

Quality Account 2010/11

Another healthy year

"Alder Hey is the best place in the world to be looked after.
It's my second home and I love it millions!"

Nick Munt, aged 9

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Part 1

Quality at the Heart of Everything We Do

High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as being safe and clinically effective, quality also means care that is personal to each individual.

For the NHS, quality should include:

- Patient safety
- Patient experience
- Effectiveness of care

Statement on Quality From Our Chief Executive



Here at Alder Hey we are immensely proud of our reputation as a centre of excellence at local, regional and national level. As an NHS organisation that has been awarded and retained NHSLA Level 3 - the highest possible rating for clinical risk management - Alder Hey can show that it is among the safest hospitals in the country. It is partly through such independent assessments that we can prove to our patients and the public that quality is at the heart of everything we do and we continue to strive to find ways in which we can reinforce this commitment. Our Quality Report is very much a key part of that endeavour.

Over the last year we have changed our governance structures to move decision making closer to patients and ensure that we are responsive to their needs. This initiative is beginning to bear fruit although we recognise that there is always more to do to learn and improve.

Moving forward we want to focus on a number of key areas supported by our main change programmes: the realisation of the benefits of local decision making through Clinical Business Units and our Transformation Plan. The priorities we have set will not be easy to achieve and will take real transformational change, with strong leadership and high staff engagement.

Alder Hey has the building blocks in place to go from 'good to great': sound governance arrangements, a talented and able senior team and a clear focus on our new Children's Health Park. Quality will be our 'golden thread', linking together everything that we do.

As Chief Executive I am confident that the information set out here is accurate and a reasonable reflection of the key issues and priorities that clinical staff have themselves developed over time. Clear direction from the Board to champion the quality agenda is important, however a quality-driven culture cannot be developed without effective leadership at all levels in the organisation and this is a goal that we continue to pursue.

Signed:

Louise Shepherd
Chief Executive

Peyton Reaney

"The care we've received at Alder Hey is unlike at any other hospital. The Cardiac Team have been so friendly and have always been there for us. I'd like to say a big thank you!"

Sam Reaney - Peyton's mum



Part 2

Our Priorities for 2011/12

In order to ensure that we provide the best quality services to everyone who is part of the Alder Hey community, we must continue to stretch ourselves and set goals that we can measure in order to demonstrate that we truly put quality at the heart of everything we do. In consultation with our staff, governors and patients we have agreed on a number of goals in each of the quality 'domains'.

A number of events have taken place in March and April to establish priorities for 2011/12, involving clinical staff (nursing and medical), the Executive Team, Governors and the Children and Young People's Forum.

Going forward, with a newly appointed Director of Nursing and Medical Director, we plan to revise and launch a new Quality Strategy in September 2011. Throughout the summer of 2011 we will be holding a wide number of stakeholder events to capture our patient, staff and wider stakeholder opinion and involvement to take this exciting and essential agenda together in partnership.

Patient Experience

For Alder Hey to be genuinely world class we must ensure that every patient has excellent satisfaction and that each patient and family has the best experience possible. Working together for our patients and their families will help us to ensure that we are the provider of choice for the care of children and young

people. The priorities we have identified are to develop a patient experience strategy and enhance our customer service model.

To further improve our work on patient experience by developing a patient and family experience strategy, our targets for achievement are:

- To extend *Investing in Children* accreditation to four further areas and maintain accreditation of current areas
- To improve play therapy including the provision of toys and patient activities
- To improve the range and quality of patient information which is child and young person friendly
- To better measure the patient and family experience and achieve a rate of 90-95% satisfaction with our services
- To have operational plans for each Clinical Business Unit that are regularly reported as part of the quality assurance framework.

To develop a hospital wide customer service culture that will give staff the skills and permission to act to ensure all service users are treated with dignity and respect, our targets for achievement are:

- To increase the number of staff who have had customer service training by 10% year on year
- To fully integrate PALs and complaints in to a Customer Service Team



- To resolve more issues at local level and on the same day in order to see a reduction in formal PALs and complaints issues
- To increase the number of volunteers by 100 more opportunities in year
- To reduce the number of complaints to 2009/10 figures.

The Director of Nursing will be the Executive sponsor for patient experience and will report progress regularly to Trust Board.

Safety

The safety of our patients is paramount and we cannot deliver high quality care without assuring ourselves that the care we give is safe. We have set ourselves three overarching safety indicators: to implement nurse sensitive indicators; the management of hospital mortality and morbidity and to maintain zero “never events”.

Nurse sensitive indicators

To implement nurse sensitive indicators for all the wards within the hospital that will be regularly reported to the Board, we will put in place real time gathering of data across a range of indicators that will allow true “ward to board” reporting, to assess:-

- Pressure sores
- Infection prevention and control
- Nutritional status
- Standardisation of care.

All of the indicators will be “RAG” (red, amber or green) rated based on benchmarked data (where available) or standardised practice; this will enable areas of good and/or bad practice to be highlighted and dealt with appropriately.

This project will link in with the national ‘energising for excellence’ work currently being undertaken, with Alder Hey being one of the first paediatric specialist centres to introduce standardised nurse sensitive indicators.

The Director of Nursing will be the Executive sponsor for this priority.

Mortality and morbidity

We currently have a number of methodologies to review mortality and morbidity from individuals through clinical teams to Board level. These include individual patient reviews and benchmarking against other Trusts by specialty. We aim to refine the process to provide a more timely review and benchmarking of mortality and morbidity through the Trust Committee structures.

Never events

Original guidance on never events listed eight events that should not happen to a patient in hospital, these are:

- Wrong site surgery
- Retained instrument post-operation
- Wrong route administration of chemotherapy
- Misplaced naso or orogastric tube not detected prior to use
- Inpatient suicide using non-collapsible rails
- Escape from within the secure perimeter of medium or high secure mental health services by patients who are transferred prisoners
- In-hospital maternal death from post-partum haemorrhage after elective caesarean section
- Intravenous administration of mis-selected concentrated potassium chloride.



New guidance has been published by the Department of Health advising of an additional 17 “never events” from the original list of eight. The full list of never events can be found at www.dh.gov.uk/publications.

To ensure that we comply with this expanded list we must:

- Review the latest guidance regarding never events
- Ensure that the guidance is embedded throughout the organisation
- Review risk management processes
- Look back at previous incidents to identify any areas of risk
- Ensure culture of “being open” and learning from mistakes.

The Director of Nursing is the Executive sponsor for this priority.

Clinical Effectiveness

Effective clinical care is the third element to high quality care. Reviewing our practices to make sure we are delivering the most up-to-date and innovative clinical practice is a corner stone of our approach to high quality care. The goals below set out our approach to ensuring that we monitor the outcomes of the clinical care we provide and also set out areas where we are truly leading the way to improve the care and outcomes for the children and young people who come to Alder Hey.

Following fruitful discussions with the Clinical Business Units and Commissioners, a number of clinical effectiveness goals have been identified, notably:

- Expanding on innovative treatment for childhood epilepsy by auditing new treatments
- Improving the number of breast-fed babies currently discharged from the Neonatal Unit from a baseline of 12%
- Improving health promotion by participating in regional and national initiatives
- Improving childhood obesity, initially by focussing on certain types of patients
- Benchmarking central line infections with other paediatric hospitals.

In 2010/11 we began the process of developing clinical outcome measures within the organisation. In 2011/12 we want to improve on this by stretching ourselves to have a comprehensive range of outcome measures across all of our specialties. However, we would want to then set out on a further ambitious plan of becoming a national leader in paediatric clinical outcome measures.

The Medical Director is the Executive sponsor for the development of outcome measures and will report progress to the Board.



Sophie Willcocks
"We'd like to thank the staff on the Intensive Care Unit and Neo-Natal for being amazing for us as a family as well as for our daughter Sophie. Everyone has been extremely supportive throughout her stay at Alder Hey."
Lisa Willcocks - Sophie's mum

Progress and Assurance

It is important for us to make sure that we achieve the goals we set ourselves and we will do this by monitoring our performance on a regular basis; this will be done by monthly reporting via our Corporate Report, the Clinical Business Unit performance management framework and via regular reports to our Clinical Quality Assurance Committee and onward to the Board.

Statements of Assurance from the Board

Review of services

During 2010/11 Alder Hey Children's NHS Foundation Trust provided and/or sub-contracted three NHS services.

The Trust has reviewed all the data available to them on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2010/11 represents 100% of the total income generated from the provision of NHS services by the Trust for 2010/11.

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 funded through other means. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

During the reporting period 2010/11, 20 national clinical audits and four National Confidential Enquiries covered NHS services that Alder Hey Children's NHS Foundation Trust provides.

During 2010/11 Alder Hey Children's NHS Foundation Trust participated in 85% of the national clinical audits and 100% of the National Confidential Enquiries in which it was eligible to participate. These are set out below:

National Clinical Audits

Peri- and Neonatal

- Perinatal mortality (CEMACH)
- Neonatal intensive and special care (NNAP).

