5th October 2016

# Review of women's and babies services provided by Liverpool Women's - questions and answers from public meetings held during July and August 2016

These questions were submitted by members of the public during a series of meetings held in Liverpool during July and August 2016. Where the same question was asked more than once, the answers have been combined.

**Q: NHS Liverpool Clinical Commissioning Group, in response to a Freedom of Information request, said: "Both Liverpool Women's and commissioners have concluded that services cannot continue to be delivered on an isolated site." Does that not mean services will have to move from the existing site and that you have already decided to move those services?**

A: This means that services can't operate in isolation. Whatever the outcome of the review, services need to work together. The booklet that detailed the case for change explained that it is expected that some services will move, but no decisions have been made yet.

**Q: If Liverpool Women's closes, what will happen to the site?**

A: There are no plans to close the site. If some Liverpool Women's services did move it is expected that Crown Street would continue to deliver NHS care in the future.

**Q: If Liverpool Women's was moved to the Royal Liverpool Hospital or Aintree Hospital, where in either hospital would it go?**

A: To make sure services for women and newborn babies in Liverpool meet national standards, it is likely that proposals for the future will include moving at least some of the care currently delivered at Crown Street to a different location or locations.

Until we have finished assessing the various options, which includes looking at comments from the public gathered during July and August 2016, it is too soon to provide more details

about which proposals might ultimately be put forward for public consultation. At the moment, we expect that a public consultation will take place in early 2017.

**Q: Where would the 50,000 patients who use Liverpool Women's each year fit in the Royal?**

A: No decision has been made about the future of services and it is too early in the process to talk about specific options. It is clear that some Liverpool Women's services need to be co-located with an adult acute hospital so that they can meet national standards for care. However, we need to let this review run its course and consider all of the potential options for the future.

**Q: The Royal has mixed wards. If services are moved before the new Royal opens, what will the impact be for privacy and security?**

A: No decision has been made about the future of services, and it is too early in the process to talk about specific options. Any solution would be delivered in accordance with national and local policy on mixed wards, privacy and security.

**Q: What is wrong with merging hospital Trusts but keeping separate facilities and enhancing the Liverpool Women's site?**

A: The review is about making sure patients receive the best care possible and ensuring that these services are financially sustainable. It is not looking at the way that hospital Trusts are organised. NHS Liverpool Clinical Commissioning Group, which is leading the review, is a commissioner. In the NHS, commissioning is the process of planning and buying care for local people. It is up to hospital Trusts, as care providers, to decide how they are organised.

**Q: Can hospitals cross-subsidise services (use income from one service to support another) in reality? Which Liverpool hospitals could?**

A: It is clear that some Liverpool Women's services need to be co-located with an adult acute hospital so that they can meet national standards for care. However, we need to let

this review run its course and consider all of the potential options for the future. Again, this review is looking at how services can be improved, not the structure of organisations.

**Q: Why doesn't Liverpool Women's have 24 hour bloods and how long has that been the case? And why isn't it 24 hours?**

A: Liverpool Women's does have 24 hour access to bloods but this service is not based in the hospital. This means the hospital relies on the transfusion and laboratory services at the Royal Liverpool Hospital. This makes the management of some emergency conditions much more difficult.

**Q: Access to blood is currently centralised in Speke for hospitals. Can you explain this?**

A: NHS Blood and Transplant has some facilities based in Speke, but all blood for Liverpool Women's comes from Liverpool Clinical Laboratories, based at the Royal Liverpool Hospital and the laboratory on the Liverpool Women's site. More information is available at www.liverpoolcl.nhs.uk.

**Q: Do Aintree Hospital and Broadgreen Hospital have 24/7 blood/laboratory facilities?**

A: Yes. Both Aintree and Broadgreen have 24/7 urgent and emergency laboratory testing and blood transfusion support on site. Liverpool Women's does have an on-site laboratory facility providing a smaller range of testing and transfusion support, however this is only available from 8.45am-9pm. Outside of these hours the service is covered by staff based in the Royal Liverpool Hospital.

