



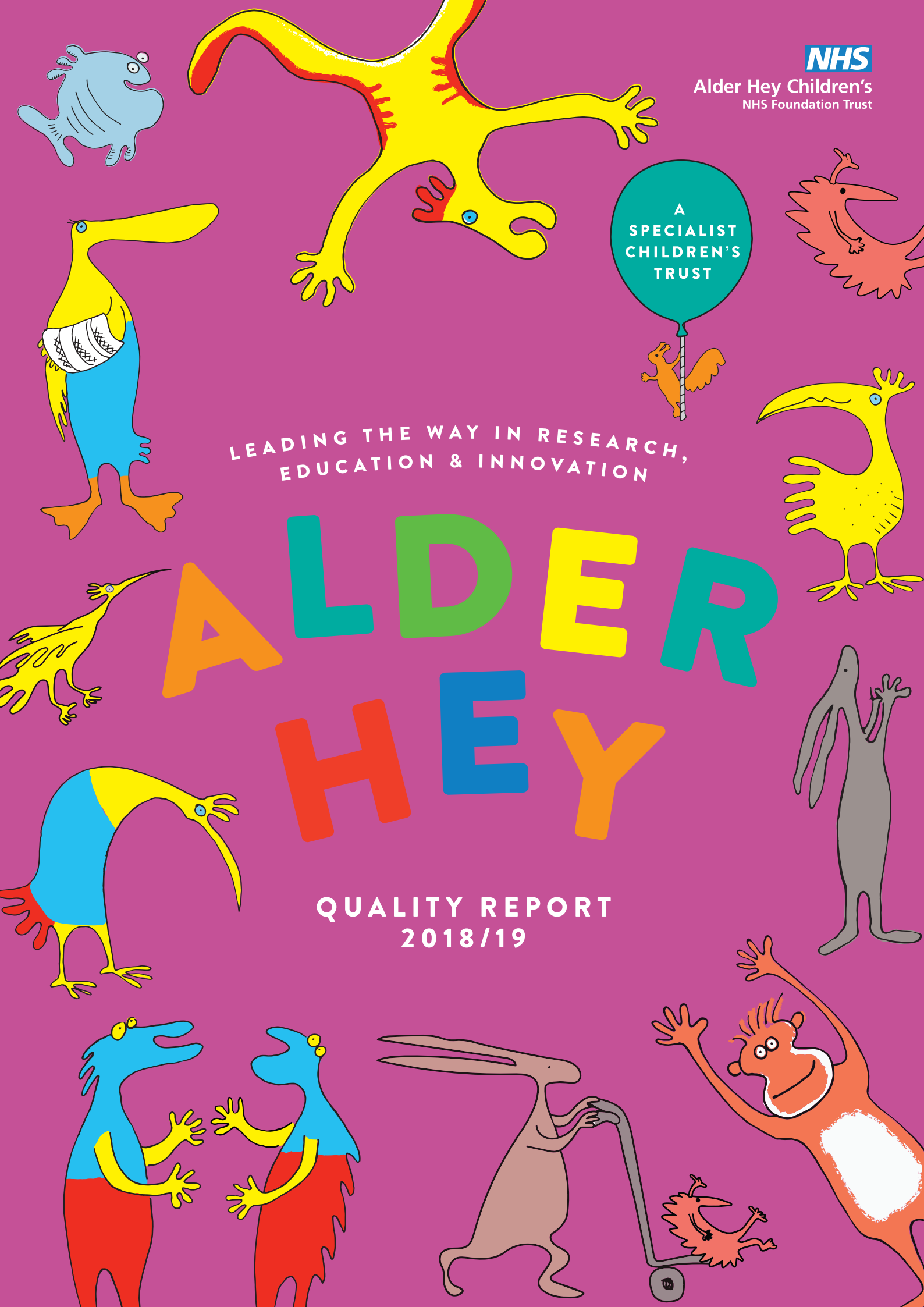
Alder Hey Children's
NHS Foundation Trust

A
SPECIALIST
CHILDREN'S
TRUST

LEADING THE WAY IN RESEARCH,
EDUCATION & INNOVATION

ALDER HEY

QUALITY REPORT
2018/19



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QUALITY REPORT 2018-19

“OUTSTANDING CARE INSPIRED BY CHILDREN”

PART 1: STATEMENT ON QUALITY FROM LOUISE SHEPHERD, CHIEF EXECUTIVE

When I look back on 2018/19, I see it as the year in which Alder Hey took significant steps towards a new approach to Quality Improvement, building upon almost a decade of continuous progress against three key principles: that no patient should suffer harm in our care; that every patient should have the best possible experience and that all patients should receive the most effective, evidence based care. We have remained true to these clear intentions and have demonstrated measurable success, which is illustrated throughout these pages.

Delivering outstanding care has been a key component of Alder Hey’s Strategy for a number of years. Since we moved into our new hospital in 2015, we have continued to develop our ambitious plans to create a health campus for children and young people. In the last 12 months, it has become increasingly clear that by bringing together the wealth of expertise of our staff across leading edge clinical, innovation, research and technological fields of practice, we have the opportunity to deliver the kind of services and experience that staff, children and families described in the Quality Summit of May 2018. The learning from this event, together with examples of quality improvement work drawn from leading organisations nationally and internationally has helped us reach the next phase of our Inspiring Quality Strategy.

I am especially proud of the way in which staff have embraced our drive to further improve the quality of the care that they provide, by ensuring that our children and young people are always at the centre of all that we do at Alder Hey. There are many rich examples of how teams have contributed to this in the last year in order to place ‘children and families first every time’ – one of our key priorities. In the last year, we have worked hard to respond to feedback from families about some of our frontline services including Outpatients and Phlebotomy, resulting in significant improvements in both patient and staff experience.

Crucially, we have maintained our focus on our safety culture, learning from events where things could have been improved and changing practice in response. The vital work to ensure early identification and treatment of children whose condition is deteriorating has continued to be at the forefront of our minds as an organisation and has seen significant progress, through the tireless efforts of the whole team.

As Chief Executive, I commend our Quality Report for 2018/19 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



PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 PRIORITIES FOR IMPROVEMENT

In 2012/13, Alder Hey Children's NHS Foundation Trust set a Quality Strategy with a key focus on three quality domains and 16 quality aims, as described in the table below.

Quality Domains	Quality Aims
Patient Safety Patients will not suffer harm in our care.	Patients will not develop a hospital acquired infection.
	Patients will not suffer harm as a result of drug errors.
	Patients will not develop a hospital acquired pressure ulcer.
	Patients will not suffer avoidable death.
	Patients will not suffer unexpected deterioration.
	Patients will not suffer from a never event.
Patient Experience Patients will have the best possible experience.	Patients and families will have received information enabling them to make choices.
	Patients and families will be treated with respect.
	Patients and families will know their planned date of discharge.
	Patients and families will know who is in charge of their care.
	Patients will engage in play and learning.
Clinical Effectiveness Patients will not suffer harm in our care.	There will be no acute readmissions within 48 hours of discharge.
	All patients will be treated following recognised protocols/pathways/guidelines.
	There will be no acute admission of patients with long term conditions (Epilepsy, Diabetes, Asthma, Lower Respiratory Disease).
	Patients will be discharged on the planned day of discharge.
	Patient outcomes will be within nationally defined parameters.

Since then the Trust has continued on a journey of improvement with regular review of the Quality Strategy and the quality aims, continuing or adjusting our priorities each year to ensure specific focus is always placed on the necessary areas of improvement whilst not losing sight of our overall strategy and agreed improvement targets. We have made significant improvements over time, which have been reflected in previous quality reports and we have adapted our approach to work with technological advances and changing legal and regulatory requirements.

We completed the 'Sign Up to Safety' three year pledge, which delivered a marked improvement in patient safety, in particular reducing harm from

medication errors and reducing hospital acquired infections; we have maintained a constant focus on improving the early detection and treatment of deteriorating patients, including children with suspected Sepsis; we have maintained our position as one of the top performing trusts in terms of incident reporting, which is reflective of a strong safety culture; we implemented and have continued to improve our Ward Accreditation Programme; and we have maintained a strong focus on improving the experience of our children and families and this report reflects further improvement initiatives in this area. We have also continued to address the aims identified under the clinical effectiveness domain, which have largely been progressed through the Global Digital Excellence (GDE)

work, i.e. utilising best practice evidence to improve and digitise our pathways and ultimately improve outcomes. The Trust has been invited to participate in the pilot of the National Clinical Improvement Programme, a national programme that has created a portal to allow clinicians to see their outcomes of treatment in real time and use this data to improve practice and inform revalidation.

In 2016, the Trust's refreshed Quality Strategy, 'Inspiring Quality', was signed off at Trust Board. Whilst retaining a focus on the three quality domains, we recognised the need to formally capture within our strategy a priority relating to staff health and wellbeing, plus having just moved in to a newly built hospital we added environmental improvements into the Quality Strategy ensuring the new environment worked for children and families as well as staff. These were added to the key focus areas in the 2017/18 Quality Account, with significant improvements reported in last year's account.

During 2018/19 we have further strengthened our Inspiring Quality Strategy and have developed a more detailed implementation plan for quality improvement. In recognition of the growing number of quality improvement aims and targets, for 2019/20 we will adopt a 'watch and drive' approach. We will continue to monitor our 16 quality aims plus other quality indicators through our Corporate Report ('watch') so that any areas that drift from the expected high quality standards can be addressed in a timely manner. Additional effort and resource will be put into a smaller number of quality improvement focus areas ('drive'), identified through the Inspiring Quality Strategy and including: a stronger focus on involving children and families; a continued drive towards being the safest children's Trust in the NHS; improved utilisation of digitisation and artificial intelligence; and a development plan that will build an organisational culture of inspiring quality.

This section of the Quality Report describes the specific priority areas for 2019/20, as agreed through wide consultation and approved by Trust Board.

2.1.1 Priorities for Improvement in 2019/20

This year has been a pivotal year for Alder Hey. In the past 12 months, we have refined our Inspiring Quality Strategy to provide greater clarity on ambition, methodology and measurement of our Inspiring Quality Plan, with a clear trajectory of creating an organisational culture of quality improvement and safety.

We have strengthened our commitment to the three key priorities, with a focus on an inclusive approach involving children and families to ensure we always put children first and a clearly stated ambition of becoming the safest children's Trust in the NHS that delivers outstanding outcomes for children.

In May 2018 we held an Inspiring Quality Summit which was attended by a broad range of over a hundred staff, parents, students and external partners. The outputs of the Summit were captured by a graphic artist on a poster display and used to inform our priorities in the final Inspiring Quality Plan. We also consulted with our Children and Young People's Forum and Parents' Forum and provided opportunities for Healthwatch and other key internal and external stakeholders to contribute to our future plans.



We also sought opportunities to learn from other respected organisations nationally and internationally, including discussions with SickKids Hospital (The Hospital for Sick Children, Toronto, Canada), East London NHS Foundation Trust and Salford Royal NHS Foundation Trust to further develop our ideas.

The Inspiring Quality Delivery Plan was presented to the Clinical Quality Assurance Committee and was approved by Trust Board in December 2018. The plan is represented graphically at Appendix 2.

In creating the plan we consulted widely with staff, parents and families and other stakeholders to explore what is required to deliver these three priority aims and have identified four key changes required to the way we work. These are 'do everything with children and families', 'communicate safely', 'transform patient care through digital technology' and 'build a culture of Inspiring Quality'. These are reflected as specific focus areas for the year 2019/20.

Priority 1 PATIENT EXPERIENCE: To Put Children First

Rationale The Trust has a strong history of seeking feedback from children and families and putting plans in place to fix perceived problems. However for a child to truly be at the centre of their care, they should be involved in designing what that care will look like and have input into service improvements, pathway design and setting their own care goals. In continuing the drive to put the child at the centre of everything we do, the Board have agreed that we should place a strong focus on working in partnership with children and families in the design of pathways and service improvement.

The Trust Board agree that there should be specific focus on:

- **Doing everything *with* children and families.**

Measuring We will measure the following aspects of doing everything with children and families:

1. Number of pathways and improvements designed with children and families' involvement.
2. Number of staff trained in child and family centred care.
3. Number of specialties using a Goal Based Outcome Tool in their practice (children setting their own goal based outcomes).

Monitoring and Reporting A clinically led work stream will provide updates to the Inspiring Quality Cabinet which will provide regular reports to Clinical Quality Assurance Committee and ultimately to Trust Board.

Priority 2 SAFETY: To Be the Safest Children's Trust in the NHS

Rationale Communication was a consistent theme highlighted by staff and patients through the Inspiring Quality Summit. In delivering our ambition to be the safest children's Trust in the NHS, we recognise that safe, effective communication is crucial to improving patient safety. It includes not just exchange of information and medical hand-over but also the way we make patients feel, how we work together as teams and with families, how we invite feedback and how we feel safe to report incidents and escalate concerns. Our plan is to improve our safety culture built upon openness and continual learning, by developing a performance aware, resilient workforce, working with children, families and external partners.

In support of our aim to be the safest children's Trust in the NHS, the Trust Board agree that there should be specific focus on:

- **Communicating safely.**

Measuring We will measure the following aspects of communicating safely:

1. Number of safety culture assessments implemented across the Trust.
2. Number of staff trained in communicating safely (including human factors).
3. Number of incidents of preventable harm.

Monitoring and Reporting A Safety Improvement Taskforce will track performance against reducing incidents of preventable harm, which will continue to be reported in the Trust's monthly Corporate Report. Overall performance will be monitored through the Inspiring Quality Cabinet, which will provide regular reports to Clinical Quality Assurance Committee and ultimately to Trust Board.

Priority 3 EFFECTIVENESS: To Achieve Outstanding Outcomes for Children

Rationale Alder Hey is one of 16 hospitals that have been selected to be a Global Digital Exemplar (GDE) site. Moving from a predominantly paper-based to an electronic system offers an opportunity to transform our approach to patient care. Digital technology enables us to collect increasing amounts of information electronically as part of routine care and will allow us to analyse data in real-time. We are also able to standardise pathways according to best practice using NICE and international guidelines. This will have considerable benefits for staff and children, enabling prospective outcome monitoring, timely moderation of treatment and pathways and facilitating data collection for research studies. We will also use artificial intelligence to identify and drive outcome improvements for children.

In support of the drive to achieve outstanding outcomes for children, Trust Board agree that there should be specific focus on:

- **Transforming patient care through digital technology.**

Measuring We will measure the following aspects of transforming patient care through digital technology:

1. Number of specialities adopting evidence based digital pathways.
2. Number of feedback messages received from children using artificial intelligence through Alder Play App and the number of improvements made based on machine learning.
3. Number of specialties able to access their own clinical outcome data via the Clinical Intelligence Portal.

Monitoring and Reporting A clinically led workstream will provide updates to the Inspiring Quality Cabinet which will provide regular reports to the Clinical Quality Assurance Committee and ultimately to Trust Board.

In developing the Inspiring Quality Strategy, it was recognised that the workforce are key to implementing the necessary changes to how we work. The plan therefore includes a further area of focus which is to build a culture of 'Inspiring Quality'.



Priority 4 Build a Culture of Inspiring Quality

Rationale 'Inspiring Quality' will create a cultural shift in the organisation. We need to create the right conditions to facilitate this cultural change. This includes leadership capacity and capability, a means of involving and supporting all staff and a means of ensuring sustainability.

We will develop our leaders to coach and motivate staff working through the framework of the Alder Hey Leadership Strategy and delivered through an in-house leadership programme ('Strong Foundations') to our leaders at every level.

We will launch an 'Inspiring Quality Faculty' to deliver learning and development to staff. This will comprise of experts and coaches in quality improvement, including internal and external partner members and will help to train staff in the use of 'Inspiring Quality' tools, techniques and approaches.

The Trust Board agree that there should be specific focus on

- **Building a culture of 'Inspiring Quality'.**

Measuring We will measure the following aspects of building a culture of 'Inspiring Quality':

1. Number of leaders trained in our Strong Foundations Programme.
2. Number of staff trained in 'Inspiring Quality'.
3. Number of teams demonstrating use of 'Inspiring Quality' huddle boards/daily routines to make improvements.

Monitoring and Reporting A dedicated workstream lead will monitor progress against the goals and will provide updates to the Inspiring Quality Cabinet which will provide regular reports to the Clinical Quality Assurance Committee and ultimately to Trust Board.

The Trust is adopting a phased approach to implementation of the Inspiring Quality Strategy. The first phase (from April to October 2019) focusses on creating capacity, mobilising people and communicating the change. The second phase (from October 2019 onwards) focusses on embedding the change. A third phase will review and evolve the change over time.

2.1.2 Quality Improvements in 2018/19 – Progress Update

The key priorities for improvement for 2018/19 were declared in the 2017-18 Quality Account and focussed on three priority areas as detailed below. These areas were identified through the early work in developing the Inspiring Quality Strategy and maintain a consistent focus on improving patient experience, patient safety and clinical effectiveness. These were agreed by the Trust Board as:

1. Children and families first, every time.
2. No preventable harms or deaths.
3. Outstanding clinical outcomes for children.

Details of progress against these key priorities is provided in Section 3 of this report.

2.2 STATEMENTS OF ASSURANCE FROM THE BOARD

2.2.1 Review of Services

During 2018/19, Alder Hey Children's NHS Foundation Trust provided 42 relevant health services. Alder Hey has reviewed all the data available to it on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2018/19.

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 funded 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 2018 to 31st March 2019, 14 national clinical audits and three national confidential enquiries covered NHS services that Alder Hey Children's NHS Foundation Trust provides.

During that period Alder Hey Children's NHS Foundation Trust participated in 100% (14 out of 14) national clinical audits and 100% (three out of three) national confidential enquiries of the national clinical

audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Alder Hey Children's NHS Foundation Trust was eligible to participate in during the reporting period 1st April 2018 to 31st March 2019 are contained in the table below.

The national clinical audits and national confidential enquiries that Alder Hey Children's NHS Foundation Trust participated in, for which data collection was completed during the reporting period 1st April 2018 to 31st March 2019, 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.

National Audit	Participation	% Cases Submitted
Children		
Paediatric Intensive Care (<u>PICANet</u>)	Yes	Submitted 1,005 cases, which was 100% of cases available.
Potential Donor Audit (<u>NHS Blood and Transplant</u>)	Yes	Not available at time of publication.
Feverish Child Audit <u>Royal College of Emergency Medicine</u>	Yes	Submitted 120 cases, which was 100% of cases available.
Acute Care		
Severe Trauma (<u>Trauma Audit and Research Network</u>)	Yes	Submitted 229 cases, which is 100% of cases available.
Cardiac		
Cardiac Arrest (<u>National Cardiac Arrest Audit</u>) (<u>NCAA</u>)	Yes	Submitted four cases, which was 100% of cases available.
Paediatric Cardiac Surgery (<u>National Institute for Cardiovascular Outcomes Research (NICOR Congenital Heart Disease Audit)</u>)	Yes	Submitted 913 cases, which was 100% of cases available.
Cardiac Arrhythmia (<u>Cardiac Rhythm Management (CRM)</u>)	Yes	Submitted 98 cases, which was 100% of cases available.
Long Term Conditions		
Inflammatory Bowel Disease Programme/ IBD Registry (<u>National IBD Audit</u>) Biological Therapies	Yes	Submitted 121 cases, which was 100% of cases available.
Paediatric Diabetes (<u>RCPH (Royal College of Paediatrics and Child Health) National Paediatric Diabetes Audit</u>)	Yes	Submitted 422 cases, which was 100% of cases available.
Epilepsy 12 (<u>RCPH National Audit of Seizures and Epilepsies in Children and Young People</u>)	Yes	Submitted 79 cases, which was 100% of cases available.

National Confidential Enquiries	Participation	% Cases Submitted
Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children (<u>National Comparative Audit of Blood Transfusion Programme</u>)	Yes	Submitted 30 cases, which was 100% of cases available.
Serious Hazards of Transfusion (SHOT): <u>UK National Haemovigilance</u>	Yes	Submitted three cases, which was 100% of cases available.
Seven Day Hospital Services <u>NHS England</u>	Yes	Submitted 119 cases, which was 100% of cases available.
UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u>	Yes	Submitted 80 cases, which was 100% of cases available.
Suicide in Children and Young People (CYP) - National Confidential Inquiry Into Suicide and Homicide by People with Mental Illness (NCISH) - <u>University of Manchester</u>	Yes	0 cases included in the study, which was 100% of cases available.
Perinatal Mortality and Morbidity Confidential Enquiries (Term Intra-Partum Related Neonatal Deaths) - MBRRACE-UK - <u>National Perinatal Epidemiology Unit (NPEU)</u>	Yes	Nine cases submitted, which was 100% of cases available.
Long Term Ventilation Study - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Ongoing data collection.

2.2.3 Actions Arising from National Clinical Audits

The reports of 12 national clinical audits were reviewed by the provider in the reporting period April 1st 2018 to March 31st 2019 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
Paediatric Intensive Care (<u>PICANet</u>)	The National Audit Report was reviewed and discussed on the Paediatric Intensive Care Unit (PICU). We are always commended for the quality of the PICANET data set.
Potential Donor Audit (<u>NHS Blood and Transplant</u>)	Report not available at time of publication.
Feverish Child Audit <u>Royal College of Emergency Medicine</u>	Reports not available at time of publication. Reports are to be published by the Royal College of Emergency Medicine in late April 2019.

National Clinical Audit

Actions

Severe Trauma
(Trauma Audit and
Research Network)

For the period 2018 - 2019 our data completeness and data quality are both 97%+. There are 229 applicable entries for this period. The TARN database is a national tool for collating and reviewing a number of 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 using this data.

Thankfully, the numbers of seriously injured children is very small compared with injured adults so the ability to systematically collect and analyse data and to be able to compare the same metrics with peer major trauma centres is very important. These reports enable the Alder Hey Major Trauma Leadership Team to track progress on the delivery of trauma care and identify trends for those metrics. They have led to audit of specific areas of the pathway to identify any potential issues early and assure of good practice.

The themed clinical reports are reviewed by specific department leads, such as Neurosurgery and Orthopaedics, with oversight from the Trust Trauma Committee and the regional North West Children's Major Trauma Network Governance Group.

Review of the regional dashboards has highlighted continued long transfer times from Local Trauma Unit to Major Trauma Centre. Work is now underway to identify the causes of these delays which will inform the Network Forward Plan for quality improvement.

The TARN data allows us to monitor our performance against the major trauma best practice measures, ensuring that we are meeting national quality indicators as well as securing to Best Practice Tariff Income, so we can continue to deliver and develop the Major Trauma Service at Alder Hey.

Cardiac Arrest (National
Cardiac Arrest Audit)

Report not available at time of publication.

Paediatric Cardiac Surgery
(NICOR Congenital Heart
Disease Audit)

An action plan was not required as the audit standards are being met.

National Clinical Audit

Actions

National Cardiac Rhythm Management Audit (NICOR)

It is recommended that standard operating protocols (SOP) are devised for the data collection, to include detailed guidance on and exactly who is responsible for each of the following:

- Ensuring consent for data submission and external validation of hospital notes is obtained prospectively from all patients with congenital heart disease and each patient's parent/guardian receives a description of data that is collected, how it is audited and the submission to organisations such as NICOR or others.
- Input of congenital patients NCHDA (National Congenital Heart Disease Audit) required dataset items and at which point of service delivery.
- Encouraging every responsible clinician or allied professional to input data for each operation, diagnostic or catheter intervention at the point of the service delivery from admission to discharge and to own their data.
- Recording the knife to skin time for all surgical procedures where it can be validated (i.e. perfusion or anaesthetic record).
- Validity checking and completeness and the time intervals for feedback to responsible clinicians on this with a clear timescale and line of responsibility for rectifying any omissions or errors in both Surgery and Cardiology disciplines.
- Reverse validation of the data submitted to NCHDA (National Congenital Heart Disease Audit) by responsible clinicians in conjunction with the data managers at least monthly.
- Running the PRAiS (Paediatric Risk Analysis in Surgery) analysis tool monthly. This will inform the quarterly NHS England dashboard reports.
- Ensuring that dates of death are reported for any Alder Hey patient who has previously had a record submitted to the NCHDA (National Congenital Heart Disease Audit).
- Leading the local review (and how frequently and in which forum for both disciplines).
- Making timely submissions (monthly is recommended) and including details of manufacturer, model and serial numbers of all implantable devices the procedure record for each patient.
- Reviewing/updating the SOP at timely intervals in liaison with the person responsible for staff training and development in the Trust. Regular training must be provided not only for the auditors, but for all staff in the Department who may be involved with data input. This should include regular quality assurance and governance training and visits to other centres who are involved in NCHDA (National Congenital Heart Disease Audit) data collection and submission.

Ulcerative Colitis and Crohn's Disease (National UK IBD (Inflammatory Bowel Disease) Audit) Biological Therapies

On-going collection of our biological therapies data is now through the UK IBD Registry.

We are currently submitting our data to this component of the Audit in line with the data submission deadlines for the IBD Biologics Audit during 2018 and 2019.

National Clinical Audit

Actions

Diabetes
([Royal College of Paediatrics and Child Health \(RCPCH\) National Paediatric Diabetes Audit](#))

Data collection for the Audit continues to improve through the use of the “TWINKLE” system (Diabetes specific data collection software) for data entry. Twinkle enables automated data capture and reporting for the Best Practice Tariff (BPT).

Improvements delivered are as follows;

- Adopted a whole team approach to service improvement following a team away day.
- A focus group was organised to allow our children and families to help in the service redesign.
- Monthly data review introduced as part of departmental governance meeting.
- Redesigned patient education package from diagnosis.
- Information prescription for use in clinic.
- Further improved patient education through new website and Twitter.
- Reduced the median HbA1c by 4 mmol/mol over two years.
- Increased compliance with seven key health checks from 17% to 59% over two years (national mean currently 50%).
- Improved psychology screening at clinic from 15% to 89%.

The team will continue to work towards further lowering the overall median HbA1c and will develop and implement structured rolling education plans for established patients.

Epilepsy 12 ([RCPH National Audit of Seizures and Epilepsies in Children and Young People](#))

Organisational audit for 2018 completed.
Prospective data collection for the Epilepsy 12 Audit is on-going for 2019/2020.

Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children ([National Comparative Audit of Blood Transfusion Programme](#))

We currently have reviewed an interim report for the Fresh and Frozen Plasma Audit. On the whole we are compliant. This report only looks at the prophylactic use of fresh and frozen plasma and cryoprecipitate. A report on the management of bleeding is due to be published in Spring 2019.

UK Cystic Fibrosis Registry
[Cystic Fibrosis Trust](#)

The Annual Report allows us to compare our clinical outcomes to those of our peers and identify areas for improvement. We have achieved 100% compliance with the UK CF Registry Data here at Alder Hey and for our Network.

2.2.4 Actions Arising from Local Clinical Audits

There were a total of 180 local audits registered in the reporting period 1st April 2018 to 31st March 2019. There are 60 (34%) local audits completed. There are 113 (65%) audits that will continue in 2019/20. There are three audits not yet started and four audits have been cancelled.

The reports of the completed local clinical audits were reviewed by the provider in the reporting period April 1st 2018 to March 31st 2019 and examples of the outcomes are listed below.

Local Audit	Actions
Review of Pressure Areas Associated with Endotracheal Tubes on PICU	<p>The project was discussed and presented at the Alder Hey Paediatric Intensive Care Unit (Nasal Endotracheal Tube Pressure Area Review) - Task and Finish Group Meeting in June 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Improve documentation by using BadgerNet (National Paediatrics Intensive Care Unit Care Record System) to act as a prompt for supporting better documentation. • Work with BadgerNet Team to implement documentation for care bundle. • Produce/laminate bundle/flow sheet for bedspace. • Consider skin integrity and ET (endotracheal tube) tube documentation separately. • Integrate elements of hospital Electronic Patient Record System into BadgerNet. • Re-audit in 12 months.
Clinic Overbookings Within the Nurse Led Tongue Tie Service	<p>The Audit was presented and discussed with the Alder Hey ENT (Ear Nose and Throat) Team management and consultants in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • A second tongue tie practitioner has had a positive effect on the number of overbookings per clinic and has reduced patient waiting times. • We are setting up weekly tongue tie clinics at Liverpool Women's Hospital to reduce overbookings at Alder Hey tongue tie clinics. • To commence an audit on the affects of frenotomy on feeding and whether the procedure resolves any difficulties. • Re-audit in 12 months.
An Evaluation of the SCORE Project (Set Goals, Commit, Optimise Asthma Control, Reinforce an Active Lifestyle, Enable to Achieve)	<p>The Audit was presented to senior management and commissioners in January 2019. Submitted abstracts to the European Respiratory Society Conference for consideration this year.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • The lead Consultant is producing a business case to develop a long term service. • No re-audit is required as this was a quality improvement initiative that has been audited.
Audit on Paediatric Distal Radial Fractures	<p>The Audit was presented and discussed at the Alder Hey Trauma and Orthopaedics Departmental Audit Meeting in June 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Changes planned to local guidelines as this Audit provides justification for the need of higher quality evidence for the management of paediatric distal radius fractures. • A multicentric RCT (randomised control trial) has been planned and funding has been applied for from the National Institute of Health Research. • Re-audit after the completion of the randomised control trial.

Local Audit	Actions
Upper Limb Fracture – Neurovascular Status Examination 3rd Cycle Audit	<p>The Audit was presented at the Alder Hey Trauma and Orthopaedics Department Audit half day in July 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • LUFA (Liverpool Upper-limb Fracture Assessment) proforma data to be incorporated in the Orthopaedic specialty package on the hospital Meditech System when it is submitted. Target completion date of July 2019. • Re-audit in six months.
Neuropsychological and Developmental Outcomes in Children with Sagittal Synostosis: an Active Total Vault Reconstruction Versus Extended Strip Craniectomy with Micro Barrel-Staving	<p>The Audit was presented at the Craniofacial National Audit Meeting in May 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • The Audit is being written up for publication in 2020. • Further statistical analyses required to look at additional demographic variables that may help to reduce variance in the data. • To pool data across all four United Kingdom craniofacial centres and re-run the analyses with a larger sample size. • No re-audit is required as no further data is being collected.
Review of Blood Sampling on PICU (Paediatric Intensive Care Unit)	<p>The Audit was presented at the Alder Hey Paediatric Intensive Care Unit Audit Meeting in May 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Paediatric Intensive Care (PICU) Team to discuss whether applicable findings from this Audit are feasible to reduce repeat sampling. • Re-audit at a time to be agreed.
Are Children at High Risk of Influenza and its Complications Who Attend Outpatient Clinics at Alder Hey Receiving Seasonal Influenza Vaccination	<p>The Audit is to be presented at the Healthcare Infection Society Spring Meeting in May 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • We recommend the provision of seasonal influenza and other vaccines in the Outpatients Department or our Pharmacy. • Re-audit in 12 months.
An Audit of Theatre Usage for Orthoplastic Trauma	<p>The Audit was presented at the Alder Hey Trauma and Orthopaedics Department Audit half day in June 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Half day trauma list every weekday restarted from July 2018. • Assess the impact of trauma lists. • Assess bed days lost to trauma rollover after implementation of trauma lists. • Re-audit in three months.
The Review and Evaluation of Psychological Wellbeing Outcome Measures Used at Annual Reviews for Paediatric Lupus Patients	<p>The Audit was presented at the Alder Hey Psychological Services Department Audit Meeting in March 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • To review with the Lupus Team and to disseminate information to other teams by August 2019. • Re-audit in the future is possible but would need to wait until different measures are routinely used at other centres.

