director of Human Resources and Organisational Development attended all or some of the meetings, as did other managers in an advisory capacity.

Non-Executive Director	Remuneration Committee
Ken Morris, Chair	5 of 5
Allan Bickerstaffe	3 of 5
Steve Burnett	5 of 5
Liz Cross	4 of 5
Ian Haythornthwaite	3 of 5
Pauleen Lane	2 of 5
Attendees	
Kathryn Thomson, Chief Executive	5 of 5 (ex-officio)
Michelle Turner, Director of Human Resources and Organisational Development	3 of 5 (ex-officio)
Julie McMorran, Trust Secretary	5 of 5 (ex-officio)
Caroline Salden, Chief Operating Officer	1 of 5 (ex-officio)
Triona Buckley, Deputy Director of Human Resources and Organisational Development	1 of 5 (ex-officio)
Susan Westbury, Human Resources Business Partner	1 of 5 (ex-officio)

The Remuneration Committee of the Trust's Council of Governors determines the remuneration and terms and conditions of the Chair and Non-Executive Directors of the Board. It does so by using benchmarking data provided by the Foundation Trust Network which is drawn from information provided by all NHS Foundation Trusts. The results of Non-Executive Directors' appraisals are also taken into account by the Council.

Objectives for the Chair and Non-Executive Directors are set at the beginning of each financial year. Performance against those objectives is reviewed annually and shared with the Council of Governors' Remuneration Committee. The Chair assesses Non-Executive Directors' performance and undertakes their annual appraisal. The Senior Independent Director (SID) undertakes the Chair's appraisal, with input from members of the Board and the Council of Governors. The SID's appraisal is conducted by the Vice Chair. This arrangement ensures that there is proper segregation between the person being appraised and the person undertaking the appraisal.

The Chair and Non-Executive Directors are appointed by the Council of Governors for fixed terms of office.

Membership of the Council's Remuneration Committee comprises three public, one staff and one appointed Governor together with the Trust's Lead Governor. During the year they were Professor Susan Wray, Morag Day, Pat Jones (Lead Governor), Pat Jones and Cathy O'Keeffe. Membership changed when the tenures of those Governors ended and toward the end of 2012/13 membership comprised Governors John Foley, Kate Johnston, Maureen Kelly, Mary McDonald, Paul Moran and Dorothy Zack-Williams (Lead Governor).

The Committee met once during the year. Present were Professor Susan Wray, Morag Day, Pat Jones and Cathy O'Keeffe. The Trust Secretary acted as Secretary to the Committee.

Remuneration and retirement benefits (pensions) of all Directors are set out within note 4.6 of the annual accounts. Accounting policies for pensions are set out in note 4.3. Details of Directors' and Governors' expenses are given in note 4.5.

The audited remuneration and [6]pension benefits of senior managers is disclosed in this report and can be found at note 4.6. This information has been subject to audit.

During the financial year H M Treasury introduced additional reporting requirements relating to the tax arrangements of public sector appointees not on the payroll. These are set out below:

Off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012:

Number in place on 31 January 2012	6
Of which: • Number that have since been renegotiated/re-engaged to include contractual clauses allowing the Trust to seek assurance as to their tax obligations	1
• Number that have come to an end	5
Total	**6**

New off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months

The Trust has engaged two off-payroll contractors via recruitment agencies since 23 August 2012 and is seeking assurance regarding contractual clauses in light of the new directive.

Kathryn Thomson

Kathryn Thomson
Chief Executive
29 May 2013

6 Note that pension disclosures apply to executives only as Non-Executive Directors do not receive any pensionable remuneration

Board of Directors

The Board of Directors is responsible for determining the Trust's strategy and business plans, budget, policies, audit and monitoring arrangements, regulation and control arrangements, senior appointment and dismissal arrangements and approval of the Trust's annual report and accounts. It acts in accordance with the requirements of its terms of authorisation (replaced by a provider license from April 2013) as a Foundation Trust.

Set out in the Trust's scheme of reservation and delegation are those decisions delegated by the Board of Directors to Trust management. This arrangement allows the efficient operation and success of the operation.

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

During the year, composition of the Board of Directors was:

- Non-Executive Directors
  - Six including the Chair
- Executive Directors
  - Six including the Chief Executive (April 2012 – January 2013)
  - Five including the Chief Executive (February – March 2013)

There was one change on the Board during the year. Caroline Salden, Chief Operating Officer left the Trust on 1 February 2013 to pursue a secondment opportunity.

Non-Executive Director Steve Burnett was appointed as the Trust's Senior Independent Director in April 2012.

In January 2013, Non-Executive Directors Liz Cross and Pauleen Lane were reappointed by the Council of Governors for a second three year term of office.

Board membership during the year is detailed below:

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

Executive Director	Date of appointment
Kathryn Thomson – Chief Executive	September 2008
Vanessa Harris – Director of Finance	September 2009
Jonathan Herod – Medical Director	October 2010
Gail Naylor – [7]Director of Nursing, Midwifery & Operations	June 2009
[8]Caroline Salden – Chief Operating Officer	April 2004
Michelle Turner – Director of Human Resources & Organisational Development	April 2010

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

Based on criteria set out in the [9]Code of Governance the Board of Directors considers that all of its Non-Executive Directors are independent.

7 Gail Naylor assumed this role on 1 February 2013. From 1 April 2012 – 31 January 2013 she was Director of Nursing, Midwifery and Patient Experience
8 Caroline Salden left the Trust on 1 February 2013 to pursue a secondment opportunity
9 The NHS Foundation Trust Code of Governance, Monitor (2010)

Directors' meeting attendances

During 2012/13 the Board of Directors met 7 times. It began holdings its meetings in public from July 2012 in anticipation of the requirement to do so when the Health and Social Care Act 2012 came into force.

Directors' attendance at meetings of the Board and its committees held during the year, possible and actual, is shown below.

Director	Board of Directors	Audit Committee	Governance & Clinical Assurance Committee	Putting People First Committee	Finance, Performance & Business Development Committee
Allan Bickerstaffe	5 of 7		6 of 6	3 of 3	
Steve Burnett	6 of 7	5 of 5	5 of 6		
Liz Cross	7 of 7			3 of 3	
Vanessa Harris	7 of 7				5 of 5
Ian Haythornthwaite	7 of 7	5 of 5			4 of 5
Jonathan Herod	6 of 7		5 of 6		
Pauleen Lane	6 of 7	4 of 5			4 of 5
Ken Morris	7 of 7		2 of 6		4 of 5
Gail Naylor	7 of 7		4 of 6	2 of 3	
Caroline Salden	6 of 6		2 of 5		1 of 3
Kathryn Thomson	7 of 7				4 of 5
Michelle Turner	6 of 7			3 of 3	

Pen portraits of members of the Board

Ken Morris – Chair

Ken Morris commenced with the Trust in August 2005. Following a successful appraisal process, he was reappointed in April 2008 for a further 3 years, and again in July 2011 for a third and final 3 year term of office. Ken has had over 20 years experience of working at executive and Non-Executive Director level in a variety of organisations in the public, private and not-for-profit healthcare sectors.

Immediately prior to joining the Trust he was Chair of a successful Primary Care Trust. His management consultancy experience has centred on change and improving overall performance in a variety of health and not-for-profit organisations. He has chaired and been a member of a number of national committees.

In 2008/09 Ken was elected to the Board of the national Foundation Trust Network and in 2011 became the Chair of its Audit Committee. He is also Chair of the Foundation Trust Network in the North West, a member of the Department of Health Foundation Trust Financing Facility and Chair of the Social Value Foundation. And in 2012 Ken was instrumental in establishing the National Women's NHS Provider Alliance which he also chairs.

Kathryn Thomson MCIPD – Chief Executive

Kathryn joined the Trust in September 2008 from the University Hospital of South Manchester NHS Foundation Trust, where she was an Executive Director for six years. During that time she supported the Trust through a major financial and performance recovery plan and subsequent achievement of Foundation Trust status.

Kathryn has previously held key posts as a Director of Operations and Human Resources in a number of Merseyside hospital trusts.

Steve Burnett – Non-Executive Director

Steve joined the Board in March 2012. He is a qualified actuary and spent 35 years in the financial services sector during which time he was Chief Executive of two large Merseyside companies, Swiss Life and Royal Liver. In recent years Steve has actively promoted the values of mutuality and is a keen supporter of member engagement in the setting of strategy and the governance of organisations.

Steve has now successfully diverted his attention to new areas and to the public sector in particular, with Liverpool Women's joining the Wales Audit Office and the Homes and Communities Agency as diverse areas where he now has non executive roles.

He sits on the Trust's Audit Committee, Governance and Clinical Assurance Committee and Charitable Funds Committee.

Allan Bickerstaffe – Non-Executive Director

Allan joined the Board in February 2012 and until the end of March 2012 was employed by Liverpool John Moores University as a Pro Vice Chancellor. In earlier times he also served as University Bursar and Director of Finance. Allan has spent his entire working life in Liverpool, employed by several large private and public sector organisations, including United Biscuits, Merseyside Passenger Transport Executive, Arriva Limited and Liverpool City Council. He has held roles, past and present, with many voluntary organisations in the area.

Allan also has experience as a Non-Executive Director with a number of private and public sector companies, both regionally and nationally. In June 2011 he ended a five year term of office as a Non Executive Director with the North West Ambulance Service NHS Trust, where he was Chair of the Audit Committee.

By profession Allan is a Chartered Secretary and through work with his professional body has been involved with the development of governance best practice over many years and utilises this experience in his role with Liverpool Women's. Allan Chairs the Board's Governance and Clinical Assurance Committee and is a member of its Putting People First Committee.

He has three grown up sons, each of whom was born in the Trust's former hospital locations at Oxford Street and Mill Road.

Liz Cross BSc (Hons), MBA, MBPS, Non-Executive Director and Vice Chair

Joining the Trust as a Non-Executive Director in February 2010, Liz Cross is an experienced executive and Non-Executive Director who has worked in community based organisations, as well as with the voluntary, public and private sector in the UK and overseas for the past 25 years.

Liz is currently Chair of Blackburne House Group in Liverpool, actively involved in many aspects of its work and development since 1992. She has been an active school governor in Moss Side, Manchester since 1988 and is a member of the advisory group for Common Purpose in Manchester.

She had the first water assisted delivery in a Manchester hospital and raised the funds and secured the commitment to open a birthing pool suite for St Mary's Women and Children's Hospital.

Liz founded The Connectives – a successful consultancy based value-led business – that works with private, public social enterprises and not for profit organisations, locally, nationally and internationally, to improve performance and deliver better economic and social outcomes. Liz and her team have been lucky enough to work in, and of course, learn and take inspiration from a diverse range of industries including financial services, pharmaceutical, retail, construction, health, housing, education and social justice, developing powerful partnership and projects that delivery break-through sustainable solutions.

Liz chairs the Trust's Putting People First Committee and its Charitable Funds Committee. On 1 February 2012 she was appointed as the Board's interim Vice Chair and subsequently appointed to the role substantively. In January 2013 she was reappointed to the Board for a further three year term of office by the Trust's Council of Governors.

Vanessa Harris BSc, ACA, MBA – Director of Finance

Vanessa joined the Trust in September 2009 as Director of Finance. She has held a number of senior posts in the health service and the independent sector, including previous Director of Finance posts. Vanessa has experience of leading and managing organisations through periods of change and improving financial performance.

Ian Haythornthwaite – Non-Executive Director

Ian joined the Trust in May 2011 and is a fellow member of the Chartered Institute of Management Accountants, with extensive public sector management experience.

Ian is currently the Chief Finance Officer for BBC North and Future Media. He is based at Media City in Salford which opened in May 2011. He is responsible for the strategic financial management of the BBC's interests in the North and leading on the sports rights negotiations for the BBC. He is responsible for the financial management of Future Media at the BBC which covers the mobile and internet platforms and the development of the i-player.

Prior to taking up his current role Ian was the Deputy Chief Executive at the North West Development Agency which led on the economic regeneration of the North West of England. Prior to this Ian was the Finance Director and then Pro Vice Chancellor at the University of Central Lancashire. As an Executive Director of the group he was responsible for the regional strategy, business interaction, commercial and intellectual property exploitation and innovation. In addition he was responsible for executive management of the University estate and facilities including all trading and service provision. Ian chairs the Trust's Audit Committee and is a member of its Finance, Performance and Business Development Committee.

Jonathan Herod – BSc MBChB (Hons), MRCOG - Medical Director

Jonathan joined the Board as its Medical Director in October 2010. He is also a Consultant Gynaecological surgeon and Oncologist at the Trust and an Honorary Lecturer at the University of Liverpool.