**Q: Why is Liverpool Women's running dangerously without an intensive care unit?**

A: An intensive care unit is where the most seriously ill patients are cared for. To meet national standards, the high dependency unit at Liverpool Women's should be located next to an intensive care unit.

This is so that a woman can be moved quickly from the high dependency unit if her condition gets worse. At the moment, critically ill patients might have to be taken by ambulance to either the Royal Liverpool Hospital or Aintree Hospital.

When Liverpool Women's was built there wasn't a requirement to have an adult intensive care unit on site. However, standards have changed considerably in the last 20 years and the needs of women have changed too.

Staff at Liverpool Women's make sure that care is safe now, but for intensive care this isn't provided in line with current national guidance and doesn't provide patients with the best possible experience.

**Q: Who is the high dependency unit for?**

A: The high dependency unit is for the most seriously ill patients at Liverpool Women's, for example, those who have had major surgery. Patients can be cared for more extensively in the high dependency unit than on a normal ward, but not to the point of intensive care.

**Q: What proportion of patients are transferred to and from Liverpool Women's?**

A: In 2014/15, more than 800 women and newborn babies were transferred as an emergency by ambulance to or from Liverpool's Women's during their care, mainly to or from the Royal Liverpool Hospital and Alder Hey Hospital. This affected around 550 women and 250 babies.

Some of these adult ambulance transfers include return journeys for the same woman. So of the 550 adult transfers, this equates to about one woman per day being transferred in an emergency to another hospital.

The 250 babies that are transferred to Alder Hey would normally return home afterwards, so this equates to about one baby being transferred in an emergency every day and a half.

Of the patients transferred during 2014/15, 451 were transferred to Liverpool Women's and 360 were transferred from Liverpool Women's.

The issues are the same whether a patient is being transferred to or from the hospital.

The proportion of patients being transferred is relatively small compared to the overall number of patients cared for by Liverpool Women's each year. However, patient transfers affect some of the most seriously ill women and newborn babies, for whom time is critical.

Even if a transfer is over a very small distance – for example, within the city centre – women and babies can't be moved until their condition is stable. This potentially means greater delays getting them the specialist care they urgently need. Current arrangements don't meet national standards and we think women and babies in Liverpool should be able to expect the very best level of care.

**Q: What are the risks in transferring patients? Why are you saying it is not ok to transfer patients from the Women's to other hospitals, when many other hospitals transfer patients? Also, women having home births can need transfers too?**

A: Most women who give birth in a hospital elsewhere in the country do so at a hospital that has medical, surgical and diagnostic services available in one location. That is not the case at Liverpool Women's, because it is a stand-alone Trust without all of these supplementary services on site.

Emergency transfers are different to standard ambulance transfers. Emergency transfers require two paramedics and all of the on-board equipment, and they are for the most seriously ill women and newborn babies. Staff often have to wait to stabilise the patient before they can be transferred, which means delays in care which do carry risks.

While there is a financial cost in providing emergency transfers, such as staff time and running an ambulance, there are also knock-on effects that impact other patients. For example, if a woman requires an emergency transfer during an operation at Liverpool Women's, other patients due to have their operation that day will have their care delayed/cancelled while staff look after the patient requiring an emergency transfer.

In relation to home births specifically and any transfers that might be required, in 2015-16, less than 1% of births at Liverpool Women's were home births. Transfers into hospital might not require an emergency transfer as the woman may not be critically ill, she may just require intervention from a hospital doctor. If a woman did require transfer into hospital from an attempted home birth, this may be done via their own vehicle or an ambulance. This would not normally be classified as an emergency transfer, as the individual may not be critically ill, she may just be experiencing complications that require hospital intervention.

However, if a woman required an ambulance then an ambulance would be provided, as with any other emergency.

**Q: How does the percentage of patients needing to be transferred from the Women's to the Royal compare to the percentage of patients needing to be transferred from other specialist hospitals to acute hospitals?**

A: There are no direct comparators, as we are talking specifically about women's services.