Local Audit	Actions
An Audit of Surgical Technique in Patients Undergoing Emergency Scrotal Exploration for Suspected Testicular Torsion	<p>The Audit was presented at the Alder Hey Department of Paediatric Surgery Audit Meeting in January 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • A new guideline has been developed and circulated to all surgeons. • Guideline to be incorporated into a new GDE (Global Digital Exemplar) Speciality Package. • Re-audit in three months.
Audit of Quality of Written Information Provided in Discharge Letters From the General Paediatric Team	<p>The Audit was presented at the Alder Hey Department of General Paediatrics Audit Meeting in July 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Produce a general paediatric discharge document with guidance on key information to be included. • Aim to follow the above guidance to ensure key information is documented and given to the patient and guardian. • Re-audit in six months.
Compliance of NHS Clinical Standards Within the Orthopaedic Department	<p>The Audit was presented at the Alder Hey Trauma and Orthopaedic Department Audit Meeting in September 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Consultant led ward round already implemented as of April 2018. • Appropriate documentation of reviews needs to be emphasised. • Re-audit already initiated to reassess compliance with guidelines.
Lines and Devices Audit	<p>The Audit was presented at the Alder Hey Paediatric Intensive Care Unit Consultants Meeting in October 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Update existing training. Paediatric Intensive Care Unit (PICU) Badger Team to give regular training on both new and existing features of Badger. • Staff should update the lines and devices on Badger at handover. • No formal action plan is required as this is an on-going issue and fits into a general picture of more support required to maintain excellent data on PICU. • Re-audit in six months.
Assessment of Electronic Discharge Summaries for Patients Undergoing Emergency Scrotal Exploration	<p>The Audit was presented at the Alder Hey Urology Department Audit Meeting in January 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Developing an electronic pathway that directs the surgeon to initiate the EDS (Electronic Discharge Summary) with the correct information as part of GDE (Global Digital Exemplar). • Re-audit in 12 months.

Local Audit

Actions

Recovery Led Intravenous Morphine Audit

The Audit was presented at the Alder Hey Anaesthetics Department and Pain Team Audit Meeting in August 2018.

Action/Recommendation:

- Liaise with other paediatric recovery units regarding pain management.
- Discuss findings with Pain Team to develop a plan going forward.
- Discuss with Consultant Anaesthetic Lead the potential plan for recovery staff to administer prescribed IV (Intravenous) medications when required.
- Update the Trust guidelines on Recovery Led Morphine Protocol.
- Update existing training in pain management.
- Re-audit in 12 months.

ECG (Electrocardiogram) Requests and Reporting in Alder Hey

The Audit was presented at the BCCA (British Congenital Cardiac Association) Annual Conference in Liverpool in November 2018.

Action/Recommendation:

- To assess the impact on workload of ECG's and reporting them on a regular basis.
- Re-audit in six months.

An Audit to Identify the Waiting Times for EEG (Electroencephalogram) Diagnostic Tests in Neurophysiology

The Audit was presented at the Alder Hey Department of Neurophysiology Audit Meeting in June 2018.

Action/Recommendation:

- Data from this Audit will inform part of a business case for a second telemetry bed.
- Re-audit after a second telemetry bed has been installed.

Occupational Therapy Hand Therapy Service Audit

The Audit was presented at the Alder Hey Occupational Therapy Department "Hand Huddle" Audit Meeting in July 2018.

Action/Recommendation:

- To look at a further Audit in October 2018 to determine the length of day need on different days of the week.
- To control Trust scheduling templates by making more appointments unavailable at key times.
- To liaise with the clinical teams to determine if therapy led plastics clinics can lead to a better balance.
- To determine demand from ward patients by a separate Audit in September/October 2018.
- To determine whether the peaks and troughs in the service are due to either clinical or booking and scheduling issues.
- Conduct a staff stress survey by the end of 2018.
- To determine how staff skills and time can best be used on quiet days.
- Re-audit in three months.

Neurovascular Injury in Supracondylar Elbow Fractures

The Audit was presented at the Alder Hey Trauma and Orthopaedics Department Audit Meeting in August 2018.

Action/Recommendation:

- Improve the documentation of Neurovascular status.
- Consultant lead ward rounds to be dictated including Neurovascular status. Additional notes will be made by the junior team.
- To improve the awareness of documentation amongst junior colleagues.
- Re-audit in 12 months.

Local Audit	Actions
Clinical Outcomes of Pre-auricular Sinus Surgery	<p>The Audit was presented at the Alder Hey ENT (Ear Nose and Throat) Department Audit Meeting in September 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • To include data from other surgical specialities and identify the operative technique and clinical outcomes. • Continue with current practice of ‘supra-auricular approach’. • Update existing training to include ‘supra-auricular approach’ technique. • Re-audit in three years.
MSSA Bacteraemia Review (Methicillin-Susceptible Staphylococcus Aureus)	<p>The Audit was presented at the Alder Hey (IPC) Infection Prevention and Control Committee Meeting in December 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Continue to monitor the situation and review each bacteremia. • Reinforce the need for ANTT (aseptic non touch technique). • Update existing training. • ANTT training has been made an annual requirement and added into the (ESR) Electronic Staff Record System. • Re-audit in 12 months.
Audit of Hybrid OR (Operating Room) Use in Scoliosis Surgery	<p>The Audit was presented at the British Scoliosis Society Annual Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Use of Hybrid Operating Room has a learning curve but there has been improvement in efficiency with time. • Review cost savings and radiation dose measurements in comparison to non spinal surgery. • No changes to clinical practice but to consider discussion of further studies and validated measures to show the efficacy of navigation. • Re-audit should occur when new measures and standards are to be reviewed.
Patient Satisfaction with Physiotherapy Provision Following Orthopaedic Surgery	<p>The Project was presented to the Alder Hey Physiotherapy Department and Orthopaedic Department in October 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • To ensure patients and their families are aware if they require follow up following discharge and the process for this. • No re-audit was required as this was a patient satisfaction survey.
Audit of Discharge Summaries from the Paediatric General Surgery Ward	<p>The Audit was presented at the Alder Hey Department of Paediatric Surgery Audit Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Changes to the doctor induction handbook for general surgery are to include improved guidelines on what information is expected in the discharge letters. • Updates to the hospital system are in progress from February 2019. • Re-audit in six months.

Local Audit	Actions
<p>An Audit of Surgical Technique in Patients Undergoing Emergency Scrotal Exploration for Suspected Testicular Torsion</p>	<p>The Audit was presented at the Alder Hey Department of Paediatric Surgery Audit Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • We hope to introduce a standard operative guideline for surgical technique in scrotal exploration. • Three point fixation with non-absorbable sutures should be used in Orchidopexy for testicular torsion. • The action plan has been implemented. The above recommendation was disseminated at the departmental Audit Meeting and is now being carried out in practice. • No re-audit required as this was a completed re-audit.
<p>An Audit of the Initial Investigation and Management of Post-Tonsillectomy Bleeds</p>	<p>The Audit was presented at the Alder Hey ENT (Ear Nose and Throat) Department Audit Meeting in February 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Developing a new guideline for the management of post-tonsillectomy bleeds in the Emergency Department. • Re-audit in six months.
<p>Audit to Assess the Number of Patients With Asthma and Viral Induced Wheeze Attending the Emergency Department Over the Last Two Years and the Number of These That Led to Admission</p>	<p>The Audit was presented at the Alder Hey General Paediatrics Department Audit Meeting in April 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Continue to highlight to Emergency Department and general medical staff that there are Asthma/VIW (Viral Induced Wheeze) guidelines that are to be used for patients presenting with these symptoms, as this will help audit collection data in the future. • Update existing training. • Re-audit in two to three years to assess any change in the admission rate.
<p>Service Evaluation of CRMO (Chronic Recurrent Multifocal Osteomyelitis)</p>	<p>The Audit was presented at the Alder Hey Rheumatology Department Multi-Disciplinary Team Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Ongoing data collection to contribute towards national and international studies to run until November 2020. • Re-audit in 12 months.
<p>Three Years Outcome of Antenatal Diagnosis of Isolated Right and Double Aortic Arch at Single Cardiac Surgical Centre A Retrospective Study</p>	<p>The Audit was presented at the BCCA (British Congenital Cardiac Association) Annual Conference in Liverpool and at the Cardiology Department Quality Improvement Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • To conservatively manage isolated right aortic arches unless there are clinical concerns. • No active investigations to be done unless symptomatic. • Based on this review, we will implement a departmental SOP (standard operating procedure) that all isolated right aortic arches are not investigated unless they are symptomatic. • Re-audit in five years.

Local Audit	Actions
Audit of Diagnosis of Semicircular Canal Dehiscences in Children	<p>The Audit was presented at the British Association of Audiovestibular Physicians annual Audit Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • To procure equipment for further elaboration of disease. • Re-audit in two years.
Antibiotic Prophylaxis in Trauma and Elective Orthopaedic Surgery	<p>The Audit was presented at the Alder Hey Trauma and Orthopaedic Department Audit Meeting in January 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Improve operation note documentation. • Ensure correct administration of perioperative antibiotics. • Re-audit in three months.
Audit of Respiratory Referrals Within Alder Hey	<p>The Audit was presented at the Alder Hey General Paediatrics and Respiratory Departments Audit Meeting in March 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • This Audit is a useful benchmark for improving the referral process from the General Paediatrics Team and the Respiratory Team. • Recommendations from both teams are being discussed. • Re-audit in 12 months.
Critical Medicines Audit - November 2018	<p>The Audit was presented at the Alder Hey Department of General Paediatrics Audit Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Findings of the Audit to be shared with the Alder Hey Medication Safety Committee, ward managers, practice educators, Intravenous (I.V.) Team, infectious diseases and microbiology teams and Sepsis Team. • A safety alert summarising the findings of this Audit will be circulated along with a summary of the critical medicines list. • Re-audit in six months.
Record Keeping Quality Assurance Audit	<p>The Audit was presented at the Sefton Children's Occupational Health and Physiotherapy Department Audit Group Meeting in December 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • To disseminate the Audit findings across teams to facilitate recommendations by March 2019. • Re-audit in 12 months.
Audit of Intimate Images Stored on External Media Device (DVD) at the Paediatric Rainbow Centre Alder Hey	<p>The Audit was presented at a multi-disciplinary Peer Review Group with forensic physicians and paediatricians in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Updated existing guidelines with a revised standard operating procedure circulated to all clinicians, paediatricians and forensic physicians. Achieved by December 2018. • Updated existing training. • Re-audit in 12 months

Local Audit	Actions
<p>Liverpool Community Physiotherapy Postural Care Pathway Audit</p>	<p>The Audit was presented at the Alder Hey Department of Community Physiotherapy Audit Meeting in February 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Meetings are planned to discuss future developments and next steps. • Update the current postural care guidelines. • Update existing postural care training. • Re-audit in 12 months.
<p>Evaluation of Electro-diagnostic Testing for Diagnosis, Investigation and Treatment of Ophthalmic Pathologies in Children</p>	<p>The Audit was presented as a poster at the Royal College of Ophthalmology Congress in Liverpool in May 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • The Audit reaffirmed the usefulness of the services and no changes were required to be made. • No re-audit was required as it was an Audit to establish the usefulness of the service, rather than the process.
<p>Alder Hey Orthopaedics Fracture Clinic Services: An Audit Against BOAST 7 (British Orthopaedic Association Standards for Trauma) Guidelines</p>	<p>The Audit was presented at the Alder Hey Trauma and Orthopaedic Department Audit Meeting in November 2018.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Update existing training. • Discussion with the Orthopaedics Department and at the consultant meeting on guidelines for referral and times to be seen in the fracture clinic. • Re-audit in six months.
<p>Management of Children with Epidural Infusions</p>	<p>The Audit was presented at the Alder Hey Pain Service Study Day in March 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Existing training updated and cascaded to staff. • Teaching slides updated to highlight issues identified from the Audit for the pain study days. • National Audit started in February 2019. • Guidelines to be updated by the Pain Service once the National Audit is completed and information analysed. • Re-audit would be of benefit once all changes have been made to practice and guidelines.
<p>Use of High Flow Oxygen in the Management of Bronchiolitis in Alder Hey Emergency Department</p>	<p>The Audit was presented at the Alder Hey Emergency Department Audit Meeting in March 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Information on the appropriate use of the humidifier system added to the Emergency Department and hospital induction documentation. • Re-audit in 12 months.

Local Audit	Actions
Management of Expressed Breast (EBM) Milk	<p>The Audit was presented at the Alder Hey Clinical Quality Steering Group (CQSC) in March 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Increase policy awareness so all areas are managing EBM safely. • To work with ward managers to improve policy awareness and aim to have improved attendance on breastfeeding study days. • Recommendations are agreed to be actioned by August 2019. • Re-audit in six months.
Timing of Post-Operative Echocardiograms	<p>The Audit is to be presented at the Alder Hey Department of Cardiology Quality Assurance and Quality Improvement (QAQI) Meeting in May 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • Communicate the results to the team: highlight the importance of completing all the steps of the process: request, bleep, perform echo, upload, report. • Re-audit in six months.
Sweat Test Clinical Audit	<p>The Audit was presented at the Alder Hey Department of Biochemistry Clinical Scientist Metabolic Laboratory Meeting in February 2019.</p> <p>Action/Recommendation:</p> <ul style="list-style-type: none"> • A future review of sweat tests should be conducted in order to assess the impact of recent changes to the collection method. • Ensure that each staff member undertaking a Sweat Test maintains competency by undergoing routine assessment and performing a minimum number of tests each year. • Update existing training with new instrumentation. • Re-audit in 12 months.

2.2.5 Participation in Clinical Research 2018/19

The number of patients receiving NHS services provided or subcontracted by Alder Hey Children's NHS Foundation Trust (Alder Hey) in 2018/19 that were recruited to participate in NIHR Portfolio adopted clinical research was 3,152. All research is governed by the UK Policy Framework for Health and Social Care Research (2018), EU Clinical Trial Directive, UK research ethics committees, the Health Research Authority and the Trusts Clinical Research Division who carry out safety and quality checks to provide organisational capacity and capability. This process ensures oversight of every research study in the organisation both Alder Hey sponsored and hosted. International research, education and innovation is one of the Trust's four strategic pillars of excellence and as such elicits full support of the Board of Directors. All three areas are undergoing expansion and the creation of the Academy will further link research with education. Furthermore, the Alder Hey/University of Liverpool refreshed ten year Research Strategy states that "Every child (should be) offered the opportunity to participate in a research study/clinical trial". The Strategy is patient focused and supports research from all disciplines. The Trust is a member of Liverpool Health Partners (LHP), a consortium of seven hospitals, the University of Liverpool and the Liverpool School of Tropical Medicine working together to provide a world class environment for research and health education across a regional footprint. As a significant stakeholder in LHP, Alder Hey demonstrates a strong commitment to contributing to evidence-based, cutting edge healthcare aimed at improving quality of care whilst holding patient safety, dignity and respect at the centre of everything we do.

A clinical research review for Liverpool Health Partners took place in 2018 that made several recommendations and Alder Hey has a strong influence over this and the

emergent strategy for child health. One of the main strengths of Liverpool is still that of pharmacology; developing better safer medicines for children and young people and contributing to the personalised medicine agenda. LHP has an Industry Gateway Office that seeks to boost the regions ability to conduct more research of new medicines. Being an organisation undertaking high quality patient centred research means that Alder Hey contributes to the health and wealth of Liverpool and the UK as a whole, as well as having an international impact on treatments developed for children. The infrastructure of expertise available at Alder Hey for setting up and successfully delivering clinical research are led and managed by a dedicated team who form the Clinical Research Division (CRD). The CRD employs 40 research nurses, supports approximately 250 studies at any one time and rigorously manages performance to ensure high quality delivery to time and target. Alder Hey has an excellent track record of recruiting the first patient globally to clinical trials, demonstrating that the organisation is at the forefront of drug development in paediatrics. Over the last 10 years Alder Hey has achieved this for 16 of its patients.

Our clinical staff and associated academics lead and contribute to studies of the latest and newest treatment options, genetic profiling of diseases and research looking at drug safety including adverse drug reactions (side effects).

Alder Hey was involved in recruiting patients to 143 open, non-commercial NIHR portfolio adopted clinical research studies, 38 commercial trials and 30 non-portfolio studies during 2018/19, which is significant for a Trust of its size. Whilst some studies report outcomes fairly quickly most will not be ready for publication for a few years. The majority were research in the area of medical specialities reflecting the prevalence of available research studies locally and nationally.



01/04/2018 to 31/03/2019

	NIHR Studies	Number of Participants	Non-NIHR Studies	Number of Participants
SG1 (Oncology, Haematology, Palliative Care)	32	75	9	21
SG2 Nephrology, Rheumatology, Gastroenterology, Endocrinology, Dietetics)	38	369	13	31
SG3 (Respiratory, Infectious Diseases, Allergy, Immunology, Metabolic Diseases)	32	1,251	10	91
SG4 (A&E, General Paediatrics, Diabetes, Dermatology, CFS/ME)	5	492	1	1
SG5 (CAMHS Tier 3 and 4, Psychological Services and Dewi Jones)	9	15	6	0
SG6 (Community Child Health, Safeguarding, Social Work Dept., Community Clinics, Neurodisability Education, Fostering, Adoption, Audiology)	1	0	0	0
SG7 (PICU, HDU, Burns)	1	141	2	0
SG8 (Theatres, Daycase Unit, Anaesthetics, Pain Control)	0	0	0	0
SG9 (General Surgery, Urology, Gynaecology, Neonatal)	8	18	1	0
SG10 (Cardiology, Cardiac Surgery)	0	0	0	0
SG11 (Orthopaedics, Plastics)	3	375	3	0
SG12 (Neurology, Neurosurgery, Craniofacial, Long Term Ventilation)	19	81	6	88
SG13 (Specialist Surgery, Ear Nose and Throat, Cleft Lip and Palate, Ophthalmology, Maxillofacial, Dentistry, Orthodontics)	3	38	1	0
SS1 (Radiology)	0	0	0	0
SS2 (Pathology)	0	0	0	0
SS3 (Pharmacy)	0	0	0	0
SS4 (Therapies, EBME, Central Admissions, Bed Management, Medical Records, Generic Outpatients)	0	0	0	0
NON-CBU	5	108	2	0
CNRU	0	0	0	0
Non Classified	3	189	3	0
TOTAL	143	3,152	71	232

The Quality Account deals with research activity during the 2018/19 period. In addition to this, the CRD published performance data on the Trust website indicating the time it takes to set up a study and the time taken to recruit the first patient once all permissions have been granted. Over 80% of studies conducted at Alder Hey recruit the agreed number of patients within a set timeframe (76% for commercial research). In September 2012 Alder Hey opened a National Institute for Health Research Clinical Research Facility (CRF). This was a capital project supported with investment from the Trust and is a clinical area utilised purely for research patients providing a dedicated research environment. This resource helps facilitate research by providing a bespoke location for research on a day to day basis and has successfully been used to care for research participants overnight who need regular intervention or tests on a 24 hour basis. One of the many advantages of having a fully operational CRF is that it will enable investigators to not only undertake later phase research studies but also to undertake more complex and earlier phase studies (experimental medicine types of activity) dealing with developing new cutting edge medicines and technologies which are often lacking in children's healthcare. This has become the main focus of the CRF over the last few years. The CRF will lead to improvement in patient health outcomes in Alder Hey, demonstrating a clear commitment to clinical research which will lead to better treatments for patients and excellence in patient experience. The CRF has just been awarded a new five year contract to expand early phase and experimental research through to 2022. In 2017, the new award was triggered and the appointment of several new roles is underway that will increase the CRFs profile and capacity to attract more business.

There were over 350 members of clinical staff participating in research approved by a Research Ethics Committee at Alder Hey during 2018/19. These included consultants, nurse specialists, pharmacists, scientists, clinical support staff and research nurses from across all the divisions.

Over the past four years the Trust has witnessed a growth in commercially sponsored studies. There are over 30 commercial studies open to recruitment at any one time and much focus on the use of novel monoclonal antibodies (mAbS) or disease modifiers. mAbS have been used primarily in Rheumatology and Oncology but are becoming available in other sub-specialities such as Respiratory Medicine and Diabetes. They work by acting on the immune system to overcome the cause of the disease rather than treating the symptoms. Significant quality of life improvements have been witnessed, particularly in Rheumatology patients treated with mAbS leading to increased mobility and a reduction in pain and inflammation. These drugs are now being licensed



for use in children for the first time ever. Duchenne Muscular Dystrophy research has grown significantly with new compounds being developed that address the root cause of the disease. Alder Hey has been selected as one of three centres of excellence in England for DMD research and two patients with DMD have been global firsts. The Trust has an established critical mass of research activity in Pharmacology, Oncology, Rheumatology, Infectious Diseases, Respiratory, Endocrinology/Diabetes, Critical Care and Neurosciences but is witnessing a growth in research activity in Gastroenterology, General and Neuro Surgery, Nephrology, Emergency Medicine and Community Paediatrics. The Trust has recently been successful in its application to be a Cystic Fibrosis Clinical Trials Accelerator and will receive three years funding to employ a part time Trial Co-ordinator dedicated to CF research. Both of these initiatives are up and running.

Innovation projects such as those developing devices are also now supported by the CRD. This is the beginning of research and innovation coming together to share expertise and to maximise engagement with small medium UK enterprises and large global companies. There are a number of devices under development and these will use the hospital environment and its patients to test prototypes. For more information on the research portfolio at Alder Hey please visit www.alderhey.nhs.uk/research

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 2018/19 was conditional on achieving quality improvement and innovation (CQUIN) goals agreed between Alder Hey and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation Payment Framework. During 2018/19, these commissioning bodies were Liverpool CCG and North West CCG consortium for non-specialist services and NHS England for specialist services.

For 2018/19 the baseline value of CQUIN was £3.4million which was approximately 2% of our NHS England and CCG contract. This means that if Alder Hey did not achieve an agreed quality goal, a percentage of the total CQUIN money would be withheld. For 2018/19, Alder Hey anticipates it will receive 92.3% contract CQUIN money; with the amount withheld reflective of paediatric network care milestone failure (NHS England target) and AMR and Sepsis milestone failure (CCG target).

The tables below reflect the forecast position as at Q4.

CCG CQUINs 2018/19

Indicator	Indicator Description	Target	Weighting	Financial Value	Quarter 4 Forecast Performance
Health and Wellbeing	a. Improvement of health and wellbeing of NHS staff.	5% point improvement in two out of three staff survey questions.	0.1%	£47,330	Partially achieved (forecast £23,665)
	b. Healthy food for NHS staff, visitors and patients.	Introduce required healthy food changes.	0.1%	£47,330	Achieved
	c. Improving the uptake of flu vaccinations in frontline clinical staff.	70% front line clinical staff vaccinated.	0.1%	£47,330	Achieved
AMR and Sepsis	a. Timely identification of Sepsis in ED and acute inpatient setting.	90% within one hour.	0.075%	£35,497	Achieved
	b. Timely treatment of Sepsis in ED and acute inpatient settings.	90% within one hour.	0.075%	£35,497	Partially achieved (forecast £14,200)
	c. Antibiotic review.	90% cases in review.	0.075%	£35,497	Achieved
	d. Reduction in antibiotic consumption per 1,000 admissions.	Reduction.	0.075%	£35,497	Partially achieved (forecast £8,874)
Advice and Guidance	Set up and operate advice and guidance (A&G) services for non-urgent GP referrals.	A&G service available for 75% GP referrals.	0.3%	£141,989	Achieved

Indicator	Indicator Description	Target	Weighting	Financial Value	Quarter 3 Performance
Improving Services for People with Mental Health Needs Who Present to A&E		20% reduction in A&E attendances from selected cohort.	0.3%	£141,989	Achieved
Transitions Out of Children and Young People's Mental Health Services		1. Joint-Agency Transition Planning: 80%. 2. Pre-Transition / Discharge Readiness: 80%. 3. Post-Transition Experience Survey: 70%.	0.3%	£141,989	Achieved

Note that a further £473k (1%) is received from CCGs for meeting organisational control total and STP engagement targets.

NHSE North West Specialist Commissioner CQUINs 2018/19

Indicator	Target	Weighting	Financial Value	Quarter 4 Forecast Performance
Clinical Utilisation Review	85% compliance.	0.71%	£752,204	Achieved
Haemtrack – Patient Home Monitoring	>80% patients using haemtrack. 67% users updating data weekly. 75% accuracy of submissions compared to actual medication usage.	0.11%	£110,618	Achieved (potential risk regarding accuracy of submissions)
Haemoglobinopathy Improving Pathways Through Operational Delivery Networks	Participation in ODN. Produce baseline report. 85% of registered patients have annual review at specialist centre.	0.21%	£221,237	Achieved
Medicines Optimisation	Adoption of prioritised best value medicines. Cost effective dispensing routes. Reporting of all NHS England excluded drugs data to allow upload to the Pharmex data system.	0.21%	£221,237	Achieved
Paediatric Networked Care	Review delivery of activity undertaken in acute hospitals that trigger PCC Minimum Dataset. Oversee the review of acute hospitals against PIC standards and provide a report.	0.32%	£331,855	Not Achieved
Planned Transition to Adult Services for Patients with Complex Neurodisability	Deliver transition preparation for complex neurodisability patients. Identify further cohort of patients. Provide regular reports to commissioners.	0.34%	£353,978	Achieved
CAMHS Screening	Increase number of paediatric patients with long term conditions that have mental health screening.	0.21%	£221,237	Achieved

2.2.7 Statements From the Care Quality Commission (CQC)

Overall Good	Safe	Requires Improvement ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-Led	Good ●

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 remains registered without conditions.

The Care Quality Commission has not taken any enforcement action against Alder Hey during 2018-19.

Alder Hey received an unannounced inspection of five core services between 6th and 9th February 2018 (Critical Care, Community, Outpatients, Diagnostics and End of Life) and continues to be rated as 'Good' overall.

A further inspection was held on 26th to 28th February which focused on the 'Well-Led' aspects of their inspection process.

The Community and Mental Health Division participated in a number of system wide inspections in the year including a CQC inspection of looked after children in Sefton; an Ofsted inspection of the Youth Offending Service and a joint CQC/Ofsted inspection of SEND provision.

The reports resulting from this inspection were published in June 2018 and the Trust developed a detailed action plan in response to the recommendations. This plan has been monitored on a monthly basis by the Trust's Clinical Quality Assurance Committee and Integrated Governance Committee.

2.2.8 Data Quality

Alder Hey Children's NHS Foundation Trust submitted records during 2018/19 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 100% for admitted patient care;
- 100% for outpatient care;
- 100% for accident and emergency care.

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

- 100% for admitted patient care;
- 100% for outpatient care;
- 100% for accident and emergency care.

Alder Hey Children's NHS Foundation Trust will continue to take the following actions to maintain the high standard of data quality:

- A suite of data quality reports will continue to be run daily and weekly to ensure data is monitored and corrected where necessary.
- New reports have been created when necessary to support new developments within the clinical system – Meditech.
- Ongoing work is monitored by the Data Quality Steering Group which meets monthly.
- Continue to work closely with the Information Department to identify any data issues or areas of data weakness, which will be investigated and remedial action agreed.
- The Data Quality Policy has been updated to include escalation process for "repeat offenders" who continue to make mistakes when recording data. User access will be withdrawn if deemed necessary.
- A Data Quality Dashboard is embedded within our Data Quality Process which includes key data items from throughout the patient pathway, to monitor data quality and facilitate improvement.
- Workshops and refresher training sessions arranged to ensure staff are fully aware of the importance of Data Quality and the integrity of the data is accurate at source.

- The annual Audit Plan has covered a number of patient and system (Meditech) checks including:
 - A&E waiting times
 - Demographic changes
 - A&E waiting times outcomes
 - Duplicate registrations
 - Ethnicity monitoring
 - Pathway starts
 - GP checks
 - Dictionary code check – to ensure they are up to date, correct and “user friendly” to support correct data entry

As a direct result of all the above measures the data quality assurance figures for the year are 100% across Admissions, Outpatient and Emergency Care.

2.2.9 Information Governance (IG) Toolkit Attainment Levels*

Alder Hey’s Data Security and Protection Toolkit submitted for 2018/19 based on the 10 National Data Guardian Standards has been published and we have provided 99 of the 100 mandatory evidence items with a Mersey Internal Audit Review of our Toolkit evidence with a ‘Substantial’ rated level of assurance.

*Note: the previously reported Information Governance (IG) Toolkit has now been replaced by the Data Security and Protection Toolkit, the latter of which is reported in this section.

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 the error rates reported in the latest published Audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnoses: Incorrect 7.5%
- Secondary Diagnoses: Incorrect 17.6%
- Primary Procedures: Incorrect 2%
- Secondary Procedures: Incorrect 6.4%

The results should not be extrapolated further than the actual sample audited and the services audited during this period included:

- 200 random finished consultant episodes.

2.2.11 Learning From Deaths

During the period 1st April 2018 to 31st March 2019, 55 inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 14 in the first quarter;
- 12 in the second quarter;
- 15 in the third quarter;
- 14 in the fourth quarter.

By 1st April 2019, 26 case record reviews and four investigations have been carried out in relation to the 55 deaths included in the previous paragraph. 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:

- 14 in the first quarter;
- 11 in the second quarter;
- 1 in the third quarter;
- 0 in the fourth quarter (due to be completed over the next few months).

None (representing 0%) of the patient deaths during the reporting period 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-six months. There are occasions when the hospital reviews are delayed whilst awaiting completion of Root Cause Analysis (RCA), coroner’s cases and post mortems, as it is essential that each case is discussed thoroughly and with all the relevant information available to the Group.

Whilst there are no avoidable deaths identified in the reporting period, the Trust continues to identify learning points through the mortality review process. Some of the recent learning points have included:

- the requirement to strengthen the links between Alder Hey and Liverpool Women's NHS Foundation Trust to improve neonatal care across the city;
- a number of points relating to the effectiveness of 'extracorporeal membrane oxygenation' (ECMO) in overwhelming Meningococcal Sepsis and the timing of Cardiac Surgery and ECMO for single ventricle patients;
- the importance of open discussions with receptive parents to enable better care provision;
- early identification of Sepsis is essential and parental concern should be listened to;
- the linking of software between PICU and HDU would make completion and maintenance of documentation easier;
- the need to ensure out of hours responsibilities for patients on HDU is clearly defined.

Work is on-going between Alder Hey and Liverpool Women's Hospital (supported by commissioners) to improve the neonatal care provision across the city. Future re-organisation of neonatal care will provide safer care and improved experience.

Each child that is commenced on ECMO now receives a full case review so that the selection of which child to put on ECMO is improved.

Sepsis remains a major focus of the Trust and there is a Sepsis working group and a Sepsis pathway has been established for a number of years. There are multiple prompts on the electronic systems used in the Trust to ensure that Sepsis is considered where appropriate, and that all vital signs are recorded before calculating the PEWS (paediatric early warning system designed to highlight when a patient is beginning to deteriorate). There is clear guidance for escalating concerns and the Nursing Team are empowered to raise their concerns further when a more urgent response is required.

A working group consisting of multidisciplinary teams and specialists has been formed to continue the improvement work in HDU. The group is exploring the best ways to address clinical responsibilities out of hours for patients on HDU.

The Sepsis work is ongoing and is reviewed and audited by the Sepsis working group. Any concerns that are raised by the Hospital Mortality Review Group (HMRG) are then discussed at divisional level through the governance and quality meetings to ensure that

there is learning throughout the Trust. All deaths are reviewed to ensure that there are no patterns or concerning trends that need to be identified and acted upon.

23 case record reviews were completed after 1st April 2018 which related to deaths which took place before the start of the reporting period.

None (representing 0%) 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.

One of the cases received an external review and the discussions are ongoing regarding some of the issues raised and therefore it has not been closed or coded by the hospital Mortality Group. This number has been estimated using the hospital mortality review process established in Alder Hey Children's NHS Foundation Trust, which includes at least one departmental review with each death then being reviewed by the Hospital Mortality Review Group (HMRG) (made up of multidisciplinary professionals from a range of specialties across the Trust).

