



Exceptional staff



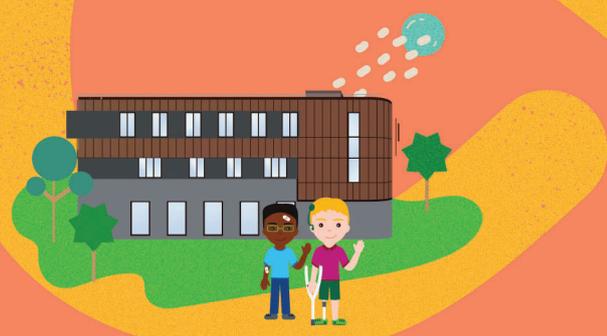
Inspired by children



Outstanding care



United we thrive



Building a healthier, stronger future

Quality Report 2022/23

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CBE Chief
Executive Officer

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Part 1:



A message from our CEO

Welcome to Alder Hey's Quality Account for 2022/23. Writing this introduction is an opportunity for me to pause and reflect upon all that our amazing, dedicated teams have achieved during the year and I do so with a sense of huge pride.

The statistics and information contained in the report speak for themselves: a 25% reduction in ten-fold medication errors, which has traditionally been an area of risk as a paediatric centre, given the complexity of prescribing for children; and achievement of 143% of our pre-Covid activity levels in our mental health services in response to the increasing demand brought about by the pandemic. These are just two examples of the gear change that has happened in the last year, as we emerged from the Covid crisis to take stock, recover and rebuild. At the same time we saw a significant increase in demand for our services, particularly within our Emergency Department. In response, we established a separate urgent treatment centre adjacent to our ED which offers appointments to cohorts of our patients who do not present with a clinical emergency. We also developed an online symptom checker tool to provide guidance and support to parents of where to access care.

As always at Alder Hey, our staff embraced this challenge and set out to provide even better care for our children and young people and more of it, aiming to address the backlog created by the restrictions we had all been under. This was achieved with a renewed focus on quality and safety. 2022/23 saw the launch of our new Patient Safety Strategy which was developed alongside our overall strategy, Vision 2030, through which we will strive to engage with our children, young people and families to really understand their needs and work collaboratively to have a positive impact on their health and life chances. Through the Patient Safety Board we are already focused on a number of key priority projects, using our established Brilliant Basics approach to effect change and real improvement.

In support of our ambitions we are increasingly harnessing our technological and innovation capability to make a real difference to children and families. One example that does just that is our Little Hearts at Home platform which enables real time monitoring of complex

cardiac patients post-discharge resulting in improved patient-centred care and experience, with the aim to reduce emergent clinical issues and hospital re-admissions.

“We are already focused on a number of key priority projects”

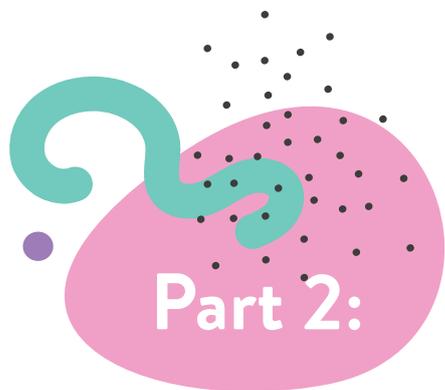
Our Research Division has also continued to deliver an outstanding number of clinical trials. During 22/23 we recruited 11,315 participants to research studies, the highest NHS recruiter in the North West and the highest recruiter of children in the UK. These vital studies will enable children and young people everywhere to benefit from outstanding cutting edge treatment and advanced medicines.

I fully recognise the importance of supporting our staff to enable them to maintain their focus on delivering such outstanding care to our children and young people. I wrote in last year's report about the emphasis we placed on staff wellbeing and the creation of our award-winning SALS service during the pandemic. We continued to make this commitment during 2022/23, developing and expanding our response to the evolving socio-economic context in the post-pandemic world. We have learned much from our staff experience over the last two years and have moved to an organisational health and wellbeing approach, based upon the available evidence about what staff need to thrive. This has led to the development of targeted professional wellbeing support around themes such as civility at work, as well as, through the Patient Safety Strategy work, beginning to understand what the data tells us about the link between staff safety and patient safety. It is vitally important that we set the right conditions to enable our brilliant people to continue to do what they do best with children and young people at the heart.

As Chief Executive, I commend our Quality Account for 2022/23 to you. I am confident that the information set out in the document is accurate and a fair reflection of the key issues and priorities that clinical teams have developed within their services. The Board remains fully committed to supporting those teams in every way they can to continuously improve care for our children and young people, who remain our constant inspiration.

Louise Shepherd

LOUISE SHEPHERD CBE
Chief Executive



Priorities for Improvement and Statements of Assurance from our Board

2.1 Priorities for Improvement in 2023/24

Introduction

In previous Quality Accounts the Trust reported that a full strategic review had been undertaken and the Trust had developed 'Our Plan', a five-year plan spanning 2019 to 2024 in consultation with our children, young people and our staff, 'Our Plan' was approved through our Trust Board. Central to our plan is our 'Brilliant Basics' programme, a key component of our original vision and quality strategy (2011) with the aim to drive both operational efficiency and strategic growth.

2022/23 saw a real focus for the organisation of the delivery of the Brilliant Basics programme and the embedding of the approach into our culture of the way we do things at Alder Hey.

Brilliant Basics has focussed on small changes, leading to big improvements for our children, young people, their families and our staff. As this report shows the central focus has remained the same in terms of delivering the best quality, safest care to our children and young people and supporting our staff to deliver this central safety focus and associated strategic objectives.

2023/24 will see the launch of our new 2030 strategy which has been developed in collaboration with our children, young people, and their families as well as staff from across the organisation. The strategy has allowed us to better understand the people that use our services and will see significant changes in the coming years.

Context and Environment

2022/23 has required the NHS to continue to focus on the restoration of services with an expectation of delivering elective, outpatient and imaging services more than 104% of 2019/20 levels. The Trust achieved strong recovery of planned services in year two of the pandemic with 108% outpatients' recovery and 100% elective recovery. In addition, the Safe Waiting List

Management programme delivered improvements in access to care and reduced waiting times.

As an organisation we have adapted and learned during this period, including flexing our operational model to address the waiting list to eliminate the longest waiting times, working to the target of no 78 week wait patients by March 2023. We have deployed pioneering digital solutions to enable our clinical teams to maintain contact with patients and families and have embedded our 'Was Not Brought' tool into clinical practice. We have worked with clinical services to embed Patient Initiated Follow Up (PIFU) and developed our approach to a virtual ward. All these achievements, alongside the dedication of our teams has enabled us to provide care to the children and young people locally and support children and young people from across the North West, with mutual aid for some specialities offered to Manchester Children's Hospital.

The NHS Operating Environment

Our priorities going forward continue to be driven by compliance with national and local standards. As part of our 'Brilliant Basics' programme we remain committed to the Trust's vision to deliver 'a healthier future for children and young people' whilst striving to be world leading in our approach to innovation, research, and achievement of the best clinical outcomes.

We want all our staff to feel empowered to make improvements in their own area and we want to include our children, young people, and their families in everything that we do. Implementation of this programme is fully supported by the organisation and sponsored by the Board to make this the success it needs to be. Our approach and methodology for the Brilliant Basics programme is built on the concept of delivering improvements in care, quality, and safety by the everyday, ongoing use of continuous improvement. We have implemented a sustainable infrastructure to deliver this with the Quality Hub being the engine room for this programme of work. This reaches from the frontline through to our board; building routines, behaviours, and the use of tools to support Quality Improvement at all levels of the organisation.

In 2022/23 we achieved:

Outstanding Safe Care

- Zero category 4 pressure ulcers and a reduction in category 1 and 2 pressure ulcers.
- 42% reduction in category 2 device related pressure ulcers.
- Second highest paediatric Trust for the number of incidents reported per 1,000 bed days and Trust attained the top mean number of days from the incident being reported and uploaded to the National Reporting and Learning System (NRLS).
- A reduction in our central line-associated bloodstream infection (CLABSI) rate per 1000-line days.
- A reduction in unplanned admission to critical care.
- 24% increase in number of medicines incidents being reported, reflective of a good reporting culture.
- 25% reduction in 10-fold medication errors from 2021/22, while understanding more about the causes of error in individual departments.
- Implemented our Patient Safety Strategy Board which is data led and utilises the Brilliant Basics methodology in continuous improvement.

Access to Care

- Provided outstanding care to over 350,000 children and young people in 2022/23.
- Recovering paediatric services: relative to pre-Covid we are treating more patients who require elective care (103%), outpatient care (115%) and Community & CAMHS (143%).
- Our Children's Hospital Alliance paediatric recovery partnership won the national Health Service Journal (HSJ) Award for Elective Recovery.
- Improved access and waiting times in the Eating Disorders Service.
- Reduced waiting times for diagnostic pathways, from cica.50% to 84% compliance with the six-week waiting standard.
- Exceeded national standards for access to cancer services.
- Established a Paediatric Virtual Ward, with capacity to care for 20 patients at home.
- Supporting over 4,700 patients to manage their follow-up through patient-initiated follow-up pathways.
- Secured £5m of investment in the Paediatric Elective Hub.
- Opened the Urgent Treatment Centre (UTC), to improve access for urgent and emergency care.



Developed a symptom checker, an online tool providing advice, guidance and support to parents of where to best access care, including 111, GP, Pharmacist and attending our ED.

Great Place to Work

- Our staff survey demonstrated real improvements across a range of metrics. It also helped us identify areas for further improvement. 2022/23 saw the formation of our three staff networks REACH (previously BAME taskforce), LGBTQIA+ and our disability network.
- We were accredited as a Veteran Aware organisation by the Veterans Covenant Healthcare Alliance (VCHA) and have started to form our veterans staff network.
- Significantly reduced our time to hire to below our target of 30 days.

Advocate for Children and Young People

- We strengthened our role in the system in partnership with the Cheshire and Merseyside Integrated Care System (ICS), ensuring the voice of children and young people is included in a wide range of improvement work.

The Safest Place

- Our research and innovation teams have continued to deliver an outstanding number of clinical trials and innovations helping to solve real world problems.



“
Alder Hey has continued to lead the way nationally on work to ensure that children and young people receive a holistic service of care”

Key achievements against our three safety priorities for 2022/23: **Deteriorating Patient, Medication Errors** and **Parity of Esteem** are noted below.

Deteriorating Patient 2022/23 Key Achievements:

- Development of a robust clinical governance structure to support a system of timely identification, escalation and response to patient deterioration and appointment of clinical leads.
- A Meditech reporting process was put in place to audit practice surrounding cases of patient deterioration, with learning from this being used to formulate improvements in processes.
- A Response Team is now in place, covering nights and will evolve into a 24/7 service in 2023/24.
- Training materials have been developed and approved for all wards, to ensure staff awareness and appropriate use of Meditech forms and a clear pathway and process for escalation to Consultant level for review of the deteriorating patient.
- Individual Rapid Pathways agreed at departmental level including Cardiac, Neonatal and HDU.
- The driver metric for this priority has been established as ‘number of unplanned admissions to critical care’ which has seen a reduction across the year.

Medication Errors 2022/23 Key Achievements:

- Working with prescribers to improve learning from errors. For example, High Dependency Unit now run ‘druggles’ every Thursday as a standard process, in which advance nurse practitioners, pharmacists and consultants review incidents, involving Band 7’s to identify any further learning.
- Departments from across the Trust have adopted Brilliant Basic methodologies of Quality Improvement such as Improvement Boards and observations.
- Facilitated face-to-face ward medication collaborative training sessions, featuring content on the handling of controlled

drugs, with staff from HDU, 3C, MDU, ED, 4B, 3B and 4C and implemented a Medication Safety mandatory training module on ESR.

- Posters and flyers highlighting the importance of correct checking processes when managing intravenous pumps were distributed, launching on World Patient Safety Day.

Additional achievements have included:

- The creation of a medication safety incidents dashboard, ensuring all wards have access to their medication error data patterns to support understanding of the causes of incidents and to support data-driven local improvements.
- Recruitment of a 12-month post of a Band 8a Pharmacist to address capacity concerns and support the progress of change ideas.
- Working with wards and other areas of the Trust to empower staff make improvements in Medicine safety within their own areas using the Brilliant Basics Methodology.

Parity of Esteem for Mental and Physical Health 2022/23 Key Achievements.

- Alder Hey has continued to lead the way nationally on work to ensure that children and young people receive a holistic service of care.
- The establishment of a Parity of Esteem Programme Board, with workstreams identified.
- The identification of restrictive practice as a Trust safety priority.
- A “We can talk” education resource has been identified and piloted.
- Work has also begun to establish a Suicide Prevention Group.

Alongside our strategic objective’s improvement work will continue three focused safety priorities led by the clinical teams and supported by the Quality Hub for 2023/24.

Priority 1: Hospital Optimisation

As with many organisations across the country, Alder Hey is facing long-term problems with providing highly responsive 24 hour/7 days medical hospital cover, potentially impacting patient safety and the experience of both patients and staff. Goals for improvement for this safety priority are:

- To deliver highly responsive care balancing workforce, wellbeing, capacity, and demand, improving patient safety out of hours and building resilience in the workforce.
- To develop an improved, robust deteriorating patient escalation process, to prevent unplanned admissions to critical care.
- To ensure that no known children and young people (CYP) with a 'non-urgent care need' would access care via the Emergency Department (ED) by redesigning pathways.
- To have the right workforce size and capacity to meet the demands on HDU.
- To improve the psychological safety of staff working at night.
- To introduce new models of care based on the needs of CYP.
- To deliver enhanced patient and staff experience.

Priority 2: Medication Errors:

Due to the success of interventions made to address Medication Safety throughout 2022/23, key aspects of this priority have become embedded as business as usual across the Trust, reporting monthly into the Medication Safety Committee, with incidents being reviewed by the medication safety officers and reporting into Patient Safety Strategy Board on progress every quarter. However, three out of the five 2022/23 medication safety targets have not been achieved and will be the focus of activity for 2023/24.

Priority 3: Parity of Esteem for Mental and Physical Health:

For 2023/24, we intend to continue work to establish cultural change in support of parity of esteem of mental and physical health in care given to children and young people. We will:

- Continue to develop the evidencing of our "Ask, Do, Record" process, as detailed above.
- Continue to enhance and expand upon our mental health champions scheme.
- Evidence the improved outcomes of holistic care and treatment provided to children and young people because of the recruitment of a Consultant Nurse and Nursing Associate posts.

We will also further prioritise addressing restrictive practice to ensure that staff are confident and knowledgeable in the practice of safe physical restraint. The following key driver metrics for this priority will be:

- Zero injuries to children and young people during restrictive intervention.
- Zero injuries to staff during restrictive intervention.
- Increase in reporting of incidents relating to cases of restrictive practice in care.
- Numbers of staff trained in the principles of the procedural management and practical skills of restrictive practice.
- Numbers of reports incidents of off-plan procedural management of restrictive practice.



2.2 Statements of Assurance from the Board

2.2.1 Review of Services

During 2022-23, Alder Hey Children's NHS Foundation Trust [Alder Hey] provided 42 relevant health services. Alder Hey has reviewed all the data available to them on the quality of care in all these relevant health services. The income generated by the relevant health services reviewed in 2022-23 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2022-23.

2.2.2 Participation in Clinical Audits and National Confidential Enquiries

Clinical Audit is a key aspect of assuring and developing effective clinical pathways and outcomes. National clinical audits are either funded by the Health Care Quality Improvement Partnership (HQIP) through the National Clinical Audit and Patient Outcomes Programme (NCAPOP) or through other means. Priorities for the NCAPOP are set by NHS England with advice from the National Clinical Audit Advisory Group (NCAAG).

During the reporting period 1st April 2022 - 31st March 2023, 13 national clinical audits and 5 national confidential enquiries covered NHS services that Alder Hey Children's NHS Foundation Trust provided.

During that period Alder Hey Children's NHS Foundation Trust participated in 100% (13 out of 13) national clinical audits and 100% (5 out of 5) national confidential enquiries which it was eligible to participate in during 1st April 2022-31st March 2023. Full details are provided in the table below.

NATIONAL AUDIT	PARTICIPATION	% CASES SUBMITTED
CHILDREN		
Paediatric Intensive Care (PICANet)	Yes	Submitted 863 cases which was 100% of cases available.
Pain in Children Royal College of Emergency Medicine	Yes	Submitted 142 cases which was 100% of cases available.
ACUTE CARE		
Severe Trauma (Trauma Audit and Research Network)	Yes	Submitted 143 cases, which was 100% of cases available.
CARDIAC		
Cardiac Arrest (National Cardiac Arrest Audit) (NCAA)	Yes	Submitted six cases which was 100% of cases available.
National Cardiac Audit Programme (National Institute for Cardiovascular Outcomes Research (NICOR) Congenital Heart Disease Audit)	Yes	Submitted 755 cases which was 100% of cases available.
National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (CRM)	Yes	Submitted 93 cases which was 100% of cases available.
LONG TERM CONDITIONS		
Inflammatory Bowel Disease Programme/IBD Registry (National IBD Audit) Biological Therapies	Yes	Submitted 15 cases which was 100% of cases available.
Paediatric Diabetes (RCPH) (Royal College of Paediatrics and Child Health) National Paediatric Diabetes Audit)	Yes	Submitted 367 cases which was 100% of cases available.
Epilepsy 12 (RCPH National Audit of Seizures and Epilepsies in Children and Young People)	Yes	Submitted 60/87 cases which was 69% of cases available.
Children and Young People Asthma Audit National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Yes	Submitted 33/180 cases which was 18% of cases available.

NATIONAL AUDIT	PARTICIPATION	% CASES SUBMITTED
LONG TERM CONDITIONS CONT.		
Serious Hazards of Transfusion (SHOT): <u>UK National Haemovigilance</u>	Yes	Submitted six cases which was 100% of cases available.
UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u>	Yes	Submitted 97 cases which was 100% of cases available.
National Acute Kidney Injury Programme <u>UK Renal Registry</u>	Yes	Submitted 1140 cases which was 100% of cases available.

NATIONAL CONFIDENTIAL ENQUIRIES	PARTICIPATION	% CASES SUBMITTED
Suicide in Children and Young People (CYP) - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) - University of Manchester	Yes	0 cases included in the study which was 100% of cases available.
Perinatal Mortality and Morbidity Confidential Enquiries (Term Intrapartum Related Neonatal Deaths) - MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)	Yes	Submitted 22 cases which was 100% of cases available.
Child Health Clinical Outcome Review Programme. National Confidential Enquiry into Patient Outcome and Death. Transition from Child to Adult Health Services Study	Yes	Submitted 9/22 cases which was 41% of cases available.
Child Health Clinical Outcome Review Programme. National Confidential Enquiry into Patient Outcome and Death. Testicular Torsion	Yes	Submitted seven cases which was 100% of cases available.
Learning Disability Mortality Review Programme (LeDeR)	Yes	Submitted 10 cases which was 100% of cases available.

2.2.3 Actions Arising from National Confidential Enquires

The reports of the national clinical audits were reviewed by the Trust in the reporting period 1st April 2022-31st March 2023 and Alder Hey Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

	NATIONAL CLINICAL AUDIT	ACTIONS/RECOMMENDATIONS
1	Paediatric Intensive Care Audit Network (<u>PICANet</u>)	<ul style="list-style-type: none"> • 100% of Paediatric Intensive Care Unit (PICU) admissions were submitted to PICANet within two months in line with the Paediatric Intensive Care Standards (PICS). • Issues in relation to collection of ethnicity, gestation and accurate diagnosis, status 30 days post discharge from unit, have been actioned. • Significant incidences of Respiratory Syncytial Virus (RSV) as the primary cause for admission to PICU which has not followed seasonal predictions. • Increased prevalence of Invasive Group A Streptococcus and Influenza A noted over winter months. • Prevalence point survey has been completed for Health Care Associated Infections on Carbapenem Resistant Enterococcus. • Paediatric Index of Mortality 3 (PIM3) data collected by PICANet is used in all PICU research studies, projects, and audits. • PICANet are expanding to collect data from High Dependency Units (HDU). Alder Hey was one of seven pilot sites. The pilot ran from July 2022 to September 2022 and data from 81 eligible HDU patients was submitted. • The pilot study was successful and data collection is currently in the process of being rolled out nationally.

	NATIONAL CLINICAL AUDIT	ACTIONS/RECOMMENDATIONS
2	<u>Pain In Children Royal College of Emergency Medicine (RCEM)</u>	<ul style="list-style-type: none"> • Alder Hey pain management guideline to include RCEM standards was updated and distributed. • Incorporate pain reassessment in the automatic trigger for repeat observations to ensure reassessment is prompted and documented. Pain score is on the observation chart on the patient information system. • Ensure triage nurses have quick, easy access to appropriate analgesia or escalate rapidly. This recommendation is in place. • Develop a process for discharge advice documentation or an analgesia advice sheet to be administered. Plan for completion within the next six months.
3	<u>Severe Trauma (Trauma Audit & Research Network) (TARN)</u>	<ul style="list-style-type: none"> • The TARN database is a national tool for collating and reviewing several metrics related to the delivery of care. • It is a requirement that major trauma centres such as Alder Hey contribute their data into TARN which provides regular service-level dashboards and clinical reports. • In 2022 the data quality is 90.9%, a decrease against the national average of 97.2%. There have been several changes within the submission process that have contributed to this decrease and work is ongoing to improve compliance over the next 12 months. • The themed clinical reports are reviewed by specific department leads, such as Neurosurgery and Orthopaedics, with oversight from the Trust Paediatric Major Trauma Quality and Safety Group and the regional North West Children's Major Trauma Network quarterly governance meeting. • One of the indicators of outcome after Major Trauma provided by TARN is the W score. For the period of 2022-2023 Alder Hey has a W score (the difference between actual and predicted survival rates) of 0.8 which indicates that there are more survivors of major trauma than anticipated. • The impact of COVID-19 changed presentation patterns with the number of children being admitted following major trauma falling by approximately 25% compared to the similar period in 2019. Alder Hey have seen a steady increase since but are still not fully back to pre-COVID levels. There have been specific trends identified around the mechanism of injuries post-covid that are being fed back via public health forums.
4	<u>Cardiac Arrest (National Cardiac Arrest Audit)</u>	<ul style="list-style-type: none"> • Pending publication of report - expected publication date April 2023.
5	<u>Paediatric Cardiac Surgery (NICOR Congenital Heart Disease Audit) NCHDA</u>	<ul style="list-style-type: none"> • Standard operating protocols have been devised for data collection, including detailed guidance on National Congenital Heart Disease Audit (NCHDA) required dataset items and responsibility for each item. • Regular training is provided for auditors and all staff in the Department who may be involved with data input. This includes regular Quality Assurance and Governance training and visits to other centres who are involved in NCHDA data collection and submission. Auditors are up to date with all Governance and Data Protection Training. • A standard format reporting form is used for echocardiograms within our Intellispace Cardiovascular (ISCV)echo reporting software. • A standard discharge summary style document listing all NCHDA pertinent information to in-patient episodes and previous interventions or operations has been created for use throughout the Cardiac Department. • All trainees (ST6 and above) are encouraged to volunteer to participate in a NCHDA site validation visit as an external colleague to gain insights to the importance of maintaining good standards in data collection and quality management. Trainees are always encouraged to attend invited Validation visits; this is reiterated in our NICOR updates in quarterly Quality Assurance Quality Improvement meetings.
6	<u>National Cardiac Rhythm Management Audit (CRM) (NICOR)</u>	<ul style="list-style-type: none"> • There were no recommendations/actions noted from the published report.

	NATIONAL CLINICAL AUDIT	ACTIONS/RECOMMENDATIONS
7	<u>Ulcerative Colitis and Crohn's Disease (National UK IBD (Inflammatory Bowel Disease) Audit) Biological Therapies</u>	<ul style="list-style-type: none"> • Virtual clinics have commenced to improve the quality of our reviews. • Advanced Care Practitioner has now joined the team to review and optimise immunosuppressant treatment and considers other factors. • An improvement in the documentation that feedback into the IBD registry has mitigated challenges with case ascertainment and missing data.
8	<u>Diabetes (Royal College of Paediatrics and Child Health (RCPCH) National Paediatric Diabetes Audit)</u>	<ul style="list-style-type: none"> • Pending publication of report - expected publication date April 23.
9	<u>Epilepsy 12 (RCPH National Audit of Seizures and Epilepsies in Children and Young People)</u>	<ul style="list-style-type: none"> • Two issues reflected in the Epilepsy 12 reports relate to transition and mental health support. • Transition - Alder Hey continue to transition patients at 16 years to adult services. • Mental health support - Alder Hey has developed a wellbeing leaflet that lists charitable organisations within Liverpool that patients can self-refer to. This is to encourage and support timely input for wellbeing/mental health support due to the long waiting list for current services (CAMHS psychology). The Trust continue to refer to CAMHS despite the waiting list and a high acceptance threshold. • The Trust no longer has direct access for epilepsy patients to the psychology service as this was withdrawn mid-2022. A referral can be made for general psychology input however the waiting list is eight months. • There is a national body of work that Alder Hey are part of that covers mental health, transition and access to tertiary services. Alder Hey aim to embed the mental health plan as part of sharing best practices. • Alder Hey have employed a Transition Nurse to support the national and regional work.
10	<u>Children and Young People Asthma Audit National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)</u>	<ul style="list-style-type: none"> • To improve the discharge planning process, physician associates are now reviewing children with acute Asthma prior to discharge and follow up virtual appointments post discharge. This ensures all children have had their inhaler technique checked and that they have an Asthma action plan in place. It also allows for review of other factors that may contribute to the child's Asthma risk.
11	<u>Serious Hazards of Transfusion (SHOT): UK National Haemovigilance</u>	<ul style="list-style-type: none"> • The annual SHOT report serves as an indicator for focussed learning in relation to transfusion processes. • The annual report and gap analysis against the current recommendations has identified the following area as a focus for improvement: Review of processes to ensure wrong blood in tube (WBIT) incidences do not occur. As these incidences are SHOT reportable measures taken include the introduction of a 2-step staff check of samples and a zero tolerance towards incorrect labelling of tubes.
12	<u>UK Cystic Fibrosis Registry Cystic Fibrosis Trust</u>	<ul style="list-style-type: none"> • There were no actions following the last published Cystic Fibrosis report (2021/2022 annual data report). • The Trust are currently trying to establish a peer review process with the Cystic Fibrosis Trust across the UK which would aid in Quality Improvement.
13	<u>National Acute Kidney Injury Programme UK Renal Registry</u>	<ul style="list-style-type: none"> • There were no actions noted from the UK Renal Registry Annual Report.

2.2.4 Actions Arising from Local Clinical Audits

There was a total of 249 local audits registered in the reporting period 1st April 2022-31st March 2023. A total of 81 (33%) local audits completed, 2 (1%) audits not started, 7 (3%) audits cancelled and 159 (63%) audits that will continue in 2023/2024.

