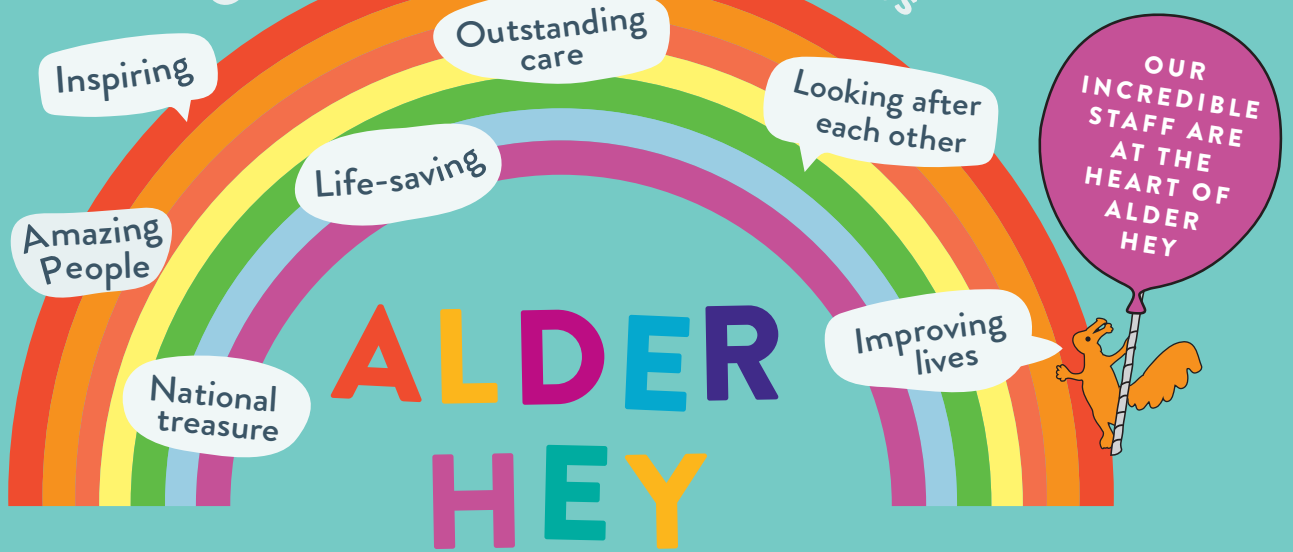




Celebrating our NHS heroes



ALDER  
HEY

FAMILY

LIVING OUR VALUES EVERY DAY  
AT ALDER HEY

QUALITY ACCOUNT

2019/20



Alder Hey Children's  
NHS Foundation Trust

# Annual Alder Hey Quality Account 19/20

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# A MESSAGE FROM OUR CHIEF EXECUTIVE

## Part 1. Outstanding Care Delivered by Outstanding

At the end of 2019/20, all of our lives changed suddenly and dramatically with the arrival of the global coronavirus pandemic. They have changed perhaps forever. Certainly its legacy of loss and tragedy for so many families around the world will be indelible. No public service has been more impacted by COVID-19 than the NHS and we have all had to adapt very quickly to our new circumstances. There have been some positives arising from this, including the more flexible approaches to delivering care through digital technology that we have established so that we can keep looking after our patients. For many families this has made a huge difference to their ability to juggle competing pressures when caring for a sick child. We have also been required to think differently about fundamental concepts such as 'quality' and are being challenged to reassess them in a COVID-19 dominated healthcare system.

At Alder Hey we will forever have children and young people at the heart of all that we do and all that we are. As well as maintaining paramount focus on the safety of our patients whilst receiving care, our key priority is to ensure timely access to services that have been affected by COVID-19 and our response to it. Linked to this, we are acutely aware of the wider impact of the pandemic upon the life chances of children, especially those whose opportunities are already limited by deprivation and other social determinants. We are pleased to be taking a leadership role working with our partners in the health and care system to develop plans to tackle these challenges and provide optimum support to children and young people to mitigate the potential for long term inequalities.

In setting the scene for the Quality Account in this way, I hope to convey the enormity of the change whilst at the same time re-stating our commitment to providing high quality services which lies at the core of our vision and long term strategy. I was, as ever, humbled to read this compelling summary of the amazing work that every member of the Alder



Hey family has contributed to during 2019/20. It was another incredible year that saw continuous improvement across every area, coupled with some truly game-changing work by clinical teams, backed by our unique innovation effort - with the creation of 3D tumour models as pre-operative aids being just one astonishing example. So many of the initiatives described in this report have made real, life-changing and in some cases, life-saving differences to children and young people. We remain committed to the pursuit of this work as far as possible while we continue to join forces with our NHS colleagues and other key partners on the frontline against COVID-19.

As Chief Executive, I commend our Quality Account for 2019/20 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 2020-21

#### Introduction

In last year's Quality Account, the Trust reported a brief history of our journey of improvement, including how we embraced technological advances to provide the highest quality, consistent and innovative care and how we adapted our approach to accommodate changing legal and regulatory requirements.

During 2019-20 we have undertaken a full strategic review and developed "Our Plan", a new five year

strategic plan spanning 2019 to 2024. 'Our Plan' was developed in consultation with our children and young people and our staff, and was approved through the Trust Board. It encompasses the Quality Strategy, "Inspiring Quality" and further advances our overall vision to 'build a healthier future for children and young people'.

#### Context and Environment

With the advent of the global coronavirus pandemic in the early part of 2020, the Trust rapidly took steps to respond as effectively as possible to support the wider health system locally. This resulted in a

fundamental shift in emphasis in how our plans were shaped and implemented and this has continued to be the case during phases 2 and 3 of the Trust's COVID-19 response plans.

For Alder Hey, **Phase 1** saw the Trust focus on managing the pandemic as a critical incident with three key priorities: increasing critical care capacity to support the wider system, including directly supporting adult services; continuing to deliver safe care for children and young people and their families; and keeping our staff safe. The period saw us reduce elective activity levels to prioritise our limited capacity to maintain access for urgent care.

**Phase 2** has been focused upon a safe re-start of services, by increasing access to services for children and young people, whilst maintaining safe care and being fastidious in protecting our staff from the virus. During phase 2 Alder Hey also took on a system leadership role for the restoration of paediatric services.

For **Phase 3** the national priority has been to work towards the restoration of services, with clear expectations of delivering elective, outpatient and imaging activity to 2019/20 levels as far as possible before end of March 2021. There is an expectation of collaboration as a system to reduce health inequalities that have been further exposed and exacerbated by the COVID-19 pandemic.

Clearly the NHS operating environment has changed significantly during 2020/21, presenting unique challenges to the delivery of health services across the system and Alder Hey has reflected on its priorities accordingly.

## Our Response

We have been cognisant of our strategic objectives in developing this plan and have found that many of our already planned objectives align and support recovery. Indeed we delivered significant elements of Our Plan rapidly in the opening months of COVID-19, with huge progress in aspects such as staff advice, support and welfare and digital working.

We have however had to ensure our response is focussed and necessarily narrower than our original year 1 of 'Our Plan'. We have also wanted to build on our learning from Phase 2 and 3 of dealing with the pandemic about how best to tackle the re-start and

recovery phase.

To support this we have developed five top level objectives referred to as our 'Breakthrough Objectives'. These build from our strategic plan, however are inevitably bespoke to the COVID-19 response:

- **Safe care** – zero harm against an agreed set of metrics.
- **Access to care** - provide outstanding care to over 350,000 children and young people in 2021.
- **Great place to work** – 80% of staff recommend Alder Hey as a place to work.
- **Advocate for children and young people** – improve access and advocate for children and young people in the wider system through working with partners; we will measure the proportion of children who access care and the number who have received preventive/early support.
- **The safest place** – research and innovation breakthroughs support the safest and best access to care measured by the number of active research studies and innovation projects deployed in care.

The five breakthrough objectives will form our key priorities for 2020-21 and have been approved through the Trust Board.

We will track progress against all five objectives through our corporate reporting mechanisms, Care Delivery Board and through Trust Board.

Whilst this approach is necessarily a responsive one for the organisation and marks a departure from the language of Inspiring Quality, there is a clear read-across in terms of intent and focus from our 2019/20 priorities: maintaining safe, child-centred care at its heart.

With the support of our partners, KPMG and through our 'Building Brilliant Basics' programme, we will ensure that all divisions, departments, teams and individuals clearly can align their improvement activities to these objectives, which we are terming our Building Brilliant Basics Improvement System. The assurance framework for this programme will have a focus on outputs and outcomes and this will be provided via sub-committees commencing in October 2020. The assurance update for each of the must do projects will include a benefits realisation

profile, which quantifies the contribution each project makes to the strategic priorities.

### Focus on Health Inequalities

The COVID-19 pandemic has had a significant impact on children and young people. The full effects of the pandemic will continue to be seen for many years to come, however there is already clear evidence that:

- Children and young people are particularly at risk of poor outcomes associated with inequitable access to healthcare, domestic abuse, education and school closure, economic downturn, food poverty, limited physical activity and obesity, mental health and wellbeing and families experiencing drug and alcohol dependency.
- The impact of this will be felt more significantly by some children than others, and this is at the heart of our need to take action to address health inequalities.

To address the risk of compounding inequalities that were already widening pre-COVID-19, Alder Hey will oversee an action plan agreed with system partners locally.

## 2.1.1 Quality Improvements in 2019-20 – Progress Update

The key priorities for improvement for 2019-20 were declared in the 2018-19 Quality Account and focussed on four priority areas as detailed below. These areas are reflected within the Inspiring Quality Strategy and ensure we maintain a consistent focus on improving patient experience, patient safety and clinical effectiveness. The quality priorities were agreed by the Trust Board as:

1. To put children first – do everything with children and families.
2. To be the safest children’s trust in the NHS – communicate safely.
3. To achieve outstanding outcomes for children – transform patient care through digital technology.
4. Build a culture of Inspiring Quality.

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 2019-20 Alder Hey Children’s NHS Foundation Trust [Alder Hey] provided 42 relevant health services. Alder Hey has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2019-20 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2019-20.

### 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 2019 to 31st March 2020, 14 national clinical audits and 3 national confidential enquiries covered NHS services that Alder Hey provides.

During that period Alder Hey participated in 100% (14 out of 14) national clinical audits and 100% (3 out of 3) 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 was eligible to participate in during the reporting period 1st April 2019 to 31st March 2020 are contained in the table below.