None (representing 0%) of the patient deaths during the period 1st April 2017 to the 31st March 2018 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 Trust places a lot of effort in ensuring staff are aware that they are safe to raise concerns and that there will be no detriment to them. During the process of raising concerns, constant contact is maintained with the individuals to ensure that they have experienced no punitive impact and they are encouraged to make immediate contact with the FTSU Guardian if they feel they experience any discrimination afterwards as a result of this.

Feedback is provided directly to the person who has raised the concern. This is conducted at a meeting with the individual. We are exploring the use of our incident

reporting system as a platform for capturing concerns raised through FTSU, which will accommodate electronic feedback to the individual. This would be in addition to the verbal feedback which will always be given face to face.

The Trust completed the “Freedom to Speak Up self-review tool for NHS trusts and foundation trusts” (recommended by NHS Improvement) and identified some areas of exemplary practice as well as some areas that need improvement.

Leaders are Knowledgeable About FTSU

Senior leaders, including executive and non-executive leads, are aware of the guidance from the National Guardian’s Office. New guidance was shared with Trust Board in May 2018 and regular Board reports are provided. FTSU is included in the corporate induction training and the ‘essential skills for managers’ training. Plus the Trust’s vision and values support the drive to creating an open and learning culture.

Leaders Have a Structured Approach to FTSU

The national ‘Speaking Up Policy’ has been adopted and approved by the Trust’s Workforce and Organisational Development Group. The Trust’s position in relation to the first national survey was reported to Board in October 2017. The Trust’s team of FTSU advocates are active members of the local network and have all received the training provided by the NGO. Progress and compliance with policy will be included in future papers to the Board.

Leaders Actively Shape the Speaking Up Culture

FTSU advocates hold proactive drop in sessions to actively seek feedback from staff. Staff can also raise issues/provide feedback through many other means including our ‘Raise it, Change it Programme’, Listening into Action, Patient Safety Meeting, quality assurance ward rounds, Executive Shadowing Programme, incident reporting system and through a third party such as staff side reps or governors.

Leaders are Clear About Their Roles and Responsibilities

There is a named Executive and Non-Executive Director with allocated responsibility for speaking up. Other senior leaders will be called upon to support the FTSU Guardian as needed. Refresher training is to be provided every 12 months.

Leaders are Confident That Wider Concerns are Identified and Managed

The Trust will establish a programme of regular data triangulation to enable them to proactively identify potential concerns arising from ‘speak up’ issues, plus the FTSU Guardian has direct access to senior leaders should any issues be raised that require immediate intervention or support.

Leaders Receive Assurance in a Variety of Forms

FTSU is advertised widely across the Trust including through the intranet to raise awareness of the policy and encourage all staff to speak up when necessary. The Trust BME and disability networks also have FTSU as an agenda item on their meetings, so that FTSU is wholly inclusive. A documented progress report is regularly presented to Trust Board.

Leaders Engage With All Relevant Stakeholders

A diverse range of workers’ views are sought, heard and acted upon to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan. Additionally there are open discussions with commissioners, CQC and NHS Improvement, as well as National Guardian, other organisations and the wider staff group at Alder Hey, including BME/disability networks.

Next Steps

- Review the Raising Concerns/Whistleblowing Policy.
- Launch of Inspiring Quality Strategy will support culture of improvement, openness and learning.
- A programme of sharing lessons learned both locally and Trust-wide will be developed to ensure key themes are shared whilst maintaining confidentiality.
- A Quality Assurance and Audit Programme will be established to ensure that:
 - the investigation process is of high quality;
 - outcomes and recommendations are reasonable;
 - the impact of change is being measured;
 - workers are thanked for speaking up, are kept up to date throughout the investigation and are told of the outcome;
 - Investigations are independent, fair and objective;
 - recommendations are designed to promote patient safety and learning;
 - change will be monitored.

2.2.13 Seven Day Hospital Services

Aim: To achieve the same level of access to clinical services across all seven days of the week.

Targets: Four core national standards:

1. Standard 2 - Time to first Consultant review < 14 hours.
2. Standard 5 – Seven day access to diagnostics.
3. Standard 6 – 24 hour access to Consultant directed interventions.
4. Standard 8 - Ongoing review by Consultant for high dependency patients. Twice daily or daily according to critical care standards.

Self Assessment 2018-19:

1. Standard 2 – Not compliant.
2. Standard 5 – Fully compliant.
3. Standard 6 – Fully compliant.
4. Standard 8 – Compliant for twice daily review, not compliant for once daily review.

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 priority 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.

This section of the Report provides a statement regarding progress in implementing the four priority clinical standards, which have been self-assessed as guided by the '7-Day Hospital Services Board Assurance Framework', published by NHS Improvement. Self-assessment was completed and presented to the Trust Clinical Quality Assurance Committee (CQAC) for Board assurance in February 2019.

Update on Priority Clinical Standards

- **Standard 2:** Time to initial Consultant review. First consultant review within 14 hours for 90% of patients.
Trust self-assessment: Not fully compliant. Achieved 52% during weekdays and 44% at weekend when audited in April 2018.
- **Standard 5:** Access to Consultant led diagnostics. Assessment based on weekday and weekend availability of six diagnostic tests to appropriate timelines, either on site or by a formal arrangement with another provider.
Trust self-assessment: Fully compliant.
- **Standard 6:** Access to Consultant-led interventions. Assessment based on weekday and weekend availability of nine interventions on a 24-hour basis, either on site or by a formal arrangement with another provider.
Trust self-assessment: Fully compliant.
- **Standard 8:** Ongoing daily Consultant-directed review. Assessment based on Consultant job plans to deliver seven day services, robust MDT and escalation protocols, local audits and reference to wider metrics.
Trust self-assessment: Twice daily standard. Fully compliant. (100% compliant).
Once daily standard: Not fully compliant (77% compliant overall - 76% during week days and 79% at weekend).

Future Plans

- The Trust has commenced a 'Future Models of Care' programme of work, within which a General Paediatric and High Dependency Models of Care Design Group has been established that will focus on designing the optimal way of delivering general paediatric and high dependency care at Alder Hey.
- Define admissions and referral criteria to medical specialties (including general paediatrics) to ensure team responsibilities are fully understood.
- Produce a guideline document that makes it clear to consultants, trainees, other clinical staff and to families which Consultant is leading the patient's care.
- Establish an Acute Care Team that will provide a rapid response in the event of an acute deterioration. This has been approved by the Trust and recruitment to the team has begun.
- The criteria for frequency of HDU assessment will be disseminated to medical and nursing staff.
- The implementation of standard documentation in the electronic care record will offer an opportunity to include prompts to all staff for timely reviews.

It is intended that this approach will achieve safer and more effective services across seven days a week and will reduce preventable deterioration in children.

2.2.14 Statement on Junior Doctor Rota Gaps

It is recognised that the specialty of paediatrics faces a Junior Doctor shortage, with multiple gaps regularly appearing on junior and middle grade 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.

These issues have escalated in recent years, with concerns regarding inadequate staffing levels and inadequate numbers of junior doctors on out-of-hours shifts leading to junior doctors feeling exposed and unsafe. This has also impacted on consultant paediatricians increasingly having to 'act down' into junior doctor roles out of hours and often at very short notice, which can have a demoralising effect on the Consultant workforce. Alder Hey has already undertaken much work to attempt to improve matters but rota gaps have continued to increase.

The Trust has received the final Health Education England Report following a visit in early 2018. The Report includes feedback from junior doctors at Alder Hey and highlights a number of areas with a clear requirement to improve. One of the key requirements of the Report states that **'The Trust must review the arrangements for out-of-hours paediatric cover and provide assurances that individual trainees on-call are not expected to respond to emergencies for both groups of patients (general and specialty patients)'**. This requirement is particularly relevant to junior doctor gaps and the Trust's response to this requirement is provided below.

During the past 12 months actions to reduce occurrences of gaps on the out-of-hours rota have proven mostly successful, with an ongoing action plan in place working to eradicate instances of on-call trainees responding to both specialist and acute emergency admissions. During the current rotation period there have been two occasions of trainees covering both patient cohorts. This is a significant reduction compared to last year.

A major project has commenced within the Trust, led by the Chief Operations Officer and the Director of the Medical Division to review and change the delivery of acute paediatric care. This is referred to as "Future Models of Care". 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.

The Trust recognises that the reduction in numbers of trainees entering paediatrics is not likely to improve in coming years and that a long-term integrated workforce plan is needed. The plan is likely to include the training and deployment of non-medical practitioners (such as, but not exclusively, advanced paediatric nurse practitioners and physicians associates) to support service delivery and ensure trainee doctors receive both high-quality education and training associated with a positive experience of training.

A dedicated working group has been established to manage the paediatric rota led by senior clinicians, with junior doctor representation and reporting to the Divisional Medical Director. Several challenges have been identified by meetings of the Rota Group, Junior Doctor Forum and Out-Of-Hours Group, including: increasing complexity of patients; increasing parent/carer demands and expectation; and rota gaps arising for multiple reasons including sickness, maternity, Consultant appointment in the case of senior trainees. Paediatrics has a high number of LTFT (less than full time) trainees and this will continue in the future.

A number of actions have been agreed to provide support to the junior doctor rota, for example:

- Recruitment of three Trust employed doctors to tier 1 rota (junior medical rota).
- Recruitment of three Trust employed doctors to tier 2 rota (middle grade medical rota).
- Refinement of the Escalation Policy to include clearly defined actions, emphasis on joint decision making and escalation process for times of disagreement.
- Introduce robust use of the DRS (Doctors Rostering System) rota management system.
- Finalise clear process for reporting absence and disseminate to teams.
- A new D3 rota tier (middle grade) (08:00-16:00 weekend and 16:00 – 00:00 weekday) – this will provide an additional third middle doctor for these hours.
- Nursing roles implemented – bleep holder and Clinical Nurse Specialist (overnight), business case for Acute Care Team approved, Advanced Nurse Practitioner (ANP) in post. These roles will eventually participate as part of the on-call team.
- Publication and dissemination of new roles and responsibilities document and new Escalation Policy for unexpected rota gaps.

The action plan will be monitored through the Out-Of-Hours Group, the Medical Education Board and the Future Models of Care programme which reports through the Trust Programme Board.

The recently appointed Medical Director Dr Nicki Murdock is undertaking a rapid audit of the programmes which are already in place, with a view to working with the Senior Medical Leadership Team to create an overall strategy to improve the position of the junior workforce, (including vocational trainees) within Alder Hey. The strategy will outline a plan encompassing immediate actions, medium term and long term activities to address the identified issues. This outline plan to improve the offering to the junior doctors aligns with the Trust priorities, the NHS Long Term Plan and has the support of the whole board, including the personal attention of the new Chair, Dame Jo Williams.

2.3 REPORTING AGAINST CORE INDICATORS

The Trust is required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

For each indicator the number, percentage, value, score or rate (as applicable) is presented in the table at Appendix 1. In addition, where the required data is made available by NHS Digital, a comparison of the numbers, percentages, values, scores or rates of each indicator is made, with:

- The national average for the same;
- Those NHS trusts with the highest and lowest for the same.

PART 3: OTHER INFORMATION – QUALITY PERFORMANCE IN 2018/19

3.1 QUALITY PERFORMANCE

This section provides an update on the Trust’s quality performance during 2018/19, including progress against the priorities identified in the previous Quality Report, plus an update on specific indicators under patient safety, clinical effectiveness and patient experience.

Alder Hey Children’s NHS Foundation Trust has achieved an enormous amount over the past 12 months, both in terms of quality improvement and staff engagement and satisfaction. A great deal of time and effort has been put into consulting with children and families, along with staff and external partners to extend and improve our Inspiring Quality Strategy.

This section of the Quality Account provides some outstanding examples of quality improvement and reflects the Trust’s relentless approach to ensuring all of our patients and families have the best possible experience whilst in the care of our organisation, as well as appreciating the value of our staff who are recognised by the Care Quality Commission (CQC) as providing outstanding care.

Our annual Staff Survey produced the highest return rate we have ever seen at Alder Hey with 60% staff responding and 77% of questions showing an improved response compared to last year.

The official ‘Sign Up to Safety’ campaign concluded successfully last year. However safety remains a high priority for the organisation and we have continued to place a strong focus on reducing harm and learning from incidents and have again improved our position amongst comparable trusts for incident reporting, thereby reflecting our continued focus on maintaining a strong safety culture.

3.2 KEY PRIORITIES FOR IMPROVING QUALITY 2018/19

The key quality priorities that we set out for 2018/19 are summarised in the table below. The following sections describe the progress made in these areas throughout the year.

Priority 1	Children and Families First, Every Time
Focus Areas	<ul style="list-style-type: none"> • Improving outpatient care. • Improving access to services through brilliant booking systems.
Priority 2	No Preventable Harms or Deaths
Focus Areas	<ul style="list-style-type: none"> • Achieving zero preventable deaths in hospital. • Early intervention for the deteriorating patient. • Reduction in preventable pressure ulcers.
Priority 3	Outstanding Clinical Outcomes for Children
Focus Areas	<ul style="list-style-type: none"> • Developing digitised clinical pathways. • Developing and improving outcomes in each speciality. • Reduction in hospital acquired infections.

3.2.1 PRIORITY 1 – Children and Families First, Every Time

Priority 1 Children and Families First, Every Time

- Focus Areas**
- Improving outpatient care.
 - Improving access to services through brilliant booking systems.

As an organisation providing a public service, we strive to ensure that we always put the children and families at the centre of everything we do, ensuring they are involved in decisions about the direct care they receive, but also in how the Trust develops its future plans and strategies. We will continue to seek to create more opportunities for children, young people and families to work in partnership with Trust staff in collaborative teams to co-design service improvements. We report here on improvements that have been made in two of our key programmes of improvement, i.e. improving outpatient care and booking systems, ensuring we put children and families first, every time.

3.2.1.1 Improving Outpatient Care

Aim: The provision of an Outpatient Service that enables staff to provide the best possible experience, on every occasion, for all patients and their carers/relatives.

Targets:

1. Improve the Friends and Family Test (FFT) rating for extremely/likely to recommend the Alder Hey Outpatients Department.
2. Increase percentage of clinicians who report being 'satisfied' with their experience in Outpatients.
3. Reduce the number of missing electronic patient pathway forms (ePPF) by 30%.

Outcomes:

1. FFT rating fluctuated between 86% and 92%.
2. Clinician satisfaction increased from 45% to 60%.
3. Missing ePPF forms from April 18 to February 19 as measured on 31st March 19 was 599 (representing 0.3% outpatient attendances). No baseline data was available.

Data source: Internal Audit data.

The Improving Outpatients Project was established in 2016/17 following the Care Quality Commission (CQC) inspection in 2015. In 2018/19, the third year of the project 'Best in Outpatient Care' continued with a focus on delivering an outstanding experience of Outpatient Services for children, families and professionals; enhanced methods of supporting staff; improved usability and accessibility of clinical and administrative systems; plus further improvements to flow in Outpatients and reduced delays in clinic.

Feedback from patients and staff highlighted several opportunities for improvement including:

- the need to strengthen communication with staff on project improvements and increase opportunity for staff to feedback.
- further improvement in play and distraction in Outpatient areas.
- a requirement to further reduce delays in the Phlebotomy area, thereby reducing stress for both patients and staff.
- increase the usage of InTouch (electronic patient flow software) by clinical teams.
- improve access to clinical systems by improving computer functionality, thereby reducing unnecessary delays in clinic.
- further improve signage across the Outpatient Department to support families in navigating their way around the hospital.

Improvements

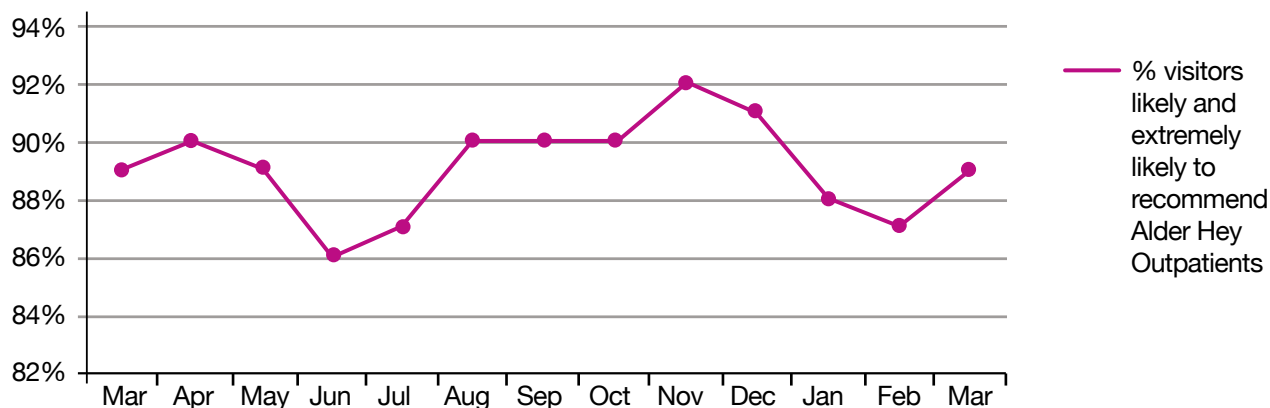
Patient Experience

• **Friends and Family Test (FFT)**

The FFT feedback showed a decrease in May and June, but with the focussed improvements being put in place during the summer and autumn months achieved significant improvement reaching a peak of 92%. Unfortunately this trend dropped away again in the winter months, although has begun to show improvement again in March (refer to graph below).

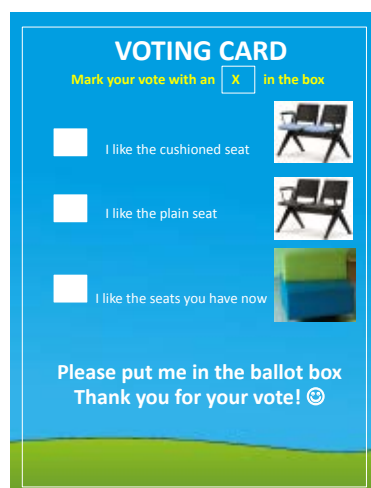
Further effort will be put in to understanding the reasons why some of our children and families would not recommend the service.

FFT Results - March 2018 - March 2019



Data source: Internal Audit data.

This section provides information on some of the improvements put in place to enhance the experience of our children and families during their Outpatient visits.



• Outpatients Seating Replacement Plan

We invited families to vote on their preference for which waiting area seating they would prefer to see across Outpatients. 73% voted for a new cushioned seat and plans have now been developed to replace the current seating, which will provide an increased number of seats and provide an improved, more comfortable experience for our children and families.

• Ticketed Appointment System for Phlebotomy

Feedback from children and families who are sent by their GP to Outpatients for Phlebotomy (collection of blood samples) included complaints about waiting to have their blood taken and not being given any information about their waiting time. In March 2019, the Department introduced a ticketed system in Phlebotomy with 10 minute appointment slots so that each child/family knew what time they would expect to be seen to have their blood taken. This allows them to move to a different part of the hospital, go to watch entertainment in the Atrium, or use the restaurant or coffee bar. This has improved flow and reduced congestion in the area.

A snapshot audit of the ticketed appointment system showed the following:

- Number of children seen at or before their allocated slot was 74/107 (69%).
- Number of children seen after their allocated slot was 22/107 (20%).
- 11% - data not collected.

This improvement also resulted in a reduction in complaints about the Phlebotomy Service. Having seen at least one complaint each month since September (and six complaints in February), there were zero complaints in March 2019.

Improved staff and family experience was also noted through positive feedback.

“Staff found it unbelievable to understand how working in a different way made a difference to regulating demand yet still seeing the same number of patients.”

“It was the quickest appointment in Alder Hey!”
Patient

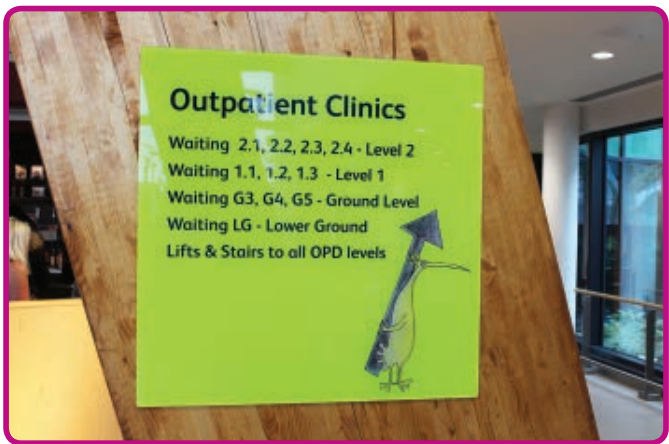
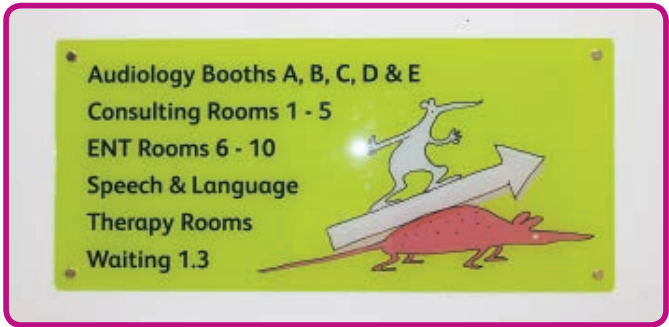
“I can get the next bus home!” Patient

“Staff found that the time they spent with the patients was more meaningful i.e. talking about their procedure and being able to settle the children rather than spending time apologising and talking.”

Improved Play and Distraction
Further improvement in the Phlebotomy waiting area has been provided in the form of a ‘Starlight’ box containing a variety of toys and games for younger children. ‘Drawing caddys’ were also introduced into Outpatient waiting areas, which contained children’s colouring books, coloured pencils, crosswords, puzzles, and mindfulness drawings.



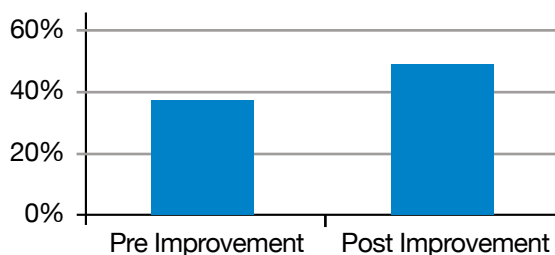
- **Improved Information Displays**
A number of new display cabinets have been introduced into Outpatient areas, which show key information posters for children and families.
- **Improved Signage**
A significant amount of additional signage has been installed across all four floors, making it easier for our families and staff to navigate their way around Outpatients.



Staff Experience

• **Clinician Survey**
Clinicians operating in Outpatients were surveyed at the start of the project and again towards the end of the year. The initial percentage of clinicians who reported being satisfied with their experience in Outpatients was 45%. In the second survey this position had increased to 60%.

Percentage of Clinicians that Reported being Satisfied with Their Experience in Outpatients



This section shows some of the improvements that have been put in place to enhance the experience of clinicians working in Outpatients.

- **Newsletter**

Introduced a bi-monthly project newsletter distributed across the Trust to keep staff informed of developments and improvements within Outpatients.

"Just to say I enjoyed reading your newsletter and learnt so much."

Staff Member

- **Dedicated Webpage**

Maintained the dedicated Improving Outpatients webpage on the staff intranet to allow a central point of information and improved communication with staff and stakeholders.

- **Electronic Suggestion Box**

Created a bespoke Outpatients suggestion inbox to allow a clear line of communication and gather feedback from staff.

- **Improved Feedback**

Installed display frames across Outpatients to display information about cleanliness audits, thereby improving awareness of infection prevention and control and providing feedback to the staff, many of whom will have been involved in the Audit but may not have received feedback in the past.

Patient Flow

- **Electronic Patient Pathway Forms (ePPF)**

The ePPF forms are the methodology used for clinicians to capture and record the outcomes of a clinic appointment for the purpose of tracking the number of appointments and tracking compliance with operational requirements, such as 18 week waiting time targets. The information is inputted into the electronic system at the end of each clinic, which then allows appropriate capture, monitoring and reporting of clinic attendances and outcomes, including providing activity information to commissioners. Occasionally due to overrunning clinics or other reasons, these ePPF forms may not be completed, or may be completed late, and may be recorded as 'missing'. This requires a significant amount of resource to follow up the outstanding ePPF forms and can result in activity not being captured appropriately.

From April 2018 to February 2019, the number of missing ePPF forms was 599 (which represents 0.34% of the total number of ePPF forms (173,894 outpatient attendances) expected to be completed. Further work is ongoing to reduce the missing ePPF forms further.

- **Improved Use of Intouch (Electronic Patient Flow) System**

Provided additional training to clinicians in the use of the InTouch electronic patient flow system and introduced clear instruction guides into the clinic rooms.

- **Improved Clinical IT Systems**

Replaced all computers in Outpatients with faster models, thereby speeding up clinical administrative work during the clinic and improving the flow of patients through the clinic.

- **Improved the Follow Up Appointment Booking Process**

Historically, children and families would leave the clinic knowing they needed a follow up appointment but not knowing when that would be. A change was introduced so that if patients require a follow up appointment within six weeks, our Reception Team will book the appointment before the family leaves the clinic, giving peace of mind to our families who now leave the hospital knowing when they are coming back.

Future Plans

- Roll out the 'stratus board' software created in-house by our IM&T Team which will improve the efficiency of completing and processing the electronic patient pathway (ePPF) forms.
- Roll out the Outpatient seating improvement plan, thereby improving comfort and experience for our children and families.
- Continue to explore fracture clinic redesign plans to accommodate increasing activity.
- Relocate pre-operative assessment clinic to Outpatients Department to provide a pre-op appointment on the same day as decision to undergo surgery.
- Continue to test and implement a GP led Phlebotomy electronic ordering solution, to further improve flow and patient experience.
- Further increase timely use of InTouch to allow waiting times to be published on screen in the waiting areas and improve patient experience.
- Continue to focus on making improvements in partnership with patients and families.
- Repeat audit of time to allocated appointment slot in Phlebotomy.

3.2.1.2 Brilliant Booking Services

Aim: To provide a booking system that puts children and families first and meets the needs of clinicians that use it.

Targets:

1. 95% of patients and families are very happy/happy with our Booking and Scheduling Service.
2. Increase in clinic utilisation from baseline of 84% to 90%.
3. Reduction in postage costs by £40k per annum.

Outcomes:

1. FFT results consistently at or above 95%.
2. Increased in March 2019 to 89%.
3. Postage costs reduced by an estimated £30k per annum.

Data source: Internal Audit data.

The Brilliant Booking Project was established in March 2018 as one of Alder Hey's top five operational priorities. The project focussed on delivering an outstanding booking and scheduling experience for patients and families as well as meeting the needs of our clinicians.

Feedback from patients and staff highlighted several opportunities for improvement including:

- the need to change processes so that we do not invite patients and families to ring up to make an appointment to then tell them we have no capacity.

- the need to make the cancellation and rescheduling of appointments easier for our patients and families.
- the need to increase the utilisation of our clinics.
- the need for patients to be seen in order of clinical priority.
- the need to reduce our postage costs.
- the need to reduce the number of hospital cancellations as appointments booked over six weeks in advance and therefore not aligned with notice for clinicians' leave.
- the need to reduce our DNC (Did Not Contact) list.

To achieve these targets, the project has supported a radical change in process of how appointments are booked at Alder Hey; moving from an invitation to book an appointment to appointments now being made in order of clinical priority and maximum of six weeks in advance. The new process will also see the eradication of the DNC list as all patients will be made an appointment regardless of whether they make contact with the hospital or not. In addition to this process change, bi-directional texting has also been implemented allowing patients to confirm or cancel their appointment via a text message without the need of a telephone call. Phase 2 of the project will see the introduction of an app which will allow patients to cancel and reschedule their appointments themselves to a more convenient date, with phase 3 implementing a service which supports the co-ordination of appointments for our regular patients called 'My buddy'.



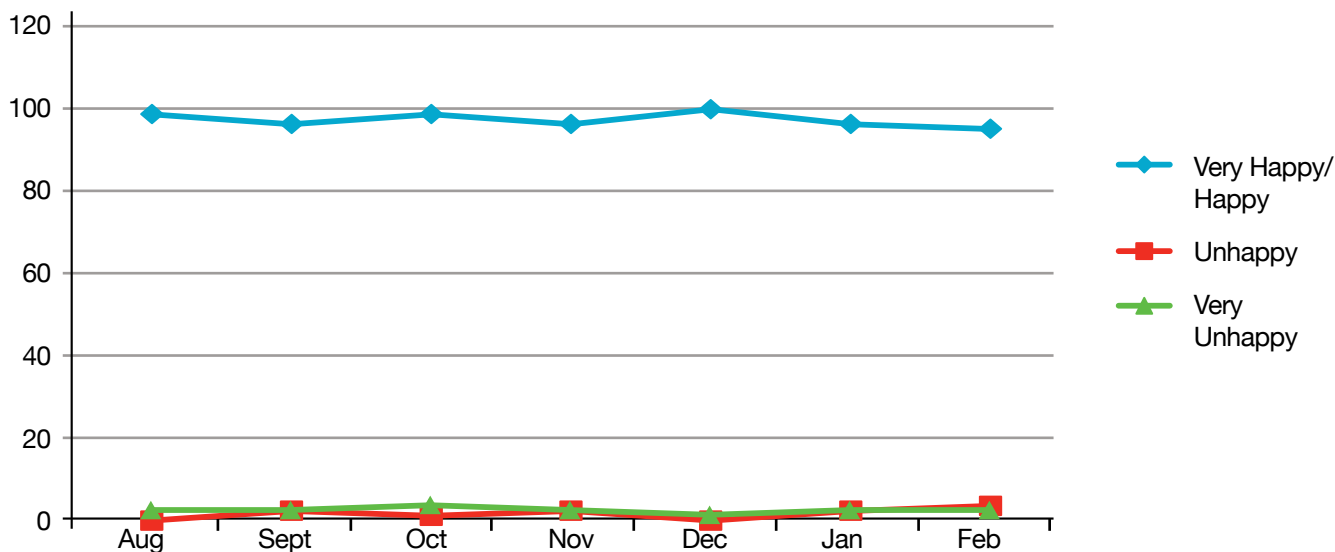
Improvements

Patient Experience

• Friends and Family Test (FFT)

A total of 1,817 patients and families rated their experience of booking their Outpatient appointment and these are displayed in the graph below.

FFT Results from August 2018 to February 2019



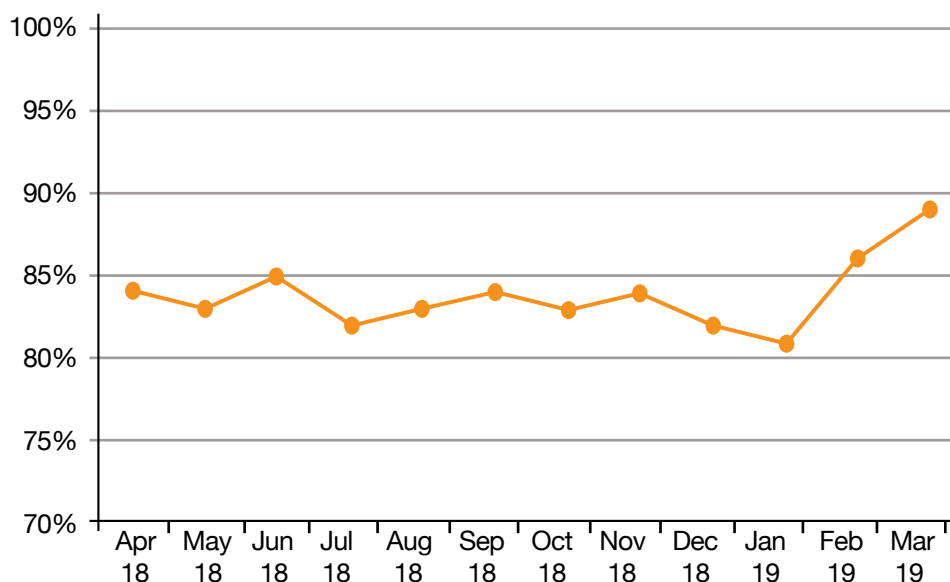
The FFT feedback has showed a constant high level of satisfaction from our patients and families and their experience of our Booking and Scheduling Service.