Jonathan has worked in Liverpool since 1999 having trained in gynaecology oncology at St Bartholomew's and The Royal Marsden hospitals in London. During his time at Liverpool Women's he has carried out many posts, most recently as Clinical Director for Gynaecology immediately prior to his appointment as Medical Director.

He is a member of the Royal College of Obstetricians and Gynaecology, British Gynaecological Cancer Society, an Executive Committee member of the British Society for Colposcopy and Cervical Pathology and of the National Quality Assurance Committee for Cervical Screening.

Pauleen Lane – Non-Executive Director

Pauleen joined the Trust's Board of Directors in April 2010. From 2001 to 2007 she was a member of the North West Development Agency Board with a special interest in urban regeneration and public health. She has been Deputy Chair of English Partnerships and a Charitable Trustee for Lloyds TSB Foundation and the Theatres Trust. She currently serves on the Football Licensing Authority and is Deputy Chair of the Infrastructure Planning Commission.

Pauleen lectures part-time in engineering at the University of Manchester. She has been a member of the Audit Commission and is also a member of South Manchester and Central Manchester Foundation Trusts. Pauleen Chair's the Trust's Finance, Performance and Business Development Committee and is a member of its Audit Committee.

In January 2013 the Trust's Council of Governors reappointed Pauleen to the Board for a further term of three years.

Gail Naylor RGN, RM, MBA - Director of Nursing, Midwifery and Operations (from 1 February 2013), Director of Nursing, Midwifery and Patient Experience (to 31 January 2013)

Gail joined the Trust in June 2009. She trained as a nurse in 1983 at North Manchester General Hospital and then as a midwife in 1987. She continued to work in a variety of clinical roles at North Manchester General Hospital until 1993, when she moved to Bolton Hospitals NHS Foundation Trust until she joined Liverpool Women's.

Gail's background is in leading and managing women and children's services and she has held a variety of senior clinical leadership and managerial roles. Gail is passionate about the impact high quality care can have on women, the wider family unit, and the health economy.

Caroline Salden MBA, BA (Hons), Dip M – Chief Operating Officer (to 31 January 2013)

Caroline joined the Trust in April 2004. She started her NHS career in 1993 as a graduate trainee in the Mersey region and has undertaken a range of operational and service improvement posts in both mental health and acute services in Cheshire, Merseyside and Trent. Her interests lie in operational and strategic planning as well as service improvement.

Caroline's management experience has been supported by the attainment of an MBA (Open University) and a Diploma in Marketing. She has also completed the North West Leadership Executive Stretch programme and is a registered mentor with the North West Mentorship Scheme.

On 1 February 2013 Caroline left the Trust to pursue a secondment opportunity at another North West NHS Foundation Trust.

Michelle Turner MCIPD – Director of Human Resources and Organisational Development

Michelle Turner joined the Trust in April 2010. Committed to creating great places to work, Michelle is responsible for ensuring the Trust has a competent, engaged and truly motivated workforce focused on delivering the best possible patient experience.

A member of the Chartered Institute of Personnel and Development, Michelle has a long and varied NHS career, working in patient-facing roles early in her career and undertaking senior human resources roles more recently.

The Trust confirms the balance, completeness and appropriateness of the membership of the Board.

Performance evaluation of the Board, its committees and individual Directors is undertaken in a number of ways:

- The whole Board reviews its performance each year and for 2012/13 this will be done in May and June 2013 using a questionnaire. It will focus on strengths and weaknesses of the Board and overall responses will form the basis of a Board development programme.
- At the conclusion of each meeting the Board and its committees assesses performance against items on the agenda.
- The Trust's internal auditors undertook a review of the effectiveness of the Trust's Corporate Risk Committee and provided support in relation to its corporate governance compliance and policy implementation and effective best practice.
- The Board of Directors receives an annual report of achievements from each of its committees.
- All Directors undergo appraisal each year during which there is an evaluation of their performance against their objectives as set at the beginning of the year:
  - The Chair appraises all Non-Executive Directors save for the Senior Independent Director. The Senior Independent Director appraises the Chair and invites the views of other Directors and members of the Council of Governors as a part of the process. The Vice Chair appraises the Senior Independent Director.
  - The Chief Executive appraises Executive Directors and the Chair appraises the Chief Executive. A report on the outcome of these appraisals is presented each year to the Remuneration Committee of the Board of Directors.

The Chair's other significant commitment are detailed on page 135 and within the Board of Directors' register of interests. Members of the public can find the register of interests at *www.liverpoolwomens.nhs.uk.*

Directors can be contacted by email via the 'contact' link on the Trust's website at *www.liverpoolwomens.nhs.uk/Contact_Us/* or via the Trust Secretary, Julie McMorran, at *julie.mcmorran@lwh.nhs.uk* or on 0151 702 4033.

Audit Committee

The Audit Committee is one of the most significant means by which the Board of Directors ensures effective internal control arrangements are in place. It also provides a form of independent check upon the executive arm of the Board. During the year Trust's Audit Committee was chaired by Non-Executive Director Ian Haythornthwaite. Its other members were Non-Executive Directors Steve Burnett and Pauleen Lane. The three members' attendance at meetings held during 2012/13 are shown on page 162.

PricewaterhouseCoopers LLP (PwC) were the Trust's external auditors during the year, having been appointed by the Council of Governors in October 2011.

Where work outside of Monitor's audit code for NHS Foundation Trusts has been purchased by from its external auditors, the Trust ensures their independence has not been compromised. During the year PwC undertook non-audit work relating to a proposal for the Trust to provide services in the Middle East. Their appointment was overseen by the Audit Committee and reported to the Council of Governors.

In situations where the Trust is contemplating the appointment of outside management consultants, consideration is given to whether the external auditors can be included in the list of firms from which a selection may be made. If inclusion would potentially compromise the external auditors' independence then they may be excluded. In arriving at a view the Trust would consider a range of factors such as the area in which it was to be undertaken and whether the auditors were likely to review the same area as a part of their work, and the likely fees for the work.

The Trust's internal auditors during the year were Mersey Internal Audit Agency. During the year they executed an internal audit plan approved by the Audit Committee which focused on business critical systems using a risk based approach. Internal audit reports were received by the Committee and provided a level assurance in respect of the Trust's governance of both financial and non-financial risk. The work of the internal auditors is one of the key means through which the Audit Committee reviews the Trust's systems of integrated governance, risk management and internal control across its activities, both clinical and non-clinical.

Through the Chief Executive as the Trust's accounting officer, Directors are responsible for preparing the accounts as presented in this report. The Directors take this opportunity to state that so far as they are aware there is no relevant audit information of which the Trust's auditors are unaware. The Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Nomination Committees

The Trust has two Nomination Committees:

- Nomination Committee of the Council of Governors. This Committee oversees the appointment of Non-Executive Directors (NED) to the Board. It is chaired by the Trust's Chair, Ken Morris, who was the sole Director in attendance at its meetings during 2012/13. The Committee's other members during the year were Governors Paula Grey, Annette James, Pat Jones (Lead Governor to September 2012), Gail Mannion, Godfrey Mazhindu and Dorothy Zack-Williams (Lead Governor from October 2012).

During the year the Committee met on two occasions. At both meetings it considered NED succession planning given that the term of office of two serving NEDs would end during the year. At one of its meetings it also considered succession planning for the Trust Chair given that the incumbent Chair is serving his third and final term which will end in August 2014. A plan in respect of recruiting a new Chair of the Trust was agreed.

The Committee oversaw the reappointment of two of the Trust's Non-Executive Directors, Liz Cross and Pauleen Lane. In doing so it took the following approach:

- An updated job description and person specification in respect of the NED role was agreed by the Board of Directors.
- Both NEDs were invited to express interest in serving a further term and both confirmed that they wished to do so.
- The outcome of both NEDs' most recent appraisals was made known to the Nomination Committee by the Chair of the Council of Governors' Remuneration Committee.
- The Nomination Committee considered the diversity of the Board and the extent of recent NED turnover. It agreed that if the incumbent NEDs were to be reappointed there would be a need to address Board diversity in the short term, in particular its ethnic diversity. The Committee also gave consideration to the overall skill mix that the Board would continue to have if the two NEDs were reappointed.
- The Committee recommended the reappointment of the two NEDs for a further term of three years. This recommendation was accepted by the Council of Governors.

The Committee also gave consideration to a further NED position which the Council had agreed should remain vacant during 2012/13. This vacancy will be further considered in 2013/14.

- Nomination Committee of the Board of Directors. This Committee oversees the appointment of Executive Directors to the Board. It is also chaired by the Trust's Chair, Ken Morris, and its members are at least three other Non-Executive Directors plus the Chief Executive (unless the Chief Executive is being appointed). The Committee met once during the year and Directors' attendance is shown below.

Director	Nomination Committee of the Board of Directors
Ken Morris, Chair	1 of 1
Allan Bickerstaffe	0 of 1
Steve Burnett	1 of 1
Liz Cross	1 of 1
Ian Haythornthwaite	1 of 1
Pauleen Lane	0 of 1
Kathryn Thomson, Chief Executive	1 of 1
Michelle Turner, Director of Human Resources and Organisational Development	1 of 1 – partial attendance (ex-officio)

The Committee considered proposed changes to the Executive Director team relating to the planned departure of the Trust's Chief Operating Officer. It agreed to a reduction in number of Executive Director posts from six to five and also agreed the necessary portfolio realignment on an interim basis for a period of six months.

Remuneration Committee

Please see remuneration report on pages 130 - 132.

Code of Governance

The Trust remains committed to the principles of good corporate governance as outlined in the NHS Foundation Trust Code of Governance. Each year an assessment of the Trust's position against each of the Code provisions is undertaken, which states the current position and any actions required together with a statement against the principle of 'comply or explain'.

For the year 2012/13 the Trust can confirm that it complies with the provision of the Code with the following exceptions:

Code provision	Explanation
C.2.2 – NEDs, including the Chair, should be appointed by the Council of Governors for specified terms subject to reappointment thereafter at intervals of no more than three years and to the 2006 Act provisions relating to the removal of a director. The Chair should confirm to the governors that, following formal performance evaluation, the performance of the individual proposed for reappointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (e.g. two three-year terms) for a NED should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the Board. NEDs may in exceptional circumstances serve longer than six years (e.g. two three-year terms following authorisation of the Trust), but subject to annual appointment. Serving more than six years could be relevant to the determination of a NED's independence.	During 2011/12 the Trust's Council of Governors reappointed the incumbent Chair for a third and final three year term of office. Ken Morris had already served two three-year terms. In reaching its decision the Council's Nominations Committee took this Code provision fully into account. Its interview of Ken Morris focused in particular on assessing his independence, which the Committee agreed remained intact. Governors were also mindful of the need for some continuity on the Board of Directors given that three new NEDs were joining the Board during 2011/12. The terms of office of the NEDs who held the roles of the Board's Vice Chair and Senior Independent Director ended early in 2012 hence these roles were due to fall to new NEDs. Accordingly, the Committee did not consider that a change in Chairmanship at this time was in the best interests of the Trust.
E.1.4 – the remuneration committee (of the Board of Directors) should carefully consider what compensation commitments, (including pension contributions and all other elements) their directors' terms of appointment would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. In an early termination, compensation should be reduced to reflect the department director's obligations to mitigate loss.	The Board has agreed that the Trust will not move away from NHS terms and conditions and therefore nationally agreed compensation payments including redundancy would apply.

Council of Governors

The Trust's Council of Governors has a number of statutory duties, namely to appoint, remove and decide the terms of office (including remuneration) of the Chair and Non-Executive Directors, approving the appointment of the Chief Executive, appointing or removing the Trust's external auditors, receiving the annual report and accounts and external auditor's report, and expressing a view on the Trust's forward plans. The Council also ensures that the interests of the community served by the Trust are appropriately represented.

Each year the Council of Governors meets on at least three occasions, in public. Between April 2012 and March 2013 the Council met on 6 occasions.