The reports of the completed local clinical audits were reviewed by the Trust in the reporting period 1st April 2022-31st March 2023 with examples of the outcomes listed below.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6608	Intranasal Fentanyl Use in ED	<p>Audit findings presented at the Alder Hey Emergency Department meeting in May 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Using the Emergency Department (ED) Observational Pain Score within Patient Care on Meditech (Electronic health record system) to document repeat pain scores – this could be added to twice daily nursing handovers and ED Induction for rotating clinicians. Audit/Quality Improvement work looking into Time from Arrival to pain scoring and all analgesics in ED with post-dose pain re-assessment. Changing the re-assessment time of pain scores from 30 minutes to 10 minutes post-dose on the Intranasal Fentanyl Standard Operating Procedure. Identify those patients who were unable to be found from the controlled drugs book entry alone to ascertain if they received intranasal Fentanyl. Include information at Junior Doctor Induction regarding analgesia and importance of re-assessing pain scores and how to document this within Meditech.
6612	An Evaluation of the 'Sensory Friendly Environments for Children and Young People in Hospital Project' at Alder Hey Children's NHS Foundation Trust	<p>Audit findings presented at the National Health Service England Sensory project meeting in October 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Develop a short video to share the key findings of the project. Develop short lay summaries of the project and key findings, written with Patient and Public Involvement and Engagement (PPIE) input, to share widely within and external to Alder Hey Children's NHS Foundation Trust.
6613	Review of the Use of HEADSSS (Home, Education & Employment, Activities, Drugs/ Drinking, Sex, Self-harm, Depression and Suicide, Safety) Assessment Tool and Referral Pathways Following Assault in Accident and Emergency	<p>Audit findings presented at the Alder Hey Emergency Department audit meeting in May 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Following a meeting with the Navigators Team to discuss ways in which we can better facilitate referrals to the team, a guideline has now been produced and implemented in the Emergency Department handbook.
6614	Audit of Adherence to Pan-Mersey Recommendations for Lidocaine Patches	<p>Audit findings presented to the Alder Hey wider surgical division leads and Chronic Pain Team in October 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Chronic Pain Team will undertake a clinical audit for efficacy in patients not meeting current initiation criteria. Chronic Pain Team to review the current Pan Mersey Area Prescribing Committee (APC) guidelines for Chronic Pain and re submit to the APC formulary committee. Review of follow-up recommendations following treatment initiation. Review of criteria for treatment initiation - currently only recommended after trialling oral medication.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6618	Creating a 'Child-Friendly' Illustrated Leaflet on Paediatric Inflammatory Multisystem Syndrome (PIMS) Temporally Associated with COVID-19 (PIMS-TS) in Collaboration with Young People at Alder Hey Children's Hospital	<p>Audit findings presented at the Alder Hey Monthly Paediatric Network Meeting in April 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • PIMS Information Leaflet was disseminated to children with PIMS-TS and their parents/carers at Alder Hey and other hospitals across the North West.
6626	Re-audit of Anaesthetic Records at Alder Hey Children's NHS Foundation Trust	<p>Audit findings presented at the Alder Hey Anaesthetic Audit Meeting in June 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Liaise with IT regarding location of equipment check detailing an option to automatically pull through General Medical Council number or to have an entry prompt. • Education regarding importance of recording supervising consultant, surgeon and procedure name. • Consider Stop Before You Block audit/review of operating department practitioners audit in conjunction with anaesthetic notes. • Re-audit in one to two years.
6628	On-table Extubation as Part of Enhanced Recovery After Cardiac Surgery in Paediatric Population in Alder Hey Cardiac Surgery Unit	<p>Audit findings presented at the Society for Cardiothoracic Surgery (SCTS) Annual Meeting (8th-10th May 2022).</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Increase the rate of on-table extubation post paediatric cardiac surgery and perform it in more complex cases. • The Trust is aiming to extubate all Atrial Septal Defect (ASD), Ventricular Septal Defect (VSD), Coarctation, Glenn & Fontan cases.
6633	An Audit of Inpatient Theatre List Booking with Correct Identification of Day Case Patients	<p>Audit findings presented at the Alder Hey Division of Surgery Meeting in June 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Use BADS (British Association of Day Surgery) directory of procedures to identify which surgeries should be done as day cases by default. • To develop guidelines and strategies to minimise mixing of inpatient and day case surgeries on the same list. • Dedicated Day Surgery Team to book lists following day case protocols. • Assess capacity of day case theatres to establish if capacity can be increased. • Alternative listing system which reflects case order.
6634	Audit of Chest X-rays Performed Following Chest Drain Removal	<p>Audit findings presented at the Alder Hey Radiology department audits and research meeting in June 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Advise clinical team (medical and surgical) to add more clinical information to justify the request. • To check if Chest X-rays (CXR) contributed to management change in patients with no pneumothorax identified. • Clear local guidance needed.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6638	Parental Responsibility - Are We Establishing Who Can Consent for Paediatric Dental Patients? (Re-audit) - Cycle 3	<p>Audit findings presented at the Alder Hey Paediatric Dentistry Department clinical governance meeting in October 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Inform team of findings and update team regarding how consent can be obtained for a child. • eConsent should be used as the default - eConsent requires attending adult to tick whether they have parental responsibility. • Parental responsibility form to be completed at every initial visit. • Update parental responsibility form.
6640	Perioperative Fasting	<p>Audit findings presented at the Alder Hey Anaesthetic update meeting in June 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Move to a 6-4-3-0 fasting regime and 6-0 for the over 1-year olds. • Guidance of 3ml/kg/hr fluid. • Education: Surgical Day Care, Pre operation waiting room and the wards. • Change patient letters and advice from pre operation. • Follow up audit of both times and complications.
6641	Audit of Causes for in Patient Stay and Readmission in children Undergoing Adenotonsillectomy at Alder Hey Children's Hospital	<p>Audit findings presented at the Alder Hey Paediatric Otolaryngology departmental meeting in August 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Research further with a larger sample size and population. • Ensure criteria is created to enable a more effective use of overnight beds for patients who we deem more susceptible to health complications post-surgery. • Evaluate each patient on a case-basis so that we are safely discharging patients post-operatively.
6642	Audit of Documenting Consent to Treatment in Under 16s and Then 16-17 Year Olds. Auditing Whether Consent is Documented at Referral, Initial Choice Assessment and Initial Partnership Assessment in Liverpool Fresh CAMHS. We Will audit Under 16s and Then 16-17-Year-Olds	<p>Audit findings presented at the Liverpool Child and Adolescent Mental Health Service (CAMHS) Business Meeting in October 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • 100% achievement of documenting that informed consent has been sought from children and young people and their parents/carers at the point of referral, initial Choice assessment and initial First Partnership assessment. • Audit findings to be presented at the Liverpool Fresh CAMHS business meeting with a good enough statement for documenting consent. • A service away day was held in November 2022 about aspirational hopes for a quality statement on consent that is communicated to the patient and their carer in a language that is understood and meaningful to the patient and their family. • The good enough statement has been agreed with the Liverpool Fresh CAMHS clinical lead as 'An overview was given in relation to the provision of CAMHS and the purpose of a Choice/First partnership assessment'.
6645	Audit on Ultrasound Technique for Screening of Hip Effusion	<p>Audit findings presented at the Alder Hey monthly Radiology Audit in November 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Staff education, including sonographers. • Template educational posters for scanning technique to be added to scanning rooms for reference. • Agree on reporting template used across the department to unify the reporting process. • Contact Royal College of Radiologists (RCR) clarifying the following points: 1. What is considered a positive scan on ultrasound in paediatric patient population. 2. Inquire about the measurement parameters of the effusion. 3. The indication to obtain a Transverse view while scanning.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6653	Emergency Department Referrals to Medical Day Unit (MDU) with Hypertension	<p>Audit findings presented at the Emergency Department audit meeting in June 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Training for staff in Emergency Department in manual Blood Pressure checks. • Ensure correct guidelines are followed for children who have Blood Pressure checked. • Finalise Standard Operating Procedures for referral and Follow-up on patients referred to Medical Day Unit (MDU).
6662	Acute Admissions for Patients with Sickle Cell Disorders	<p>Audit findings presented to the Alder Hey Haematology Team in July 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Training plan for Accident and Emergency Department and associated wards. • Update of triage handbook and distribution of blue cards Special indicator on Meditech (electronic health record system). • Care plan developed to include acute pathway.
6667	What are the Perceived Impacts on Staff of Increasing the Number of Speech and Language Therapy Assistants into the Workforce, and How Can this Inform Successful Implementation of the Strategy? A Single Case Study of a Community Paediatric SLT (Speech and Language Therapy) Service Post Covid	<p>Audit findings presented to the Alder Hey Speech and Language Therapy (SLT) staff group in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Task delegation and ideas document at staff team meeting. • Pen profiles to be written by the speech and language therapy assistants (SLTA's) and shared with the team. • Identify one main supervisor to support the team. Crib sheet to be written and circulated. • Demand capacity modelling - Collate views of other stakeholders, monitor clinical outcomes, provide a Cost benefit analysis, and adopt an Allied Health Assistant Framework Business case with an options appraisal.
6676	Introduction of High BMI (Body Mass Index) Trolley in Alder Hey Theatres	<p>Audit findings presented at the SOBA (Specialists in Obesity and Bariatric Anaesthesia) conference in December 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Introduced a Bariatric trolley to help in the overall successful perioperative management of a high BMI child.
6681	Sefton CAMHS' Compliance with Stopping Over Medication of People (STOMP) Agenda for Patients' with Severe Learning Disability	<p>Audit findings presented at the Alder Hey CAMHS Team meeting in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • To highlight the lack of documentation and re-affirm the ethos of the STOMP, (Supporting Treatment and Appropriate Medication) on Paediatrics agenda across Sefton CAMHS (Child and Adolescent Mental Health Service).
6689	An Audit to Assess the Waiting Times for the Repair Service Provided by the Audiology Department at Alder Hey	<p>Audit findings presented at the Alder Hey Audiology staff meeting in November 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • To ensure a supply of hearing aids are in stock to use as replacement aids-band 5 audiologists to check stock on weekly basis. • To aim to book majority of appointments for impressions in the recommended 2-day timescale and to ensure enough appointments are available. • To aim to despatch all batteries/tubing/supplies on the same day.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6700	Ventricular Septal Defect (VSD) Exposure by Tricuspid Valve Chordal Detachment– a Retrospective Matched Study	<p>Audit findings presented at the ECHSA (European Congenital Heart Surgeons Association) Annual meeting in June 2021.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Planning to use the tricuspid chordal detachment technique more frequently in difficult-to-expose VSD while performing the surgical repair of VSD. • Tricuspid valve chordal detachment technique can be used safely to improve the exposure of the VSD margin optimising the repair without increased risk of tricuspid regurgitation. It reduced the incidence of right bundle branch block post VSD repair. Moreover, it does not prolong bypass time, cross clamp time or hospital stay.
6702	Results of Urgent Interventions in Patients with Tetralogy of Fallot Within the First Three Months of Age	<p>Audit findings presented at the 7th meeting of World Society for Pediatric and Congenital Heart Surgery in June 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Indications for each procedure is tailored to each patient selection. In patients with favourable anatomy, full repair can be performed as primary procedure with good long-term outcome.
6769	Medical Notes Audit	<p>Audit findings presented at the Alder Hey Emergency Department (ED) audit meeting in November 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • To work with IT digital solutions to improve/standardise documentation within the ED. • To review the ED proformas and their utilisation. • To highlight the criteria for Health Visitor/School Nurse referrals, ensuring it is clearly visible in all areas of the Department.
6723	Time to Consultant Review for Emergency Admissions	<p>Audit findings presented at the Alder Hey Orthopaedic Department Monthly Meeting in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Consultants to use dictaphones post-take ward round; this is a fast and easy solution. Preferably the transcript should be available on Meditech (Patient Information system) for anyone involved in the patient's care to be able to access. • Documentation to be included in consultants' job plans. • A scribe to be allocated during ward rounds.
6734	A Quality Improvement Project Addressing the Healthcare Dimension of Quality, Through Assessing the Completeness of the Burns' Admission Proformas for Children Seen at Alder Hey Children's Hospital Between June 2022 and September 2022	<p>Audit findings presented at the Regional Core Surgical Training audit presentation day in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Poster production and display in surgical offices at Alder Hey Hospital. • Further education sessions to staff involved in burns admission.
6727	Blood Transfusion Authorising Compliance	<p>Audit findings presented at the Alder Hey Hospital Transfusion Committee in October 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Audit to be shared with clinical team. • Paediatric Intensive Care Unit (PICU), theatre and Oncology to provide action plan on improvement strategies. • ECMO (Extracorporeal Membrane Oxygenation) Team to investigate handwritten documentation trail. • Explore how unfulfilled authorisation documents can be cancelled if products not given.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6730	Hand Fracture Clinic Audit	<p>Audit findings presented at the Alder Hey Plastic Surgery Department meeting in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Teaching for local accident & emergency departments in how to triage referrals of hand fractures.
6720	Audit of the Safe use of Intraoperative Tourniquets British Orthopaedic Association Standards for Trauma (BOAST) Guidelines	<p>Audit findings presented at the Alder Hey Trauma & Orthopaedic Departmental meeting in September 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Departmental and theatre staff education. Posters of the BOAST guidelines have been developed and distributed to theatre staff. Improve documentation by adding a section in the post operative notes specific to tourniquet use. The BOAST guidelines and template are available on the departmental shared drive.
6749	CP-IS System (Child Protection Information Sharing) for Patients Residing in the Sefton and Knowsley Postcode Area	<p>Audit findings presented to the Alder Hey Safeguarding Governance Assurance Group in December 2022.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Prior to a final decision being made to change of process, liaison will take place between the Alder Hey Safeguarding Team and Liverpool, Sefton and Knowsley Local Authorities Community Health including School Nursing Team and Health Visiting Team. Should it be agreed that social worker notification forms will no longer be required to be completed by Emergency Department staff and ward staff, training will be delivered to these areas from the safeguarding team to ensure staff are clear on the change of practice and what the expectations are from staff now that the change has been made.
6764	Service Evaluation of the Introduction of Weekly Trike Sessions in the Local Special School in Partnership with Wheels for All	<p>Audit findings presented at the Sefton Occupational Therapy and Physiotherapy community team meeting in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Implement further sessions within school curriculum and meet with key staff to implement new initiative in the school.
6757	Review of Specialist Palliative Care Team Systems for Recording Patients Advance Care Plans	<p>Audit findings presented at the Alder Hey Palliative Care Team meeting in February 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> Develop a Standard Operating Procedure (SOP) for identifying clinicians responsible for reviewing Anticipatory Care Plans (ACPs) on an annual basis. Develop SOP around process for uploading new/updated ACPs, archiving outdated ACPs and sharing new/updated ACPs with local centres.
6756	The Appropriate Physiological Monitoring Alarm Settings	<p>Audit findings presented at the Alder Hey Anaesthetic Department Monthly meeting.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> A leaflet was designed as a reminder for the relevant anaesthetist to adjust alarm limits for every patient when relevant. Possibility of changing pre-set patient profiles on anaesthetic monitors based on age and pathology. E.g., Neonate, under 1 years, 2-7 years, 7-13years, 13-16 years, adult. Re-audit to measure change in practice.

AUDIT ID	LOCAL AUDIT	ACTIONS/RECOMMENDATIONS
6804	Outcomes of Using Abduction Dorsiflexion Mechanisms (ADM) Boots for Idiopathic Congenital Talipes Equinovarus (CTEV) in Non-Compliant Children	<p>Audit findings presented at the Alder Hey orthopaedic governance meeting in February 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Use online tools i.e., The STEPS charity (worldwide), Global Clubfoot Initiative, British Society for Children's Orthopaedic Surgery (BSCOS), Clubfoot consensus website to spread awareness. • Make Every Contact Count- At every clinical visit emphasise the importance of using boots and bars i.e., clinic, orthotic visit, plaster tech visit, specialist nurse visit.
6728	Audit of Family's Knowledge of the Oncology Keyworker and Their Role	<p>Audit findings presented at the Alder Hey Oncology team meeting in February 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Agenda item for the nurses meeting to explore how the keyworkers introduce themselves to families and establish their preferences. • Roll out an education and communication process to ensure all members of the department use the same terminology when referring to key workers.
6711	Comparison of Coronal and Axial Diffusion Weighted Images in Magnetic Resonance Enterography (MRE) Studies Investigating Inflammatory Bowel Disease	<p>Audit findings presented at the Alder Hey Radiology audit meeting in March 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • To modify the way scans are transferred to the Picture archiving and Communication System CS to make it user friendly. • To seek Medical Physicist/manufacture recommendation to explore if artifacts from air could be improved on coronal scans.
6639	Retrospective Audit A Review of the Referrals made to the Children's Sexual Assault Referral Centre (SARC) at the Rainbow Centre, Alder Hey Between September 2021 and May 2021	<p>Audit findings presented at the Rainbow Multiagency Management Meeting in January 2023.</p> <p>ACTION/RECOMMENDATION:</p> <ul style="list-style-type: none"> • Deliver awareness raising exercises to increase the profile of the Paediatric SARC, targeting specifically at schools within postcode areas, where no referrals are received. • Education for the SARC team on recording ethnicity using standardised categories. • Explore data recording opportunities with Rainbow Centre clinicians.



2.2.5 Participation in Clinical Research

Alder Hey is a leading centre for paediatric clinical research which consistently recruits more children and young people into research studies than any other hospital in the UK.

Research is central to Alder Hey's strategy with a goal to be a world-leader in children's health and care research. Our work enables children and young people to benefit from outstanding treatment, advanced medicines and cutting-edge therapies and technologies.

Alder Hey has over 50 staff dedicated to supporting research activity. Over 100 principal investigators lead a varied portfolio of almost 200 clinical research studies at any one time. These range from observational studies that observe how patients respond to treatment through

to complex, interventional clinical trials that provide our patients with the latest medicines.

We host one of only two NIHR-funded clinical research facilities dedicated to paediatric research. This provides children and young people with access to cutting-edge, early-stage clinical trials and experimental clinical research in a state-of-the-art dedicated facility within the hospital.

Alder Hey recruited 11,315 participants to research studies during 2022/23. As such, we were the highest NHS recruiter in the North West region, and the highest recruiter of children in the UK. Some examples of high-quality research activity taking place in 2022/23 are as follows:

SAPHE Study	The 'SAPhE Pathway' Study: identifying and prioritising risk mitigation strategies for Children and Young People (CYP) admitted with mental health crisis to acute paediatric NHS care. This is the first in our pipeline of studies that explore how we can improve the immediate care of children admitted to acute wards with a mental health crisis. Digital solution focused and led by nursing co-applicant.
Zogenix Study	The study was testing the effects and benefits of a treatment called fenfluramine hydrochloride for reducing the symptoms of Dravet's syndrome and regular seizures. The study has now closed, and the drug has now been licensed for use because of the trial. One participant shared his story: all seizures stopped after just one year on trial and his quality of life has been vastly improved.
Asymptomatic	Alder Hey led study recruiting patients in primary care settings . The aim of the ASYMPTOMATIC trial is to find out the best way for children and young people with asthma to use their inhaled corticosteroids (preventer inhaler). Now, children and young people in the UK are advised to take their corticosteroid inhaler every day. Although this approach appears to help prevent Asthma attacks, it may not be needed in all children with mild Asthma.
Pfizer GT	First Alder Hey gene therapy study for boys with Duchenne Muscular Dystrophy. This study is designed to assess the safety and efficacy of PF-06939926 gene therapy in ambulatory male participants, ages ≥ 4 to < 8 years at screening, with a prior genetic diagnosis of Duchenne Muscular Dystrophy (DMD) who are on a stable daily regimen of glucocorticoids.
HARMONIE	The HARMONIE Research Study is looking at how strongly babies can be protected from serious illness due to RSV infection (Respiratory Syncytial Virus) by giving them a single antibody dose. We were the highest recruiter in the North West region and will follow up all babies who were recruited this winter for the next 12 months to monitor their outcomes.

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

A proportion of Alder Hey Children's NHS Foundation Trust's income in 2022/23 was conditional on achieving quality improvement and innovation (CQUIN) goals agreed in advance with Cheshire & Merseyside ICB (for non-specialist services) and NHS England (for specialist services).

For 2022-23 the baseline value of CQUIN was £3.2m, which equated to 1.25% of our NHS England and ICB contract. Ultimately, no performance issues were identified by commissioners and Alder Hey retained full value.

Work is on-going to agree the CQUIN schemes for 2023/24. There are 17 national CQUIN indicators and from that list the Trust must agree those that apply to the ICB contract and those that apply to the NHSE contract. Several meetings have already been held and the Trust is hopeful to agree the schemes in the next few weeks.

2.2.7 Statements from the Care Quality Commission (CQC)

Alder Hey is required to register with the Care Quality Commission and its current registration is in place for the following regulated activities: diagnostic and screening procedures, surgical procedures, treatment of disease, disorder or injury, and assessment or medical treatment for persons detained under the 1983 Mental Health Act. Alder Hey received an unannounced inspection of seven core services in January 2020: Urgent and Emergency Services, Surgery, Outpatients, Neonatal Services, Specialist Community Mental Health Services, Inpatient Mental Health Services and End of Life Care. A further inspection was held during February 2020 which focussed on the 'Well led' domain of the CQC's fundamental standards.

An announced inspection of the Rainbow Centre children's sexual assault service took place in February 2021 with an outcome of no action required.

No inspections took place during 2022/23 and the Trust continues to be rated as 'Good' overall with a rating of 'Outstanding' for the caring domain. CQC made recommendations for improvement following the inspection and the Trust, which have been actioned to completion.

OVERALL: GOOD	Safe	Requires Improvement ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-Led	Good ●

2.2.8 Data Quality

Alder Hey Children's NHS Foundation Trust has a new Data Quality Strategy in place from 2022-2025. The vision of the strategy is "To strive to achieve the highest quality of data that is parallel to the outstanding care that we provide". The aims focussed on in the strategy are:

- Improve patient care
- Support population health management
- Support commissioning decisions and policy developments
- Create, support and improve patient-centric analyses
- Support Clinical Audit, Service Evaluation, Research and Innovation
- Support and improve dashboard development
- Improve analysis more generally

The Accountable Executive Officer will be the Trusts' Chief Digital and Information Officer with the Associate Director of Data & Analytics responsible for the delivery of the strategy. Governance is provided via a bi-monthly Data Quality Steering Group which reports into the Digital Oversight Collaborative with bi-annual reporting into the Resource & Business Development Committee (RABD).

Alder Hey Children's NHS Foundation Trust submit records to Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are reported on a variety of schedules ranging from daily, weekly and monthly. Performance is reported via DQMI



“
The Trust continues to be rated as 'Good' overall with a rating of 'Outstanding' for the caring domain rating”

(Data Quality Maturity Index) and CDS Data Quality Dashboard. For all metrics submitted and monitored via DQMI, Alder Hey demonstrates standards above or equal to national standards.

The Trust is viewed favourably when reviewing metrics from external bodies, including NHS England and Model Hospital and has evidenced approach to updating metrics where data quality (DQ) issues have been identified.

The Trust has robust safe waiting list Management protocols in place, including data validation. Several dashboards are utilised within the Trust's reporting infrastructure that enable the validation team, was introduced in 2021/22. This supports the team to monitor current patient status on the Patient Tracking Lists (PTL) and flag up and resolve data quality issues for these patients.

Mersey Internal Audit Agency (MIAA) have recently conducted a Data Quality Review Assignment Report 2022/2023 at Alder Hey, with the objective of the review to provide assurance that systems and processes are in place to accurately report performance against the Trust's key performance indicators. The metrics chosen were '25% reduction in harms' and 'incidents rated no harm or near miss' which are reported to board via the Integrated Performance Report. This final report was released in December 2022 and declared Alder Hey as having High Assurance for these metrics. This is the highest level of assurance provided by MIAA and therefore no recommendations to improve DQ processes following the review of the metrics.

Following the introduction of the new strategy the Data Quality Steering Group will integrate a DQ App and Metric Maturity Model within Alder Hey. This will involve utilising the DQ App for users making errors to fix their own DQ errors and allow the team to collect data on users that might require additional training. The Metric Maturity Model will be implemented into reporting infrastructure highlighting standards of reporting at metric level. This will allow organisational leads to pinpoint areas of low data quality and challenge accordingly.

Alder Hey is currently in the middle of a significant upgrade to their EPR system (Meditech). Due to the significant changes between the current (v6.08) and future (Expanse) version of Meditech. Data Migration is split into two areas:

- Testing of Migrated Data to Expanse
- Redevelopment of Data Warehouse to report to Expanse Data Repository

These two areas are being tracked via the Alder Care Programme and are governed by the Data Migration Steering Group. This group has a Terms of Reference

and is chaired by the Associate Director of Data & Analytics.

A second group, Safe Waitlist & Pathways Steering Group has been formed to oversee the continuation of the waiting list management reporting infrastructure as part of the data migration programme. This group has a Terms of Reference and is chaired by the Associate Director of Data & Analytics.

2.2.9 Data Security and Protection Toolkit (DSPT) Attainment Levels

The Data Security and Protection Toolkit (DSPT) baseline assessment for 2022/23 was submitted in February 2023, with the final submission to be completed in June 2023. The submission process is supported by an independent two-phase audit process with MIAA with an assurance opinion provided regarding robustness of evidence and information risk management. It is anticipated the Trust will submit a fully compliant return for 2022/23 following on from the compliant 'standards met submission' achieved in 2021/22.

The information governance function continues to work collaboratively in partnership with Liverpool Heart and Chest Hospital to further strengthen and enhance processes and controls across all areas of information governance and cyber security. Outputs and delivery of the information governance work programme are monitored through the Trust's governance and committee structures.

There were no reportable data security incidents to the Information Commissioners Office during 2022/23.

2.2.10 Clinical Coding Error Rate

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

- Primary Diagnoses Correct 93.5%
- Secondary Diagnoses Correct 88.6%
- Primary Procedures Correct 96.0%
- Secondary Procedures Correct 97.8%

For Diagnoses we achieved the level of attainment standards and exceeded the level of attainment standards for procedures. It was noted during the audit that the specialty of Spine Surgery, which the coded data is validated monthly by a spine surgeon and a clinical coder, had accuracy of a very high standard. This highlights the importance of engagement between Consultant and Clinical Coder, which should be encouraged to be undertaken by all specialities within the Trust.

2.2.11 Learning from Deaths

During the period 1st April 2022 - 31st March 2023, 77 inpatients died (including seven in the Emergency Department). This comprised the following number of deaths which occurred in each quarter of 2022/23:

- 18 in the first quarter
- 14 in the second quarter
- 26 in the third quarter
- 19 in the fourth quarter

By 1st April 2023, 39 case record reviews and two investigations have been carried out in relation to the 77 deaths. Whilst many adult trusts only conduct mortality reviews on cases where deaths are unexpected or flagged through an incident, it is the policy of Alder Hey that all inpatient deaths are reviewed.

In two cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 18 in the first quarter
- 14 in the second quarter
- 7 in the third quarter
- 0 in the fourth quarter

None of the patient deaths during the reporting period 2022/23 are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the hospital mortality review process established in Alder Hey Children's NHS Foundation Trust. Every child that dies in the Trust has a Hospital Mortality Group Review (a group consisting of multidisciplinary professionals from a range of specialties across the Trust) and usually at least one departmental review prior to this. The aim is for the departmental reviews to be completed within two months and the hospital mortality review within four to six months. There are occasions when the hospital reviews are delayed whilst awaiting completion of in-depth investigations, coroners' cases, and postmortems, as it is essential that each case is discussed thoroughly and with all the relevant information available to the group.

The Trust continues to identify learning points through the mortality review process. Some of the recent learning points have included:

- ✓ Lack of Imam support out of hours when there is a bereavement in a Muslim family.
- ✓ Consider completing cremation forms at the same time as MCCD (medical certificate of cause of death) to avoid delays.

- ✓ Review trends of extreme premature babies transferred to Alder Hey.
- ✓ Very difficult cardiac procedure; need to ensure consistency in the team regarding selection of patients and placement of stents.
- ✓ Timely investigations to enable appropriate decision making in very difficult cases.
- ✓ Review the early discharges post-delivery and whether appropriate support is in place following impact of COVID 19.
- ✓ Involving clinicians from district general hospitals, involved in the long-term care, makes parallel planning easier.
- ✓ During difficult discussions with the family, there is considerable variation as to how the information is received and processed and needs to be evaluated on an individual basis.
- ✓ Explore if relevant imaging can be done locally, this should be done rather than transferring the patient unnecessarily.
- ✓ Ongoing discussions with radiology regarding out of hours cover of the catheter laboratory and hybrid theatre.
- ✓ Advanced care plans need to be easily visible on patient record.
- ✓ Multi-disciplinary team discussions to be held as early as possible including out of hours.
- ✓ Issues identified with Language Line and unable to access an interpreter escalated to management team.
- ✓ Explore a learning opportunity for providing information to families with a carer who does not speak English on how to call an ambulance.

There have been some extremely difficult trauma deaths resulting in the need for learning and a change in process so rapid learning can occur. The issues relating to in depth investigations have been highlighted and the impact it has on the families and clinicians involved when the investigations are prolonged. It is vital to keep people updated, and to ensure that the Snowdrop (Bereavement) Team are aware of progress so they can support the family, when the report arrives.

One of the in-depth investigations highlighted considerable learning for the Trauma Team and this was shown to have been improved when another complex trauma case was brought in a few months later.

A very significant issue identified was not using the Belmont rapid infuser, resulting in cold blood being given and slower than was possible.

Concerns were raised about documentation, due to issues with the current electronic system.

It was highlighted that the length of time it took for the investigation to be completed resulted in a significant impact on the family and staff involved. This will be actioned as part of the roll out of the Patient Safety Incident Response Framework to enable timely completion and learning from in depth investigations for both families and staff.

Lessons learnt from this in-depth investigation include:

- ✓ Belmont training is now more than 90% compliant, with a plan on how to manage compliance going forward.
- ✓ Surgeons have attended a cadaveric trauma surgery course so more prepared for this uncommon but increasing type of paediatric major trauma.
- ✓ The Trauma Team has created a process where there is rapid learning post any difficult case. The learning is shared within a few days ensuring the Team learns as fast as possible preventing the same issues reoccurring, when possible.

There was a difficult case, which involved an uncommon presentation of a haematology patient. There was considerable learning for both Alder Hey and the District General Hospital involved.

Areas highlighted and lessons learnt from this in-depth report included:

- ✓ The needed for a robust handover of patients with a change in format that has occurred.
- ✓ Acute promyelocytic leukaemia (APML) a rare sub-type of acute myeloid leukaemia (AML) and clotting management needs to be led by a Consultant Haematologist as it is such a specialist area of medicine.
- ✓ The electronic patient record should give easy access to the management plan rather than having to search for it in a variety of places. This is currently being addressed with the new Expanse version of the EPR due to be rolled out later this year.
- ✓ Education on Riastap, which has been approved by the Trusts Clinical Development and Evaluation Group, including development of Standard Operating Procedure and delivery of education relating to its use.

34 case record reviews were completed after 1st April 2022 which related to deaths which took place before the start of the reporting period.

Two (representing 6%) of these deaths in this period are judged to be more likely than not to have been due to problems in the care provided to the patient.

Two (representing 3%) of the patient deaths that have had reviews completed during the reporting period 1st

April 2022 - 31st March 2023 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.2.12 Freedom to Speak Up

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well-led Trust.

Alder Hey Children's NHS Foundation Trust has an established system in relation to Freedom to Speak Up (FTSU), as required by NHS Improvement and the National Guardian's Office. Driven by the Trust Board, we seek to develop a culture that is responsive to feedback and focused on learning and continual improvement.

The Freedom to Speak Guardians role, supports staff to speak up when they feel that they are not able to do so through the other well-established routes within Alder Hey. Staff using this route are always thanked, their concerns are responded too, any lessons learnt are shared with them along with any actions that may have been taken because of their issues being escalated.

The position of Freedom to Speak Guardian (FTSUG) has previously been on a part time basis, however recently this has been extended to full time hours. This shift in allocated time, has been hugely supported by the Board, which is recognition of their commitment to the principles of FTSU and the role it plays in ensuring that patients are safe and that staff experience remains positive.

The FTSU champions continue to grow and support FTSU. Their promotion of the service and supporting ESR training programmes Speak Up, Listen Up and Follow Up, is vital to staff understanding of how FTSU can support staff to raise concerns safely and in ensuring that staff have a person that they feel they can identify with.



Staff Networks, REACH, Disability and LGBTQ+ play a fundamental role in ensuring that staff have a voice and can share the barriers they face. The FTSUG is part of these networks and therefore the rich intelligence gathered provides the FTSUG with a greater understanding of what staff face and the ways in which these can be addressed.

Collaborative working with HR colleagues and the SALS Service, has supported the gathering of intelligence and the triangulation of this data, which has enabled shared learning and making change where required, and has also prevented duplication. Working alongside HR colleagues has enabled the development of a framework to support small teams so that their voices are heard, they are supported, but crucially that the service is not compromised. This framework has been recently shared at the North West Regional FTSU meeting, with positive feedback in terms of the approach.

2.2.13 Statement on the Junior Doctors Rota Gaps

The specialty of paediatrics continues to face a junior doctor shortage, with multiple gaps regularly appearing on junior (ST1-3) and middle grade (ST4+) rotas across the region. This is more sharply felt at Alder Hey because of the breadth of services and the number of rotas required to support the clinical teams, both in and out of normal working hours.

Over the last year the numbers of junior doctors placed at Alder Hey who can support the on-call rota has reduced, preventing us from achieving reasonable and compliant rotas. This has also been impacted by an increasing number of trainees requesting less than full time working whilst in post; trainees unable to support out of hours practice due to personal health concerns; and the Trust proactively supporting trainees “acting up” as Consultant and providing dedicated training time for senior doctors training in paediatric sub-specialities. Furthermore, we have significant risks over absence through maternity and sickness.

We aim to run a minimum rota of 1:13 WTE ST1-3 and 1:24 ST4+. We require 1:28 WTE ST4+ rota to meet GRID GOLD compliance. For the current rota, March to September 2023, we are running a 1:13 WTE ST1-3 rota with 1.6 WTE gaps from March 2023, improving to 1.0 WTE gap from July 2023. We are running a 1:24 WTE ST4+ rota with 0.6 WTE gap throughout the rotation. These gaps have a determinantal effect on training opportunities and morale amongst our junior doctors. Unfortunately, we do not meet GOLD compliance for our GRID trainees.

Further exacerbating trainee experience, we have built resilience shifts into the rota. We locum out all vacant gaps to trainee without Alder Hey and wider deanery through Patchworks. A proactive recruitment approach had been tried in 2022 to mitigate gaps on the rota; we were unsuccessful at recruiting to the ST4+ rota due to lack of eligible candidates but did successfully recruit two staff grades to the ST1-3 rota. We are currently actively recruiting five staff grades with on-call commitments to support the ST4 rota.

We have agreed with the clinical teams to work towards meeting the RCPCH Trainee Charter on providing trainees with education development time within their work schedule. ST1-3 trainees are provided with 48 hours protected time over their six month placement. ST4+ trainees are provided with 40 hours protected time, with an additional 56 hours of non-protected time where they can be asked, although non-compulsory, to cover unexpected night gaps. All GRID trainees within their last year of training are granted two months off the on-call rota to allow them more dedicated time with their team if we are sufficiently staffed on the ST4 rota (>1:24 ST4 rota).

We have maintained our minimum safe junior doctor staffing for all but five shifts over the last 12 months. On all but one of these shifts safe staffing levels were achieved by a consultant stepping down. We are currently reviewing our agreed escalation policy for unexpected last-minute gaps in rotas.

Both clinical and rota leads from across the medical division have recently met with the rota and the education team to improve rota staffing and training opportunities. We are intending to form a Working Group with support from senior executives, human resources, and the Guardian of safe working. We are exploring numerous options from having a split General Paediatric and Speciality Rota; allowing trainees to undertake self-rostering; reviewing out of hours escalation policy; allowing GPTS and FY2 to support the ST1-3 rota and place the rota gap shortage on our hospital risk register. We continue to work closely with the Guardian of safe working and our trainees through the JDF to plan for safe junior doctor staffing.

A new project has been started led by the Division of Medicine to look at how Alder Hey is staffed 24/7. The principle underlying this is to look at how professionals with enhanced skills can provide medical support for patients, reducing the requirement for paediatric trainees to provide service to improve their training. This includes looking at the roles of current staff including ANP, physician associates, clinical fellows including MTI and any new appointed staff. The Medical Education Team has engaged with the project to ensure the needs of doctors in training working on-call and out of hours are met.