**Q: Why can't a new neonatal unit or intensive care unit be built as a new floor on the existing hospital, or use some of the grass verge area or car park at the existing site?**

A: All options are being explored as part of the review. Until we have finished assessing the various options it is too soon to provide more details about which proposals might ultimately be put forward for public consultation.

**Q: Are all neonatal cots used? Or are some not used due to staff shortages? If neonatal and Alder Hey is full, what then? Where do babies go then?**

A: For any neonatal cot to be open, the staffing ratios have to be correct. Liverpool Women's is a regional centre, so the service is very busy. Most of the time all cots are being used but occasionally one or two cots cannot be used because of staffing shortages (e.g. sickness). When this happens, any affected babies are cared for at another neighbouring hospital.

**Q: Are there enough patients needing intensive care at Liverpool Women's to justify building an intensive care unit at Liverpool Women's?**

A: Liverpool Women's has an intensive care unit for babies and a high dependency unit for women. All options are being explored as part of the review. Until we have finished assessing the various options it is too soon to provide more details about which proposals might ultimately be put forward for public consultation.

**Q: Do you have any projected requirements for the future? For example, how big would neonatal wards need to be?**

A: This is what the review is analysing in detail, to determine the requirements to meet national standards. We know that high dependency units are required to be on the same site (co-located) as an intensive care units (the next level of care up from high dependency), which Liverpool Women's does not have. Also, the space around cots in the neonatal ward should be bigger to reduce the risk of infection.

**Q: You have said some services need to be co-located with others. What is the definition of co-location?**

A: In simple terms, co-located hospital services are those services which are a trolley push away.

So, rather than patients requiring an ambulance transfer in order to receive the right care, they can be wheeled on a trolley to the most appropriate service.

This doesn't necessarily mean services have to be within the same building. For example, the Walton Centre and Aintree Hospital are connected by a bridge which enables staff to transport patients on trolleys to the most appropriate service.

**Q: When did Liverpool Women's know of the issues you are talking about?**

A: Liverpool Women's assessed itself against a range of quality standards in 2014 as part of the development of its clinical strategy. During 2015, teams of midwives, doctors and nurses developed plans for their services that would enable them to meet national standards and improve care for women and newborns. This is when the case for change came together, indicating that solutions to these challenges required a more fundamental re-think about the way services were provided.

**Q: How long can Liverpool Women's be sustained for at the current level of use? Is the hospital at breaking point?**

A: Services are safe now because of the efforts made by staff at Liverpool Women's and at other hospitals to work around the challenges. However, this is not sustainable because trends indicate that, in future years, more women and babies will require additional services that Liverpool Women's does not have. As it could take some time to make the necessary changes, it is important to act now and plan for the future.

**Q: Why are consultants not accountable for their actions?**

A: Consultants are accountable to their professional bodies and to the hospital.

**Q: Why are full risk assessments not done prior to gynaecological surgery, taking into account the patient's past surgical and medical history?**

A: Full risk assessments are done before gynaecological surgery. Anyone with specific questions about their own care is encouraged to contact Patient Advice and Liaison Service at Liverpool Women's on 0151 702 4353 or visit the Comments, Suggestions and Complaints section of the website here.

**Q: How is NHS Liverpool Clinical Commissioning Group proposing to engage with young people?**

We use a number of techniques to engage with as wide a range of people as possible. As well as public events, we work with community organisations to engage specific groups.

In terms of engaging with younger people, we have worked with local Universities to share information and have been very active on social media, encouraging users to engage with us online and complete the engagement survey on our website.

**Q: Will the provision for women's health be adversely affected by the closure of Liverpool Women's?**

A: No decision to close Liverpool Women's has been made. The review process is underway but there is absolutely no threat to the services themselves. This process is about making what we have even better and protecting services for the future.

**Q: Are there facilities at Alder Hey for mums to stay with children?**

A: There is a parent bed next to every child bed at Alder Hey to allow parents/carers to stay overnight with their baby. Ronald McDonald House at Alder Hey is an independent charity which also provides free accommodation for families whose children are inpatients. A priority system is used to allocate rooms, details of which are available at www.alderhey.nhs.uk. Alder Hey only cares for patients under 16 years of age. If a mother is being cared for at Liverpool Women's and her newborn baby needs to be transferred to Alder Hey to care, the mother would need to remain at Liverpool Women's.