The national clinical audits and national confidential enquiries that Alder Hey participated in, and for which data collection was completed during the reporting period 1st April 2019 to 31st March 2020 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 Clinical Audit	Participation	% Cases submitted
<b>Children</b>		
Paediatric Intensive Care (PICANet)	Yes	Submitted 920 cases to 20/3/2020, which was 100% of cases available.
Potential Donor Audit (NHS Blood and Transplant)	Yes	Submitted 27 cases, which was 100% of cases available.
Care of Children in the Emergency Department Royal College of Emergency Medicine	Yes	Submitted 269 cases, which was 100% of cases available.
<b>Acute Care</b>		
Severe Trauma (Trauma Audit and Research Network)	Yes	Submitted 225 cases, which is 100% of cases available.
<b>Cardiac</b>		
Cardiac Arrest (National Cardiac Arrest Audit) (NCAA)	Yes	Submitted 10 cases which was 100% of cases available.
Paediatric Cardiac Surgery (National Institute for Cardiovascular Outcomes Research (NICOR) Congenital Heart Disease Audit)	Yes	398 patients submitted for 2019/2020 which was 100% of the cases available.
National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (CRM)	Yes	Submitted 102 cases, which was 100% of cases available.
<b>Long Term Conditions</b>		
Inflammatory Bowel Disease Programme/ IBD Registry (National IBD Audit) Biological Therapies	Yes	Submitted 118 cases, which was 100% of cases available.
Paediatric Diabetes (RCPH (Royal College of Paediatrics and Child Health) National Paediatric Diabetes Audit)	Yes	Submitted 433 cases, which was 100% of cases available.
Epilepsy 12 (RCPH National Audit of Seizures and Epilepsies in Children and Young People)	Yes	Submitted 84 cases, which was 100% of cases available.
Children and Young People Asthma Audit National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Yes	Submitted 101 cases, which was 100% of cases available.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	Submitted 1 case, which was 100% of cases available.
Seven Day Hospital Services NHS England	Yes	Submitted 214 cases, which was 100% of cases available.
UK Cystic Fibrosis Registry Cystic Fibrosis Trust	Yes	Submitted 84 cases, which was 100% of cases available.

National Confidential Enquiries	Participation	% Cases submitted
Suicide in Children and Young People (CYP) - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) - University of Manchester.	Yes	0 cases included in the study which was 100% of cases available.
Perinatal Mortality and Morbidity Confidential Enquiries (Term Intrapartum Related Neonatal Deaths) - MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)	Yes	13 cases submitted which was 100% of cases available.
Long Term Ventilation Study - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	11 cases submitted which was 57% of cases available.

## 2.2.3 Actions Arising from National Clinical Audits

The reports of 13 national clinical audits were reviewed by the provider in the reporting period April 1st 2019 to March 31st 2020 and Alder Hey intends to take the following actions to improve the quality of healthcare provided.

National Confidential Enquiries	Actions
Paediatric Intensive Care (PICANet)	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. The Unit has 99.5% completion rate for NHWS number reporting from 2015 – 2019.
Potential Donor Audit (NHS Blood and Transplant)	<p>The referral rate for donation after brain stem death was 100% and the consent rate was 25%.</p> <p>In 1 case, the Coroner refused permission for organ donation to proceed. In 2 cases the families declined organ donation and in 1 case the patient was not suitable.</p> <p>Of the 23 patients who did not have a likely diagnosis of brain stem death, 11 had treatment withdrawn and were potential donors after circulatory death. Only 4 of these patients were referred to a SN-OD. All 11 patients who had treatment withdrawn were not suitable for organ donation.</p>
Care of Children in the Emergency Department Royal College of Emergency Medicine	Awaiting publication of report. Delayed due to COVID-19.
Severe Trauma (Trauma Audit and Research Network)	<p>For the period 2019 - 2020 our data completeness and data quality are both 97%+. There are 225 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.</p> <p>Thankfully, the numbers of seriously injured children is very small compared with injured adults, so the ability to systematically collect and analyse data;</p>

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 Paediatric Major Trauma Quality and Safety Committee and the regional North West Children's Major Trauma Network Governance Group.

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 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)

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

Data Collection currently on hold due to COVID 19.

Paediatric Cardiac Surgery (NICOR  
Congenital Heart Disease Audit)

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

The data return from Alder Hey indicated that 922 therapeutic cardiac procedures had been undertaken during the 2018/2019 data collection year (surgery 401, catheters 345, others 99, Deaths 22) in patients with congenital heart disease.

National Cardiac Rhythm  
Management Audit (NICOR)

CRM Ablations = 68 cases submitted.

CRM Pacemaker/ICD = 34 cases submitted.

We have not received a data quality score at time of publication.

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

- To ensure there were SOP's in place and regularly updated to correctly capture the data.
- Regular team meetings with clinical lead to quality validate.

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.

Data collection was on hold due to COVID-19 at the time of compiling this report.

Data Collection re-commenced in July 2020.

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 2 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%.
- Produced handy sick day correction cards given to all patients.
- 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 2019 Completed.

Data collection currently on hold due to COVID-19 at time of compiling this report.

Prospective data collection for the Epilepsy 12 audit will be on-going for 2020/2021. This will be dependant on COVID-19 pressures on the service. The combined report of the organisational and clinical audits was published in September 2020. The results detailed in the report reflect data submitted by 145 registered health boards and trusts across England and Wales.

Serious Hazards of Transfusion (SHOT): UK National Haemovigilance

The annual SHOT report serves as an indicator, to where learning around the transfusion process should be focused. Each year, we review the annual report and produce a gap analysis against the current recommendations. This, in turn, directs the work flow and allows us to address any areas where improvements could be made.

Seven Day Hospital Services NHS England

The results were presented to Alder Hey Trust Board in the newly developed Seven Day Service Self Assessment Framework.

Data collection timescales for 2020 are under review by NHS England due to COVID-19.

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.

Submission of accurate, timely and relevant data is important to capture the complexity of our patients. This reflects the contribution of the multidisciplinary team to the provision of quality care with the patient at its centre.

## 2.2.4 Actions Arising from Local Clinical Audits

There were a total of 203 local audits registered in the reporting period 1st April 2019 to 31st March 2020. There are 83 (41%) local audits completed. There are 94 (46%) audits that will continue in 2020/2021. There are seven (4%) audits not yet started and 19 (9%) audits have been cancelled.

The reports of the completed local clinical audits were reviewed by the provider in the reporting period April 1st 2019 to March 31st 2020 and examples of the outcomes are listed below.

Local Audit	Actions
<p>An Audit of the Use of Fixation Plates for Patients Undergoing Open Reduction Internal Fixation (ORIF) to Humerus, Femur or Tibia at Alder Hey Hospital (Response to Patient Safety Alert Issued by The British Orthopaedic Association in February 2019)</p>	<p>The audit was presented at the Alder Hey Trauma and Orthopaedics monthly meeting in May 2019. Further presentation to the Trust in April 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Identified a clinical lead within Orthopaedics to prepare an action plan in response to this alert.</li> <li>• Identified all patients who have had a plate fitted since 01/02/2018 for treatment of long bone shaft fractures and completed a retrospective review of patient X-rays to ensure the correct plate was fitted to stabilise shaft fractures of the humerus, forearm, femur or tibia.</li> <li>• We do not have reconstruction plates on trays. All are sterile, individually wrapped and now stored away from other plates.</li> <li>• Alert communicated to all Theatre and Orthopaedic staff via paper and email form.</li> </ul>
<p>A Service Review Project to Improve the Provision of Paediatric Phlebotomy</p>	<p>The project was discussed and presented at the Alder Hey Community Performance Review meeting in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Draft local guidance and risk assessment for use of virtual reality equipment to enhance our patient and family experience of the Phlebotomy Service informed by the Alder Hey Trust Digital Strategy.</li> <li>• Explore community provision of paediatric phlebotomy.</li> <li>• Implement staffing model of increased phlebotomists at peak times identified.</li> <li>• An electronic solution for requesting tests by GP's is required to release Receptionist time to book patients onto the electronic flow system. This will enable phlebotomy delays to be calculated and displayed.</li> <li>• Commence "Culture of Care Barometer" with Phlebotomy Team. The barometer can be used to start conversations with teams about culture to lead change. This engaged leadership approach will empower staff to understand the reason underpinning the culture of care.</li> <li>• The results of this service review should be shared and so will be presented at divisional integrated governance meetings and audit presentations. This is an opportunity to showcase an improved paediatric phlebotomy provision to clinicians.</li> </ul>

Vestibular Function in Children With Enlarged Vestibular Aqueducts (EVA)	The audit was discussed and presented at the Alder Hey Audiology/Audiovestibular Medicine Meeting in September 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• All aspects of vestibular quantification should be completed.</li> <li>• Add Cervical Vestibular Evoked Myogenic Potentials (cVEMP) (a novel vestibular diagnostic) to the current vestibular test battery to quantify third window physiological derangement in EVA. This vestibular diagnostic has been offered at Alder Hey since June 2019.</li> <li>• Offer genetic studies to all children with EVA.</li> <li>• Re-audit in 12 months.</li> </ul>
Re-Audit of Endotracheal Tube Related Pressure Sores/Ulcers	The audit was presented and discussed with the Alder Hey Paediatric Intensive Care Unit (PICU) Lead and Ward Manager in December 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Further analyse the data.</li> <li>• Work with the Electronic Patient Record Team to devise ways of improving documentation.</li> <li>• Reinforce training with the Education Team.</li> <li>• No re-audit required.</li> </ul>
Leadership Development Opportunities – Training, Activities and Experience: a Survey of Paediatric Trainees in Merseyside	The audit was presented at the Post Graduate Medical Education and Leadership (PGMDEL) Conference in Manchester in September 2019 and incorporated into STEP (Specialty Training and Educational Programme) teaching in Alder Hey. A poster was displayed to senior management and commissioners in January 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Publication on the Mersey Deanery webpage of an accessible, peer reviewed, list of leadership courses and activities, aiming to help trainees choose courses and inform supervisors courses are relevant for study leave.</li> <li>• Incorporation of leadership skills training into STEP teaching at all levels of training.</li> <li>• Contacting paediatric medical and clinical directors in the region to consider offering opportunities for shadowing experience.</li> <li>• Re-audit in two years.</li> </ul>
To Assess Whether the Introduction of an Additional Weekly Hand Fracture Clinic Has Improved Compliance With Five Day Target	The audit was presented and discussed at the Alder Hey plastic surgery consultants meeting in April 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Discussions held with Emergency Department Reception about improvements to the system for bookings.</li> <li>• Re-audit in twelve months.</li> </ul>

<p>An Exploration of Factors Influencing Delayed Discharge of Infants With Single Ventricle Physiology, During Stage One and Two of Palliative Surgery</p>	<p>The audit was presented to Liverpool John Moores University in July 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Improve our communication and documentation in pre and post-operative Norwood's patients.</li> <li>• Further audit can take place in the future.</li> </ul>
<p>Patient Perceptions About Back Pain in Adolescent Idiopathic Scoliosis</p>	<p>The audit was presented at the British Scoliosis Society National Conference in Cardiff in November 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Ensure further engagement with the Spinal Team around patient education when conducting clinics.</li> <li>• No re-audit required as this was a baseline audit to assess practice.</li> </ul>
<p>Improving Bedside Tracheostomy Documentation</p>	<p>The audit was presented at the Alder Hey Ear Nose and Throat (ENT) Departmental Meeting in May 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• After discussion with ward managers, our Tracheostomy Specialist Nurse, the ENT and Anaesthetics Department, it was agreed we would develop local bedhead signs following the templates provided by the National Tracheostomy Safety Project. These were created in February 2019.</li> <li>• Re-audit in three months.</li> </ul>
<p>Insulin Prescribing and Self-Administration in Paediatric Patients Admitted With Type 1 Diabetes</p>	<p>The audit was presented at the Alder Hey Pharmacy Department in September 2019. Further presentation to the Alder Hey Diabetes Team.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Continue to emphasise the importance of prescribing compliance in pharmacist-led junior doctor training sessions.</li> <li>• Repeat 'Insulin Safety Week' event to continue to promote the importance of safe use.</li> <li>• Introduction of insulin pumps as formulary items on Meditech v6 prescribing system.</li> <li>• Cascading of additional training for medical staff and nurses regarding self-administration policy.</li> <li>• Improve nurse awareness of the critical nature of insulins and the importance of safe management.</li> <li>• Conduct an audit of compliance with Self-Administration of Insulin Policy, including prescribing along with safe storage of medicines and completion of consent forms.</li> <li>• Update the existing Self-Administration of Insulin Policy.</li> <li>• Re-audit once changes outlined in the action plan have been implemented.</li> </ul>

Adverse Childhood Experiences (ACEs) Affecting Children on the Autistic Spectrum Disorder (ASD) Pathway

The audit was presented at the Alder Hey Department of Community Paediatrics Multi Disciplinary Team (MDT) meeting in January 2020.