Children

- Paediatric pneumonia (British Thoracic Society)
- Paediatric asthma (British Thoracic Society)
- Paediatric fever (College of Emergency Medicine)
- Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
- Paediatric intensive care (PICANet)
- Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)
- Diabetes (RCPH National Paediatric Diabetes Audit).



Acute care

- Cardiac arrest (National Cardiac Arrest Audit)
- Potential donor audit (NHS Blood and Transplant).

Long term conditions

- Chronic pain (National Pain Audit)
- Ulcerative colitis and Crohn's Disease (National IBD Audit)
- Bronchiectasis (British Thoracic Society).

Elective procedures

- Elective surgery (National PROMs Programme)
- Cardiothoracic transplantation (NHSBT UK Transplant Registry)
- Liver transplantation (NHSBT UK Transplant Registry).

Cardiovascular disease

- Familial hypercholesterolaemia (National Clinical Audit of management of FH).

Renal disease

- Renal replacement therapy (Renal Registry)
- Renal transplantation (NHSBT UK Transplant Registry)
- Patient transport (National Kidney Care Audit)
- Renal colic (College of Emergency Medicine).

Trauma

- Severe trauma (Trauma Audit and Research Network).

Blood transfusion

- O Neg blood use (National Comparative Audit of Blood Transfusion)
- Platelet use (National Comparative Audit of Blood Transfusion).

National Confidential Enquiries

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- Confidential Enquiry into Maternal and Child Health (CMACH)
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- Head Injury
- Perinatal Mortality Surveillance
- Child Death Data Collection.



Presentation of the Data

The national clinical audits and national confidential enquiries that Alder Hey Children's NHS Foundation Trust participated in, and for which data collection was completed during 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

No.	Audit	Participation	% Cases submitted
1	Neonatal intensive and special care (NNAP)	No	N/A
2	Paediatric pneumonia (British Thoracic Society)	Yes	53%
3	Paediatric asthma (British Thoracic Society)	Yes	12%
4	Paediatric fever (College of Emergency Medicine)	Yes	100%
5	Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Registered March 2011	N/A
6	Paediatric intensive care (PICANet)	Yes	100%
7	Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	No	
8	Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	99.7%
9	Cardiac arrest (National Cardiac Arrest Audit)	Yes	100%
10	Potential donor audit (NHS Blood & Transplant)	Yes	100%
11	Chronic pain (National Pain Audit)	Registered March 2011	N/A
12	Ulcerative colitis & Crohn's Disease (National IBD Audit)	Yes	72%
13	Bronchiectasis (British Thoracic Society)	No	N/A
14	Elective surgery (National PROMs Programme)	Yes	100%
15	Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)	No	N/A
16	Renal transplantation (NHSBT UK Transplant Registry)	Yes	Involved in the reporting of Follow Up information when patients have received the transplant
17	Patient transport (National Kidney Care Audit)	Yes	80%
18	Severe trauma (Trauma Audit & Research Network)	Yes	71%
19	O neg blood use (National Comparative Audit of Blood Transfusion)	Yes	100%
20	Platelet use (National Comparative Audit of Blood Transfusion)	Yes	100%

No.	Confidential Enquiry	Participation	% Cases submitted
1	NCEPOD Surgery in Children	Yes	69%
2	CMACE Head Injury	Yes	Data sent for 49 cases in 2010
3	Child Death Data Collection	Yes	100%
4	CMACE National Maternal & Perinatal Mortality Surveillance	Yes	• Data sent for 12 deaths in 2010 • CMACE ceased 31/03/11

Reviewing Reports of National Clinical Audits

The reports of national clinical audits were reviewed by the provider in 2010/11 and Alder Hey Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

No.	Audit	Actions
4	Paediatric fever (College of Emergency Medicine)	This audit is being conducted by the College of Emergency Medicine (CEM) for the first time and will be repeated in subsequent years to monitor progress nationally and enable individual hospitals to compare their current and previous audit results. Comparative data will be made available to participating Emergency Departments (ED's) when the analysis has been completed. The purpose of the audit is: 1. To identify current performance in Emergency Departments against CEM clinical standards. 2. To show the results in comparison with other departments: Results of the audit will be published as part of the College of Emergency Medicine's work on clinical quality. CEM are drafting the reports for each participating ED, comparing individual ED findings with the national results and CEM standards. CEM aim to distribute these to EDs in April 2011.
6	Paediatric intensive care (PICANet)	All eligible children are included and we review and change practice in response to important findings.
7	Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	None.
8	Diabetes (RCPH National Paediatric Diabetes Audit)	As part of the feedback process for the National Diabetes Audit this year, individual unit level reports will be provided ahead of the National Report that will be published in April.
9	Cardiac arrest (National Cardiac Arrest Audit)	Intend to continue to submit data. No actions reported.
10	Potential donor audit (NHS Blood & Transplant)	Potential Donor Audit report was sent to the Trust Chief Executive and Clinical Lead for organ donation in December 2010. We review and change practice in response to important findings.
17	Patient transport (National Kidney Care Audit)	A national report will be published in May.
18	Severe trauma (Trauma Audit & Research Network)	Awaiting report.
19	O neg blood use (National Comparative Audit of Blood Transfusion)	Awaiting report.
20	Platelet use (National Comparative Audit of Blood Transfusion)	Awaiting report.

Local Clinical Audits

There were a total of 122 (100%) local audits registered in the reporting period 1st April 2010 to 31st March 2011. Four (3%) of these audits have been cancelled. Percentages are out of 118 registered audits. There are 34 (29%) audits completed. There are 84 (71%) ongoing audits. The reports of 30 completed local clinical audits were reviewed by Alder Hey in 2010/11 and the Trust intends to take the following actions to improve the quality of healthcare provided.

Details on local audits are set out on the next three pages:

Audit	Actions
Urological problems presenting to the emergency department	Current formal guidelines promote taking swabs and then treating on the basis of results. Pragmatically we should encourage more antibiotic use for non-severe cases. Hygiene and analgesia advice should be routinely given.
Review of enteral feeding in ventilated pre and post op cardiac infants	This small study suggests that there are no absolute contraindications to commencing feeding in cardiac infants. Commencing feeds after correction of uncomplicated lesions appears safe. There was a low overall rate of complications in other lesions with the majority being minor and easily managed. Nevertheless, the clinician should be alert to the potential risks of commencing enteral feeds and assess the infant proactively. Further analysis taking place.
Outcome measures in practice: A review of parents satisfaction following Botulinum Toxin from July 2007-April 2010 Authors: Karen Littler, Dr Ram Kumar	The audit shows that the overall satisfaction rate following Botulinum toxin injections was high. Continue to collate data for Bo-tox and review in 12 months.
Tier 4 inpatient CAMHS Unit: Discharge summary standards and referrer's feedback (SIGN guidance 65 - the immediate discharge document)	Include religious, cultural, ethnic needs as prompts in assessments/reviews. Consider a simple care plan form for child/parent/carer to be given at discharge. Mechanism/prompt in 6/52 review for follow up appointment date in Community. QNIC-ROM - clinician ratings to be included. Admission summaries: copy to referrer for information. Meditech: explore copying blood test to referrer/GP. Modify questionnaire for CPA (Care Programme Approach) reviews (carer/professional/child) if re-audit. Consider annual re-audit of discharge summaries.
Referrer evaluation - Learning Disability Team	1. Ensure that colleagues from Community Paediatrics have copies of the referral form and encourage them to use it. 2. Raise awareness among referrers regarding the absence of a waiting list. 3. Review procedures for sending correspondence to ensure all referrers receive timely information. 4. Ensure that all declined referrals are accompanied by information signposting referrers to other appropriate services. 5. Raise awareness of the team's remit and the services available by sending letters to potential referrers and distributing posters in schools. 6. Review the decision making process for commencing joint working to ensure that it is offered whenever appropriate.
Pre-assessment service audit	To deliver this, more investment is required into nursing staff that can provide this service. Updates on clinical examination skills are required and to be able to deliver a gold standard service a masters examination course would be beneficial. A more structured approach to the management of who attends pre-assessment in the form of clinic templates would capture more patient attendance and make the assessment nearer the operation time. However we acknowledge a drop in appointments should be incorporated into the service if necessary. A review of the current telephone service is also required. It needs to be on Meditech and needs a more structured approach.
Evaluation of the implementation and impact of CAPA	To implement regular reviews of CAPA (Choice and Partnership Approach) in teams. Include clinicians' perspective and those of service users. Implement working group to oversee CAPA.
Parathyroid Levels Post Renal Transplant	Considering much of the cohort had already begun treatment prior to 2006, the adherence rate to proposed guidelines was promising. Strict levels must be adhered to for PTH repeat testing, and a simultaneous vitamin D check should be viewed as standard and not as an optional extra. However, the effectiveness of vitamin D supplementation is questionable, as a large number of the cohort were still viewed as having secondary hyperparathyroidism despite having adequate or supplemented vitamin D levels. Therefore, other avenues need to be researched to help further lower the incidence of secondary hyperparathyroidism post-transplant. Less promising were the amount of patients with increased PTH levels post-transplant that received a vitamin D level check. With only 68.8%, there should be a higher uptake. This practice is something that will need to be addressed in future.
Audit of management of chronic urticaria / angioedema by allergy team in Alder Hey	1. To amend COU algorithm in line with BSACI** guideline step 2 2. To clarify investigation for angioedema C1 antigen, vs function 3. To improve documentation of response, remission and follow up arrangements 4. To develop a COU card to document onset, response to medication and medication changes/duration and if and when remission achieved or not 5. To re-audit in 3-5 years (prospectively) to develop a regional audit involving NWAG (North West Audit Group) and re-design the questionnaire with audit team's input 6. To present in the next North West Allergy Group Meeting (31/03/2011) and abstract submitted to Welsh Paediatric Society spring 2011 meeting.
Audit of children with OSA undergoing Tonsillectomy	Home based pulse oximetry is a better indicator of patients with OSA (Obstructive Sleep Apnoea) who need tonsillectomy. Hospital based pulse oximetry is not good to prevent surgery if looking for OSA. Normal child to home rather than hospital based service. Presented at British Association of Paediatric Otolaryngologists.
IV loading dose of Phenytoin	Results confirmed our understanding that the current loading dose of Phenytoin (18mg/kg) produces a blood level that is well within the reference or therapeutic range for this anticonvulsant. No change in current practice. Presented within the department and will be within the Trust. A paper is currently in preparation to publish in Archives of Disease Of Childhood.
Chyl thorax following paediatric cardiac surgery	To present NCPCH in Spring 2011.