**Q: What joint work with Alder Hey is being undertaken regarding this whole issue?**

A: Alder Hey is one of a number of local hospitals who are closely involved in the review.

**Q: Is the Women's hospital's land owned by Liverpool City Council?**

A: Yes.

**Q: Have you, or will you be putting in, services that provide support for women who give birth to stillborn babies or babies that die early?**

A: The Honeysuckle Team at Liverpool Women's provides care for women and their families following miscarriage, stillbirth and early neonatal death. This is for a six month period and if further support is needed the patient's GP helps them identify what that is.

**Q: You talk about a shortage of professionals, yet many took early retirement. Why not entice these individuals back on a part time basis?**

A: Workforce sustainability is being looked at as part of the review and all options are being explored.

**Q: Liverpool Women's is currently understaffed, which hasn't been mentioned. Although women and babies' care is the highest priority, the wellbeing of staff is also very important. If staff do not enjoy good wellbeing, this could impact their work. How are you considering making processes more efficient, in order to have more staff?**

A: Liverpool Women's took the decision to invest in more staff last year, in spite of its financial deficit, and now meets the 'Birthrate Plus' standards for the number of midwives employed. The hospital also meets the 1:1 care requirement for 95% of women. The hospital does currently have some doctor vacancies due to shortages of available medics. This is a challenge facing a number of services nationally.

Simply increasing the number of staff at Liverpool Women's would not address all the issues identified in the case for change. Liverpool Women's is constantly looking at more efficient ways to provide care.

**Q: I would question the value and completeness of the pre-consultation engagement, given the timing of events is during the summer holiday and of an evening.**

A: In Liverpool there was one evening event on 2 August and three other public events during the day. These events are just one part of an engagement period which ran from 29 June to 15 August, during which a number of techniques were used to gather views. A full report on the engagement process is available at www.healthyliverpool.nhs.uk.

**Q: Was today's event advertised to children's centres?**

A: Yes, leaflets containing details of all NHS Liverpool CCG-led engagement events were provided to children's centres across Liverpool.

**Q: How are you engaging with patients from the hospital and collecting views?**

A: We have used a number of techniques to engage with as wide a range of people as possible. At Liverpool Women's Hospital there was a stand in the foyer throughout the engagement period, as well as leaflets in all waiting areas. In addition information has been provided with appointment letters.

Copies of the leaflet were also made available at other local hospitals, and GP practices. We also worked with voluntary, community and social enterprise partners, who have visited hospitals in person to engage with people face-to-face and gather their views on the case for change.

**Q: What consultation has been conducted with frontline staff?**

A: The review of services for women and newborns was prompted by a clinical case for change that was developed by midwives, nurses and doctors at Liverpool Women's.

In 2015, there were multiple clinical workshops held for staff from across Liverpool Women's to discuss how services could be made better for the women and newborn babies they care for. The workshops involved doctors, nurses, midwives and clinical support staff, as well as patients and partner organisations.

Clinical directors and heads of service (the most senior doctors and nurses for each of the hospital's services) took part in sessions where they discussed the needs of their service, and plans and ideas to improve those services. An internal 'Clinical Council' was established, made up of senior doctors, nurses and midwives, to add a further level of scrutiny and to check and challenge the work as it developed.

A Clinical Reference Group has been set up to support the review process by providing clinical expertise and input. This group has an independent clinical chair, and its members include senior doctors, midwives and nurses from across the NHS in Liverpool.

**Q: Is this consultation just a rubber stamp exercise?**

A: Collecting the public's views is an important part of the review process. The period of pre-consultation engagement in July and August, and the public consultation that will follow, are

an opportunity for the public to shape the future of services for women and newborn babies. No decisions have been taken yet.

**Q: How many theatres are there in Liverpool Women's?**

A: There are eight theatres in total. Five general gynaecology theatres and three maternity theatres.