**Action/Recommendation:**

- Clinicians should consider how adverse childhood experiences may effect the current presentation of the child or young person.
- Clinicians should incorporate ACEs enquiries into every neurodevelopmental history keeping in mind the sensitive nature of such information and by asking everyone, this reduces stigma and improves practice and allows signposting to relevant services.
- No Re-audit was required.

Audit On Service Evaluation Of Alder Hey Fresh CAMHs Educational Sessions Offered To Liverpool Primary and Secondary Schools

The audit was presented at the Alder Hey Child and Adolescent Mental Health Service (Fresh CAMHS) audit meeting in June 2019.

**Action/Recommendation:**

- Regular electronic recording of the intervention.
- Educational sessions are to be run by a pair of colleagues for constructive feedback and generating creative ways of teaching and engaging with young people.
- Feedback forms to include spaces for date, trainer's name and school name as this will help the data analysis for future studies.
- Re-audit in 12 months.

Clinical Audit of White Cell Enzyme Requests – Sample Quality

The audit was presented in an Alder Hey Clinical Scientist "Staff Huddle" email sent summarising findings and actions in May 2019.

**Action/Recommendation:**

- Increase awareness of sample requirements to staff by updating the electronic Hospital system (Meditech) at point of request and documenting requirements and audit findings in the next Pathology Newsletter.
- Clinical scientists now vet white cell enzyme requests.
- Samples for white cell enzyme analysis now sent via special delivery.
- Re-audit in 12 months.

Are We Meeting British Orthopaedic Association Standards (BOAST) Guidelines for Photographing Lower Limb Open Fractures?

The audit was presented at the Alder Hey Trauma and Orthopaedics monthly meeting in June 2019.

**Action/Recommendation:**

- Flow chart created to follow when a child with an open fracture presents to the Emergency Department in June 2019.
- Improve photographing of open fractures and making sure these photographs are available on the Hospital Picture Archiving and Communicating System (PACS).
- Re-audit in 12 months.



Evaluation of a New Rapid Access Ear Nose and Throat (ENT) Emergency Clinic	The audit was presented at the Alder Hey Ear Nose and Throat (ENT) Departmental Meeting in May 2019.
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• Patients are being referred appropriately.</li> <li>• Consultant cover will be looked at during next rotation.</li> <li>• Clinic will continue to run.</li> <li>• No re-audit required as no changes made.</li> </ul>
Audit of Patients with Newly Diagnosed Type 1 Diabetes Admitted in Diabetic Ketoacidosis (DKA)	The audit was presented at the Alder Hey Department of General Paediatrics Doctor training session in November 2019.
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• Follow new referral pathway.</li> <li>• For any suspected Diabetes, ensure immediate capillary glucose testing and referral the same day to tertiary care for prompt diagnosis and management.</li> <li>• General Practitioner Training Programme written and first teaching given.</li> <li>• Re-audit in 12 months.</li> </ul>
Audit of Patient Education at Discharge in Asthma	The audit was presented at the Alder Hey Respiratory Department weekly meeting in August 2019. It was discussed further at the asthma nurses team meeting in September 2019.
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• Personalised Asthma action plans (PAAP)/written inhaler technique to be given on discharge to all patients admitted with Asthma as a diagnosis.</li> <li>• Contacted all ward managers (Medical and Surgical) enquiring about Asthma link nurses.</li> <li>• Provide training sessions once Asthma link nurses identified on wards.</li> <li>• Meeting held in September 2019 with Hospital Information Technology (IT) Team to explore how Hospital system (Meditech) can help.</li> <li>• Re-audit in 12 months.</li> </ul>
Staff Survey Ward 4B	The audit was presented to the Ward Manager. Plans to distribute to all Ward 4B staff over the coming months via training sessions have been discussed with the ward based Practice Educator. Discussed at the Divisional Integrated Governance Meeting in November 2019.
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• To run monthly meetings focusing on improving resilience between staff.</li> <li>• Training is currently running each month on Ward 4B, providing the feedback from the audit. Exploring ways of managing distress and improving resilience will become an element of the training day for staff.</li> <li>• It is not immediately necessary to re-audit. The aim was to identify support that can be put in place. A review of this support will take place in around one year when staff training sessions are completed.</li> </ul>

<p>Patient Plaster Instructions Audit</p>	<p>The audit was presented at the Alder Hey Department of Trauma and Orthopaedics meeting in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Continued education of teams with regards to the importance of ensuring appropriate plaster advice is provided to parents and carers.</li> <li>• Re-audit in six months.</li> </ul>
<p>To Audit the Effect of a New Respiratory Physiotherapy Role on the Number of Accident and Emergency Attendances and Admissions, and the Impact on Symptoms and Quality of Life for Patients with Respiratory Symptoms</p>	<p>The audit was presented at the Alder Hey Department of Physiotherapy meeting in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• A permanent Physiotherapist post has been applied for to allow re-opening of the dysfunctional breathing service.</li> <li>• The business case that resulted from this project provided evidence to tackle gaps in our service provision.</li> <li>• No re-audit was required</li> </ul>
<p>Audit of Vancomycin-Induced Kidney Injury</p>	<p>The audit was presented at the Alder Hey Department of Nephrology Team Meeting and the British Association of Paediatric Nephrology Winter Conference in Winchester in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Patients on vancomycin should receive close monitoring for the development of Acute Kidney Injury (AKI), including daily measurement of serum creatinine.</li> <li>• The existing AKI guideline will be updated to include improved guidance on minimising drug-induced kidney injury.</li> <li>• Re-audit in 12 months.</li> </ul>
<p>Have Patients with Beckwith-Wiedemann Syndrome (BWS) Had Cardiology Assessment and Electrocardiograph (ECG)?</p>	<p>The audit was presented at the Alder Hey Department of Endocrinology Audit Meeting in October 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• A new clinical guideline regarding management of BWS is to be designed.</li> <li>• A clinical pathway to identify new diagnoses of Beckwith-Wiedemann Syndrome needs to be adopted by both Liverpool Women's Hospital and Alder Hey Children's Hospital to identify the large number of patients who require ongoing care.</li> <li>• There is a need for collaborative working across medical and surgical disciplines to deliver high quality care in line with the consensus statement using such a pathway.</li> <li>• This will require the role of a lead clinician for each patient.</li> <li>• As suggested in consensus statement all patients should have a full cardiac assessment including echocardiogram and ECG. The details of which will be determined in collaboration with both cardiologists and geneticists considering IC2 (Imprinting centre 2) gene as a specific risk factor.</li> <li>• Re-audit in 12 months.</li> </ul>

Audit of CHOICE Appointments in Fresh CAMHS	The audit was presented at the Alder Hey Fresh CAMHS Department meeting in December 2019.
<b>Action/Recommendation:</b>	
<ul style="list-style-type: none"> <li>• Training/information is required for staff on what is required when doing Choice assessments in terms of the appointment, routine outcome measures and Choice letters.</li> <li>• Choice Team to discuss the current standards and think about ways about bringing more consistency across the letter content.</li> <li>• Those offering Choice appointments will be offered training, then asked to sign to say they have read and understood the Choice assessment guidelines.</li> <li>• No re-audit required. Going forward, given waiting list demands, there might be a re-structure to the way we assess people for our service.</li> </ul>	
Non Accidental Injuries (NAI): Compliance with Ophthalmological Documentation	The audit was presented at the Alder Hey Department of Ophthalmology bi-monthly meeting in November 2019.
<b>Action/Recommendation:</b>	
<ul style="list-style-type: none"> <li>• To use the pro-forma provided by the Royal College of Ophthalmology, for all referrals for NAI.</li> <li>• All referrals are to be made via the Trust MediTech system by the Rainbow Team.</li> <li>• Develop a protocol for future risk stratification.</li> <li>• Re-audit in 12 months.</li> </ul>	
An Audit of Documentation Surrounding Assessment of Behaviours that Challenge and Adherence to NICE Guidelines in a CAMHS Team	The audit was presented at the Alder Hey Child and Adolescent Mental Health (CAMHS) Department of MDT meeting in October 2019.
<b>Action/Recommendation:</b>	
<ul style="list-style-type: none"> <li>• Recommendation to include a separate line within care plans and risk assessments, to clearly state whether documents have been shared with patients and/or families.</li> <li>• Introduction of new merged document currently being piloted, to make information easier to locate, and more accessible to relevant members of staff.</li> <li>• Introduce a quality of life measure within the service.</li> <li>• No re-audit required.</li> </ul>	
Evaluation of the Rheumatology Multi Disciplinary Team (MDT) Clinic	The audit was presented at the Alder Hey Department of Rheumatology Meeting in September 2019.
<b>Action/Recommendation:</b>	
<ul style="list-style-type: none"> <li>• Rheumatology MDT clinic is to continue.</li> <li>• Overall, patients and families reported high levels of satisfaction with several aspects of the Rheumatology MDT Clinic.</li> <li>• Any re-audit will be at clinician discretion.</li> </ul>	

Retrospective Audit of Vitamin Levels of Cystic Fibrosis Patients Following Starting on New Fat Soluble Combined Vitamin	<p>The audit was presented at the Alder Hey Department of Dietetics Meeting in January 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Audit was to review before and after data of vitamin levels since changing to a new combined vitamin. This data showed that levels remained appropriate before and after the change so continued use of the combined vitamin will be standard practice.</li> <li>• Re-audit ideally after patients have been on vitamin for approximately two years to monitor levels over a longer period of time.</li> </ul>
Assessment of Compliance with British Orthopaedic Association Standards (BOAST) for Managing Displaced Supracondylar Fracture of the Humerus in Children	<p>The audit was presented at the Alder Hey Department of Trauma and Orthopaedics monthly meeting in October 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Specifying dates on operation notes for follow up that are within 4-10 days.</li> <li>• Wire removal to be within 3-4 weeks explicitly.</li> <li>• Re-audit in 12 months.</li> </ul>
Eye Clinic Questionnaire	<p>The audit was presented at the Alder Hey Department of Ophthalmology Meeting in January 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Overall the parents who completed the questionnaire were very satisfied with the service which we provide. We did not receive any negative responses with regards to our clinical care or staff professionalism.</li> <li>• Proposed changes to our days and times of clinical appointments.</li> <li>• Review possible weekend working.</li> <li>• Review offering after school appointments.</li> <li>• Promote our Community Clinic availability.</li> <li>• Re-audit in 12 months.</li> </ul>
Third Ventriculostomy in Posterior Fossa Tumour Patients	<p>The audit was presented at the Alder Hey Department of Neurosurgery MDT Meeting in September 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Data has also been submitted as an article to The Journal of Neurosurgery.</li> <li>• No re-audit was required.</li> </ul>