27 out of the 30 specialties within the scope of the project are now live, with bi-directional texting with the remaining specialties due to go live by April 2019. The text allows our patients and families to easily confirm or cancel their appointment via text message. Statistical analysis of the data has shown that specialties that have gone live with bi-directional texting have shown an average of a 2% increase in both planned and actual utilisation as well as a decrease in patients not attending for their appointment (DNAs).

Clinic Utilisation

The graph below shows that clinic utilisation has seen a dramatic increase in the last two months, reaching a peak of 89% in March 2019.

Clinic Utilisation from January 2018 to March 2019



Postage Costs

A reduction of approximately £30k has been seen in our postage cost as a result of no longer sending out an invite letter for patients and families to ring the hospital to make an appointment (projected estimate based on figures as at end of December 2018).

Clinician's Experience

8 out of 30 specialties are now live with our new booking process and a bespoke questionnaire for clinicians in these specialities is due to be distributed at the end of this phase of the project in May 2019.

Future Plans

- 2019/20 will see the Brilliant Booking Project amalgamate with the Outpatients Project as we focus on moving towards a more digital Outpatients service. The outstanding tasks in both phases 2 and 3, implementation of the booking and scheduling App and the My Buddy service will therefore form the basis of the 'Booking and Scheduling' workstream within the Outpatients Project.
- The Booking and Scheduling workstream will also include the launch of a DNA communications campaign to let our patients and families know about the difficulties and consequences of patients and families not attending their clinic appointments.
- This year will also see the implementation of an interface between our current medical records system, Meditech with the NHS Spine. This interface will increase the accuracy of the demographics we hold for patients ensuring that all communication is received.

3.2.2 PRIORITY 2 – No Preventable Harms or Deaths

Priority 2 No Preventable Harms or Deaths

- | | |
|--------------------|---|
| Focus Areas | <ul style="list-style-type: none">• Achieving zero preventable deaths in hospital.• Early intervention for the deteriorating patient.• Reduction in preventable pressure ulcers. |
|--------------------|---|

Patient safety has always been a top priority for the Trust and in last year's Quality Account we reported a reduction in medication errors leading to harm of 75% over a three year period, alongside a reduction in hospital acquired infections of over 45%. In 2018/19 we maintained a focus on reducing harm, in particular through rapid intervention for patients who deteriorate unexpectedly and further embedding of the Sepsis pathway. We also report on actions taken to reduce preventable pressure ulcers.

3.2.2.1 Achieving Zero Preventable Deaths in Hospital

Aim:

- To eliminate preventable deaths from Alder Hey.

Target:

1. Zero preventable in hospital deaths during 2018-19.

Outcome:

1. Achieved zero preventable in hospital deaths during 2018-19. 2018-19.

Source: output from review of inpatients deaths by Hospital Mortality Review Group.

The Trust employs a system of review of all in hospital deaths through the Hospital Mortality Review Group (HMRG), a group of multidisciplinary professionals from across a range of specialties. The Group will explore the circumstances surrounding a death to ascertain if the death could have been avoided and if there were any lessons that the Trust could learn from events leading up to the death. There is also usually at least one departmental review prior to the HMRG review.

Full details of numbers of deaths, plus lessons learned and improvements made are described previously in the mandated Section 2.2.11.

3.2.2.2 Early Intervention for the Deteriorating Patient Including Implementation of the Sepsis Pathway

Aim: To embed the question “Are you concerned this child has Sepsis?” in our routine clinical practice.

Targets:

1. Develop and roll out a Sepsis pathway to all our inpatient wards and Emergency Department (ED).
2. Deliver Sepsis training to nursing and clinical staff based within Alder Hey.
3. Submit against the Sepsis CQUIN standards for 2018/19.

Outcomes:

1. 100% of inpatients and ED screened for Sepsis.
2. Initiation of electronic Sepsis status for all inpatients.
3. Initiation of a Sepsis status board for the Trust.
4. Embedded Sepsis awareness across the Trust.
5. E-learning package to support already ongoing training.
6. Targeted Sepsis awareness and training within the Community Division.

Data source: Internal Audit data.

Sepsis is a life-threatening infection when it affects the function of an organ or body system and is caused by a dysregulated response by the body’s own defences. Those with ‘septic shock’ are unable to maintain a normal blood pressure without critical care support. Sepsis and septic shock affect children and adults and are major causes of death and lasting complications in those that survive.

The initial priority was to improve the quality of care provided by the Trust in a condition that carries high morbidity and mortality. The Sepsis Steering Group has continued to monitor compliance against the Sepsis pathway, review patients that were not managed optimally and to identify opportunities to improve the care delivered to suspected and proven septic patients.

Improvements

Evaluation and improvement of the electronic Sepsis pathway.

- Development of electronic training records for staff who have completed Sepsis training.

- Updated training materials using case studies and national updates.
- Continued organisational focus and awareness around earlier recognition of children at high risk of Sepsis in ED and on the inpatient wards.
- Continued organisational focus on timely intervention and provision of treatment for possible Sepsis combined with an understanding of the importance of source investigations.
- Compliance with National Institute for Health and Care Excellence (NICE) guidance on Sepsis management.
- High quality informatics enabling identification of blocks to rapid, efficient care and allowing feedback to individuals and teams to improve service delivery.
- Established a Sepsis Team – 1.5 Specialist Nurses and two clinical leads.
- Development and roll out of an e-Learning package.
- Organisational World Sepsis Day 2018 awareness session.
- Networking with other centres specifically around Sepsis in children, the warning signs and treatment.
- Inclusion of a paediatric Sepsis Nurse Specialist into the UK Sepsis Practitioners Forum.

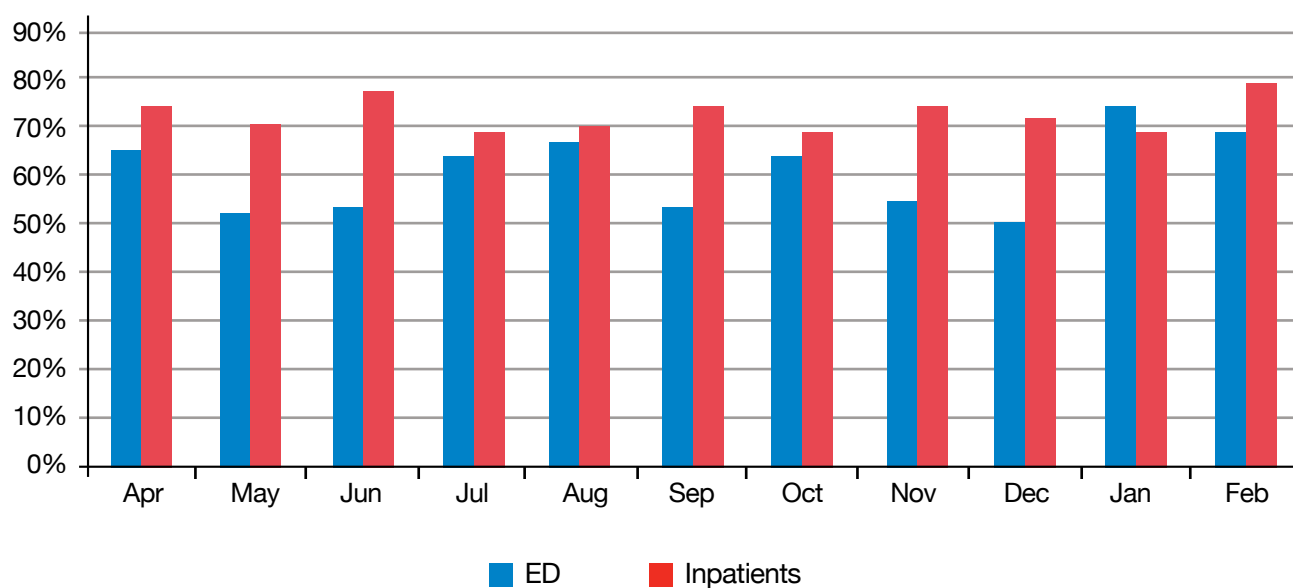


Future Plans

Continued Sepsis training within the community setting.

- Evaluation of the e-learning package with an updated version to be developed in collaboration with the University of Liverpool.
- Evaluation of Sepsis status and Sepsis pathway within the standard documentation.
- Review the opportunities for a Sepsis dashboard to provide live data and improve audit.
- Finalise and embed proposal drawn up with regards to difficult/complex intravenous access in clinically deteriorating patients with concerns of Sepsis on inpatient wards.
- Collaboration with DETECT study in relation to the Sepsis pathway.

% of Children Receiving Antibiotics Within 60 Minutes of Clinician Diagnosis of Sepsis 2018-19



3.2.2.3 Reduction in Preventable Pressure Ulcers

Aim: No healthcare associated pressure ulcers.

Targets:

1. Zero avoidable hospital acquired grade 3 pressure ulcers.
2. Zero avoidable hospital acquired grade 4 pressure ulcers.

Outcomes:

1. There was one grade 3 Pressure Ulcer compared to six in 2017-18 (83% reduction).
2. Achieved zero grade 4 hospital acquired pressure ulcers.
3. Total number of pressure ulcers of grades 2-4 is 34 compared to 36 last year.

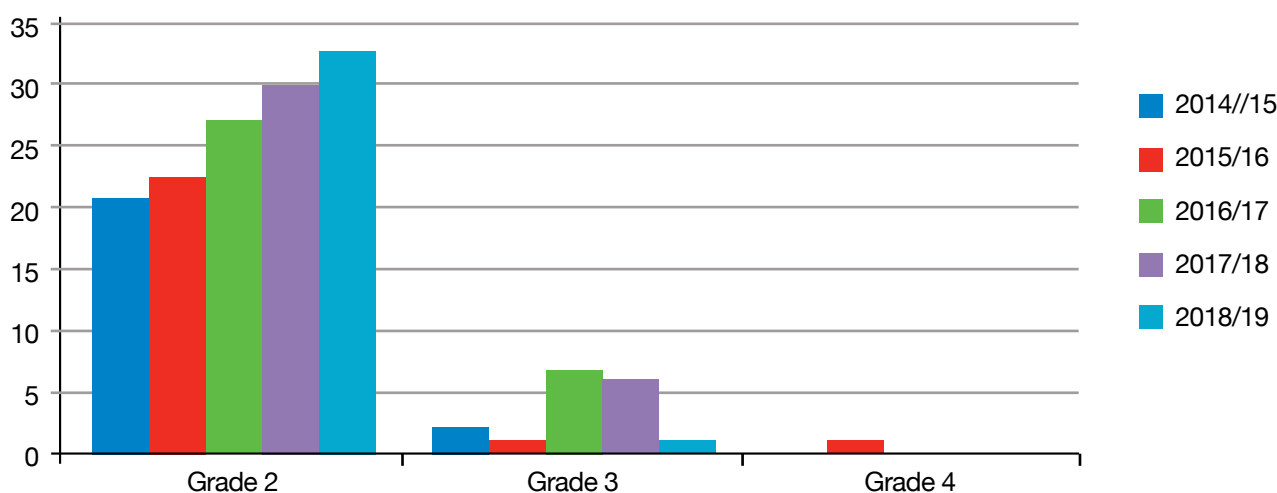
Data source: Internal Corporate Report.

A Pressure Ulcer is 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. Medical device related pressure ulcers are now recognised nationally by NHSI (National Health Service Improvement) and are now reportable. Alder Hey has commenced working with Southampton University to explore innovative solutions to minimise the risks posed by medical devices.

Alder Hey continues to have a strong focus on education and training in the prevention, recognition and treatment of pressure ulcers and clarifying and simplifying reporting procedures.

Number of Reported Hospital Acquired Pressure Ulcers



	Grade 2	Grade 3	Grade 4	Total
2014-15	21	2	0	23
2015-16	23	1	1	25
2016-17	27	7	0	34
2017-18	30	6	0	36
2018-19	33	1	0	34

Improvements

- The new Tissue Viability Service is now embedded across the Trust.
- New classification system for pressure ulcers as directed by NHSI now implemented into the Trust.
- The results above show a significant reduction in the number of grade/category 3 pressure ulcers reported in 2018/19 (a reduction of 83%).
- 2018/19 figures show the sustained rate of 0 in our grade/category 4 pressure ulcers.
- There was an increase in grade/category 2 pressure ulcers from 30 to 33 compared to last year. This was anticipated and is reflective of a greater awareness and improved education across the Trust which has led to a slight increase in reporting.
- The introduction of an improved system of defining when grade/category 3 and 4 pressure ulcers are avoidable or due to a lapse in care and targeting specific steps to address these through undertaking Root Cause Analysis and sharing lessons learned.
- Link e-learning package with Electronic Staff Record (ESR). Work with Community Nursing Team to support management of pressure ulcers in the community.
- A support structure for community staff with access to specialised tissue viability knowledge is now in place. Tissue viability link nurses are now established in the community and attend monthly Trust link nurse meetings and training sessions.
- Implementation of a new Tissue Viability Service ensuring continuity of the service seven days per week; consisting of a Tissue Viability Specialist Nurse, Tissue Viability Support Nurse and Tissue Viability Link Nurse System across the Trust.
- Implementation of an improved wound assessment tool on the Meditech System.
- Establishment of a rejuvenated Tissue Viability Link Nurse System with monthly meetings and educational sessions supported by industrial partners.
- Implementation of alternative intravenous dressings through the intravenous Access and Therapy Group to minimise the incidences of cannula acquired pressure ulcers across the Trust.
- Development of a Trust-wide wound care formulary, offering rationalisation and evaluation of the wound care products across the Trust. This wound care formulary was launched for staff in November 2018.
- Implemented tissue viability competency assessment. Commenced with link nurses and will roll out to all qualified nursing staff.
- Implementation of tissue viability training compliance monitoring which is fed back to ward managers monthly.

Future Plans

- Replacement/adaptation of the Braden Q assessment tool with one more suitable to the requirements of Alder Hey.
- Commencement of a working relationship with Southampton University into exploring innovative solutions in the prevention of medical device related pressure ulcers.
- Tissue Viability Specialist Nurse to undertake a Level 7 master course in Tissue Debridement at Bradford University.
- To establish and embed a comprehensive Trust-wide mattress service, for both static and dynamic mattresses.
- In collaboration with the Alder Hey Events Team, the Tissue Viability Service plan to develop a regional Tissue Viability Conference to support and update staff not only within the Trust but in the North West Region.
- To hold two annual tissue viability study days for all clinical practitioners with the Trust.
- Development of a business case to expand the Tissue Viability Team, in order to support staff in the community to deliver safe and effective care to children and young people and families in community settings.

3.2.3 PRIORITY 3 – Outstanding Outcomes for Children

Priority 3 Outstanding Clinical Outcomes for Children

- | Focus Areas | |
|-------------|---|
| | <ul style="list-style-type: none">• Developing digitised clinical pathways.• Developing and improving outcomes in each speciality.• Reduction in hospital acquired infections. |

Part of the Trust's commitment to delivering outstanding outcomes for children includes a plan to reduce variation by strengthening standardisation of clinical pathways, thereby ensuring that best evidence based practice is embedded and spread across the organisation. As a Global Digital Exemplar, the Trust is already committed to digitising clinical pathways and standardising documentation, using best practice as evidenced in NICE guidance and National Standards. Here we report on progress with developing digitised pathways during 2018/19 and provide an example of how this is improving outcomes. We also provide a further update on progress against reducing hospital acquired infections.

3.2.3.1 Developing Digitised Clinical Pathways



Aim: To design and implement digitised clinical pathways that are patient centred and evidence based.

Targets:

1. To have supported 52 speciality teams with the development of digitised pathways by November 2019.
2. To have embedded the use of the digitised Sepsis, learning disabilities and discharge pathways within every inpatient assessment.

Outcomes:

1. Digitised pathways have been developed and implemented for 32 speciality teams.
2. The use of digitised pathways has allowed clinical teams to use clinical outcome and metric dashboards on the Clinical Intelligence Portal.

At Alder Hey Children's NHS Foundation Trust, the transition to paper free working has been identified as an opportunity to engage the hospital's speciality teams in a process of service transformation and quality improvement.

The Project is led by the clinical effectiveness directors as part of the Global Digital Exemplar (GDE) Project and reports to the GDE Programme Board. Resources including an Operational Project Manager, Clinical Fellow, IM&T development staff and support from the Business Intelligence Team have been allocated to the speciality package project.

The project plan is structured around four "gateways" involving:

- clinical engagement and identification of clinical pathways for digitisation;
- digitisation of documentation and the development of digital tools to support pathway implementation;
- training, testing and launch of digitised processes;
- post-implementation review and revisions.

Improvements

- Digital pathways have helped to standardise clinical assessments and clinical care across 32 specialties.
- Pathway implementation has been supported by the development of:
 - Modified, symptom specific Emergency Department (ED) triage documentation.
 - Electronic documentation designed to standardise ED, Inpatient and clinic assessments.
 - The development of condition specific order sets (combined investigation and treatment orders that are designed to reduce variability and improve the consistency of care).
 - Treatment plans generated from operation notes to improve post-operative care planning and communication between the Multi-Disciplinary Team (MDT).
- Pathway specific dashboards are providing clinical teams with up to date data on patient outcomes and key pathway process measures.
- A Sepsis pathway has been developed and embedded into the nursing and medical assessments completed for all inpatients.



Feedback from Rheumatology Team after Introduction of Specialty Package

100% strongly agree the Specialty Package improved access to information.

100% agree or strongly agree the ability to see all patient contacts provides a clearer picture of patient care.

100% agree or strongly agree this has enabled them to make better informed decisions to improve patient outcomes.

100% agree or strongly agree the package supports the standardisation of care.

43% agree or strongly agree they can record discussions and process of transition robustly using the transition documents.

43% disagree that writing notes directly onto the PC has had a negative impact on interaction with the patient.

"Excellent work by the team that have worked so hard to develop this. Will have a huge positive impact both for patient care but also on our working lives."

Overall 89% satisfaction with the GDE Rheumatology Specialty Package.

Future Plans

- Continue to roll out digitised clinical pathways to a total of 63 specialty packages by 2020.
- Populate and roll out the Clinical Intelligence Portal.
- Use digital data to support the quality improvement cycle.

3.2.3.2 Developing and Improving Outcomes in Each Specialty

Improving Outcomes in Diabetes Care

Aim:

1. To improve delivery of Diabetes care processes in a streamlined clinic to meet NICE Guidance for Diabetes care in children and young people.
2. To improve blood glucose control through patient education leading to a lower HbA1c, signifying a reduced risk of complications in the future.

Outcomes – 2017/18:

1. Reduced the median HbA1c by 4 mmol/mol over two years.
2. Increased compliance with seven key health checks from 17% to 59% over two years (national mean currently 50%).
3. Improved psychology screening at clinic from 15% to 89%.
4. Presented data at NPDA 2019 national conference.

Data source: National Diabetes Audit Data, plus internally gathered data.

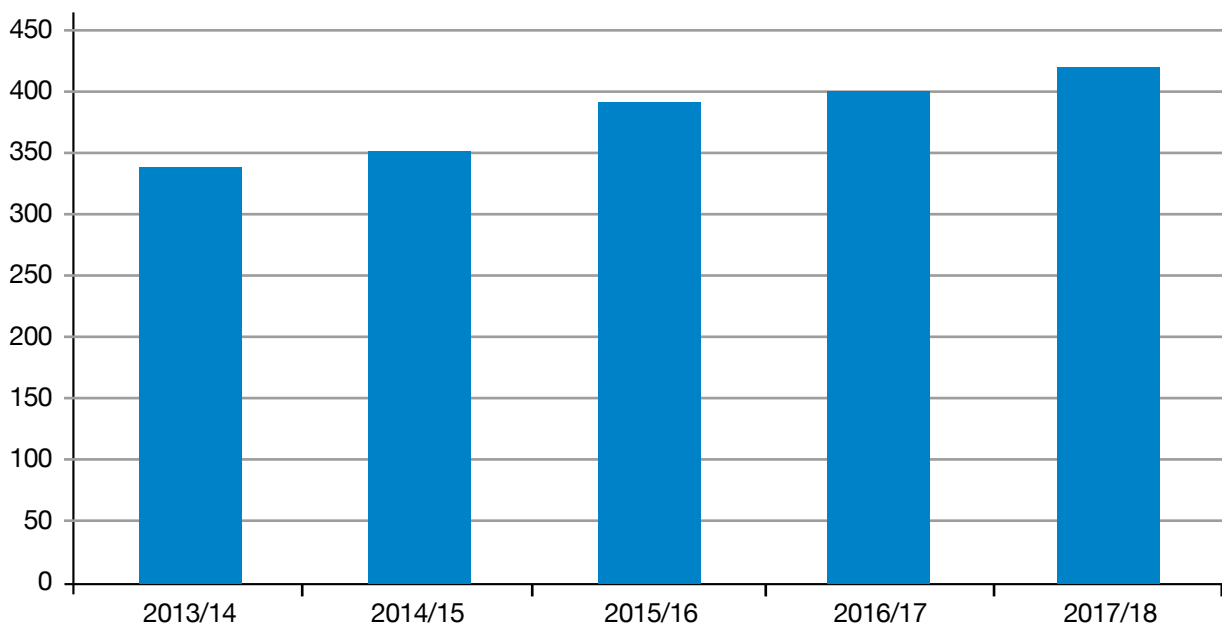
The Alder Hey Diabetes Team look after 430 children and young people up to 19 years of age within the Liverpool area. There are 50 new patients per year. The patient population has increased significantly over the last six years.

97% of children and young people diagnosed with Diabetes are Type 1; caused by an autoimmune destruction of insulin producing cells in the pancreas. These patients require insulin either by injection or pump to maintain healthy blood glucose levels. The levels are monitored by five or more fingerstick blood glucose checks per day.

Type 2 Diabetes is more common in adults, although its frequency is increasing in children.



Total Patient Numbers 2013 - 2018



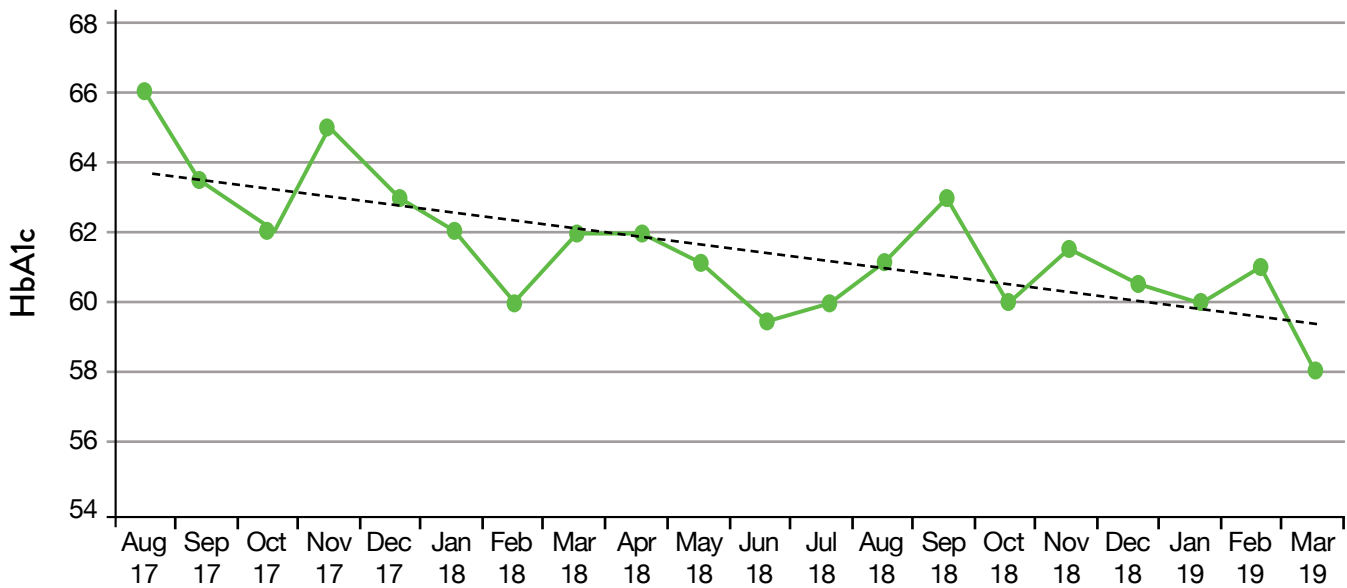
Graph showing increasing patient numbers.

National Paediatric Diabetes Audit

The National Paediatric Diabetes Audit (NPDA) is an annual audit cycle run by the Royal College of Paediatrics and Child Health. It collects data on healthcare provision and outcomes, such as the delivery of seven key healthcare processes (including blood tests, Body Mass Index (BMI), blood pressure, kidney function, eye and foot examination), access to psychological support and long term blood glucose control (as evidenced by measuring levels of the marker, HbA1c in the blood). In the 2016/17 NPDA

Report, Alder Hey was designated as a national negative outlier for delivery of the seven main health checks. Additionally, it was recognised that our median HbA1c was static for two consecutive years, despite a national improvement being evident. We therefore implemented a service redesign with the aim of ensuring our service is fully compliant with NICE guidelines and through improved education, ensuring our children and families were able to better control their blood glucose levels, as evidenced by regular measurement of the HbA1c marker.

Median Clinic HbA1c 2017-19



Graph showing reduction in HbA1c levels.

Improvements

- Adopted a whole team approach to service improvement following a team away day.
- A focus group was organised to allow our children and families to help in the service redesign.
- Monthly data review introduced as part of departmental governance meeting.
- Redesigned patient education package from diagnosis.
- Information prescription for use in clinic.
- Further improved patient education through new website and Twitter.

Future Plans

- Work towards lowering overall median HbA1c to 58mmol/mol.
- Develop and implement structured rolling education plans for established patients.

3.2.3.3 Reducing Hospital Acquired Infections

Aim: To reduce avoidable harm due to hospital acquired infection by the end of March 2019.

Targets - 2018/19:

1. No hospital acquired MRSA bacteraemia.
2. No Clostridium Difficile infections due to lapses in care.
3. Reduce the number of hospital acquired MSSA bacteraemia by 25% from the 2017/18 baseline of 14.
4. Reduce the number of hospital acquired gram negative bacteraemia by 10% from the 2017/18 baseline of 16.
5. Reduce number of hospital acquired CLABSI (PICU only) by 10% from the 2017/18 baseline of 20.

Outcomes – 2018/19:

1. 0 MRSA bacteraemia.
2. One Clostridium Difficile infection currently under review to determine if there was a lapse in care.
3. 25% decrease in the number of hospital acquired MSSA: this represents 10.
4. Maintained low number of hospital acquired Gram Negative bacteraemia: this represents 16.
5. 10% decrease in the number of hospital acquired CLABSI (PICU only): this represents 18.

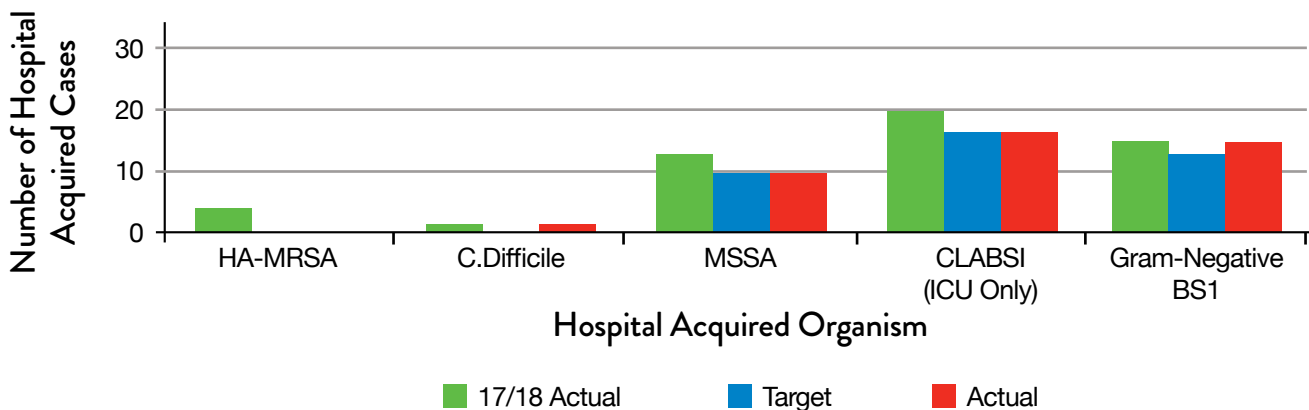
Data source: Internal data through IP&C Team.

Effective infection prevention and control (IP&C) practice is essential to ensure that patients receive safe and effective care. In order to provide the best possible outcome for the children in our care, it is effectively important that we identify and manage all infections that affect our children and young people to reduce the risk of healthcare acquired infection.

Children and young people can present unique IP&C challenges, such as:

- They are susceptible to infections, which are preventable by vaccination.
- They have closer contact with other visitors such as parents and siblings.
- Their lack of regular hand hygiene practices present more opportunities for infection to spread.
- They may also interact more closely with their environment, making them more likely to come into contact with contaminated surfaces and items.
- Communicable diseases affect a higher percentage of paediatric patients than adults increasing the likelihood of cross infection.

Hospital Acquired Organisms Metric Data 2018-19
Target Vs Actual



Graph shows each of the target areas for hospital acquired infection actual 2017-18 compared to 2018-19 target and 2018-19 actual.

Improvements

- Plans drawn up and incorporated into the IPC work plan, to incorporate strategies to integrate community staff, premises and education into the IPC Audit and educational plan.
- Successful roll out of new hand hygiene audit tool throughout the Trust.
- Submission of a business case for three ultra violet machines for the enhancement of the deep cleaning and PPM processes throughout the Trust.
- Successful development and submission of a business case to purchase a new 'Cepheid' machine for rapid identification of carbapenamase producing organisms therefore freeing up isolation cubicles.
- Surgical site infection surveillance expanded to incorporate all inpatient surgical procedures.
- First launch of the annual "Love Bug Day" in February 2019 with the support of industry partners.
- Incorporated practical hand hygiene assessment within mandatory training.
- Successful integration of the Vessel Health and Preservation 2016 (VHP) framework into the Meditech system through the GDE project.
- Commencement of a PIR process for all MRSA, MSSA, E.Coli, Klebsiella and Pseudomonas which are then reported to divisional governance teams via a situation report.
- An increase in the percentage of staff compliance in Fit testing.



Future Plans

- To continue the work which began in 2018/19 to examine and update the Isolation Policy, incorporating the most up to date research and best practice available and benchmarking the policy against other paediatric specialist hospitals in the country.
- To continue to explore and develop a process across the whole Trust to monitor central line associated bloodstream infections (CLABSI) data per 1000 catheter days and to benchmark these rates against other paediatric specialist hospitals in the country.
- To continue the monthly CLABSI data produced per 1000 catheter days on PICU and continue the collaborative work to try and reduce this rate.
- To continue the work commenced in 2018-19 to reduce the hospital acquired infections by setting internal targets and monitoring this data through Trust Board and IPCC.
- To oversee the first IPS Paediatric Day at National IPS Conference in Liverpool September 2019.
- Commencement of national IPS paediatric meetings to network and benchmark with other paediatric trusts nationally.
- To explore with NHS England the possibilities of increasing vaccination compliance whilst children are visiting the Trust.
- To develop a five year strategy for infection prevention services across the whole Trust, incorporating the new NHS 10 year plan (2019) which will be monitored through IPCC and Trust Board.
- Collaboration with NHSi and other paediatric trusts to reduce the rates of gram negative bloodstream infections (GNBSI) for paediatric patients who present with unique risk factors for these type of targeted infections.
- Development of a business case to expand the Infection Prevention and Control Team in order to support staff in the community to deliver safe and effective care to children and young people and families in community settings.