The tables below details the names of those who were Governors during the reporting period, whether they were elected or appointed to the role and the length of their appointment. Also shown is attendance of individual Governors at formal meetings of the Council held during the year

Public Governors (elected)	Area	[10]Term of office	From	To	Council of Governors' meetings attended, April 2012 – March 2013
Bedding, Kate	Central Liverpool	3 years	2011	2014	4 of 6
[11]Craven, Andy	Knowsley	3 years	2011	2014	2 of 3
[12]Croft, Jayne	Knowsley	3 years	2011	2014	4 of 6
Day, Morag	Central Liverpool	3 years	2009	2012	1 of 2
Henry, Felicia	Sefton	3 years	2011	2014	2 of 6
James, Annette	South Liverpool	3 years	2010	2013	3 of 6
[13]Jennings, Bethan	Other public (rest of England & Wales)	3 years	2010	2013	2 of 3
Jones, Pat	Sefton	3 years	2009	2012	2 of 2
Jones, Pat	Other public (rest of England & Wales)	3 years	2009	2012	2 of 2
Kelly, Maureen	Sefton	3 years	2011	2014	5 of 6
[14]Kerr, Barbara	North Liverpool	3 years	2012	2015	5 of 6
[15]McDonald, Mary	South Liverpool	3 years	2012	2015	5 of 6
Mograby, Lorna	Central Liverpool	3 years	2012	2015	3 of 4
Moran, Paul	Central Liverpool	3 years	2011	2014	5 of 6
[16]Read, Tina	Other public (rest of England & Wales)	3 years	2011	2014	2 of 3
[17]Rodney, Lisa	Central Liverpool	3 years	2010	2013	1 of 3
[18]White, Valerie	North Liverpool	3 years	2011	2014	2 of 6
Yadata, Nuhamin	Central Liverpool	1 year	2011	2012	1 of 2
[19]Zack-Williams, Dorothy	Central Liverpool	3 years	2012	2015	6 of 6

10 Terms of office begin and end at the annual members' meeting, usually held in September each year
11 Resigned seat in Quarter 3 of 2012/13 as a result of change in eligibility to hold it
12 Term commenced March 2012 following bi election
13 Resigned seat in Quarter 4 of 2012/13
14 Re-elected September 2012 for a further three year term
15 Re-elected September 2012 for a further three year term
16 Dr Tina Read sadly died during the year
17 Resigned seat in Quarter 3 of 2012/13
18 Term commenced March 2012 following bi election
19 Re-elected September 2012 for a further three year term

Staff Governor (elected)	Class	[20]Term of office	From	To	Council of Governors' meetings attended, April 2012 – March 2013
Cooper, Iris	Nurses	3 years	2011	2014	1 of 6
Drakeley, Andrew	Doctors	3 years	2010	2013	5 of 6
[21]Farmer, Cheryl	Clinical Support Staff & non-clinical staff	1 year	2011	2012	0 of 2
Foley, John	Clinical Support Staff & non-clinical staff	3 years	2012	2015	4 of 4
[22]Graham, Susan	Clinical Support Staff & non-clinical staff	3 years	2011	2014	0 of 0
Mannion, Gail	Scientists, Allied Health Professionals & Technicians	3 years	2011	2014	4 of 6
[23]Mehigan, Simon	Midwives	1 year 1 year	2011 2012	2012 2013	2 of 2 3 of 3
O'Keeffe, Cathy	Clinical Support Staff & non-clinical Staff	3 years	2009	2012	1 of 2
[24]Webster, Amanda	Midwives	3 years	2012	2013	0 of 1

Appointed Governors (appointed	Organisation	Council of Governors' meetings attended, April 2012 – March 2013
[25]Alfirevic, Ana	University of Liverpool	1 of 1
[26]Casstles, Helen	Liverpool City Council	0 of 1
[27]Gladden, Roz	Liverpool City Council	0 of 3
Gray, Paula	Liverpool Primary Care Trust	4 of 6
Johnston, Kate	Liverpool John Moores University	3 of 3
[28]Mazhindu, Godfrey	Liverpool John Moores University	0 of 2
[29]Moorhead, Kay	Knowsley Borough Council	0 of 1
Spelman, Sue	Down's Syndrome Liverpool	3 of 6
[30]Wray, Susan	University of Liverpool	3 of 5

Some of the seats on the Council were vacant during the course of the year. These were in the public seats of Central Liverpool, Sefton, Knowsley and the rest of England and Wales, one of the clinical support staff and non-clinical staff seats and the appointed Governor seats for Knowsley Borough Council, Sefton Primary Care Trust, Knowsley Primary Care Trust and the partnership organisation seats.

20 Terms of office begin and end at the annual members' meeting, usually held in September each year
21 Next highest polling candidate following end of governorship served by Susan Graham hence elected until the next annual election (September 2012)
22 Term ended in Quarter 1 of 2012/13 when employment transferred to another organisation
23 Term of office ended September 2012. However was next highest polling candidate following mid-term end of governorship served by Amanda Webster hence re-elected until the next annual election (September 2013)
24 Resigned seat in Quarter 3 of 2012/13
25 Appointed during the year as successor to Susan Wray
26 Appointed during the year as successor to Roz Gladden
27 Resigned seat in Quarter 3 of 2012/13 and succeeded by Helen Casstles
28 Governorship ended during Quarter 2 of 2012/13 when ceased to be an employee of the appointing organisation
29 Term ended during Quarter 2 of 2012/13 when found to be ineligible to hold position of Governors at the Trust
30 Term ended during the year and succeeded by Ana Alfirevic

Elections to the Council were held during the year in respect of 9 seats that became vacant at the conclusion of the 2012 annual members' meeting in September 2012. Of these, 4 were elected to unopposed, contested elections were held in respect of 2 and no nominations were received in respect of 3 of the seats. All public and staff governors were elected by members in their constituency, by secret ballot and the Electoral Reform Service acted as returning officer. The exception to this is where governors were elected unopposed as a result of being the sole candidate for an available seat. Partnership governors were appointed by their appointing organisation.

Composition of the Council of Governors will change in April 2013. During the course of the year the Council and the Board of Directors reviewed the Trust's constitution in order to incorporate changes that would come about with introduction of the Health and Social Care Act 2012. During this review changes to the Council's composition were proposed and these were supported by the Trust's members at a special members' meeting held in March 2013. These changes will see composition of the Council of Governors change from 18 to 14 public Governors, from 6 to 5 staff Governors and from 9 to 7 appointed Governors.

There is an excellent working relationship between the Council of Governors and the Board of Directors. Governors effectively fulfill their statutory duties and the Council provides both constructive challenge and support to the Board. Members of the Board of Directors regularly attend meetings of the Council of Governors in order to understand Governors' views and concerns and all Directors receive agenda for the Council's meetings. The Chief Executive has a standing invitation to attend all meetings of the Council.

Governors receive agenda for meetings of the Board of Directors held in public and Governors and Directors meet informally on a regular basis.

Governors are not remunerated but they are entitled to claim expenses in connection with their duties. Details of Governors' expenses claimed during the year are given on page 181.

Directors' attendance at meetings of the Council of Governors held during 2012/13 is given below:

Director	Council of Governors' meetings attended, April 2012 – March 2013
Allan Bickerstaffe	3 of 6
Steve Burnett	4 of 6
Liz Cross	5 of 6
Vanessa Harris	4 of 6
Ian Haythornthwaite	1 of 6
Jonathan Herod	4 of 6
Pauleen Lane	1 of 6
Ken Morris	6 of 6
Gail Naylor	2 of 6
Caroline Salden	3 of 5
Kathryn Thomson	5 of 6
Michelle Turner	4 of 6

Our members

Any member of the public over the age of 12 years who lives in England and Wales is able – and welcome! – to become a member of Liverpool Women's NHS Foundation Trust. Most of our members come from the areas where we provide clinical services, namely the local authority areas of Central Liverpool, North Liverpool, South Liverpool, Knowsley and Sefton. Some 1,540 of our members come from outside these areas, the constituency known as Rest of England and Wales.

Membership of the Trust is made available to all Trust staff automatically where they have a permanent contract of employment or have worked for the Trust for at least 12 months.

As at 31 March 2013 the Trust had 11,572 members:

Public	Number
Central Liverpool	3,006
North Liverpool	1,708
South Liverpool	1,448
Knowsley	1,169
Sefton	1,327
Rest of England and Wales	1,540
Total public membership	10,198

Staff	Number
Doctors	71
Nurses	329
Midwives	326
Scientists, technicians and allied healthcare professionals	140
Administrative, clerical, managers, ancillary and other support staff	508
Total staff membership	1,374

The Trust's Council of Governors developed and approved a three year membership strategy in October 2011. 2012/13 has seen further progress made in achieving the strategy's aims to achieve and maintain a representative membership, listen to our members and take their views into account when planning new developments and/or changes to services, encourage our members to stand for election to the Council of Governors, provide an opportunity for our members to learn more about the Trust, and to increase the quality and level of participation in the Trust's democratic structures.

Our 'Medicine for Members' series continued to run during the year, offering members the opportunity to meet with clinical experts from the Trust to discuss a broad range of women's health issues including menopause, continence and managing pain during labour. Held bi-monthly these events have not been as successful as hoped for and the Council's Membership Strategy Committee is therefore planning a range of alternative approaches to engaging with our members.

One such approach has been the hosting of two Partnership Summits, bringing together organisations from across the city with an interest in women's healthcare in order to explore effective ways of working together in order to have the most positive impact on women's lives. The second of the two Summits was held as a part of our celebration of International Women's Day on 8 March 2013 when we also held a special members' meeting to seek our members' approval of changes to our constitution.

In September 2012 we held our annual members' meeting and hospital open day. Once again we welcomed many hundreds of people through the hospital's doors to meet with Governors, Directors and Trust staff and to learn more about the services we offer. A patient of our reproductive medicine services spoke at the annual members' meeting about her successful in vitro fertilisation treatment which had resulted in a family of five healthy children, all conceived at the same time but born several years apart.

It remains important that our membership, and our Council of Governors, reflects the characteristics of the population we serve. With this in mind we introduced last year a membership form which asks our members to tell us about themselves and their interests. In this way we are able to assess how representative our membership is and to target recruitment as appropriate.

During the year, Governor Mary McDonald stood down from her role as Chair of the Council's Membership Strategy Committee, handing it over to Governor Kate Bedding. Thanks go to Mary who did a fabulous job in the role and also to Kate who is leading the Committee's work with passion and enthusiasm.

We continued to publish our members' newsletter, Generations, which is sent to all our members.

Members can contact Governors and Directors at the Trust by:

- Post – Trust Offices, Liverpool Women's NHS Foundation Trust, Crown Street, Liverpool L8 7SS
- Telephone – 0151 702 4018
- Email – *communications@lwh.nhs.uk* or to contact Governors, *governor@lwh.nhs.uk*.

Statement of the Chief Executive's responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Liverpool Women's NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed Liverpool Women's NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Liverpool Women's NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Kathryn Thomson
Chief Executive
29 May 2013

Annual governance statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievements of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Liverpool Women's NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Liverpool Women's NHS Foundation Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's risk management strategy sets out the responsibility and role of the Chief Executive in relations to risk management which, as Accounting Officer, I have overall responsibility for. I have delegated the following responsibilities to my Executive Directors:

- The Director of Nursing, Midwifery and Operations is responsible for implementation and effectiveness of risk management systems, all aspects of risk management and governance including health and safety management and emergency planning and preparedness. She is also responsible for operational and business risks.
- The Medical Director is responsible for all aspects of clinical risk management and clinical governance.
- The Director of Finance is responsible for risk management as it relates to the policies, procedures and systems of financial control and management and in respect of service performance.
- The Director of Human Resources and Organisational Development is responsible for workforce risks and risks relating to communication, reputation and marketing.

Membership of the executive team changed towards the end of 2012/13 when the Trust's Chief Operating Officer left the organisation in order to pursue a secondment opportunity. Executive portfolios were realigned accordingly and the Chief Executive confirmed to the Board's Remuneration Committee that this realignment posed minimal risk to the ongoing effective management and development of the Trust. The Trust's clinical divisional structure also changed and now comprises a division which incorporates maternity, gynaecology, surgical services, neonates and clinical support services led by a Divisional Manager, and a division comprising reproductive medicine and genetics which is led by a Commercial Director. These divisions come under the executive leadership of the Director of Nursing, Midwifery and Operations, and the Director of Finance respectively.

A framework for managing risks across the Trust is provided through the risk management strategy. It provides a clear, structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes at all levels across the organisation.

A committee structure supports the Trust's integrated governance processes and which facilitates the appropriate identification of risk ensuring it is properly mitigated, monitored and reported. The Chief Executive chairs the Corporate Risk Committee which coordinates and prioritises all categories of risk management. In fulfilling its role the Committee routinely reviews the Trust's risk registers. The Corporate Risk Committee reports to the Governance and Clinical Assurance Committee of the Board of Directors.

The risk management strategy clearly identifies the Chief Executive as providing leadership and accountability to the Trust for risk management and quality improvement. The Board of Directors receives annual training in risk management and all staff receive basic risk management training via the Trust's mandatory training programme. In addition, specific staff are trained to a higher level in risk management techniques such as root cause analysis and IOSH (Institution of Occupational Safety and Health) working and managing safely, as identified through the training needs analysis process. The Trust's annual staff performance and development review process is used to identify where and if additional, enhanced risk management training is required. Taken together these arrangements ensure staff are trained or equipped to manage risk in a way appropriate to their authority and duties.