<p>Re-Audit of Management of Expressed Breast Milk</p>	<p>The audit was presented at the Alder Hey Clinical Quality Steering Group Meeting in October 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Increase audit frequency and conduct monthly spot checks in areas of non-compliance.</li> <li>• All matrons and ward managers updated on areas of non compliance with Breastfeeding Policy.</li> <li>• Attended infection control link nurse meeting to disseminate findings in December 2019.</li> <li>• Re-audit in three months.</li> </ul>
<p>Cardiac Theatre/Cather Log Book Quality Assurance Audit</p>	<p>The audit was presented at the Alder Hey Department of Cardiac Surgery monthly Quality Assurance and Quality Improvement Meeting in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• The Cardiac Audit Team will continue to monitor the quality of the log books and feed back to the Cardiac Theatre Manager more regularly.</li> <li>• The Cardiac Theatre Manager to investigate a more suitable theater ledger/digital improvement.</li> <li>• The Cardiac Theatre Manager and the Cardiac Data Manager to arrange medical lawyers visit for session on the importance of data protection, data governance and clinical negligence.</li> <li>• The Cardiac Theatre Manager will develop and enforce a departmental Standard Operating Procedure in recording Operating Room related data correctly.</li> <li>• Cardiac Theatre Manager will develop and enforce a new policy.</li> <li>• Re-audit in 12 months.</li> </ul>
<p>Local Audit to Look at Practice of Assessing Appropriate Reduction of Developmental Dysplasia of the Hip (DDH), Intra Operative versus Post Operative CT (Computed Tomography) Scans</p>	<p>The audit was presented at the Alder Hey Department of Trauma and Orthopaedics monthly meeting in November 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• To always use Intra-operative CT when performing DDH procedures that require confirmation of hip reduction.</li> <li>• Re-audit in 12 months.</li> </ul>
<p>Emergency Bleeps and Non-Urgent Bleeps to the Orthopaedic Team</p>	<p>The audit was presented at the Alder Hey Department of Trauma and Orthopaedics monthly meeting in October 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Initiate a Quality Improvement Project (QIP) to formalise departmental Senior House Officer (SHO) Standard Operating Procedure (SOP).</li> <li>• No re-audit required as the Quality Improvement Project will be initiated.</li> </ul>

Re-Audit of Medical Co-Morbidities Assessment in Children with ASD (Autism Spectrum Disorder)	The audit was presented at the Alder Hey Clinical Quality Steering Group Meeting in October 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Increase audit frequency and conduct monthly spot checks in areas of non-compliance.</li> <li>• All matrons and ward managers updated on areas of non compliance with Breastfeeding Policy.</li> <li>• Attended infection control link nurse meeting to disseminate findings in December 2019.</li> <li>• Re-audit in three months.</li> </ul>
Cardiac Theatre/Cather Log Book Quality Assurance Audit	The audit was presented at the Alder Hey Department of Developmental Paediatrics Audit Meeting in September 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• ADHD (Attention Deficit Disorder) assessment to commence where concerns raised at the time of Neurodevelopmental (ND) history initiation.</li> <li>• Re-audit in two years.</li> </ul>
Adoption Medicals	The audit was presented at the Alder Hey Safeguarding Department as KPI's (Key Performance Indicators) as part of the quarterly report for the Looked After Children (LAC) Service in October 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Dental health is to be examined and reported in more detail when completing assessments.</li> <li>• Clinicians will complete a more thorough examination and recording of a child's dental health. They will also provide advice to parents, carers and young people about how to achieve optimal dental health.</li> <li>• Re-audit in 12 months.</li> </ul>
Daily Clinic Reviews of Orthopaedic Inpatients	The audit was presented at the Alder Hey Department of Trauma and Orthopaedics monthly audit meeting in January 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Implementation of post-take ward round of new admissions by on call Consultant and day on call Senior House Officer (SHO).</li> <li>• Stress the importance of documentation.</li> <li>• Re-audit in three months.</li> </ul>
An Audit of the Suppressed Head Impulse Test (SHIMP) in Children	The audit was presented at the British Association of Audiovestibular Physicians National Audit Meeting in November 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Train relevant staff to perform and interpret the SHIMP test.</li> <li>• Re-audit in 18 months.</li> </ul>

Outcome of Probing and Syringe for Nasolacrimal Duct Obstruction in Children	The audit was presented at the Alder Hey Department of Ophthalmology Audit Meeting in January 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Syringe and probing may not be the most successful treatment in older children (&gt;3 years) therefore audit the success rate of alternate procedures for older children – i.e. intubation.</li> <li>• In older children, parents should be counselled for a lower success rate. Patient leaflets should reflect this.</li> <li>• Fluorescein retrieval post probing offers no benefit. Information should be disseminated to doctors carrying out the procedure.</li> <li>• Re-audit in two years.</li> </ul>
Cardiac Theatre/Cather Log Book Quality Assurance Audit	The audit was presented at the Alder Hey Department of Developmental Paediatrics Audit Meeting in September 2019.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• ADHD (Attention Deficit Disorder) assessment to commence where concerns raised at the time of Neurodevelopmental (ND) history initiation.</li> <li>• Re-audit in two years.</li> </ul>
Audit of Children Attending the Emergency Department with Ophthalmological Conditions	The audit was presented at the Alder Hey Department of Ophthalmology Audit Meeting in January 2020. Further presentation to the Alder Hey Emergency Department Audit Meeting in January 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Clarify the referral pathways from the Emergency Department. Make accessibility easier through the ability to contact Ophthalmology.</li> <li>• Explore the possibility of setting up a Nurse-led clinic within the Ophthalmology Department.</li> <li>• Update existing guidelines.</li> <li>• No re-audit was required.</li> </ul>
Radiology Referrals Audit: A Re-Audit	The audit was presented at the Alder Hey Department of Trauma and Orthopaedics monthly meeting in January 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Induction of new registrars will be informed regarding X-rays and new elective patients.</li> <li>• Compared to a previous audit we have significantly reduced the number of X-rays being ordered prior to clinical review.</li> <li>• As a department we have improved adherence to the IR(ME)R Ionising Radiation (Medical Exposure) Regulations.</li> <li>• No re-audit was required as this was a re-audit.</li> </ul>

Two Years Outcome of Percutaneous Endoscopic Gastrostomy (PEG) Insertion in Alder Hey Children's Hospital	<p>The audit was presented at the Alder Hey Department of Gastroenterology Audit Meeting in January 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Based on the fact that in our centre, PEG insertion is performed by a single operator technique and patients have a short inpatient stay, these results have shown that our approaches in PEG insertion are safe and also cost effective.</li> <li>• No re-audit was required.</li> </ul>
Orthopaedic Perioperative Antibiotic Prophylaxis: Closing the Loop	<p>The audit was presented at the Alder Hey Department of Trauma and Orthopaedics monthly meeting in January 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Operating surgeon to ensure estimated blood loss is documented in operation notes.</li> <li>• Documenting blood loss has become part of induction for new starters.</li> <li>• Re-audit in six months.</li> </ul>
Trauma and Orthopaedics Bleep Quality Improvement Project	<p>The audit was presented at the Alder Hey Department of Trauma and Orthopaedics Audit Meeting in June 2019.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Plan to implement changes on the Hospital system with online logging of ward jobs.</li> <li>• Re-audit in six months.</li> </ul>
Quality of Intra-oral Radiography at Alder Hey Children's Hospital	<p>The audit was presented at the Alder Hey Dental Department Meeting in January 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Radiographers theory teaching sessions were carried out by dental core trainees on types of images, justification, grading and technique in January 2020.</li> <li>• Radiographers held practical demonstration sessions and encouraging use of holder and collimator in February 2020.</li> <li>• Re-audit the March 2020 radiographs and carry out further interventions if required.</li> <li>• Re-audit in three months.</li> </ul>
To Evaluate the Effectiveness of Streamlining Post-Operative Patients for Dressing Care Between Alder Hey and Community Practice	<p>The audit was presented at the Alder Hey Plastic Surgery Department Clinical Governance Meeting in January 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• No changes are required at this time as the dressing clinic has seen a decrease in patient attendance during the winter months. The numbers attending the dressing clinic at the moment match the available slots.</li> <li>• No re-audit is required.</li> </ul>



Audit into Dog Bites Managed in the Emergency Department	The audit was presented at the Alder Hey Emergency Department Audit Meeting in February 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Recommendations involve improvement of the current dog bite proforma.</li> <li>• Increase awareness amongst Emergency Department staff of the dog bite proforma.</li> <li>• Re-audit in one year.</li> </ul>
Management of Expressed Breast Milk (EBM) Audit	The audit results were disseminated to all ward managers. in January and February 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Incident forms have been completed where appropriate and all ward managers have been notified of the areas of poor compliance.</li> <li>• Labelling issues will improve from April 2020 as the Bedside Medication Verifications (BMV) process for EBM will be launched.</li> <li>• Labels will be printed and so all information will be visible.</li> <li>• Re-audit in six months.</li> </ul>
Audit of Paediatric Major Trauma with Paediatric Intensive Care (PICU) Involvement	The audit was presented at the Alder Hey Emergency Department Audit Meeting in February 2020. Planned presentation to the PICU Consultant Group Meeting in 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Distribute key learning points to the Emergency Department Team.</li> <li>• Update learning points on 'basecamp' (Emergency Department group discussion board).</li> <li>• Produce small poster of learning points to display on Emergency Department training board.</li> <li>• A larger major trauma audit focussing on TARN (Trauma Audit Research Network) data would be beneficial.</li> </ul>
Review of the Use of the Mirena (Levonorgestrel Intra-uterine System) for Treatment of Adolescent Menstrual Dysfunction	The audit findings were presented at the British Society of Paediatric and Adolescent Gynaecology Annual Update Meeting in March 2020.
	<p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Continue to collect data.</li> <li>• Patient information leaflet to be created with information on success/risks based on adolescent data rather than extrapolated from adult data.</li> <li>• Re-audit in one year.</li> </ul>

DNA/CPR Audit (Do Not Attempt Cardiopulmonary Resuscitation)	The audit was presented at the Alder Hey Clinical Quality Steering Group (CQSG) Meeting in November 2019.
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• A separate Advance Care Plan (ACP) Audit should be carried out to review where individual ACPs are stored.</li> <li>• Meeting to discuss audit results with the Palliative Care Team arranged and carried out.</li> <li>• Meeting with the Information Technology Team arranged and carried out.</li> <li>• The long term plan would be the development of functionality within the Hospital system (Meditech) to be able to automatically flag to or alert clinicians when the resuscitation order is close to expiring or has expired.</li> <li>• Re-audit in one year.</li> </ul>
Evaluate Chronicity of Eosinophilic Esophagitis (EoE) and Need for Treatment Modifications in Children with EoE	The audit was presented at the Alder Hey Gastroenterology Departmental Multi Disciplinary Team Meeting in March 2020.
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• To complete PEER (Paediatric EoE Registry) registry with follow up endoscopy reports and continue enrolling new or follow up EoE patents.</li> <li>• Use Paediatric Eosinophilic Esophagitis Symptom Score (PEESS) 2.0.</li> <li>• Re-audit in one year.</li> </ul>
Controlled Drug Quarterly Audit	The audit was presented at the Alder Hey Pharmacy Department Audit Meeting in February 2020. Immediate post audit feedback was given to ward mangement and a compliance report presented to The Medicines Management Optimisation Committee (MMOC).
	<b>Action/Recommendation:</b>
	<ul style="list-style-type: none"> <li>• Ward managers to remind staff of the proper storage of controlled drugs.</li> <li>• Controlled drug stationery should only be kept in the controlled drug cupboard.</li> <li>• Areas that didn't have controlled drug disposal bins and gelling agents in use are to obtain them as a matter of urgency to achieve full compliance for this standard.</li> <li>• Submitted results to the Medicines Management Optimisation Committee to assess the recommendations in this 2019/2020 Controlled Drug Audit.</li> <li>• Re-audit in three months.</li> </ul>