2.2.14 Seven Day Hospital Services

Evidence exists that lack of access to resources at weekends across the NHS can be associated with delays to care and increased risk of adverse outcomes. The 7 Day Hospital Services Programme supports trusts to reduce this variation in the levels of care and potentially outcomes experienced by patients admitted at the weekend.

This work is built on 10 clinical standards developed by the NHS Services, Seven Days a Week Forum in 2013. With the support of the Academy of Medical Royal Colleges, four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high quality initial consultant review, access to diagnostics and interventions and ongoing Consultant directed review at any time on any day of the week.

At the onset of the COVID-19 pandemic NHSE/I took the decision to suspend 7-day Services audit submissions for the foreseeable future. Therefore, this audit has been suspended for the reporting period of the Quality Account. Nevertheless, during the peak of COVID-19 our service delivery model changed across all our specialty teams with far greater Consultant presence, including at weekends and evenings. Had we undergone self-assessment at this time, we would have demonstrated good level of compliance with both Standards

2 and 8. Although our 'Future Models of Care Programme was suspended during COVID-19, we had made significant progress against many of our objectives.

- ✓ We have successfully established a team of high dependency paediatricians with four appointments now in post. Appointment of these dedicated HDU specialists will support compliance with Standards 2 and 8. A business case has been developed to support 24/7/365 HDU cover.
- ✓ We have completed our 'Pathways and Thresholds' Work Programme to define admissions and referral criteria to medical specialties (including general paediatrics). Team responsibilities are better understood and it is clear to consultants, trainees, other clinical staff and to families, which consultant is leading the patient's care, again supporting Standards 2 and 8.
- ✓ The Trust is now working on implementing the Hospital Optimisation Programme led by the Chief Medical Officer. The aim of the process is to look at a robust and safe escalation process 24/7/365, aligning with optimum workforce to support the process.
- ✓ The above Programme will also ensure everyone is using the same system for reporting/logging/handover and patient deterioration.

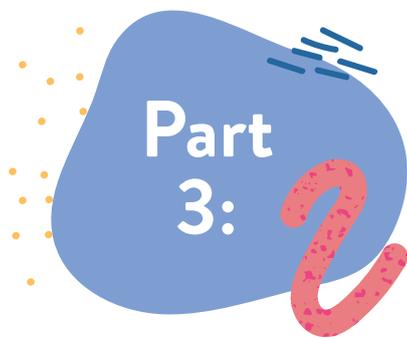


“ We continue to work closely with the Guardian of safe working and our trainees through the JDF to plan for safe junior doctor staffing. ”

Future Plans

We are now working to embed many of the new ways of working that emerged through COVID-19 and some of the technologically assisted approaches to delivery of clinical care. Virtual wards are already in place to assist patient flow and the Trust is continuously improving patient care and safety for patients attending ED through the 'ED@ its Best Programme'.

This programme is to support change and improve the ED service delivery model in a sustainable and compassionate way.



Other Information – Quality Performance in 2022-23

3.1 Quality Performance

In previous Quality Accounts the Trust reported that a full strategic review had been undertaken and the Trust had developed 'Our Plan' which was a five-year plan spanning 2019 to 2024, in consultation with our children and young people (CYP) and our staff and approved through Trust Board.

Central to 'Our Plan' is our 'Brilliant Basics' Programme a key component of the Trust's original Vision and Quality Strategy (2011), with the aim to drive both operational efficiency and strategic growth.

However due to the COVID-19 pandemic, the NHS operating environment changed significantly during 2020/22 and continued to present unique challenges to the delivery of health services across the system during 2022/23.

Nevertheless, as this report shows the central focus has remained the same in terms of delivering the best quality, safest care to our CYP and supporting our staff to deliver this central safety focus and associated strategic objectives.

Our strategic objectives approved by the Trust Board for 2022/23 were as follows:

- **Outstanding Safe Care** – zero harm against an agreed set of metrics.
- **Access to Care** – provide outstanding care to over 350,000 children and young people in 2022/23.
- **Great place to work** – >75% of staff recommend Alder Hey as a place to work.
- **Advocate for children and young people** – improve access and advocate for children and young people in the wider system through working with partners; the Trust will measure the proportion of children who access care and the number who have received preventive/early support.
- **The safest place** – research and innovation breakthroughs support the safest and best access to care measured by the number of active research studies and innovation projects deployed in care.

The key priorities that we set out for 2022-23 are summarised in the table below. This section of the Quality Account provides examples of the outstanding work and achievements of the Trust and reflects the extraordinary dedication and commitment of our staff.

3.2 Priority 1. Safe Care

3.2.1 Incident Reporting

AIM:

To maintain the Trust's position as the top performing paediatric Trust for the number of incidents reported per 1,000 bed days and the mean number of days from incident reporting to national upload.

TARGET:

Remain the highest paediatric Trust, in terms of the number of incidents reported per 1,000 bed days and the fastest reporting paediatric Trust in relation to the number of days from the incident being reported on the Trust's local risk management system to upload nationally.

OUTCOMES – 2022/23

Alder Hey achieved fifth position when benchmarked against peer organisations (acute specialist Trusts) nationally and was the second highest paediatric Trust for the number of incidents reported per 1,000 bed days.

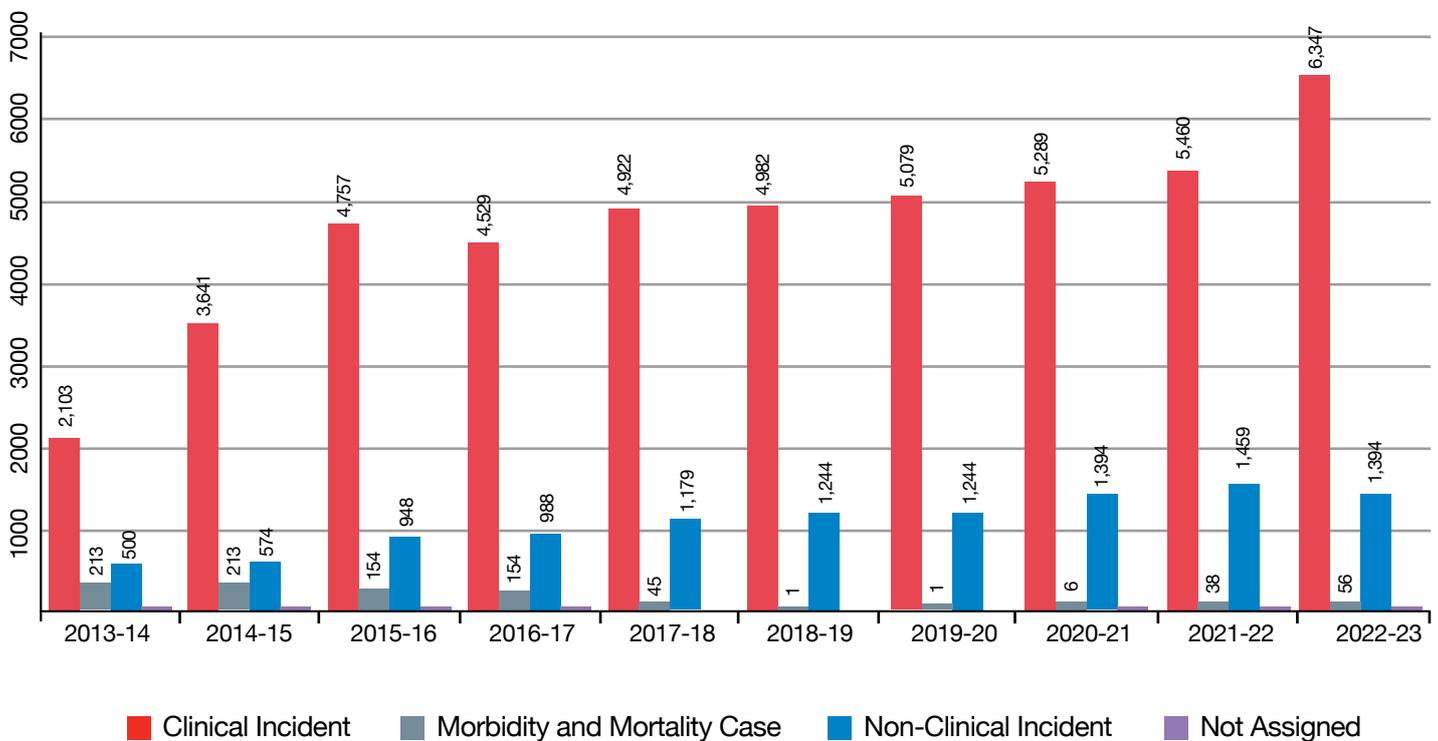
The Trust attained the top mean number of days from the incident being reported and uploaded to the National Reporting and Learning System (NRLS).

During the year 2022/23, whilst continually encouraging a strong reporting culture, the Trust's performance in relation to incident reporting deteriorated and the Trust ranked outside of the top quartile when compared to acute specialist organisations nationally.

The most recently published data in October 2022, covering the period from April 2021 to March 2022, showed Alder Hey remained fifth overall of acute specialist trusts in respect of the highest rate of incident reporting per 1,000 bed days.

The Trust was the second highest reporting paediatric Trust and achieved the shortest time between an incident occurring and being reported to NRLS when benchmarked nationally in line with peer organisations, with a mean of four days. The Trust continues to display a positive safety culture and promotes an open, transparent incident reporting culture to prioritise immediate learning and ensure remedial actions are implemented and embedded leading to changes in practice and improved services for children and young people (CYP).

Total Incidences Reported by Financial Year and Incident Type



During the period 1st April 2022 to 31st March 2023, a total of 7,795 incidents were reported. The breakdown is as follows:

- 6,347 clinical incidents
- 1,392 non-clinical incidents
- 56 morbidity and mortality incidents

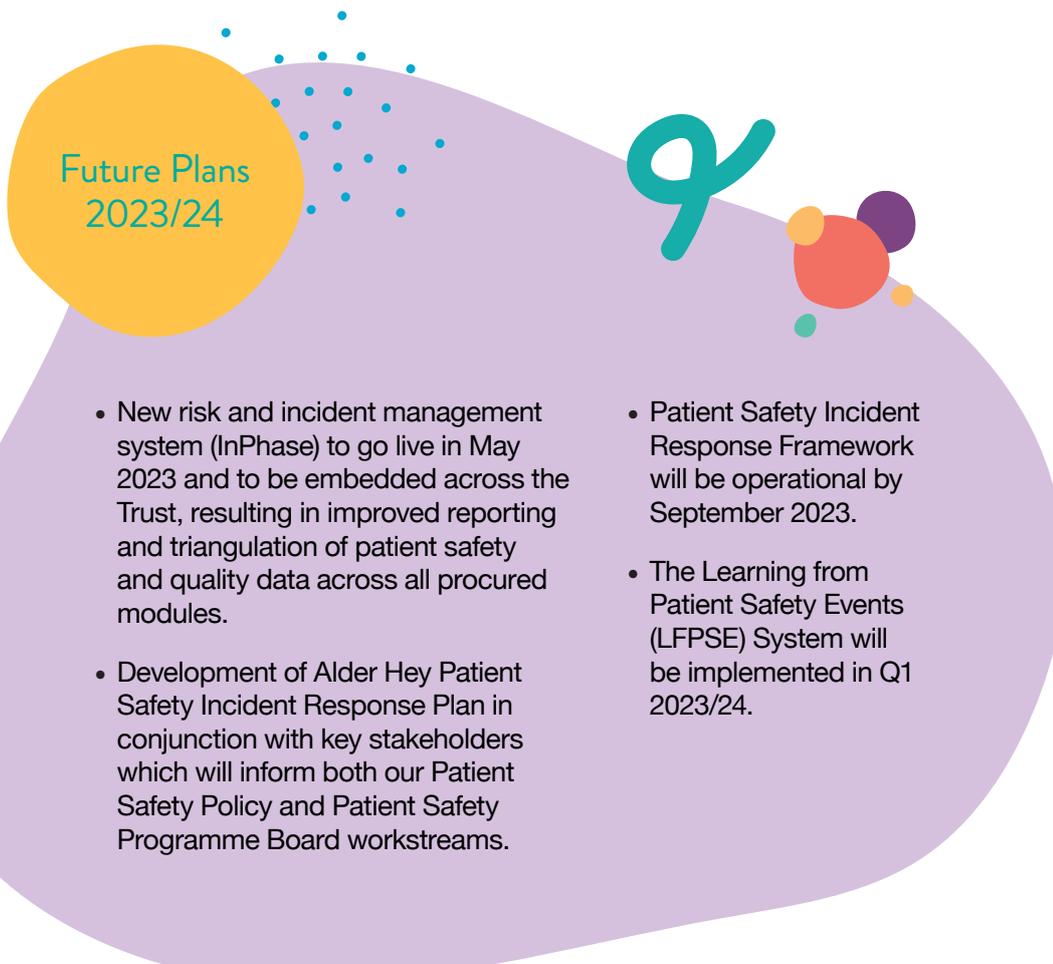
Of the total 7,823 incidents reported:

- 1,345 minor, non-permanent harm
- 19 moderate, semi-permanent harm
- 1 severe, permanent harm
- 0 incidents of catastrophic harm
- 61 incidents were recorded without a harm level assigned

No incidents of catastrophic harm were reported (resulting in the death of the patient/service user) in 2022/23.

Further Improvements During 2022/23

- ✓ In response to the publication of the National Patient Safety Strategy (2021) Alder Hey established a Patient Safety Strategy Board to oversee the local delivery and implementation of the national strategy.
- ✓ The Patient Safety Programme Board comprises the three elements of Insight, Involvement, and Improvement, providing assurance and oversight to the Trust Board and its subcommittees that the workstreams are delivering their local patient safety quality targets, using the Brilliant Basics approach.
- ✓ Plan and implementation of the Patient Safety Incident Response Framework and development of Alder Hey Patient Safety Profile remains ongoing following its publication in August 2022.
- ✓ November 2022: launch of Patient Safety Month with a series of blogs, live podcasts and Big Conversations introducing both the Patient Safety Strategy and Patient Safety Incident Response Framework.
- ✓ February 2023: introduction of Patient Safety Strategy at the CYP Forum to understand and hear directly from our CYP what patient safety means to them.
- ✓ Joint procurement of a new modern and robust electronic risk and incident management system in conjunction with Liverpool Heart and Chest NHS Foundation Trust that will improve the functionality of reporting, providing further mitigate of risks that may have an impact on patient safety.
- ✓ Continued facilitation and provision of incident and risk management system training sessions for all staff to access, to support the delivery of the Trust's governance agenda aligned to the Trust's strategic objectives.



Future Plans 2023/24

- New risk and incident management system (InPhase) to go live in May 2023 and to be embedded across the Trust, resulting in improved reporting and triangulation of patient safety and quality data across all procured modules.
- Development of Alder Hey Patient Safety Incident Response Plan in conjunction with key stakeholders which will inform both our Patient Safety Policy and Patient Safety Programme Board workstreams.
- Patient Safety Incident Response Framework will be operational by September 2023.
- The Learning from Patient Safety Events (LFPSE) System will be implemented in Q1 2023/24.

3.2.2 Medication Safety

OVERARCHING MEDICATION SAFETY TEAM

AIM:

No drug errors resulting in avoidable harm.

TARGETS FOR 2022/23:

1. Increase proportion of near-miss incidents from previous year

- Baseline (2021/22): 32%
- Target (2022/23): 40%
- Actual (2022/23) 39%

2. Reduce number of incidents causing harm by 25% from previous year

- Baseline (2021/22): 39
- Target (2022/23): 30
- Actual (2022/23): 48

3. Reduce number of incidents causing moderate or above by 25% from previous year

- Baseline (2021/22): 1
- Target (2022/23): 0
- Actual (2022/23): 1

4. Reduce number of prescribing and administration incidents reaching the patient by 25% from previous year

- Baseline (2021/22): 106
- Target (2022/23): 80
- Actual (2022/23): 135

5. Reduce 10-fold medication errors by 25% from previous year

- Baseline (2021/22): 60
- Target (2022/23): 45
- Actual (2022/23): 44

Our targets for reduction of errors causing harm are guided by the World Health Organisation 'Global Patient Safety Challenge: Medication Without Harm'. It aims to **reduce severe avoidable medication-related harm by 50% globally in the next five years**. None of the medication incidents reported in Alder Hey caused moderate harm in 2022/23.

Medication is part of treatment for almost every patient who is admitted to hospital. Prescribing, dispensing, and administering medicines for children can be complex processes requiring specialist knowledge and experience. Medication errors are the most common type of incident reported in most hospitals in the UK and in Alder Hey.

In 2022 the Medication Safety Team started working with the Brilliant Basics Quality Improvement Team to achieve five main aims as shown. We continue to aim to reduce the number of medication errors happening in Alder Hey for three main reasons:

- **Medication errors can harm patients** - Patient safety is paramount to all care given at Alder Hey. Although the majority of errors, which have happened in Alder Hey have not caused harm, a small number of incidents have caused minor harm. The Medication Safety Team aims for no avoidable harm to patients from medication errors.
- **Medication errors can increase the length of stay in hospital** or increase the cost of their stay because more tests, investigations or treatments are needed and have a negative impact on future care and relationships between the Trust and families.
- **Medication errors can be very difficult** for patients, their families and the staff involved resulting in anxiety, fear, and possible time off work.

Two of the medication safety targets have been achieved in 2022/23. Three have not been achieved and will be the focus of activity for 2023/24.

Incidents involving medication are currently reported on the Trust's incident reporting system (Ulysses) which will be changing to InPhase in May 2023. Managers of the area where the incident occurred and other key individuals are immediately emailed with the incident details to begin the investigation into what happened. Divisions of Medicine, Surgery and Community hold weekly incident review meetings and monthly Governance/Assurance meetings to monitor medication and other types of incidents.

Alder Hey's Medication Safety Committee (MSC) is a subgroup of the Drug and Therapeutics Committee and meet monthly to review medication errors reported, identify any learning from the types of errors occurring and develop Trust-wide actions, which aim to prevent similar errors happening in the future. The MSC also responds to national and regional safety alerts and other concerns regarding medication safety including shortages of critical medicines. Alder Hey is unique in having a Nurse/Pharmacist combination providing the role of Medication Safety Officer (MSO). The MSOs are vital assets in the promotion of safe use of medicines in the Trust.

Figure 1: Total Number of Medication Errors Reporter per Annum

Fig 1: Medication Errors Reported

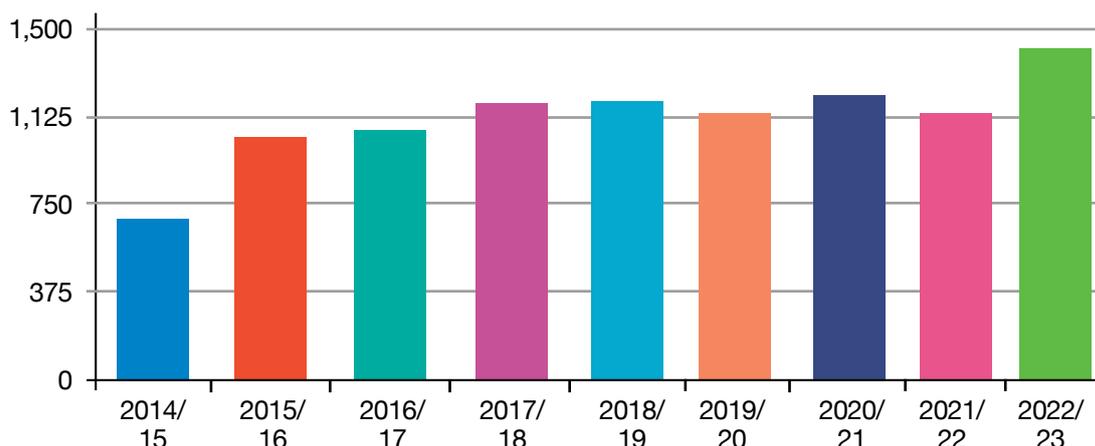
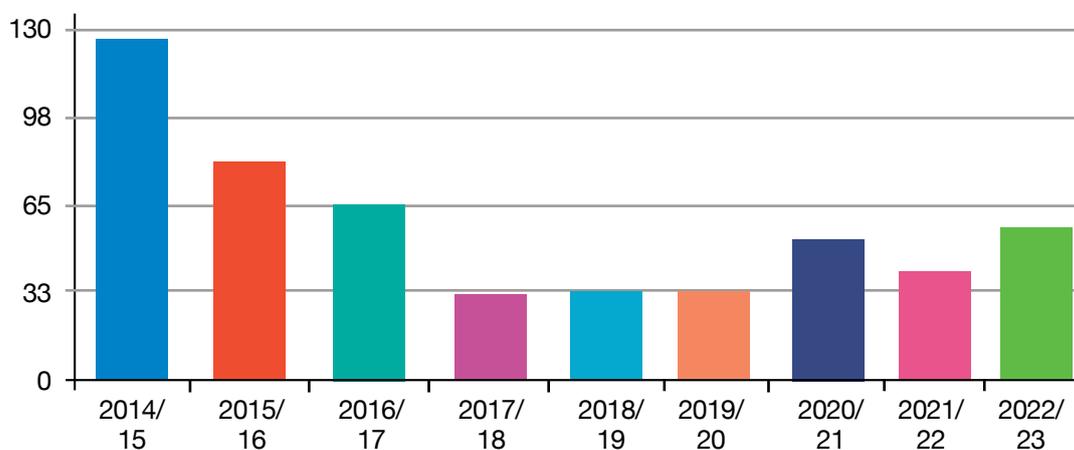


Figure 1 shows the number of medication incidents reported in Alder Hey since 2014. There has been a marked increase – 24.5% in the number of incidents reported in 2022/23 (1416 incidents) when compared to 2021/22 time period (1137 incidents).

The number of incidents reported reflect a good safety culture within the Trust as staff are willing to report incidents openly. This included those ‘near misses’ that don’t reach the patient but help us to review processes. 39% of medication incidents reported were ‘near misses’.

Figure 2: Total Number of Incidents Associated with Harm per Annum

Fig 2: Medication Errors Causing Harm



The number of medication incidents reported has increased since 2014, however the number of incidents causing harm to patients has reduced. Since 2017/18 this has been stable at approximately 3% of reported incidents.

We did not meet the target to reduce the number of incidents causing harm by 25% this year and instead saw a small increase in incidents causing minor harm with 48 incidents reported in 2022/23. The harm associated with 26 incidents (54.1%) was the patient

requiring additional bloods to be taken to ensure no harm from the initial error with no additional harm to the patient noted.

Six incidents (12.5%) were due to an unpreventable allergic/adverse reaction to a medication where it was given as intended. 16 incidents (33.4%) resulted in harm to the patient directly as a result of the medication error. The Trust continues to review a range of medication processes in order to reduce the risk of future medication errors causing harm to patients.

Actions Taken to Improve Safe Use of Medicines in Alder Hey

Actions taken in 2022/23 to reduce the number of medication errors reaching patients and causing harm are described below under four headings:



Increasing medication incident reporting, awareness + engagement



Education and training



Regional/national links



Reducing specific types of errors

Increasing medication incident reporting, awareness and engagement

MSOs investigate, provide feedback and support both those involved in medication errors and those investigating incidents to try to develop preventative solutions. Their consistent approach and feedback help to improve the quality of incident reports and encourage staff involvement in both reporting and suggesting how incidents can be prevented in the future in individual departments.



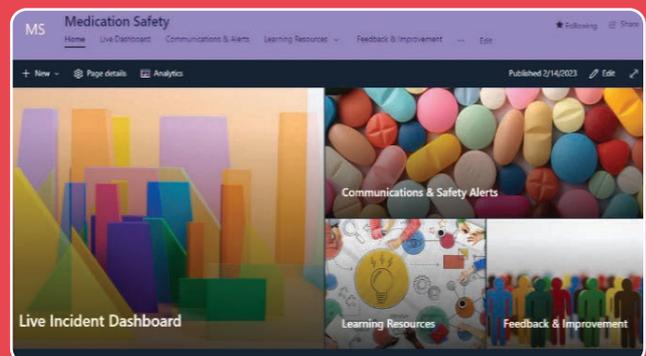
MSC members highlighted Medication Safety as part of the National Patient Safety Day in October 2022 with 75 staff taking part in a Medication Safety Quiz and providing suggestions for improving safe use of medicines.

MSOs produce a monthly newsletter which includes feedback from recent incidents, top tips on medication safety and Trust updates about medication and medication safety projects. This helps to engage staff in understanding the work that happens behind resolving incidents and improving practise based on learning from errors.

The Team developing the Electronic Prescribing and Medicines Administration (EPMA) System in the hospital are represented on the MSC and linked directly with the MSOs. This facilitates ongoing improvements to the system and associated processes. This also ensures that the EPMA System is kept up to date and responsive to any medication changes.

Reporting via the national yellow card scheme is included in all mandatory medication safety training within the Trust to encourage increased reporting of adverse reactions (side-effects), in conjunction with one of the consultant clinical pharmacologists. Alder Hey is currently approximately half-way down the table for reporting by acute trusts in the North West.

The Trust's Medication Safety SharePoint site is kept under review and updated regularly based on feedback to ensure it reflects current medication communications including safety alerts. This site also provides links and information relating to other related internal services and additional resources and information regarding training and education. The SharePoint site is used by prescribers to provide reflections and feedback following a prescribing error.



Education and Training



In April 2022, Alder Hey introduced a new Medication Safety Mandatory training module linked to the ESR System. The contents of this training reflect current Trust guidelines and learning from previous local and national incidents. Also included is a short calculation test that needs to be passed to complete the training. This training is mandatory to complete every two years by all staff involved in any part of medication management.

Our target was completion of this training by 90% of relevant staff by 31.3.23. The final report is awaited, but compliance was at 85.3% on 15.3.2023 and we are hopeful that this target will be achieved.

MSOs have continued to provide bespoke training packages for qualified nurses, doctors, and pharmacists as well as undergraduates from Liverpool John Moores University and Edge Hill University. These are developed in relation to common themes and trends identified from medication incident reports. The MSOs also contribute to an induction day for over 200 student nurses in

their 1st year including students from outside the main two universities.

MSOs deliver training to all qualified nurses undergoing training to administer intravenous medication within the Trust. This promotes the '5 rights' (right drug, right patient, right amount, right time, right route) and helps nurses understand the calculations required to administer medicines safely. The need for independent double checking of medicines is also stressed.

Induction training for new doctors to the Trust continues to be reviewed and updated following feedback from junior doctors. A Lead Education and Training Pharmacist was appointed in 2022 and they have been able to better coordinate targeted training and education for prescribers during induction, where tutorials and training sessions are provided, and a mandatory prescribing assessment is completed before access to prescribing in our EPMA system is authorised. The Lead Education and Training Pharmacist also runs weekly lunchtime sessions within the General Paediatrics Team to provide timely feedback on incidents.

Individualised ward-based training is provided on the request of ward managers or practice educators. These sessions are tailored to the local needs based on incident reporting themes.

Regional/National Links

MSOs are actively involved with the North West (NW) Regional and National MSO networks. Monthly webinars, newsletters and meetings allow good practice to be highlighted and shared for implementation as appropriate via the Medication Safety Committee. Alder Hey's Nurse MSO attends a group specifically for nurses involved in medication safety.

The Alder Hey Team are also part of the NW Rapid Sharing process by which relevant safety concerns which may have relevance outside individual hospitals can also be circulated quickly.

Our MSOs set up the National Paediatric MSO network in 2022. This group is well attended and supports the development of national guidance targeted to reducing medication-related harm in paediatrics, for example, developing a national guideline for flushing IV lines in community settings.



“ MSOs deliver training to all qualified nurses undergoing training to administer intravenous medication within the Trust. This promotes the ‘5 rights’ ”

Reducing Specific Types of Errors

a) Errors Involving Parenteral Nutrition (PN)

The MSC Chair also chairs the multi-disciplinary PN Steering Group which aims to reduce the risk of errors associated with this product by:

- Introducing standard bags of PN for neonates in Alder Hey.
- Improving processes for prescribing, dispensing and administering PN.
- Ensure compliance with best practice guidelines (e.g. NICE).
- Increasing the availability of training and information regarding PN for users.

Quarterly audits are undertaken to assess appropriate use of intravenous infusion pumps to administer PN, labelling of lines and use of filters. This work is led by the Lead TPN Pharmacist and MDSO (Medical Device Safety Officer).

There has been an increase in PN administration incidents in 2022/23. A thematic review of these incidents will be shared at the Patient Safety Board in 2023/24 and this will remain a focus for the Medication Safety Team.

b) Controlled Drugs (CDs)

The Lead Pharmacist for CDs has developed bespoke training for areas within the Trust regarding the correct storage, handling and management of all CDs. Quarterly audits are also undertaken to ensure compliance to procedure and regulations. The Lead CD Pharmacist or Chief Pharmacist regularly attend the CD Local Intelligent Network meetings. Achievements in 2022/23 include:

- Moving CDs into the automated CD cabinets on most general wards.
- Introduction of rulers to allow more accurate estimation of the final amount remaining in bottles of liquid CDs.
- Review and update of CD Standard Operating Procedures.
- Introduction of ADIOS, REFINE and DEFINE software to allow patterns of CD usage to be more easily monitored.

c) Ten-fold Dose Errors

Ten-fold dose errors have reduced in the last year. The Task and Finish Group associated with these types of errors has been disbanded and the MSC

now oversee a quarterly report to monitor ten-fold errors. Liaison continues with the EPMA Team to ensure prescribing and administration process reduce the risk of ten-fold errors occurring.

A “We are Listening” campaign was designed and launched in 2022/23 in response to ten-fold errors. This project aims to empower patient and parents to question processes related to medicines administration. Posters and banners publicising the process are displayed in patient rooms and in wards.

d) Errors Due to Interruptions or Distractions

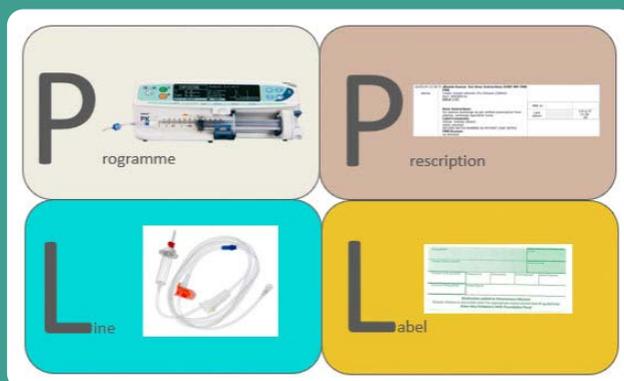
Use of red aprons and other ways of reducing interruptions to medicines administration have been used on wards as part of Brilliant Basics Plan Do Study Act (PDSA) projects. Compliance with the use of “do not disturb” aprons is monitored as part of Ward Accreditation.

Errors Relating to IV Medication

The ‘PPLL’ educational campaign was developed in 2022 to promote the important checks required when managing intravenous infusion pumps. Staff were reminded of the need to ensure the following were correct before starting an infusion: **P**rogramme, **P**rescription, **L**ine and **L**abel.

A Senior Pharmacist joined the Medication Safety Team for 12 months in February 2023, leading Quality Improvement projects focusing on:

- a) The expansion and redesign of the Trust intravenous medication guidelines and amalgamation of guidance for wards and critical care areas.
- b) Risk assessing which medicines should be single checked or independently double checked.
- c) The introduction of standardised infusion concentrations for critical medicines.