Details of all known adverse incidents are captured within the Trust using a centralised system (ULYSSES, SAFEGUARD). Data from this system informs trend reports to the Board, its Governance and Clinical Assurance Committee and to operational risk and quality committees. Reports focus on the performance management of actions and recommendations and thus eliminate any risk of false assurance. During the year a 'deep dive' was undertaken to test how embedded agreed actions were following the investigation of a serious untoward incident. This process will be repeated in respect of a small, random selection of incidents to ensure that actions planned following their investigation are properly and fully embedded within the organisation.

The Audit Committee has overarching responsibility for the management of risk systems and processes within the organisation. The Trust's three assurance committees – the Governance and Clinical Assurance Committee, the Finance, Performance and Business Development Committee and the Putting People First Committee – monitor the Trust's Board Assurance Framework (BAF) which identifies the key risks to its corporate objectives. These Committees have oversight of progress against action plans prepared in respect of risk issues and each Committee reports directly to the Board of Directors. The Board itself reviews the BAF at least twice per annum.

The BAF in place at the Trust has been reviewed and considered by its internal auditors in preparing their Director of Audit Opinion and Annual Report for 2012/13. In this Opinion/ Report significant assurance is given that the Trust has a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Developing a risk aware and risk sensitive culture remains an ongoing aim for the Trust. This is to enable risk management and risk management decisions to occur as near as practicable to the source of the risk. It is also to facilitate appropriate escalation of those risks that cannot be dealt with at the local level.

The risk and control framework

The Trust's BAF is the principal mechanism through which the organisation identifies, quantifies, prioritises and monitor's the Trust's risks together with its risk management activity and outcome. The most significant risks, both in-year and on-going, are contained within the Trust's corporate risk register. The register drives a dynamic process that changes in response to the changing profile and status of the risks it contains. Significant risks are those scored at 15 or above. The corporate risk register is reviewed each month by the Trust's Corporate Risk Committee which is chaired by the Chief Executive.

Significant risks to the organisation are identified through risk reporting and through the work of committees which are informed by the Trust's risk management and quality improvement functions. The Board agrees and reviews the risks outlined in the BAF and makes informed decisions about risk treatments and interventions based on the best intelligence available. In this way the Board is able to determine its risk appetite. Decisions relating to the organisation's response to individual identified risks are therefore determined by the Trust's appetite which remains risk averse, and consequently favours intervention wherever possible.

During the year the Trust's greatest risks, as described in the BAF were the delivery of our cost improvement programme and income target, establishment of a Cancer Centre in Liverpool, medical equipment maintenance, compliance with drugs policies and guidelines, compliance with pre-employment checks and mandatory training, the ability to provide safe maternity services and compliance with alerts issued by the National Patient Safety Agency (NPSA). Also included on the BAF were robust workforce plans, staff survey results, the capacity and capability of our leaders, availability of skilled information technology staff, changes in our Hewitt Centre, the potential loss of our genetics service and changes in the NHS architecture. These BAF risks were monitored by the Board's assurance committees throughout the year and during the course of which a number of the risks were removed from the BAF following effective mitigation.

Major risks facing the Trust in 2013/14 are delivery of our cost improvement programme, compliance with mandatory training requirements in respect of safeguarding, workforce plans to address the ageing workforce profile, capacity and capability of our leaders, staff survey results, the future of genetics service provision, an effective administrative and clerical function, the ability to provide safe maternity services, compliance with alerts issued by the NPSA, pathology service provision and establishment of a Cancer Centre in Liverpool

During 2012/13 the Trust has been implementing a model of integrated governance. This best practice model is defined by having in place highly effective systems, processes and behaviours governing quality assurance and operating within a transparent dynamic that encourages challenge. There are defined clinical and patient safety performance metrics within the Trust's broad governance work-streams which are monitored through the Trust's internal control systems (clinical governance) and external assurance(s) accreditation including NHS Litigation Authority (NHSLA), Clinical Negligence Scheme for Trusts (CNST), Care Quality Commission (CQC), Human Fertility and Embryology Authority (HFEA) and the National Patient Safety Agency (NPSA). Evidence of the Trust's compliance with internal controls (patient safety and clinical effectiveness) is maintained through a near-live evidence repository (HealthAssure) which is available for evaluation by internal and external managers. The assurance repository is continuously updated and monitored and provides robust in-year, near real-time assurance in respect of external accreditations of safety and quality.

The quality of performance information used across the Trust is assessed using a multi-layered approach. All patient NHS numbers are checked and validated against national data on a weekly basis, patient level activity data is validated against plan on a monthly basis, including consistency checking across hospital/clinical patient record systems and a central data warehouse, and datasets are verified through two external sources. Our data is then further reviewed to compare against national, contractual and locally agreed data quality measures using comparators provided by CHKS, an independent provider of healthcare benchmarking intelligence, and for validation against national expectations using data provided via SUS (Secondary Uses Service), which is part of the NHS. Summary and data level reports are provided to our clinical divisions following the quality checking process, to allow them to correct any errors and review data entry processes.

The Trust operates a principle whereby risks are identified early and are resolved as close as possible to where the risk originated. The dynamic risk register in place is actively monitored by senior managers within clinical and corporate departments and serious risks and/or risks that have remained unresolved for a period of time are escalated for action as appropriate. The risk register operates as part of a coordinated process within the Trust's BAF.

The reporting of incidents, including serious incidents, is actively encouraged. Reporting is via SAFEGUARD, the Trust's web-based incident reporting system. During the year the number of incidents reported, and learning from reported incidents, has continued to rise. This trend is viewed by the NPSA as an indicator of a positive quality culture within NHS organisations. Any decline in quality would be measured via a triangulation of intelligence from a number of valid sources including incidents, complaints, contact with our Patient Advice and Liaison Service, dialogue with patient representative organisations, input from our primary care stakeholders and feedback from GPs, alongside clinical performance benchmarking data to give a comprehensive quality map of the Trust.

A strengthened process of developing, reviewing and approving policy documents was introduced during 2012/13. All policies now go through a streamlined and robust approvals process which ensures appropriate standardisation of documentation, including completion of equality impact assessments.

Risks to data security are managed and controlled as part of our risk and control framework. The Trust is ISO 28001 certified which brings our information and data security under explicit management control. Our Director of Finance is responsible for information governance, the performance against which is monitored through our Governance and Clinical Assurance Committee.

Patients are involved in the risk management process in a number of ways. A patient story is told at the beginning of every meeting if the Board of Directors, sometimes by the patient in person, via a video or audio recording or on their behalf by the Director of Nursing, Midwifery and Operations. Organisational learning from each story told is identified and actions taken in response are reported back to the Board. The same patient stories are also told at the beginning of each meeting of Trust Management Group which brings together the Trust's executive team, senior clinical and corporate leaders and is chaired by the Chief Executive. The Trust also considers complaints, litigation and PALS (Patient Advice and Liaison Service) feedback as important indicators of effectiveness which inform the risk management process. The Board and its relevant committees regularly receives reports detailing this feedback.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. Assurance is obtained on compliance with CQC registration requirements via the monthly Quality and Risk Profile the Commission issues. This is reviewed by members of the executive team and via the Board's Governance and Clinical Assurance Committee and the Trust's Clinical Governance Committee.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources.

Each year the Trust prepares an annual plan and produces a complementary operational plan. These detail the Trust's plans, its budget and efficiency targets and are approved by the Board of Directors. The Trust's Council of Governors is invited to comment on the plans and a report on performance against them is presented to the Council at each of its formal meetings.

The Audit Committee commissions reports on specific issues relating to economy, efficiency and effectiveness through the internal audit plan. Implementation of recommendations is overseen by the Audit Committee and the executive team.

The Board reviews the financial position of the Trust each time it meets via a performance and assurance report. This provides integrated information on financial performance, including the achievement of efficiency targets and other performance measures. There is a scheme of delegation in place and the key governance committees of the Board are a part of this process, principally the Audit Committee, Finance, Performance and Business Development Committee and the Governance and Clinical Assurance Committee.

During the year a Service Sustainability Board (SSB) was established to provide oversight and challenge in respect of the Trust's delivery of its corporate aims. This Board comprises the executive team together with senior clinical and corporate leaders and it scrutinises, challenges and agrees the Trust's plans to deliver clinically and financially viable services. In particular the SSB reviews the potential impact on clinical quality of any business cases or plans to reconfigure services.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Quality Report is contained within this annual report. Key controls are in place to prepare and publish the Quality Report, responsibility for which is discharged through the Trust's Medical Director who provides leadership. Each of the Trust's clinical functions has a designated clinical governance lead who is a consultant clinician. Clinical governance leads are responsible for operationally managing delivery of the Quality Report which focuses on patient safety, clinical effectiveness and patient experience. Clinical Directors and Divisional Managers/ Directors are accountable for delivering all aspects of the Quality Report.

A key role is played by the Trust's Clinical Governance Committee in preparing the Trust's Quality Report each year. Chaired by the Trust's Medical Director, this committee provides a forum for discussion and challenge in respect of quality indicators and enables a balanced view to be presented in the published Quality Report. Led by the Medical Director, Head of Governance and Governance Quality Manager, a stakeholder event in respect of our draft Quality Report was held in April 2013. At that event our stakeholders were invited to comment upon and question our draft report and they have been given a subsequent opportunity to do so. The input of our stakeholders adds further to the balanced view presented in the Quality Report.

A quality performance report and dashboard has been established in order to review and report the quality metrics. This is updated monthly and regularly reviewed by the Trust's Clinical Governance Committee. The dashboard is key to delivery of the Quality Report; delivery is also supported by the Trust's Head of Clinical Audit, Head of Governance and Head of Information for Governance who combined provide the skills necessary to compile, analyse and audit for the accuracy of data which informs the quality metrics. Data sources used include the Trust's Nursing and Midwifery indicators, data reported under CQUINS (Commissioning for Quality and Innovation payment framework), Inpatient Commissioning Dataset, Trust activity data drawn largely from Meditech, IDEAS reproductive medicine database, clinical audit data, Ulysses incident reporting system, CHKS and SUS data, inpatient and day case survey results and our staff survey results.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Governance and Clinical Assurance Committee, the Clinical Governance Committee and the Corporate Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Director of Internal Audit has provided me with a positive opinion on the overall adequacy and effectiveness of the organisation's system of internal control. The assurance framework in place provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives has been reviewed. The Director of Internal Audit has stated that in his opinion, significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The Director of Internal Audit's opinion makes reference to two audits conducted during the year in respect of which specific management reviews were undertaken. The first of these concerned the Trust's systems and processes to respond to alerts issued by the National Patient Safety Agency (NPSA) which reported a finding of 'no assurance'. The second was in respect of how the Trust had responded to recommendations made following an independent review of governance which was prompted by the surgical practices of one of its consultants during 2008/09. Further details of both matters is given on page 155.

My review of effectiveness is also informed by reports and minutes from the Audit Committee, Governance and Clinical Assurance Committee, Putting People First Committee, Clinical Governance Committee, Emergency Planning Committee and Infection Prevention and Control Committee. Other relevant assessments to which the Trust responds includes CNST and NHSLA risk management standards, relevant CQC reviews, PEAT (Patient Environment Action Team) reviews, national confidential inquiries, reports from the Centre for Maternal and Child Enquiries and Ombudsman's reports. Independent assessment has been provided by the NHS Litigation Authority assessors who re-accredited the Trust as Level III for general standards in May 2011 and re-accreditation at Level III of the Clinical Negligence Scheme for Trusts for maternity standards in June 2011. The Audit Commission have provided an independent audit (March 2013) to assess our coding and costing of inpatient activity during the year. Initial results suggest the Trust's clinical coding continues to ensure appropriate income is received by the Trust within the Payment by Results data assurance framework.

In reviewing the system of internal control I am fully aware of the roles and responsibilities of the following:

- The Board of Directors whose role is to provide active and visible leadership of the Trust within a framework of prudent and effective controls that enable risk to be assessed and effectively managed. The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.
- The Audit Committee which, as part of our governance structure, is pivotal in advising the Board on the effectiveness of the system of internal control.
- The Board's assurance committees namely the Governance and Clinical Assurance Committee, the Finance, Performance and Business Development Committee and the Putting People First Committee, each of which provides strategic direction and assurance to the Board in respect of risk management.

- The Clinical Governance Committee which is instrumental in preparing our Quality Report and monitoring performance against agreed quality indicators.
- Internal audit provides regular reports to the Audit Committee as well as full reports to the Director of Finance and executive team. The Audit Committee also monitors action taken in respect of audit recommendations and the Director of Finance and Deputy Director of Finance meet regularly with the internal audit manager.
- External audit provides an annual audit letter and progress report through the year to the Audit Committee.

Significant control issues would be reported to the Board via one of its committees. All significant risks identified within the BAF have been reviewed in-year by the Board and relevant committee and appropriate control measures put in place.