Audit	Actions
Sulthiame Audit	No specific recommendation other than consider prescribing it in children with some types of epileptic seizures. Submitted for presentation at the annual meeting of the British Paediatric Neurology Association in January 2011. Preparation of a paper to submit for publication.
Paediatric brain stem stereotactic study	Stereotactic biopsy is a safe procedure. Continue with Stereotactic biopsy in patients with brain stem pathology.
Audit of Head Injury Rehabilitation Team referrals	We showed the total number of patients referred to the HIRT team is higher than in the early 2000's. We showed that non-traumatic brain injury is more commonly referred than traumatic. Recommendations were to enhance our liaison with the Neurosurgery Team, with the Neuro and Oncology Team and Cardiology since they are now the main teams responsible. We need to use Meditech to record referrals to the team.
The outcome of insall procedure for recurrent knee dislocation	That it is a safe and effective treatment. To continue current practice and re-audit in the future if appropriate.
Review of children with autoimmune liver disease	Children with AIH have different modes of presentations, antibody profile and dilutions. In this retrospective audit of patients under different consultants, some patients did not have the full range of recommended antibodies tested. Overall the profiles of subtypes of disease matched that of a national and international benchmark groups. To establish and circulate an algorithm for detection of autoimmune liver disease within the department and division.
PICU (Paediatric Intensive Care Unit) coagulation sampling audit	Conclusion: Too much unnecessary sampling at the cost to the patient of reducing HB potentially. A cost to the Unit/CBU in monetary terms. Recommend Nurse Education.
Audit of time to healing of burns in patients in the Alder Hey Burns Service and subsequent hypertrophic scarring	Patients treated by the Alder Hey Burns Unit have a mean time to healing of 20.21+ 1.43 days with 62% being healed within 2 days (81.3% of scald injuries) patients documented as healing by 25 days did not develop abnormal scarring. Increase the number of patients undergoing LDT scarring. Revision of the current Burns Care Pathway. Review of patients by clinician at specified time interval. Standardised dressing change documentation. Medical notes available in pressure garment clinics.
Comparative audit of pulse oximetry in OSA (Obstructive Sleep Apnoea)	Home pulse oximetry was more useful and allowed patients to have greater confidence in the results compared to inpatient pulse oximetry. Roll out home pulse oximetry across the ENT (Ear, Nose and Throat) Department.
Surgical Antibiotic Prophylaxis Usage at Alder Hey	The general surgery guidelines are out of date in 45% of procedures, there were no guidelines to follow. To use the doctor to focus guideline development in different areas of surgical practice (e.g. ENT): General Surgery, ENT, Neurosurgery and Orthopaedics. Re-audit in May 2011. This will be focused on General Surgery alone (we believe that this is our main area of poor compliance).
Quality of Life of Children aged 6-18 who attend Alder Hey Children and Young People's Renal Outpatient Clinics.	Children with end-stage renal failure perceive their quality of life as good despite living with what others perceive as severe limitations. Quality of life perceived by the individual should be considered to help gain better understanding of how children respond to chronic illness. Further qualitative studies have been recommended.
An audit of the process of providing opioid analgesia for patients at home at Alder Hey Children's NHS Foundation Trust	Great variation in time taken to send TTOs to GP surgery. Little provision of information to primary care regarding quantity of opioid medication supplied. Demonstrated need for better communication between the health sectors. 1) Include a checklist for strong opioids on TTO (Medication prescribed prior to hospital discharge). 2) Create an opioid care plan. 3) Re-audit approx 3/12 after electronic discharge summaries are introduced. 4) Consider prospective audit. 5) Submit a summary to Safe Medication Practice Committee and Drug and Therapeutics Committee.
Management and outcome of Candida blood stream infections within a regional paediatric hospital.	Use of Fluconazole increased in line with previous recommendations. To continue to monitor Candida blood stream infections and do sensitivity testing 'in house'.
The use of interferon gamma release assays (IGRA)s in the clinical diagnosis and management of tuberculosis	IGRA used in line with guidelines for immune suppressed children. Continue with current guidance.
Thumb Polydactyl - the Alder Hey Experience	Increasing number of patients. The more recent reduction in revision surgery may be due to a change in philosophy of the management of post-operative appearances. Continue current practice.
Comparative study of two vision tests - Lea Symbols and Log Kay Pictures	The audit confirmed the clinicians impressions that Log Kay Pictures often recorded VA as one line more than Lea Symbols. To be aware of this in clinical practice either diagnostically or therapeutically.
PICU Nursing workforce utilisation audit	Not formally reported yet. (Awaiting Report).

Audit	Actions
Retrospective review of MRI scans for Hippocampal malrotation	None recorded (Awaiting Report).
Incidental findings on MRI imaging of the spine	None recorded (Awaiting Report).
Retrospective pre-PICU out of hospital arrest audit	Data analysis ongoing (Awaiting Report).
Service outcomes in Inpatient CAMHS	Pilot project to look at ongoing dataset for service outcome. Agreed to adopt measures need to identify lead. QNIC - ROM dataset adopted. Project will be co-ordinated by specialty trainee unit administrator. Data to be forwarded to specialist commissioner. Recommendations presented to staff group. Need to get better at reporting data. Re-audit: quarterly contract monitoring.
Care Programme approach in Inpatient CAMHS	CPA can be adopted for children's unit even though it is an adult tool. To implement CPA for discharge reviews.
Management of children with ADHD (NICE CG72)	Re-audit in 6 to 12 months. 22 different combinations of diagnostic tools require some discussions and consensus of opinions and evidence of best practice reviewed to prevent postcode lottery management. 17 different organisations providing parental training/support requires some coordination and more specific guidelines on referral criteria. Recommendation of assessing the parent or carer's mental health emphasises the role of joint management with CAMHS team. High rate of co-morbid conditions more prevalent in ADHD patients requires joint working with CAMHS for identification and management of these conditions. Screening tools for identifying common co-morbid conditions are required. Close liaison with Education Authority is required for provision of comprehensive management including school strategies. High prevalence of sleep disorders requires expert support and advice to parents. Many patients on Melatonin require regular follow-up and surveillance in a specialist clinic. Multi-disciplinary team approach is essential to provide holistic care for patients. A generic diagnostic pro-forma based on the NICE guideline management listed as a 'tick box list' could be helpful in each patch. This will ensure that all patients receive correct information and appropriate management or referrals. At follow up the same diagnostic questionnaires used at diagnosis should be repeated to on a regular basis to monitor adequacy of management with medication and indications for discontinuation of medications.
Infection prevention & Control Ward & Department Audit(s)	Separate conclusions and recommendations for each individual audit. • Areas for 6 monthly audit: (12) • Areas for annual audit: (16) • Areas for Biannual audit:(13) Ongoing Audits: *Not included in count of completed audits as continuous process.



Research

The number of patients receiving NHS services provided or sub-contracted by Alder Hey Children's NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 2710.

Research is a core part of Trust business: the Research Business Unit (RBU) has been in place for over two years and continues to grow, providing valuable evidence to improve patient safety and care in future years. The Trust has actively been involved in 88 National Institute of Health Research (NIHR) Clinical Research Network (CRN) portfolio registered studies as either the lead centre for multi-centre studies or involvement in others is as a participating site. Key areas of research include Medical Specialties, Diabetes and Mental Health.