Future Plans 2023/24

The Medication Safety Team are dedicated to continually improving medication safety in Alder Hey. Within the next year the Medication Safety Team plan the following:

- Complete the review of which medicines can be single checked or independently double checked prior to administration.
- Complete the amalgamation of the Trust's IV guidelines into one document rather than separate ones for wards and critical care areas.
- Re-launch the Parent Administration of Medicines (PAM) Scheme to facilitate safe administration of medicines by patients and parents within the Trust.
- Continue to work on strategies to reduce medication incidents reaching patients and causing harm.
- Continue to work in decreasing the number of incidents that involve total parenteral nutrition, high risk medicines and interruptions/distractions.

3.2.3 Infection Prevention and Control (IPC)

The ongoing impact of the COVID-19 pandemic and organisational change within the IPC team led to 2022-3 being a year of challenges for the Trust and the IPC Team.

Staffing issues led to business contingency measures being implemented during quarter 3 and quarter 4 to ensure that that service priorities were delivered. At the end of quarter 3 there was an amalgamation of the core IPC and pandemic services with seconded staff moving into new roles.

Successes and Achievements

- ✓ There have been no healthcare associated MRSA bloodstream infections at the Trust since January 2018.
- ✓ There have been no healthcare associated hospital onset C. Diff cases in 2022-23. There were no cases of C. Diff where a lapse in care was identified.
- ✓ There has been a 12% decrease in the number of healthcare associated *Methicillin Sensitive Staphylococcus aureus* (MSSA) bloodstream infections in 2022-23 (8) from nine in 2021-22.
- ✓ Significant decrease in PICU validated central line associated bloodstream infections (CLABSI) from 21 in 2021-22 to 14 by the end of February 2023.
- ✓ The IPC Team has successfully managed an outbreak of Carbapenem-Resistant Enterobacteriaceae CRE on 1C cardiac. Ten patients newly colonised with CRE were identified in the cardiac ward between December and October 2022. A timeline of these clusters of cases was completed by Track & Trace. Controls were implemented including prospective surveillance of all patients admitted to 1C, enhanced cleaning and decontamination, introduction of single patient use scales, an increase in IPC walk rounds and education, increased hand hygiene audits and discussions with the parents about socialising safely on the ward. All ten isolates were sent for typing to Colindale, which confirmed that all samples were the same strain. No further cases were identified after the controls were implemented.

- ✓ Incidence in invasive group Streptococcus pyogenes (iGAS) in quarter 3. During quarter 3 there was an increase in the community cases of iGAS and two hospital acquired cases were identified. The Team supported the work of UKHSA identifying four patients who were on the Unit at the same time arranging screening of patients and a symptomatic staff member. No additional cases were identified. The Team now review all iGAS cases to determine if they are healthcare associated and liaise with clinical teams to ensure patients are prescribed treatment as soon as possible.
- ✓ Audit – The IPC Team has worked with the senior nurse for Quality to combine the IPC spot and PPE Audit to support the development of the Cleanliness Audit.
- ✓ Development of an isolation tool to support the work of patient flow. This spreadsheet implemented in quarter 3 provides Patient Flow and the clinical teams with information about the isolation status of patients across the Trust excluding critical care. This provides Patient Flow with information about which patients may be moved out of isolation or placed into cohorts of patients with the same infection i.e., RSV and helps quickly determine patient placement, helping flow and reducing the risk of patients being placed in the wrong area.
- ✓ The isolation tool is used by the IPC Team to carry out isolation walk rounds. These walk rounds provide increased visibility for the IPC Team and clinical support in terms of education for the ward teams.
- ✓ Updating of Trust PPE guidance in line with national guidance for COVID-19 and recovery of clinical activity post-pandemic. This led to the relaxation of mask wearing in offices in June 2022. Guidance was reviewed in the Clinical Advisory Group led by the DIPC and provides a forum for senior medical engagement in IPC policies and guidance.
- ✓ The Track and Trace Team continued to support the Trust up to end of December 2022. Staff PCR testing stopped for staff testing negative on LFT from mid-December 2022 in line with national guidelines. Staff were then able to then remain off work and self-monitor with LTF as per national guidance. The IPC Team continued to support staff providing advice via the email inbox until February 2023 when the Infection Control email inbox took over.
- ✓ The Staff Influenza Vaccination Programme commenced on 10th October 2022 running for 10 days followed by ad hoc clinics in the Trust and community. Over 1,860 staff had received their vaccine by the end of December 2022.
- ✓ COVID-19 boosters were offered to the staff for 2 weeks from 19/09/22 in the vaccine hub. 1,669 COVID-19 boosters were taken up by Trust staff by the end of December 2022.
- ✓ In October 2023, Alder Hey appointed the Deputy Director for Allied Health Care Professionals (AHPs). The post holder provides line management to the Lead Nurse for IPC and support to the DIPC and Director of AHPs.
- ✓ In December 2023, Alder Hey appointed a Band 6 IPCN from the Pandemic Team.
- ✓ In February 2023, a fixed term IPC project co-ordinator to support the work of the DIPC commenced in post.
- ✓ In April 2023, the IPC Team will start working with the 'Brilliant Basics Team' with an initial Team Building meeting scheduled on 19th April 2023.

3.2.4 Report on Core Indicators – Patients on Care Programme Approach

2022 - 2023					
INDICATOR	THRESHOLD	QTR 1	QTR 2	QTR 3	QTR 4
Patients on Care Programme Approach (CPA) Followed up Within Seven Days of Discharge from Psychiatric Inpatient Stay	Nine cases over this period – all cases on CPA	0 discharges	0 discharges	7	2

3.2.5 Reduction in Preventable Pressure Ulcers

AIM:

Prevent/Minimise Pressure ulcers while patients are in our caseload.

TARGET:

1. Zero % preventable Category 4 pressure ulcers while patients are in our caseload.
2. Zero % preventable Category 3 pressure ulcers while patients are in our caseload.
3. 25% reduction in Category 2 preventable device related pressure ulcers while patients in our caseload.
4. To achieve 90% compliance with tissue viability audit reports.
5. To achieve 100% compliance in tissue viability documentation.

OUTCOMES – 2022/23

1. There were 0 Category 4 pressure ulcer compared to 1 in 2021-2022.
2. There was 1 Category 3 pressure ulcer compared to 0 in 2021-2022.
3. 42% reduction in Category 2 device related pressure ulcer.
4. Tissue Viability Audit achieved total 95%.
5. Achieved over 95.5% compliance in tissue viability documentation.

Data source: Internal Clinical Incident System

A pressure ulcer is a localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer.

They can be very painful and debilitating and are often preventable. It is recognised that immobilised and acutely ill neonates and children are at risk of developing pressure ulcers, particularly in a critical care environment.

Most pressure ulcers within our organisation are associated with medical devices such as cannula and endo-tracheal tubes, which are reflective of national research showing that most paediatric pressure ulcers are device related.

Alder Hey Children’s NHS Foundation Trust continues to focus on reduction in medical device related pressure ulcers.

Medical Device Related Pressure Ulcer (MDRPU)

The NPUAP (2015) definition of a medical device related pressure ulcer should be used:

Pressure ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes” (NHSI, 2018a).

Device related pressure ulcers should be reported and identified as “device related” within the Patient Safety Reporting System.

Medical device related pressure ulcers are now recognised nationally by NHSI (National Health Service Improvement 2018) and are now reportable.

Alder Hey Children’s NHS Foundation Trust continues to have a strong focus on education and training in the prevention, recognition and treatment of pressure ulcers and clarifying reporting procedures.

Table 1 - Pressure Ulcers Identified While Patients are on Caseload

Incident reports shows that increased number of incidents under medical device, this indicates that staff are reporting more incidents through our local reporting system. As data shows incident reports have started to reduce.

Number of Category 2 Pressure Ulcers Reported While on Caseload

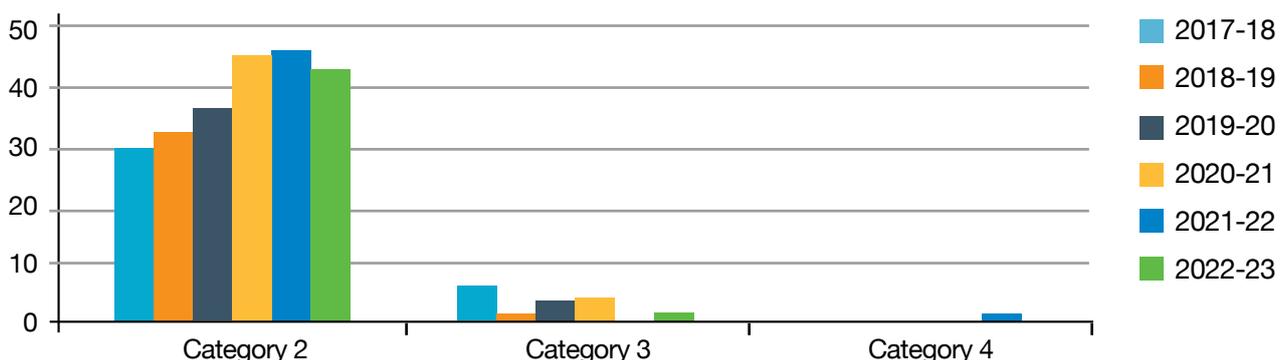
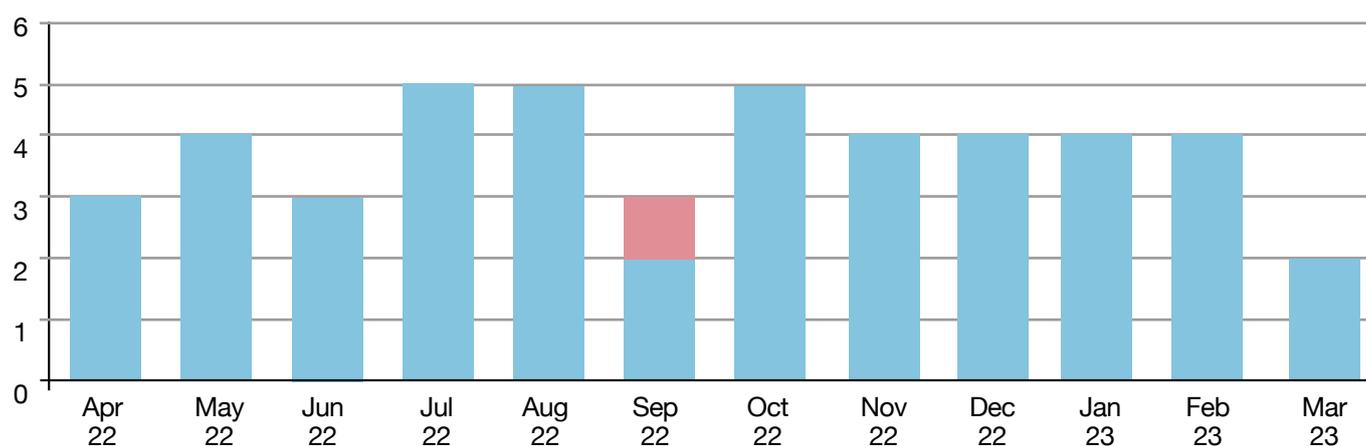


Table 2 - Number of Pressure Ulcers Per Year From 2017-2023

YEAR	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
2017-18	30	6	0	36
2018-19	33	1	0	34
2019-20	37	3	0	40
2020-21	45	4	0	49
2021-22	46	0	1	47
2022-23	42	1	0	43

Table 3 - Number of Pressure Ulcers Reported on Caseload 2022-2023

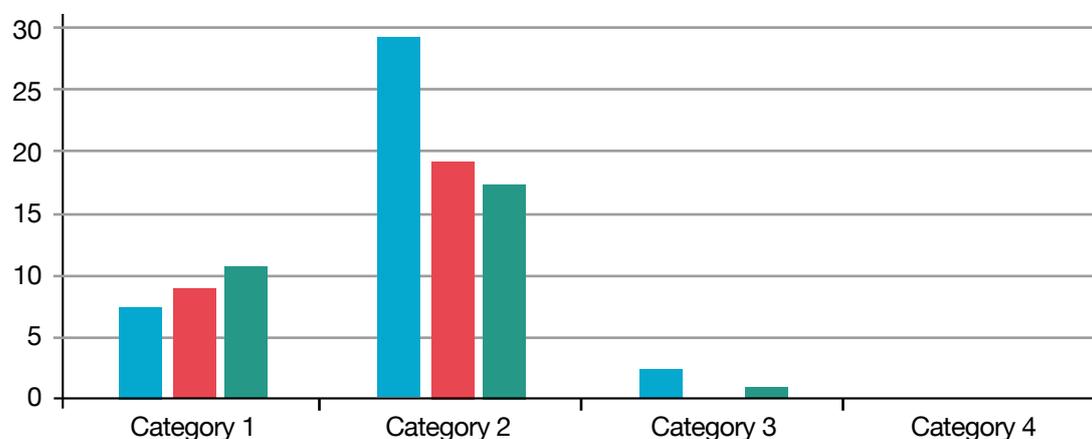


	APR 22	MAY 22	JUN 22	JUL 22	AUG 22	SEP 22	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23
Cat 4	0	0	0	0	0	0	0	0	0	0	0	0
Cat 3	0	0	0	0	0	1	0	0	0	0	0	0
Cat 2	3	4	3	5	5	2	5	4	4	4	3	2

■ Cat 2 ■ Cat 3 ■ Cat 4

Table 4 - Category 1-4 Ortho Device Related Skin Damage 2020-2023

The graph shows the last three years ortho medical device related pressure ulcer incident reports. There is clear evidence in reduced Category 2 pressure ulcers in year 2022-23.



2020-2021	7	29	3	0
2021-2022	9	19	0	0
2022-2023	11	17	31	5

Table 5 - Type of Ortho Medical Device Generally Caused Skin Damage and What Category of Skin Damage

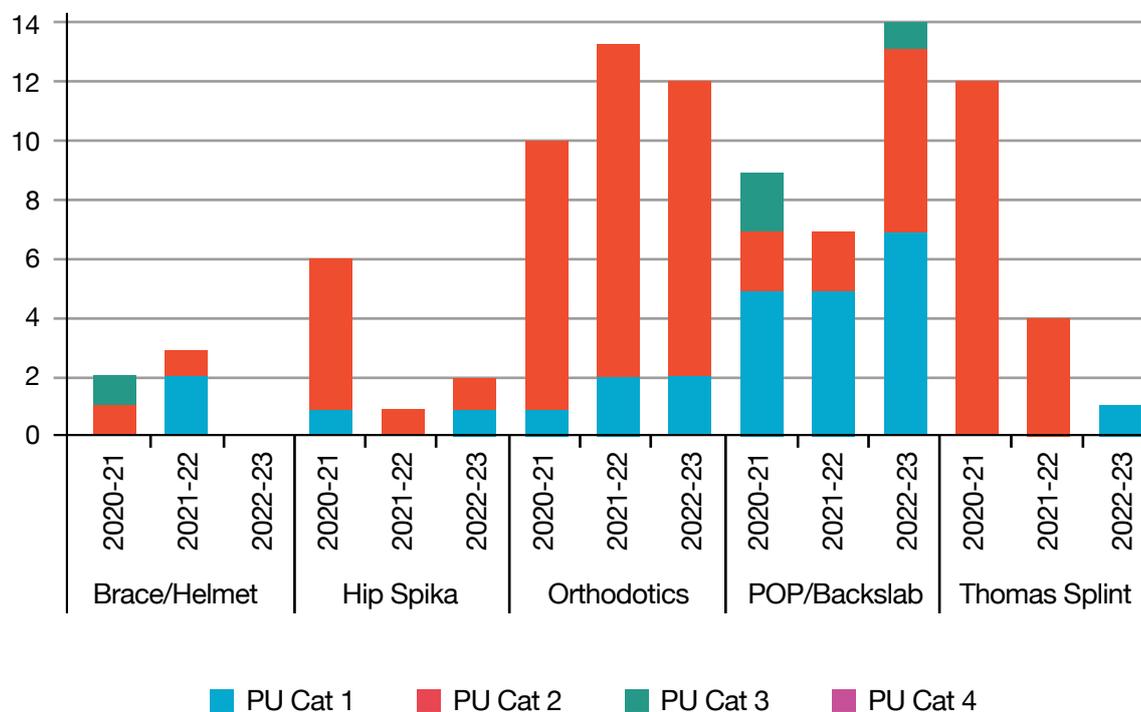


Table 6 - Audit Report 2022-2023

The table shows the 12-month Tissue Viability audit scores for the full Trust 94% including community setting. This shows improvement, achieving 95% compliance with documentation through the Audit.

COLUMN 1	4A	4B	4C	3A	3B	3C	ICU	HDU	BURNS	PLASTER	1C-C	NEO	COMM
April	90.9	86.4	82.2	95.6	100	89.1	100	89.7	87.9	100	100	100	100
May	100	98.2	84.4	97.8	90.9	81.8	90.9	90.9	91.7	100	100	100	90.9
June	81.8	95.5	95.5	86.1	83.3	87.3	91.7	91.7	91.7	100	100	100	100
July	89.7	90.9	86.1	87.8	86.7	100	96.7	90.9	100	100	100	100	100
August	100	90.9	88.9	100	90.9	80.8	100	100	100	85.7	100	89.1	95.2
September	82	96	92.5	92.5	90	92.5	90	100	100	100	100	90	100
October	97	95.5	88.9	88	87.3	89.1	100	91.7	90.9	90.9	97.7	89.1	90.9
November	83.6	97.7	90.9	90	90.9	93.9	100	90.9	88.9	100	100	90.9	100
December	86.7	90.9	90.9	90.9	90.9	90.9	100	90.9	100	100	100	91.7	100
January	100	90	96.9	100	95	90	100	100	100	100	93.3	100	100
February	100	90.9	100	90.3	86.4	100	91.7	90.9	90	100	100	98.3	100
March	93.9	95.9	92.7	88.2	100	97.7	100	100	90	87.5	97	100	100

Improvements and Achievements

- ✓ The figures show the sustained rate of 0 in our category 4 pressure ulcers.
- ✓ There was an increase in one Category 3 pressure ulcer compared to last year.
- ✓ Reduction in number of category 2 pressure ulcer noted 2022-23.
- ✓ This was reflected as greater awareness and improved education across the Trust which has led to an increase in reporting. A comprehensive reflection of reporting is evident across the Trust including all departments, community services, physiotherapy and outpatient departments have now started to report any pressure injury under medical devices.
- ✓ There is a clear Pressure Ulcer Action Plan in place for the Tissue Viability Service; this includes all Root Cause Analysis outcomes. All category 3 & 4 pressure ulcer incidents should have an allocated Clinical Investigation Officer and RCA (Root Cause Analysis) panel members to continue this process. This process will be monitored by the Risk Management Team and Clinical Governance. Outcomes will be updated on the Pressure Ulcer Action Plan and Lead Tissue Viability will make sure all action plans should be completed within allocated timeframes.
- ✓ All category 2 pressure ulcers have been performed with ASSKING Rapid Assessment and this form has been reviewed by the Lead Tissue Viability with the report shared with divisional level for improvement.
- ✓ Implemented three set of ASSKING Rapid Review forms for outpatient, inpatient and community service for all category 2 pressure ulcer/deep tissue damage to identify any lapse in care and to identify general themes. Through this process we can define whether the reported incident was preventable or not preventable.
- ✓ Updated Patient Information Leaflet QR code regarding early identification in pressure ulcer and reporting, especially Orthopaedic device related pressure injury to ensure parents are getting the right information about skin damage under device and what action to be taken to minimise the skin damage.
- ✓ There are tissue viability daily ward rounds in PICU and high-risk areas; this will help to prevent any wound deterioration and reduce deep tissue damage & Category 2 pressure ulcers, while they are in a high-risk Unit. Also, the ward round supports early identification of any skin damage and appropriate action can be taken to prevent further deterioration.
- ✓ Staff feel this is a supportive approach and provide more one to one training during ward rounds.
- ✓ A Tissue Viability Clinic has commenced twice weekly to provide appropriate wound care in an appropriate timeframe. This clinic facility will support all surgeons in many ways. If a patient is clinically fit for discharge, they can be discharged in a timely manner and be referred to Tissue Viability for wound review to enable review of wounds regularly. Any concerns can be reported directly to the Surgical Team to organise an appointment with surgeons on their next clinical visit. In summary, having this specific clinic will enhance the discharge process as patients will not be required to be an inpatient for wound review. There should be a decrease in wound infections, wound dehiscence, and a reduction in cost due to reduced hospital stay and early treatment reducing the chances of complications, therefore requiring less wound care overall.
- ✓ Implemented prophylactic dressing under medical device to minimise skin damage under medical device.
- ✓ Achieved 95.36% compliance in Pressure Ulcer Prevention & Management Training
- ✓ Tissue Viability Service proudly provided two Paediatric Wound Care study conferences for internal and external staff. More than 100 attendees attended these training sessions from all over the UK.

Future Goals and Plans

The Tissue Viability Service in Alder Hey continuously works with other clinicians to prevent and minimise any preventable pressure ulcers while patients are in Alder Hey caseload.

- Continue with the aim of reduction in category 2 medical device related pressure ulcers while on caseload.
- To adhere with 0% tolerance with category 3 & 4 pressure ulcers while on caseload.
- Continue to aim for 90% and above compliance with Tissue Viability Audit.
- To achieve 100% compliance in tissue viability documentation, also quarterly submit CQUIN reports.
- To rollout Wound Care workshop training throughout the year, mainly looking to start a training day on each quarter, two sessions will be available.
- To rollout competency assessment in wound care and management.

3.2.6 Zero Preventable Deaths in Hospital

Refer to section 2.2.11 of this report for detail supporting stats below.

AIM:

To eliminate preventable deaths from Alder Hey

TARGET:

Zero preventable in hospital deaths during 2022/23.

OUTCOMES – 2022/23

Achieved zero preventable deaths during 2022/23.

Data source: Output from Review of Inpatients Deaths by Hospital Mortality Review Group



279,000
outpatient
appointments
took place
in 2022/23



3.2.7 Priority 2: Access to Care

The data presented at Appendix 1 shows that Alder Hey is performing above target for some indicators, for example all cancers. However, the 18-week RTT and 6wk diagnostics targets have not been met this year, or the Emergency Department (<4hours total time in A&E). This can be attributed to the impact in a number of areas with the residual effect of COVID-19, sickness absence, vacancies and the impact of industrial action.

3.2.8 Improving Outpatient Care

Improving access and experience in the Outpatient Service has continued to be a high priority to Alder Hey, with over 279,000 outpatient appointments taking place in 2022/23. Following the COVID-19 pandemic and early adoption of virtual technologies and new ways of working, digital appointments via telephone or video software remain a key component of outpatient service delivery and over 70,000 digital appointments have taken place in the past year.

Alder Hey delivered an Outpatient Transformation Programme in 2022/23 which focussed on three areas of improvement:

Advancing Outpatient Care: The service introduced patient initiated follow ups which allow children and young people (or their families) to trigger an appointment based on need rather than the traditional method of follow up care. There are now 22 specialities utilising this method with almost 5,000 families. In addition, the Trust has created and utilised a tool where services can predict which children are most at risk of not attending their appointment, and an additional calling service has been implemented to remind families of their appointments and provide support if they are experiencing difficulties attending. This has been piloted in six specialities and has reduced 'Was Not Brought' (WNB) rates by 3%.

Digital and Innovation: Providing automated and immediately accessible information about appointments has been a key development for outpatient services this year. In June 2022, the Trust launched an appointment letter app and text messaging service where families can receive appointment details and make changes to their appointment through text and via an application on their mobile phone.

Maximising Clinic Room Capacity: As waiting times following the pandemic remain challenging, the Outpatient Service has also focussed on ensuring utilisation of clinic rooms is maximised to allow Alder Hey to see and treat as many children and young people as possible. This has included a review of our clinic room booking software and several audits have been undertaken to identify available room capacity, which has increased room utilisation by 5% within two months of commencement of the project. In addition, a further five digital clinic rooms have been installed to support clinical staff to undertake digital consultations whilst on site.

Further to these achievements, a new improvement plan is in development for 2023/24. This will include ongoing reduction of WNB rate, continuing improvements in our methods for prioritising children and young people requiring a follow up appointment and the planned adoption of our new EPR Alder Care to further improve digital ways of working and the service provided in the Outpatient Department.

3.2.9 Priority 3: Great Place to Work – Staff Survey

Focus: 80% of staff recommend Alder Hey as a place to work.

The National Staff Survey (2022) feedback for the Trust was made available prior to this report publication and detailed analysis has been shared with staff across the Trust to inform divisional and service level ‘Big Conversations’. All teams are encouraged to hold Big Conversations to agree actions which they can work on together to make their services great places to work. Based on feedback following last years’ survey, there is also the development of training for managers in how to hold effective Big Conversations.

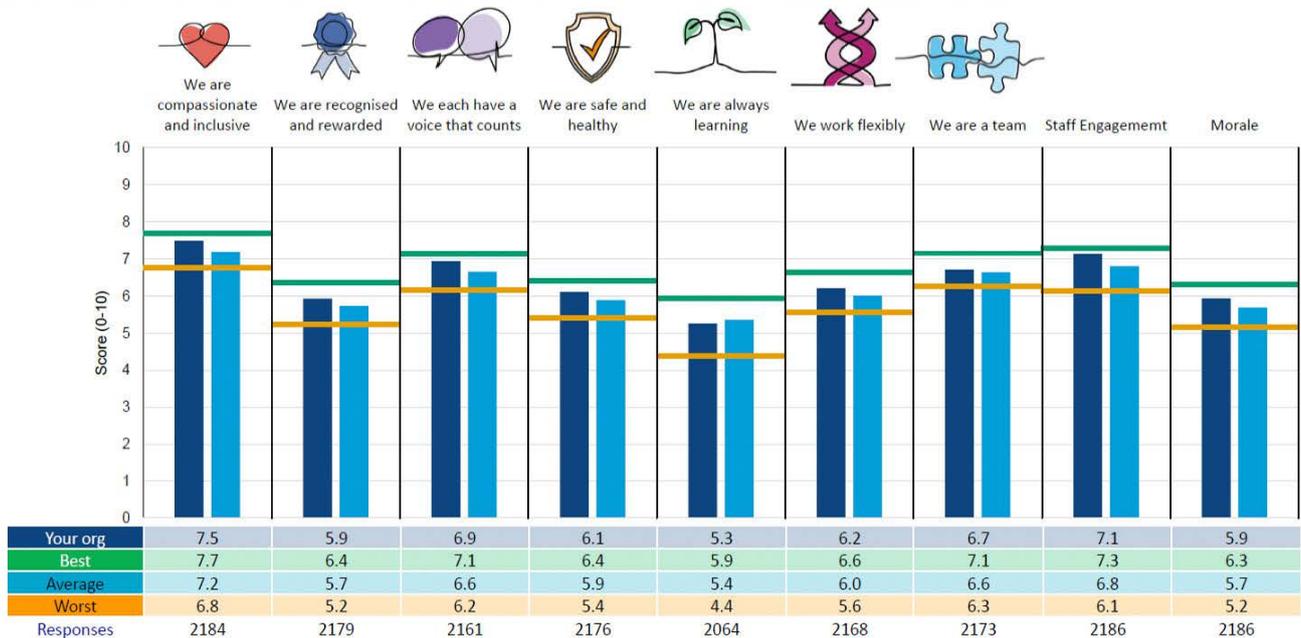
The Trust achieved a 54% response rate with 67.3% of staff recommending Alder Hey as a place to work and 86.4% as a place for friends and family to receive care. Although both results have declined since last year, consistent with the national picture, both are significantly above the average of our comparator group with the latter being “best-in-class” for our group.

The survey responses reflect a national picture of overall decline given the exceptional challenges faced across the NHS over the past few years due to the COVID-19 pandemic and its many impacts, not least the cost-of-living crisis that has followed and the more recent period of industrial action. Results at Alder Hey and across the NHS show the increase in both stress and reported burnout experienced by staff. However, as with the results in 2022, results also showed that despite these challenges the Trust has continued to provide a positive, compassionate and safe organisational culture where staff health and wellbeing is paramount as illustrated in other parts of this report. The Trust has also seen positive increases in staff reporting having a voice that counts, with increased reports of autonomy and control.

The table below provides an analysis of our results across the seven key NHS People Promises and the additional themes of Staff Engagement and Morale, showing higher than average scores across every domain except the Learning domain when compared with our sector.

People Promise Elements and Themes: Overview Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Our focus over the coming year will continue to be on all aspects of organisational health and wellbeing with a particular focus on retaining and developing staff given the challenges of the last few years and on enabling them to be safe and well to deliver the level of care that they aspire to.

The Trust will also place particular focus on the experiences of colleagues with both ‘seen and unseen disabilities’, on our Appraisal and PDR processes and on how Alder Hey can better show value for the incredible work that staff do for our children, young people, and families.

3.2.10 Priority 4: Advocate for Children and Young People

Focus: Improve access and advocate for children and young people (CYP) in the wider system through working with partners.

At Alder Hey, we recognise and act on our role as an advocate for the wellbeing and health of our children and young people (CYP). It is our ambition to positively impact social value and lead others to do so, to enhance the well-being and life chances of CYP and make a positive contribution to our local economy and community. The Trust commitment to advocate for CYP is outlined below with some examples.

- Locally - Sustained commitment as a member of the UNICEF Child Friendly City collaborative – ensuring CYP voices and their leadership are driving the local ‘place’ activities in Liverpool.
- Regionally - Hosted the “Beyond” C&M CYP Transformation Programme, on behalf of the C&M integrated care system. Embedding and ensuring CYP voice and transformation is prioritised in our system.
- Regionally – Sustained collaborative working across the North West to ensure CYP are prioritised in accessing quality care through elective recovery plans and clinical networks.
- Nationally - Co-chaired the national Children’s Hospital Alliance (CHA). Collaborating with the 11 largest CYP trusts in England to raise CYP needs and focus up the national agenda and representing the CHA at the national CYP Transformation Board.

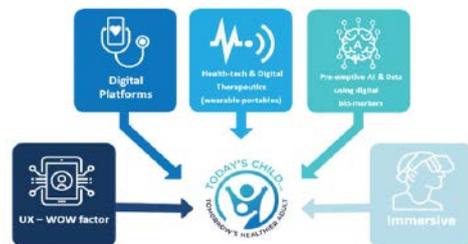
3.2.11 Priority 5: The Safest Place

Alder Hey Innovation is proud to be at the forefront of innovation in the healthcare industry. With a team of highly skilled professionals and access to a purpose-built, state-of-the-art health tech development facility spanning 1000m2, we have established ourselves as one of the most advanced teams of its kind in the world.

One of our focus areas is on improving the safety and quality of care provided to children and young people at Alder Hey, and we do so by developing, identifying, and implementing cutting-edge health technologies. We are constantly pushing the boundaries of what is possible and are committed to delivering innovative solutions that make a real difference to the lives of our patients and their families.

One of our proudest achievements in the past year has been the development of our 2030 Innovation Strategy for Alder Hey. Focusing on health tech devices, digital platforms, artificial intelligence, immersive technology, and user experience, this strategy represents a bold and ambitious vision for the future of healthcare. Our mission is clear: to improve the health outcomes of children today, so that they can become healthier adults tomorrow.

Over the next few pages are a few of the projects being developed now, visit www.alderheyinnovation.com for more information.



Little Hearts at Home - Digital Platforms Work Stream

Alder Hey Innovation is committed to improving patient safety and quality of care across the Congenital Heart Network. Working closely with our community nursing teams, we have developed a new digital platform that is currently being piloted to great effect.

This innovative platform allows community nurses to record patient observations in the comfort of their own home in real-time, triggering alert emails to Alder Hey clinicians if patients breach red flag indicators. In addition, we have created a dashboard that displays patient information, enabling us to track improvements and deteriorations over time.

The benefits of this new technology are clear. By engaging our families after complex surgeries and providing real-time data, our clinicians at Alder Hey are able to closely monitor these very complex and specialised patients with a traffic light system. This, in turn, leads to improved patient-centered care and experience, with the aim to reduce emergent situations and hospital re-admissions.