<p>Adherence to NICE Guidance 69: Whether We Provide Intensive Family Based Intervention to All Our Young People</p>	<p>The audit was presented at the Alder Hey Eating Disorders Team Meeting in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• All staff to be trained to code their appointments in a more unified approach.</li> <li>• Staff training on FBT (Family Based Treatment) and AFP (Adolescent Focused Psychotherapy) has been organised (now postponed due to COVID-19 crisis).</li> <li>• Liaise with MediTech to adjust to include Emergency Department specific therapies.</li> <li>• Re-audit one year after staff training has taken place.</li> </ul>
<p>Audit of Myopic Patients Referred to Alder Hey Children’s Hospital Due to Failed School Screening</p>	<p>The audit was presented at the Mersey Ophthalmology Regional Audit Symposium in February 2020.</p> <p><b>Action/Recommendation:</b></p> <ul style="list-style-type: none"> <li>• This objective improvement was among one of the reasons for the approval of a business plan submitted in November 2019 to expand our workforce in 2020.</li> <li>• In 2020, we will reaudit the waiting times and see if we have improved on this.</li> <li>• Re-audit in 12 months.</li> </ul>

## 2.2.5 Participation in Clinical Research 2019-20

The number of patients receiving NHS services provided or subcontracted by Alder Hey Children’s NHS Foundation Trust (Alder Hey) in 2019/20 that were recruited to participate in NIHR Portfolio adopted clinical research was 8,267. 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 Trust’s 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. 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 eight NHS organisations, and

four higher education institutes 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 had a strong influence over this and the emergent strategy for child health. Following this LHP established a Single Point of Access for Research and Knowledge (SPARK) to promote further collaborative working between the NHS organisations and higher education institutions in the region and to develop a more efficient and streamlined process for setting up research. The aims of SPARK are to harmonise services that support and underpin research by providing a single point of contact for health related grant applications and associated costings and to deliver a streamlined approach to study set-up activity by supporting researchers and monitoring activity across the region.

## 01/04/2019 to 31/03/2020

	NIHR Studies	Number of Participants	Non-NIHR Studies	Number of Participants
SG1 (Oncology, Haematology, Palliative Care)	16	72	2	9
SG2 (Nephrology, Rheumatology, Gastro, Endocrinology, Dietetics)	13	126	2	27
SG3 (Respiratory, Infectious Diseases, Allergy, Immunology, Metabolic Diseases)	13	7652	3	78
SG4 (A&E, Gen Paeds, Diabetes, Dermatology, CFS/ME)	2	42	0	0
SG5 (CAMHS Tier 3 & 4, Psychological Services & Dewi Jones)	0	0	0	0
SG6 (Comm. Child Health, Safeguarding, Social Work Dept., Comm Clinics, Neurodisability Education, Fostering, Adoption, Audiology)	0	0	0	0
SG7 (PICU, HDU, Burns)	1	4	0	0
SG8 (Theatres, Daycase Unit, Anaesthetics Pain Control)	0	0	0	0
SG9 (Gen Surgery, Urology, Gynae, Neonatal)	2	2	0	0
SG10 (Cardiology, Cardiac Surgery)	0	0	0	0
SG11 (Orthopaedics, Plastics)	3	23	1	5
SG12 (Neurology, Neurosurgery, Craniofacial, LTV)	9	189	2	58
SG13 (Specialist Surgery, ENT, CL&P, Ophthalmology, Maxillofacial, Dentistry, Orthodontics)	3	47	1	7
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	0	0	1	39
CNRU	0	0	0	0
Non-Classified	9	110	3	175
<b>TOTAL</b>	<b>71</b>	<b>8267</b>	<b>15</b>	<b>398</b>

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 is led and managed by a dedicated team who form the Clinical Research Division (CRD). The CRD employs 32 research nurses, supports approximately 225 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 ten 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 86 open, non-commercial NIHR portfolio adopted clinical research studies, 27 commercial trials and 15 non-portfolio studies during 2019/20, 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.

The Quality Account deals with research activity during the 2019/20 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.

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 been awarded a five year contract to expand early phase and experimental research through to 2022.



There were over 350 members of clinical staff participating in research approved by a research ethics committee at Alder Hey during 2019/20. 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. More recently, and due to its successes, the Trust has received a further three years funding to support an accelerated research approach into Cystic Fibrosis. Both of these initiatives are up and running. Moreover, through the Clinical Research Facility and its dedicated Commercial Partnerships Manager, the Clinical Research Division has established several new global partnerships to increase opportunities for commercial patients at Alder Hey. 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. Research and innovation activities at Alder Hey have increasingly aligned over the period including the development of an evaluation framework for innovation priorities and participation in Innovation and Artificial Intelligence (AI) related governance.

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

A proportion of Alder Hey’s income in 2019-20 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 2019-20, these commissioning bodies were Liverpool CCG and North West CCG consortium for non-specialist services and NHS England for specialist services.

For 2019-20 the baseline value of CQUIN was £1.7million which was approximately 0.8% 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 2019-20, Alder Hey received 97.1% contract CQUIN money; with the amount withheld reflective of antimicrobial resistance – antibiotic prophylaxis in colorectal surgery (CCG target) scheme failure.

## 2.2.7 Statements From the Care Quality Commission (CQC)

Alder Hey is required to register with the Care Quality Commission and its current registration is in place for the following regulated activities: diagnostic and screening procedures, surgical procedures, treatment of disease, disorder or injury, and assessment or medical treatment for persons detained under the 1983 Mental Health Act. Alder Hey remains registered without conditions.

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

The Care Quality Commission did not take any enforcement action against Alder Hey during 2019/20.

Alder Hey received an unannounced inspection of seven core services in January 2020: Urgent and Emergency Services, Surgery, Outpatients, Neonatal Services, Specialist Community Mental Health Services, Inpatient Mental Health Services and End of Life Care. A further inspection was held during February 2020 which focussed on the ‘Well led’ domain of the CQC’s fundamental standards. Following the inspection the Trust continues to be rated as ‘Good’ overall.

CQC made a number of recommendations for improvement following the inspection and the Trust is taking action to respond to these.

## 2.2.8 Data Quality

Alder Hey submitted records during 2019-20 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/Practice Code was:**

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



### **Alder Hey 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, weekly and monthly to ensure data is monitored and corrected where necessary.
- New reports will be 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 need to be investigated and remedial action agreed.
- We are looking at integrating all reports from Information to improve the process and quality as well as reviewing the DQ reports we run.
- 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.
- The Data Quality Policy has been reviewed and updated to include escalation process for “repeat offenders” who continue to make mistakes when recording data. User access will be withdrawn if deemed necessary.
- Workshops and refresher training sessions continue to be arranged to ensure staff are fully aware of the importance of data quality and the integrity of the data is accurate at source.
- Fulfil a schedule of regular data audits, reporting findings to relevant managers and monthly Data Quality Committee.
- Finally a review of the Trust's data quality framework will form part of a broader internal refresh of quality, resource and governance, to consolidate best practice.

## 2.2.9 Information Governance (IG) Toolkit Attainment Levels\*

*\*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.*

Alder Hey's Data Security and Protection Toolkit (DSPT) submitted for 2019/20 based on the 10 National Data Guardian Standards have been published and we have provided all of the mandatory evidence items, with a Mersey Internal Audit Agency sample review of our Toolkit evidence with a 'Substantial' rated level of assurance.

However, because we have not reached a minimum of 95% of staff completing their annual Data Security Awareness Training (the latest figures in September 2020 were 80%), we are not DSPT compliant overall. Organisation compliance is published by NHS Digital. Alder Hey Children's NHS Foundation Trust

shows as: Standards Not Fully Met (Plan Agreed).

## 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 5.5%
- Secondary Diagnoses Incorrect 15.0%
- Primary Procedures Incorrect 4.5%
- Secondary Procedures Incorrect 7.0%

**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 2019 to 31st March 2020, 67 inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:**

- 10 in the first quarter;
- 16 in the second quarter;
- 18 in the third quarter;
- 23 in the fourth quarter.

By 1st April 2020, 34 case record reviews and three investigations have been carried out in relation to the 67 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 three 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:**

- 10 in the first quarter;
- 14 in the second quarter;

- 10 in the third quarter;
- 0 in the fourth quarter. (due to be completed in the early part of 2020-21)

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 4-6 months. There are occasions when the hospital reviews are delayed whilst awaiting completion of a 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:**

- Ongoing improvements towards single service neonatal surgical care with LWH.
- Following difficult discussions, a written summary (or other appropriate format) to be shared with the parents.
- Increased frequency of unrealistic expectations and increasing mistrust of clinicians.
- Important to have one named Consultant with the overall coordination and communication of the child's/young adult's care whilst in Alder Hey.
- The ability to justify the intensity of the care we provide i.e not to escalate without careful consideration that it is in the patient's best interest.
- End of life care plans for all appropriate patients to ensure the patient's and family's concerns are addressed in a considered and timely way ensuring that care provided is what is wanted and appropriate.
- PICU discussion regarding low threshold for imaging post inhalation injury.



- Develop guidelines for management of carbon monoxide inhalation.
- Accepting team to ensure all specialty teams aware of the patient's arrival and therefore all preparation can be done prior to arrival preventing delays in treatment.
- Easily accessible immunization status to aid treatment when present acutely.
- Labelling and processing of correct samples is vitally important to prevent delays and need to repeat samples, hence the changes with double checking samples that has been introduced.
- Written discharge summaries should be readily available –this are always completed in PICU in a timely manner but at times other teams in the Trust are less efficient.
- It is vital to document every review or patient contact that any member of the team has and if concerns are raised and clinicians asked to review they must examine the child.
- Is having pacing wires an absolute contraindication to MRI or is any other investigation possible?
- Education re co-sleeping and the risks associated with it.
- Consideration of length of ECMO run with regular multi-disciplinary meetings.
- Issues contacting ECMO Team when decision made to start it and it is time critical.

Work is on-going between Alder Hey and Liverpool Womens 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.

Ongoing discussions with Radiology as to safe imaging options with pacing wires in situ.

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.

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.

29 case record reviews were completed after 1st April 2019 which related to deaths which took place before the start of the reporting period.

1 (representing 3.4%) 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. This case was a child who was admitted with Bronchiolitis and collapsed during the admission after a number of days. There were no indications for Sepsis and it was considered but not felt likely. A 72 hour review and an RCA were held and learning points raised. Some of these included update of Bronchiolitis pathway; if concerns are raised doctor should examine the child even if settled (asleep) on arrival, highlighting risk factors on PEWS and how many admissions should highlight the consideration of immunocompromise. The new electronic Bronchiolitis pathway has been instituted with consistency across the Trust.