During the period 1st April 2010 to 31st March 2011, 2315 patients were recruited into NIHR portfolio studies and a further 817 patients were recruited into studies which are not registered on the NIHR portfolio.

Alder Hey provides 23% of the total recruitment into NIHR portfolio studies in Cheshire and Merseyside, an area covering 25 NHS Trusts. The Trust has already exceeded the NHS Operating Framework target to double recruitment into research studies over a five year period beginning in 2008/09 and is now achieving a 300% increase on the baseline recruitment figure.

Research is a highly regulated activity. The RBU has set up systems and has staff in post and trained, to process applications for research approval in the quickest possible time whilst providing complete assurance to the Trust, its patients, families and carers that studies are set up with full scientific review, ethical and all other regulatory approvals in place. This activity is fully in line with national research governance policies.

The Department of Health strongly encourages all researchers undertaking research in the NHS to publish their results, be they positive or negative. In excess of 70 papers were published in peer reviewed journals by Alder Hey researchers during the year. The Children's Nursing Research Unit (CNRU) was recently established with core funding from the Trust's General Charitable Fund. Its main objective is to engage and embed nursing research within this Trust. Major successes for the CNRU in the past year include securing significant external funding to fund staff and recruit additional staff, publishing outcomes in peer reviewed journals and three of its staff completing PhDs.

In September 2010 the Trust was inspected as a participating site in one of its commercial clinical trials of an investigational medicinal product by the Medicines and Healthcare Products Regulatory Authority. The inspectorate interrogates the systems and processes which are in place for the Trust to be compliant with Good Clinical Practice. The inspection outcome was very positive, reflecting on quality, the research infrastructure and staff involved in the delivery of safe and effective clinical trials.

The past year was marked by particular success for members of the Rheumatology Research Team. Alder Hey was awarded the first Centre of Excellence status by Lupus UK, the national charity supporting people with Lupus and their families. In receiving this honour, the Trust is leading the way in providing care for children with Lupus and also in undertaking clinical research to advance the knowledge and care of children with the condition. As a Centre of Excellence our patients, their families and the clinical team work in partnership in all aspects of care. Patients have the assurance that the team caring for them has been recognised nationally and judged independently by a charity whose remit is to support the needs and very best care for them and their families.



Elin Johnston
"The care our daughter has received at Alder Hey has been second to none. The staff here do a fantastic job."
Kate Johnston - Elin's mum

Goals Agreed with Commissioners

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework forms part of the overall approach on quality, which includes: defining and measuring quality, publishing information, recognising and rewarding quality, improving quality, safeguarding quality and staying ahead. The CQUIN framework is intended to support and reinforce other elements of the approach on quality and existing work in the NHS by embedding the focus on improved quality of care in commissioning and contract discussions.

A proportion of the Trust's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between Alder Hey and any person or body entered into a contract, agreement or agreement with for the provision of NHS services, through the Commissioning for Quality and Innovation Framework. Further details of the agreed goals for 2010/11 and for the following 12 month period are available online at www.alderhey.nhs.uk

During the year 2010/11, 1.5% of the Trust's income (£1.8m) was conditional upon achieving quality improvement and innovation goals agreed with Liverpool Primary Care Trust and North West Specialist Commissioners, with whom we entered into a contract for the provision of NHS services through the

Commissioning for Quality and Innovation payment framework.

In 2010/11 Alder Hey had the following CQUIN goals:

- TARN (Trauma Audit Research Network)
- Patient Experience: Responsiveness to care
- QIPP Indicators
- High Impact Actions:
 - Reduction in hospital acquired pressure ulcers
 - End of life care
 - Protection from infection: IV infection rates
 - Keeping nourished
 - Fit and well to care: To ensure that we monitor the sickness of the workforce
- Discharge Planning: To ensure effective discharges for patients
- Smoking Cessation: To support families to stop smoking
- Alcohol Prevention: To support children and young people attending A&E with alcohol related issues
- Developing a pathway to ensure the effective transition of patients with Neuro Disability
- Intra Operative MRI: To reduce the need for repeat brain tumour surgeries by using the MRI scanner
- Baclofen Therapy: To provide an evaluation of the use of Baclofen on patients with spasticity.

Performance against CQUIN Goals 2010/11

Indicator	Performance 2010/11
1. TARN (Trauma Audit Research Network)	██████████
2. Patient Experience: Responsiveness to care	██████████
3. QIPP Indicators	██████████
4. High Impact Actions	
a. Reduction in hospital acquired pressure ulcers	██████████
b. End of life care	██████████
c. Protection from infection: IV infection rates	██████████
d. Keeping nourished	██████████
e. Fit and well to care	██████████
5. Discharge Planning	██████████
6. Smoking Cessation	██████████
7. Alcohol Prevention	██████████
8. Transition Neuro Disability	██████████
9. Intra-Operative MRI	██████████
10. Baclofen Therapy	██████████

The CQUIN indicators this year were at times very challenging and required significant partnership working and innovation to achieve. Good progress has been made in using different types of therapies for chronic conditions whilst partnership work with public health has ensured that we are working to improve the overall health of the community.

Most challenging of the indicators was "fit and well to care", the measure for this being to keep nursing workforce sickness absence below 4.5%. Over the winter months, when the hospital was extremely busy with high numbers of patients with infectious conditions, nurse sickness absence rates climbed to an unprecedented high, leaving a year-end total of just over 5%. Sickness absence levels in March dropped to below 4.5% but this was not enough to reduce the cumulative total for the year to below 4.5%. We are planning a number of events in the summer months with nursing staff to look at issues relating to sickness absence and to improve on this year end result.

Discharge planning was made up of five elements relating to documentation on discharge from hospital. Three of the five elements were fully met, however the requirement for copies of discharge letters to be sent to patients was not met, with 63% of patients receiving their own copy against a target of 95%, although this was a vast improvement on the initial starting point of less than 30%. Moving forward, discharge planning is a major project for the Trust in 2011/12 including complex, simple and discharge documentation.

The Care Quality Commission

Alder Hey is required to register with the Care Quality Commission and our current registration status is without conditions. The Care Quality Commission has not taken enforcement actions against Alder Hey during 2010/11. The Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.



Data Quality

NHS number and general medical practice code validity

Alder Hey Children's NHS Foundation Trust submitted records during 2010/11 to the Secondary User Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

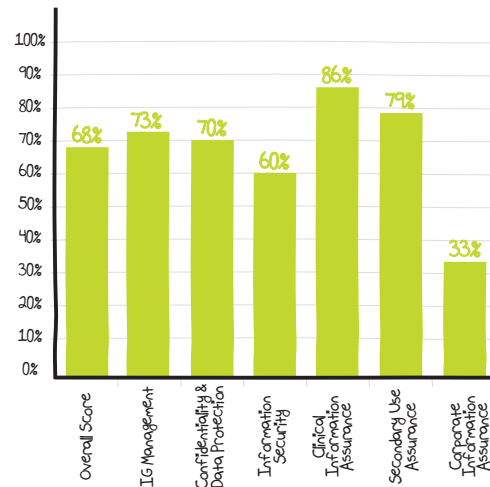
The percentage of records in the Data Quality Dashboard at Month 9:

- which included the patient's valid NHS Number was 99.6% for admitted patient care (which was above the national average of 98.4%)
- outpatient care was 99.9% (which was above the national average of 98.8%)
- and accident and emergency care was 99.7% (which was above the national average of 91.5%)
- which included the valid General Medical Practice code was 100% for admitted patient care, 100% for outpatient care and 100% for accident and emergency care.



Information governance toolkit attainment levels

Alder Hey's Information Governance Assessment Report overall score in 2010/11 was 68% and was graded red. A summary of the scores for each section of the toolkit are shown in the following chart:



Alder Hey will be taking the following actions to improve data quality:

- Development of a data warehouse
- Continue with Meditech refresher training and workshops for front line data entry staff tailored to specific groups of staff depending on their role
- Increase the level of staff with Information Governance training
- Continue to monitor the data quality strategy which sets out a clear rationale for good data quality

- Continue to monitor the implementation of the data quality policy across all functions
- A member of the Data Quality Team will be allocated to each CBU as the main point of contact for data quality issues/problems
- The Data Quality Team will continue to be available for advice and guidance and regularly attend the monthly CBU operational support meetings
- Data testing and audit will continue throughout 2011/12.

Alder Hey Children's NHS Foundation Trust was not subject to the Audit Commission Payment by Results (PbR) inpatient clinical coding audit during 2010/11. The PbR Assurance Framework for 2010/11 stated that only the worst performing 20% of trusts based on the findings of the previous three years' audits would be audited during 2010/11. The high levels of coding accuracy demonstrated by the Trust in all three PbR Data Assurance Framework audits resulted in Alder Hey being exempt from 2010/11 PbR inpatient Clinical Coding Audit.



Part 3

Review of Priorities and Performance for 2010/11

In its Quality Account for 2009/10 the Trust set itself clear goals in each of the quality domains. These goals were designed to stretch us to make our services safer, improve our clinical effectiveness and push ourselves to ensure that the experience of patients and their parents/carers was the best it could be.