**Q: Has an Equalities Impact Assessment (EIA) been carried out and, if so, could we have copies of it?**

A: An initial EIA is carried out at the start of an engagement. This helps us to understand any groups who may be particularly affected. At this stage, we are not sure how they will be affected and so the pre-engagement EIA is used to identify groups we particularly want to engage to find out their views and needs. This will then be analysed, as will responses to the survey, by protected characteristic and used to create the EIA. This will be published as part of the review.

**Q: Why has the Sustainability and Transformation Plan (STP) not been shared as in other areas?**

A: A draft of the STP for Cheshire and Merseyside was sent to NHS England in June 2016. The document is an overview of how organisations could work together to transform the way that health and care is planned and delivered, improving collaboration to raise standards for all patients and maximise the skills of staff. The STP is still only in draft form and requires further development, so it hasn't been published yet.

All NHS bodies have a legal duty to involve and consult the public about the running of local health services, and where an individual project/proposal contained within the STP requires engagement or consultation this will happen in the usual way.

The STP doesn't contain detailed proposals for services provided by Liverpool Women's because this is what the review of women's and neonatal services has been tasked with delivering. Proposals will be developed following the public engagement phase of the review.

**Q: You mentioned the possibility of Liverpool losing its "specialist" role in maternity services. You said facilities have to be "sustainable". Did you say this in the context of the Sustainability and Transformation Plan (STP) for the Liverpool area? Does the Women's simply cost too much?**

A: The STP for Cheshire and Merseyside doesn't contain detailed proposals for services provided by Liverpool Women's because this is what the review of women's and neonatal services has been tasked with delivering.

The main reason for the review of services is to improve the care that patients receive, but we cannot ignore the serious and growing financial issues facing the hospital. We need to make sure that services are affordable if we are to protect them for the future.

**Q: Liverpool is part of the Vanguard project which includes looking at personal budgets. What information is available about this?**

A: Out of the UK's 156 maternity units, seven sites have been chosen to be a pioneer site for the National Maternity Services review, Better Births, which was chaired by Baroness Cumberledge and was a direct result of the Kirkup report into the findings of the Morecambe Bay Inquiry.

From the report there are 28 recommendations in 7 categories:

1. Personalised Care
2. Continuity of Carer
3. Safer Care
4. Better Postnatal and Perinatal Mental Health
5. Multi-professional working
6. Working across boundaries
7. A payment system

The Cheshire and Merseyside vanguard is leading on point 6 – working across boundaries.

Working across boundaries includes:

- Community hubs

- Providers and commissioners working together on larger geographical patches part of clinical networks
- Providers and commissioners working together on standardised clinical pathways, standards and protocols
- Commissioners taking responsibility for reducing health inequalities and improving outcomes and monitoring standards.

The other pioneer site in the North West is NHS Salford Clinical Commissioning Group. They are leading on personalised care budgets.

More information is available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf.

**Q: How will you meet the needs of women to have continuity of care?**

A: As is the case currently at Liverpool Women's, a woman is assigned a named nurse/midwife and sees the same obstetrician throughout their time at the hospital.

**Q: Would you envisage the extension of booking sessions and follow on appointments for pregnant mothers in the community?**

A: Liverpool Women's already provides maternity services within communities and has plans to do more work in the community in the future. Delivering more services in communities, closer to people's homes, is one of the aims of the Healthy Liverpool programme, which this review is part of. More detail is available at www.healthyliverpool.nhs.uk.

**Q: Are any serious incidents reported through regulators and where are these published?**

A: Serious incidents are recorded on a system called STEIS and are reported to the Quality Committee and summarised at meetings of Liverpool Womens' Trust Board.

**Q: What are the statistics of "special care" that these women need, which you refer to in the animation about the case for change at Liverpool Women's?**

A: For maternity care, national figures show that around 1 in 20 women require 'enhanced' care from a multidisciplinary team during the course of their pregnancy, or within six weeks of giving birth, while around 1 in 400 warrant care on an intensive care unit. For intensive care this equates to around 20 or 21 women per year from Liverpool Women's. Some are transferred to intensive care units across the region directly from Liverpool Women's, but others find their way there via other specialised medical services or via Emergency Departments. More women also require intensive care for gynaecological problems.