During the year, specific management reviews were undertaken as a result of risks to performance identified from the performance management system. These included:

- Medicines management. As reported in our annual report for 2011/12, in February 2012 the CQC made an unannounced visit to the Trust and reported a moderate concern in respect of compliance with key CQC outcome 09 – Management of Medicines. The Commission judged that the Trust had in place arrangements for obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines but that staff were not always following them. The Trust responded by expediting an already planned review of its pharmacy services and an action plan was put in place to address the concerns raised. The CQC subsequently revisited the Trust and confirmed that its moderate concern was to be lifted.
- National Patient Safety Alerts. In December 2012 the Trust received a report from internal audit offering no assurance in respect of its systems and processes to respond to alerts issued by the National Patient Safety Agency (NPSA). It made four recommendations namely the need to continuously monitor compliance with alerts, have in place completed action plans for all NPSA alerts to demonstrate compliance, ensure that NPSA alerts were properly received and acted upon by designated leads and that data from the central alert system (CAS) needed to be transferred to the Trust's SAFEGUARD CAS. The Trust took swift action to respond to the recommendations and progress against them will be monitored by the Board's Audit Committee and Governance and Clinical Assurance Committee.
- As previously reported through our annual reports, the Trust had cause to review the surgical practices of one of its consultants during 2008/09. This review led to the recall of a number of patients in order for the Trust to be satisfied that they have received the quality of care expected for all patients. All of these patients were signposted to further treatment or they were discharged, whichever was most appropriate for them. An independent review of governance arrangements was commissioned by the Trust to determine the lessons that could be learned and identify any areas for further improvement. The outcome of this review was considered by the Board of Directors in January 2010. It concluded that the Trust's governance arrangements were generally strong and that the issues that triggered the review was not systemic. An action plan was developed based on the report's recommendations and which was implemented and monitored through the Trust's governance structure during 2010/11, 2011/12 and 2012/13. An independent review of its implementation was also commissioned and undertaken during 2010/11, to provide robust assurance that all required actions had been satisfactorily completed or were on target for completion, and the report of this review was considered by the board of Directors in April 2011.

During 2012/13 the Trust commissioned its internal auditor to provide some external assurance that the organisation had adopted, embedded and learned from the recommendations made in the independent review of governance. This review led to a finding of limited assurance and indicated that further work was required in respect of two of the recommendations. Trust Management Group considered the internal audit finding in March 2013 and remitted oversight of the work put in place to more fully respond to the two recommendations to two of the Trust's Committees. The Board's Putting People First Committee will monitor progress in respect of the recommendation concerning introduction of a comprehensive medical workforce recruitment and development strategy; the Clinical Governance Committee will oversee progress in respect of the collection, collation and reporting of outcome measures in the Trust's urogynaecology service. The Board's Governance and Clinical Assurance Committee will continue to monitor the Trust's overall response to the original, independent report of governance until such time as it can be demonstrated all actions arising from it have been satisfactorily completed.

The Board of Directors is committed to continuous improvement and the development of systems of internal control

Conclusion

There have been no significant control issues identified during 2012/13 and up to the date of approval of the annual report and accounts.

Kathryn Thomson
Chief Executive
29 May 2013

Independent Auditors' Report to the Council of Governors of Liverpool Women's NHS Foundation Trust

Independent Auditors' Report to the Council of Governors of Liverpool Women's NHS Foundation Trust

We have audited the financial statements of Liverpool Women's NHS Foundation Trust for the year ended 31 March 2013 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2012/13 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibilities Statement the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13. Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and International Standards on Auditing (ISAs) (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Liverpool Women's NHS Foundation Trust in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the NHS Foundation Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view, of the state of the NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trusts Annual Reporting Manual 2012/13.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trusts Annual Reporting Manual 2012/13; and
- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- we have qualified, on any aspect, our opinion on the Quality Report.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Rachel McIlwraith (Senior Statutory Auditor)
For and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Manchester
29 May 2013

Notes:

Where the report is included on the client's website, include these notes unless the statement of directors' responsibilities clearly:

- states the directors' responsibility for the maintenance and integrity of the website; and
- refers to the fact that uncertainty regarding legal requirements is compounded as information published on the internet is accessible in many countries with different legal requirements relating to the preparation and dissemination of financial statements.
  - (a) The maintenance and integrity of the Liverpool Women's NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
  - (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Financial accounts

Liverpool Women's NHS Foundation Trust Annual Accounts 2012/13

Foreword to the accounts

These accounts for the year ended 31 March 2013 have been prepared by Liverpool Women's NHS Foundation Trust and are presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006 in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury directed.

Kathryn Thomson
Chief Executive
29 May 2013

Liverpool Women's NHS Foundation Trust is a public benefit corporate domiciled in England. The principal activities of the Trust are to serve the community by the provision of goods and services for the purpose of the health service in England. This includes education and training, research, accommodation and other facilities related to the provision of health care.

Registered address: Crown Street, Liverpool L8 7SS.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013

	Note	2012/13 £000	2012/13 £000	2011/12 £000
Operating Income	2		**94,788**	94,364
Operating Expenses	3		**(94,043)**	(89,488)
OPERATING SURPLUS			**745**	4,876
Finance Costs:				
Finance income	5	**39**		49
Finance expense – unwinding of discount on provisions	15	**(21)**		(18)
PDC Dividends payable		**(1,661)**		(1,480)
Net Finance Costs			**(1,643)**	(1,449)
(Deficit)/surplus for the year			**(898)**	3,427
Surplus before exceptional items			**1,050**	3,572
Exceptional Items	8		**(1,948)**	(145)
(Deficit)/surplus for the year			**(898)**	3,427
Other comprehensive income				
Revaluation gains and losses	8		**400**	0
TOTAL COMPREHENSIVE INCOME FOR THE YEAR			**(498)**	3,427

STATEMENT OF FINANCIAL POSITION as at 31 MARCH 2013

	Note	At 31 March 2013 £000	31 March 2012 £000
ASSETS			
Non-current assets:			
Intangible assets	7	**141**	84
Property, plant and equipment	8	**60,207**	54,747
Total non-current assets		**60,348**	54,831
Current Assets			
Inventories	10	**328**	223
Trade and other receivables	11	**8,938**	3,573
Cash and cash equivalents	12	**11,660**	14,075
Total current assets		**20,926**	17,871
TOTAL ASSETS		**81,274**	72,702
LIABILITIES			
Current liabilities			
Trade and other payables	13	**(11,544)**	(10,440)
Provisions	15	**(2,898)**	(2,593)
Other liabilities	15	**(7,134)**	(1,123)
Total current liabilities		**(21,576)**	(14,156)
Non-current liabilities			
Provisions	15	**(670)**	(753)
Other liabilities	15	**(1,733)**	0
Total non-current liabilities		**(2,403)**	(753)
TOTAL LIABILITIES		**(23,979)**	(14,909)
TOTAL ASSETS EMPLOYED		**57,295**	57,793
TAXPAYERS' EQUITY			
Public Dividend Capital		**35,210**	35,210
Revaluation reserve	16	**3,658**	4,307
Income and expenditure reserve		**18,427**	18,276
TOTAL TAXPAYERS' EQUITY		**57,295**	57,793

The accounts on pages 159 to 193 were approved by the Board of Directors on 24 May 2013 and signed on the Board's behalf by:

Kathryn Thomson
Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2012/13	**Total**	**Public Dividend Capital**	**Revaluation Reserve**	**Income and Expenditure Reserve**
	£000	**£000**	**£000**	**£000**
Taxpayers' Equity at 1 April 2012	**57,793**	**35,210**	**4,307**	**18,276**
Surplus for the year	(898)	0	0	(898)
Revaluation gains	400	0	400	0
Transfers between reserves	0	0	(1,049)	1,049
Taxpayers' Equity at 31 March 2013	**57,295**	**35,210**	**3,658**	**18,427**

The revaluation gain is in respect of the revaluation of land by DTZ professional valuers as at 31 March 2013. The transfer of reserves relates to the reclassification of previously revalued assets no longer in use.

2011/12	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Donated Asset Reserve
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2011	54,366	35,210	4,307	14,636	213
Prior year adjustment	0	0	0	213	(213)
Taxpayers' Equity at 1 April 2011 (restated)	54,366	35,210	4,307	14,849	0
Surplus for the year	3,427	0	0	3,427	0
Taxpayers' Equity at 31 March 2012	57,793	35,210	4,307	18,276	0

In the financial statements for the year ended 31 March 2012, the SOCITE was restated to comply with the change in accounting policy regarding the donated asset reserve which was eliminated and transferred to the income and expenditure reserve.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2013

		2012/13	2011/12
	Note	£000	£000
Operating surplus generated from operations	SOCI	**745**	4,876
		745	4,876
Non-cash income and expense:			
Depreciation and amortisation	3	**2,782**	2,368
Impairments	3	**2,039**	599
Reversal of impairments	2	**(24)**	0
Loss on disposal	8	**195**	0
Other movements in operating cashflows		**(21)**	0
(Increase)/decrease in Trade and Other Receivables	11	**(5,365)**	1,342
(Increase)/decrease in Inventories	10	**(105)**	173
Increase/(decrease) in Trade and Other Payables	13	**1,104**	(2,503)
Increase/(decrease) in Other Liabilities	15	**7,745**	15
Increase/(decrease) in Other Provisions	15	**222**	134
Net cash generated from operations		**9,317**	7,004
Cash flows from investing activities			
Interest received	5	**39**	49
Sales of financial assets		**0**	1,000
Purchase of Intangible assets	7	**(107)**	0
Purchase of Property, Plant and Equipment	8	**(10,004)**	(7,983)
Net cash used in investing activities		**(10,072)**	(6,934)
Cash flows from financing activities			
PDC Dividend paid		**(1,660)**	(1,438)
Cash flows used in other financing activities		**0**	(16)
Net cash used in financing activities		**(1,660)**	(1,454)
Increase/(decrease) in cash and cash equivalents		**(2,415)**	(1,384)
Cash and Cash equivalents at 1 April		**14,075**	15,459
Cash and Cash equivalents at 31 March	12	**11,660**	14,075

Notes to the accounts

1. Accounting policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2012/13 NHS Foundation Trust Annual Reporting Manual issued by Monitor.

The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts.

The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

Accounting standards and amendments issued but not yet adopted in the accounts

The following standards, amendments and interpretations to existing standards have been published and are mandatory for the Trust's accounting periods beginning on or after 1 April 2013 or later periods. These have not been early-adopted by the Trust:

- IAS 1 Presentation of financial statements (Other Comprehensive Income) - this standard is applicable for periods beginning on or after 1 July 2012.
- IAS 12 Income Taxes (amendment) - this standard is applicable for periods beginning on or after 1 January 2013.
- IAS 19 Post-employment benefits (pensions) - this standard is applicable for periods beginning on or after 1 January 2013.
- IAS 27 Separate Financial Statements - this standard is applicable for periods beginning on or after 1 January 2014.
- IAS 28 Investments in Associates and Joint Ventures - this standard is applicable for periods beginning on or after 1 January 2014.
- IAS 32 Financial instruments: Presentation on Offsetting financial assets and financial liabilities – this standard is applicable for periods beginning on or after 1 January 2014
- IFRS 9 Financial Instruments – this standard is applicable for periods beginning on or after 1 January 2015, the standard has not yet been EU endorsed
- IFRS 10 Consolidated Financial Statements - this standard is applicable for periods beginning on or after 1 January 2014.
- IFRS 11 Joint Arrangements - this standard is applicable for periods beginning on or after 1 January 2014.
- IFRS 12 Disclosure of Interests in Other Entities - this standard is applicable for periods beginning on or after 1 January 2014.
- IFRS 13 Fair Value Measurement - this standard is applicable for periods beginning on or after 1 January 2013.

None of these standards or interpretations are expected to have a significant impact on the accounts for 2012/13 had they been applied in that year.

1.1 Subsidiary - Charitable Funds

The Trust is also the Corporate Trustee of the Liverpool Women's NHS Foundation Charitable Trust (Registration No.1048294) and considers this to be a subsidiary of the Trust in accordance with International Accounting Standard (IAS) 27 (revised).

Subsidiary entities are those over which the trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

Until 31 March 2013, NHS charitable funds considered to be subsidiaries are excluded from consolidation in accordance with the accounting direction issued by Monitor.

1.2 Segmental reporting accounting policy

The Trust's core activities fall under the remit of the Chief Operating Decision Maker (CODM), which has been determined to be the Board of Directors. These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. The contracts follow the requirements of Payment by Results where applicable and services are paid for on the basis of tariffs for each type of clinical activity. The planned level of activity is agreed with our main commissioners for the year. The Trust's main commissioners are listed in the related party disclosure (see Note 17).