Patient Safety

Patient safety is one of the corner stones of high quality care. The Trust set out clear goals in 2009/10 in this area to improve, monitor and review the safety of our services.

The three areas were:

- Reduction in IV line infections
- Reduction in clinical theatre incidents
- Maintain zero wrong site surgeries.

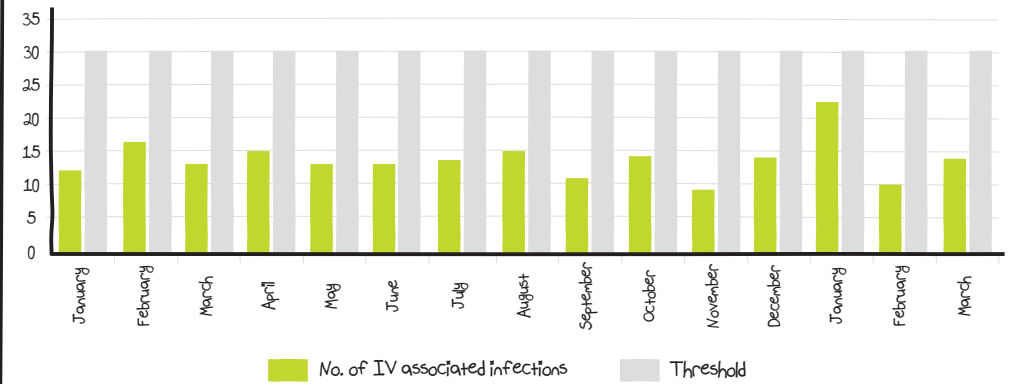


Jessica Rowlinson

"Alder Hey has been absolutely fantastic during my daughter's treatment and we couldn't have asked for anything better. Jessica has made lots of friends with staff which has helped make it a positive experience for her."

Karen Rowlinson - Jessica's mum

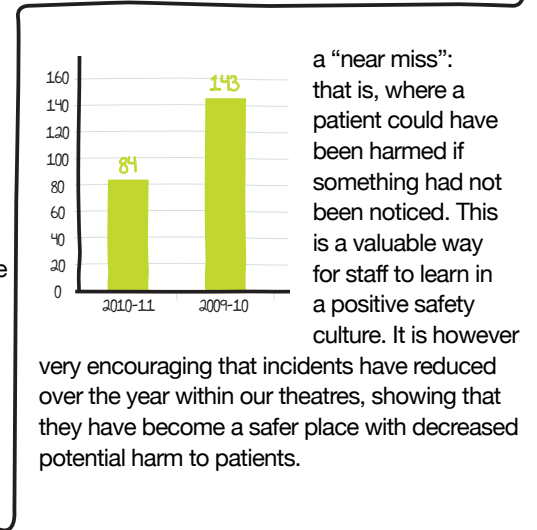
IV Line Infections



This performance is measured against a baseline which was calculated from 2009/10. This calculation averaged out at 30 per month. Therefore each month's line infection rate is against a baseline of 30.

Over the past year the Infection Control Team has been strengthened to ensure that we are able to give staff the correct training and advice when dealing with intra-venous lines, this has enabled a dramatic reduction in the number of line infections and far safer and better care for the patients.

As a Trust we achieved all of our mandated infection control targets.



Theatre Incidents

Operating theatres can be a high risk area, responsible for looking after some of the sickest and most vulnerable patients. By concentrating on the culture within theatres and implementing nationally recognised best practice (for example the 'safer surgery' check list) we have been able to reduce the numbers of incidents in theatre. However, we would not want to eliminate incidents completely as these often include

Zero Wrong Site Surgery

We have stringent checks within the hospital and the theatre complex to ensure that all patients are correctly identified and that they have the surgery in the correct place.

We have had no incidence of a child or young person having surgery at the wrong site.

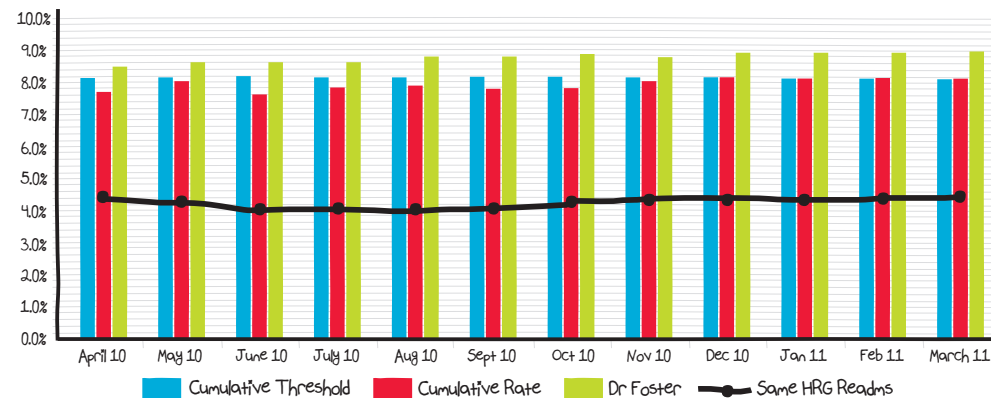
Clinical Effectiveness

Ensuring that we provide treatment that is timely and that has the best possible outcome is core to providing effective care. Monitoring the effectiveness of our care helps us to continually improve and update the clinical care that we offer. The three indicators, that we have chosen to include in our quality accounts, which relate to effective care are:

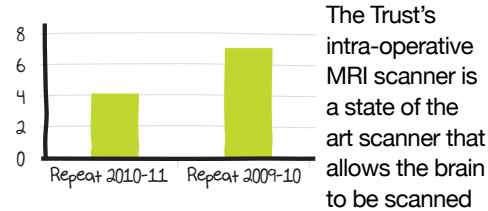
- 5%-10% reduction in repeat brain tumour surgery utilising the intra-operative MRI scanner
- monitor and reduce readmission rates
- four hour A&E waiting times.

Readmission Rates

If a patient is readmitted shortly after discharge this can indicate that we did not effectively treat the patient in the first place. Some readmissions are unavoidable, particularly if a child or young person has an ongoing problem that requires repeated admissions. Over the year we have monitored our readmission rates and compared them with other similar organisations, based on Dr Foster data. This is shown in the graph below. From the graph we can see that we have consistently fewer readmissions than similar hospitals which shows that we are performing comparatively better than would be expected.



Repeat Brain Tumour Surgery



The Trust's intra-operative MRI scanner is a state of the art scanner that allows the brain to be scanned

whilst in theatre, instead of being scanned after the completion of the operation. This is one of only a few types of this equipment in the country and has allowed us to reduce the number of times a patient has to undergo repeat surgery.

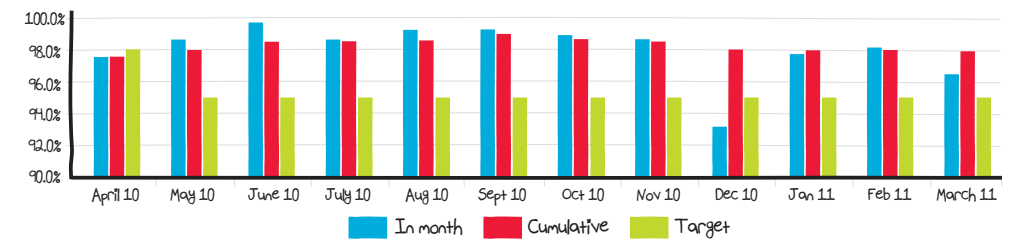
Four Hour A&E Waiting Times

Most people have experienced, at some time, attending an Accident and Emergency Department (AED) and know that if you are feeling unwell or have had an accident that it is not somewhere that you would want to spend any great length of time. Over the year we have monitored how long children and young people spend in our AED against the national standard of 95% of all attenders being seen, discharged or admitted within four hours. We have consistently performed well over the year with the exception of December 2010. December was a challenging month with infection rates and flu at a high rate in the community leading to increased attendances and admissions to the hospital.

We have already started to look at plans for December 2011 to ensure that if there are further increases in flu and other illnesses we can respond quickly and effectively.

The graph on the next page shows the monthly and cumulative percentage of patients seen, treated and discharged or admitted within four hours.