In addition, as highlighted in last year's report, one of the cases from 2018 received an external review but there were still issues that were not clarified. Therefore the Medical Director decided another external review was indicated with a different reviewer. This case 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) which is made up of multidisciplinary professionals from a range of specialties across the Trust.

1 (representing 1.8%) of the patient deaths during the period 1st April 2018 to the 31st March 2019 are judged to be more likely than not to have been due to problems in the care provided to the patient. This case was only reviewed this year and is discussed above and the learning demonstrated.

*Addendum – the Learning From Deaths Report represents the situation as at the 1st April 2020, to maintain consistency with previous years reporting. Due to the late reporting of the Quality Account this year, some of the deaths towards the end of 2019-20 have now been reviewed and these will be reported in next year's Quality Account.*

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

Work continues within the Trust to ensure staff are aware that they are safe to raise concerns, that they will be listened too and that their concerns will be acted upon. Staff raising concerns remain in contact with the FTSU Team; this is to ensure that they have support during this period and that they can escalate any concerns about how they may have experienced poor behaviours as a result of discussing those concerns with the FTSU Team.

We have recently moved from a single FTSU database, to using Ulysses as a platform for staff to raise concerns. There was significant work to develop this, with the primary focus being that staff reporting using this route can feel confident that their concern is viewed only by the FTSU Guardian and champions, i.e. on a 'closed' system. With a move to this system, we will see increased governance around the reporting of concerns through the FTSU route, which will ensure that amongst other things, that there is timeliness in feedback to the reporter and learning is captured. It will also enable the FTSU Team to follow up on the member of staff, for a period following the initial raising of the concern, to ensure that they have not suffered any detriment.

With the advent of the FTSU Index, which is linked to the NHS Staff Survey, we are looking to include the four questions, used to calculate the index, in the quarterly Staff Survey, as a way to inform any

proposed changes and to ensure we are sighted on our culture of raising concerns.

Another area of development has been the alignment of all concerns raised throughout the Trust. This is currently being developed, so that we can gain further assurance that we are sighted on 'whats really going on'. This information will help determine where any 'hot spots' may be so that a focused support programme can be implemented.

The development of the SALS (Staff Advice and Liaison Service) has further supported the alignment of concerns, with the principle of 'One Door'. This service offers a safe and confidential space where staff will be listened to, staff will be worked with to understand the issue, identify what is needed, signposted to appropriate help and/or offer direct support including: advice and guidance, consultation (individual and team/service issues), support following traumatic incidents, team interventions and advice and support around raising concerns.

To continue to move to a culture of openness, the organisation is reviewing its Bullying and Harrassment Policy with the view to replace this with the Respect At Work Policy. One of the main principles of this Policy is to encourage staff to raise concerns early on and to foster an open and transparent approach to dealing with some of the issues raised. It is to focus on workplace culture and deal effectively with disrespectful behaviour whenever it arises, which would have the potential



to see a reduction in the instances of bullying and harassment.

## 2.2.13 Seven Day Hospital Services

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

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

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

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**Targets:** Four core national standards:

1. Std 2 - Time to first Consultant review < 14 hours
2. Std 5 – 7 day access to diagnostics
3. Std 6 – 24 hour access to consultant directed interventions
4. Std 8 - Ongoing review by Consultant for high dependency patients. Twice daily or daily according to critical care standards

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### Self assessment 2019-20

1. Std 2 – not compliant
  2. Std 5 – fully compliant
  3. Std 6 – fully compliant
  4. Std 8 – compliant for twice daily review, not compliant for once daily review
- 

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 completed June and November 2019 and presented to the Trust Clinical Quality Assurance Committee (CQAC) for Board assurance.

## 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 67% during weekdays and 50% at weekend when audited in June 2019. Achieved 68% during weekdays and 66.5% at weekend when audited in November 2019.

- **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 when audited June and November 2019

- **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 when audited June and November 2019

- **Standard 8:** Ongoing daily Consultant-

directed review - Assessment based on Consultant job plans to deliver 7 day services, robust MDT and escalation protocols, local audits and reference to wider metrics.

**Trust self assessment:** Twice daily standard: Fully compliant (100% compliant) when audited June and November 2019.

Once daily standard: Not fully compliant (67% compliant overall - 77% during week days and 57% at weekend when audited November 2019)

## Progress and Commentary

- We have submitted two self-assessments since

the last report in June and November 2019, but at the onset of the COVID-19 Pandemic, NHSE/I took the decision to suspend 7-day Services submissions for the foreseeable future.

- During the peak of COVID-19 our service delivery model changed across all of our specialty teams with far greater consultant presence, including at weekends and evenings. Had we undergone self-assessment at this time, we would have been far closer to compliance with both Standards 2 and 8. Services have moved more towards our usual models, some newer approaches have sustained.
- Our ‘Future Models of Care Programme’ was

suspended during COVID-19. However we had already made significant progress against many of our objectives.

- We have successfully established a team of high dependency paediatricians with three appointments now in post. We will focus on further recruitment to complete a team of five consultants over the next 12 months. Appointment of dedicated HDU specialists will support compliance with Standards 2 and 8.
- We have completed our 'Pathways and Thresholds Work Programme' to define admissions and referral criteria to medical specialties (including general paediatrics). Team responsibilities are better understood and it is clear to consultants, trainees, other clinical staff and to families, which Consultant is leading the patient's care, again supporting Standards 2 and 8.
- An Acute Care Team of experienced paediatric nurses and nurse practitioners has been fully recruited to (recruitment complete April 2020). As this team gains experience over the next six months, they will provide a rapid response in the event of an acute deterioration.
- The implementation and continual refinement of standard documentation in the electronic care record have supported better identification of need for Consultant review, as well as confirmation that Consultant review has taken place.

## Future Plans

We are now looking to embed many of the new ways of working that emerged through COVID-19, in particular some of the technologically assisted approaches to delivery of clinical care in an invigorated 'New Models of Care Programme'. This



will undoubtedly contribute to patient safety, and will support delivery of the mandated 7-day standards, as well as being in a position to make progress against all other 7-day standards.

## 2.2.14 Statement on Junior Doctor Rota Gaps

The specialty of paediatrics continues to face 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.

Alder Hey has worked very hard over the last 12 months to improve the junior doctor rotas, and in particular to maintain agreed out of hours staffing levels (evenings, overnight and weekends). Previous Health Education England recommendations that individual trainees on-call should not be required to respond to emergencies for both groups of patients (general and specialty patients) have been addressed, with additional recruitments to support the junior doctor rota as well as an agreed escalation policy for unexpected last minute gaps in rotas. These measures have minimised instances of less than optimal staffing, with only one such instance in 2020 (a further improvement on 2019).

The numbers of junior doctors placed at Alder Hey over the last year has remained fairly constant, with just sufficient to achieve reasonable and compliant rotas, but with significant risks over absence through maternity, sickness and out of training placements. As above, a very hands on approach to rota management, and the pro-active recruitment of additional doctors described below, has maintained our minimum junior doctor staffing for all but one shift this year.

Alder Hey is due its next Health Education England (HEE) assessment in October 2020 (this will be a virtual visit).

A major project has been ongoing within the Trust, led by the Chief Operations Officer and 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. Whilst the project has inevitably been put on pause during the COVID-19 crisis, there are a number of components which have been implemented since the last report.

The Trust has made significant progress in its development of an integrated solution to paediatric workforce concerns with the establishment of its Acute Care Team of experienced paediatric nurses and advanced nurse practitioners, providing a rapid response to acutely deteriorating patients. At the onset of COVID-19, the Trust also appointed 11 additional physician's associates (making 12 in total) to support the clinical teams in their safe delivery of care. We aim to recruit further physician's associates, creating a truly blended workforce alongside junior doctors, advanced nurse practitioners and the Acute Care Team.

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

- Recruitment of Trust employed doctors to tier 1 rota (junior medical rota).
- Recruitment of Trust employed doctors to tier 2 rota (middle grade medical rota).
- Escalation Policy refined and implemented with clearly defined actions, emphasis on joint decision making and escalation process for unexpected gaps in rota.
- Clear and enhanced absence reporting process implemented.
- A D3 rota tier (third middle grade doctor on duty) (08:00-16:00 weekend and 16:00 – 00:00 weekday) – this provides an additional third middle doctor for these hours.
- Acute Care Team recruited to (completed April 2020).

During the peak of the COVID-19 Pandemic (1st Wave), the junior doctor rota was modified significantly to include a standby shift for each day. This allowed any gaps through COVID-19 (such as sickness, shielding and maternity), to be redistributed successfully with no residual gaps on each shift. We are planning to maintain this standby shift, as well as extending the hours of the weekend daytime 'D3' shift to include evenings, providing greater resilience as we move into a likely extremely challenging winter.

The Out Of Hours Group meets monthly to monitor rota compliance, and to coordinate responses to anticipated rota gaps, ensuring consistent safe junior doctor staffing.

## 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 2019-20

### 3.1 Quality Performance

Over the past 12 months, Alder Hey Children's NHS Foundation Trust maintained a clear focus on establishing a culture of quality improvement across the whole organisation, as declared in our Inspiring Quality Strategy. Upon reviewing our initial plans, it became clear that to ensure full engagement and sustainability of the planned changes, we would need to deliver this in three distinct stages. The first stage would be to focus on creating capacity, mobilising people and communicating the change; the second stage would focus on implementing and embedding the change; and the third stage would be to continually review progress and evolve the change

over time, whilst involving and responding to the workforce and to children and families throughout the entire process.

This approach was encompassed into the overall Trust five year strategy, "Our Plan – 2019 to 2024". To support the first stage of the programme and create capacity to deliver a continuous improvement culture, we engaged highly reputable external partners in KPMG and the Point of Care Foundation. KPMG have supported us to undertake a detailed planning exercise across the Trust, involving staff at all levels, patients and families, and have agreed a roadmap as part of this programme to deliver operational excellence through a programme of

Building Brilliant Basics. The roll out of much of this work was scheduled towards the end of the year and has been delayed by the onset of COVID-19. However the Trust has remained active in numerous areas of quality improvement resulting in a truly outstanding year of excellence in many areas across the Trust, which culminated in the Trust again being rated as 'Good' overall and 'Outstanding' for caring following a comprehensive inspection of our services by the Care Quality Commission (CQC).

This section of the Quality Account provides some examples of the outstanding work and achievements and reflects the fantastic dedication and commitment of our staff, which was again reflected in the results of the annual Staff Survey producing the highest return rate we have ever seen at Alder Hey. 61.7% staff responded, an increase from 59.7% last year.

## 3.2 Key Priorities for Improving Quality 2019-20

The key quality priorities that we set out for 2019-20 are summarised in the table below. The following sections describe the progress made in these areas throughout the year.