At Alder Hey Innovation, we are proud to be at the forefront of this exciting new development in patient safety and care. We remain committed to working closely with our community nursing teams and other partners across the Congenital Heart Network to develop and implement innovative solutions that improve the lives of our patients and their families.



Robotic Process Automation - Artificial Intelligence Work Stream

We recognise the importance of leveraging the latest technological advancements to improve efficiency and streamline our operations. To this end, our AI HQ Team has recently expanded to host a Centre of Excellence for robotic process automation (RPA).

Through this Team, we have implemented a range of automated workflows that have saved over 7000 hours of staff time across our organisation. By automating routine administrative tasks such as referral management, HR processes and updating patient records,

we have been able to free up valuable time for our staff to focus on higher-level tasks that require their expertise and attention.

This has not only improved efficiency and productivity but has also led to significant cost savings for our organisation. Additionally, our RPA processes are highly accurate and reliable, ensuring that critical data is processed quickly and efficiently with minimal errors or delays.

As a result of these efforts, our AI HQ Team has become a critical asset in our ongoing efforts to improve patient care and optimise our operations.



Designing the Future of Neonatal Intensive Care - Health Tech and UX Work Stream

We are committed to providing the highest quality care for our patients. To this end, we have utilised ergonomic and design thinking principles to guide the design of our new state-of-the-art Neonatal Surgical Unit, which is set to open in 2024.

Through the use of prototyping spaces, we have been able to continually refine the layout and design of the Unit to ensure maximum efficiency, safety, and comfort for both patients and staff. This has enabled us to create a single room approach that fosters family bonding and improves the overall patient experience.

In addition, we have engaged with industry experts to develop our new line of sight platform, which always allows for high-resolution video monitoring of babies. This technology enhances post-operative care by allowing clinicians to closely monitor their patients in real time whilst supporting the family centred care model.

The benefits of this approach are clear, by utilising ergonomic and design thinking principles, we will be able to create a Neonatal Surgical Unit that is safer, more efficient, and patient centered. Using the Neo Look Platform, we can provide high-quality care while also ensuring the comfort and well-being of our patients and their families.



We are proud to be at the forefront of this innovative approach to patient care and remain committed to working with our partners in industry and healthcare to develop and implement new technologies and methodologies that improve the lives of our patients and their families.

3D Printing Pre-operative Models - Immersive Health Work Stream

We are dedicated to developing and implementing innovative technologies that improve patient safety and outcomes. One of our home-grown business partners, Insight Surgery, has been instrumental in this effort, creating a state-of-the-art 3D medical printing hub that has revolutionised the way we approach surgical procedures.

Through this hub, we can create custom 3D printed models of patient anatomy, which can be used for pre-procedure rehearsal and visualisation. This allows our clinicians to practice complex procedures before they are performed on the patient, improving safety and efficiency while reducing the risk of complications.

Recently, this technology was presented at a national teen technology event, where it was highlighted as a key innovation in the field of medical technology.

The event showcased how pre-procedural rehearsal on custom 3D printed models has allowed for safer and more efficient surgery.

The benefits of this approach are clear. By using 3D printed models to practice complex procedures before they are performed on the patient, our clinicians can identify potential issues, familiarise themselves with a procedure and develop solutions before problems arise.

We are proud to partner with Insight Surgery and remain committed to working with our home-grown business partners to develop and implement new technologies and methodologies that enhance patient safety and improve the quality of care we provide.

Alder Hey Symptom Checker

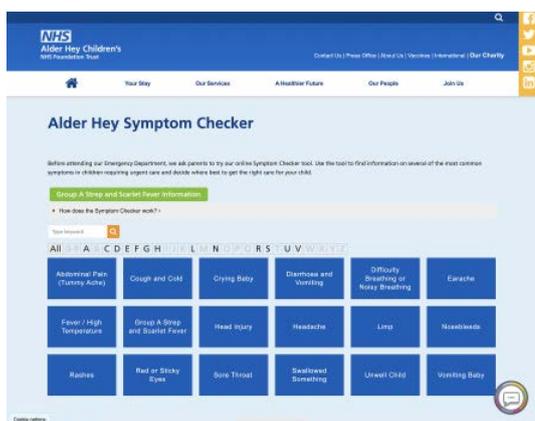
Alder Hey developed a new ‘Symptom Checker’ to help parents and carers understand their poorly child’s symptoms and what they can do for them.

The fast, easy to use and reliable online Symptom Checker offers parents and carers information on several of the most common symptoms in children requiring urgent care.

Using the Symptom Checker will help parents and carers decide where best to get the right care for their child, be it at home, at their local chemist, walk-in centre or GP, or with a trip to Alder Hey’s Emergency Department.

Developed by the doctors and nurses at Alder Hey working alongside the Trust’s Digital Team, the Symptom Checker helps guide parents and carers with what they can do at a time that can be understandably stressful.

The Symptom Checker can be found from the homepage of Alder Hey’s website. It currently offers advice on 18 common symptoms with plans to grow this number in the future. Users select one of the symptoms and are then presented with a range of easy to follow advice.



3.2.12 Additional Areas of Quality Improvement

This section provides additional examples of quality improvement relative to improving safety, patient experience and clinical effectiveness, as well as focus on engaging the workforce.

3.2.13 Championing Health, Wellbeing and Engagement

“The best people, doing the best work, in the best place”

The Trust is committed to supporting ‘the best people doing their best work’ and fundamental to achieving this is the creation of an environment which supports our employee’s health, safety, and wellbeing. Every single person who works at Alder Hey is critical to the care of every single child who needs our service and every single person matters. Our vision at Alder Hey is to create a healthier future for children and young people.

In 2019 we launched our People Plan which outlines how we will support our people and the wider paediatric workforce over the next year with our strategic vision.

By 2024 we will be known as.

- The best place to work, with happy staff delivering the care they aspire to.
- Having brilliant leaders who support our diverse and talented workforce.
- A centre of Excellence for paediatric training and research.
- Have a key role in shaping the development of the North West Paediatric Workforce.

Our People Plan reflects the national NHS People Plan as well as what our people are telling us about what it is like to work at Alder Hey and the impact of local and national workforce challenges. Our plan builds on our strong foundations already in place by our values which were developed by our own staff. Our People Plan is based around five strategic pillars all of which are fundamental to the development of a healthy, psychologically safe, improvement focussed, compassionate, inclusive, learning culture for our staff and for the children and young people we care for.

“The best people, doing the best work, in the best place”



Health and Wellbeing

Significant developments were made in services and programmes aimed at promoting and sustaining staff health and wellbeing in 2020-2021 and this work has continued and grown in response to the changing impacts of the COVID-19 pandemic. These offers have developed and expanded in response to the wider socioeconomic context of 2022 and 2023, including the stress experienced by the rising costs of living.



What has become clear both nationally and at Alder Hey is that the psychological burden of the pandemic, from both a personal and professional perspective, continue to impact our workforce and has

contributed to stress, anxiety and depression in healthcare professionals. Evidence from previous disasters suggest that the psychological recovery from societal trauma can take four to six years. This fits with rising numbers of staff presenting with complex and acute mental health difficulties. In line with a national picture in the NHS, we are seeing NHS staff presenting with high rates of post-traumatic stress disorder (PTSD), burn out and compassion fatigue. We are also witnessing the impact of the pandemic on interpersonal relationships as staff present with relational strain affecting working relationships within work with a rise in incivility between colleagues.

An Organisational Health and Wellbeing Approach

Our approach to staff support at Alder Hey has been and continues to be closely informed by the developing evidence base around what works, for whom, and in what context. What we know clearly and what our staff routinely tell us, is that wellbeing interventions alone are not sufficient without interventions that more closely address hygiene factors affecting the daily experience of work and working relationships.

Research by William Fleming of the University of Cambridge on data from 26,471 employees found that

various wellbeing and stress management initiatives had “no effect” on mental health (People Management, 26th August 2021). Face to face sustained approaches closely linked in with line managers were found to be more beneficial. A recent review of the evidence by the London School of Economics (LSE, 2022) demonstrated the public health and economic benefit of programmes that target and prevent mental health problems and empower more people to live well. This review advocated for rapid access to psychological and psychosocial support that are integrated within an organisational context and demonstrated that workplace interventions can save £5 for every £1 invested in supporting mental health (LSE, 2022).

Given the evidence and our learning to date through the Staff Advice & Liaison Service (SALS) and other support mechanisms in the organisation, we take an organisational health and wellbeing approach. NHS England have developed an Organisational Health and Wellbeing Plan based on the evidence and insights gathered about staff health and wellbeing, and those actions and factors that are likely to have the most impact when staff are working under pressure, since the start of the COVID-19 pandemic. The plan is also consistent with the nine principles underpinning the Wellbeing Guardian role. The content is based on evidence from academic literature about the impact of COVID-19 on the healthcare workforce and insights gained through the national Health and Wellbeing Programme, including from frontline staff, people who are classed as clinically extremely vulnerable, feedback form support lines and mental health hubs, people pulse and other sources of data and insight.

At Alder Hey, we are using this checklist to understand what is most needed for our staff and what key aspects of health and wellbeing support will be needed into the next year. This Framework is a high-level culture change toolkit aimed at health and wellbeing staff, human resources (HR) and organisational development (OD) staff, HR and OD directors, wellbeing guardians, managers and leaders and anyone with an interest in health and wellbeing.



The diagram below summarises our organisational offers in line with the Health and Wellbeing Framework, which will be expanded on in the sections below:



Improving Personal Health and Wellbeing

At Alder Hey, staff have access to a range of support for their health and wellbeing including Staff Advice & Liaison Service (SALS), Occupational Health Service and the Alder Centre staff counselling Service. Staff in medical specialties and Critical Care can also access support from clinical health psychology services via clinical psychologists embedded in teams.

Through the COVID-19 pandemic, support for staff health and wellbeing has been amongst the top strategic priorities and this led to the rapid growth of the Staff Advice and Liaison Service, offering an open door, easy access, rapid response listening service to all staff.

The service is an open access support for all staff struggling with any issues related to home or work and provides early intervention and prevention via psychoeducational events and initiatives across the Trust. It aims to prevent staff difficulties from worsening by addressing issues in the moment and finding the right solution in the right place at the right time. Effective triage is key to this. SALS does not carry a waiting list for support and sees staff on average 4.5 times, indicating that a little can go a long way when it is tailored to an individual and provided at the right time.

As wait lists for external mental health services grow, providing a responsive and person-centred service is key. The low number of onward referrals to counselling is testament to its effectiveness. The level of engagement in the service over 2020-2023 also evidences the success of the services approach.

Underpinning the model is the mantra 'It is OK not to be OK' and SALS aims to normalise distress, provide a positive experience of help seeking, and liaise with appropriate individuals and services to develop a network of support around an individual. SALS has now seen approximately 36% of the work force for individual support and met many more through outreach sessions at Trust inductions, team sessions and away days.

There is also a focus in SALS on systemic intervention, including team support following debriefs and training and contribution to the development of a culture which challenges the stigma associated with help seeking in the healthcare and support services. Considerable focus is also given to supporting staff to both transition to and navigate through services, providing a "safety net" of support during what can be extremely difficult journeys and processes.



SALS has seen a large rise in the number of self-referrals in 2022-2023, with a corresponding rise in drop-ins. The Team remains busy and has had over 8,500 contacts to the service. Despite the increase in demand, the team are still able to respond quickly to all new contacts (within 24-48 hours) and feedback from staff accessing the service remains very positive with 100% of a sample surveyed saying they would recommend the service to friends or colleagues in the organisation.

Since 2022, Alder Hey has also seen developments in support for some of our more vulnerable groups including staff with seen and unseen disabilities and menopausal staff via focussed listening events. The listening sessions with staff with seen and unseen disabilities has been the platform for the development of a Disability Network with support from the Trust EDI Lead and led to a themed Schwartz round called 'Behind the Mask'.

The menopause sessions have also led to the development of a Menopause Policy Working Group with a view to creating a specific policy to improve the understanding and management of menopause in the workplace at Alder Hey. In terms of personal health and wellbeing and development, staff have also been able to access a growing internal coaching and mentoring network and we now have 22 trained coaches offering a mixture of wellbeing and more general coaching to colleagues.

In response to the rising costs of living, we have also partnered with the Citizens Advice Bureau to offer a bespoke clinic to our Alder Hey colleagues, providing expertise on money and debt management. We have been able to offer some reduced-cost meals for both staff and our families as well as developing a 'Pay it Forward' scheme which helps our staff in need, but also gives the opportunity to develop a community of support within the Trust. We have also developed a 'Sway' leaflet with up-to-date financial offers externally to support staff to access and benefit from local offers of financial support.

To support staff with their physical health, we have also set up a Physical Health Task and Finish Group with the intention of enhancing our physical health offer to staff. This group has developed a survey to understand what offers staff would be most interested in accessing and will support the implementation of physical health activities which staff can access.

Professional Wellbeing Support

In terms of professional wellbeing support, staff at Alder Hey have benefitted from a focus on rest and recovery through two additional days leave, wellbeing days and information and briefings targeted at self-compassion. The Associate Director of Organisational Development

has also led on the development of '7 in 7' briefings based on a model of disseminating information used in the FBI where seven key points are covered in seven minutes. Themes for these videos include 'Kindness' to target and support civility at work, as well as 'Moral Injury' which has become pertinent as staff face challenges in recovering services alongside their team's recovery, and in the context of the wave of strike action in 2023. We also funded a special Guest Lecturer who spoke about their campaign 'Civility Saves Lives' which was broadcast Trust-wide and over 300 staff across the Trust attended.

Induction processes are being renewed and enhanced in view of the changing nature of the organisation as we emerge from the pandemic and every member of staff has been offered a Health and Wellbeing Conversation as part of their routine PDR. Our Wellbeing Guardian role is now embedded in the organisation and progress is being mapped against the nine Wellbeing Guardian Principles with feedback through the People and Wellbeing Committee to Board.

In 2022, SALS were also successful in receiving funding from NHS England/Improvement to pilot stress risk assessments. This pilot project involved the recruitment of several part-time stress risk assessors working with the Staff Advice and Liaison Service (SALS) at Alder Hey to undertake stress risk assessments and support managers. This intervention aimed to provide staff members with the opportunity to feedback on the stressors affecting them at work, to document this in a formalised way, which can be used to develop a comprehensive action plan to reduce workplace stress and increase support. Importantly, line managers were consulted throughout the risk assessment process and involved in creating actions to reduce staff members' work-related stress. 37 Stress Risk Assessors received training that worked in a range of departments from surgical, medical, community and research divisions. In total, 84 referrals were completed during this six-month pilot and outcomes from the pilot suggest this reduced stress for those who completed them.

We have also supported an increase in trained facilitators to run Schwartz rounds, providing staff with safe spaces to process and reflect on the emotional impact of work. Alder Hey now has 24 trained facilitators and has secured funding to train another 10 people to run rounds, building capacity for whole organisation sessions and bespoke sessions for teams using Team Time.

In line with new NICE Guidelines on employee mental health (NG212, 2022), SALS has also developed 'Supporting Mental Health in the Workplace' training available to all staff. This is online training accessible via Moodle and involves two modules: 1) Strengthening Me – to support individual mental health awareness, 2) Strengthening Me – to support a proactive and

preventative approach to managing mental health at work in line with the principles of Mental Health First Aid. This learning is designed to help people to identify, understand and help someone who may be experiencing a mental health issue. It draws on evidence and understandings from biology, psychology, and neuroscience to support staff in staying well and feeling strong.

To support the evaluation of our interventions within teams, we have also developed a 'Team Temperature Check', which is a tool to assess how 'Safe and Well' teams are working together. This tool assesses levels of engagement, burnout, wellbeing, psychological safety and patient safety culture. The tool is being piloted and feeds back into the Patient Safety Workstream to start to gather more data on the link between staff safety and patient safety.

Relationships

Among the many impacts of the COVID-19 pandemic on staff at Alder Hey has been the impact on effective working relationships due to the increased levels of stress, exhaustion, and burnout. To help support and develop relationships and build resilience in sustainable ways, we have developed a SALS Pals project which aims to develop a network of wellbeing champions, paid for their wellbeing time, embedded in their own areas and trained and supported to conduct supportive structured debriefing using the Ground TRUTH tool.



SALS PAL received competitive funding from NHS England/Improvement and involves piloting a paid role where different professionals are trained in mental health first aid and compassionate conversation to provide local wellbeing support in their area. SALS developed a role description, application, and recruitment process to support staff into this role. SALS also developed a full training package to upskill colleagues whilst supporting them with ongoing supervision.

We now have 48 trained SALS PALS in operation as part of the pilot which has

targeted hot spot areas where we saw a high number of SALS referrals. To date, this has resulted in over 100 extra paid hours of wellbeing conversations. 100% of those who have completed feedback forms have indicated they felt better after speaking to their SALS PAL and some of the written feedback indicates the benefit of a proactive, preventative, integrated and local approach:

"I feel that this is a valuable opportunity for some staff to take a short break from their shift to air any matters or to just take a breather and a friendly chat".

"Think staff need this support as everyone struggling with one thing or another".

"Very helpful to talk through work issues, and non-work issues that are impacting on work. X went above and beyond to help resolve work issues".

"Very useful to be able to talk with someone who does the same job as me and completely understands my role".

"I always feel better after talking with my SALS PAL".

"It is useful to talk to someone who works in the team and knows how it works".

Crucial to maintaining and building adaptive resilience when resources are challenged is to enable staff to use existing coping mechanisms bolstered through connections with others who understand their role and are themselves given the resource and skills to support their colleagues. In 2020, we implemented the Ground TRUTH tool as lead clinical partner working with the Department of Critical Incident Psychology at the University of Liverpool. We continue to use this digital mechanism to support teams to keep going together through networks of SALS PALS.

Over the last three years, Ground TRUTH has developed as a digital mechanism for fostering cohesion, improving morale, sharing learning and boosting coping as part of a three-phase implementation process. Ground TRUTH integrates a dual responsibility of the individual and the organisation, to reduce burn out in teams. Outcome data from staff responses has been incredibly positive.



“
I always feel better after talking with my SALS PAL **”**



Over 95% of staff reported finding the tool helpful and 47% of staff felt much better or better after using it. We have been approached to spread the Ground TRUTH tool nationally and in partnerships with external stake holders, we are seeking funding to develop a 'Ground

TRUTH app' that empowers individuals and teams with the aim of improving staff wellbeing and patient care. In 2022-2023, we worked in partnership with the University of Liverpool as part of the government funded Accelerated Capability Environment (ACE) network which looks to solve public safety and security challenges to innovate collaboratively and deliver front line mission impact at pace.

Recovery

We are now continuing to build on the strong foundations developed both before and during the height of COVID-19 to ensure that our people recovery plans are robust enough to respond to the inevitable psychological and physical impacts that COVID-19 has brought. Our support to help staff recover is still based on three key principles: rest, connect and share. Staff are being encouraged to rest wherever possible and there is a still a focus on active monitoring and a particular focus on those staff with vulnerabilities.

Our focus will then be on how we can connect and reconnect with each other and the organisation. We are clear that we are stronger together and will focus on social activities and opportunities to come together (virtually or face to face as appropriate and within IPC guidelines). We continue to work closely with the Cheshire & Merseyside Resilience Hub who can support us to offer screening surveys to actively monitor trauma; self-help and trauma focussed resources. Signposting to trusted organisations and partners for the right support; confidential in-house psychological assessment; specialist individual and group psychological interventions where there is a need; open access resources for managers, leaders, and teams to help build resilience and wellbeing in the workplace; psychological consultation for teams who are struggling; and Trauma Informed Care training for all levels of staff and leadership.

Outcomes and Impacts:

Since 2020, the year of SALS introduction, the proportion of staff absent from work due to mental health reasons has dipped significantly from 43.49% in 2020 to 29.62% in 2022.

The coherence of our whole approach to staff engagement, including our commitment to staff wellbeing and to the development of compassionate and inclusive culture, has been recognised externally through our success in being awarded two funded projects to develop our service from NHS England/ Improvement. The value of our work is also evidenced by our qualitative feedback from Alder Hey's staff:

“ SALS helped me to feel like I mattered. They showed the care, kindness, and compassion we show (as staff) to our patients. We need more of this type of support across the organisation to help staff feel more supported and valued. I was able to access SALS remotely during a period of absence from work which was important to allow me to continue accessing support. I felt like sessions were completely confidential which allowed me to be open and honest. I love working for Alder Hey. Without SALS support, I may have not been able to continue my work at Alder Hey and I am so grateful for everything they have done. ”

“ This is a fantastic service - keep it up! It should be an NHS-wide thing! ”

“ Although brief, the limited number of sessions offered enabled me to seek out support for some unmet needs. I have managed to understand more about myself in three sessions than I had within six months of counselling previously accessed under a different Trust. ”

“ I was treated as an individual and I felt my concerns were valid. I am sure I was not the only member of Alder Hey Staff requiring support, but I never once felt I was too much trouble or a burden. ”

“ All the staff are very helpful, approachable, and friendly. Just having someone to talk to makes all the difference. I have been to SALS twice now and cannot fault the service I have had from the team. They always follow up on everything and I know that I can go back to them about anything anytime. I have recommended SALS to my colleague. I think people initially think it is just for people struggling in work but there is so much more to it. If SALS do not know the answer, they will go above and beyond to find it or recommend other staff members to speak to. I can't thank them enough for the help they have given me. ”

3.2.14 Equality, Diversity and Inclusion

Alder Hey is committed to promoting equality, diversity, and inclusion in all that we do. The Trust works hard to ensure that we are adapting our services and implementing changes which will reduce health inequalities. Our workforce is supported to ensure that all staff have access to the same opportunities and encouragement, so they feel valued and a sense of belonging. Alder Hey ensures their workforce has a great experience at work, feeling safe, happy, and appreciated, allowing them to be their authentic selves.

The Trust will continue to grow its equality, diversity, and inclusion understanding and support systems, building on the foundations which have been embedded in our organisation. Alder Hey is extremely proud of the work they have completed so far but recognises that this is a journey and there will be changes and challenges ahead. There is continuous work to ensure that equality, diversity, and inclusion is at the heart of everything as we move through those changes and challenges.

Progress 2022/23

The Trust continues to work in collaboration with Clatterbridge Cancer Centre to ensure that equality, diversity and inclusion is threaded through all that we do. The collaboration across both trusts allows for sharing of best practise, processes, and learning, developing access to opportunity for all of the workforce. With a collective vision to developing strong partnerships with local communities.

Staff Networks

The BAME Taskforce (developed in 2020), worked hard to build the foundations in which to drive forward equality, diversity, and inclusion. Alder Hey is committed to building a caring, compassionate and diverse culture in which staff come to work in a supportive environment. It would be good to understand how it feels to work at Alder Hey, to ensure staff feel cared for, listened to and valued. The development of equality staff networks offers staff groups a place to come together in a safe space, creating connections, having a shared purpose, interests, and sense of belonging for staff members. This gives staff the opportunity to share problems, ideas, knowledge, solutions etc.

The networks will become a powerful voice and a source of positive change, enabling staff members to play their full part individually and collectively in the organisation, supporting the leadership team and the decision making across the organisation. Each network is engaged and committed to working towards driving forward a positive change. After a measured start we now have four staff networks which are embarking on

a journey and will support them to grow and develop, providing them with the voice which will help us to drive forward positive change. The equality networks are:

- Race Ethnicity and Cultural Heritage (REACH) staff network
- LGBTQIA+ staff network
- Disabilities and Long-Term Conditions staff network
- Veterans network

Equality, Diversity, and Inclusion Steering Group

The Trust's Equality Diversity and Inclusion Steering Group provides oversight to the Trusts strategic ambitions and specific equality diversity and inclusion goals and to ensure that equality, diversity, and inclusion is at the heart of the Trust's policies and practices as an employer, health care provider and procurer of services. The Trust relaunched the Equality, Diversity, and Inclusion Steering Group, chaired by one of the non-executive director & BAME leads, with the inaugural meeting taking place on 21st July 2022.

The Steering Group will play a crucial governance role in providing strategic coherence and oversight across all matters related to equality, diversity, and inclusion. The group established an agreed Terms of Reference with an accompanied annual work plan for 2023 and will meet bi-monthly to review progress against the work plan, strengthening its role and responsibility and establishing a clear reporting structure. The membership of the Equality, Diversity, and Inclusion Steering Group will include the staff network chairs and executive sponsors. Providing the group with a wider workforce representation and ensuring that the decisions and delivery of the work plan objectives are better informed by the needs and voices of our workforce. There will be development of a Equality, Diversity, and Inclusion subgroup which will bring together representation from all Trust divisions. Ensuring that staff are moving in the same direction and working to align the equality diversity and inclusion (EDI) objectives to the wider EDI agenda.

Our Equality, Diversity and Inclusion Workplan

The workplan aims to ensure that the Trust meets the General Equality Duties as outlined in the Equality Act 2010, through the submission of specific equality information in a timely manner and monitors progress against the associated actions plans. It also supports the implementation of key work streams and projects that impact on the Equality agenda, supporting the development of a diverse and inclusive culture at Alder Hey.

The plan focuses on four main areas:

- Performance delivery; Review and monitor the Trust performance using equality data, staff survey, networks, listening events to ensure that the organisation are continuously assessing our position and actions.
- Inclusive recruitment and progression practices and increased representation; Review the current recruitment and retention practices and work closely with staff networks to embed inclusive practices.
- Leadership and culture of inclusion and belonging; Work closely with Trust Board to ensure that equality, diversity, and inclusion is the golden thread running through the organisation.
- Addressing differentials in experience; Work closely with staff networks, communications, and identified divisional leads to promote and celebrate difference. Providing equal opportunities for staff, as well as our children and young people, working together to reduce inequalities.

The EDI Steering Group will support and drive the EDI agenda for the Trust during 2023 and beyond. To further improve the recruitment and development opportunities through positive action programmes that support and champion the development of staff from underrepresented groups. To continue to work in partnership and build links within local communities to provide opportunities to the local population.

Priorities for 2023/2024

The Trust will focus on our current position whilst using the equality data to understand how we can improve as an organisation. We will concentrate our efforts on achievable objectives which will impact on the experiences of staff at Alder Hey Children's Hospital and we will continue to support the development of staff networks and work with them to ensure that the Trust are listening to the challenges that staff are facing. The Trust will ensure all policies and processes are inclusive, engaging with staff networks to support their appraisal and evaluation. We will promote divisional activities supporting equality, diversity, and inclusion, bringing together divisional leads to share best practice, encouraging equality, diversity, and inclusion, working together to ensure the organisational objectives are met. Managers will be supported to better understand how they can support their staff and we will work closely with Learning and Development to identify and develop opportunities for all our workforce, encouraging staff from underrepresented groups to develop and grow.

Action plans will be aligned with the Equality, Diversity, and Inclusion workplan, and will continuously be reviewed and reshaped to ensure the Trust is growing as an organisation and enhancing the experiences of our workforce. Alder Hey begins 2023 with a strong leadership commitment to equality, diversity, and inclusion. Steady progress has been made which is reflected in the staff survey results. Although there is still work to complete, during the next 12 months there will be focus on improving and enhancing the experiences of all staff. The Trust needs to ensure that there is deeper understanding of the detail in the data presented, whilst listening to the narrative provided by staff, allowing focus on areas which need the greatest support.

It is an exciting time at Alder Hey and we are ready to make some valuable changes which will impact on workforce and the children and young people that are care for.

3.3.1 Strong Foundations Leadership Programme

Strong Foundations is an award-winning, compassionate leadership training programme developed at Alder Hey for all current and aspiring clinical and non-clinical leaders and managers across the organisation. It has the aim of building a compassionate culture through developing, sustaining and supporting all staff in those positions, whatever profession, or service, at whatever level of leadership. Crossing disciplines and service boundaries, the programme helps to develop connections between leaders so that they can form a circle of safety around the organisation. Although launched before the COVID-19-19 pandemic, it's focus on support, psychological safety, compassion, and connection has made it a critical part of the organisational response to the crisis and a core part of our recovery plans in supporting our leaders during these exceptionally difficult and challenging times.

Programme Objectives

Strong Foundations draws on the most recent research evidence and local feedback regarding effective leadership and its impact on outcomes for staff, children, and families. It aims to build emotional intelligence and equip leaders and managers to create safe and trusting working environments, in which people can grow, learn, make changes, and feel free to speak up and challenge with both courage and kindness.

Programme Summary

The course is broken into three modules:

- Module 1 is about *Leading Me* with a focus on self-awareness, self-management, inclusive leadership, and self-compassion.
- Module 2 shifts the focus to *Leading Others* with training in building trust and psychological safety, giving and receiving feedback, improvement and quality.
- Module 3 is about *Developing Others* with a focus on Coaching.

Course content comprises a mixture of recorded presentation, information sheets and video material (accessible via Moodle) with new learning and new connections supported and sustained through attendance at group MS Teams sessions, at the end of each module. Approximate time commitment is six hours of independent learning via Moodle and three two hours group Teams sessions (12 hours in total).

Impact

Since the launch of the Programme in August 2019, 500 leaders and managers (in 25 separate cohorts) have attended and the course is now fully booked until May 2023. Since last year, we have also developed and launched a supplemental training initially for our leaders and managers and now rolled out to all staff called “Supporting Mental Health in the Workplace”.

The feedback gathered from participants in Strong Foundations demonstrates the value of the Programme to our leaders and highlights the significance of this Programme in creating a compassionate culture at Alder Hey. Indeed, our highest people promise score in staff survey results from 2022 was in “we are compassionate and inclusive”. Our leaders consistently report feeling psychologically safe during sessions, suggesting facilitators create a safe space for healthy challenge and expression of different opinions. They also continue to benefit from more connection with each other and support. The figure below shows feedback about the quality of training.

Overall Rating of the Programme



Feedback from our participants:

“ It’s really great. 100% would recommend this to colleagues and hopefully see some legacy from the SF programme as green shoots sprout up through the organisation. Thank you. ”

“ Thank you as always to Alder Hey Children’s Hospital for providing these learning opportunities for their staff!! Amazing training course held by a fabulous team of trainers. ”

“ Even though it was remote, it was lovely to connect and work with different people. Thank you for all your help, I know it was probably so difficult to put together and think about. ”

“ The Inclusive Leadership section really made me think. I loved the videos - personal stories are very powerful ”

“ (What worked best was...) the opportunity to engage with people who I would not normally meet and be given the opportunity to continue to use the resources and skills I have learnt. ”

“ Excellent programme. I have really benefited and enjoyed it ”

“ Moodle content was very good. Practise sessions on Teams were brilliant ”

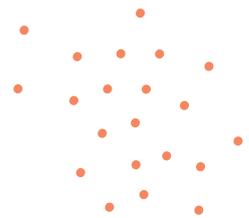
“ It was useful to have the theory to come ‘armed’ to the session with a goal in mind. The MS Teams sessions have been great to play around with applying the theory in a safe way with colleagues. ”

“ (Strong Foundations) is a million times better than Mary Seacole, very practical, concise, and can put these into my day to day working. ”



Future Plans

- Continue to offer to all current, new, and aspiring leaders and managers across the Organisation and embed as part of a developing managers Induction.
- Continue to refine and adapt programme in response to participant feedback.
- Develop and enhance course content to include a Management Essentials module and a Quality Improvement module.
- Develop a Leadership Faculty.



3.3.2 Arts for Health Programme

The Arts for Health Service has been active since 2006 and has grown exponentially since then. It delivers participatory programme for patients and families, an environmental arts programme to enhance the buildings, and a live arts programme. The service works mostly on the inpatient wards, with CAMHS and within the community, and the Mental Health In-patient Unit, focusing on long term patients. The service also works with the Patient Forum.