The Trust comprises of two clinical divisions, Maternity and Gynaecology. These divisions have been aggregated into a single operating segment because they have similar economic characteristics, are managed by a single divisional manager, the nature of the services they provide are the same (NHS care), and they have the same customers. The majority of the Trust's customers come from the City of Liverpool and surrounding areas, although the Trust also has contracts to treat patients from further afield including Wales and the Isle of Man. Both divisions have the same regulators (Monitor, the Care Quality Commission and the Department of Health). The overlapping activities and interrelation between the divisions also suggests that aggregation is appropriate. The divisional management teams report to the CODM, and it is the CODM that ultimately makes decisions about the allocation of budgets, capital funding and other financial decisions.

1.3 Accounting judgments and key sources of estimation and uncertainty accounting policy

In the application of the Trust's accounting policies, management is required to make judgments, estimates and assumptions regarding the carrying amount of assets and liabilities that are not readily apparent from other sources. These estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates as underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised.

The areas requiring critical judgments in the process of applying accounting policies are.

- Asset valuation and lives (including capitalisation of costs in respect of assets in the course of construction)
- Impairments of receivables
- Holiday pay accrual
- Pension provisions
- Legal claims and entitlements

Further detail of these policies can be found in their specific accounting policy notes.

1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Other operating income is recognised when, and to the extent, performance occurs. It is measured at the fair value of the consideration receivable. The main source of this income is from Primary Care Trusts, NHS Foundation Trusts and NHS Trusts. It includes Education and Training income, which arises from the provision of mandatory education and training as set out in the Trust's Terms of Authorisation. This income is recognised as costs are incurred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Finance income relates to interest receivable from balances held in bank accounts and amounts placed on short term deposit which is accrued on a time basis by reference to the principal outstanding and the interest rate applicable.

1.5 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales.

It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Holiday pay accrual

The accrual for outstanding leave has been calculated on a sample basis.

For all staff the amount of outstanding annual leave as at 31 March 2013 was requested across the whole Trust. The accrual was then calculated on a pro-rata basis according to the numbers of staff within the responses compared to the total staff in post in March.

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, plant and equipment

Asset Valuation and Lives

The value and remaining useful lives of land and buildings have been estimated by DTZ as part of a full revaluation exercise. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyor's Valuation Standards, 6th edition. The valuations were re-assessed at 31 March 2013 and the accounts adjusted accordingly. Valuations are carried out primarily on the basis of Depreciated Replacement Cost for specialised operational property and Existing Use Value for non-specialised operational property.

The lives of equipment assets, which includes plant and machinery, information technology equipment and furniture and fittings, are estimated using the historical cost of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is valued at depreciated cost with an annual review to make sure that such a method reflects current values. Where assets are of low value and/or have short useful economic lives, these are carried at depreciated historical cost as this is not considered to be materially different from fair value.

Software licences are depreciated over the shorter of the term of the licence and the useful economic life.

Recognition

The capitalisation policy for non-current assets is to capitalise expenditure over £5,000 that results in the creation of non-current assets for individual or grouped assets.

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets subsequently are measured at fair value.

Fair value of land and buildings are based on advice received from DTZ professional valuers.

Valuations provided by the professional valuers for land and buildings as at 31 March 2013 have been reflected in the 2012/13 accounts.

The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives using the straight line method.

Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation losses and gains

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

At each financial year end, the Trust checks for any indication that its property plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine the amount of the loss.

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of the impairment charged to operating expenses and the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made to from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversal of other impairments are treated as revaluation gains.

Assets in the course of construction

Assets in the course of construction are measured at cost of construction as at the year end. Assets are reclassified to the appropriate category when they are brought into use.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated non-current property, plant and equipment assets are capitalised at their fair value on receipt. The donation is credited to the income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the donation are to be consumed in a manner specified by the donor, in which case, the donation is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated assets are subsequently accounted for in the same manner as other items of non-current assets for property, plant and equipment.

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the trust intends to complete the asset and sell or use it;
- the trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset; and
- the trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Fair value is the amount at which an asset may be exchanged in an arm's length transaction. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The economic life of intangible assets is shown in note 9 to the accounts.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method. Net realisable value represents the estimated selling price less all estimated costs to completion and selling costs to be incurred. No provision is made for obsolete or slow moving items as they are not included within inventory valuations.

1.10 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'fair value through income and expenditure', loans and receivables or 'available-for-sale financial assets'.

Financial liabilities are classified as 'fair value through income and expenditure' or as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Cash is cash-in-hand and deposits with any financial institution repayable without penalty.

Impairments of receivables

A provision for the impairment of receivables has been made against specific debtor amounts where there is reasonable uncertainty of obtaining settlement.

Financial liabilities at amortised cost

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced - both directly and also through the use of a provision for impairment of receivables.

1.11 Leases

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease. Where the Trust acts as the Lessor, operating lease income is recognised for the lease of buildings or land where the risks and rewards of ownership of the leased asset are retained by the Trust. Lease income received in advance is deferred over the life of the lease.

1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 16.2 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme.

Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

Pension provisions

Pension provisions relating to former employees, have been estimated using the life expectancy from the Government's actuarial tables. Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.2% in real terms (2.35% for employee early departure obligations).

Legal claims

Legal claims provisions relate to employer and public liability claims. Expected costs are advised by the NHS Litigation Authority or other legal professionals.

Other provisions

Other provisions are in respect of costs arising from organisational restructure and are calculated using appropriate methodology in line with IAS 37.

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.14 Value Added Tax

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply. Input tax on purchases is only recoverable to the extent that it meets HM Revenue and Customs criteria.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of property, plant and equipment. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation Tax

The Trust has determined that it has no corporation tax liability having reviewed "Guidance on the tax treatment of non-core health care commercial activities of NHS Foundation Trusts" issued by HM Revenue and Customs supplemented by access to specific specialist advice when necessary.

1.16 Foreign exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into sterling at the spot exchange rate on the date of payment/receipt of the transaction. No assets or liabilities are held by the Trust in any other currency than sterling.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.18 Losses and special payments policy

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.19 Going Concern

After making enquiries, the directors have a reasonable expectation that Liverpool Women's NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.20 Financial Risk Management

Background

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has had with Primary Care Trusts (PCTs) and the way those PCT's are financed, the Trust is not exposed to significant financial risk.

The Trust's treasury management operations are carried out by the finance department with reference to Monitor guidelines and within parameters agreed by the Board of Directors. They are subject to review by the Trust's internal auditors.

Liquidity risk

The Trust's net operating costs are incurred under legally binding contracts with local Primary Care Trusts (PCTs). The Trust receives regular monthly payments from PCTs based on an agreed contract value with adjustments made for actual services provided. The availability of a working capital facility with the Trust's bankers mitigates the risk arising from potential variations in income arising from delivery of patient care services.

The Trust finances its capital expenditure from internally generated funds or Public Dividend Capital made available by the Department of Health. The Trust is therefore not exposed to significant liquidity risks.

Interest Rate Risk

All of the Trust's financial assets carry nil or fixed rates of interest. The Trust is not exposed to significant interest rate risk.

Foreign Currency Risk

The Trust has negligible foreign currency income or expenditure transactions and therefore has low exposure to currency rate fluctuations.

Price Risk

The contracts from NHS commissioners in respect of healthcare services have a pre-determined price structure which negates the risk of price fluctuation.

Credit Risk

The contracts from NHS commissioners in respect of healthcare services are agreed annually and take into account the commissioners' ability to pay and hence the credit risk is minimal.

Note 2 Operating Income

Operating Income (by classification)	**2012/13**	2011/12
	£000	£000
Elective income	**9,411**	9,547
Non elective income	**26,382**	26,688
Outpatient income	**13,192**	13,109
A & E income	**1,151**	1,047
Other NHS clinical income	**32,220**	33,203
Income from activities before private patient income	**82,356**	83,594
Private patient income	**3,268**	1,415
Other non-protected clinical income	**394**	49
Total income from activities	**86,018**	85,058
Other operating income		
Research and development	**706**	687
Education and training	**5,258**	4,831
Other	**2,806**	3,737
Profit on disposal of other unprotected property, plant and equipment	**0**	51
Total other operating income	**8,770**	9,306
Total operating income	**94,788**	94,364

Income from activities arising from mandatory and non mandatory services	**2012/13**	2011/12
	£000	£000
Income from mandatory services	**82,356**	83,594
Income from non mandatory services	**12,432**	10,770
Total income arising from activities	**94,788**	94,364

Note 2.1 Private Patient Income

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

Note 2.2 Operating lease income	2012/13 £000	2011/12 £000
Operating lease income		
Rents recognised as income in the period	**142**	153
Future minimum lease payments receivable:		
- not later than one year	**29**	153
- later than one year and not later than five years	**118**	0
- over 5 years	**1,616**	0
TOTAL	**1,763**	153

The future minimum lease payments in 2012/13 relate to rental income due to the Trust.

Note 2.3 Operating Income (by type)	2012/13 £000	2011/12 £000
Income from activities		
NHS Foundation Trusts	**1,420**	998
NHS Trusts	**772**	674
Primary Care Trusts	**78,987**	79,641
Local Authorities	**161**	0
Strategic Health Authorities	**0**	1,402
NHS Other	**1,296**	879
Non NHS: Private patients	**3,268**	1,415
Non-NHS: Overseas patients (non-reciprocal)	**65**	0
NHS injury scheme (was RTA)	**1**	0
Non NHS: Other	**48**	49
Total income from activities	**86,018**	85,058

Note 2.4 Analysis of Other Operating Income – Other	2012/13 £000	2011/12 £000
Local Information Systems monies	**316**	347
Car parking income	**415**	361
Catering	**0**	12
Property rentals	**142**	153
Other	**1,933**	2,864
Total Other Operating Income - Other	**2,806**	3,737

Note 3. Operating Expenses (by type)	**2012/13**	2011/12
	£000	£000
Services from NHS Foundation Trusts	**2,525**	2,241
Services from NHS Trusts	**2,862**	2,934
Services from PCTs	**52**	61
Employee Expenses – Executive directors	**869**	652
Employee Expenses – Non-executive directors	**116**	137
Employee Expenses – Staff	**55,113**	57,028
Employee Expenses – Research and development	**682**	633
Drug costs	**2,286**	2,230
Supplies and services – clinical (excluding drug costs)	**5,707**	4,485
Supplies and services – general	**3,505**	3,641
Establishment	**1,449**	1,292
Research and development – (non employee expense)	**81**	94
Transport	**101**	98
Premises	**4,639**	2,737
(Decrease)/increase in allowance for impairment in receivables	**(297)**	915
Increase in other provisions	**577**	0
Rentals under operating leases – minimum lease payments	**38**	46
Depreciation of property, plant and equipment	**2,736**	2,347
Loss on disposal of PPE	**195**	0
Amortisation of intangible assets	**46**	21
Other impairments of property, plant and equipment	**67**	145
Audit fees		
audit services – statutory audit	**44**	52
audit services – non audit fees	**55**	149
Other auditors' remuneration		
internal audit services *	**80**	85
Clinical negligence	**5,512**	5,374
Legal fees	**76**	82
Consultancy costs	**1,330**	0
Training, courses and conferences	**216**	282
Patient travel	**15**	10
Car parking and security	**244**	244
Insurance	**98**	129
Other services, eg external payroll	**175**	0
Losses, ex-gratia and special payments ***	**240**	4
Impairments of property, plant and equipment as a result of revaluations	**1,972**	454
Other **	**637**	886
TOTAL	**94,043**	89,488

* Internal audit services were provided in 2012/13 by the Mersey Internal Audit Agency department of Liverpool Primary Care Trust.

In addition to statutory audit fees £55,000 has been paid to PricewaterhouseCoopers LLP (PWC LLP) for consultancy work.

The limitation on the External Auditor's (PWC LLP) liability was set at £5m in the 2012/13 engagement letter (£5m in 2011/12).

** Other expenditure in 2012/13 includes miscellaneous costs not categorised above. Other expenditure in 2011/12 included consultants costs shown separately in 2012/13.

*** Losses and special payments

During the year 2012/13 the Trust had 730 separate losses and special payments (2011/12: 14), totalling £240,000 (2011/12 £434,000). These were in relation to a large number of historical small debtor balances no longer recoverable and therefore written off in the year. These had been provided for within the bad debt provision.

Note 3.1 Arrangements containing an operating lease	2012/13	2011/12
	£000	£000
Minimum lease payments	**43**	46

Note 3.2 Arrangements containing an operating lease other than land and buildings	2012/13	2011/12
	£000	£000
Future minimum lease payments due:		
- not later than one year	**28**	30
- later than one year and not later than five years	**15**	16
TOTAL	**43**	46

All operating leases relate to lease cars and vending machines.