### Priority 1 PATIENT EXPERIENCE – To Put Children First

#### Focus areas

- Doing everything with children and families

### Priority 2 SAFETY – To be the safest children's Trust in the NHS

#### Focus areas

- Communicating Safely

### Priority 3 EFFECTIVENESS – To achieve outstanding outcomes for children

#### Focus areas

- Transforming patient care through digital technology

### Priority 4 QUALITY CULTURE

#### Focus areas

- Build a culture of Inspiring Quality

## 3.2.1 Priority 1 - Patient Experience - To Put Children First

This section provides a focus on:

- Improving pathways with children and families
- Training staff in child and family centred care
- Implementing patient driven goal based outcomes

### 3.2.1.1 - Improving Pathways with Children and Families

During 2019-20, as part of the Inspiring Quality Strategy, we launched a Trust-wide programme entitled "Designing Pathways with Children, Young People and Families". This is being progressed by a designated Steering Group, which includes children, young people and their families as 'lived experience service users'. A Project Initiation Document setting out its aims was developed, and approved by the Trust Programme Board.

The main area of focus in 2019-20 has been on working with children and young people to develop a standardised approach to the review and redesign of pathways, with a systematic improvement methodology that includes children, young people and families and can be implemented across the organisation. Plans to roll this out towards the end of the year were delayed with the advent of COVID-19.

However, we are pleased to report that there have been numerous other improvement areas involving children and families, including the Alder Hey Youth Forum (The Forum) who have been extremely active

in improving pathways in many areas of the Trust (further information on the work of The Forum is presented in Section G).

#### **Areas of improvement work developed with children and families includes:**

- The design of a 'clinical pathway improvement toolkit', which will help to gather the views and opinions of patients on the redesign of pathways.
- Improvements in the ASD/ADHD pathway by working with the clinical team to develop a video for patients to view in advance of their appointment, giving a clear idea of who they will see and what to expect when they arrive.
- The Forum contributed to the development of our Digital Strategy - Digital Futures, to reflect how digital technology can be used to improve pathways across the Trust and overall patient experience.
- Redesigning the 'Alder Play App' and 'Ask Oli' chat bot making it more relevant to children and young people, providing information and advice in advance of attending the Hospital, as well as making Alder Hey an even more welcoming place and reducing anxieties, thereby improving the experience right across the clinical pathways.
- Recommending the use of multimedia including I-Pads and virtual reality headsets in Outpatients to improve patients opportunities for play and distraction and reduce their anxiety.
- The Forum also worked with our Fresh CAMHS Group and the multimedia charity 'Twin Vision' to develop a video addressing the stigma of having a mental illness and helping to improve mental health pathways.
- Supported the development of proposals to use virtual reality equipment to enhance patient experience of the Phlebotomy Service and establishment of community provision of paediatric phlebotomy.
- Utilising patient perceptions about back pain in Adolescent Idiopathic Scoliosis to support service improvement and education.
- Supported audit of patient education at discharge in children and young people with Asthma, resulting in Personalised Asthma Action Plans (PAAP) with written inhaler technique being given to Asthma patients at discharge. Also exploring identifying and training asthma link nurses on wards, and opportunities for utilising digital technology through patient administration system (Meditech).

- Patients and families reported high levels of satisfaction with the Rheumatology multidisciplinary clinic, providing reassurance that the clinic is effective and should remain a key part of the pathway for these patients.
- Parents reported satisfaction with the service provided by the Ophthalmology clinic, with no negative responses with regards to clinical care or staff professionalism. Suggested improvements include: changes to days and times of clinical appointments, explore possibility of weekend clinics, consider potential of offering after school appointments, promotion of the community clinic availability.
- KPMG attended the Youth Forum to explore their ideas and share proposals in respect of developing the quality improvement and safety culture of the organisation and the drive towards operational excellence.

The Trust remains committed to working alongside children and families and putting them at the heart of everything we do.

### **3.2.1.2 - Training Staff in Child and Family Centred Care**



The Trust has been engaged in a specific programme of child and family centred care known as the ImERSE (Improving Experience through Regular Shadowing Events) programme for a number of years.

ImERSE is a structured shadowing of care experience based on the principles of Patient and Family Centred Care (PFCC) and provides an opportunity to experience, for example, a day case admission from the viewpoint of the family.



The programme has been incorporated into the induction training of junior medical staff. The staff member will follow a child and family through their whole experience up to second stage recovery and will capture observations of the care provided, how the family related to this, and will develop insights into how things could be improved to make that child and family's experience better.

Previous experience at Alder Hey has shown that following feedback from the ImERSE programme there was



a clear opportunity to reduce the waiting time in the daycase department. With a few changes to process, the average time that patients spend in the day case unit reduced from 4 hrs 10 mins to 3 hrs 45 mins, with a significant reduction in the waiting time between pre-medication and being taken to theatre.

Another clear benefit of the ImERSE programme is the opportunity for the junior medical staff to develop an empathic approach to their delivery of care, prompting them to think about the experience from the child and family's perspective every time, in whatever specialty they are working.

In 2019-20, approximately 300 junior medical staff went through the ImERSE programme and we have now expanded the cohort of staff undertaking the ImERSE programme to include managers and leaders as part of the Strong Foundations Programme.

An additional 30 managers and leaders were trained in ImERSE through the Strong Foundations Leadership Programme, with a further 52 staff enrolled to take part when the COVID-19 pandemic subsides.

### Adopting a Patient Partnership Approach to Child and Family Centred Care

As part of a desire to gain a real understanding of the whole experience of children and families during their time at Alder Hey, John Grinnell our Finance Director, spent 12 months as a 'patient partner', shadowing one of our longer term, more



complex patients through outpatient visits and inpatient admissions.

This allowed John to have direct experience of the highs and lows experienced throughout their clinical pathway and it highlights how families see the complexities of the provider/care landscape from a different perspective than those working within it.

John was able to experience the local health economy through the eyes of the child and family and gain a deeper understanding of how senior leadership decisions play out on the ground.

John said "It was a real privilege to spend the last year connecting with Theo and his parents Steve and Fauve, hearing about their experiences, the things they said we did brilliantly and where we could improve. It's an experience I will never forget and I am so grateful that they let me spend time with them at such an anxious and vulnerable time. I'll never forget the experience and would recommend all leaders to make sure they take every chance they can to see our services through the lens of children, young people and their families."

Going forward, as part of the improvement programme, Point of Care Foundation will be working with the Trust to further drive and expand our child and family centred care approach.

### 3.2.1.3 - Implementing Patient Driven Goal Based Outcomes

Using a goal based outcomes (GBOs) tool is a means of collaborative goal setting for children and families at the beginning of their contact with health providers. Children feel encouraged to see their progress, they like to be asked their views on what they want, feel listened to and become an active participant in their treatment. This approach is already followed in Alder Hey for Physiotherapy, Mental Health and for Community Therapy. We wished to extend this approach more widely in Alder Hey.

On 19th July 2019, we were delighted to welcome Dr Duncan Law, Consultant Clinical Psychologist from University College London to present at a Grand Round. He told a large and enthusiastic audience about his 25 year experience of using goal based outcomes and described his published method.

In order to investigate whether this approach could be extended to physical health, members of the Inspiring Quality Team joined with clinical psychologists and two Alder Hey parents to design a collaborative study with the University of Liverpool: "Evaluation of the feasibility of implementing goals and goal based outcomes (GBOs) in physical health in a paediatric setting." We applied to the Hugh Greenwood Legacy Fund for a Clinical Fellow to conduct this research but unfortunately this application was unsuccessful although it received positive feedback.

Whilst awaiting further rounds of potential funding to be advertised, we were able to award some internal funding for specific quality improvement work to two general surgeons to incorporate goal based outcome research in their study on the outcomes of Hirschprung's Disease. The project aims to pilot the use of GBOs by creating a dedicated section within the Meditech consultation page for children with Hirschsprung's. This will prompt a discussion around GBOs for every outpatient consultation and the impact of this approach can be assessed.

Due to the current restrictions on research studies due to Covid 19, this project has currently been delayed.

### 3.2.2 Priority 2 - Safety - To be the Safest Children's Trust in the NHS

Patient safety remains a top priority for the Trust and we have continued to place specific focus on reducing incidents causing serious harm. This includes medication incidents, which we previously reduced by 75% as reported in last year's Quality Account, alongside a reduction in hospital acquired infections of over 45%. This was achieved between 2015 – 2018 as part of the Sign up to Safety initiative. Communicating Safely was highlighted at the Inspiring Quality Summit in 2018 by our parents and staff as being a key area of importance and has formed the basis of one of our key focus areas during 2019-20.

The plan to undertake safety culture assessments was paused whilst the five year strategic plan was revised and the newly branded Building Brilliant Basics Programme to deliver operational excellence was created in conjunction with KPMG. However in this section, we report on how we have supported our staff to communicate safely including providing

training in Human Factors, plus we provide an update on incident reporting and the number of incidents of preventable harm.

#### 3.2.2.1 - Training Staff in Communicating Safely

Communicating safely is a key message that came out of the Inspiring Quality Summit with staff and families in 2018-19. Hence this aspect was a key improvement priority for 2019-20.

In striving to deliver our ambition to be the safest children's Trust in the NHS, we recognise that safe, effective communication is crucial to improving patient safety. This 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.

The Trust embarked on a plan to develop an in-house Introduction to Human Factors Training Programme to improve our safety culture built upon openness and continual learning.

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**Aim:** To develop an in house Human Factors training programme and roll out to staff across the Trust.

---

**Targets:**

1. Train at least ten staff in-house to deliver Human Factors training.
  2. Develop an in house 'Introduction to Human Factors Programme'.
  3. Roll training out widely to staff across the Trust.
- 

**Outcomes**

1. Ten staff members attended Train the Trainer course in Human Factors.
  2. In house 'Introduction to Human Factors Programme' developed.
  3. 162 staff trained in Human Factors in-house.
-

## Outcomes

During 2019-20, ten staff completed a five-day Train the Trainer course in Human Factors.

As part of their training they developed an in house 'Introduction to Human Factors' programme, bespoke to Alder Hey. The course is designed to give staff a greater understanding of the many internal and external influences that can affect how people behave and perform, and to recognise that even in the best organisations there will always be errors, but being aware and open will help to prevent these from reaching the patient.

This course was delivered to 162 Alder Hey staff, prior to COVID-19 preventing the continuation of the planned training.

All course attendees were encouraged to return to their place of work and apply the principles of Human Factors, so that the safety culture is further spread across the organisation and staff feel much more able to speak out when things appear to be going wrong, and able to be open and honest when things do go wrong.

## Future Plans

The advent of COVID-19 has prevented the continuation of Human Factors training being delivered. However safe communication remains a strong focus of the organisation and forms a critical part of the Building Brilliant Basics Programme.

### 3.2.2.2 - Incident Reporting

The Trust recognises the importance and value of reporting incidents, whether they cause harm or not, in supporting the NHS to learn from errors and take actions for improvement; to keep patients, staff, and visitors safe.

The Trust continued to display a positive safety culture, evidenced by strong incident reporting. The Trust improved on its previous position in the top quartile; to become the 3rd highest reporting Trust when compared to other acute specialist trusts nationally. Additionally, the Trust maintained its position as the highest reporting paediatric Trust in terms of the number of incidents per 1000 bed days, in comparison to our peer organisations.

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**Aim:** To maintain a strong incident reporting culture; built upon openness and continuous learning for improvement.

---

## **Targets:**

1. Remain in the top percentile of acute specialist trusts, in terms of the number of incidents reported per 1000 bed days.
- 

## **Outcomes – 2019/20**

1. Alder Hey is the top reporting paediatric Trust of incidents per 1000 bed days and 3rd highest reporter amongst acute specialist trusts.
- 

## Incidents of Preventable Harm

In 2019/20, the Trust recorded 5,344 clinical incidents\*. This is the highest number of recorded incidents over the last seven years (as evidenced in the graph below) and is reflective of a strong safety culture in which staff feel safe to being open and reporting incidents.