The service delivers around 100 participatory workshops every month and annually works with around 6,000 patients on a one-to-one basis. There are partnerships with many leading arts organisations in the North West and UK through our Cultural Champions Programme: these include Tate Liverpool, Everyman and Playhouse Theatres, National Museums Liverpool, Live Music Now, DadaFest, Bluecoat Display Centre, Read for Good as well as many smaller arts organisations and charities. The programme encompasses music, dance, animation, visual arts, performance and theatre, comics, contemporary crafts, storytelling, and photography.

The core purpose of our Arts for Health Programme is to: improve patient stay through positive experiences; improve the wellbeing of patients through

participatory arts; support patients to establish a better quality of life whilst in hospital by addressing the underlying issues associated with prolonged treatment journeys; and provide opportunities for patients to develop new transferable skills and life experiences, such as decision-making and creative expression.

Most of the Arts for Health Programme is delivered in clinical spaces, and is patient led and patient centred. Highly skilled and experienced artist practitioners deliver a participatory improvised programme which responds directly to patients' needs and interests.

Our patient evaluation and feedback consistently show that the Arts improve confidence and emotional resilience, reduce anxiety and depression, improve communication and social skills, and teaches children and young people new skills.



In the current Music Matters evaluation there is a significant positive experience for the young people accessing this programme:

Music Matters Evaluation



The service operates an open-door policy on the main site, working with any patient referred by the Play Team/ nursing/teaching staff on the inpatient wards on the day. With CAMHS and EDYS, the service take referrals from clinical teams and individual sessions are set up.

Alder Hey is a member of the National Performance Advisory Group (NPAG) in Art, Heritage and Design, a professional body aimed at standardising arts for health practice across the UK.

Staffing Establishment

There is a full time Arts Manager, Band 6. The Team will be joined by a part time Arts Project Coordinator, Band 5 around May 2023. The service sits within Allied Health Professionals Leadership and the Arts Manager reports to Deputy Director of AHP.

Funding

All posts are funded by Alder Hey Children’s Charity; all programmes are funded by Alder Hey Children’s Charity and external Trusts and Foundations. In last 18 months, we have secured over £180,000 of external funding.



Current Priorities

The current priorities, key projects and funding are presented below:

PRIORITY AREA	PROJECT	FUNDER
Supporting Mental Health	Minds Matter Music and Mental Health A two-year Programme in partnership with Live Music Now, supporting long term patients with mental conditions, CAMHS patients and mental health inpatients through music. There is also newly recruited musicians being trained to deliver in the Hospital and producing a national resource for musicians wishing to work in paediatric mental health.	Youth Music
	Framing our Futures A three-year Programme working with Twin Vision to support patients with mental wellbeing through animation, photography and film making. Also working with the Patient Forum.	Children in Need
	Theatrical Minds Residency on DJU An ongoing programme of confidence building workshops in partnership with Everyman and Playhouse theatres. The project includes visit Theatre to learn first-hand about working there.	National Lottery
	Eating Disorder Residencies Based on Ward 4C and supporting EDYS, artists and musicians work with individual patients on referral.	Alder Hey Children's Charity
Developing a Social Prescribing Model of Delivery	Creative Pathways A two-year Programme in partnership with National Museums Liverpool, Tate Liverpool and DadaFest, providing a series of arts residencies and individual arts packages for long term patients.	Arts Council England
	The Dreamers Programme A twelve-month programme aimed at delivering bespoke arts packages for CAMHS patients.	Eric Charitable Trust
Supporting Clinical Objectives	Breathe Music A music and singing programme to support patients with Asthma and respiratory conditions.	The Hemby Trust
	Music: ED Twice weekly music sessions on ED, supporting clinicians in the observation and treatment rooms and using music as a distraction to increase compliance.	Alder Hey Children's Charity
Supporting Wider Family	The Lullaby Project A six month Programme supported families on the Neonatal Unit, using song writing and lullaby creation to strengthen the bond between parent and baby.	Wallace and Gromit Children's Charity

Future Priorities 2023/2024

The future priorities for the Arts for Health Programme have been identified in the following indicative plan:

PRIORITY AREA 2023/2024	INDICATIVE PLAN	DELIVERY PLAN
Secure Research Partner to Measure Impact of Arts on Wellbeing and Recovery	Research into social prescribing model for children and young people; there are initial discussions with University of Liverpool and Edge Hill University to explore how we measure impact of arts interventions on mental wellbeing.	Q1
	Research for Music: ED on Emergency Department with Cascade Music and University of Liverpool.	Q1
	Begin Dance and Virtual Reality Research Programme with Pain Team and Academy (funding dependent: Arts Council).	Q2
Develop Further CPD Programmes for Artist and Medical Practitioners	Establish professional development programme for medical students using music.	Q1
	Training placement opportunities for disabled musicians as part of Minds Matter Programme.	
Develop a Staff Cultural Programme to Support Wellbeing and Burnout: Arts, Dance, Music	Develop in hours/out of hours provision. Explore possibility of staff being referred by line manager to undertake a cultural Programme.	Q3
Greater Presence	Website, in-house	Q3
	National coverage (programme featured on BBC Breakfast in July 2022).	
	We will likely receive national coverage with the arrival of the Aliza Nisenbaum painting from Tate in summer 2023, timed to coincide with NHS 75th Anniversary.	Q3
Increase Participation	At least 8,000 patients participating in Arts Programme each year.	Q4

Summary

The Arts for Health Programme is well established for children, young people and their families at Alder Hey. The Arts offer a unique vision of how the hospital experience can be vastly improved. Art defines the look and feel of the Trust's main building and the expanding cultural campus. The creative programmes bring in energy, sense of purpose and personalised care to the journeys our patients make during their time with Alder Hey. The appointment of a new Project Coordinator will enable the service to expand into areas not currently served, increase participations and meet the clinical demand from our healthcare professionals.

3.3.3 Nurse Staffing

AIMS:

- To have zero nursing vacancies.
- To sustain a resilient, registered nursing workforce, with up to 40 WTE over the baseline frontline nursing establishment to cover maternity leave, long term sick cover and fill ward/ department vacancies.
- To have a proactive recruitment campaign, reflective of the local population.
- To deliver our five year nursing workforce strategy.
- To have a nursing workforce that have the right skills and receive the right training to deliver the highest quality nursing care.
- To retain our nurses via a clear retention framework.
- To proactively plan for future workforce requirements.
- To enable all nurses to reach their full potential, to succession plan and to have a clear development plan for nurse career trajectory.
- To promote and herald the nursing contribution to research.
- To continue to develop our International Nursing Programme.

Changes or deficiencies in the nursing workforce can have a detrimental effect on the quality of care provided. Low registered nurse staffing levels are associated with poorer quality interactions between patients and staff. In addition to the well-known patient safety risks, reports indicate a wider negative effect from low staffing, with adverse consequences for patient experiences and quality of care more generally. Patient outcomes, particularly safety and patient experience, are improved when organisations have the right people, with the right skills, in the right place at the right time.

The importance and guidance surrounding safe and sustainable staffing levels are enshrined in national professional nursing and regulatory standards, including NHSI developing workforce standards supporting providers to deliver high quality care through safe and effective staffing (2018); National Quality Board improvement tools for the care of children and neonates (2017); Royal College of Nursing guidelines for safe staffing levels in neonatal and paediatric settings (2013); Paediatric Intensive Care Society standards for the safe staffing of children in critical care settings; British Association for Perinatal

Medicine regarding nurse staffing for neonates (2011); and Quality Network for Inpatient CAMHS standards for care of children and young people requiring Tier 4 mental health care (2019), amongst other documents.

The Trust has been successfully delivering its International Nurse Recruitment Programme since 2019. More than 200 nurses have now been recruited via this Programme, in collaboration with our recruitment partner NHS Professionals (NHSP). The Trust is part of the successful Cheshire and Merseyside Collaborative in delivering the International Recruitment Programme which has recently been recognised and achieved the international recruitment excellence award at the Nursing Times Awards Ceremony for the partnership the Trust has had with NHSP in implementing this initiative.

The NHS Pastoral Care Quality Award (PCQA) is a scheme that supports NHS trusts to provide high-quality pastoral care to internationally educated nurses and midwives. To achieve the award, trusts need to meet a set of standards for best practice pastoral care, evidencing through a variety of formats their practice and processes. This includes engagement with international nurses throughout the recruitment process, provision for their arrival, support provided during initial induction and for NMC registration. The award recognises the need for support from not only a professional perspective, but also a pastoral and cultural perspective.

In 2022/23, the Trust was one of a handful of organisations that achieved the PCQA. Recognising the Trust's practices in supporting internationally recruited nurses is a great achievement and is in recognition of the extensive and robust evidence the Trust has provided to showcase their current practices and support.

In order to apply for the PCQA the Trust generated a full document evidencing all our systems, processes, resources, interactions, and the personnel who supported our international recruits. This allowed the team to reflect on the progress they have made since beginning the international recruitment journey and to also celebrate the high level of provision there is in place. The Team were honoured that this work was recognised and the Trust awarded the PCQA. This will provide further assurance to future international recruits of the level of support they can expect from the Trust once employed.

The Trust has been challenged this year with industrial action being taken by members of the Royal College of Nursing (RCN). Nursing teams have worked in collaboration with our staff side colleagues to acknowledge the right of staff to take action, whilst also ensuring the safety of our children and young people. The Trust has worked with the RCN to meet derogated

staffing levels to allow staff across all areas of the Trust to show support for the action if they wished, whilst also meeting safe staffing levels.

In line with Department of Health Hard Truths Commitments (2013), all trusts are mandated to provide nurse staffing information on a monthly return via the National Reporting and Learning System (NRLS) and publish this data at ward level and make the information available to the public. The Trust is compliant with submitting data to the public through NHS website, the Alder Hey website, and at ward level. A monthly ward fill rate of 90% and over is considered acceptable nationally.

Fill rates for 2022/23 demonstrated that the overall staffing level was consistently higher than 90% throughout the year. The staffing levels reported are the head count on each shift which does not analyse skill mix or the impact of temporary staff on a shift.

The Trust submits monthly workforce data to the commissioners via our workforce return portal (PWR). Following work that has been undertaken in relation to registered nurse recruitment, international recruitment and our Care Support Worker Programme, the Trust is now submitting data that shows we have consistently achieved zero vacancies; a fantastic achievement. It is acknowledged that we still recruit into other gaps such as maternity leave, secondments, and long-term sickness and continue to work towards ensuring all our nursing gaps are covered.

The Trust has continued to successfully recruit into vacancies through collaborative working with our education providers, national recruitment days and bespoke recruitment in specialty areas.

Following an International Nurse Recruitment Programme in 2019/20, a further 71 international nurses joined the Trust between May 2022 - March 2023. The Trust has successfully recruited 143.45 whole time equivalent (WTE) registered nurses (RN) in 2022/23, and (32 WTE) Health Care Support Workers (HCSW). However, we have seen 137.67 (WTE) RN and 6.47 (WTE) HCSW leave the organisation.

We currently have eight apprentices on our Registered Nurse Degree Apprenticeship Programme and have recruited a further eight to the two-year top up programme for nurse associates/assistant practitioners. All new nurses have a standardised and protected induction and preceptorship period, which is currently under review to ensure compliance with the new national standard and its guidance. A real focus for 2023/24 will be on our retention work.

There has been initial work undertaken to create a Development Programme for our band 6 registered nurses (RNs), for those RNs currently in post and for those aspiring to be promoted to this level. The Programme will encourage the development of key skills and knowledge and provide assurance of the appropriate skillset and competencies of each candidate to undertake a band 6 role, providing consistency across the organisation. An element of the training will also prepare them for progression towards the role of the Ward Manager.

There has also been a co-ordinator training package created to give both band 5 and band 6 nurses the opportunity to be supported to undertake appropriate training to ensure they are equipped and skilled to undertake the role of co-ordinator in their individual clinical areas. This training package is in the final stages of development and is planned to be launched in Spring 2023.

The Professional Nurse Advocate (PNA) role was launched in 2021 by Ruth May (Chief Nursing Officer for England) to ensure support for the nursing workforce following the COVID-19 pandemic. The PNA role is very diverse and includes quality improvement, restorative clinical supervision, evaluation, monitoring, education and development. Within Alder Hey there is currently a PNA strategy and action plan in place which will be reviewed regularly. Currently all PNA's are active in their local area, and support all recruited newly qualified nurses. There is also a quality improvement project being supported in relation to exit discussions, to ensure relevant data from those leavers will support future developments and support 'stay' conversations and career planning.



“
The Trust has successfully recruited 143.45 whole time equivalent (WTE) registered nurses (RN) in 2022/23

”

We continue to run our successful Care Support Worker Direct Programme, with all trainees successfully completing and taking up permanent or bank healthcare support worker positions at the Trust. This programme has been developed via initial funding from NHSE and allows recruitment of a local workforce that otherwise would not have had a career in healthcare. The trainees normally take around three months to achieve the Care Certificate with many already having successfully completed their band 3 competencies. The Trust is welcoming its 8th cohort of trainees in March 2023, and this programme continues to be an integral part of our workforce strategy.

This year the Trust has delivered on its commitment to support and develop our non-registered workforce. An organisational change process has been undertaken that enabled all clinically based Band 2 healthcare workforce transition to Band 3, through completion of a competency framework. The role is based on an extended clinical skills model and has been developed after review of the continually evolving ward-based demand. The ward managers and their education teams continue to take their healthcare support workers through the competency process, with full completion expected later in the year.

In terms of pre-registration and our aspiring nursing workforce, the Trust has recently commenced an annual study day for regional child field nursing students (Year 1- introduction to practice, Year 2- consolidation of practice and Year 3 -transition). These days are facilitated by the Practice Education Facilitation (PEF) Team, with support from the clinical practice educators (CPE), with workbooks aligned to the professional proficiencies, to support achievement. These days also enable students to engage with the PEF team at regular points throughout their training programme ensuring those requiring support can be identified and any requirements implemented. We have also facilitated three learner forums for a range of learners within the organisation to participate in shared learning, and also to utilise some dedicated time to understand learner experiences within the organisation currently.

The Practice Experience Recognition Certificate (PERC) is a relatively new project which enables us to identify students who demonstrate consistently exceptional skills in clinical practice. The PERC process enables assessors/ward managers/PEF's the opportunity to nominate a student at each point of their training, providing evidence for the nomination which is then considered by the awarding board. Any student who is awarded a PERC in all years of their programme is then able to access an adjusted recruitment pathway, which provides more choices in relation to their area of preference. There is also the opportunity for ward managers to award a 'lightening PERC,' which is only applicable to students in year 3. This enables them

immediate access to the adjusted recruitment pathway for the area the Ward Manager is linked to.

The Senior Nursing Team has continued to deliver on all elements of the five-year nursing workforce strategy and associated implementation plan. A considerable amount of progress has been made in the areas of compliance with regulatory guidance, safe staffing, education and training, apprenticeships, development pathways and clinical academic careers, with many actions completed. Our implementation plan has now been updated to reflect newer priorities, including establishment reviews and sustainable models of care, mental health and learning disabilities and equality, diversity and inclusion and extended scope of practice. Progress is monitored via the Nursing Workforce Steering Group.

Safe Staffing Levels and Compliance with RCN Guidelines

To continue to monitor and improve staffing levels, a review against the RCN standards has been repeated in 2022/23 for all inpatient and day case wards. The review has demonstrated improved compliance with the standards as shown in the thermometer below.



The Trust undertakes an annual review of all ward establishments in line with national guidance, service need, patient acuity and professional judgement and reports this to the Board. The Trust is now compliant with all the national workforce standards following further investment in the nursing workforce by the Trust Board. The one outstanding element of the national standard that the Trust was not compliant with in 2021/22 (supernumerary coordinator status) has now been resolved.

There has been continued improvement in the number of heads of nursing posts across the Trust and specifically in the Community and Mental Health Division.

In further progressing the work towards the aims of having zero nurse vacancies, sustaining a resilient nursing workforce, recruiting proactively and ensuring the provision of a nursing workforce who have the right skills and receive the right training for the job, retaining our nurses, planning for future workforce requirements, enabling all nurses to reach their full potential, and promoting the nursing contribution to research, the Trust has made the following improvements.

Improvements 2022/2023

Recruitment:

- ✓ 82.02 WTE front line nursing staff recruited in 2022/23.
- ✓ Vacancy rates less than 2%.
- ✓ A responsive recruitment culture with evidence of strong partnership between senior nurses and human resource staff, notably working together on successful national recruitment days, plus a comprehensive induction and preceptorship programme for new nursing staff.
- ✓ A return to our 'one stop' recruitment event, with all candidates being interviewed on the same day and if successful their recruitment team/admin appointment confirmed at the same time.
- ✓ Recruitment strategy partnership working with higher education institutes to attract potential student nurses from diverse backgrounds.
- ✓ Continued expansion of our International Recruitment Programme with an additional 71 nurses recruited and supported by our Pastoral Support Educator.
- ✓ Support from NHSE to continue involvement in the refugee programme, with our first recruit started in Autumn 2021.
- ✓ Further successful bid awarded by NHSE/1 to continue to support national strategy for zero healthcare support worker (HCSW) vacancies. Funding being used to deliver the HCSW Care Certificate and working in partnership with NHSP to deliver the Care Support Worker Development Programme across areas where there is an HCA vacancy.
- ✓ The successful ongoing support of eight registered nurse degree apprentices (RNDA).
- ✓ The successful ongoing support of eight internal nurse associate and assistant practitioners to the RNDA 2-year programme.
- ✓ Development of the Nursing Retention Lead to support a reduction in attrition rates and develop our retention programme.
- ✓ Further investment in the PEF workforce team to support delivery of our workforce and education programmes.

Safe Staffing Levels

Staffing levels consistently higher than 90% throughout the year for open beds and the continued Daily Safer Staffing Huddle embedded as an integral part of our safer staffing plan.

Strong and Effective Leadership Structure

Comprehensive five-year workforce strategy devised with clear vision to:

- Continue to be a national leading centre in the training, education, and recruitment of paediatric nurses and HCSW's.
- Diversify recruitment strategies to be more representative of the population we serve.
- Ensure that staff have clear opportunities to develop, grow and progress in the organisation.
- Develop to embrace new roles and transition to a sustainable model for the future.
- Develop a clear structure for advanced and specialist roles; services will continue to be developed around the needs of children, young people, and their families, and will clearly align to the service needed to provide their care.
- Continued review of Matron and Head of Nursing structure with additional roles implemented.
- Recruitment to the Community and AED heads of nursing roles.
- Recruitment to the new Deputy Director of AHP role.
- Internal and external recruitment to senior nurse/ward managers positions.
- Internal promotion to Band 6 Ward Sister/Charge Nurse positions.
- Safer Staffing Huddle continues to be chaired by a senior nurse.
- Band 6 Development Programme.
- Coordinator Development Programme.

Educational Developments

- Revised and updated Staff Nurse preceptorship and rotation programme continues for all newly qualified nurses; facilitates the development of a wider skill set; access to a wider experience in medical, surgical and specialist fields.
- Full implementation of the Supportive Coaching in Practice (SCIP) model across the organisation-encouraging empowerment of learners and peer support.
- Continued to support senior nurses and aspiring nurse leaders to undertake the MSc programme in Leadership enabling staff to gain the necessary skills and competencies to successfully fulfil senior nurse roles. Maintained and supported three senior nurses per year to participate.
- Support of 15 nursing staff to undertake the professional nurse advocate training with eight now successfully completed.

- Practice education facilitators and clinical practice educators continue to address organisational education requirements and provide a streamlined approach to a wide variety of staff development opportunities. A workforce development flow chart has been devised to outline the workforce programmes available and the access criteria.
- Ward major trauma competencies continue being implemented across the organisation.
- Implementation of a band 5 nurse development framework to clearly evidence the learning available has been undertaken to be utilised in conjunction with the new career pathway information for nursing.
- Development of practice-based learning packages, to support increasing numbers of learners and explore diversity of learning opportunities the organisation can offer has been undertaken.
- A full three-year annual development day has been implemented for pre-registration nurses facilitated by the PEF Team, to strengthen the application of theoretical learning to practice, and to enable specific organisational learning opportunities to be undertaken.
- The facilitation of a quarterly learner forum to allow learners from all specialities to receive education from organisational experts and facilitate student engagement via a 'listening hour'.
- Parity of esteem quality workstream to ensure staff are trained to care for children and young people to address all their physical and mental health needs, holistically.

Quality Metrics

- Continued monitoring of the Tendable quality audit tool across all wards.
- Continue assurance for quality via the Ward Accreditation Programme with all areas now silver and above.
- Collaborative working with the Research Team, IT and ward teams to commence the DETECT study.
- E-roster system continues to be rolled out and monitored across wards, with KPI's reviewed, updated and performance monitored.
- Local challenge boards continue to monitor staffing at divisional level providing information for recruitment events.
- Patient safety meetings continue to provide assurance around our safety culture.
- Acuity review with associated SOP developed.
- Implementation of quality rounds and associated action plans, monitored via divisional governance committees.

Future Plans

- Continued implementation of the Workforce Strategy and implementation plan.
- Continue proactive recruitment of student nurses and trainee nurse associates following workforce review and delivery of the RNDA Programme.
- Increase the equality, diversity, and inclusion of the nursing workforce reflective of the local population.
- Continue monitoring vacancies, turnover rates and daily staffing levels with work feeding into regional retention committee and local workforce group.
- Implementation of the Safer Nursing Care Tool and enhanced acuity and dependency scoring and monitoring to inform establishment reviews.
- Continue to monitor use of temporary staff and maximise substantive staff to reduce temporary staff reliance.
- Continue to build on the education strategy; Continue to work closely with Human Resources Team, SALS, PNA's and wellbeing teams to support staff.
- Continue to work with HEI's to train and recruit a workforce that is diverse, inclusive, and reflective of our community.
- Facilitate, enhance, and maximise the full potential of the nursing workforce who have a wealth of ideas, innovative solutions and experience to further shape and develop evidence-based practice.
- Develop further retention strategies alongside the national guidance.
- Continue to develop the organisational establishment of the professional nurse advocate role and deliver the strategy.
- Development and implementation of a Band 6 Development Programme to strengthen our senior nurse's knowledge, skill, and competence in clinical areas.
- Advancement to an organisational model of delivery of the Care Certificate for our healthcare support workforce.
- Creation of a preceptorship framework and standardised induction for all newly recruited healthcare support workers.
- Implementation of the career pathway for the nursing workforce to clearly demonstrate the progression routes available.
- Development of our nursing workforce retention strategy and associated KPI's.

3.3.4 Management of Complaints and Concerns

The Trust is committed to ensuring all our children, young people (CYP) and their families receive the highest quality of care. Alder Hey places enormous value on the views and feedback from patients, parents and carers including when they raise concerns or submit formal complaints. In putting children and young people at the centre of all we do, we recognise this as an opportunity for them to contribute to improving services, patient experience and patient safety.

The Trust will always try to resolve any concerns at a local ward or departmental level and through our Patient Advice and Liaison Service (PALS) and will try to avoid escalation to a formal complaint. This of course

always remains the right of the family, should their initial concerns not be resolved satisfactorily. Parents and carers who raise a formal complaint are offered the opportunity to attend a meeting to resolve their concerns in addition to receiving a written response.

The table below shows the number of formal complaints received and comparable to the previous two years. The number of informal PALS concerns has significantly increased; this is largely associated with an increase in contacts in relation to appointment and treatment waiting times affected by the pandemic recovery and an increase in demand for services such as mental health.

	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021/ 2022	2022/ 2023
Formal complaints	166	134	70	66	83	121	114	159	158	154
PALS	1,248	1,133	1,246	1,294	1,349	1,371	1,279	915	1,524	1,904

The Trust aims to respond to concerns in a timely manner as we understand how important it is to families that their concerns are taken seriously, and that they are fully supported, and appropriate action is taken as quickly as possible to resolve any issues.

A key quality improvement driver for 2022/23 was to improve compliance with the Trust policy to resolve informal PALS concerns within five working days, and formal complaints within 25 working days. The Trust made highly significant improvements with an average of 83% of informal PALS concerns responded to within five working days (with a highest monthly average of 90%), and an average of 74% of formal complaints responded to within 25 working days (with a highest monthly average of 87% compliance). Staff from various areas, including nursing, medical, operational, risk and governance, complaints and PALS and Patient Experience, worked together collaboratively to ensure patients and families have received a timely, compassionate and supportive resolution to their concerns and are committed to improving this further still. The Trust understands that timely management enables earlier identification of actions, lessons learned and potential improvements to benefit all our patients and families.

Learning from Complaints and PALS

Alder Hey is a learning organisation and uses complaints as a mechanism for taking forward improvements and changes in practice. Lessons learned and actions taken because of formal

complaints and informal PALS concerns during the year include the following:

Lessons Learned

- ✓ Delays in appointments cause anxiety and worry. Accurate waiting times for appointments must be communicated to parents/carers. Parents/carers must be kept up to date with where they are up to on specific pathways such as ASD. Parents/carers must be informed of the process for escalating any concerns whilst waiting for an appointment. Increasing clinical symptoms must be taken into consideration whilst on the waiting list.
- ✓ Ensure correct contact details for the child or young person are noted at the start of every appointment so correspondence is received. Parent/carer telephone conversations must be recorded on the PAS system.
- ✓ Ward staff to contact the Learning Disability Team at the earliest opportunity to support a child with ASD on the ward. For patients with a Learning Disability and/or additional needs, consideration is needed regarding to transition and the impact this will have on the young person and their family/carers.
- ✓ Importance of the two-person Bedside Verification check to support the correct administration of medications and expressed breast milk.
- ✓ Parents should be fully informed of the details of any diagnosis and their understanding should be clarified. Test results must be delivered to families in a caring and compassionate manner.

- ✓ All discharge medications must be checked by two registered nurses to ensure dosage is correct before patient is discharged. In complex patients with many medications there may be the need for pharmacy input, in checking all take home medications.
- ✓ For some medications there can be health implications when there is a break in administering; it is therefore important to seek clinical advice before putting a hold on a prescription request. Where the Trust is unable to meet the agreed timeframe for issuing prescriptions, it is important the parent/carer is notified of this and the reason for the delay and a plan agreed together.
- ✓ Referrals should be checked before being sent from Alder Hey to ensure they contain the correct patient information. Communication and direction from Alder Hey to district general hospitals must be clear.
- ✓ All colleagues to be aware of recent change in the safeguarding guidance, discussions should be held with parents more openly. Ensure the reason for making a referral to the safeguarding team is clearly communicated to families.
- ✓ Information governance issues raised by patients and families should be investigated immediately and they should be contacted with assurance the issue has been resolved. Where an Access to Health Request cannot be completed on time or for any reason cannot be fulfilled, this must be communicated to the requester as soon as possible.
- ✓ Any personal belongings left in cubicle during discharge or transfer to be placed in a labelled bag and stored in the ward managers office, while arrangements made with the family to collect.

Actions

- New post adoption Standard Operating Procedure devised and implemented.
- The speech and language clinical pathway relating to (CYP) with Down's Syndrome reviewed, with parents/carers consulted as part of the review.
- A process to review children's referral in the Community Speech and Language Therapy Service if they have waited over the standard 18 weeks, has been trialled and implemented.
- The MRI Checklist now includes a section for staff to complete to ensure all medication patches are removed prior to a scan taking place.
- Breastfeeding Policy reviewed to ensure clarity of checking process to minimise the risk of incorrect expressed breast milk being given.
- Training sessions set up regarding the completion of NIPE (Newborn and Infant Physical Examination) newborn screening in a timely manner.
- Additional training sessions set up for the administration of TPN (Total Parenteral Nutrition).

- Information board devised for parents and staff regarding cleft lip and palate.
- The Emergency Department have increased the stock of available fracture boot sizes.

Action Relating to a Theme

There has been a theme in several the concerns raised relating to appointments including appointment errors, which has resulted in a poor patient and family experience and also a wasted appointment slot. As a result, the Community and Mental Health Division have set out the '5 Rights of Appointments' where all staff involved in appointments check to ensure:

- The right patient
- The right clinic location
- The right date and time
- The right type of appointment (face to face; Attend Anywhere; telephone)
- The right clinician

A 15 point action plan has been developed with 15 actions covering training, creation of 'how to' guides and amendments to electronic patient record systems.

Improvements in 2022/23

A review of the structure, responsibilities, and process for management of complaints and PALS in the Trust was undertaken, resulting in improved response times to formal complaints and informal PALS concerns.

A new Complaints and Concerns Policy was devised and implemented in 2022/23 which was significantly strengthened to set out:

- ✓ The rights of children and young people to raise concerns.
- ✓ The importance of the first contact resolution principle for concerns raised at local level.
- ✓ Supporting staff involved in complaints.
- ✓ Supporting complainants including concerns for their health and wellbeing.
- ✓ The importance of learning lessons, disseminating the learning, taking appropriate action and making improvements, and monitoring actions to completion.
- ✓ The purpose and importance of the initial risk assessment process.

A Quality Ward Round was undertaken to ascertain the views of children, young people, their families, and staff to further understand what information they would like, to understand how staff manage local concerns and to ascertain what information is available on the wards. This led to the development of a QR code to enable children and young people to raise an issue and a Training Needs Analysis for staff.

An online feedback mechanism was devised and implemented for complainants to share feedback regarding their experience of the management and response to their complaint.

Risk assessment training was delivered for Complaints and PALS and Governance leads to assess the risk of formal complaints and identify actions that may be required to address the emerging risks. The importance and process for risk assessing complaints has been addressed in the new Complaints and Concerns Policy.

The Trust is proud of the achievements made this year to support children, young people and families to raise concerns and to help resolve any issues and are committed to further improving in the coming year.

3.3.5 Family & Friends (FFT)

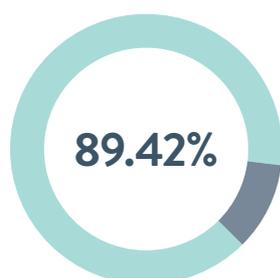
Background

Alder Hey collects information from children, young people, and families/carers through the Family & Friends Test (FFT), a national tool which provides consistent information that is comparable to other organisations and is published externally on both NHS England and NHS Choices websites. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

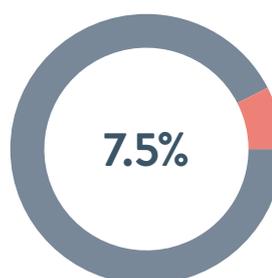
Results

There have been 15,585 completed FFT responses throughout 2022/23. 89.5% (13,850) that said, they had a very good or good experience. The breakdown of FFT responses can be seen below:

Overall, Trust FFT Breakdown Responses 2022/23:



% Very good or good



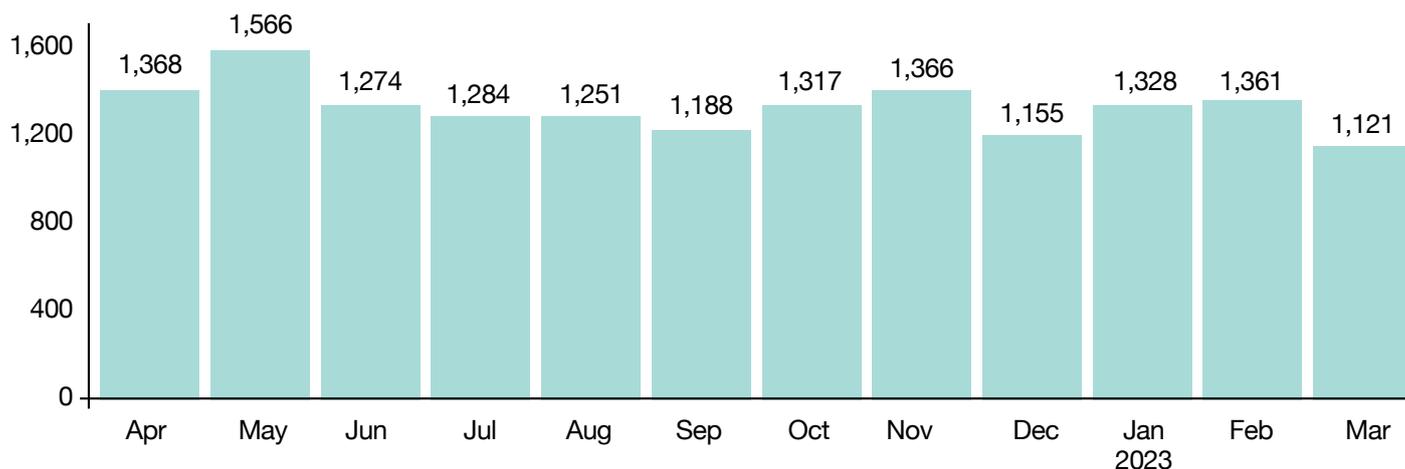
% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	76.97%	11,995
Good	12.45%	1,941
Neither good nor poor	2.85%	444
Poor	3.05%	476
Very poor	4.45%	693
Don't know	0.23%	36

NHS Family Friends Test (FFT) Response Rate:

Comparison of FFT response rates between different trusts and the national average has been discouraged by NHS England. This is because variable factors all impact a Trust's ability to collect FFT feedback. However, it is important to measure our own. There was opportunity for 421,812 potential FFT responses during 2022/23. The overall Trust response rate was 3.7%. This data is from April 2022 to March 2023.