Note 4. Employee Expenses	2012/13	2011/12
	£000	£000
Salaries and wages	**46,718**	46,269
Social security costs	**3,282**	3,261
Employers contributions to NHS Pensions	**4,965**	4,901
Termination benefits	**284**	699
Agency/contract staff	**1,531**	2,550
TOTAL	**56,780**	57,680

Note 4.1 Average monthly number of employees (Whole Time Equivalent basis)	2012/13 Total Number	2012/13 Permanent Number	2011/12 Total Number
Medical and dental	**133**	**133**	135
Administration and estates	**256**	**256**	260
Healthcare assistants and other support staff	**148**	**148**	137
Nursing, midwifery and health visiting staff	**575**	**575**	593
Scientific, therapeutic and technical staff	**111**	**111**	105
TOTAL	**1,223**	**1,223**	1,230

Note 4.2 Early retirements due to ill health	2012/13		2011/12	
	Value	Number	Value	Number
	£000		£000	
Early retirements on the grounds of ill-health	**279**	**4**	54	1

Note 4.3 Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at *www.nhsbsa.nhs.uk/pensions*. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

For early retirements, other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable. For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Note 4.4: Salary Entitlements of Senior Managers

		2012/13			2011/2012		
Name	**Position Held**	**Salary (bands of £5,000)**	**Performance-related bonuses (bands of £5,000)**	**Total Salary (bands of £5,000)**	**Salary (bands of £5,000)**	**Performance-related bonuses (bands of £5,000)**	**Total Salary (bands of £5,000)**
		£000	**£000**	**£000**	**£000**	**£000**	**£000**
Kathryn Thomson	Chief Executive	**155-160**		**155-160**	135-140		135-140
Jonathan Herod	Medical Director	**155-160**	**35-40**	**190-195**	160-165	35-40	195-200
Gail Naylor	Director of Nursing, Midwifery & Operations	**105-110**		**105-110**	90-95		90-95
Vanessa Harris	Director of Finance	**110-115**		**110-115**	90-95		90-95
Caroline Salden	Chief Operating Officer to 31 January 2013	**90-95**		**90-95**	90-95		90-95
Michelle Turner	Director of Human Resources & Organisational Development	**100-105**		**100-105**	85-90		85-90
Ken Morris	Chair	**40-45**		**40-45**	40-45		40-45
Pauleen Lane	Non Executive Director	**10-15**		**10-15**	10-15		10-15
Liz Cross	Non Executive Director	**10-15**		**10-15**	10-15		10-15
Ian Haythornthwaite	Non Executive Director from 1 May 2011	**15-20**		**15-20**	10-15		10-15
Allan Bickerstaffe	Non Executive Director from 1 February 2012	**10-15**		**10-15**	5-10		5-10
Steve Burnett	Non Executive Director from 1 March 2012	**10-15**		**10-15**	5-10		5-10
Roy Morris	Non Executive Director to 31 January 2012	**0**		**0**	10-15		10-15
Hoi Yeung	Non Executive Director to 29 February 2012	**0**		**0**	10-15		10-15
David Carberry	Non Executive Director to 31 January 2012	**0**		**0**	10-15		10-15

The total remuneration and on costs paid to executive directors amounts to £867,643 of which £98,612 is for employers pension contributions to the NHS staff pension scheme.

Note 4.5: Expenses paid to Senior Managers

Name	Position Held	**2012/13 (bands of £2,500) £000**	2011/12 (bands of £2,500) £000
Kathryn Thomson	Chief Executive	**0-2.5**	0-2.5
Jonathan Herod	Medical Director	**0-2.5**	0-2.5
Gail Naylor	Director of Nursing, Midwifery & Operations	**0-2.5**	0-2.5
Vanessa Harris	Director of Finance	**0-2.5**	0-2.5
Caroline Salden	Chief Operating Officer to 31 January 2013	**0-2.5**	0-2.5
Michelle Turner	Director of Human Resources & Organisational Development	**0-2.5**	0-2.5
Ken Morris	Chair	**0-2.5**	0-2.5
Pauleen Lane	Non Executive Director	**0-2.5**	0-2.5
Liz Cross	Non Executive Director	**0-2.5**	0-2.5
Ian Haythornthwaite	Non Executive Director from 1 May 2011	**0-2.5**	0-2.5
Allan Bickerstaffe	Non Executive Director from 1 February 2012	**0-2.5**	0-2.5
Steve Burnett	Non Executive Director from 1 March 2012	**0-2.5**	0-2.5
Roy Morris	Non Executive Director to 31 January 2012	**0**	0-2.5
Hoi Yeung	Non Executive Director to 29 February 2012	**0**	0-2.5
David Carberry	Non Executive Director to 31 January 2012	**0**	0-2.5

The total expenses claimed by Governors in the year did not exceed £1,000.

Note: 4.6 Pension Entitlements of Executive Directors

Name	Position Held	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 - 31 March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash equivalent transfer value (CETV) at 31 March 2013	(CETV) at 31 March 2012	Real increase in (CETV) during the 2012/13 year
		£000	£000	£000	£000	£000	£000	£000
PENSION ENTITLEMENTS								
Kathryn Thomson	Chief Executive	**2.5-5**	**12.5-15**	**50-55**	**160-165**	**941**	793	**106**
Jonathan Herod	Medical Director	**0-2.5**	**0-2.5**	**45-50**	**145-150**	**859**	803	**13**
Gail Naylor	Director of Nursing, Midwifery & Operations	**2.5-5**	**10-12.5**	**35-40**	**110-115**	**637**	538	**70**
Vanessa Harris	Director of Finance	**2.5-5**	**10-12.5**	**20-25**	**70-75**	**413**	326	**70**
Caroline Salden	Chief Operating Officer	**0-2.5**	**2.5-5**	**20-25**	**70-75**	**347**	303	**28**
Michelle Turner	Director of Human Resources & Organisational Development	**2.5-5**	**7.5-10**	**35-40**	**105-110**	**596**	500	**70**

As Non-executive directors do not receive pensionable remuneration there are no entries in respect of pensions for Non-Executive directors.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Note 4.7 Staff Exit Packages 2012/13

Reporting of other compensation schemes - exit packages	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
Exit package cost band (including any special payment element)	**Number**	**£000s**	**Number**	**£000s**	**Number**	**£000s**
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	1	15	1	15
£25,001 - 50,000	1	30	2	78	3	108
£50,001 - £100,000	0	0	2	161	2	161
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,001	0	0	0	0	0	0
Total	**1**	**30**	**5**	**254**	**6**	**284**

There was one compulsory redundancy in the period at a cost of £30,000

Note 4.8 Staff Exit Packages 2011/12

Reporting of other compensation schemes - exit packages	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
Exit package cost band (including any special payment element)	**Number**	**£000s**	**Number**	**£000s**	**Number**	**£000s**
<£10,000	0	0	2	11	2	11
£10,001 - £25,000	0	0	10	179	10	179
£25,001 - 50,000	0	0	5	211	5	211
£50,001 - £100,000	0	0	2	125	2	125
£100,001 - £150,000	0	0	1	135	1	135
£150,001 - £200,000	0	0	0	0	0	0
>£200,001	0	0	0	0	0	0
Total	0	0	20	661	20	661

Note 5. Finance income	**2012/13**	2011/12
	£000	£000
Interest on held-to-maturity financial assets	**1**	16
Other bank interest	**38**	33
Total	**39**	49

Note 6. Impairment losses (Property, plant and equipment and intangibles)	**2012/13**	2011/12
	£000	£000
Changes in market price	**1,948**	145
Unforseen obsolescence	**67**	454
Total Impairment losses	**2,015**	599

The impairment charge for changes in market price is as a result of a professional valuation of buildings and dwellings by DTZ, professional valuers.

Note 7. Intangible assets at the balance sheet date comprise the following:

	2012/13	2011/12
The Trust only holds Software Licences (purchased)	**£000**	£000
Gross Cost as at 1 April	**373**	450
Additions – purchased	**107**	0
Disposals	**(225)**	(77)
Gross Cost at 31 March	**255**	373
Accumulated amortisation as at 1 April	**289**	345
Provided during year	**46**	21
Disposals	**(221)**	(77)
Accumulated amortisation at 31 March	**114**	289
Net book value:		
Total Purchased at 1 April	**84**	105
Total Purchased at 31 March	**141**	84

Note 8. Property, plant and equipment 2012/13

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2012	**74,847**	**3,600**	**41,619**	**385**	**6,016**	**18,059**	**4,816**	**352**
Additions – purchased	10,068	0	5,597	0	169	2,159	2,048	95
Reclassifications	0	0	4,976	0	(5,790)	0	814	0
Disposals	(2,098)	0	(17)	0	(94)	(1,517)	(426)	(44)
Revaluations	400	400	0	0	0	0	0	0
Gross cost at 31 March 2013	**83,217**	**4,000**	**52,175**	**385**	**301**	**18,701**	**7,252**	**403**
Accumulated depreciation at 1 April 2012	**20,100**	**0**	**3,950**	**165**	**0**	**12,904**	**2,797**	**284**
Provided during the year	2,736	0	699	5	0	1,191	817	24
Impairments recognised in operating expenses	2,039	0	1,972	0	0	67	0	0
Reversal of impairments	(24)	0	0	(24)	0	0	0	0
Disposals	(1,841)	0	0	0	0	(1,399)	(400)	(42)
Accumulated depreciation at 31 March 2013	**23,010**	**0**	**6,621**	**146**	**0**	**12,763**	**3,214**	**266**
Net book value at 31 March 2013	**60,207**	**4,000**	**45,554**	**239**	**301**	**5,938**	**4,038**	**137**
Net Book Value								
NBV - Purchased at 31 March 2013	**60,057**	4,000	45,411	239	301	5,931	4,038	137
NBV - Donated at 31 March 2013	**150**	0	143	0	0	7	0	0
	60,207	**4,000**	**45,554**	**239**	**301**	**5,938**	**4,038**	**137**

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. An assessment of the value of the Trust's land and buildings was carried out by DTZ,a firm of professionally qualified surveyors and valuers at 31 March 2013. The Modern Equivalent Asset (MEA) basis of valuation was used to value land and buildings.

As at 31 March 2013 the valuation of land increased by £400,000 which was taken directly to the revaluation reserve. The value of buildings excluding dwellings decreased by £1,972,000 which has been recognised in the year within operating expenses. The valuation of dwellings increased by £24,000 which has been reversed against previous impairments.

Note 8.1 Property, plant and equipment 2011/12

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2011	69,588	3,600	40,549	385	1,213	18,812	4,677	352
Additions – purchased	7,472	0	1,004	0	5,284	1,049	135	0
Reclassifications	0	0	66	0	(481)	5	410	0
Disposals	(2,213)	0	0	0	0	(1,807)	(406)	0
Gross cost at 31 March 2012	**74,847**	**3,600**	**41,619**	**385**	**6,016**	**18,059**	**4,816**	**352**
Accumulated depreciation at 1 April 2011	**19,365**	**0**	**2,838**	**15**	**0**	**13,646**	**2,612**	**254**
Provided during the year	2,347	0	658	5	0	1,065	589	30
Impairments recognised in operating expenses	599	0	454	145	0	0	0	0
Disposals	(2,211)	0	0	0	0	(1,807)	(404)	0
Accumulated depreciation at 31 March 2012	**20,100**	**0**	**3,950**	**165**	**0**	**12,904**	**2,797**	**284**
Net book value at 31 March 2011	**50,223**	**3,600**	**37,711**	**370**	**1,213**	**5,166**	**2,065**	**98**
Net book value at 31 March 2012	**54,747**	**3,600**	**37,669**	**220**	**6,016**	**5,155**	**2,019**	**68**
Net Book Value								
NBV - Purchased at 31 March 2012	54,587	3,600	37,509	220	6,016	5,155	2,019	68
NBV - Donated at 31 March 2012	160	0	160	0	0	0	0	0
	54,747	**3,600**	**37,669**	**220**	**6,016**	**5,155**	**2,019**	**68**

Note 9. Economic life of intangible assets	Minimum Life Years	Maximum Life Years
Software licences (purchased)	1	7

Note 9.1 Economic life of property, plant and equipment	Minimum Life Years	Maximum Life Years
Buildings excluding dwellings	41	90
Dwellings	75	75
Assets under Construction	0	0
Plant & Machinery	1	15
Information Technology	1	10
Furniture & Fittings	1	10

Note 9.2 Analysis of property, plant and equipment 31 March 2013

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
NBV – Protected assets at 31 March 2013	49,585	4,000	45,554	239	0	0	0	0
NBV – Unprotected assets at 31 March 2013	10,622	0	0	0	301	5,938	4,038	137
Total at 31 March 2013	**60,207**	**4,000**	**45,554**	**239**	**301**	**5,938**	**4,038**	**137**