Further details of improvement plans are captured in the Infection Prevention and Control Work Plan which will continue to be rolled out during 2019/20.

3.3 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 a focus on engaging the workforce.

A. Incident Reporting

Aim: To maintain a high level of incident reporting in a culture of openness and willingness to learn.

Target:

1. Remain in the top quartile of number of incidents per 1000 bed days reported compared with acute specialist trusts.

Outcomes – 2018/19:

1. Alder Hey is the second highest reporter of incidents per 1000 bed days amongst acute specialist trusts as reported through NRLS.
2. Alder Hey is the highest reporter of incidents per 1000 bed days amongst paediatric trusts.

Data source: NRLS website – March 2019.

The Trust recognises the value of reporting incidents whether or not they result in any harm. Higher numbers of reporting of incidents, particularly no harm and near miss incidents, is indicative of a strong safety culture with a willingness to be open and learn from mistakes.

The latest report from National Reporting and Learning System (NRLS) shows that for the period 1st April 2018 to 30th September 2018, Alder Hey were the second highest reporter of incidents amongst its peer group of acute specialist trusts. We are also the highest reporter of incidents amongst all paediatric trusts.

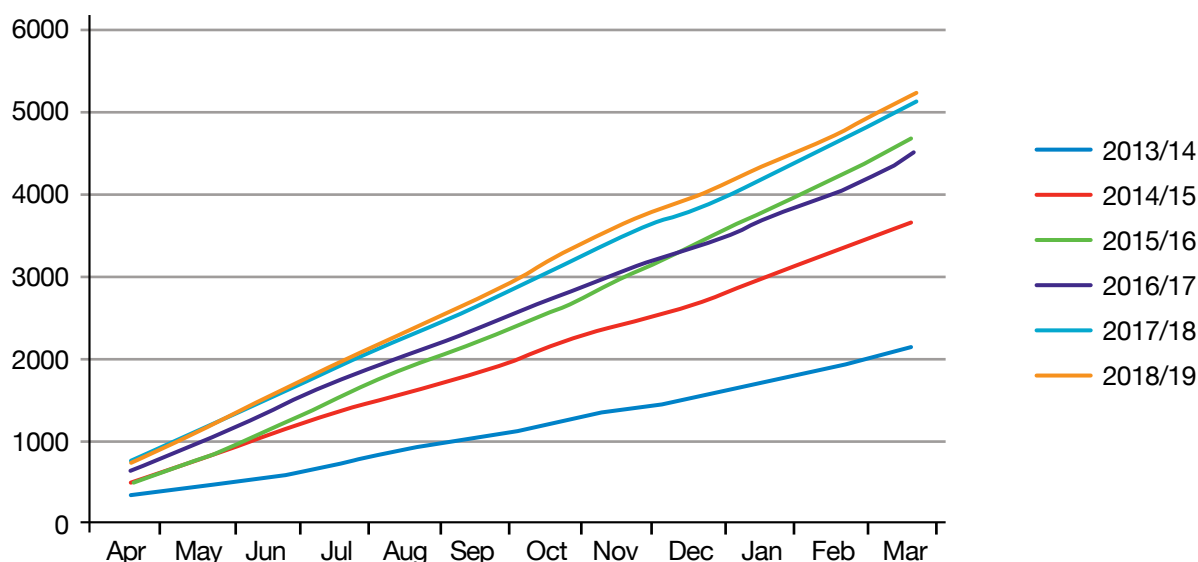
Improvements

- Weekly Patient Safety Meeting learning log review and progress with actions, demonstrating assurance of patient safety improvements.
- Weekly sharing Trust-wide ‘you said, we did’ from incidents raised, via Patient Safety Meeting, to support patient safety, quality improvement and encourage incident reporting.
- Continuous development of Governance and Quality Assurance intranet site for all staff which includes national and local guidance on management of incidents such as serious incidents, sharing lessons learned from incidents, investigation reports and action for improvement, safety notices etc.
- Further development of ‘step by step guides’ for the management of incidents via the electronic risk management system (Ulysses).
- Patient safety alerts shared Trust-wide to ensure learning and minimise patient safety risks.
- Continue to promote lessons learned bulletins, shared with all staff promoting learning and continuous improvements in patient safety.
- Human Factors Train the Trainer course undertaken by 10 members of different professional groups across the Trust.
- Maintained mechanisms of feeding back reports to staff, via staff notice boards and numerous other governance processes across the Trust.
- Development and implementation of ‘after action reviews’ to capture lessons learned from incidents to ensure improvement future performance.

Future Plans

- Multi-disciplinary half day Human Factors training programme to be rolled out for all clinical staff groups.
- Combined RCA and Human Factors training Trust-wide.

Clinical Incidents Reported 2013-14 to 2018-19



Graph shows year on year increase in incident reporting.

B. Improving Medication Safety

Aim: No drug errors resulting in avoidable harm.

Targets - 2018/19:

1. 25% reduction in incidents resulting in minor harm from 2017/18. Baseline 32: Target 24.
2. Zero incidents of moderate harm or above. Baseline: 0 Target: 0.

Outcomes:

1. 34 incidents of minor harm in 2018/19. This is an increase of two incidents (6%).
2. There were three incidents of moderate harm reported in 2018/19.
3. There were no incidents of severe harm or death in 2018/19.
4. Incidents associated with harm were 2.6% of all medication incident reports, which is equivalent to last year and a reduction of 18.6% since 2014-15.

Data source: Internal Audit data through medication safety officers and reported in the Corporate Report.

Almost every patient who is admitted to hospital requires medication. Prescribing, administering and dispensing medicines for children are complex processes and require specialist knowledge and experience. Medication errors are the most common type of incident reported in most hospitals in the UK and the Trust. We want to reduce the number of medication errors happening in Alder Hey for three main reasons:

- Medication errors can harm patients. The majority of the errors which have happened in Alder Hey have not caused harm to patients. A small number of reported incidents have caused harm or had the potential for causing harm had they not been discovered before reaching a patient.
- Medication errors can increase the length of time a patient stays in hospital or increase the cost of their stay because more tests, investigations or treatments are needed.
- Being involved in a medication error can be a very difficult experience for patients, their families and the staff involved.

Since 2014/15, the Trust has seen an increase in the number of reported medication errors and a reduced number of errors that lead to harm every year (sign of a strong safety culture). We have maintained medication safety as a high priority and sought to further decrease the number of errors leading to harm.

Medication errors are reported on the Trust's incident reporting system (Ulysses). Managers of the area where the error occurred and other key individuals are immediately notified via email of the incident.

The Medication Safety Committee (MSC) (a subgroup of the Drug and Therapeutics Committee) review monthly summaries and identify potential trends in reporting. The Committee develops action plans to reduce errors within the Trust and also responds to national safety alerts and other concerns regarding medication safety.

The Trust's Patient Safety Meeting is well attended by a variety of professional groups and divisional representation. The meeting reviews incidents that have caused harm to patients in the previous week, including medication incidents.

The Clinical Quality Steering Group reviews overall trends in medication error reporting.

Figure 1: Total Number of Medication Incidents Reported Per Annum

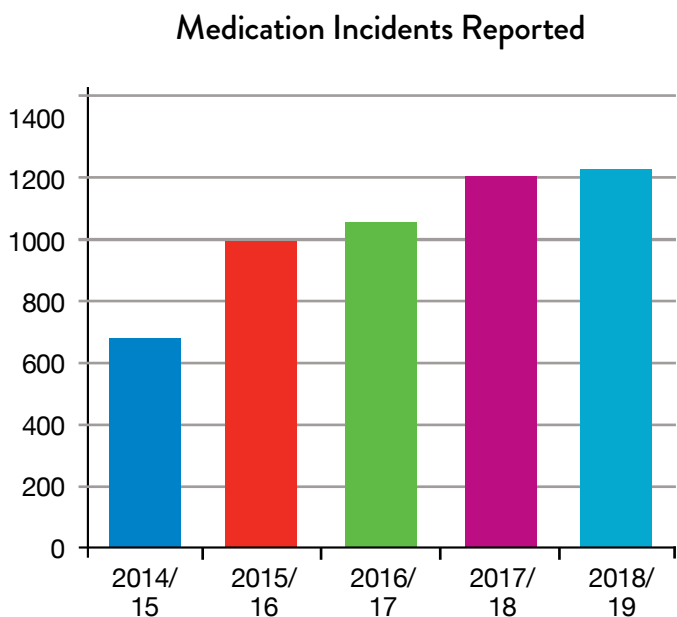
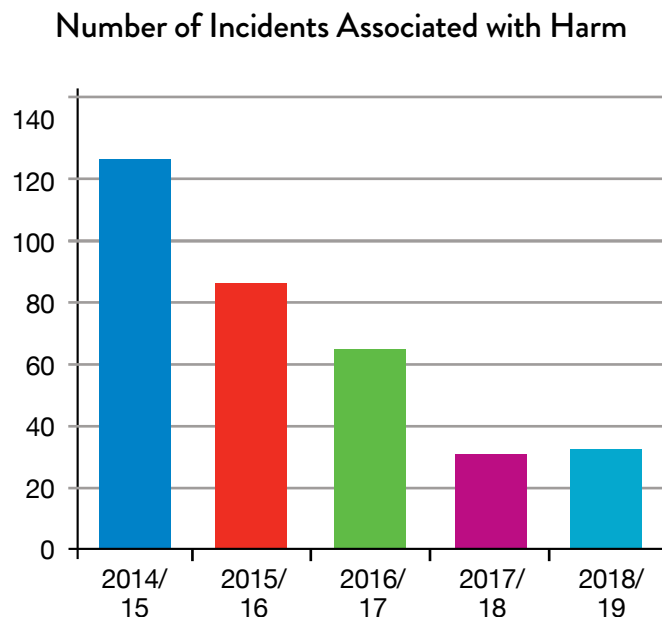


Figure 1 shows an ongoing increase in reporting of medication incidents, from a baseline of 703 in 2014-15 to 1,231 in 2018-19 [75% increase in reporting]. This is a dramatic improvement since the introduction of the medication safety officers (MSOs) who have put a great deal of effort into training, encouraging and supporting staff to report medication incidents whether or not they reach the patient.

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



Whilst the number of reported medication incidents has increased since the appointment of our MSO staff in 2014-15, the actual harm attributed to incidents has dramatically reduced as demonstrated in Figure 2, which displays the number of incidents that were associated with harm. This has maintained a 75% reduction from 128 in 2014-15 to 33 in 2018-19.

Both of these figures together are reflective of an improved safety culture and willingness to report incidents openly, including those that don't reach the patient.

This fantastic outcome far exceeds our 'Sign Up to Safety' three year target for reducing harm from medication set in 2014. Further effort will be put in to reducing the errors associated with harm even further.

Improvements

Initiatives developed to reduce the number of medication errors reaching patients and causing harm include:

Incident Reporting and Awareness

- Improved the quality of incident report data by implementing a more consistent approach to follow up and ensuring minimum data is completed prior to incidents being uploaded to the National Reporting and Learning System (NRLS).
- The implementation of the MERP (Medication Error Reporting Program) grading structure for classification of harm caused by a medication error. This provides a much more objective method of assessment.

- Line managers are offered support when investigating incidents by MSOs. This has improved the response time for investigations following an incident.
- Ensuring any medication errors involving Meditech (our Electronic Prescribing and Medication Administration (EPMA) system) are fed back to the Meditech Team and used to shape and prioritise developments and training programmes.
- Monthly reports for nursing staff regarding medication errors and specific medication reports are provided to each division and also the education department for prescribers.
- The MSOs and Consultant Clinical Pharmacologist have publicised the need to report more adverse drug reactions via the Yellow Card Scheme by running a competition between the doctors and the pharmacists. Since this was set up, the number of adverse drug reactions reported to the MHRA via the Yellow Card Scheme has increased from 19 to 44 (18/19 by the end of Q3) (176% increase from 2014/2015).
- An intranet page dedicated to medication safety has been developed which includes recent alerts and lessons learned. The MSOs now have access rights to modify the page, ensuring it is both user friendly and updated in a timely manner. In particular this allows safety alerts to be uploaded for access by staff members readily.
- An MSO dashboard is used to monitor progress and training activity.
- Supporting staff/divisions in the investigation process around medication incidents.

Education

- Updated a medication safety mandatory training workbook. The new version will be available from April 2019.
- Training for PMR (Paediatric Medicines Research) for IV awareness training/medication safety for Undergraduate Pharmacist and nurses.
- MSOs continue to provide regular training on many aspects of prescribing, administering and dispensing medicines to medical teams, theatre, nursing and pharmacy staff. Bespoke training to meet trends in ward areas and specialities. Sessions delivered in 2018/19 increased by 42% from the previous year.
- Developing a new training session for IV training to stream line outcomes and to support staff re-inforcing the five rights approach for administration of medicines.
- Implemented and promoted the new independent checking process for all medication.
- Medication Safety Week was introduced for all staff to attend. 25 workshops based on medication safety

awareness, controlled drugs and Meditech took place. This is to be repeated annually to continue to raise awareness of medication safety principles to staff, patients, families and carers.

- The MSC continue to work with junior doctors on methods of improving learning from prescribing errors.



Reducing Errors with Specific Drugs

- Reducing Errors Related to Parenteral Nutrition (PN)

This is a priority for the Medication Safety Committee and a multi-disciplinary group is working on the following:

- Developing criteria for when PN is appropriate to start.
- Develop a training package on PN for nurses and doctors.
- Develop a new PN prescription form.
- Introduction of Standard PN.

- Reducing Errors Related to Insulin

Although no serious harm has been reported with insulin, the MSC are working on improving methods of prescribing, education and awareness around the use of insulin for inpatients.

- Reducing Errors Related to Opioid Medicines

An Audit of incidents relating to Fentanyl has been completed and has shown a reduction in harm over the last 12 months.

- Reducing Delayed and Omitted Medicines

An Audit of delayed administration of critical medicines has been undertaken. The MSC are working with the Information Department to be able to investigate the scope of delays in more detail.

C. Perioperative Care

The improvement focus for this year has been to continue to embed national policy and national safety standards across Theatre, paying particular attention to training and audit of National Safety Standards for Invasive Procedures (NatSSIPs) as well as continued improvements to emergency list booking, plus admissions procedures.

We set out seven key aims for the year, alongside a strategy for achieving those aims. By the end of 2018/19 all of these aims have been achieved or work has commenced.

Aims and Objectives 2018/19	Achieved
NatSSIPs to Form Part of Theatres Mandatory Training	Mandatory training delivered in house on all update sessions. We have been identified as an exemplar by the commissioners.
Departmental Audit Plan for NatSSIP's	On-going departmental Audit plan with data feeding into Integrated Governance Committee (IGC) and Clinical Quality Steering Group (CQSG).
Strategy Developed to be Able to Provide Peer Support for Staff Suffering From Work Related Stress	Funding approved and 20 Staff attended TRiM (Trauma Risk Management) training.
Undertake a Second Safety Culture Assessment	Identified areas for improvement regarding improving the culture of near miss incident reporting. Continue to deliver 2nd phase Human Factors training for all staff members along with Clinical SIM training.
Review the Provision for Plastics Trauma Patients Requiring Surgery	Theatre schedule reviewed and plastic surgery lists increased in order to accommodate the Trauma patients within scheduled elective lists during the week.
Implement a Fully Electronic Emergency List Booking System (ELIS)	System now live and used as the sole source booking system. Using the data retrieved from the ELIS (Emergency List Information System) dashboard to further enhance and improve patient experience.
Introduce Batched Admissions for all Inpatients Coming Through the Surgical Admissions Lounge	Consultation took place with all specialities to discuss the proposal and how this new practice should enhance patient experience. A trial was commenced with a period of time to feedback. The majority of feedback was positive and a full roll out commenced in November 2018.

Key Quality Improvements Made in 2018/19:

- Reviewing the NatSSIP's guidelines and amending in line with feedback from root cause analyses and incident reporting.
- Audit compliance of the NatSSIP's guidelines in clinical practice; use the data to address any issues within the teams.
- Implementation of Trauma Risk Management (TRiM) training to facilitate staff to support their peers following exposure to work related traumatic events, with a view to helping staff feel supported and prevent sickness absence.
- Rearranged the theatre schedule to enable implementation of additional plastic surgery lists in order to accommodate the plastics trauma patients and ensure they receive their surgery in a timely manner.

- Successfully implemented batched admissions for all inpatients coming through the Surgical Admissions Lounge, in order to improve patient experience.

Maintaining Patient Safety by Using NatSSIP's Guidelines

The National Safety Standards for Invasive Procedures (NatSSIP's) guidelines were originally introduced in 2016 and were devised in conjunction with the Regional Theatre Managers Network. These are now part of Theatres mandatory training; this training is updated yearly. Following feedback from departmental incident reporting and RCA investigations, we have amended the local and regional guidelines (LocSSIP's and RegSSIP's) in order to further enhance patient safety. Alder Hey is recognised as an exemplar by our Clinical Commissioning Group (CCG) for our NatSSIP's guidelines, and supports other regional trusts with completion and implementation of their own standards.

Audit

We have a departmental audit in place to ensure NatSSIP's compliance within the teams and this compliance data is fed into the Integrated Governance Committee and the Clinical Quality Steering Group.

Improving Staff Health and Wellbeing

20 staff members attended TRiM training (Trauma Risk Management). This is training given to staff (predominantly non-managers) to provide support to all staff members following exposure to a work related traumatic event. This training enabled staff to identify staff members and arrange to meet with them following exposure to a work related traumatic event. The format comprises of initial assessment following set criteria, advice on how the staff members may react and behave following such an event and what advice to give to the staff members. Guidance of when to plan a follow-up meeting and what guidance/support may be required after the follow-up meeting and where to signpost the staff member to for further support.

Improving Patient Safety

Following on from the Safety Culture Survey completed in conjunction with Liverpool Airport in 2017, we undertook a second Safety Culture Survey in conjunction with AQUA (Advancing Quality Alliance). The feedback from the survey has been reviewed and fed back to staff and we are now developing a strategy and action plan to address the issues highlighted.

Improving the Quality of Care Provided

A task and finish group was developed to review the current service for plastic surgery trauma patients ('early bird' patients). The group reviewed the processes, complaints and feedback received from patients along with the data which identified the length of time between referral to theatre emergency list until their operation. This review showed that there was often disparity between weekday and weekend scheduling and some patients were having their surgery cancelled due to the other patient demands on the emergency list. Therefore it was decided to increase the number of plastic surgery elective lists, in order to create capacity within scheduled operating lists to accommodate these patients; this also enabled the patients to be recovered and discharged from the Day Surgery Unit, giving the patients a smooth journey through theatre and enhancing their experience. There are also plans in place to open the Surgical Admissions Lounge on weekend mornings to review this cohort of patients and prepare them for surgery in a timely manner on the weekend too.

Improving Care for Patients Requiring Emergency Surgery

Following the implementation of the ELIS (Emergency List information System) and subsequent upgrade, this is now the sole source for booking emergency patients through the hospital. The system allows the Theatre Management Team to review the data and populate a dashboard to identify the average patient waiting times, the length of fasting times for patients and the acuity of patients listed for each specialty. This data will help the Theatre Management Team review the semi-urgent requirements for each specialty when devising a new theatre schedule.

Improving Patient Experience for Patients Undergoing Elective Surgery Via the Surgical Admissions Lounge (SAL)

Batched admissions works well on our Surgical Day Care Unit. The proposal was to implement this same process for elective inpatient admissions following feedback from patients, their families and the SAL staff. The feedback comprised mainly of a lack of capacity for all morning and afternoon admissions in one batch, resulting in cramped conditions including standing room only on the busier days. The decision was made to trial batched admissions for the month of September 2018, with a view to full implementation in November 2018. The overall feedback was positive and the new system is working well for both the patients, their families and the medical teams. Batched admissions is a process for booking elective patients in a staggered manner. Rather than bringing all morning admissions in at 7:30am, the first cohort is admitted at 7:30am and the next cohort at 9:30am. Similarly in the afternoon session patients are brought in at 11:30am and 1:30pm respectively, rather than all afternoon admissions brought in together at 11:30am. This helps to prevent patients waiting excessive periods of time for their procedure and prevents overcrowding in SAL.

Key Points of Focus for the Year Ahead

- Implement phase 2 of human factors training development in conjunction with the clinical SIM programme.
- Work with the regional network to develop a peer review strategy to support benchmarking and consistency of care within the region.
- Fully embed the TRiM (Trauma Risk Management) model of peer support within the department to enable rapid debrief and support following traumatic incidents, so this becomes the standard approach within the Department.
- Develop and manage a clear standard operating procedure (SOP) database for the whole department which enables us to review our SOPs in a timely way and ensures they are easily locatable for all staff using them.

D. PLACE Inspection 2018/19

Alder Hey is committed to ensuring that ‘every NHS patient is cared for with compassion and dignity in a clean, safe environment’.

The **Patient Led Assessment of the Care Environment (PLACE)** is a thorough assessment conducted by members of the public (‘patient assessors’), in partnership with NHS staff and volunteers and designed to focus on the areas which patients say matter to them.

Participation is voluntary and the assessment covers a range of non-clinical activity that takes place within the care environment. The areas covered by the assessment are ‘Cleanliness’, ‘Food and Hydration’, ‘Privacy, Dignity and Wellbeing’, ‘Condition, Appearance and Maintenance,’ and ‘Disability’ (which focuses on issues such as wheelchair access, mobility

(e.g. handrails), signage and provision of other aids including visual/ audible appointment alert systems, hearing loops, plus aspects relating to food and food service).

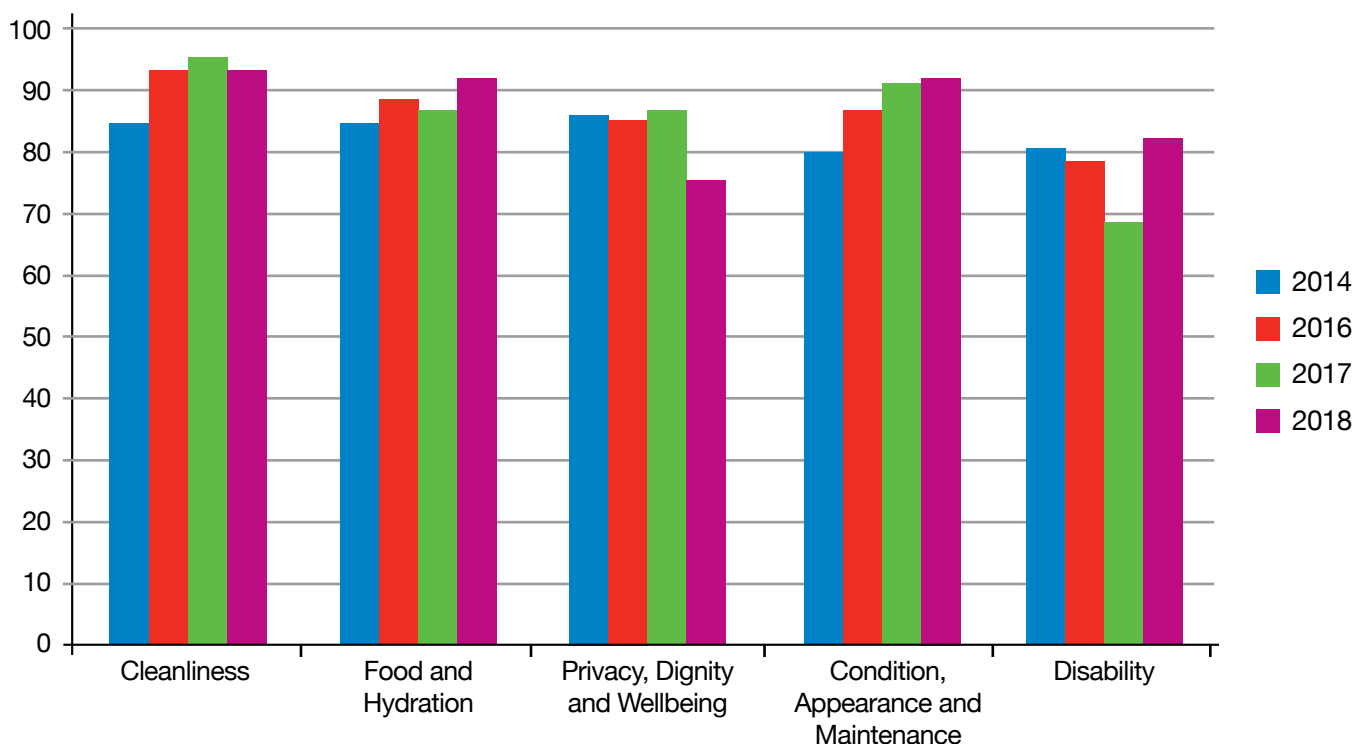
The PLACE assessment at Alder Hey took place in May 2018 and included 11 staff members plus 28 independent assessors including: former patients; members of the Children and Young People’s Forum; Healthwatch representatives; parents of current inpatients and outpatients; appointed volunteers and a Trust Governor.

Outcomes

The results of the assessment are produced by NHS Digital (formerly Health and Social Care Information Centre). The graph below provides a comparison of Alder Hey’s performance over the past four assessment periods.

PLACE Reports 2014-2018

Note: there was no PLACE assessment undertaken in 2015.



Improvements

- Food and hydration has shown a further improvement this year, with the ward based catering proving popular.
- Disability has shown a big improvement following a disappointing result last year. Wheelchair access has improved and there should be further improvement as the Trust moves out of the retained estate.
- Condition, appearance and maintenance has also maintained a consistent improvement over the past four assessments, with particular focus being placed on improving decoration in several areas.
- Levels of cleanliness have remained above 90%.
- Privacy and dignity showed a significant drop in performance against last year. Upon investigating this further, we identified a process issue with regards to how forms were completed and entered onto the database. However it is recognised there are areas requiring improvement in this domain, including overcrowding in Outpatient waiting areas, such that privacy is not always protected when families are presenting to the Outpatient Reception, and at times there is insufficient seating for the numbers of patients waiting.

Future Plans

The Trust has responded to the PLACE report with a robust action plan to address the areas that require improvement. The assessment outcomes and action plan have been reported through the Trust Clinical Quality Steering Group to the Clinical Quality Assurance Committee and ultimately Trust Board.

The Trust received a great deal of positive feedback from the PLACE assessors, although we acknowledge there are still areas for improvement. We will continue to work with patients, the public and external organisations such as Healthwatch, and will again undertake a PLACE assessment in 2019 to identify further opportunities for improvement. Prior to the next inspection the process will be reviewed to ensure it remains fit for purpose.

E. Healthwatch – Listening Event

Healthwatch organisations act as independent champions for people who use health and social care services. Healthwatch Liverpool conducted an annual ‘listening event’ at Alder Hey on Thursday 24th May 2018. This included speaking to as many patients and visitors as possible to gather feedback about the hospital, including the facilities, the food and how the staff interact with children and families. The Healthwatch Team set up an information stand in the main Atrium, alongside the traditional “hook a duck”

game for the children. Some of the team visited wards and Outpatients whilst some gathered opinions from children and families as they passed by in the Atrium.

95%

Think that the staff are kind and that they listen

91%

Think that the staff explain how they are going to help and allow questions to be asked

86%

Think that the rooms are good or amazing

74%

Think that the food is good or amazing

93%

Would give Alder Hey 4 or 5 stars with an average rating of 4.54 stars out of 5

Recommendations

Overall the majority of comments made about Alder Hey were very positive. However, both patients and visitors did raise some issues and make some suggestions for improvement. The following recommendations were presented to the Trust in a formal report, which is also available on the Healthwatch website.

1. *Some people think there needs to be more parking available.*
2. *Some people think there needs to be more variety in the café.*
3. *Some people think there needs to be more toys available and more entertainment options for older children.*
4. *Some people think there should be better cooking facilities on wards, especially for parents whose children are inpatients for a long time.*
5. *Some people think that the sofa beds on the wards for visitors are not comfortable for sleeping.*
6. *Some people in both ward and Outpatient areas found noise levels to be an issue.*

These issues have been captured in a Trust-wide action plan. Some examples of improvements already being implemented include:

- Senior manager/executive staff have been requested to park in the retained Estate car park, thereby releasing additional spaces in the multi-storey car park for parent and carer access.
- Additional signposting has been put in place to confirm designation of lower ground and ground floor as children and family parking only and a car park attendant has been employed.
- Cleaning schedule document introduced, to be signed for each area.
- Ropes and barriers to be introduced at Reception areas to support privacy and dignity.
- A company has been commissioned to produce a robust sofa bed with no moving parts that meets all the H&S/infection control requirements. The sofa bed is currently on trial and comments have been received from various stakeholders.
- Volunteers are now supporting play activities within the waiting room of ED and in the Outpatient departments.
- Interactive media products such as Sony tablets and new donated games consoles have been introduced for inpatient recreational use on wards and departments.
- The Play Service is working in partnership with the Learning Disability and Autism Acute Liaison Service to support the needs of patients who require this service, the funding of a learning disability toy library has been agreed by charities.

F. Improving Interpreting Services

Aims:

- To improve the experience for children, young people and their families when attending Alder Hey.
- To reduce the numbers of postponed appointments due to no interpreter being booked.
- To be more responsive to people's needs at the time they need them.

"I don't like it when we come to hospital, but because Mummy and Daddy need someone to help them understand what the doctor said we have to go home and come back again."

Patient

The increasing diversity of our local population has resulted in a growing need for interpreter services for families whose first language is not English. The process for being advised when an interpreter is required and then the subsequent booking has been poorly executed in the last few years and often the need for an interpreter is not identified prior to a child's attendance. Families may go through the whole referral process from their GP, to the allocation of an appointment, booking into clinic using the Intouch scanning system and finally when their name is called in clinic and the Consultant starts to speak to them it becomes clear that an interpreter is necessary to deliver a high quality appointment. This will certainly result in delays to the appointment, with a knock on effect, delaying subsequent children and families and may also result in cancelled appointments, so the families have to return when an interpreter is available. In this scenario, the experience for all involved is very poor. An assessment of the Interpreter Service was undertaken which highlighted several opportunities for improvement:

- There was an inequitable service.
- Regular appointments were being abandoned due to no interpreter present.
- Clinic slots were being wasted when appointment was cancelled.
- Prolonged waiting lists because of cancellation and re-booking.
- Very dissatisfied families who often had taken days off work to attend the appointment.
- It was also frustrating for the staff.
- There is a potential risk to a child's health due to prolonged time to be seen and assessed.

Improvements

The pathway was reviewed and streamlined so that it best suited the needs of the children and families:

- Developed an Interpreter Service that has equitable access for all patients.
- Reduced on the day cancellations due to no knowledge an interpreter is required.
- Access to a video interpreter using a mobile electronic device – providing an interpreter at the time of need, without delay.
- Video Interpreter can operate at the bedside, keeping families together.
- British Sign Language is also available on video interpreter.

- Overall costs reduced as the interpreter does not need to attend the site, so we pay for actual interpretation time, not for time on site (including delays in clinic times).
- Provides access to more interpreters nationally, thereby removing limitation of local availability.
- Telephone interpreting remains an option using WiFi – keeps families at the bed-side.