Number of Overall Trust Completed FFT Each Month for 2022/23 up to 24th March 2023



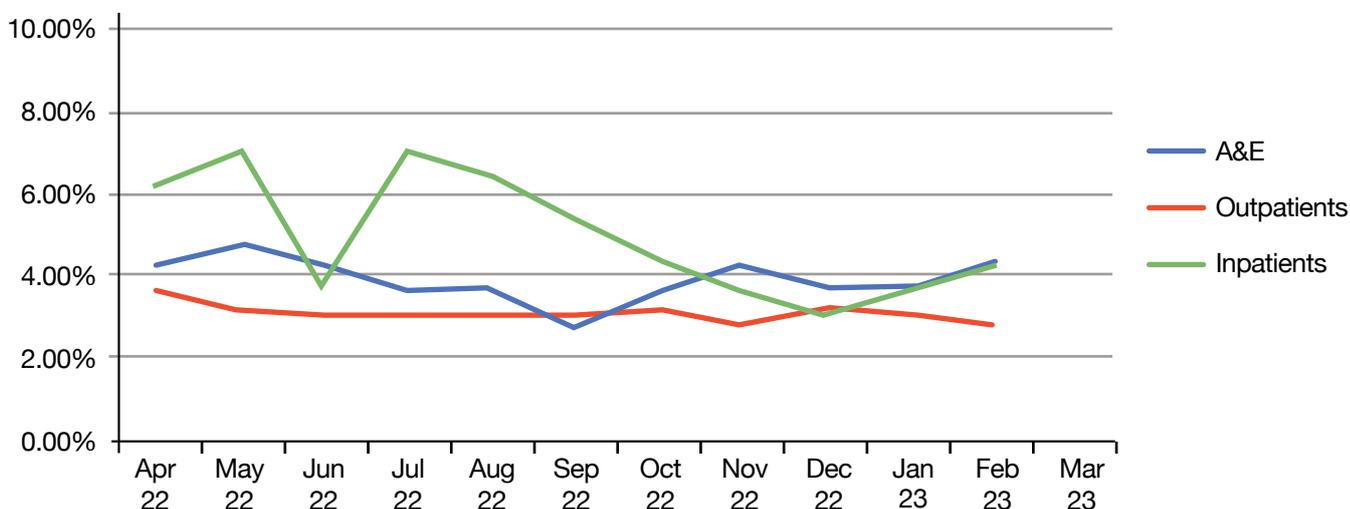
Analysis of the number of completed FFT recorded Q4 2022/23 (3,816) Q3 2022/23 (3,838), Q2 2022/23 (3,723), and Q1 2022/23 (4,208).

SMS text remains the most popular method of collection in 2022/23 with 11964 responses received via this channel.

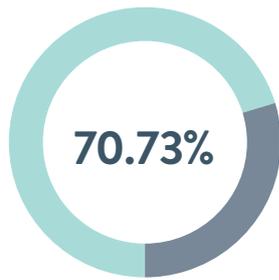
Activity Data by Month – ED, Outpatients and Inpatients 2022/23

METRIC	APR 22	MAY 22	JUN 22	JUL 22	AUG 22	SEP 22	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23
ED Attendances	5,413	6,038	5,698	5,553	4,201	4,985	6,015	6,610	7,420	5,176	5,016
Inpatients	3,544	3,892	3,665	3,608	3,646	3,676	3,870	4,016	3,632	3,881	3,372
Outpatients	19,916	22,447	20,538	20,000	19,720	21,504	21,681	24,026	17,799	22,734	20,225

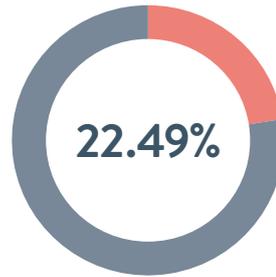
Analysis of FFT Responses Rates for ED, Outpatients, Inpatients up to March 2023



Total Number and % of Emergency Department (ED) Responses - 2022/23



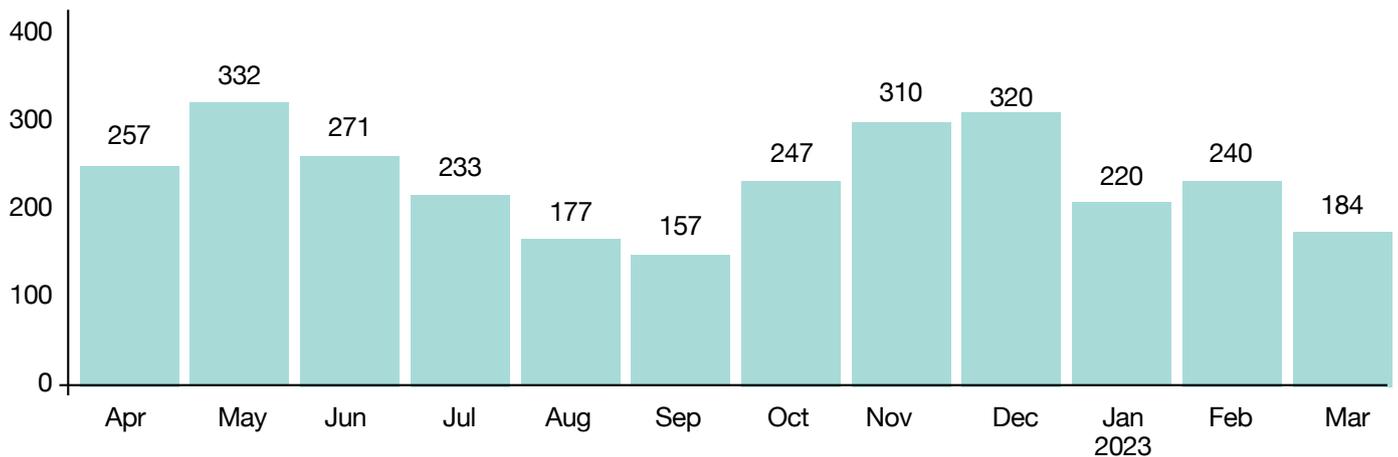
% Very good or good



% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	54.21%	1,598
Good	16.52%	487
Neither good nor poor	6.61%	195
Poor	9.06%	267
Very poor	13.43%	396
Don't know	0.17%	5

Number of Completed FFT Each Month for 2022/23 ED up to 24th March

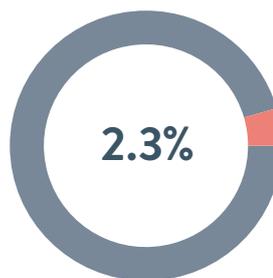


Number of surveys completed each month (A&E from 1/4/2022 to 31/3/2023) 2,948 Surveys.

Total Number and % of Inpatient Responses – 2022/23 up to 24th March



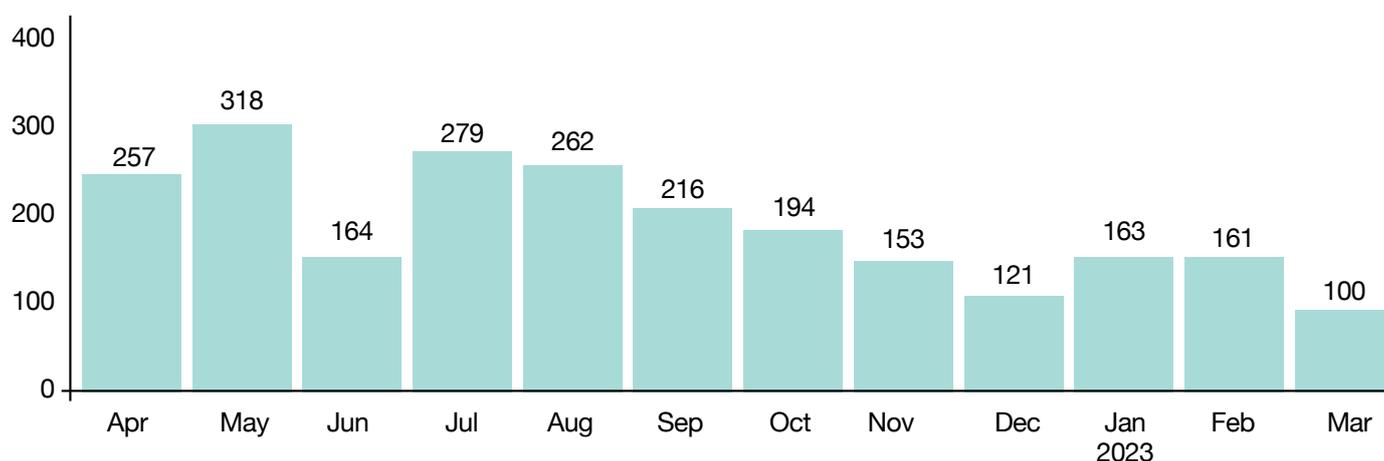
% Very good or good



% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	82.12%	1,961
Good	13.40%	320
Neither good nor poor	2.09%	50
Poor	0.96%	23
Very poor	1.34%	32
Don't know	0.08%	2

Number of Completed FFT Each Month for 2022/23 Inpatient up to 24th March

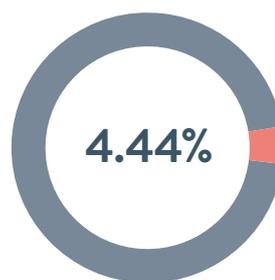


Number of surveys completed each month (inpatient from 1/4/2022 to 31/3/2023) 2,388 Surveys.

Total Number and % of Outpatient Responses - 2022/23 up to 24th March



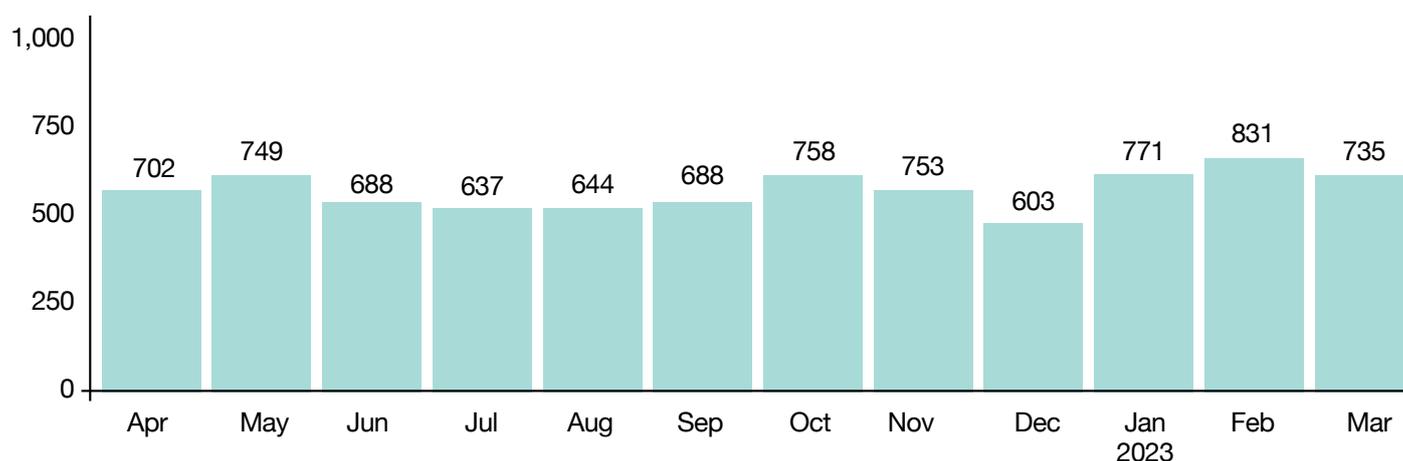
% Very good or good



% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	82.31%	7,045
Good	11.10%	950
Neither good nor poor	1.89%	162
Poor	1.82%	156
Very poor	2.62%	224
Don't know	0.26%	22

Number of Completed FFT Each Month for 2022/23 Outpatient



Number of surveys completed each month (outpatient from 1/4/2022 to 31/3/2023) 8,559 Surveys.

**Divisional FFT Breakdown of Very Good/Good Responses in Number and % 2022/23 –
Compared to March 2022/23**

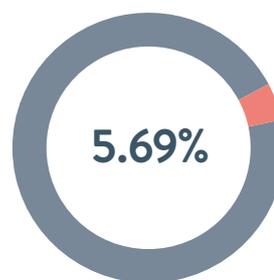
DIVISION	% VERY GOOD/GOOD RESPONSES 2022/23	NO. VERY GOOD/GOOD RESPONSES 2022/23	% VERY GOOD/GOOD RESPONSES 2021/22	NO. VERY GOOD /GOOD RESPONSES 2021/22	% CHANGE
Community	91.76%	2,318	93.09%	2,345	-1.33%
Medicine	84.02%	7,140	84.41%	8,839	-0.39%
Surgery	94.94%	5,909	94.26%	6,913	+0.68%
ED	70.72%	2,947	70.49%	3,727	+0.23%
Inpatient	95.52%	2,388	93.02%	2,279	+2.50%
Outpatient	93.41%	8,555	94.55%	10,552	-1.14%

Analysis of divisional results has seen a percentage decrease compared to 2021/22 in Community, Medicine, Outpatients whilst Emergency Department (ED), Surgery and Inpatients have had an increase. Research has been added as a standalone Division from 1st April 2023.

Total Number and % of Community Division Responses - 2022/23 up to 24th March



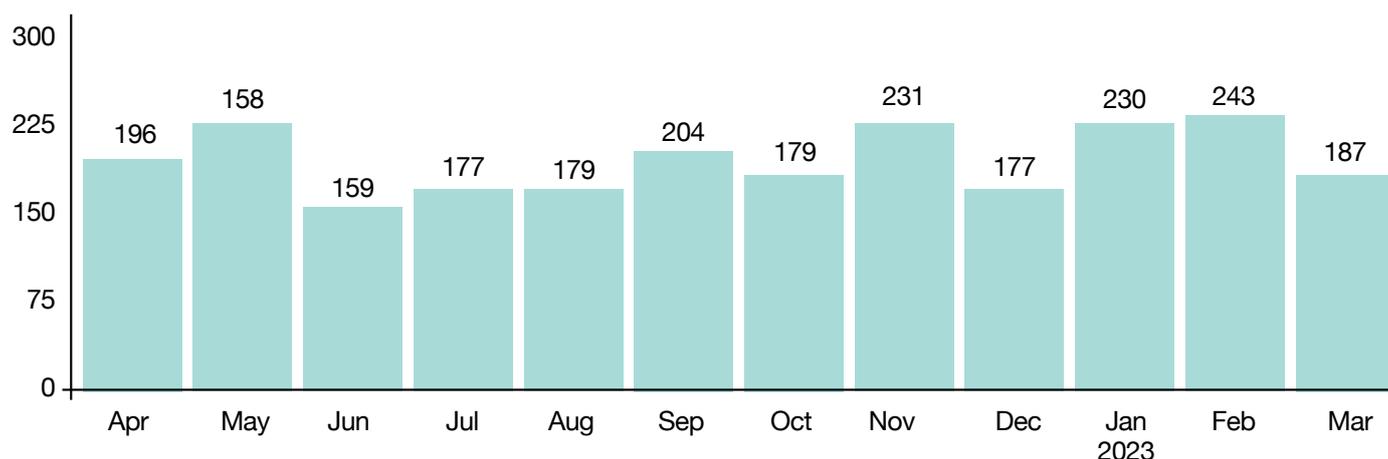
% Very good or good



% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	80.39%	1,865
Good	11.38%	264
Neither good nor poor	2.11%	49
Poor	2.24%	52
Very poor	3.45%	80
Don't know	0.43%	10

Number of Completed FFT Each Month for 2022/23 Outpatient up to 24th March

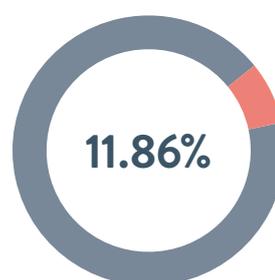


Number of surveys completed each month (Total Trust from 1/4/2022 to 31/3/2023) 2,320 Surveys.

Total Number and % of Medicine Division Responses - 2022/23 up to 24th March



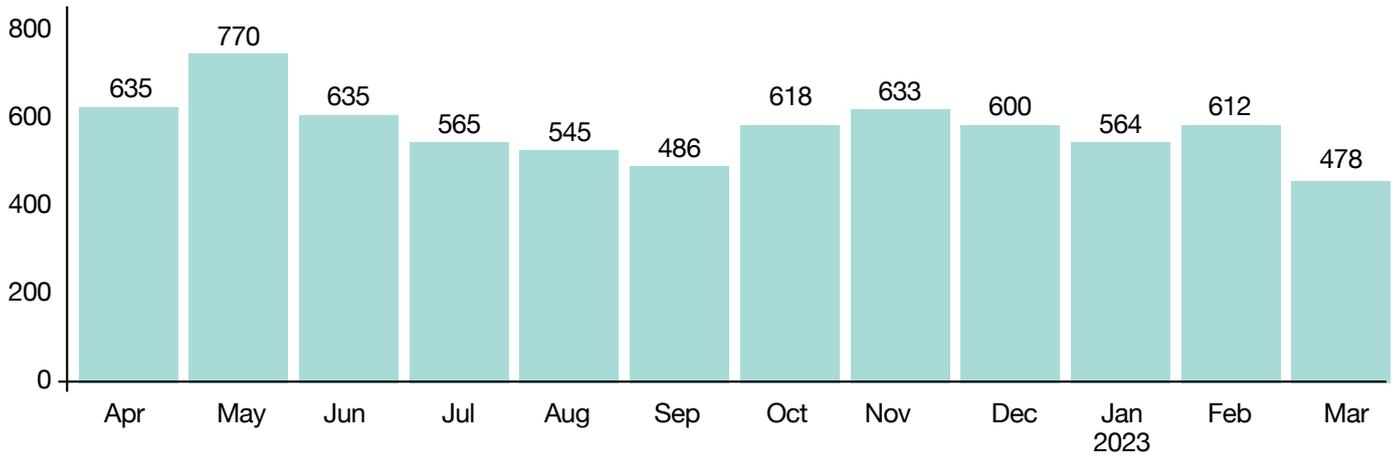
% Very good or good



% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	70.37%	5,025
Good	13.65%	975
Neither good nor poor	3.88%	277
Poor	4.75%	339
Very poor	7.11%	508
Don't know	0.24%	17

Number of Completed FFT Each Month for 2022/23 Medicine Division



Number of surveys completed each month (Total Trust from 1/4/2022 to 31/3/2023) 7,141 Surveys.

Total Number and % of Surgery Division Responses - 2022/23 up to 24th March



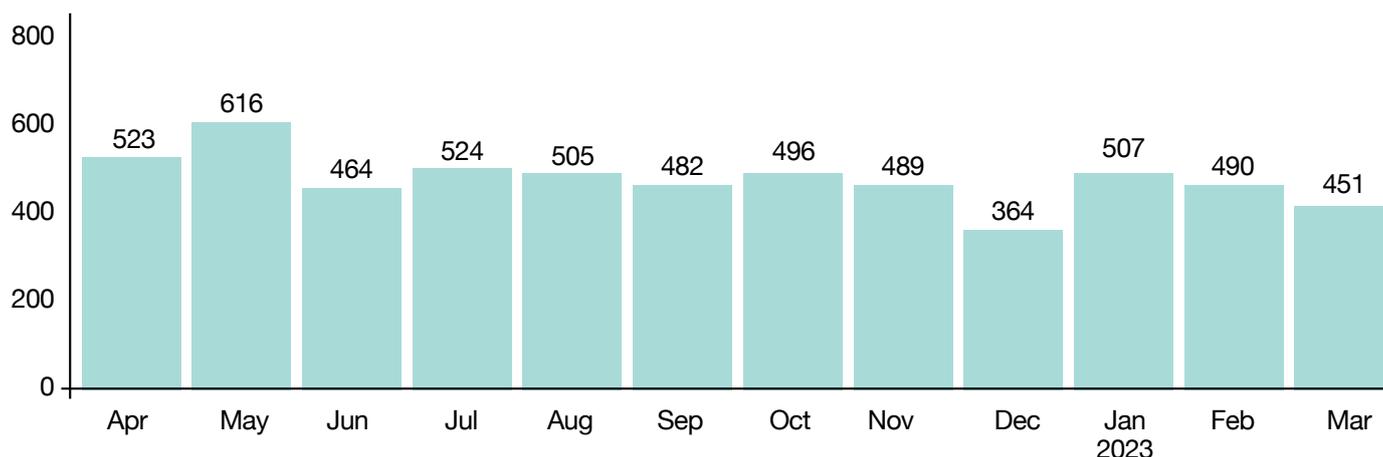
% Very good or good



% Very poor or poor

RESPONSE	PERCENTAGE	NUMBER OF TIMES RESPONSE SELECTED
Very good	83.45%	4,933
Good	11.49%	679
Neither good nor poor	1.86%	110
Poor	1.37%	81
Very poor	1.71%	101
Don't know	0.12%	7

Number of Completed FFT Each Month for 2022/23 Surgical Division up to 24th March



Number of surveys completed each month (Total Trust from 1/4/2022 to 31/3/2023) 5,911 Surveys.

Recommendations for 2023-2024

Patient Experience is carrying out a development project to improve FFT and make it a more useful tool for driving service improvement. Further development includes:

- Setup of a task and finish group within the divisions.
- The further development of face-to-face collection to extend to outpatient areas and the engagement from volunteers and play staff to collect feedback.
- The development of automated monthly reports and action plans through the IQVIA system to support the end user.
- Patient Experience has completed the Brilliant Basics Programme and the improvement aims highlighted centred on FFT and closing the feedback loop. This means really listening to what are families are saying.
- Publishing to the public how the Trust has responded to all feedback.
- Patient Experience will continue to send divisions and ED monthly reports/data/graphs.
- Ongoing FFT data analyst training for staff.
- Patient Experience and divisions including ED to work in collaboration to ensure the best possible outcome for improvement of experience for our children, young people, and families.

3.3.6 STAR (Safe, Together & Always Right) Review – Ward Accreditation Scheme and TENDABLE (Formerly Perfect Ward) Audits

Ward accreditation schemes have been shown to promote safer patient care by motivating staff and sharing best practice between ward areas (Coward et al, 2009; Central Manchester University Hospitals NHS Foundation Trust).

In 2016, the Trust developed the Journey to the STARs – Ward Accreditation Scheme which was designed in partnership with



children and young people. It is a quality and safety audit tool designed to give assurance of standards of practice by measuring the quality of care delivered by wards and department teams. The ward accreditation scheme had been paused during the COVID-19 pandemic, during this time the audit tools and the process were reviewed and adapted. The review of the audit tools resulted in the development of four models: An inpatient ward model, a short stay ward model, an outpatient services model and a specific model for the inpatient unit for Child and Adolescent Mental Health. Each of the 19 wards/departments that were assessed under the scheme fit into one of the models identified.

As part of the review a mandatory safety checklist was introduced which would be considered by the inspection team following the assessment; if there are any negative responses to any of the categories identified within the checklist this results in the ward or department being given a WHITE grading. Should this occur, the Ward Manager/Team Leader is informed on the day as well as receiving some initial feedback from the assessment team. A member of the assessment team will return to the department within three to four weeks to re-assess any breaches. If these have been resolved, the department will receive the award reflected by the overall scores. If the issues identified have not been resolved, the department will remain on a WHITE grading and a full accreditation assessment will be undertaken within the next 3 months. All assessments are unannounced.

The inspection team comprises both clinical and non-clinical staff and we will welcome patient/parent representation now that restrictions have eased. Very recently some of our young volunteers joined a team. Accreditation results are considered and discussed through divisional governance/performance review meetings and reported up to the Clinical Quality Steering Group via divisional quality reports.

During 2022/23 the Trust has been working with managers and governance leads in other departments/services that are not currently part of the accreditation scheme to consider how they may be included in the scheme going forward. This includes sharing a background to the scheme and describing the process. A review of the criteria used in one of the current accreditation models (inpatient/short stay/outpatients) which closely relates to the type of service offered by the department is undertaken and additional criteria that is specific to the service or relating to national standards may be included within the assessment criteria. A date is agreed with the Team for the first accreditation assessment, this will be an announced inspection initially as this will help staff within the department to become familiar with the process. Radiology is the first department to be included in the accreditation scheme and had an inspection in February 2023.

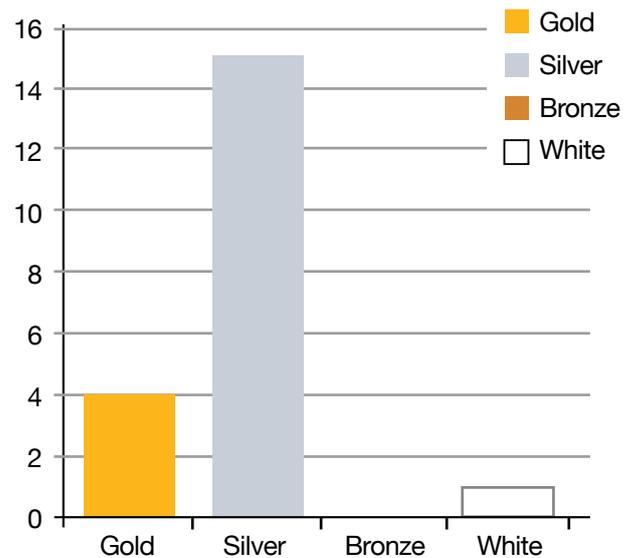
As the introduction of new departments and services to the accreditation scheme will be happening alongside the current accreditation scheme, the plan is to introduce a minimum of two departments/services to the scheme each quarter.

In the last year a total of 22 assessments have taken place in wards and departments throughout the Trust. 21 assessments were unannounced and one assessment was announced.

On the day of the assessment 10 wards/departments were initially given a WHITE award due to non-compliance in one or more categories of the mandatory safety checklist. In eight of the wards/departments there was evidence of significant improvements when members of the assessment team returned and those areas received the award indicated by the overall scores of the assessment. There was no evidence of significant improvements in one ward/department when the assessment team returned. Therefore the ward/department remained on a WHITE award and a full accreditation assessment was scheduled, the outcome of that assessment was that the ward/department achieved a SILVER award.

The overall Trust position is indicated in the table below; it indicates that four wards/departments have achieved a GOLD award, 15 wards/departments have achieved a SILVER award, one ward/department currently with a WHITE grading with the area of non-compliance with the mandatory safety checklist to be re-assessed within the next month.

Current Position



Based on the outcome of the previous assessments; three wards/departments have maintained a GOLD award and a further ward/department has achieved a GOLD award for their latest assessment.

The wards/departments currently with a GOLD award are as follows:

- Burns Unit
- Surgical Day Unit
- Clinical Research Facility
- Ward 1C – Neonatal

Tendable Audits (Formerly Perfect Ward)

In 2019, the Trust developed a quality and safety audit in collaboration with an external company called Perfect Ward to enable regular audits to be undertaken in wards and clinical areas. The company rebranded themselves in 2021 recognising that healthcare inspections are not limited to wards only; they have changed their name to Tendable.

Tendable is an App-based real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing inspection results directly onto electronic devices and provides automated reporting.

This tool is fundamental in enabling senior nurses within the organisation to undertake quick and timely audits in their areas of responsibility to assure themselves of the standards and quality of care being delivered, and to identify where improvements are required. The results and actions also assist in providing ward to Board assurance.

The Trust had developed five specific audit types within the App:

- Matrons/Ward Managers' Quality and Safety Audit
- Infection Prevention & Control Audit
- Personal Protective Equipment (PPE) Compliance Audit
- Tissue Viability Audit
- Building Services Audit

Each Audit consists of a range of observations within the clinical area looking at the environment and clinical practice and there are questions for staff. The Matrons/Ward Managers' Audit also has questions for patients and their families. The Tissue Viability Audit includes a review of patient records.

The reports are available in real time following the Audit once the findings have been submitted. The report will show an initial summary highlighting the number of issues that have been resolved from the previous Audit; any new issues identified during the current Audit and repeat issues that have not yet been resolved.

The key findings from the regular audits will be used to inform the more detailed ward accreditation process; reviewing ward/ department performance to include as part of the briefing for the team ahead of the accreditation assessment.

Tendable introduced a new module within the App for the assessor to record what actions need to be taken to address any issues identified during the audits, the ward team need to then complete the corrective actions for the action to be cleared. Training sessions were held

to familiarise staff with this new module and the module went live within the organisation in November 2022.

A review of each of the audits currently used within the Tendable App has been undertaken with the relevant teams in the organisation and the following changes have been or will be actioned:

- The Tissue Viability Audit – some of the questions were no longer applicable and the Tissue Viability Team felt that some new questions needed to be included. These changes have been made and the new audit updated Audit is now in use.
- The Infection Prevention & Control Audit and the PPE Compliance Audit have been reviewed, revised and merged into one Audit looking at all aspects of Infection Prevention & Control. The previous audits have been archived and the new Audit is now available and in use.
- Meetings have been held with managers and matrons to review the Matrons/Ward Managers Quality & Safety Audit and a revised Audit is in draft for further discussion with the matrons and managers ahead of actioning the changes.

The Standard Operating Procedure relating to quality and safety audits using the Tendable App, will be updated to reflect the changes to the audit schedule and will include roles and responsibilities in relation to completion of actions or escalation if actions remain unresolved.



3.3.7 The Alder Hey Academy

The Alder Hey Academy focuses on all things Learning, Education and Opportunity related, ensuring that both current and future staff have the knowledge, skills and confidence to undertake their roles effectively. Since 2021, the Academy has included Medical Education; Clinical Education; Learning and Development; Apprenticeships as well as Events and our Vocational Programmes and Schools & Colleges Out-Reach.

Much of our work requires us to work in partnership and during the year we were delighted to establish several new partnerships and to extend some of our existing collaborations to expand opportunities for staff and/or those looking to move into careers in the health sector. Highlights include new partnerships with:

- The Prince's Trust – supporting young people from across the city into work in the health sector through an innovative scheme involving new ways of working between the Prince's Trust and NHS providers.
- Liverpool Hope University - offering targeted placement opportunities to students undertaking a Childhood and Youth degree.
- The Robbie Fowler Education and Football Academy (FEFA) - providing placement opportunities for students undertaking Level 3 qualifications in Health & Social Care.
- The North West Imaging Academy and Health Education England to establish a Radiology Hub on the Alder Hey site, supporting the expansion of professional development opportunities within Imaging across the North West and beyond.
- Edge Hill University to offer an internship opportunity in Animation linked to our Schools and Colleges Programme.
- Extension of our academic partnership with Edge Hill University to offer postgraduate modules and awards in High Dependency Care and Critical Care.
- Seven new providers commissioned to deliver an expanded programme of apprenticeships.
- Collaboration with Elevate Business Partnership to deliver targeted NHS careers advice/sessions to Schools and Colleges across the City.