Note 9.3 Analysis of property, plant and equipment 31 March 2012

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
NBV – Protected assets at 31 March 2012	41,489	3,600	37,669	220	0	0	0	0
NBV – Unprotected assets at 31 March 2012	13,258	0	0	0	6,016	5,155	2,019	68
Total at 31 March 2012	**54,747**	**3,600**	**37,669**	**220**	**6,016**	**5,155**	**2,019**	**68**

Note 10. Inventories	2012/13	2011/12
	£000	£000
Finished goods	**328**	223

Note 10.1 Inventories recognised in expenses	2012/13	2011/12
	£000	£000
Inventories recognised in expenses	**1,787**	1,681

Note 11. Trade and other receivables

	Total	**Financial assets**	**Non-financial assets**	Total	Financial assets	Non-financial assets
	At 31 March 2013	**At 31 March 2013**	**At 31 March 2013**	At 31 March 2012	At 31 March 2012	At 31 March 2012
	£000	**£000**	**£000**	£000	£000	£000
NHS Receivables	**7,112**	**7,112**	**0**	1,607	1,607	0
Other receivables with related parties	**35**	**35**	**0**	1,768	1,768	0
Provision for impaired receivables	**(687)**	**(687)**	**0**	(1,178)	(1,178)	0
Prepayments	**906**	**0**	**906**	527	0	527
PDC receivable	**0**	**0**	**0**	0	0	0
Other receivables	**1,572**	**1,572**	**0**	849	849	0
Total Current Trade and Other Receivables	**8,938**	**8,032**	**906**	3,573	3,046	527

Note 11.1 Provision for impairment of receivables	**2012/13**	2011/12
	£000	£000
At 1 April 2012	**1,178**	287
(Decrease)/increase in provisions	**(297)**	915
Amounts utilised	**(240)**	(24)
Unused amounts reversed	**46**	0
At 31 March 2013	**687**	1,178

Note 11.2 Analysis of impaired receivables	**2012/13**	2011/12
	£000	£000
Ageing of impaired receivables		
Up to three months	**0**	0
In three to six months	**221**	134
Over six months	**466**	1,044
Total	**687**	1,178
Ageing of non-impaired receivables		
Up to three months	**8,032**	2,447
In three to six months	**0**	(247)
Over six months	**0**	846
Total	**8,032**	3,046

Impaired and non-impaired receivables have been aged on the basis of invoice date.

Note 12. Cash and cash equivalents	2012/13	2011/12
	£000	£000
At 1 April	**14,075**	15,459
Net change in year	**(2,415)**	(1,384)
At 31 March	**11,660**	14,075
Broken down into:		
Cash at commercial banks and in hand	**49**	57
Cash with the Government Banking Service	**11,611**	14,018
Cash and cash equivalents as in Statement of Financial Position	**11,660**	14,075

	Total	Financial liabilities	Total	Financial liabilities
	At 31 March 2013	At 31 March 2013	At 31 March 2012	At 31 March 2012
Note 13. Trade and other payables	£000	£000	£000	£000
Current				
NHS payables	**2,140**	**2,140**	807	807
Trade payables – capital	**436**	**436**	36	36
Amounts due to other related parties - revenue	**0**	**0**	552	552
Taxes payable	**1,075**	**0**	1,105	0
Other payables	**2,314**	**2,314**	2,272	2,272
Accruals - expenditure	**4,386**	**4,386**	4,366	4,366
Accruals - capital	**1,193**	**1,193**	1,302	1,302
Total current trade and other payables	**11,544**	**10,469**	10,440	9,335

Note 14. Prudential Borrowing Limit

The Liverpool Women's NHS Foundation Trust is required to comply and remain within a prudential borrowing limit (PBL).

The prudential borrowing limit set out in that code is made up of two elements:

a) the maximum cumulative amount of long term borrowing, set by reference to five ratio tests set out in Monitor's Prudential Borrowing Code further details of which can be found on the website of Monitor;

b) the amount of any working capital facility approved by Monitor.

The Trust had a PBL of £25,500,000 (£24,400,000 in 2011/12) of which £19,000,000 (£17,900,000 in 2011/12) related to long-term borrowing and £6,500,000 (£6,500,000 in 2011/12) to a working capital facility. The Trust has not yet borrowed against this limit and thus the only ratio of relevance is that of the Minimum Dividend Cover. The table below confirms that the Trust was within the approved ratios set by Monitor in its guidance document "Prudential Borrowing Code (PBC) for NHS Foundation Trusts 1 April 2009.

Component of Prudential Borrowing Code	**2012/13 Actual Ratio**	**2012/13 Approved Ratio**	2011/12 Actual Ratio	2011/12 Approved Ratio
		Tier 1		
Minimum Dividend Cover	**3.5**	**>1x**	**5.3**	**>1x**
Minimum Interest Cover	**Not Applicable**	**>3x**	Not Applicable	**>3x**
Minimum Debt Service Cover	**Not Applicable**	**>2x**	Not Applicable	**>2x**
Maximum Debt Service to Revenue	**Not Applicable**	**< 2.5%**	Not Applicable	**< 2.5%**

At 31 March 2013 the Trust had in place a working capital facility of £6,500,000 (2011/12: £6,500,000)

Note 15. Provisions for liabilities and charges

	Current		Non Current	
	At 31 March 2013	At 31 March 2012	**At 31 March 2013**	At 31 March 2012
	£000	£000	**£000**	£000
Pensions relating to other staff	**61**	58	**670**	753
Other Legal Claims	**964**	39	**0**	0
Other	**1,873**	2,496	**0**	0
Total provisions	**2,898**	2,593	**670**	753

Note 15.1 Provisions for liabilities and charges analysis

	Total	**Pensions – other staff**	**Other legal claims**	**Other**
	£000	£000	£000	£000
At 1 April 2012	**3,346**	**811**	**39**	**2,496**
Arising during the year	935	0	935	0
Utilised during the year	(355)	(61)	(10)	(284)
Change in the discount rate	43	43	0	0
Reversed unused	(422)	(83)	0	(339)
Unwinding of discount	21	21	0	0
At 31 March 2013	**3,568**	**731**	**964**	**1,873**
Expected timing of cashflows:				
- not later than one year	2,898	61	964	1,873
- later than one year and not later than five years	244	244	0	0
- later than five years	426	426	0	0
Total	**3,568**	**731**	**964**	**1,873**

Pensions provisions relating to other staff are for early retirements and reflect actuarial forecasts in respect of the duration of payments, the life expectancy of the persons involved and current value of the future stream of payment flows.

Other Legal Claims comprises amounts due as a result of third party and employee liability claims. The values are informed by information provided by the NHS Litigation Authority or third party solicitors.

Other comprises a provision for restructuring costs arising from the outcome of organisational change proposals that are anticipated to be finalised within the next year.

Note 15.2 Clinical Negligence liabilities

As at 31 March 2013 £90,248,000 is included within the provisions of the NHS Litigation Authority in respect of the clinical negligence liabilities of the Trust, and is not included within the provisions shown above. (31 March 2012 £85,478,000). These figures include the Existing Liabilities Scheme amounts (2012/13: £4,394,000 and 2011/12: £4,820,000)

Note 15.3 Other liabilities

	At 31 March 2013	At 31 March 2012
	£000	£000
Current liabilities		
Deferred Income	**7,134**	1,123

Note 15.4 Other liabilities

	At 31 March 2013	At 31 March 2012
	£000	£000
Non-current liabilities		
Deferred Income	**1,733**	0

Note 16 Revaluation reserve balances 2011/12, 2012/13

	Total Revaluation Reserve	**Revaluation Reserve – intangibles**	**Revaluation Reserve – property, plant and equipment**	**Revaluation Reserve – land**
	£000	£000	£000	£000
Revaluation reserve at 1 April 2011	4,307	63	1,000	3,244
Revaluation reserve at 31 March 2012	4,307	63	1,000	3,244
Revaluations	400	0	0	400
Transfer to income and expenditure reserve	(1,049)	(63)	(986)	0
Revaluation reserve at 31 March 2013	**3,658**	**0**	**14**	**3,644**

Note 17. Related Party Transactions and Balances

Transactions with related parties are undertaken on a normal commercial basis.

During the year none of the Trust Board members or any party related to them have undertaken any transactions with this Trust other than Weightmans Solicitors LLP £9,904 (2011/12: £7,094) with whom a Non-executive director holds the post of Local Chairman of Legal Services.

During the year, with the exception of the transaction described below, none of the key staff members of the Trust or any party related to them have undertaken any transactions with this Trust.

Senior clinical and scientific managers within the Trust held directorships and shareholdings in North West Fertility Limited (NWFL) to whom the Trust provided a range of clinical support services. During the previous year the Trust invoiced £1,556,000 in respect of those services, and from whom the Trust purchased clinical supplies. The net income due from NWFL at 31 March 2012 was £546,000. This relationship has ceased with effect from 1 April 2012 with services now provided by the Trust.

The Liverpool Women's NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts. It undertakes as part of its ongoing provision of healthcare services in accordance with its terms of authorisation a number of transactions with bodies defined as being within the scope of Whole Government Accounts (WGA) including the Department of Health and for other entities that the Department is regarded as the parent department. The total value of the transactions that were undertaken are listed below, together with the names of the individual entities for the most significant of those transactions.

	Income	Expenditure	Receivables Balance	Payables Balance
	£000	£000	£000	£000
Total Value of transactions with other related parties in 2012/13	**89,375**	**12,262**	**7,240**	**9,482**
Individual entities with Income or expenditure transactions over £1,000,000:				
Liverpool PCT	**37,243**	**52**	**26**	**5**
North West Specialised Commissioning Team	**16,581**	**0**	**4**	**0**
Sefton PCT	**9,848**	**0**	**11**	**0**
Knowsley PCT	**6,407**	**0**	**7**	**0**
North West Strategic Health Authority	**5,101**	**0**	**0**	**0**
Halton and St. Helens PCT	**2,460**	**0**	**0**	**0**
Wirral PCT	**2,109**	**0**	**2**	**0**
Central and Eastern Cheshire PCT	**1,043**	**0**	**103**	**0**
Royal Liverpool and Broadgreen University Hospitals NHS Trust	**814**	**3,486**	**34**	**1,726**
Alder Hey Children's NHS Foundation Trust	**531**	**1,082**	**24**	**202**
Aintree University Hospitals NHS Foundation Trust	**175**	**1,395**	**9**	**59**
NHS Litigation Authority	**0**	**5,512**	**0**	**1**
Total Value of transactions with other related parties in 2011/12	**89,484**	**11,786**	**1,607**	**1,334**
Individual entities with Income or expenditure transactions over £1,000,000:				
Liverpool PCT	39,820	109	0	161
North West Specialised Commissioning Team	13,202	0	0	11
Sefton PCT	10,083	0	195	0
Knowsley PCT	6,661	0	0	44
North West Strategic Health Authority	5,634	0	1	0
Halton and St. Helens PCT	2,541	0	0	29
Wirral PCT	2,145	0	62	0
Royal Liverpool and Broadgreen University Hospitals NHS Trust	1,013	3,260	155	241
Aintree University Hospitals NHS Foundation Trust	172	1,499	12	36
NHS Litigation Authority	0	5,374	0	0

The transactions with related parties above were in the normal course of the trust's health care services.

Note 18. Contractual Capital Commitments

At 31 March 2013 the Trust had no capital commitments in respect of property plant and equipment (31 March 2012 £5,490,000)

Note 19. Financial Assets by Category	**Total**	**Loans & receivables**
	£000	**£000**
Assets as per Statement of Financial Position		
NHS, Trade and other receivables excluding non financial assets at 31 March 2013	**8,032**	8,032
Cash and cash equivalents	**11,660**	11,660
Total at 31 March 2013	**19,692**	19,692
Assets as per Statement of Financial Position		
NHS, Trade and other receivables excluding non financial assets at 31 March 2012	**3,046**	3,046
Cash and cash equivalents	**14,075**	14,075
Total at 31 March 2012	**17,121**	17,121

There are no concerns regarding the credit quality of the above financial assets.

Note 19.1 Financial liabilities by category	**Total**	**Other financial liabilities**
	£000	**£000**
Liabilities as per Statement of Financial Position		
Trade and other payables excluding non financial liabilities at 31 March 2013	**10,469**	10,469
Provisions under contract at 31 March 2013	**3,568**	3,568
Total at 31 March 2013	**14,037**	14,037
Trade and other payables excluding non financial liabilities 31 March 2012	**9,335**	9,335
Provisions under contract at 31 March 2012	**3,346**	3,346
Total at 31 March 2012	**12,681**	12,681

The book value and fair value of cash and cash equivalents are considered to be the same at £11,660,000 (2011/12 £14,075,000)

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