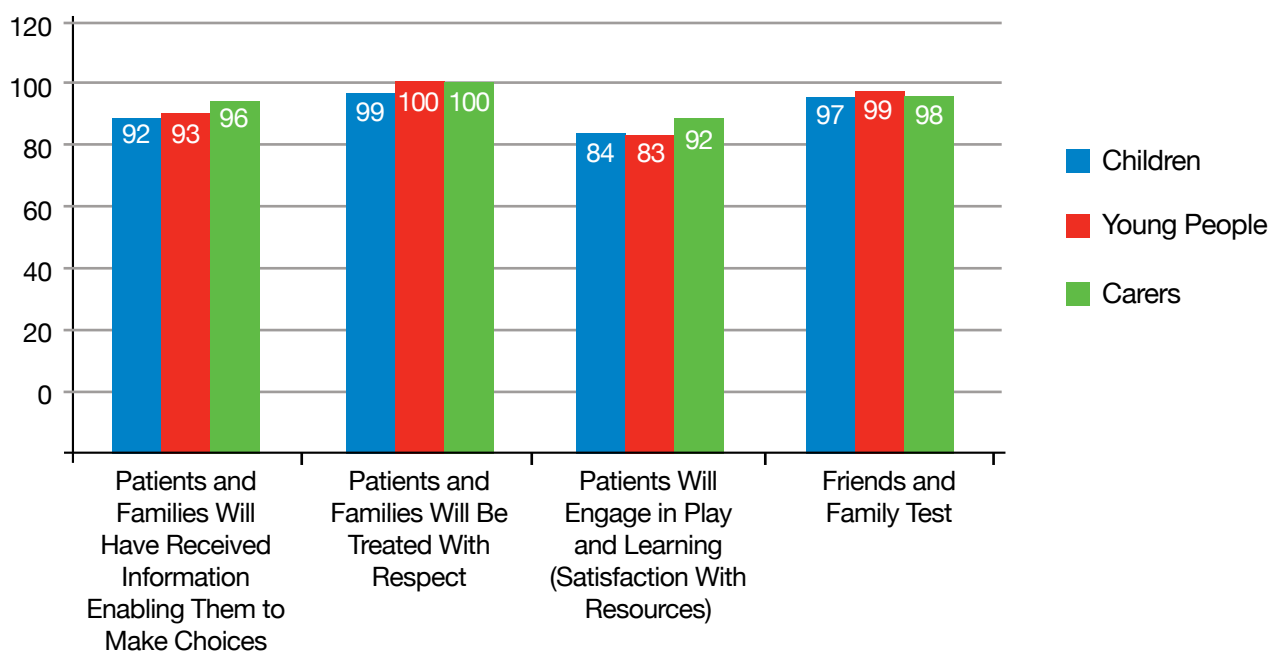
Future Plans

- Explore ways of ensuring any referral into the Trust identifies the need for an interpreter.
- Ability to capture interpreter requirements on our electronic patient records system.
- Ensure community services have access to video interpreting; this will require appropriate WiFi infrastructure to be available.

G. Friends and Family Test

We have gathered information from children and families through the Friends and Family 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. In addition we have added our own bespoke survey questions and the table below provides a summary of the responses.

April 2018 to March 2019



The following table shows the response from patients and families to the Friends and Family Test.

Patient Feedback Questions	Total Responses	Total Responding Positively
Friends and Family Test (How Likely Are You to Recommend Our Hospital to Friends and Family if they Needed Similar Care?)	5,477	5,335 (97.0%)

H. TheForum@AlderHey

Engaging young people in the NHS can lead to new ideas that benefit the Trust in unexpected ways by getting the children and young people to give their thoughts and ideas about Alder Hey and also the wider NHS. The pace and range of benefits from working with enthusiastic children and young people based on a careful but imaginative representation of the opportunities in the NHS has become invaluable to the Trust.

The Children and Young People's Forum has been long established and has continued to contribute to many quality improvement initiatives over the years. The time is now right to refresh and relaunch the Forum and to grow the membership and provide more opportunities for a wider population.

This has prompted the rebranding of the forum. TheForum@Alderhey offers a platform for children, young people and their families to share their experiences, raise any issues and share ideas to enable a positive experience.

The Forum provides opportunities to meet other children, young people and parents to share ideas and work as partners in care to make Alder Hey a world renowned service; one which is truly child centred and where the voices of children, young people and their parents are valued participants in decision making and innovation for the future.

To date the Trust has:

- Rebranded the Children and Young People's Forum as 'The Forum@AlderHey' which is "Inspired by children, a voice for all".
- Redesigned the web page and leaflet to promote the Forum and established a Twitter account.
- Agreed a uniform for members to wear to help to promote the Forum in the Trust and in the community.
- Established a standard process for staff wanting to present at the Forum.



Current Activity

- The Forum continues to form a focus group to support staff recruitment and has recently supported the recruitment of anaesthetists, plus formed a focus group to interview the new Medical Director.
- Worked with Royal College of Paediatrics and Child Health (RCPCH) to contribute to NHS England guidelines for the Clinical Reference Group – peer consultation.
- Parents group chose topic of 'Hidden Disabilities' for presentation at conference in May 2019.
- Participated in "15 Steps Challenge" – a means of evaluating the quality aspect of a service including how welcoming the Ward/Department is and the information being immediately available and visible, as experienced by children and families within the first 15 steps of entering the Ward/Department.
- Field trip to the Derbyshire Innovation Base in Halton as part of the Eureka Science project focussed on creating health technology.
- Jeff Dunne (Schools Parliament Director) continues to attend the Forum to update from School Parliament, offering further opportunities for young people to get involved in city projects.
- Andrew and Matilda completed their month as Junior and Young Lord Mayor. A further election took place and Faith was successfully elected as Young Lord Mayor for 2018/19.
- Participated in creation of the Alder Play app.
- Formed a link with North West Ambulance Service patient experience, to provide information about their service, give the children experience of an ambulance and offer first aid training for the children and young people.
- Worked with Twin Vision on creating a puppetry/animation film to represent three characters in the historical context of public health, culminating in a red carpet premiere.

Future Plans

- Promote the service on local radio stations and advertisements and link in with The NHS Youth Forum.
- Integrate ourselves within young person's groups in the organisation such as the Chameleons based in Sefton CAMHS, Fresh CAMHS group, Generation R, Young Person's Advisory Group and others.
- Launch a recruitment campaign to increase numbers of participants, extending the membership to anyone that would like to get involved in making things better for children and young people.
- Hy-Genie - Innovation Project around infection prevention, hand washing and ways to protect patients, families and staff both here and across other hospitals.
- NHS Youth Forum - involve current forum to join NHS Youth Forum and attend annual meeting.



I. Management of Complaints and Concerns

The model of devolved governance implemented through the Quality Strategy is intended to drive early supportive intervention by the relevant clinical teams/divisions so that children, young people and their families/carers have the best experience, with any issues raised locally being dealt with immediately and appropriately.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Formal Complaints	166	134	70	66	83	121
PALS	1,248	1,133	1,246	1,294	1,349	1,322

We have seen a significant rise in formal complaints received into the Trust this year compared to the previous three years. Some of the complaints received were historic and came into the Trust in Q1. Further work will be undertaken.

Improvements

- SMS text facility will be available for children, young people and families who are D/deaf to contact the PALS and Complaints Team.
- Involved in collaborative work with the Clinical Commissioning Group to develop quality standards for interpreting and translation. This is to ensure that people who have limited ability to communicate in English are able to access and receive high quality healthcare.
- Appointed a PALS/Complaints Officer to the Community Division which had been identified as a gap.
- Piloted the recording of informal complaints on our risk/incident reporting system (Ulysses) in two wards. Whilst numbers were low during the pilot, there is

now an option for staff to record how they have dealt with any matters locally which may be helpful to review if the family return to PALS at a later date.

- Continuation of monthly complaints training session accessible for all staff members in the Trust.
- Training in place and continues to be presented monthly.
- The ability to log a local concern by staff is now live and accessible for all staff with a user guide to assist them.
- Learning from complaints is now monitored and implemented by each Divisional Governance Team, who ensure any actions from complaints are implemented and the learning is shared within the Division's Integrated Governance Meeting.
- Engaged the mother of a young person that had sadly died in the redesign of the clinical pathway. She worked closely with the clinical team to ensure that communication with families will be better managed and information shared will be clear and concise.

J. Learning Disability Strategy

Aims:

- To improve the experience of children with a learning disability (LD) and/or autistic spectrum condition (ASC).
- Continue to improve the Trust's response to children and young people with a LD/ASC through the provision of reasonable adjustments (Equality Act 2010).
- Continue to raise awareness of LD/ASC amongst staff through bespoke training.
- To build on existing service user/carer and partnership involvement in the LD/ASC strategy across the Trust.

Approximately 1.5 million people in the UK have a learning disability (LD), including approximately 286,000 children. Recent evidence collated from the learning from deaths mortality reviews (LeDeR) indicates the average age of death for people with a learning disability as 58, with people with more severe learning disabilities dying earlier (LeDeR 2018). Differences in mortality rates persist with a mean for men of 13 years and women 20 years sooner than their peers (CIPOLD 2013).

During 2018/2019, Alder Hey has made significant improvements to the services and care for people with a learning disability and autistic spectrum condition across the acute site.

Reasons for Change

Children and young people with a learning disability or autistic spectrum condition attend across all services and specialties both within the hospital and community. The Trust recognises the need to identify this group of children as early as possible to ensure the provision of reasonable adjustments (Equality Act 2010). Prevalence figures are now available across the acute site, with key areas of attendance identified to support staff training and the provision of reasonable adjustments through the provision of accessible pathways for care and treatment.

Significant progress in identifying and providing bespoke interventions to support equality of access across site have been made based on newly identified prevalence figures, supporting the further employment of learning disability nurses across acute areas. Post CQUIN (Commissioning for Quality and Innovation) the Trust has continued to be a key partner at the CCG hosted Acute Liaison Network, which has developed key strategies to support a pan Liverpool acute approach to areas such as training and documentation.

The Acute Liaison Team formed in January 2018 has developed with all roles recruited to. Key data associated with prevalence, areas for improvement, development and training etc are supported via this Team which provides a five day week service to support the individual needs of patients, families and clinicians in meeting the diverse needs of the population.

Improvements

- Continued long term secondment of the Consultant LD Nurse from Edge Hill University.
- All posts established across the LD/ASC liaison team including:
 - Full time LD Liaison Nurse;
 - Part time Play Specialist;
 - Part time Admin Support;
 - Part time LD Nurse contribution (across site release from clinical areas) to team.
- Eight LD Nurse appointments within the Trust across clinical areas- data providing evidence re the most appropriate clinical area (e.g. OPD).
- Continued facilitation of Learning Disability and Autistic Spectrum Condition Steering Group.
- Inclusion of the previously established parent and child reference groups into the relaunched Children and Parents Forum, with supported facilitation from the LD/ASC team were required.
- Established partnerships with voluntary and independent sector organisations e.g. Contact a Family, Autism Together, Partners in Policymaking, Sefton Carers.
- Ongoing participation in CCG hosted Liverpool Acute Liaison Network.
- Ongoing training and delivery e.g. learning disability and ASC awareness via induction training for all volunteers and nurses that is the pan-Liverpool LD health training pack (used in all acute sites in Liverpool – developed with Liverpool Mencap as part of the Liverpool Acute Liaison Network). Joint training with Autism Together. Continued 'LD champions' training and new champions identified with key events including a guest speaker Paula McGowan supporting Grand Round (15-3-19 <https://www.olivermcgowan.org>). Ongoing Positive Behaviour Support (PBS) training across the Trust as part of the mandatory training offer for all staff (launched Jan 19- Alder Hey to be the first acute Trust in the country to offer PBS as mandatory).
- LD/ASC GDE screen developed, piloted and launched Summer 2018.
- Embedding of hospital passport/risk assessment and reasonable adjustment tools as per Liverpool acute liaison network strategy continues.

- Developed academic and practice links across Edge Hill University and Alder Hey to support student journey/experiences and ultimately recruitment for the Trust.
- NHSI Learning Disability Benchmark Standards submission completed November 18 which will support ongoing improvements made by the Trust.
- Alder Hey currently part of the national acute liaison network facilitated via NHS England.
- Consultant Nurse involved on behalf of Alder Hey and Edge Hill in the National Skills for Health Advance Clinical Practice guideline development for the role of the Learning Disability Practitioner (launch May 2019).
- @LD/ASCAlderHeyn Twitter account launched March 2019.

Future Plans

- Review of the LD/ASC teams role and function (LD nurse roles/workload model and supervision).
- Further recruitment of LD nurses continues (eight across site), development of role and skill mix.
- Continued facilitation of LD/ASC steering group.
- Facilitation of parent/child reference groups attending main Alder Hey forums.
- Continued roll out of LD/ASC appropriate documentation in line with national and local guidance.
- Continued attendance and benchmarking across Liverpool and national acute networks re. best practice.
- Continued rolling programme of training across all clinical areas - bespoke training planned for clinical areas were requested.
- Continue development of LD champions and resources.
- Continue to support clinical areas in the development of specific pathways for children with LD/ASC.
- Improve external communication with families e.g. through electronic/media etc.
- Develop further the use and availability of communication tools across areas - staff awareness.
- Continued identification of research streams and dissemination of best practice across professional networks e.g. LD Consultant Nurse Network, Learning Disability Research Network.

K. The Complex Discharge Team

Aim: To enable children and young people with complex needs and their families to be discharged home from hospital with the support they need to be as healthy and happy as they can possibly be.

1. Improve facilitation of referrals to social care/ early help to support earlier discharge.
2. Improve co-ordination of multi-disciplinary team meetings to discharge options.
3. Facilitate early help (EH) contact with patients and families.
4. Support families in making funding support requests where necessary.

Reason for Change

For some children and young people, their length of stay in hospital was far longer than needed. We recognised that children and young people with complex needs want to be at home with their families and in school with their friends. We want to support them to achieve this so we formed a Complex Discharge Team.

The team was formed in June 2018 and is made up of nurses, a Doctor, social workers, an Occupational Therapist and an Operational Support Manager.



Our Pledge

We understand that no matter how caring our staff are at Alder Hey, the Hospital is ultimately a place children and young people with complex needs and their families do not want to be in any longer than necessary.

The journey may be full of ups and downs, but our pledge is to (along with the Ward Team) support children, young people with complex needs and their families throughout their hospital stay and to provide them with the advice and guidance they may require.

The Complex Discharge Team promises to provide a holistic approach to care which means we understand that it is not just children and young people that will require care and support during their hospital admission and beyond within the community, but their family too.

Our mission is to act as quickly as possible to tackle any issues or worries children and young people with complex needs and their families may have regarding going home and work with them to resolve these worries.

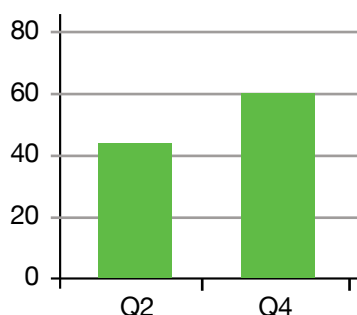
We aim to provide the right help early on to ensure children, young people and families receive the best hospital experience possible no matter what the journey taken.

We are a team that are child, young person and family focussed and dedicated to ensuring their safe and effective discharge from Alder Hey.

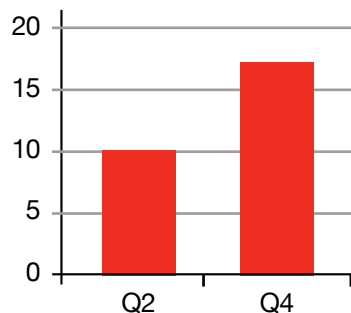
Practical Things We Do to Support Children and Young People to Be at Home With Their Families and Go to School With Their Friends

- We talk to and listen to the children, young people and families to find out what's important to them.
- We organise meetings involving all professionals working with the child or young person so everyone is working to the same goal and timelines.
- We work with outside agencies to ensure home adaptations are made in a timely way.
- We offer support families to access relevant family funds and benefits.
- We undertake early help assessments with the family.

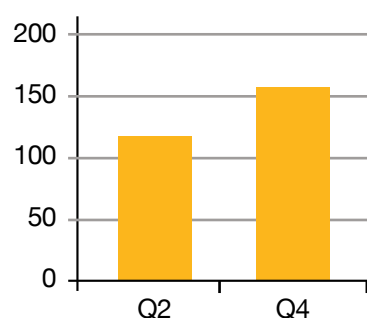
MDT's Attended/Co-ordinated 2018-19



Referrals to Social Care/Early Help Provision 2018-19



Early Help Contact with Children and Families 2018-19



Note: Q2 = July to September 2018
Q4 = January to March 2019

The graphs show improvements to all of the processes since the Team was established in June 2018.

Moving Forward - Key Priorities for 2019/20

- Feedback is important to know we are getting it right for our families. Therefore formal feedback processes are being developed.
- Links are also being established with:
 - Parent, family and youth forums;
 - Primary care;
 - The voluntary sector.
- Work is also underway to develop accurate reporting mechanisms to demonstrate our effectiveness.

Since we started in June 2018 we have successfully supported 106 children and young people with complex needs to be discharged home to be with their families and friends.

L. Journey to the Stars – Ward Accreditation Scheme



The Journey to the STARs – Ward Accreditation Scheme 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 assessment tools explore different aspects of patient care and service delivery using the CQC key lines of enquiry as each of the standards. The auditors include clinical and non-clinical staff from across the organisation and we have recently also invited parents to be part of the assessment teams.

The Assessment Team undertake an aspect of the Audit which includes the following:

- Interviewing the Ward/Departmental Manager;
- Questions for patients and parents/carers;
- Questions for staff;
- An observational Audit looking at the environment as well as observing interactions and behaviours;
- Record keeping and documentation.

The information gathered is collated into a report highlighting areas of good practice and areas for improvement. The report is presented to the Ward/Departmental Manager and Matron or Head of Service. The Manager and the Matron develop an action plan and progress is reported back through the divisional integrated governance meetings.

The Audit helps to recognise the wards/departments hard work, hence the use of a rating system, i.e. a White, Bronze, Silver or Gold award is given to wards depending on the outcome of the Audit and this will also determine when the Ward or Department will be re-audited.

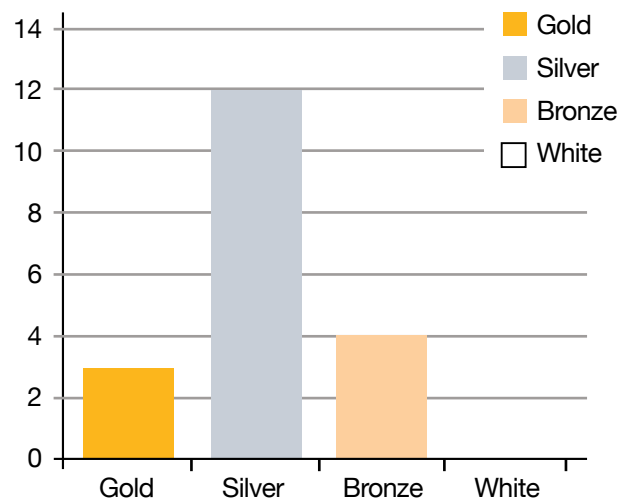
The awards and review schedule is highlighted in the table below:

Award	Overall % for all Standards	Review Schedule
Gold	90% or above	Re-audit in 12 - 18 months
Silver	80 – 89.9%	Re-audit in 6 - 12 months
Bronze	70 – 79.9%	Re-audit in 3 - 6 months
White	Below 70%	Re-audit in 3 months

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).

Whilst the initial focus of the Ward Accreditation Scheme was to have an established quality and safety audit process for wards, we had also adapted the assessment tools to enable other departments such as the Emergency Department and Outpatients Department to be audited. This year work has been undertaken with the Clinical Research Facility and community based services to start to introduce the accreditation scheme within those areas and some of the Child and Adolescent Mental Health Services have recently been audited.

There are now 19 wards or departments that have been audited as part of the accreditation scheme. The overall Trust position at the end of the most recent assessments in all areas is shown in the graph below.



All reports and action plans will be published on the Trust's Intranet to enable sharing of best practice and learning across the organisation.

The table below indicates the number of inspections undertaken in each area and the trends in scores.

Ward/Department	Number of Inspections	Outcome/ Award	Score	Scoring Trend
Burns Unit	2	GOLD	92.0%	□
Ward 3C	3	GOLD	91.7%	□
Surgical Day Unit (SDU)	2	GOLD	90.9%	□
Ward 1C - NEO	2	SILVER	89.5%	□
Ward 4C	3	SILVER	89.3%	□
Dewi Jones Unit	2	SILVER	87.9%	□
Medical Day Unit (MDU)	3	SILVER	86.9%	□
High Dependency Unit (HDU)	3	SILVER	85.9%	□
Clinical Research Facility (CRF)	1	SILVER	85.8%	1st Audit
Ward 3A	3	SILVER	85.2%	□
Ward 3B	3	SILVER	85.0%	□
Ward 1C – Cardiac	3	SILVER	84.9%	□
CAMHS - Sefton	1	SILVER	84.2%	1st Audit
Ward 4B	2	SILVER	83.9%	□
CAMHS - Liverpool	1	SILVER	83.6%	1st Audit
Paediatric Intensive Care Unit (PICU)	3	BRONZE	78.9%	□
Outpatients	3	BRONZE	75.3%	□
Emergency Department/EDU	3	BRONZE	74.0%	□
Ward 4A	3	BRONZE	72.8%	□

There has been an improvement in scores in 12 out of the 19 wards and departments audited. We also see a sense of pride and competition amongst the wards and departments who are striving to achieve higher scores and reach Gold.

M. Improvements in Training for Parents and Carers of Children with Significant Speech, Language and Communication Needs

Aims:

- To improve the quality of training received by parents and carers of preschool children with social communication difficulties who have limited verbal communication.
- To reduce the waiting time for parents to receive training on using alternative means of communication with their child.
- To make the most efficient use of clinical speech and language therapy time in delivering interventions.

Outcomes:

1. Eliminated the backlog of preschool children/parents and carers waiting for training in alternative means of communication.
2. Training provided to 75 parents and carers and 50 nursery staff.
3. 96% of the parents and nursery staff reported that the training was useful/very useful.
4. 94% of the parents and nursery staff reported that the training had left them feeling confident/very confident at using alternative communication techniques.

When a child is not yet able to communicate verbally it can be very difficult for parents and carers to understand and meet their needs, leading to frustration on the part of the child. It is part of the Community Speech and Language Therapist's role to help the child and family and other caregivers to find ways of communicating more effectively.

"Informative and useful. Training has given me renewed confidence to attempt to try new communication methods with my son."

Reasons for Change

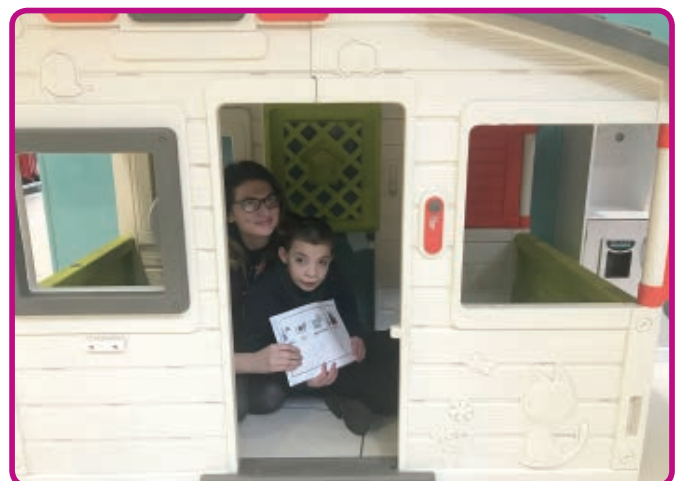
At the beginning of 2018, there were 46 families of preschool children with social communication difficulties in Sefton waiting for training on using alternative means of communication. If each family was offered an hour's treatment session to get a communication system up and running, this would equate to 46 hours of clinical time. By September 2018, another 45 families had been identified as needing this training. The service was struggling to keep up with demand. Upon exploring the situation further, the Sefton speech and language therapists found:

- Inequitable service across the borough with some patients waiting longer than others for this training.
- They were repeating the same advice over and over to different families.
- An hour often wasn't long enough to explain the rationale and demonstrate or personalise an alternative communication system.
- If the appointment took place at the patient's home, nursery staff were missing out on the advice and demonstration and vice-versa. Everybody working together is crucial to the success of an alternative communication system.

Improvements

We ran a three-hour training session three times during 2018, a massive efficiency saving on clinical time but an increase in quality training time for families; all 91 families for whom a need had been identified were invited alongside the child's Keyworker from Nursery. In total this year, we have trained a total of 75 parents and 50 nursery staff from 31 different nurseries across Sefton.

Feedback mentioned additional benefits to group training, including the opportunity to meet other parents and share ideas between parents and Nursery. Several nurseries asked about the possibility of buying in the training session for all their staff.



Feedback from Parents and Carers

96% of the parents and nursery staff reported that the training was useful/very useful.

94% of the parents and Nursery staff reported that the training had left them feeling confident/very confident at using alternative communication techniques.

Other comments from parents and staff included:

"The speech and language therapists are clearly very experienced and knowledgeable. I feel myself and the parents of the child I am supporting, have gained a great deal from this course – thank you."

"Absolutely everything I've seen and heard today was very helpful and will definitely try it! Thank you for the opportunity!"

"It has been a big help to help us communicate with our child."

"Training was very helpful and easy to understand as a father."

"Very helpful for helping to understand why my child may find it difficult to communicate with the world."

Future Plans

- To continue to offer this training to families and nursery staff on a rolling programme throughout the year.
- To explore further opportunities to run group parent and carer training as an effective and efficient means of delivering high quality intervention.



N. Championing Health, Wellbeing and Engagement

Aim: To create an environment that encourages and enables staff to prioritise and support their health and wellbeing.

Target:

1. 5% improvement in answer 'yes, definitely' to the question 'does your organisation take positive action on health and wellbeing' in the national Staff Survey (2017 baseline: 25.0%).

Outcome:

1. Increased 'yes, definitely' response to 27.7%.

Data source: NHS England – Survey Co-ordination Centre.

"Supporting our Outstanding Staff to Deliver Outstanding Care."

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. We are committed to inspiring our talented workforce to actively drive quality improvement and supporting the ongoing development of a positive and healthy culture, in which our people can give their best.

In support of this commitment, the Trust has set itself an overarching aim as follows:

"By 2021 be recognised as one of the top 20% of trusts in relation to the Staff Survey results, including 80% of our staff recommending Alder Hey as a place to work."

In striving to deliver this priority, the Trust agreed to place a specific focus on the following areas:

- Health and wellbeing
- Leadership development
- Equality, diversity and inclusion
- Apprenticeship opportunities
- Vocational skills development

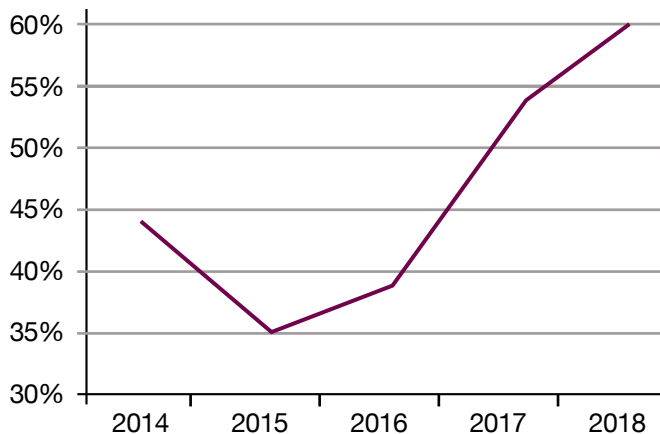
1. Health and Wellbeing

The importance of staff health and wellbeing is widely recognised and as an employer, we aim to champion physical, mental, emotional and financial wellbeing of everyone working in the organisation. The aim is to provide staff with the tools, resources and support to ensure that their health and wellbeing is a priority.

In doing so we will see continued improvements in performance, patient experience and quality of patient care through improved staff engagement. Numerous initiatives have been adopted, to support the promotion and championing of health, wellbeing and engagement across the organisation.

Whilst the Staff Survey results did not quite achieve the targeted 5% improvement against the question 'does your organisation take positive action on health and wellbeing', the overall staff survey results were significantly improved against last year. The survey response rate was 60%, the highest we have seen at Alder Hey and there were improved responses in 77% of the questions. Most notably, 'the extent to which my organisation values my work' (10% improvement), 'the recognition I get for good work' (9% improvement), 'care of patients/service users is my organisation's top priority' (8% improvement) and 'I would recommend my organisation as a place to work' (8% improvement).

Staff Survey Completion Rates 2014-2018



Improvements

• Time to Change

One in six workers experience stress, low mood or poor mental health.



Mental ill-health is the leading cause of sickness absence in the UK. In September 2018, 30.3% of absence across the Trust was due to stress, anxiety and depression making it evident that we needed to do more to support our staff and colleagues. Having a colleague in your corner can make all the difference. As part of our Health and Wellbeing Strategy the Trust is changing how we think and talk about mental health by signing the 'Time to Change Pledge'. The Trust has developed a Time to Change action plan which identifies a number of initiatives to empower people to challenge stigma and speak openly about their own mental health experiences.

• Reward and Recognition

This year the Trust held its second 'Fab Staff Week' that promoted health and wellbeing activities and initiatives available to staff. Staff were also encouraged to pledge to making a simple positive change to support themselves and their colleagues. In addition the Trust continued to recognise staff commitment and achievement through local thank you cards, the monthly 'Star Awards' and the annual Trust award ceremony.

• NHS Improvement Health and Wellbeing Action Plan

In conjunction with NHS Improvement, the Trust developed a health and wellbeing action plan which details the strategies, initiatives and milestones required to help improve health and wellbeing. Achievements include the introduction of a Health and Wellbeing Steering Group to prioritise the sharing of best practice and a consistent approach to the management of health and wellbeing in the workplace. In addition the Trust has published 'A Guide to Staff Services' to highlight all the support, resources and tools available to staff.

Future Plans

- To establish a network of mental health champions and advocates across the organisation who are trained in 'Mental Health First Aid' and 'Mental Health in the Workplace'.
- To provide Mental Health in Workplace training to the Executive and Non-Executive Team, in addition to identified senior leaders.
- Host a Health and Wellbeing Day to promote available support and resources and to launch Time to Change Pledge.
- Develop and launch a communication platform for health and wellbeing.

2. Leadership Development

Aim: To ensure our staff have the right skills, knowledge and training to do their best work.

Targets:

1. 5% improvement in answer ‘yes, definitely’ to the question ‘My manager supported me to receive this training, learning or development’ in the national staff survey (2017 baseline: 44.8%).
2. To consistently achieve 90% compliance on mandatory training.

Outcomes:

1. Increased response to survey question to 50.9%.
2. Consistently achieved close to 90% compliance on mandatory training (see graph below).

Data source: NHS England – Survey Co-ordination Centre, plus internal data through ESR.