A&E Four Hour Target

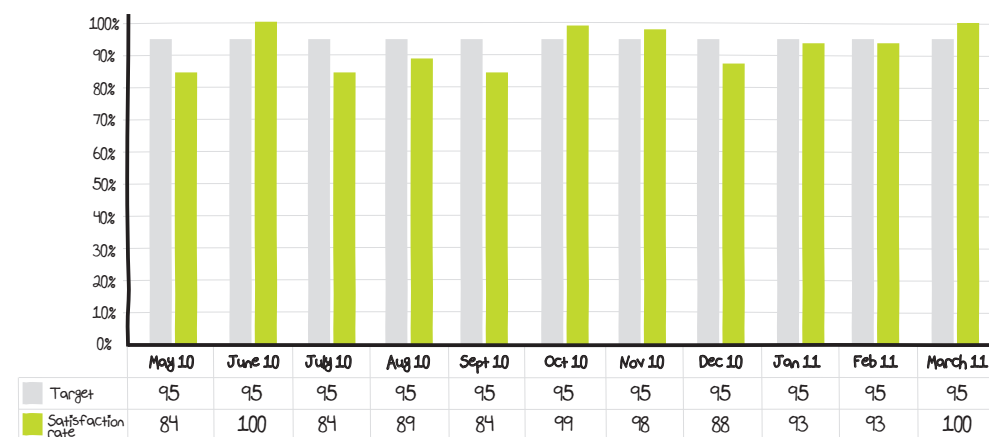


Patient Experience

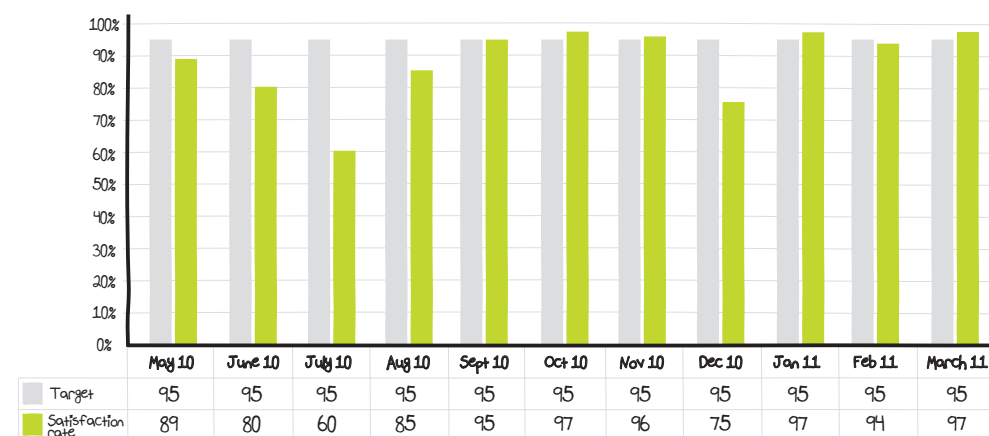
Ensuring that the patients and families in our care have the best possible experience is important to our mission to provide world class healthcare. Measuring and monitoring a range of patient and family reported indicators is a key way for us to develop new strategies and improve services. Three of the patient and family experience indicators we monitored in 2010/11 were:

- Increase patient and parent/carer satisfaction
- Complaints
- Patient Advice and Liaison services (PALs) enquiries.

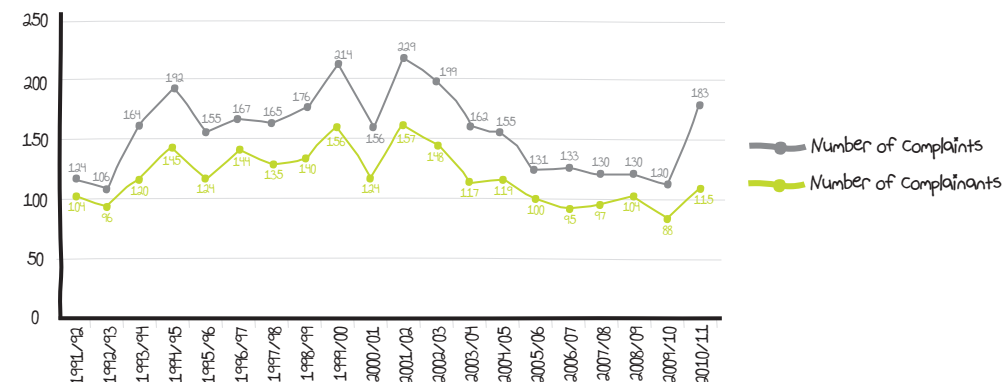
Patient Satisfaction



Parent / Carer Satisfaction



Complaints Trend Analysis: Number of Complaints versus Number of Complainants 1991-2011



Overall the number of both complaints and complainants increased from 2009/10 to 2010/11, with a 23% increase in the number of complainants compared to a 34% increase in complaints. The reasoning behind this disparity is that often people will raise a number of issues in their complaint which we treat separately for the purposes of response and investigation in order to allow us as a Trust to respond to all concerns or issues raised.

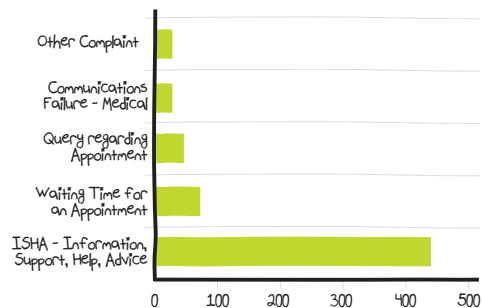
The most common causes for complaints over the last year was errors in nursing and medical care, staff attitude and appointment problems. Action has been taken to improve access and appointment issues and this is improving. As articulated in our patient experience priority, complaints management and the movement to a Customer Care Team is our main focus. We will work together on the development of a range of actions to improve staff practice; these include increasing training in customer satisfaction; targeting the clinical audit plan at areas that cause complaints and strengthening

the performance management of complaints action plans.

We will increase the capacity to improve patient experience by creating a Customer Services Team and improved governance systems as a result of the new Clinical Business Unit structure. With these strengthened systems in place and improved capacity, the Trust will demonstrate an overall improvement in patient experience over the next year.

During 2010/11 one 'cross-boundary' complaint has recently been referred to the Health Service Ombudsman. This is low compared to ordinary trusts in the North West and other parts of the country, and if compared with other specialist children's hospitals this number is not unusual. The previous year seven complaints were referred with one resulting in Health Service Ombudsman intervention and none required investigation.

Top 5 PALs Themes



Patient Advice Support and Liaison services (PALs) are here to help patients and their families with issues which may be affecting them. This is not always about the services the hospital provides but could be in relation to personal circumstances. Supporting our patients and their families is important to us to ensure that we can provide that positive experience and it is encouraging to see that patients, families and carers are accessing the service for advice, information and support.

To ensure that we can identify themes and address these, from 1st April 2011 both PALs and complaints will be analysed both by theme and by Clinical Business Unit. They are reviewed on a monthly basis as part of the Clinical Business Unit Quality Review.



Patient and Public Involvement

We realise that to continually improve our services we must involve our service users. We have a number of ways of doing this but the most effective is the Children and Young People's Forum (CYPF). The CYPF has been involved in some of the highest profile work of the organisation, from planning of the new hospital to interviewing candidates for Board level posts.

This group has increased its numbers and has become a very vocal group that is actively involved in many projects in and out of the hospital. A number of initiatives during the year have been:

- Food Group – working with the catering staff to improve the food which is provided to the children and young people in the Trust
- Graffiti workshop – this has been done with the Arts for Health Group. A workshop has been held in the hospital and the CYPF is planning to redesign artwork within the Trust
- Planning to look at how patient information can be improved
- Four members of the forum have been elected to the Liverpool Youth Parliament as Young Mayors. This is a first for the city.

Alongside the Children and Young People's Forum, a group of parents have been meeting regularly, and have both supported the Forum and have contributed to various discussions within the Trust in their own right. Over the next year we intend to develop this group to make a significant difference to the patient experience within the Trust.

In 2009 we formed a partnership with *Investing in Children*, an organisation concerned with the human rights of children and young people. It was set up in 1995 in County Durham to discuss finding a new way to provide services to children, young people and their families. *Investing in Children* also has an accreditation scheme, called *Investing in Children Membership*. This allows individual teams and projects to apply for accreditation, by demonstrating, to the satisfaction of the children and young people themselves, that they are listening to what children are saying, and things have changed as a result. As a Trust, in the last year we have received overall accreditation and four separate areas have been accredited by the children and *Investing in Children* for their partnership working.

Alder Hey is part of a task force looking at health promoting hospitals and the human rights of children. In partnership with *Investing in Children* we are taking a work stream forward with UNICEF UK. This work is concerned with developing a model which can be used in any health care setting which enables, encourages and empowers children and young people to have a say in their own healthcare. There is interest in using the model developed by Alder Hey and *Investing in Children* in a pilot involving hospitals in four European countries.



Performance Against National Priorities

As well as the Trust or locally defined indicators, Monitor (the independent regulator of foundation trusts) requires us to monitor our performance against a number of specific metrics. Our performance against these indicators is set out below. We rate ourselves red, amber or green (known as a 'RAG' rating). If we are green it means that we have achieved these goals.