As a major provider of education and training for doctors, nurses, and allied health professionals we continue to partner with several universities and other education providers. To offer a range of learning opportunities for pre and post registration students as well as offering placements, work experience and observerships to those at different stages in their career.

In 2022/23 we welcomed over 400 trainee doctors and clinical fellows to Alder Hey and we also offered placements to over 800 medical students (Years 3-5) as well as to more than 900 nursing and allied health students from our local universities. We were also delighted to be able to resume work experience and BTEC placements (pictured) following a suspension of these during the COVID-19 pandemic, and this is an area we will be looking to expand further during 2023/24.

Ensuring we provide high quality learning opportunities is a key focus and during the year we implemented a number of actions to enhance students/trainees experience whilst at Alder Hey, many of which focused on technology enhanced learning and/or wellbeing and development. Our new wellbeing leads (introduced to provide enhanced support to trainees) have been particularly valued and through a roll out of the Supportive Coaching in Practice (SCiP) model, all pre-registration nursing students have been empowered to lead their own learning under the support of a coach. This model enables learners to develop multiple skills including workload prioritisation, leadership, team working and communication.

Wider actions have included annual study days; the roll out of the Professional Nurse Advocate (PNA) Framework; a review of the support provided to international recruits (leading to our being awarded the NHS Pastoral Support Quality Award (PSQA)); a refresh of the Band 5 development pathway and a review of undergraduate medical student induction and experience. Across Alder Hey we use a range of technologies to support learning and our newly established Simulation Special Interest Group (SIM-SIG) brings together those with experience of and/or an interest in simulation, with the aim of promoting and extending our simulation programme in 2023/24.

As a large employer with an ethical and social responsibility within the Liverpool City Region (LCR), expanding our Apprenticeship offer is a key focus for us and in 22/23 we saw a 19% increase in the number of new staff joining the Trust as an Apprentice. We currently have 220 staff on apprenticeship programmes and work with 29 apprenticeship training providers across the North West and beyond to offer qualifications in over 30 different areas. Subjects include Healthcare Support Worker, Healthcare Play Specialist, Business Administration, Digital User Experience Professional, Social Worker, Physiotherapist and registered Nurse Degree Apprentice. Our apprenticeship Information, Advice and Guidance (IAG) process ensures that both managers and apprentices receive high quality support and we are continually working with divisional leads to understand workforce gaps and to support career pathways and future job opportunities through apprenticeships.

Ensuring effective IAG is a core aspect to our apprentice service and we were delighted to be awarded the international Matrix Standard in 2022/23 for the quality of our IAG provision. Matrix is the international quality standard for organisations that deliver information, advice and/or guidance either as their sole purpose or as part of their wider service offer and achieving the Standard involves an agreed assessment process where the quality and delivery of information and advice is assessed against four main elements: (leadership and management, resources, service delivery, and continuous quality improvement) encompassing 27 different criteria. We are the first NHS Trust to be awarded Matrix accreditation for our IAG service, which is testament to our approach in this area.

2022/23 was the first-year post COVID-19 that the Academy Events Team were able to host large scale international events on-site as well as regional/local conferences and networking opportunities utilising the Institute in the Park. It is a state-of-the-art conference and simulation facility. We were delighted to welcome the National Practical Course in Paediatric Otolaryngology (NPCPO), which saw over 100 participants from the UK and internationally take part in a two-day practical event in areas such as balloon sinusplasty and paediatric tracheostomy. The 4th Annual Alder Hey Vestibular Course attracted both international speakers and delegates from as far afield as India and Singapore. Practical sessions in central eye movement, testing and assessment provided the opportunity for delegates to put knowledge into practice.

Our in-house leadership development programme 'Strong Foundations', rooted in psychology



around understanding self and others, continues to be both popular and successful across all levels of the organisation. As we reach the end of 2022-23, over 400 staff have attended the programme across 25 cohorts and we have over 130 staff on the waiting list (reflecting the programmes' reputation and excellent feedback). In addition, we have continued to offer individual support including coaching,

mentoring and 360 feedback to provide support when it is needed most for our leaders. Working with them and their teams to facilitate sessions focused on roles and responsibilities, resilience, and team functionality.



During 2022/23 we rolled out a new offering in Insights Discovery, a tool that helps people understand themselves and their colleagues so that they can have more respectful, productive, and positive working relationships, even across virtual boundaries. So far, almost 250 staff have taken part in our Insights workshops, and we have witnessed some fantastic examples of staff using it in their daily working practice to improve relationships and team dynamics.

The team has also spent time ensuring that our offerings are visible to staff across the Trust, creating a 60-page prospectus highlighting our most popular offerings and utilising the new intranet events pages to showcase courses staff can book on to.

Along with the return to face-to-face inductions, we have overhauled our new starter experience, working closely with recent new starters, recruiting managers and other key stakeholders across the Trust. A 15-point plan for improving the new starter experience was established to ensure that all new starters feel valued, prepared for, supported, and welcomed into the Trust. A key change being that induction is no longer viewed as a singular event but rather a period, from the moment new colleagues accept their offer of employment and focuses on their first 100 days with Alder Hey. We also delivered substantial changes in how PDRs are managed, moving away from a time 'window' and into a full calendar year to allow managers the time to have truly effective conversations with their staff.

We have seen improvements in the quality of the conversations being reported through our Annual Staff Survey, over 98% of our senior leaders have had a PDR this year and we have achieved our 90+% completion target overall.



“
The 4th Annual Alder Hey Vestibular Course attracted both international speakers and delegates from as far afield as India and Singapore
 ”



Our Learning and Development Team has also worked tirelessly with divisional leads, HR colleagues and subject matter experts to deliver on our requirement

to ensure our staff are compliant with mandatory training, notwithstanding the operational challenges of industrial action, embedding different ways of working and managing the demands on our services this year, consistently exceeding our 90% target.

Reflecting our role as an anchor organisation within the city and given the need to attract talent from across a wide range of communities, we have been working with internal and external partners on a major refresh of our Vocational, Schools and Colleges programmes. Alder Hey is well placed to impact local residents' health through the way we interact with local communities and our local economy and have introduced a number of new programmes during the year. Participation in

work-based learning experiences, such as internships and other similar programmes, can be integral to young people's success in gaining employment.



The Academy was delighted to launch a new supported internship programme in 2022/23, working in conjunction with Liverpool City Council, DfN Project

Search and the Royal Liverpool University Foundation NHS Trust. 12 young people are currently on the programme, which sees them develop skills across a range of placement areas during the year, with the aim of securing employment at the end of the programme.

In addition, our Young Volun'teens programme for those with a disability and/or long-term health condition has seen pupils from local schools/alternative providers take on a range of volunteering roles within the Academy. Having excelled in these roles, they are now considering wider opportunities both in the Academy and across Alder Hey.



We also want to kickstart young people's awareness of the wide range of roles in the NHS, at a point when children first start to consider their

career choices, and to highlight how multi-faceted this dynamic sector is. Our Inspiring Futures Programme has seen us working with children and young people from across the city in new and innovative ways.

With a recent event involving 61 primary school classes taking part in a Zoom call as part of the Children's University Masterclass series. Centre stage at this event was a short animation created by our Digital Animation Intern, showcasing some of the different roles in the NHS and the people who do them.



LEARNING, EDUCATION & OPPORTUNITY

2022/23 Highlights

01

SUPPORTING OUR STAFF

- refreshed induction
- more than 400 staff completed Strong Foundations
- New Insights programme launched
- > 90% of PDRs completed
- Mandatory training > 90%
- increased range of personal & professional development courses offered
- Practice Experience Recognition Certificate (PERC) launched to support recruitment into nursing
- rotation pathway in place for all newly qualified nurses
- New simulation special interest group (SIM-SIG) launched

02

INCREASING APPRENTICESHIPS



- 220 staff currently on an apprenticeship
- working with 29 different training providers
- opportunities to study more than 30 different subjects
- Some of our levy is 'gifted' to range of other local organisations

03

SUPPORTING THE DEVELOPMENT OF THE WIDER WORKFORCE

- 900+ Nursing & AHP students
- 800+ Medical students
- 400 Trainees
- 122 Work experience students
- 30 BTEC students
- International events and networking opportunities



04

LOCAL IMPACT



- More than 70 young adults supported to find work through new Prince's Trust collaboration
- Careers focused talks to over 1,000 children and young people
- New supported Internship programme launched
- New Young Volunteer Programme up and running
- Careers Resource Pack for Primary Schools launched

3.3.8 Quality Assurance Round (QAR's)

Trust Governance Model

The Trust's well established devolved governance model has continued to support the Trust's commitment to be a clinically led organisation.

The devolved governance model at Alder Hey means that divisional directors are empowered to adapt arrangements within their own divisions, linked to strategic objectives in a way that ensures the best outcomes for the patients in our care, with the best experience possible for children, young people, and families throughout their journey.

The divisional directors for Medicine, Surgery, Community and mental health services and Research and Innovation attend board meetings as members of the Executive Team, improving engagement and cross-divisional working, providing enriched debate, and supporting effective decision-making both strategically and at operational level.

Established following the COVID-19 pandemic the model of devolved governance has continued to evolve

and is strengthened with oversight and support from the corporate governance team enabling the divisional leads to deliver a quality driven service; this clearly benefited both patients and our staff from ward to board and kept us all safe as far as possible, through effective management of risk.

3.3.9 Quality Improvement

2022/2023

Our priorities continue to be driven by compliance with national and local standards as part of our 'Brilliant Basics' Programme and we remain committed to the Trust's vision to deliver 'a healthier future for children and young people' whilst striving to be world leading in our approach to innovation, research and achievement of the best clinical outcomes.

Alder Hey has a strong history of quality improvement and our Brilliant Basics approach supports team to make small changes that lead to big improvements and healthier futures for our children, young people and families. Brilliant Basics is our approach to improving quality, safety, effectiveness and experience. It's not an initiative, it is our vehicle for improvement, it's a way of working 'how we do things at Alder Hey'.

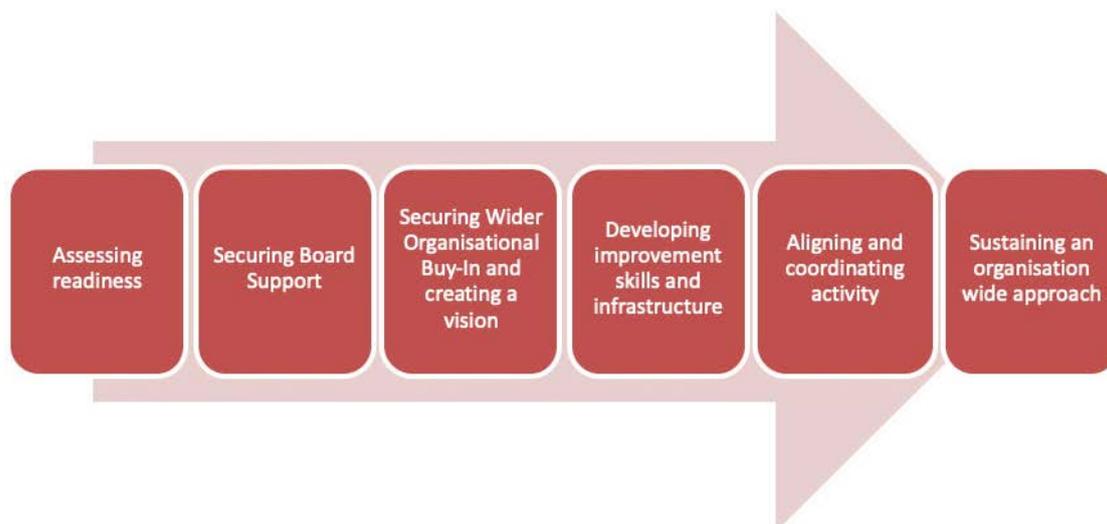


Brilliant Basics is organised through four workstreams:

- Leading Improvement
- Learning for Improvement
- Delivering Improvement
- Enabling Improvement

The Quality Hub, the Improvement Team at Alder Hey, continues to drive the culture change required across the organisation, from ward to board, through development of knowledge, skills, behaviours, and routines that support performance and improvement.

The diagram below outlines the good progress that has been made throughout the year. The next phase, during 2023/2024, is to make this even better, to go further to embed Brilliant Basics into the DNA of Alder Hey.



Achievements During 2022/2023 Include:

Leading Improvement

- ✓ Executive Standard Work implemented.
- ✓ Established Daily Safety Briefing.
- ✓ NED development session.
- ✓ Leadership coaching for direct leaders of frontline teams receiving training.
- ✓ HSJ Partnership Awards High Commendation received.

Learning for Improvement

- ✓ Clinical and non-clinical frontline teams coached (target 12, actual 16).
- ✓ Developed online platform to deliver learning.
- ✓ Agile coaching alongside teams in their everyday work environment.
- ✓ 37 team coaching conversations through support requests.
- ✓ Medication Safety Learning collaborative established with cross ward/division learning using data to improve Patient Safety.

Delivering Improvement

- ✓ Performance review meetings improved within three clinical divisions; clearer priorities and use of data to assess performance and improvement.
- ✓ Categorisation, alignment, and prioritisation of all projects using the strategic alignment framework.

- ✓ Patient Safety Improvement Projects developed and delivered using the Brilliant Basics approach.
- ✓ Stronger Together Model designed, delivered and evaluated supporting teams to develop, and problem solve.
- ✓ Tested Speciality Level improvement workshop approach, achieving high evaluation.
- ✓ Multidisciplinary Rapid Process Improvement Week delivered; 35 change ideas developed and six PDSAs completed in week, streamlining process for complex patients to receive medication in a timely manner for discharge.

Enabling Improvement

- ✓ Recruitment of Youth Engagement Worker.
- ✓ Embed CYP engagement and involvement into Learning and Delivery.
- ✓ SharePoint site developed as a central resource for all Brilliant Basics information.
- ✓ Case studies to demonstrate impact.
- ✓ Twitter account established with over 400 followers supporting shared learning with national and international improvement networks.
- ✓ BB month focussed on awareness raising and celebrating.
- ✓ Integrated Performance Reports refreshed to include time series data that informs performance and improvement.

As we move into 2023/24 the focus will be on maturing and sustaining our approach to continuous improvement by:

- Supporting leaders at all levels to adopt the style and approach that will support improvement efforts.
- Supporting divisions to go further to align, enable and improve.
- Utilising the voice and ideas of children, young people and families that Alder Hey work with.



Listen



Focus



Be Informed



Empower



Challenge



Data driven



Adapt



Vision

3.3.10 Delivering Outstanding Care

- ✓ Alder Hey is committed to being a safe place for children and young people to receive healthcare. The Trust has commenced a Patient Safety Board to deliver the Trust Patient Safety Strategy. This brings together all our safety workstreams and have demonstrated data driven quality improvements across those areas.
- ✓ The Bedside Verification System is now live in all areas to help improve the safety of administration of select medications, administration of expressed breast milk, and the process for blood sampling.
- ✓ Recovery of services following on from the pandemic has continued. The Trust has achieved no children waiting 78 weeks for surgery and has supported access to care for children across the North West.
- ✓ All services now offer Patient Initiated Follow Up (PIFU) with over 4,700 patients now on this pathway.
- ✓ Alder Hey has continued to see a rise in non-elective demand through our Emergency Department. This year the Team have opened an urgent care facility to help those children and young people with primary care needs to be seen on a same day appointment basis, reducing long waits within the main Emergency Department.

- ✓ This year Alder Hey launched the Virtual Ward to augment our community care offer. The virtual ward allows children and young people to be discharged earlier from hospital and can support up to 30 young people at home with regular monitoring and input from the Children Community Nursing Team. This is in addition to the outpatient antibiotic administration (OPAT) and the care of complex children and young people at home.
- ✓ Following publication in March 2022 of the final Ockenden report into maternity services the Trust working in partnership with the Liverpool Neonatal Partnership to review applicability of the recommendations to Alder Hey Children's Hospital. Whilst there was direct learning form the recommendations for neonatal care, the Trust also developed an action plan on themes and trends from other recommendations. This action plan was monitored through the Safety and quality assurance committee and receives regular updates on progress.
- ✓ Achievements that have had a positive impact on children and young people this year:
 - Month on month reduction in our CLABSI rate per 1000-line days.
 - 25% reduction in 10-fold medication errors from 2021/22 baseline, while understanding more about the causes of error in individual departments.
 - Zero category 4 pressure ulcers, and a reduction in category 1 and 2 pressure ulcers.
 - 42% reduction in category 2 device related pressure ulcers in critical care.
 - Recovering paediatric services: relative to pre-Covid we are treating more patients who require elective care (103%), outpatient care (115%) and Community & CAMHS (143%).
 - Reduced waiting times for diagnostic pathways, from circa.50% to 84% compliance with the six-week waiting standard.
 - Exceeded national standards for access to cancer services.
 - Established a Paediatric Virtual Ward, with capacity to care for 20 patients at home.
 - Supporting over 4,700 patients to manage their follow-up through patient-initiated follow-up pathways.

Appendix 1: Reporting Against Core Indicators

The report provides historical data and benchmarked data were available and includes the prescribed indicators based on the NHS Improvement Single Oversight Framework.

INDICATOR	THRESHOLD	2021 - 22				2022 - 23			
		QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
C. Difficile Numbers – Due to Lapses in Care	0	1	1	0	0	0	0	0	0
C. Difficile – Rates Per 100,000 Bed Days	n/a	6.4	6.2	0	0	0	0	0	0
18-week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%	71.8%	70.0%	63.2%	61.6%	60.3%	56.3%	54.5%	55.3%
All Cancers: Two Week GP Referrals	93%	98%	100%	97%	100%	100%	100%	100%	98.3%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	70%	100%	100%	100%	100%	100%	100%	100%	100%
All Cancers: 31 Days Until Subsequent Treatments	98%	100%	100%	100%	100%	100%	100%	100%	100%
A&E – Total Time in A&E (95th Percentile) <4hours	95%	86.0%	75.4%	71.1%	73.2%	74.7%	82.6%	66.7%	77.3%
Readmission Rate Within 28 days of Discharge	0-15 yrs.	5.7%	5.4%	6.3%	5.8%	5%	4.8%	5%	4.7%
	16+ yrs.	3.3%	2.3%	2.3%	3%	1.9%	2%	2.8%	2%
Staff Survey Results: % of Staff Who Would Recommend the Trust as a Provider of Care to their Family and Family	86.4								
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse from Staff in Last 12 Months	n/a								
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard	51%								
Rate of Patient Safety Incidents Per 1,000 Bed Days	n/a	101	89	75	85	101	94	84	91
Total Patient Safety	n/a	1,580	1,431	1,332	1,411	1,680	1,586	1,523	1,581
Incidents and the Percentage that Result in Severe Harm or Death	n/a	0.13%	0.28%	0.23%	0.21%	0%	0%	0%	0.06%
Diagnostics % Waiting Under 6 Weeks	99%	96.3%	95.9%	92.6%	67.4%	58.5%	63.9%	68.2%	73.9%

Annex 1: Statement on the Quality Report by Partner Organisations

Commentary from Governors

I have had the opportunity to look at the current draft Quality Account 2022/23 and bearing in mind I have just become a Governor, most of it was new to me and very impressive. A lot of work has gone into it. I notice that other than a very brief mention of the Snowdrop Team and the Alder Centre (under Staff Wellbeing), the work of those teams do not seem to be mentioned. I am just concerned that these teams are included in any future review carried out for the Hospital.

JOHN ASHTON

Governor

Commentary from Healthwatch Organisations

Healthwatch Liverpool Comment



Healthwatch Liverpool welcomes the opportunity to comment on this 2022-23 Quality Account for Alder Hey. We base our commentary on the Quality Account Report, Patient Experience & Engagement Group meetings and enquiries that we receive throughout the year. At Healthwatch we recognise the challenges faced by Alder Hey due to the NHS strikes during the year and the increasing levels of demand following the end of coronavirus restrictions.

Alder Hey have been pro-active with opportunities for co-production involving Healthwatch in various events such as the spotlight rounds at the Catkin centre and quality ward rounds. This has demonstrated a commitment to transparency as a Trust. The wardrounds allowed us to gather further patient and staff experience of the hospital from those we may not have otherwise spoken to. We appreciate the effort the Trust has put into joint working and their commitment to improving patient experience. Alder Hey have been proactive in requesting that Healthwatch Liverpool conduct another listening event and we plan to do so, focusing our efforts on the Accident and Emergency department as this is where we tend to get more varied feedback from the public.

We were pleased to see new initiatives undertaken to support inpatients that were suggested by the young people at Alder Hey. This shows a commitment to co-production with young people, treating them as equal partners and recognising what they can offer. Initiatives

fostered by Alder Hey's young volunteers The Kindness Crew such as teaching volunteers BSL greetings and including activities for bed-bound children displays an inclusive environment at Alder Hey. At Healthwatch we are excited to see the changes these young people make and hope the adults rise to the challenge to help deliver them.

The Quality Account provides an overview of the extent to which the 2022-23 priorities have been achieved. The Trust performed well in the National Inpatient Experience Survey for 21/22 but we cannot compare change as the results for this year have not yet been released. Similarly, because there has been no recent inspection by the CQC the Trust continues to be rated good overall. Alder Hey was rated as requiring improvement in its 'Safe' category from the CQC back in 2020 and it is good to see efforts being made to improve this. A tenfold decrease in medication errors, decreases in pressure ulcers and an increase in reporting of medication errors shows a culture of recognising, reporting and learning from mistakes.

The Trust has achieved progress on most priorities. There were excellent results with the identification and reduction of pressure ulcers which is much improved from last year's results. The performance in incidents reported per 1,000 bed days however has dropped. We recognise this may be due to the focus on identifying and reporting these incidents and expect this to be reflected in the coming years with an increased performance. The increased reporting of medication errors and reduction in tenfold medication errors is a positive and we would expect this to be followed by a reduction of harm causing incidents in the future. The Trust has multiple strategies ongoing to improve performance in this area and we look forward to the positive impact on patient care.

Alder Hey has undertaken multiple initiatives that have had positive impacts on patient experience. These include the Patient Initiated Follow Ups service allowing for follow up care that suits young people's needs, predictive software reducing the Was Not Brought rates and identifying populations where this is a higher risk. Alder Hey's multi-disciplinary home treatment approach has allowed some patients to be monitored safely at home allowing young people to return to a sense of normality and reducing stress on families and freeing up hospital beds safely.

The Patient Experience and Engagement Group has encouraged a multi-disciplinary approach to improving patient experience that includes Alder Hey staff and community partners such as Healthwatch Liverpool and, more importantly, patients themselves. Pauline Brown, Director of Nursing has made sure that patient voice is heard in every meeting and has kept the impact of patient experience at the forefront of every meeting. It is because of this joint working relationship that Healthwatch Liverpool have been able to share patient concerns directly with staff who have been able

to provide immediate feedback. This has included sharing client concerns such as waiting times for blood tests and community Autism initial assessments direct with Alder Hey.

Alder Hey have reported increases in concerns raised to the Patient Advice and Liaison Team. This is attributed to increased waiting lists after COVID-19, increased demand for mental health services and a focus on improving patients' ability to speak up when not satisfied. It is good to see that formal complaints have not risen alongside indicating that Alder Hey are resolving complaints at a local level satisfactorily to patients in most cases. Alder Hey are clear about the lessons that the trust has learned and the actions it will take to improve. Alder Hey has performed well in retaining staff with the flagship Staff Advice & Liaison Service (SALS) showing a commitment to staff wellbeing and already showing a reduction in mental health absences for staff. The 2% vacancies rates for nursing staff are commendable as is the Anchor scheme for attracting talented staff from all communities and shows that Alder Hey is a place that talented people want to work.

We look forward to continuing collaborating with Alder Hey to share the views of patients. It will be exciting to see the results of Alder Hey's multiple improvement plans and how it benefits patients. Healthwatch Liverpool will continue to monitor the feedback we receive from clients and make sure the trust hears their concerns and praise.

TERRY FERGUSON
Information and Project Officer
Healthwatch Liverpool

Alder Hey Children's NHS Foundation Trust. Commentary for the Quality Account 2022/2023

Healthwatch Sefton would like to thank the Trust for presenting the Quality Accounts for comment at the event on the 18th May. We are a member of the Trusts Patient Experience Group, and we always have an item on the agenda to support us to advocate for children, parents and carers.

In reading the report from a public perspective, in last year's account acronyms used were always referenced but we found this process wasn't always followed within this document and this would have

been helpful. It would have been good to see more pictures and images included throughout the account to make the report more public facing, pictures only start to appear from around page 37. Last year we suggested that the list of audits could to be included within an appendix at the back of the report to make the report easier to read but this version includes the list from page 8.

Patient outcomes, particularly safety and patient experience, are improved when organisations have the right people, with the right skills, in the right place at the right time and therefore it is really good to read about the work to maintain vacancy rates below 2% and be 90% complainant with safer staffing levels.

The Trust should be congratulated on its International Nurse Recruitment Programme, and the recognition of gaining the NHS Pastoral Care Quality Award. It should also be noted that during this period, 71 of the nurses which came to work at the trust from India have stayed in employment at the Trust.

Last year our commentary observed the increase in the number of staff members experiencing harassment, bullying, abuse from other staff (zero threshold, 13% being recorded). We couldn't see any reference to this within this year's account and it would have been useful to find out what the current situation was in relation to the zero threshold.

We are aware of the work to improve response times from the Patient Advice and Liaison Service (PALS), and responses to official complaints and the reference to the revised 'Complaints and Concerns Policy'. It was good to see the inclusion of data relating to the number of enquiries received and the comparison across the years. The inclusion of lessons learned is a good way to demonstrate how the Trust is listening to concerns and actioning service improvements. It was good to read how there has been agreement that parents/carers must be informed of the process for escalating any concerns whilst waiting for an appointment and kept updated where they are up to on specific pathways such as ASD.



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We were pleased to see new initiatives undertaken to support inpatients that were suggested by the young people at Alder Hey.
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In reviewing achievements with the Friends and Family test, the Trust achieved an overall 54% response rate. 67.3% of staff recommended Alder Hey as a place to work compared with 71% the previous year and 86.4% as a place for friends and family to receive care compared with 90%. Although both results have declined since last year, we know through our work, that this is consistent with the national picture, and acknowledge that both results are significantly above the average of the trusts comparator group with the latter being “best-in-class” for their group.

We were pleased to note zero category 4 pressure ulcers during this period but see that there was one category 3 ulcer recorded. It was useful however to read the explanation of how most paediatric pressure ulcers are device related to support understanding of this area of care.

One of the issues which does come through from our voluntary, community and faith sector partners and parents/carers are the long waiting lists for the Children & Adolescent Mental Health Service (CAMHS). We have been asked to include this onto our work plan and this is currently being reviewed. We note the target achieved for recovering paediatric services: Community & CAMHS (143%) but in Sefton we continue to hear of issues with waiting lists.

There is no mention of the Trust’s ‘Patient Experience and Engagement Group’ (PEEG) within the account or work with local Healthwatch organisations and we see this as a missed opportunity. The opportunity to hear from a patient/ parent/carer at the beginning of each meeting and gain a human and often emotional account of their experience often leads to actions for service changes/ quality improvements and we believe this account would have been enhanced with this information.

It was good to see the role which the Trust has taken to strengthen their role in the system in partnership with the Cheshire and Merseyside Integrated Care System (ICS), to ensure there is an advocate for children and young people. We really like the work by the Trust to change terminology of ‘did not attend’ when appointments are missed to ‘child not brought’, which evidences that the trust are working with the wider system to ensure children are safe.

Healthwatch Sefton would like thank the Trust for their supportive and collaborative approach to working with us as a critical friend and in listening and responding to the stories and feedback from patients, carers and families. We acknowledge the operational pressures which have been placed on all NHS trusts and we know the next 12 months will provide both opportunities and challenges, however we look forward to working with the Trust moving forward.

DIANE BLAIR
Manager
Healthwatch Sefton

Commentary from Liverpool PLACE

I am writing on behalf of Cheshire and Merseyside ICB representatives along with NHSE/I Specialist Commissioning who had the opportunity to jointly comment on the Alder Hey Children’s NHS Foundation Trust (AHCH) draft Quality Account for 2022-23. Partners express their thanks for the Quality account presentation that was delivered to Cheshire and Merseyside commissioners for 2022 – 2023 on Thursday 18th May 2023.

This letter provides the response from NHS Liverpool place as lead commissioner on behalf of Cheshire and Merseyside ICB colleagues.

Cheshire and Merseyside ICB recognise the pressures and challenges for the organisation and the local health economy in the last year.

We note the Priorities, key achievements and progress made in 2022 – 2023:

1. The panel acknowledged the Trust using “was not brought in” reference throughout the presentation. It supports a better picture of a child’s daily lived experience rather than “did not attend” which places the emphasis on the child to attend. This identified the importance of the voice of the child, being an advocate for children and young people at local, regional, and national levels.
2. There were excellent examples of safe care and the reference of the PSIRF implementation throughout 2023 / 2024 was welcomed. As an example, the good understanding of medication errors has allowed for staff and patients to challenge medication prescribed.
3. The panel agreed the good staff survey results were supportive of the retention of staff, particularly noted was that the Trust have a full establishment of therapy staff, which is not always the case in other Providers. The implementation of the staff advice and liaison service was identified as a good initiative to support staff. There is a successful picture of nurse staffing, >90% compliant with staffing levels and <2% vacancy rates. This focus on retaining nursing staff will continue into 2023 / 2024.
4. The increase in PALS contacts was identified as a positive outcome from the Trust as this is the patients first point of contact to ensure local resolution and demonstrates open channels for families to raise queries.

On behalf of Cheshire and Merseyside ICB / Liverpool place have noted and accepted the Trust's ambition and intention to continue the work in relation to brilliant basics – quality improvement allowing leading, improvement and delivery has had its foundations embedded in the organisation and will continue to be built upon during 2023 / 2024. The assurance and openness the Trust delivered in relation to Medical and AHP staffing identified the challenges. Good investments have been made to support the workforce and the implementation of a plan for 2023 – 2025 was acknowledged.

Cheshire and Merseyside ICB / Liverpool Place recognises the challenges for providers in the coming year. We look forward to continuing working with Alder Hey Children's NHS Foundation Trust during 2023 – 2024 as you continue to deliver improvement in service quality, safety, and patient experience, as well as continuing to strengthen integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing within a strong, safe and sustainable health and care system.

Cheshire and Merseyside ICB / Liverpool Place would like to take this opportunity to say thank you to Alder Hey Children's NHS Foundation Trust staff for their care, courage, and commitment to the ensuring the paediatric population of Liverpool, Cheshire and Merseyside receive high quality, safe and effective care and for your on-going commitment locally to system partnership working.

JANE LUNT
Associate Director for Quality
and Safety Improvement
Liverpool Place

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We look forward to continuing working with Alder Hey Children's NHS Foundation Trust during 2023 – 2024 as you continue to deliver improvement in service quality, safety, and patient experience ”

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ALDER HEY



44 clinical specialities

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Has delivered 17 global first in-child studies

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Alder Hey Children's
NHS Foundation Trust

If you would like any more information about any of the details in this Report, please contact:



Alder Hey Children's
NHS Foundation Trust
Eaton Road, Liverpool, L12 2AP



0151 228 4811



communications@alderhey.nhs.uk



www.alderhey.nhs.uk