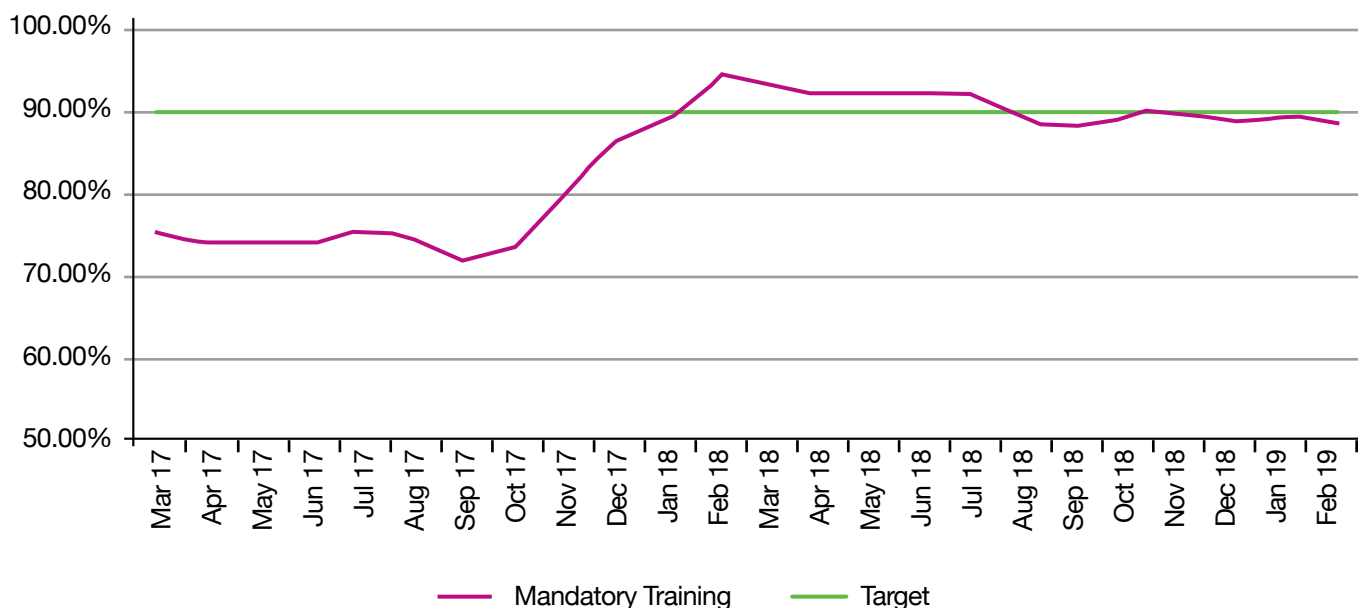
Over the past 12 months we have been actively working to ensure that staff feel valued within the organisation and are given the best opportunities to develop the right skills and knowledge to do their role. With this in mind, we’ve been focusing on improving our development offer within the Trust.

Improvements

- Launch of the brand new internally delivered Mary Seacole Leadership Programme.
- Roll out and provision of a variety of training sessions for staff to attend including minute taking, delivering high quality appraisals and a host of other short courses.
- Expanded delivery options for mandatory and clinical training courses - most courses are now available via e-Learning as well as face to face, allowing staff to complete them at a time, place and learning style appropriate to them.
- Launch of the updated Trust-wide training needs analysis to ensure that funding and support is provided fairly and widely across the organisation to support staff development.
- Provision of organisational development (OD) initiatives to support team development, including 360 degree feedback sessions, coaching and a variety of bespoke team development sessions.

All of this combined has enabled the Trust to report that our Staff Survey score for staff accessing non-mandatory training has increased, in a year which saw the average, best and worst scores decrease across our comparators.

2018 Staff Survey Results



Future Plans

- Launch of new internal Leadership Faculty including Strong Foundations Programme to support all current leaders and managers.
- Trust-wide 'Big Conversations' based on departmental feedback from the Staff Survey, focusing on improving staff experience whilst working at Alder Hey.
- Continue to explore new and innovative ways of building staff confidence and motivation.

3. Equality, Diversity and Inclusion (EDI)

Staff

In addition to the Black, Asian, Minority Ethnic (BAME) and Disability staff networks, the Trust has recently formed the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer plus (LGBTIQ+) Network. The staff networks meet on a regular basis to enable staff to discuss experiences of work-life concerns and gain support from others in a safe and non-threatening environment. They provide expert knowledge to the Trust to enable the development of policies and practices that are reflective of staff needs.

Terms of reference are being updated to better reflect the value placed on staff networks in the Trust and the role of members including the involvement of Human Resource Business Partners (HRBP's) assigned to each network. The networks have an improved assurance process as initiatives discussed at network meetings are progressed through the recently established Staff Wellbeing Steering Group. For example this has included the development of reasonable adjustment guidance for line managers identified as a priority by the disability network.

Members from the three networks are involved in developing the training content for the 'Strong Foundations Programme' for leaders in the Trust. Network members will develop key learning outcomes that are important across all three networks to try and create more inclusive leadership. The Chairs of the networks are also members of the Policy Review Group so that the networks are able to influence policy development to ensure it better considers the needs of staff belonging to minority groups.

BAME and disability network members and senior leaders are also participating in the Reciprocal Mentorship Programme (RMP) launched in January 2018 in collaboration with local NHS organisations, including The Walton Centre, Mersey Care and Royal Liverpool and Broadgreen hospitals. Reciprocal Mentoring is an innovative practice that aims to enhance the transcultural learning between participants so that executive and senior leaders are better able to understand the challenges that staff working in Alder Hey from minority groups may experience, in advancing their chosen career path and/or leadership development and offer more appropriate guidance and/or support. Staff members will develop a greater understanding of the knowledge, skills and attributes required of senior leaders. Transcultural learning will hopefully enable participants to develop recommendations that influence change for the better.

The Trust has developed separate workforce equality, diversity and inclusion (EDI) objectives 2018-2021, with responsibilities within the Human Resources Team reporting to the Director of Human Resources and Organisational Development. Progress will be assured through the Workforce and Organisational Development (WOD) Committee.

Patients

The Trust has been working collaboratively with other local NHS organisations to populate an Equality Delivery System (EDS2) Template. In September 2018 the Equality and Diversity Manager and representatives from the CCG discussed this template with responsible leads for goals 1 & 2 (patient related) to identify our priorities and how this could be implemented locally. These discussions have been incorporated into separate patient equality, diversity and inclusion (EDI) objectives 2018-2021, with responsible leads identified within the Team reporting to the Director of Nursing and Quality. Progress will be assured through the Clinical Quality Steering Group (CQSG) Committee. In addition, the Head of Quality (Corporate) has been working collaboratively with local trusts and the CCG in task and finish groups to progress patient related objectives included in the Quality Contract.

Increasing the BME Workforce Representation

Aim: Increase the BME workforce by 1% each year, over the next five years to 2022, thus reflecting the demographic make up of the local population, with an 11% BME population.

Targets:

1. 1% increase each year.

Outcomes - 2018/19:

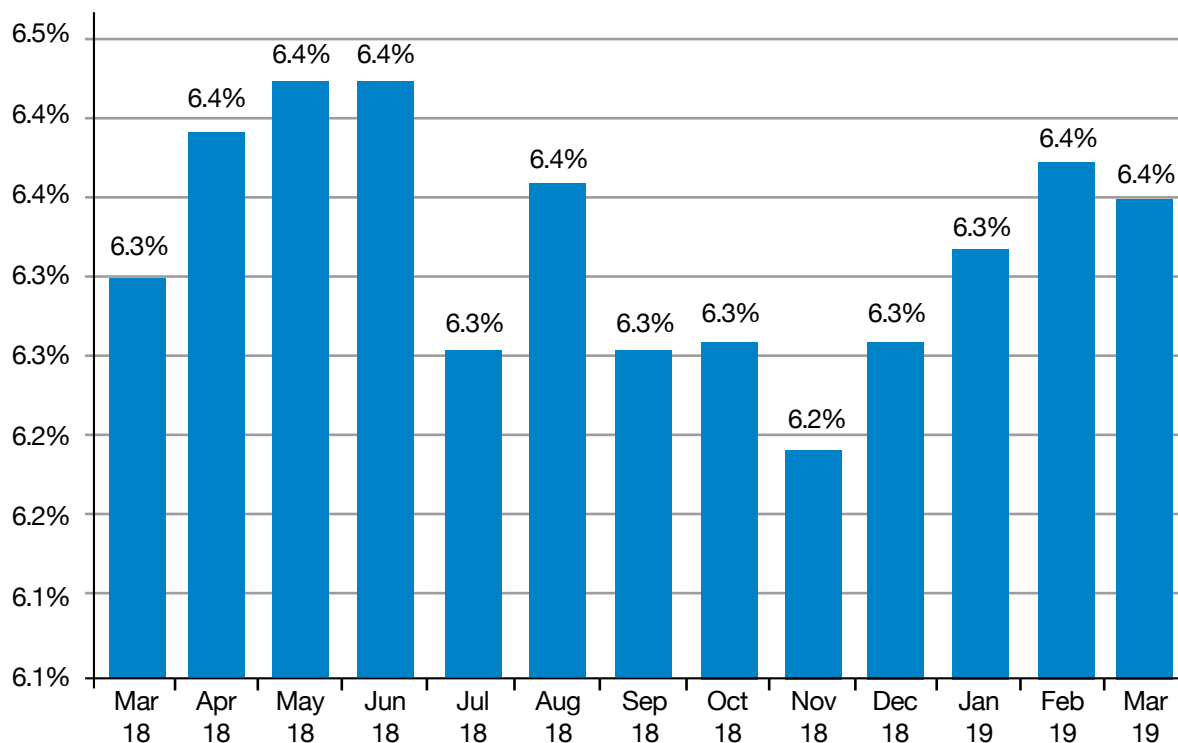
1. April 2017 - 190 BME employees (5.6%).
2. March 2018 - 222 BME employees (6.3%).
3. March 2019 - 227 BME Employers (6.3%).

The Trust recognises that staff are the most important and valuable resource and is committed to attracting and retaining a diverse and motivated workforce with the right skills, values and knowledge to deliver world class care for patients. Creating and retaining a diverse and inclusive workforce will enable the organisation to deliver a more inclusive service and improvement in patient care. Our staff are our community and we recognise the importance of ensuring our workforce is representative of our local population.

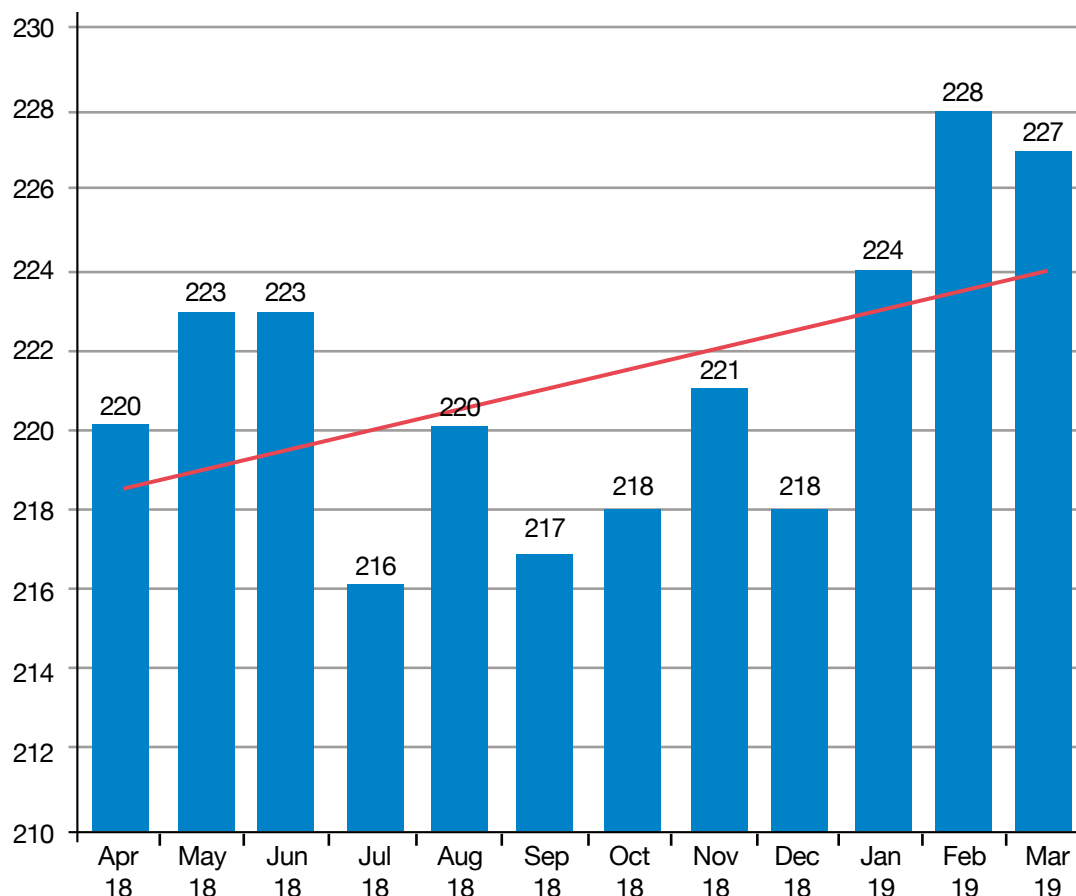
Improvements

Whilst the percentage of BME workforce did not increase over the past 12 months, there was an increase in the number of BME employees and the trend graph below shows the Trust is moving in the right direction.

% BME



Headcount BME



Further targeted work is required to continue to further increase the BME workforce numbers.

- Development and promotion of the staff BME, Disability and LGBTIQ+ networks to support staff experience and staff diversity.
- Successful launch of Merseyside Reciprocal Mentoring Programme in partnership with other organisations, which aims to enhance the transcultural learning between senior leader's staff from minority or disabled groups. Following the launch, six partnerships were established.
- Launch of network Intranet pages that advertises network and allows communication between members and the sharing of information and resources.
- Big conversations hosted with the support of Listening into Action to identify key areas of improvement and development and to identify successes and achievements.
- Successful third cohort of our pre-employment programme in partnership with Job Centre Plus which has seen 10 individuals secure placements across the organisation.

Future Plans

- Launch of cohort 4-6 of the pre-employment scheme.
- Become a Stonewall Employer Champion.
- Support a further 10 reciprocal mentoring relationships across the organisation.
- To continue work promoting NHS Careers to local schools and colleges and to local networks.

4. Apprenticeship Opportunities

Aim: To grow and embed apprenticeship opportunities in 2018/19.

Targets – 2018/19:

1. 50 apprenticeship starts (baseline: 4).
2. Six newly employed apprentices (baseline 3).

Outcomes – as at March 2019:

1. 63 apprenticeship starts.
2. 13 newly employed apprentices.

Following the successful establishment of the Apprenticeship Team at the beginning of 2018, we have stepped up to the challenge and embraced the opportunity to identify and offer new opportunities to attract talent from the local population to the organisation. This includes identifying supply pipelines for all key staff groups and roles to support the provision of safe, high quality services.

Improvements

- Successfully became one of two NHS organisations within Liverpool to acquire provider status in December 2018 that enables us to deliver apprenticeships to our staff.
- 63 individuals successfully engaged in apprenticeship programmes across a variety of subjects from level 2 to level 7.
- Identified as Employer and Apprenticeship Ambassador for the Liverpool City Region Apprenticeship Hub.

Future Plans

- Introduction of apprenticeship programmes under the new standards.
- Increasing number of apprenticeships to 120 by March 2020.
- Successful enrolment of 10 external students onto Alder Hey led apprenticeship programmes.

5. Vocational Skills Development

Aims: To grow and develop volunteering in Alder Hey, offering quality volunteering opportunities that would make a huge impact on enhancing our children, young people and their families experience as well as the benefits for the Volunteer.

Over the past year we have successfully implemented a number of vocational opportunities that work directly with the local community to provide alternative career opportunities from traditional recruitment methods. This is enabling us to secure our future talent pipeline and have a positive impact on the local community by offering a variety of career and development opportunities.

Improvements

- Working in partnership with three local schools, offered clinical placements to 85 health and social care students.
- Successful placement of 77 students across the organisation in work experience placements.
- Hosted the Trust inaugural Career Fair which showcased career opportunities across 10 specialties within the Trust to students from six local schools and community organisations.
- Hosted career events for over 50 students from local higher education institutions.

Future Plans

- To further build on the success of the vocational skills development opportunities to date.
- To work with the Department of Work and Pensions to provide career opportunities to veterans leaving the forces.
- To offer structured internship opportunities to university students across a variety of corporate specialties including Finance and Human Resources.

O. Volunteer Programme at Alder Hey

Volunteering is a key enabler in transforming the way the NHS works with people and communities. During 2018 Alder Hey formally reviewed its Volunteering Programme to ensure we were delivering good practice to our volunteers and staff.

Feedback from the Friends and Family Test (FFT) consistently proves the benefits to patient experience from our volunteers. This year we have volunteers engaging with families in wards and Outpatients offering a range of services including:

- Facepainting
- Reading stories
- Play
- Hollie – Pets as Therapy



Achievements

Helpforce

This year we have joined partnership with Helpforce whose vision is to make volunteering an integral part of everyone's health and wellbeing. We are the first children's acute Trust to become a member of their learning network and we look forward to sharing our knowledge and experiences and benefitting from others.

Heath Careers Passport (HCP)

The HCP Scheme is a pathway to allow young people to gain practical experience and show that careers in health are within their reach, regardless of their background. We have linked with the scheme to be the first Trust on board. Here is one of our volunteers who is carrying out his role in our laboratory, gaining skills that he can take with him on his career path.



Baby Cuddler Volunteer

One strategy that we have introduced on the Neonatal Surgical Unit here at Alder Hey is the 'Volunteer Baby Cuddler Programme', which was lauded on national television recently. Volunteers go to the ward to hold babies when parents are not available. For many years the positive effect of human touch on infants has been clearly demonstrated.



Future Plans

Objectives for 2019/20

- Mental Health First Aid (MHFA) – volunteers to attend training sessions to provide Mental Health First Aid.
- Volunteer community champions – to visit schools, retirement villages and colleges to discuss our Volunteer Programme.
- Smoking advisors – training is provided to our volunteers by Smokefree Liverpool to offer assistance to those who wish to give up smoking.
- Health promotion – volunteers to support the delivery of health and wellbeing within the Atrium for the public.
- Bleep volunteers – Volunteers to be available to collect medication to speed up discharge.
- Concierge service – to be an advocate for families offering support from our volunteers along with Concierge Team.
- The Forum@alderhey and Membership – to streamline and develop the links with our Forum and members to enable progression and interaction.

P. Nurse Staffing

Aims:

- To have zero nursing vacancies.
- To sustain a resilient 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.
- To have a nursing workforce who have the right skills and receive the right training for the job.
- To retain our nurses.
- To proactively plan for future workforce requirements.
- To enable all nurses to reach their full potential, to succession plan for the future and to have a clear development plan for nurse career trajectory.
- To promote and herald the nursing contribution to research.

Changes or deficiencies in the nursing workforce can have a detrimental impact on the quality of care. Patient outcomes and particularly safety, are improved when organisations have the right people, with the right skills, in the right place at the right time.

In November 2017, the National Quality Board published improvement tools specifically for the care of children and neonates: *Safe, Sustainable and Productive Staffing: An improvement resource for children and young people's in-patient wards in acute hospitals/ neonatal care*. The improvement resources are based on the 2013 NQB guide to nursing, midwifery and care staffing capacity and capability that sets out the need for safe, effective, caring responsive and well-led care, on a sustainable basis, that ensures the right staff with the right skills are in the right place at the right time. Specific guidance for safe staffing levels in neonatal and paediatric settings is set in the main by the Royal College of Nursing (2013). The Trust undertakes an annual review of all ward establishments in line with national guidance, reporting to Trust Board.

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 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 the 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 2018/19 demonstrated that the overall staffing level was consistently higher than 94% 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 has continued to successfully recruit to vacancies through collaborative working with our education providers, national recruitment days and bespoke recruitment in specialty areas. The Trust has successfully recruited 92.6 WTE registered nurses in 2018/19. During the course of the year, the Trust has participated in developing a new role in line with the national Nurse Development Programme. The Trust has trained and then appointed two nurse associates and committed to supporting up to eight health care assistants per year to undertake training to become a Nurse Associate.

There has been a continued drive to reduce the use of bank and agency staff, which in addition to reducing expenditure also provides safer nursing care with staff employed directly by the Trust. The use of front-line nurse agency staff has been zero in 2018/19, with the only agency nurse usage required to support the specialist CAMHS Team. Alder Hey has the lowest use of agency staff in England as evidenced in the comparative data provided by NHSP temporary staffing providers.

In May 2018, the Nursing and Midwifery Council (NMC) launched new NMC standards for nurse training to begin to commence from 2019, with a clear focus on ensuring nurses clinical competence at the point of registration. The *Standards of Proficiency for Registered Nurses* represents the skills, knowledge and attributes all nurses must demonstrate. Practice educators play an essential role in the development of a workforce that is able to deliver high quality, effective and safe care. The Trust had two WTE practice education facilitators (PEF) to support pre-registration students, and Critical Care has an established Education Team to support post registration learning and development. However a need was identified to strengthen the support to the post registration nursing workforce who in turn support students, new staff and the future workforce. A business case was devised, approved and implemented to introduce and successfully recruit a Head of Nurse Education to the Trust, supported by six WTE ward based clinical educators and an additional PEF, to facilitate the advancement of nurse education in the Trust.

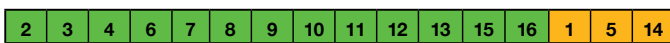
In 2018, a review of the process for newly qualified nurses to join the Trust was undertaken in collaboration with the universities and student nurses which resulted in the development of the Staff Nurse Rotation Programme: a standardised approach to staff working

and gaining experience in different areas of the Trust, developing their knowledge and skills and helping to retain our valued nursing workforce.

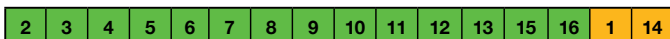
Safe Staffing Levels and Compliance with RCN Guidelines

To continue to monitor and improve staffing levels, an Audit against the RCN standards has been repeated in March 2019 involving ward managers, matrons and associate chief nurses for all inpatient and day case wards.

A previous audit of compliance against the 16 core standards conducted in February 2018 demonstrated Trust compliance with 13 standards and partial compliance with three standards as shown in the thermometer below:



The recent Audit has demonstrated a further improvement against the standards, with core standard 5 moving from Amber (partial compliance) to Green (full compliance) as shown in the thermometer below. Core standard 5 states that a 25% increase to the minimum establishment is required to cover annual leave, sickness and study leave. The wards at Alder Hey have a funded establishment which includes a 23% uplift. The remaining 2% uplift is supported through the funding of the additional 40 WTE Band 5 nurses achieving the full uplift and as such increasing the availability, resilience and support to the front line nursing workforce.



Although two standards have remained at Amber (partially compliant), there have been significant improvements in both standards as follows:

Core Standard 1: *All clinical areas are required to have a supernumerary Shift Supervisor:* Not all wards have an establishment funded for a supernumerary Shift Supervisor. However there have been significant improvements in 2018 with increased funded establishment on two wards resulting in supernumerary shift co-ordinators. Eight wards are fully compliant with this standard. Partially compliant wards allocate a Nurse to take charge and co-ordinate the shift. All wards have a Ward Manager who is supernumerary, benefit from presence of a supernumerary Matron and have access to a supernumerary Clinical Educator.

Core Standard 14: *There should be access to a senior (Band 8a) children's Nurse for advice at all times:* A business case has been devised and approved to support the implementation of a nursing team 24

hours per day seven days a week who support the nursing and medical teams on the wards. The team will be clinically led by an Advanced Nurse Practitioner on each shift. This standard will be achieved by introducing the new model during 2019-20. All clinical areas have access to senior nurses "in hours". An experienced Band 6 or 7 provides support to the nursing team "out-of-hours" through the Patient Flow, Night Matron and Senior Nurse bleep holder.

The Trust has been progressing 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. This has enabled the Trust to make the following improvements:

Improvements

Recruitment:

- 92.6 WTE front line registered nursing staff recruited in the last 12 months.
- 2 WTE nurse associates appointed in the last 12 months following qualification of the second cohort.
- The development of a responsive recruitment culture with evidence of strong partnership between senior nurses and human resource staff, notably working together on successful national recruitment days and a comprehensive induction and preceptorship programme for new nursing staff.
- Development of a "one stop shop" recruitment day.
- Additional nurse recruitment sustained to cover maternity leave, sickness and vacancies.
- Additional nurse recruitment to safely staff 11 additional beds to manage the increased number of admissions during the winter period.
- Revamp of the Nurse Induction Programme and protected induction period.
- Improved and standardised preceptorship.

Safe Staffing Levels

- No beds closed to admissions due to nurse staffing levels.
- No cancelled operations for "staffing unavailable".
- 11 additional beds opened and staffed sustainably to support bed availability due to projected winter pressures.
- Increased ward based funded establishment for registered and unregistered nurses on two wards.

- Comprehensive review of nurse staffing on Tier 4 CAMHS ward.
- Increased fill rates via NHSP for both registered and unregistered staff.
- No use of front line nursing agency staff.

Strong and Effective Leadership Structure

- External recruitment to the new Head of Critical Care role in the Surgical Division.
- External recruitment to the Head of Complex Care role which became vacant. The role has been reviewed and provides a deputy to the Associate Chief Nurse Community role in line with the same structure in the medical and surgical divisions.
- Effective succession planning and internal promotion to three Ward Manager posts on the Burns Unit, the Surgical Day Case Unit, and Ward 3A General Surgical Ward following the retirement of the previous post holders.
- Comprehensive review of the nursing structure in the Research Division resulting in additional Band 7 posts which have been successfully recruited to internally.
- Internal promotion to Band 6 Ward Sister/Charge Nurse positions.
- Demonstrable involvement of the Chief Nurse, Director of Nursing and Deputy Director of Nursing in the Cheshire and Merseyside collaborative work regarding the Nursing workforce.

Educational Developments

- Working collaboratively with our HEI partner, the Trust has developed an MSc Programme in leadership enabling staff to gain the necessary skills and competencies to successfully fulfil senior nurse roles.
- Internal recruitment to Head of Nurse Education to the Trust, six clinical educators and a Practice Education Facilitator.
- Development and implementation of the new Staff Nurse Rotation Programme. Facilitates the development of a wider skill set; access to a wider experience in medical, surgical and specialist fields.
- Maintained and recruited to the increased number of places of trainee advanced nurse practitioners to enhance nursing practice and assist in the reduction of junior doctors.
- Maintained and recruited to the increased number of places of trainee nurse associates.

Quality Metrics

- Reviewed and enhanced monthly Safety Thermometer Point of Care Survey, designed to measure commonly occurring harms and support improvements in patient care and experience.
- Reviewed and enhanced Ward Accreditation Scheme, a quality initiative where wards across the Trust are regularly inspected by an independent senior team of nurses and patient experience leads assessed against a range of measures based on the CQC KLOE's.
- Reviewed and enhanced ward dashboards to ensure all staff have access to relevant data to improve patient care.

Future Plans

- Agreement to integrate HEIs into new Institute in the Park building enhancing the learning environment.
- Continue proactive recruitment of student nurses and trainee nurse associates.
- Development of Nurse Apprenticeship Programme.
- Continue monitoring vacancies, turnover rates and daily staffing levels with work feeding in to Workforce Sustainability Group.
- Implement an E Roster system to support staff management of shifts.
- Review nurse education requirements in line with new NMC standards.
- Implement improvement boards on the wards as part of the Trust's Inspiring Quality initiative.
- Devise a programme of "Proud to Care", enabling and facilitating outstanding well led wards, as part of the Trust's Inspiring Quality initiative.
- Work in partnership with Liverpool Women's Hospital to plan, develop and recruit to the Single Neonatal Service in line with British Association of Perinatal Medicine (BAPM) standards.

Q. Improving Arts, Performance and Play

In the last 12 years Alder Hey has delivered an Arts Programme that brings health benefits on the wards, high profile activities in public spaces and productive relationships with external arts, educational and health partners. The core purpose of our Arts for Health Programme is to:

- Provide a more positive experience for children and young people during their hospital stay.
- Improve the wellbeing of children and young people through participatory arts.
- Support children and young people to establish a better quality of life whilst in hospital by addressing the underlying issues associated with prolonged treatment journeys.
- Provide opportunities for children and young people to develop new transferable skills and life experiences, such as decision-making and creative expression.

The majority of the Arts for Health Programme is delivered in clinical spaces, is child led and child centred. Highly skilled and experienced artist practitioners deliver a participatory improvised programme which responds directly to the needs and interests of the children and young people. It is based on proven research in the arts and health sector which has established that participation in an arts programme can be beneficial to an individual's health and wellbeing.

We have forged partnerships through our Cultural Champions Programme with: Tate Liverpool; FACT; Merseyside Dance Initiative; Live Music Now; Royal Liverpool Philharmonic; DadaFest; Bluecoat Display Centre; Manchester Metropolitan University; Small Things Dance Collective; Twin Vision. Our programme is broad, encompassing dance, digital art, music, visual arts and crafts, storytelling, performance and animation.

2017 586 workshops 5,000 children	2018 693 workshops >6,000 children
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In the last twelve months, we have delivered 693 workshops and worked with over 6,000 children. This compares to 586 workshops and 5,000 children the previous year. The exceptionally high numbers are in part due to a number of major high profile projects, which have received funding from Alder Hey Children's Charity and external charitable sources.

Music Matters

Alder Hey Children's Charity have funded the continuation of the 2017/18 Programme, which places a musician on every in-patient ward once a week. We have continued to see the positive benefits of live music on the wards, supporting patients through their treatment journeys. Patients, parents and ward based staff have unanimously supported the continuation of the Programme, recognising the influence that live participatory music had on the child's wellbeing, physical ability and emotional state and particularly with long term patients, their ability to cope with hospital life.

Music as Medicine

This project, funded by The Youth Music Foundation, started in January 2017 and concluded in September 2018. In partnership with Live Music Now, the project placed eight musicians into four key areas of the hospital: Oncology, Neuro Rehabilitation, Cardiac Unit, and Dewi Jones Mental Health Unit. Musicians delivered weekly sessions and the project tracked patients' musical progression as well as assessing the impact on wellbeing.

Our evaluation showed that **89% of patients said that their confidence had significantly improved** through participation in the project and **95% said that their musical skills had significantly improved**.

"It is boring being in bed all day and it seems like the day is never ending. Music sessions really cheer me and mummy up. It is fun and then I'm not thinking about being in pain."

Alexa aged 9 years.



It's fun and very useful for learning. It took my mind off the pain I was in. It improved my confidence because I learnt that I shouldn't be nervous about performing. I didn't know about the ukulele, now I do!"

Clara aged 10 on Neuro Rehab Ward.

The project also embedded bespoke training for the musicians, equipping them with the skills to work in this sensitive environment and deliver music sessions that the patients and families will enjoy. We also created a film resource to share with other professional musicians interested in working in a paediatric healthcare setting. The film was launched nationally at the Wingbeats Conference in Manchester in November 2018.

Young Makers

Funded by The Big Lottery Fund, two craft making residencies took place for children and young people, developed in partnership with Bluecoat Display Centre. The first residency, held from October to December 2018, brought willow weaver Caroline Gregson onto Wards 4A and 3C. Caroline worked with patients and families, creating individual willow sculpture which patients could take home with them, as well as a collaborative willow sculpture for each of the wards' play decks. **84% of patients said that the project significantly improved the experience of being in hospital.**

The second residency, from January to March 2019, brought printmaker and textile artist Rachael Howard into wards 3A and the Oncology Unit. Rachael has created individual pieces using screen printing techniques with patients, as well as delivering a staff training session for play specialists and teachers.



"It shows Alder Hey is not just about doctors and medicine. I had a headache all day and I forgot about it whilst making the boat."

Luka aged 14.

Patients Stories

Funded by The Will Charitable Trust and P H Holt, this is a partnership with Comics Youth CIC, an award winning Merseyside based organisation who have built up a strong track record of delivering comic-based projects with disadvantaged and marginalised children and young people. Artists from Comics Youth have been delivering weekly workshops across all areas of the hospital to encourage children and young people to tell their stories through the production of comics, cartoons and 'zines'. The project aims to establish a better quality of life for patients whilst in hospital by addressing some of the underlying issues associated with long-term hospital stays such as isolation, anxiety and depression. It also helps participants develop new skills in visual literacy, story-telling and graphic design as well as transferable skills and life experiences such as decision-making and creative expression, which will support both their immediate wellbeing and also their future education and development.

The Project will culminate in the production of an Alder Hey publication featuring the stories and drawings created by our patients.

DadaFest

This is an innovative project funded by Children in Need and developed in partnership with DadaFest,



a national arts organisation promoting deaf and disability arts. The project gives long term patients the opportunity to have up to 20 hours of contact time with a professional artist of their choice – patients can choose a variety of art forms to engage with, from drumming to dance, song writing to card making. This is a three year project which started in October 2018. Children and young people will be encouraged to create work which can either be performed or exhibited at the Young DadaFest Showcase, which takes place in Liverpool every July. So far, we have five long term patients (stay of three months or more) who have participated in the scheme.