There are around 550 ambulance transfers for women – not newborns - between Liverpool Women's and neighbouring hospitals each year.

When a woman goes to Liverpool Women's for her pregnancy, she is put on one of three levels of "pathway" or care plan, depending on the complexity of the care she will need. This is determined following a health and social care assessment.

The hospital's data shows that the number of women booked onto the most complex pathways has increased by 26% in the last three years and the number of women booked onto intermediate care pathways has increased by 51% in the same timeframe.

**Q: Why are gynaecological cancers increasing?**

A: People are living longer and lifestyle factors contribute to higher rates of cancer. There are also better detection rates, which means more people are being diagnosed with cancer. Gynaecological cancers are increasing and more complex surgery is taking place. In 2013/14, the gynaecology oncology service at Liverpool Women's saw a 5% increase in referrals compared to the previous year and this level of growth continued in 2014/15. The one-stop rapid access clinic saw an 18% rise in activity between 2012/13 and 2014/15.

**Q: Could education of birth and pregnancy be improved in secondary schools, in order to give women a truly informed choice?**

A: Although these are important issues, they are beyond the scope of this review. This piece of work is specifically looking at how health services for women and newborns are delivered in the future.

**Q: Who is responsible for making the financial decisions which will determine what happens to Liverpool Women's?**

A: Services at Liverpool Women's are commissioned by a range of organisations which provide funding for the hospital. NHS Liverpool Clinical Commissioning Group is the main commissioner and is leading the review.

Potential options must offer a way of delivering safe, high quality services that are affordable now and in the future.

The process of changing services in the NHS is called 'service reconfiguration'. NHS England has published guidance setting out how this should happen, which is available here: https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf.

The review of women's and neonatal services, which was launched in March 2016, is following the process set out in the NHS England guidance.

A clear structure has been set up to manage the review. This includes the following groups:

- Clinical Reference Group (CRG): Made up of doctors, nurses and midwives from local hospitals. It provides clinical expertise and input for the review, and makes recommendations to the Oversight Board.
- Oversight Board: Responsible for overseeing the review, and making recommendations to Liverpool, Knowsley, and South Sefton Clinical Commissioning Groups (the three commissioners involved in the review process). The Oversight Board also includes representatives from Liverpool Women's, the Cheshire and Merseyside Maternity Vanguard, a representative from the Clinical Reference Group and a member of the public.
- Committees in Common (CIC): The CIC is made up of the three Clinical Commissioning Groups which cover the majority of patients who use Liverpool Women's services - Liverpool, South Sefton and Knowsley CCGs, along with

NHS England. This is a formal delegated committee of the three CCG governing bodies that are responsible for commissioning the majority of these services. NHS England is responsible for commissioning specialist services, such as neonatal services.

The review process started with clinicians involved in women's and neonatal services proposing that services could and should be improved. This led to Liverpool Women's and commissioners agreeing that a review was necessary. This has involved exploring all of the potential options, then narrowing them down by testing each one against a number of key requirements. Central to this was a series of clinical workshops. The results of this work, together with the input of other professionals and the views gathered during the pre-consultation public engagement which took place between 29 June and 15 August 2016, are being used to develop a pre-consultation business case (PCBC), which will set out possible options for the future delivery of women's and neonatal services. Once finalised, the PCBC will be submitted to NHS England, to undergo their assurance process. Following this, Overview and Scrutiny Committees – groups made up of councillors from each of the three local authorities involved – and Governing Bodies for each of the three CCGs will be asked to approve plans for a 12-week public consultation on possible options. The results of this consultation will be analysed and used in the development of a decision-making business case. This will again require approval from CCG Governing Bodies before service changes are planned and implemented.