Indicator	Measure, Threshold or Target	RAG Rating
C. difficile	5	Green
MRSA Bacteraemia	2	Green
MRSA screening Elective Inpatients (High risk patients only)	100%	Green
18 Week RTT Target Admitted Patients	90%	Green
18 Week RTT Target Non Admitted Patients	95%	Green
All cancers: two week GP referrals	0	Green
All cancers: one month diagnosis (decision to treat) to treatment	0	Green
All cancers: 31 day wait until subsequent treatments	0	Green
Total time in A&E - All waits	95%	Green
Compliance with the Terms of Authorisation		Green
Financial Rating		Green

We are very proud that we have achieved all national priorities in 2010/11.

Quality Improvements and Innovations

The goals we set ourselves and those set by our regulators in 2009/10 provide a snapshot of the innovation and development which the Trust has undertaken to enhance quality. Over the past year our staff have been working on a diverse range of projects to ensure that our patients are safe, have effective procedures and the best possible experience.

Clinical Excellence

Ensuring that we achieve the best possible outcomes is one of the most important elements of providing high quality care. At Alder Hey we are at the forefront of developing new and innovative ways of ensuring we deliver high quality and effective care with the best possible outcomes. Some of the innovations and achievements our teams have been working on over the last year are listed on the following page:

- Achieved 'outstanding' in the joint CQC/Ofsted inspection of our safeguarding service which is a mark of excellence for how we look after the most vulnerable children and young people
- Increased our provision of end of life care, which allows us to offer a more comprehensive and supportive service to patients at the end of their life and their families
- Developed the Liverpool pathway for children and young people with neuro-disability to support young people with complex conditions to move between children and young person services and adult services in an inclusive manner

- Developed a new paediatric nutritional screening assessment tool to ensure that children and young people admitted into our care have appropriate nutrition
- Secured funding for a dedicated clinical research facility at Alder Hey which will allow us to ensure that we are at the forefront of innovation to treat children and young people
- Reduced the number of cancelled operations (for non-clinical reasons), hitting 0.43%, well below the target of 0.8%
- Developed an integrated care pathway for Children and Young People with Asthma and established a pilot with five GP practices and Asthma UK to improve management of asthma patients in the community and reduce hospital admissions
- Introduced Near-Patient Pharmacy which has contributed to improved discharge planning and a reduction in delayed patient discharges. Having the pharmacy and pharmacist closer to the patients really enhances the quality of the service.



Patient Safety

As one of the cornerstones of high quality care, patient safety is one of the Trust's key work streams and forms part of every person's role. Everyone at Alder Hey has been working hard to ensure that we innovate, review and monitor how we keep our patients safe over the last year and some of our key achievements are on the next page:

- Reduced the number of Hospital acquired Grade 3 and 4 pressures ulcers from 13 in 2009/10 to just three in 2010/11
- Changed the model of care on the Medical Assessment Unit to maximise the skills of our nurses: utilising Advance Nurse Practitioners to assess and treat patients quickly and effectively and create a Nurse Led Unit which keeps length of stay to a minimum
- Worked to improve on the sickness rates across the Trust but with a particular focus on our nursing staff and in some areas we reduced this to under 5%
- Refurbished the Rainbow Centre to improve the patient environment and patient experience. This contributed towards our 'excellent' review from the CQC inspection on Safeguarding in the Trust
- Implemented changes to processes in Medical Records to facilitate a move towards centralisation of patient information in preparation for the introduction of Electronic Patient Records, ensuring that we have quick and accurate access to patients' information
- Took on the role of clinical lead for NWTS (North West Transport Service) for retrieval of critically ill children. The Unit receives patients from across the region who are transported via the North West and North Wales Paediatric Retrieval Service (NWTS).

Patient and Family Experience

Providing the best possible experience to the children, young people and families who use Alder Hey is a key priority for the Trust. Making sure that no matter what the outcome or how long the stay, we provide an experience which

is warm, welcoming, supportive and personal. In 2010/11 the Trust focused on this and a number of our key achievements are below:

- Over 2,000 patients rated our services, positively using our feedback cards to rate a range of different aspects of our services
- We improved the environment in the Pathology waiting area and in the outpatients to help improve the patient experience; we also worked on reducing the waiting times in clinics
- Our Burns service regularly supports children to attend 'Burns Camp' and we offer a burn support club providing extra-curricular activities in holiday times.

Workforce Factors

Ensuring high standards

Ensuring we have a high quality workforce is vital to maintaining and improving quality standards across the Trust.

There is a robust governance framework in place to ensure workforce quality indicators are measured and monitored; workforce Key Performance Indicators (KPI's) including sickness absence, statutory training and Personal Development Reviews (PDR) are reported at the Workforce and Organisational Development Committee, a Committee of the Board, and at Clinical Business Unit Board meetings.

In 2010 the Trust was successfully assessed against NHSLA Level 3 standards, and was re-assessed and retained Level 3 status in February 2011. The standards have a significant focus on workforce quality indicators and the Trust was able to demonstrate strengths in all areas, including recruitment, training and induction for all staff.

Planning and Developing the Workforce

Personal Development Reviews

The 2010 Staff Survey showed that 82% of staff had been appraised of which 86% resulted in an agreed personal development plan (higher than the national average) but fewer staff reported that their appraisal was well structured and left them feeling valued. In response, an audit of PDRs was undertaken to assess the quality of PDR discussions. Whilst there are many examples of excellent practice, some managers and reviewers will need further support; training and coaching will continue to be provided for reviewers, amendments have been made to the PDR self appraisal and recording paperwork and the use of group/team objectives will be further promoted, supported and facilitated.

Statutory and Mandatory Training

The focus for mandatory training during 2010/11 has been to improve compliance rates and the quality of training by:

- The development and promotion of e-learning
- Provision of locally based training to target low compliance areas
- Improved accuracy of training records
- Support for subject experts who deliver training.

This has resulted in an increased compliance for most topics with a significant increase

in those undertaking training in Equality and Human Rights, Information Governance, Safeguarding Level 3 and Infection Prevention and Control. In addition a review has been carried out which aims to ensure that the organisation's investment in statutory and mandatory training has a positive impact on both staff effectiveness and quality of the patient experience.

Doctors' Revalidation Project

In 2010 the Department of Health commissioned the NHS Revalidation Support Team (RST) to run a series of pilots and projects to support implementation of a system of revalidation for doctors in England. In April 2010 Alder Hey was selected to trial a Revalidation Pilot Toolkit (RPT) to develop a doctor's portfolio of supporting information for their appraisal discussion.

Those doctors who chose to use the electronic RPT during the pilot appreciated the ability to have all their supporting information structured and held in one place. The Trust believes that being involved in the pilot has given us a greater understanding of what will be required for revalidation; a Trust event for our doctors in June 2011 will be an opportunity to feedback on the lessons learned from the pilot, and also to plan what needs to be done to ensure that the Trust is revalidation-ready.



Matthew Welch

"The staff looking after our baby boy have been fantastic and have a great bedside manner. We have been kept fully informed throughout Matthew's treatment and we feel very reassured that we've had our questions answered with honesty."

Susan & Daryl - Matthew's parents

Staff Engagement

The national Staff Survey was undertaken on behalf of the Trust by Quality Health Ltd between September 2010 and January 2011. Commitment to securing improvements in staff satisfaction and engagement remains a priority for the Trust; a Communication Strategy has been developed to share the results from the annual Staff Survey and action plans are in development to promote areas of best practice and address key areas of concern. Additional mechanisms for obtaining a regular 'temperature check' will be established early in 2011 which will provide feedback direct from staff to indicate the value and effectiveness of activities to promote best practice and address key shortfall areas.

The response rate to this year's Staff Survey was 57%, slightly higher than the national average. The key areas to highlight in relation to quality are:

- 93% of staff reported that they believed their role made a difference to patients
- 90% of staff are satisfied with the quality of care they give to patients
- 82% of staff received an appraisal within the last 12 months and 86% of these agreed a personal development plan as part of this review
- 61% of staff reported that they are able to contribute to workforce improvements.

Leadership

2010 saw the development of two key programmes which will run throughout 2011/12 to support the development of leaders within the organisation: the CBU Leadership Development Programme and the Management and Leadership Programme, aimed at senior and middle management levels respectively.

Both programmes are designed to support the CBU Leadership Teams to deliver high quality and efficient services to patients and service users and cover the key elements of business acumen, leadership effectiveness, change management and personal effectiveness. They represent significant investment in the leaders of the organisation. The effectiveness of each programme will be tested and evidenced through regular evaluation.

Alder Hey Achievers Awards

The annual 'Alder Hey Achievers Awards', an event to celebrate staff and their contribution to Alder Hey, took place May 2010. Staff, parents and members of the public were able to nominate individual staff or teams for their outstanding contribution to patient care, quality or the wider organisation.



The diversity of the initiatives described within all of the nominations demonstrated the extent to which staff are valued by their colleagues, our patients, parents and carers. They ranged from simple messages of thanks in recognition of small acts of care and kindness to very in-depth information around how staff had contributed to the whole organisation by undertaking or introducing new ways of working which resulted in better care and improved services from the Trust.

The launch of the 2011 Alder Hey Achievers Awards saw a significant increase in the numbers of nominations and demonstrated the wide range of staff involved in quality initiatives.