The project also brings professional disabled artists to work with and perform for the patients, as part of the International DadaFest Festival. In November, disabled dancers from StopGap Dance Company performed in the hospital's Performance Space as well as delivering workshops on the wards.

Medical Mavericks

Funded by the Heritage Lottery Fund, we are particularly proud of this educational project which explores the lives of three historical medical pioneers, who all had connections to Liverpool. Led by Twin Vision Media, the project engages patients in the history of medical innovation through creating three stop frame animations, each one exploring a different historical character. Patients are involved in all aspects of animation production: research, script development, creating sets and models, filming and editing, and voiceovers. Twin Vision have also worked with The Children and Young People's Forum, who have provided advice on project development. The Forum also attended a research visit to Liverpool Medical Institution and Liverpool Central Library.

The resulting animations will be used to create an educational app, which will be distributed widely to schools and colleges, as well as a touring exhibition of the work, which will include venues such as Tate Liverpool, Museum of Liverpool, Central Library and Liverpool Medical Institution.

"I'm happy we've done it because it was hard work but worth it. It's mind blowing that I'm helping to create an app and I hope everyone enjoys it!"

Tom, Oncology Patient aged 10.

"Tom's really enjoyed the whole experience and was really looking forward to coming in and doing it."

Tom's Mum

Elation

This is a dance and movement programme funded by Children in Need and led by Small Things Dance Company. The project offers weekly dance and movement sessions on the Cardiac Unit, Neuro Rehabilitation Unit and Renal Unit. The programme has clearly demonstrated the positive benefits of using dance and movement to support patient's mobility, muscle strength, coordination and flexibility, as well as distracting children away from their hospital treatments and pain. As part of the project, dancers and musicians from Small Things have delivered two dance performances on a number of wards in the hospital, inviting children and staff to join in with them.

"He was very happy. He had a lot of fun playing instruments and dancing. He managed to imitate the artist's dance and gestures. He loved playing with the yellow stretchy fabric. My son is autistic, this experience was brilliant for him to discover new textures, movements and toys."

Mum of Lee aged 5 years

"Excellent for Ellie. Louise (the dancer) managed to get her out of bed and up dancing. Ellie found this the best session she had had since being in hospital as she is a keen dancer out of hospital. It was so great to see her active".

Mum of Ellie aged 10 years



Music: Emergency Department

This is a research project funded by the Hugh Greenwood Foundation in association with the University of Liverpool. Held within the Emergency Department, the project compares the intervention of live music when treating children with four different medical procedures (burns injury, closing a wound, inserting a cannula and finger prick). A group of patients will experience live music, delivered by Cascade Music, when receiving a treatment whilst another group of patients will not receive any music at all. The compliance of patients and speed of procedure will be examined by a Research Nurse and Statistician. The results from this study will be available in summer 2019.

Wallace and Gromit Music Residency

Funding from the Wallace and Gromit Children's Charity has enabled us to deliver a 12 month music residency on both the High Dependency Unit and Oncology Unit. Delivered by cellist Georgina Aasgaard, a musician with the Royal Liverpool Philharmonic Orchestra, these sessions have been making a profound difference to patients facing life threatening illness.

Performance Space

The hospital's Performance Space was greatly enhanced in May 2018 by the addition of lighting, staging and live streaming equipment. In the last twelve months, Arts for Health have delivered 18 live music and dance performances in the space, attracting hundreds of patients and their families who have come together to enjoy a live Arts Programme.



Future Plans

- Continue to develop and implement existing projects outlined in the Report.
- Pilot a new programme with the Everyman Theatre and Playhouse, looking at ways to improve young people's confidence and self-esteem through participatory drama workshops.
- Start another Youth Music funded programme, Music as Medicine, which will train early career musicians to work in paediatric healthcare as well as giving CPD in using music for healthcare staff – this project will build on the achievements of the 2017/18 Programme.
- Offer creative writing programmes for healthcare staff, in partnership with the University of Liverpool.

R. Improving the Transition from Children and Young People Services to Adult Services

Aims: To establish a good quality, safe, effective and seamless transition to adult services, for children with complex long term conditions.



Why is a Transition Pathway Needed?

Transition to adult services ensures that young people are able to access the most appropriate services according to their age, developmental needs and the nature of their long term condition. If young people are not adequately supported through transition they may not engage with adult health care providers and this increases the risk of deterioration of their long term condition. Transition to adult services can be a traumatic period for young people who commonly fall between services or 'disappear' during transition, disengaging from services and becoming lost to follow up, only to present later in life with potentially avoidable complications.

Achievements

- Planned and delivered a national transition conference at Alder Hey on 29th June 2018 attended by over 110 delegates. Excellent evaluation.
- 2nd Transition publication 'The 10 Steps Transition Pathway: Improving Transition for Children in Hospital Settings' in the International Journal of Nursing December 2018, Vol. 5, No. 2, pp. 1-11. Link <http://ijnnet.com/current-ijn>.
- Delivered multiple local, regional and international presentations.
- Newsletter continued to share transition information Trust-wide.
- Contributed to transition research i.e. - Kings Fund Jan 2019.
- Locally worked with two large Liverpool GP practices to re-engage GP's in the transition of their patients.
- Maintenance of the transition exception register which informs North West Ambulance Service of names and details of all young people over 18 years who remain under the care of paediatric services. Therefore the young person should come to Alder Hey A&E.
- Non clinical appointments offered to all young people over the age of 17 years with complex neuro disabilities to discuss transition to adult services.

- Continued work to develop a pathway for young people with complex neuro-disabilities from paediatric specialist respiratory physiotherapy to adult respiratory physiotherapy.
- Continue to engage with schools in Education Health and Care Plan (EHCP) planning for young people with complex neuro-disabilities.
- Continued delivery of multi-agency transition training.
- Developed patient and parent information leaflet relating to the 'Mental Capacity Act' (MCA), 'Deprivation of Liberty and Safeguards' (DOL's) and 'best interest' in partnership with Edge Hill University (currently out to consultation).

Key Priorities for 2019/20

- Further develop work on transition of patients with complex conditions as per CQUIN for 2018/19.
- Implement the transition folder for children with a long term condition, to hold all their transition specific information in and their personal transition plan.
- Planning a third National Transition Conference, to be delivered in partnership with Lancashire, Manchester, NW Coast SCN, MHT, Claire House and Alder Hey, as a North West approach to transition to be held in June 2018.
- Development of a 'capacity, decision making and best interest' information leaflet in partnership with Edge Hill University.
- Continue to implement transition speciality by speciality Trust-wide.



APPENDIX 1: REPORTING AGAINST CORE INDICATORS

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

Target or Indicator	Threshold	National Performance 2018-19	2017-18			
			Qtr1	Qtr2	Qtr3	Qtr4
Summary Hospital Level Mortality Indicator (SHMI) ¹	n/a	n/a	n/a	n/a	n/a	n/a
C. Difficile Numbers - Due to Lapses in Care	0		0	0	0	1
C. Difficile - Rates per 100,000 Bed Days	0		0	0	0	5.37
18 Week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%	87.00% ²	92%	92%	92%	92%
All Cancers: Two Week GP Referrals	93%	93.40% ³	100%	100%	97%	100%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	85%	76.1% ³	96%	100%	96%	100%
All Cancers: 31 Day Wait Until Subsequent Treatments	94%	96.97%	100%	100%	100%	100%
A&E - Total Time in A&E (95th Percentile) <4 Hours	95%	79.47% ⁴	95.97%	95.29%	93.77%	94.61%
Readmission Rate Within 28 Days of Discharge ⁵	National Data Collection Methodology Currently Under Review	0-15 Years:	9%	11%	10%	11%
		16 Years and above	10%	18%	17%	18%
Financial and Service Performance (Use of Resource) Ratings			3	3	3	1
% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends ⁶		89.7%		83.6%		
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months ⁷		21.5%		21%		
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard ⁸		86.1%		81%		
Rate of Patient Safety Incidents per 1,000 Bed Days		50 ⁹	75	75	68	76
Total Patient Safety Incidents and the Percentage that result in Severe Harm or Death		0.48% ⁹	1,302 (0.15%)	1,290 (0.08%)	1,215 (0.16%)	1,424 (0.14%)
Diagnostics: % Waiting Under Six Weeks	99%	97.7% ¹⁰	100%	100%	100%	99.9%

Target or Indicator	Threshold	National Performance 2018-19	2018-19			
			Qtr1	Qtr2	Qtr3	Qtr4
Summary Hospital Level Mortality Indicator (SHMI) ¹	n/a	n/a	n/a	n/a	n/a	n/a
C. Difficile Numbers - Due to Lapses in Care	0		0	0	0	1*
C. Difficile - Rates per 100,000 Bed Days	0		0	0	0	7.2*
18 Week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%	87.00% ²	92%	92%	92%	92%
All Cancers: Two Week GP Referrals	93%	93.40% ³	100%	100%	97%	97%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	85%	76.1% ³	100%	100%	100%	97%
All Cancers: 31 Day Wait Until Subsequent Treatments	94%	96.97%	100%	100%	100%	100%
A&E - Total Time in A&E (95th Percentile) <4 Hours	95%	79.47% ⁴	95.28%	96.09%	93.32%	92.91%
Readmission Rate Within 28 Days of Discharge ⁵	National Data Collection Methodology Currently Under Review	0-15 Years:	10%	9%	11%	8%
		16 Years and above	10%	13%	13%	11%
Financial and Service Performance (Use of Resource) Ratings			3	2	1	1
% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends ⁶		89.7%		89.3%		
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months ⁷		21.5%		23.5%		
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard ⁸		86.1%		85.9%		
Rate of Patient Safety Incidents per 1,000 Bed Days		50 ⁹	77	88	77	95
Total Patient Safety Incidents and the Percentage that result in Severe Harm or Death		0.48% ⁹	1,350 (0.00%)	1,335 (0.00%)	1,286 (0.00%)	1,306 (0.23%)
Diagnostics: % Waiting Under Six Weeks	99%	97.7% ¹⁰	99.6%	99.4%	99.7%	99.6%

* The case of C. Difficile is under review and is awaiting a decision regarding whether this was due to lapse of care.

NOTE: Unless otherwise indicated, the data in the table above has been obtained from local Patient Administration Service, to enable the Trust to provide the most recent available data. Most of this data is accessible through the NHS England website.

¹ Specialist trusts are excluded from SHMI reporting.

² RTT national performance based on most recent published data for Feb 2019, NHSE website.

³ Cancer waiting times national performance is based on most recent published data for Feb 2019, NHSE website.

⁴ A&E national performance based on most recent published data for March 2019 for Type 1 A&E Depts, NHSE website.

⁵ Data source: Trust Patient Administration System – not published nationally.

⁶ Data source: 2018 National Staff Survey Report - question 21d (If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation).

⁷ Data source: 2018 National Staff Survey Report - question 13a (In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public).

⁸ Data Source: 2018 National Staff Survey Report - question 14 (Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?).

⁹ Data source: Trust Incident Reporting System – national data is from most recent published NRLS data which covers March 18 to September 18.

¹⁰ Diagnostics national performance based on most recently published data (February 2019) .

Alder Hey Children's NHS Foundation Trust considers that this data is as described for the following reasons:

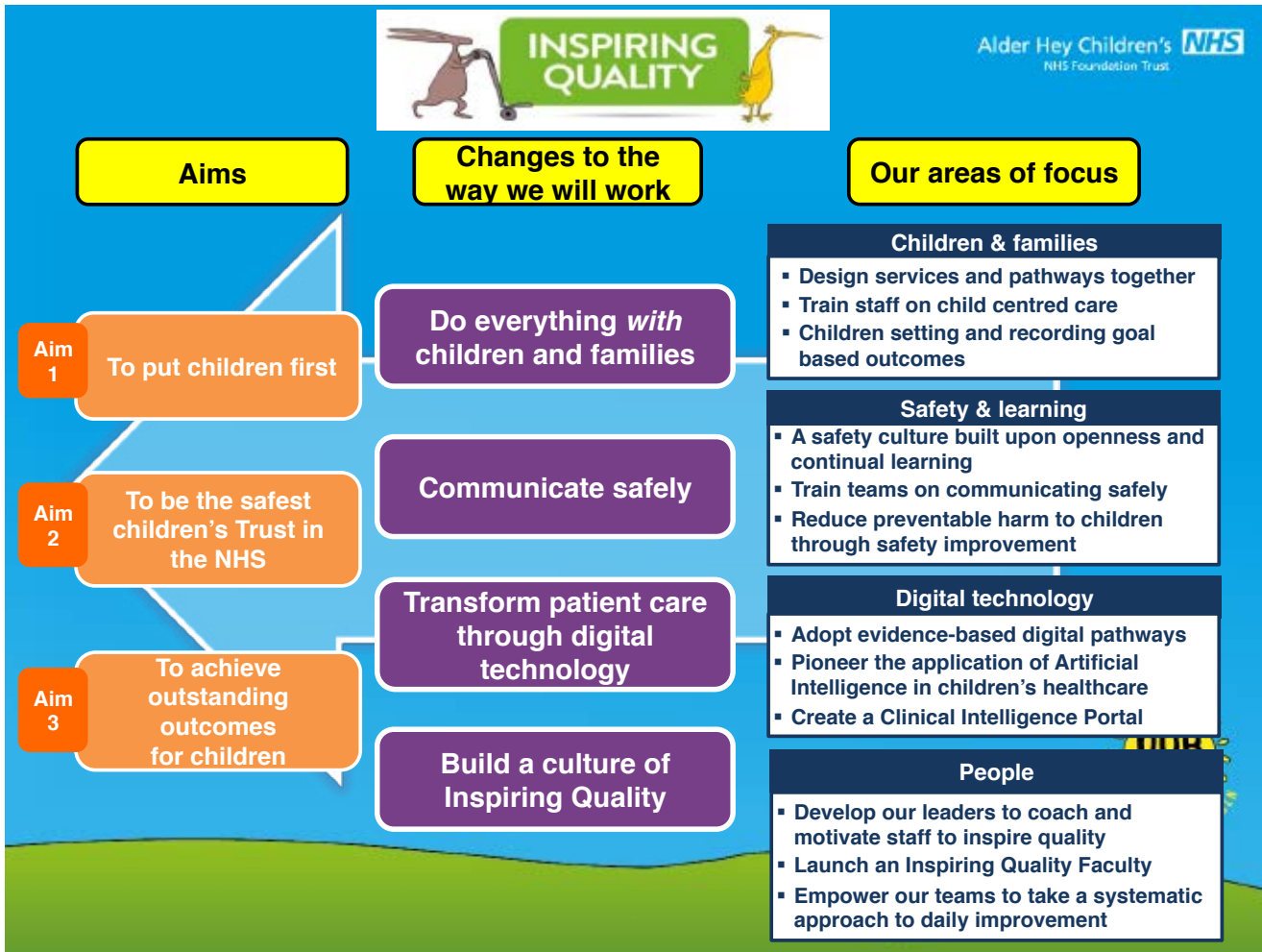
- The indicators are subject to a regular schedule of Audit comprising completeness and accuracy checks which are reported monthly via the Data Quality Steering Group.

The Trust is taking the following actions to improve the scores and so the quality of its services, by:

- Continuing to review and refresh the Infection Control Work Plan.
- Further improving our winter planning to predict and mitigate peak activity weeks, so as to improve patient flow throughout the hospital and deliver improvement in the A&E targets.
- Placing a strong focus on health and wellbeing of our staff, including driving our Freedom to Speak Up campaign.
- Maintaining safety as a high priority and continually encouraging staff to report incidents.

For all other indicators the Trust is maintaining and improving current performance where possible.

APPENDIX 2. INSPIRING QUALITY



ANNEX 1 – STATEMENT ON THE QUALITY REPORT BY PARTNER ORGANISATIONS

Commentary from Governors

The Report is thorough and details the broad range and depth of work being carried out in the Trust to improve the quality of the services we provide. It is heartening to see how much we are involving young people, their families and carers in this work.

Our continued involvement in a range of clinical audits, both locally and nationally is also a very positive contribution to this area of clinical understanding and development.

Kate Jackson, Public Governor - Wider North West and Lead Governor
9th May 2019

I have read in detail Quality Account 2018-2019 and strongly agree with its components. I am proud to be affiliated with Alder Hey Children's NHS Foundation Trust and delighted to see the improvements that have

been made especially in Phlebotomy services. I cannot praise enough ALL our staff members who work tirelessly to maintain this excellent standard of our services.

Well done team.

Rafia Aftab, Public Governor - Rest of England
9th May 2019

As a Governor I am happy to endorse this report as it is testimony to the hard work and dedication of all the staff at Alder Hey.

This is a thorough report that demonstrates excellence in many fields and it is reassuring to know the hospital is fully settled in to the new building; the moral and performance of staff is high and everyone is focused on delivering the best quality care possible to children, young people and their families.

Councillor Barbara Murray, Appointed Governor – Local Authorities
Liverpool City Council
10th May 2019

I am pleased to hear that the Phlebotomy ticketed appointment is proving effective. I am also pleased that the Music as Medicine project was beneficial, and I hope a similar project continues to the benefit of recovering patients.

I look forward to the follow-up audits during monthly CQAC (Clinical Quality Audit Committee) meetings and reports.

Simon Hooker, Public Governor - North Wales
13th May 2019

Commentary from Healthwatch Organisations



Healthwatch Liverpool welcomes this opportunity to comment on the Quality Account of 2018-19.

We base these comments on the contents of a draft Quality Account which was provided to us prior to publication, as well as our ongoing engagement with the Trust and feedback received from patients and families.

It is clear from the Quality Account that the year has seen a large number of successes for the Trust.

From a clinical perspective, it is reassuring to see that the Trust has seen no preventable deaths and that the number of pressure ulcers has reduced. Good progress has also been made in work to identify and treat Sepsis, particularly rolling out the Sepsis pathway and providing Sepsis awareness training to staff.

As with all trusts in Liverpool, we hold an annual Listening Event where a team of staff and volunteers from Healthwatch Liverpool visits the hospital to speak to patients and visitors about their experiences. These events are intended to provide a snapshot of what patients and visitors think about the service. The Trust can then use this feedback in conjunction with other patient experience measures to provide valuable insight. This year we visited Alder Hey on 24th May 2018 and spoke to a total of 77 people.

A large number of people we spoke to felt the staff were kind and listened to them. Positive feedback was also received about the environment and the food. We did

hear some negative comments about a variety of topics including availability of parking and the sofa beds on the wards. We submitted a report to the Trust with our findings and we were pleased to receive a response which gave details of how the negative feedback is being addressed. A summary of our findings and the Trust's response is included in this Quality Account.

Despite the successes detailed in this Quality Account there are also areas where further improvements are needed.

It is reassuring to see that progress has been made in relation to Seven Day Hospital Services, however standard 2 (time to initial Consultant review) was missed by a large margin. We are aware that other trusts are struggling to meet this target too.

Staff recruitment and retention is a national issue for the NHS and the statement on junior doctor rota gaps details the difficulties the Trust is having in this area. It is reassuring to see that the Trust has taken robust action to address this issue.

In relation to patient feedback, it is disappointing to see that improvements in Friends and Family Test (FFT) scores were not sustained throughout the year. There has also been an increase in the number of formal complaints compared to the previous three years. We encourage the Trust to carry out further engagement with patients and families to understand the reasons behind decreased satisfaction and put in place actions to address the underlying reasons.

As in previous years, it is positive to see the large number of schemes related to play and creativity to enhance patient experience such as Music as Medicine, Young Makers and DadaFest.

The work done this year around Outpatient appointments, particularly the Brilliant Booking Services scheme, changes to Phlebotomy appointments and increased access to play and distraction have shown improvements in patient satisfaction in those areas.

In summary, we are pleased to see the innovative work being done at Alder Hey to improve patient experience and we are reassured, where patient satisfaction is not as good as it could be, that this is recognised and actively addressed.

We look forward to continuing to work closely with the Trust over the forthcoming year.

Healthwatch Sefton would like to thank the Trust for the opportunity to comment on the draft Quality Account 2018-19. We attended the Quality Account session on the 3rd May 2019 at which the Trust presented and this was very useful.

In reviewing the readability of the account, initially the document was found to be lengthy, (over 100 pages). However in reading the document, it has been laid out in a easy to read format with there being very useful background information being included to support the reader in understanding the various sections.

In reviewing last years account, we shared that we would be keen to see a reduction in preventable pressure ulcers over the next 12 months. It was reassuring to see that there has only been one grade 3 hospital acquired pressure ulcer during this period compared with six in the previous year and the Trust should be proud that once again there has been zero tolerance in grade 4 pressure ulcers, both targets within this priority being met. There were more grade 2 pressure ulcers during this period but we note improved reporting, this being linked to improvements in the education of staff and the earlier intervention to prevent grade 3 and 4 ulcers. In reviewing other areas of 'no preventable harms or deaths' it is encouraging to see the Sepsis screening process in place and the establishment of a Sepsis Team.

In reading the section, 'statements from the Care Quality Commission (CQC)', we have noted the area of 'safe' as requires improvement. However, it is clear from reading the account and from our work with the Trust that there has been a lot of work undertaken to ensure that the Trust has a strong safety culture and this can be supported by the Trust's reporting of having zero preventable deaths during this period and also in being the 2nd highest incident reporter for acute specialists, which indicates a transparent way of working. We also note from reading the account, learning which has taken place from deaths and the case reviews undertaken. It was comforting to read that none of the 55 inpatients who had died during this period were found to be due to lapses in care. We welcome the plans to strengthen links with Liverpool Women's Hospital to improve neonatal care across the city.

In reviewing the Trust's work to ensure children's and families' experiences are the best they can be, the account provides a good overview of the work undertaken by the Trust. We note the relaunch of the Children and Young People's Forum. In looking at the

future plans for the Forum it is great to see that there are plans to integrate with our local Chameleons group in Sefton CAMHS and we look forward to hearing more about this.

In looking at the 'Friends and Family Test', it is great to see that 97% of those responding responded positively. However in reviewing the graph within this section, it is unclear about what this means in practice and some explanation about this would have helped in understanding this data.

In examining the outcomes from the Trusts PLACE assessment, it was really encouraging to see that the area of disability has shown a big improvement particularly with reference to wheelchair access. However, we have noted the drop in the area of dignity and respect and the issue of overcrowding in Outpatient waiting areas. To support this, we read about the work to engage with families in voting for which waiting area seating they would prefer to see and look forward to seeing this at one of our future visits to the Trust. We have also noted within the account, the improved dignity and respect from the review of interpretation services provided and the future plans to strengthen this area further.

Improving the transition from children and young people services to adult services is a key area of interest for us and we welcome the work being undertaken on the '10 steps to adult services'. We have noted the local work being undertaken with two large GP practices in Liverpool and would be keen to understand how this work will move across to Sefton. It was really good to see that the Clinical Commissioning Group CQUIN was achieved for transitions out of children's and young people's mental health services.

We have met with colleagues from the Trust on a number of occasions and we have been involved in the Trust's equality, diversity and inclusion work. The Trust has invested a significant resource into ensuring that they are supporting their workforce and this can be seen in the development of a range of policies, introduction of staff networks, cultural sensitivity training and the development of guidance for reasonable adjustments. It is encouraging to see the emphasis placed on this work by the Trust.

In reviewing progress in improving access to services through brilliant booking systems, we note the work of the Trust to send out letters which include an appointment date (rather than a letter which asks the family to phone the Trust to make an appointment) and the introduction of a six week follow up being booked in clinic. We also note the use of a bi-directional texting service which provides the ability to easily confirm or cancel appointments. We have been working closely with one of our steering group members, Sefton

Parent Carer Forum over the past 12 months who have shared with us a number of issues that parents and carers across Sefton have been facing. Issues have included access to medication and the process for this, appointments with the community paediatric service and appointments within the Audiology Service. We are currently planning a meeting with Lisa Cooper, the Director of Community and Mental Health Services to discuss further the concerns which have been raised. We have received positive responses from the Trust during this period about the issues raised and following our feedback the Trust reviewed their current process for ordering repeat prescriptions and from January 2019 introduced an electronic form which can be completed and emailed to the Trust for those who don't want to reply on the answer machine service. We have welcomed this open approach from the Trust and look forward to our continued work to improve services for children and their families.

A further area we have been keen to see is the Trust's work to improve the experience of children with a Learning Disability and/or Autistic Spectrum Condition. In reviewing the improvements, it was good to see the continued long term secondment of the consultant Learning Disability Nurse, ongoing training and the partnerships with local voluntary and community sector organisations including Sefton Carers. We would welcome the involvement further with Sefton based organisations.

It is good to have sight of the priority areas for 2018/2019 and we look forward to our work with the Trust over the next 12 months.

17th May 2019

Commentary from Clinical Commissioning Groups



Liverpool, South Sefton, Southport and Formby and Knowsley CCGs welcome the opportunity to jointly comment on the Alder Hey Children's Hospital NHS Foundation Trust Draft Quality Account for 2018/19. It is acknowledged that the submission to commissioners was draft and that some parts of the document require updating. Commissioners look forward to receiving the Trust's final version of the Quality Account.

We have worked closely with the Trust throughout 2018/19 to gain assurances that the services delivered were safe, effective and personalised to service users. The CCGs share the fundamental aims of the Trust and supports their strategy to deliver high quality, harm free care. The account reflects good progress on most indicators.

The Trust's presentation of its Quality Account was an honest, open and positive demonstration of the improvements made to date and an acknowledgement of areas that need to be developed further.

This Account details the Trust's commitment to improving the quality of the services it provides, with commissioners supporting the key priorities for the improvement of quality during 2018/19 which are:

Priority 1: Patient Experience: to put children first: doing everything with children and families.

Priority 2: Patient Safety: to be the safest children's Trust in the NHS: communicating safely.

Priority 3: Clinical Effectiveness: to achieve outstanding outcomes for children: transforming patient care through digital technology.

Priority 4: To build a culture of inspiring quality.

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvements are required and what actions are needed to achieve these goals, in line with the Trust Quality Strategy.

Through this Quality Account and on-going quality assurance process, the Trust clearly demonstrates their commitment to improving the quality of care and services delivered. Alder Hey Children's NHS Foundation Trust continues to develop innovative ways to capture the experience of patients and their families in order to drive improvements in the quality of care delivered. The Trusts use of digital technology to improve safety is commended.

The Trust places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected with the work the Trust has undertaken to further embed a safety culture in the organisation.

Of particular note is the work the Trust has undertaken to improve outcomes on the following work streams:

- Significantly reducing the number of category 3 pressure ulcers reported.
- The Trust is the second highest reporter of incidents, maintaining its position in the top quartile with a further increase in reported incidents in 2018/19.
- Achieving a 60% return in the annual Staff Survey (the highest return ever for the Trust).
- Reductions in hospital acquired infections with zero MRSA bacteraemia, a 25% reduction in MSSA and a 10% reduction in CLABSI.
- Improvements in the outcomes in Diabetes management.
- The developments in the Trust in relation to arts, performance and play.
- The work undertaken in relation to staff health and wellbeing in particular the focus on BAME, disability and LGBTIQ+ staff networks.

Commissioners are aspiring through strategic objectives to develop a local NHS that delivers great outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are reflective of the current issues across the health economy. The priorities being:

Priority 1: Putting children first.

Priority 2: Being the safest children's Trust in the NHS

Priority 3: Achieving outstanding outcomes for children.

Priority 4: Building a culture of inspiring quality.

We therefore commend the Trust in taking account of opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

Liverpool CCG

Signed



JAN LEDWARD

Chief Officer
20th May 2019

South Sefton CCG

Southport and Formby CCG

Signed



FIONA TAYLOR

Chief Officer
17th May 2019

Knowsley CCG

Signed



DIANNE JOHNSON

Chief Executive
17th May 2019

Commentary from Overview and Scrutiny Committee

The Overview and Scrutiny Committee were invited to comment on the Quality Account, a response was received from the Chair of the Social Care and Health Select Committee which feeds into the above Committee.

As Chair of the Select Committee I have reviewed the Quality Accounts for Alder Hey 2018-19 and submit the following comments:

Overall, the Quality Accounts show the Trust continue to deliver a high standard of care to patients, which is commendable.

In particular, I have highlighted the following as areas of success –

- The Trust's commitment and plans for patient safety and for the patient experience, including the robust plans for monitoring and reporting;
- The commitment to involving children in the design of care;
- The Trust's priority for measuring patient outcomes;
- Clinical audit's showing effective responses to meet the patient needs through robust action plans;

- The participation in clinical research is to be commended;
- The staff recruitment and retention plans are to be commended, as is the volunteering programme;
- The clearer signage in the hospital shows how a small adjustment can enhance the patient experience.

I have highlighted the following as areas for attention –

- Whilst it is encouraging to see the compliance with the Freedom to Speak Up scheme for staff, I would have liked to have seen participation information;
- The Ward Accreditation Scheme is good overall, but I would hope to see improvements in the ICU and Emergency Departments;
- The PLACE assessment showing a drop in privacy and dignity is very concerning, and I hope to see this addressed without delay.

Overall my message is keep up the good work and I look forward to seeing your improvement plans enacted without undue delay.

**Councillor Richard McLinden, Chair of the Social Care and Health Select Committee for Liverpool
10th May 2019**

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to May 2019
 - papers relating to quality reported to the board over the period April 2018 to May 2019
 - feedback from commissioners dated 20/05/2019
 - feedback from governors dated 9th, 10th and 13th May 2019
 - feedback from local Healthwatch organisations dated 9th and 11th May 2019
 - feedback from Overview and Scrutiny Committee dated 10th May 2019
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 22/05/18, 04/09/18, 04/12/18 and 05/03/19 (four quarterly reports)
 - the 2018 national patient survey
 - the 2018 national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 23 May 2019
 - CQC inspection report dated 21st June 2018

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board.

Jo Williams

DAME JO WILLIAMS
Chair

28th May 2019

Louise Shepherd

LOUISE SHEPHERD CBE
Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ALDER HEY CHILDREN'S NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the council of governors of Alder Hey Children's NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Alder Hey Children's NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 03/05/2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

SCOPE AND SUBJECT MATTER

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.
- All cancers: 31 days until subsequent treatments.

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

RESPECTIVE RESPONSIBILITIES OF THE DIRECTORS AND ERNST & YOUNG LLP

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2018/19' issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2018/19', which is supported by NHS Improvement's Detailed Requirements for quality reports 2018/19;
- the quality report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19' and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19'. These are:

- Board minutes for the period April 2018 to May 2019
- Papers relating to quality reported to the Board over the period April 2018 to May 2019

ASSURANCE WORK PERFORMED

- feedback from commissioners, dated 20/05/2019
- feedback from governors, dated 09/05/2019
- feedback from local Healthwatch organisations, dated 09/05/2019
- feedback from Overview and Scrutiny Committee dated 10/05/2019
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated quarterly throughout the year, final quarter dated 05/03/2019
- the latest national patient survey, dated 2018
- the latest national staff survey, dated 2018
- Care Quality Commission inspection, dated 21/06/2018
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 23 May 2019.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Alder Hey Children's NHS Foundation Trust NHS Foundation Trust as a body, to assist the Council of Governors in reporting Alder Hey Children's NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Alder Hey Children's NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

INHERENT LIMITATIONS

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

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

reporting manual 2018/19' and supporting guidance. The scope of our assurance work has not included governance over quality or non mandated indicators, which have been determined locally by Alder Hey Children's NHS Foundation Trust.

CONCLUSION

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018), issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018), issued by NHS Improvement.

Ernst + Young LLP

ERNST & YOUNG LLP
Manchester
28th May 2019

Notes:

1. The maintenance and integrity of the Alder Hey Children's NHS Foundation Trust's web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.





Alder Hey Children's
NHS Foundation Trust

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

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By telephone: 0151 228 4811

By email: communications@alderhey.nhs.uk

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