**Q: How are you using digital technology to join up the different elements of hospital services?**

A: Healthy Liverpool gives us an opportunity to realise the enormous potential that technology can bring to both local health services and the people who depend on them. For example, organisations are working together to integrate records across health and social care, ensuring that a patient's information can be accessed by all of the professionals who look after them. This has major benefits for speeding up diagnosis, improving safety, and delivering a better experience for patients. More information about Healthy Liverpool is available at www.healthyliverpool.nhs.uk.

**Q: What does FTI stand for?**

A: FTI Consulting is the name of a company which is providing expert advice and support to NHS Liverpool CCG during its review of services for women and newborns.

**Q: Will the Save Liverpool Women's Hospital campaign petition be included in your report following the engagement period?**

A: The petition by the Save Liverpool Women's Hospital campaign group will be referred to in the engagement report.

**Q: How do you propose to feedback and keep patients informed of developments?**

A: Anyone interested in keeping up to date with the progress of the review can sign up at www.healthyliverpool.nhs.uk and follow Healthy Liverpool on Twitter (www.twitter.com/healthylvpool) and Facebook (www.facebook.com/healthylvpool).

NHS Liverpool CCG will also work with NHS partners, such as hospitals, voluntary, community and social enterprise partners and local media to keep people informed of developments.

**Q: Given the backdrop of a funding crisis in NHS England, where will money for a fully funded Liverpool Women's come from?**

A: The government pays hospitals a certain amount of money for each service they provide. This amount is set nationally. This review is about improving the care that patients receive, and potential options for the future must be financially sustainable.

**Q: What is Monitor?**

A: Monitor was the name of the regulator for health services in England. From 1 April 2016, Monitor became part of an organisation called NHS Improvement. There is more information at www.improvement.nhs.uk.

**Q: What percentage of infections are as a result of there not being enough space between neonatal cots?**

A: It is impossible to tell how many infections are caused by the lack of space between cots and how many are caused by other factors. Lack of space between cots has, however, been shown in medical studies to be a significant risk factor for infection, which is why this issue is so important.

**Q: Is there something that could be done differently in neonates that would have a greater impact on reducing infection, rather than increasing the space around cots?**

A: Most other known measures that could reduce infection rates in babies have already been implemented at Liverpool Women's Neonatal Intensive Care Unit. Apart from increasing the space around the cots, the only other improvement that could be made would be to increase the nurse-to-baby ratios. This matter is also kept under constant review.

**Q: How many hospitals in the country meet the standard for physical space around neonatal cots?**

A: We don't hold this information, it is kept by each individual hospital Trust. All new buildings have to comply with this standard and all non-compliant areas have to declare this on their Trust risk register.

**Q: What mental health support is available, such as for post-natal depression? And how may this be considered or affected by the review?**

A: The Perinatal Intervention Team work in partnership with Mersey Care NHS Foundation Trust. A weekly clinic is run at Liverpool Women's on a Tuesday and fortnightly at Aintree on a Thursday, seeing antenatal and 12 months postnatal mums and they visit patients during their inpatient stay. Gynaecology patients are seen by an on-call psychiatrist via Mersey Care.

The review of women's and neonatal services will consider the mental health needs of patients and ensure provision is made for them. It is important to point out that this process is about improving services, not reducing them. The needs of people with mental health

problems will also be considered as part of the Equality Impact Assessment undertaken as part of the review.

**Q: How are transgender patients currently supported in all services and how may this be improved/affected by any changes?**

A: All patient needs are assessed individually and transgender patients are assessed and cared for dependent on their clinical need. The needs of transgender patients will also be considered as part of the Equality Impact Assessment undertaken as part of the review.

**Q: You talk about Liverpool Women's not meeting national standards. What standards are these?**

A: Hospitals are subject to dozens of standards depending on the services they provide. Specifically in relation to the case for change at Liverpool Women's, the standards which are not being met include:

- Core Standards for Intensive Care Units, published by the Faculty of Intensive Care Medicine.
- Space in the Neonatal Unit - Health Building Note 09-03: Neonatal unit, published by the Department of Health.
- Guidelines for the Provision of Anaesthetic Services (GPAS), published by the Royal College of Anaesthetists.
- Toolkit for high-quality neonatal services (principle 6), published by the Department of Health.

**ENDS**