Empowering Staff

Trade Union Partnerships

The bi-monthly Trust Partnership Forum, consisting of Executive Directors, Senior Managers and Trade Union representatives is a well-established forum supporting effective partnership working and communication between the Trust and Trade Unions.

In 2010 work was undertaken with the Trade Unions and the senior Human Resources Team to develop a partnership model that will support a new approach to partnership working going forward. A working model has been agreed by Trade Unions and the Trust, which will be formalised into a new working agreement in 2011.

Staff Contribution to Quality Development: Innovation in 2010/11

The current service improvement programme has produced some excellent outcomes in terms of involving staff in service redesign and improvements in quality.

B1 Outpatient Department: Pre-consultation Preparation

A rapid improvement event and subsequent team based problem solving sessions involving Healthcare Assistants, the Clinic Nurse Manager, Medical Records achieved improved patient experience by reducing their waiting time and ensuring they had standard testing completed and were ready for their clinic consultation with their clinician. In addition, the team achieved a significant reduction in the amount of time spent by staff searching for missing notes. The outpatient staff also designed and implemented reaction plans to address fluctuations in staffing levels to ensure smooth running of clinic.

CIVAS

The CIVAS (Centralised Intravenous Additive Service) Department often experienced erratic work demand and had difficulty meeting the needs of the wards and departments. The CIVAS team produced a new scheduling system to even the workload of the Department and enable them to meet the demand for products for the wards. A scheduling board is displayed in the Department and is visible to all staff to enable clear communication and support staff rostering to maximise isolator time and training opportunities. A further improvement workshop known as a "writing cell" enabled the Department to ensure Standard Operational Procedures were up-to-date with many being merged in order to reduce the overall number required.

Medical Records Value Stream Analysis

The Trust will be moving from a paper based system to an electronic patient record (EPR) as there is no space planned for storage of patients' casenotes in the future Children's Health Park. To facilitate this transition, two week-long events involving staff from the Medical Records Department, Consultants, Secretaries and various Managers from across the Trust were held. These events were used to identify the current challenges and inefficiencies, for example lack of storage space, maintenance of notes, archiving and destruction and agree on solutions to these issues, thus improving instant access to patient information and preparation for EPR.

Third Party Statements on the Quality Account

Comments from Governors

"This was an excellent report; I found it to be open and honest and seemed to cover every aspect of the hospital from patients to staff."

"I welcome the opportunity to comment on the Alder Hey Children's NHS Foundation Trust Quality Account 2010-2011. The report is a substantial and thorough account of the High Quality Care and Services for the Children, Young People and their families. The priorities for 2011-12 are clearly set out and whilst they will bring challenges, they will also provide opportunities to improve and enhance the Quality of the patient experience. I am satisfied that the Quality Account is a true reflection of what is being said and discussed with Governors and look forward to being part of the achievement of its goals."

Statement from Liverpool Overview and Scrutiny Committee

The Overview and Scrutiny Committee of Liverpool City Council was unable to consider the Trust's Quality Account in time for its views to be included in this document. This was due to the timetable for the preparation of the report coinciding with the local authority elections. The Committee will review the report on 28th June 2011 and will work with the Trust to develop an ongoing dialogue throughout the year so that this problem can be overcome in the future.



Statements from LINKs

Liverpool LINK Quality Accounts Commentary for Alder Hey Children's NHS Foundation Trust 2010/11

The comments made here pertain to a draft document that was made available to LINK prior to Quality Account publication. This means that the published document may have already been amended in line with some of the suggestions made here.

Liverpool LINK welcomes the greater opportunity for engagement afforded by the timescales for production of Quality Accounts in 2011. This has enabled us to make the following evidence-based collective comments. Throughout 2010/11, Alder Hey has effectively involved service users. The Trust has also worked closely with Liverpool LINK on public engagement issues and we hope to continue to build on this solid foundation throughout 2011/12.

There are various points regarding this Quality Account where LINK members will be giving constructive feedback to make improvements for next year. However, Liverpool LINK would like to highlight the following as examples of



the type of issues we would like the Trust to take note of.

- Staff and other stakeholders are involved in evaluating the quality of services through regular surveys, open days etc. However, the Quality Accounts does not adequately set out how Alder Hey has engaged with patients or other stakeholders groups. It does not include sufficient information with regards to engagements events or give enough details of how they engaged with partners or stakeholder groups such as LINK.
- The way that patients were given information to help them to choose the priorities for next year could be set out in more detail in order to help the public to understand what the hospital wants to achieve.
- The way the Quality Accounts is set out does not make it very easy for the public to find all the relevant information. It would benefit from the inclusion of a contents page and executive summary.
- Information on how to obtain this document in accessible formats and other languages should be included in the document itself.
- The quality account could make better use of graphical information to make it easier to understand.

Liverpool LINK Quality Accounts Commentaries are restricted in scope to commenting on quality issues pertaining to individual Quality Accounts. Liverpool LINK will continue to work with Alder Hey Children's NHS Trust to ensure that we monitor the implementation of the measures contained in the Quality Account and to ensure ongoing progress on improving the quality at the Trust more generally.

Endorsed by Liverpool LINK Core Group May 2011



Alder Hey Children's NHS Foundation Trust Commentary from Sefton LINK

Sefton LINK would like to thank Alder Hey Children's NHS Foundation Trust for their work with the LINK over the last 12 months. Sefton LINK provides this revised statement in response to the final draft of the Quality Account for 2010/2011 (May 2011). Members found the trust to be very responsive and supportive of the LINK's comments in the production of the Quality Account 2010-2011.

The LINK is aware that Governors for the Foundation Trust meet every 3 months, and members look forward to working more effectively with the trust and its governance over the next 12 months.

Following some concerns raised by the LINK, members were pleased to note that the trust are planning future events to address the red rating for 'Fit and well to care' for performance against CQUIN goals. The LINK looks forward to seeing the impact of these events on the Trust's performance over the next 12 months.

Sefton LINK regularly monitors the trust's PALS reports and members were pleased to see more information provided about the service. The LINK commends the trust on providing details of the trust's 'Top 5 PALS themes', an introduction to the service and a description of how complaints are processed.

The LINK was satisfied with the trust providing additional information on some issues addressed in the Quality Account including 'Never Events' at the trust and how they are recorded.

Whilst understanding the Trust's clear transitional pathways for patients, the LINK would like to see evidence that the process is working and how successful this has been for patients. This is something the LINK would be keen to look at over the next 12 months.

The Trust has informed the LINK that the 2010-2011 Quality Account will also be available in an alternative format for younger people and services users. Members feel this is a very positive approach in making the account accessible for patients.

Sefton LINK would once again like to thank Alder Hey Children's NHS Foundation Trust for involving its members in the production of their 2010-2011 Quality Account and the LINK looks forward to working with the trust over the next 12 months.

A Bisbrown-Lee

Ann MK Bisbrown-Lee
Chair
Sefton LINK

Statement from Liverpool PCT

In line with the NHS (Quality Accounts) Regulations Liverpool PCT is happy to receive the Quality Account for 2010/11 from Alder Hey Children's NHS Foundation Trust.

As Director for Service Improvement and Executive Nurse for Liverpool PCT I have reviewed, the information contained within the account and verified this against data sources where this is available and can confirm that this is an accurate account of the quality of care in relation to the services provided. I have also reviewed the content of the account and can confirm that the Quality Account complies with the prescribed information, form and content as set out by the Department of Health. I believe that the account represents a fair and balanced view of the 2010-2011 progress that

Alder Hey Children's NHS Foundation Trust has made against the identified quality standards. The Trust has complied with all contractual obligations and has made good progress over the last year with evidence of improvements in key quality & safety measures.

The Trust has successfully demonstrated good engagement with children and young people, staff and stakeholders in developing a set of quality priorities and measures for the forthcoming year 2011/12 and I personally applaud their continued commitment to sustainable quality improvements.

T Bennett

Trish Bennett
Director of Service Improvement
& Executive Nurse
Liverpool PCT



Glossary of Terms

- A&E: Accident and Emergency
- AED: Accident and Emergency Department
- CBU: Clinical Business Units
- CORC: CAMHS (Children and Adolescent Mental Health Services) Outcome Research Consortium
- CQC: Care Quality Commission
- CQUIN: Commissioning for Quality and Improvement
- CIVAS: Central Intra-venous Aseptic Suite
- DNA: Did Not Attend
- HRG: Healthcare Resource Groups
- HQIP: Health Care Quality Improvement Partnership
- IIC: Investing in Children
- MRI: Magnetic Resonance Imaging
- NIHR: National Institute for Health Research
- NCAAG: National Clinical Audit Advisory Group
- NCAPOP: National Clinical Audit and Patient Outcomes Programme
- OFSTED: Office for Standards in Education
- OSC: Overview and Scrutiny Committee
- PROMs: Patient Reported Outcome Measures
- WHO: World Health Organisation

Alder Hey Children's 
NHS Foundation Trust

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