Of these incidents, 1,002 were recorded as incidents of harm. These are broken down as follows:

- 983 minor non permanent harm
- 15 severe harm
- 2 major harm
- 2 catastrophic harm

\*data source – Alder Hey Corporate Report

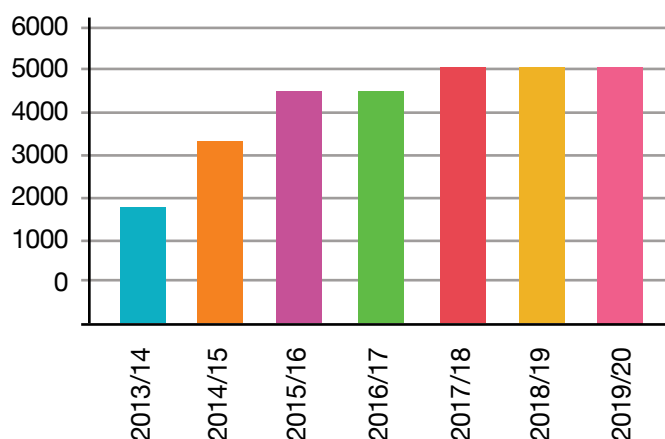
The Trust will focus on reducing incidents that cause preventable harm next year, and will pay particular attention to reduction in the number of pressure ulcers and never events.

Progress against reduction in medication related incidents and against reduction of pressure ulcers during 2019-20 is provided in Sections A and D respectively.

## Improvements

- Improved MDT engagement in the Trustwide Patient Safety Meeting; with increased representation from medical staff and AHPs.
- Reduction in medication errors resulting in harm in 2019/20 by 0.7%.
- Implemented a combined RCA and Human Factors multi-disciplinary training programme; with 162 staff trained in incident investigations and Human Factors.

- Continuous improvements made in the treatment of the deteriorating patient with the implementation of the Acute Care Team (providing 24/7 cover across the Trust) and the DETECT Vitals Software; resulting in an approximate 33% reduction in unnecessary admissions to the Critical Care Unit.
- Ulysses Task and Finish Group set up in November 2019 with an MDT approach, to streamline the incident reporting module and make system improvements for frontline staff; to make the system easier in its use and further promote incident reporting across the Trust.
- Learning from incidents and incident investigations continues to be evidenced via safety alerts, departmental huddles, divisional investigation logs and action plans for improvement and Trust-wide service improvements.
- Incident and Risk Management Training delivered across the Trust available for all staff to access, to support the delivery of the governance agenda.



Graph shows sustained increase in incident reporting – data source Alder Hey Corporate Report.

### Future Plans

- The Trust is aware that the national Serious Incident Framework is under review which will lead to new guidance and local changes to practice that will need to be adopted over the coming year.
- Given the above, to review the Trust’s approach to patient safety incident investigations in collaboration with frontline staff, recognising the need to learn from incidents and the various mechanisms in which to do so thus enabling a richer outcome for patients, families and staff involved.
- Adopt the NHS Patient Safety Strategy (2019).
- Reduce numbers of pressure ulcers and never events

## Zero Preventable Deaths in Hospital

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.

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**Aim:** To eliminate preventable deaths from Alder Hey.

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### **Targets:**

1. Zero preventable in-hospital deaths during 2019-20.
- 

### **Outcomes:**

1. Achieved zero preventable in-hospital deaths during 2019-20.
- 

(Source: Output from review of inpatients deaths by Hospital Mortality Review Group.)

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

## 3.2.2.3 – Never Events

### Background

Never Events are wholly avoidable serious incidents that cause or have the potential to cause significant harm to patients. NHS England has published a defined list of Never Events which includes incidents such as wrong site surgery, wrong route of administration of medication, and retained foreign object post procedure. The Trust is fully committed to NHS England’s national ‘Never Events Policy and Framework’ and will always report such events in a timely manner with a view to being open. All Never Events are thoroughly investigated via root cause analysis and we will always seek every opportunity to investigate and learn from incidents and make appropriate changes to prevent recurrence.

## Current position

During 2019-20, Alder Hey reported four Never Events, resulting in a total of seven events over a two year period.

Each of these Never Events has been reported through the National Reporting and Learning System (NRLS) and to CQC and has been thoroughly investigated with the actions from each of the events being collated into a single action plan, which has been shared with NHS England and with our local clinical commissioning groups. Significant progress has been made against the actions and there has been regularly discussion with commissioners to keep them informed and seek their support where necessary.

Never Event	Total No of Actions	Actions Completed	Actions in Progress
1	18	16	2
2	8	8	0
3	6	5	1
4	7	7	0
5	5	4	1
6	7	6	1
7	10	8	2

## Improvements

- Medical Director commissioned an external review of safety in theatres at the Trust (outcome pending).
- Piloting team scheduling in Orthopaedic Services.
- Human Factors training for all staff in Surgical Division is underway with plans to roll out across other divisions.
- Implemented 'hot debrief' following any reported incidents.
- Improved management of external documentation.
- Improved scanning turnaround times.
- Additional Meditech (electronic patient record - EPR) training provided.
- Engaged IM&T Team to review the electronic system

of scanning referrals.

- Incorporated a number of further IM&T improvements into the planned upgrade of the EPR system to Meditech Expanse.
- Additional audits put in place to ensure information transcribed onto the electronic system is accurate.
- Relaunch of NatSSIPS guidelines and mandatory training.
- Review and update a number of SOPs across theatres.
- Continue to implement clinical simulation sessions.
- Established regular dialogue with commissioners to discuss progress against action plan.

## 3.2.3 Priority 3 - Effectiveness - To Achieve Outstanding Outcomes for Children

### Digital Futures



During 2019-20 the Trust launched its new Digital Strategy – **Digital Futures** – which sets out our clear aim of putting Outstanding Digital Excellence at our core. This means that everything we do is aided by high quality delivery of digital technology. The new digital world is a fantastic opportunity to enhance the individual experience of everyone who comes into contact with us, from their first contact to their last, including children, their families and carers, and staff. By making outstanding digital excellence a reality at Alder Hey, we will bring improved processes, streamlined procedures and quicker innovation to help make the changes we know are needed for children, young people and families.

In this section we report on progress with our plans to digitise clinical pathways, plus the work of the Innovation Team in using artificial intelligence to enhance the Alder Play App and the Alder Hey chat bot – ‘Ask Oli’. We also report on the development of the Clinical Intelligence Portal which provides local clinical information at a specialty level at the touch of a button, to support clinical understanding of outcomes, risks, trends and many other data. Finally we report on the incredible benefits seen from 3D printed models to support challenging surgical cases.

### 3.2.3.1 - Evidence Based Digital Pathways




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

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**Targets:**

1. To have supported 52 specialty teams with the development of digitised specialty packages pathways by November 2019.
  2. To implement electronic standard documents across Inpatients and Outpatients.
  3. To implement ‘Share2Care’ to support system wide access to electronic patient records.
- 

**Outcomes:**

1. Digitised specialty packages have been developed and implemented for 48 specialty teams.
  2. Standard documents implemented across all inpatient areas by 1st October 2019.
  3. Access to ‘Share2Care’ implemented for all clinical staff.
- 

As part of the Global Digital Exemplar (GDE) project, Alder Hey has been supporting its clinical specialties to adopt a paper free/paper light environment wherever possible, by developing and implementing digital clinical pathways that match the requirements of the patients and the associated working processes. This includes the development of specialty packages and standard documents which provide bespoke screens to capture clinical

information in a standardised way and support consistent clinical assessments and care, plus easy access to clinical information.

This is a wide ranging project across the organisation, including inpatient, outpatient and community based care, spanning the whole patient pathway.

The digital approach to clinical care has also extended across the North West Coast with the advent of ‘Share2Care’, which provides opportunities to access health and social care records, including live GP records. This offers a fundamental tool for the delivery of safe, timely and effective care.

**Improvements:**

- Digital pathways have helped to standardise clinical assessments and clinical care across 48 specialties.
- ‘Standard Documents’ has allowed the removal of all paper continuation sheets from inpatient areas.
- ‘Standard Documents’ reduce the number of incidents related to having a mixture of paper and electronic records.
- Reduced paper records has reduced the burden on the scanning department.
- Access to ‘Share2Care’ for Alder Hey clinical, patient facing staff has provided easy and rapid access to clinical information to help support decision making.
- Using ‘Share2Care’ records also contributes to the Shared Care Record for health and social care across the North West Coast.
- Implementation of Voice Recognition has helped to smooth the process of recording clinical information.

**Future Plans:**

- The adoption of ‘Attend Anywhere’ software for remote video clinics.
- Upgrade electronic patient record platform to Meditech Expanse.
- Strive to achieve HIMSS (Healthcare Information and Management Systems Society) level 6 status. There are only six hospitals in the UK that have achieved level 6 status.
- Planned introduction of an ePROMS (patient reported outcome measures) tool so that clinical teams can gather data about patients symptoms remotely.

## 3.2.3.2 - Digital Innovation and Artificial Intelligence

### AlderPlay App

Alder Hey's patient experience platform includes virtual tours, augmented reality characters, patient stories, gaming and virtual stickers to help familiarise, distract and reward children and their families visiting the hospital.

It is deployed and in use in the Hospital and our Innovation Team are engaged in training staff and rolling it out across departments, building user engagement and feedback. Working with staff, patients and their families ensures the AlderPlay platform continues to develop and meet all the real world needs, supporting the patient's entire journey through our hospital.

### Chat Bot – Artificial Intelligence

Following the launch of 'Ask Oli' our artificial intelligent chat bot that learns as he goes, we have continued to grow the knowledge bank to provide more and more accurate and helpful answers to questions posed by children, their families, and our own staff.

In the early stages the databank of answers is not fully stocked, however every question is 'banked' and automatically analysed and categorised, so that the computer learns the answer and is ready for the next time a similar question is asked. This is state of the art AI and the more questions that are asked, the more the chat bot learns and is able to help

Following discussions with our children and young people, the 'Ask Oli' chat bot has now been rebranded as ARTI, making it more relevant to children and young people. Children, families and staff can continue to pose questions to which they can quickly get the answer from ARTI. This reduces children's and family's anxiety about asking 'simple' questions and avoids the barriers of having to 'find the right person to ask'.

Also following feedback, a chat window was launched as part of the Alder Hey website to increase user engagement.

Between April 2019 and March 2020, there were 6,758 questions logged between the website and AlderPlay. Many of the questions related to checking and changing appointments, blood tests, how to change personal details, directions to and around the hospital, parking, and contacting different services.

Further development work is in progress including developing modules around clinical specialties, Fracture Clinic and neuromuscular clinics being two particular areas. These are currently in test and it is hoped to be released in 2020-21.

### Video Consultations and Digital Streaming

The unexpected arrival of COVID-19 towards the end of the year has driven the rapid development of technology that supports remote virtual consultations and enables virtual ward rounds to be held through a streaming platform, as well as supporting virtual visiting for families separated from their children.

Video consultations will become part of the 'new normal' as our healthcare provision continues to improve through greater use of digital technology.

## 3.2.3.3 - Clinical Intelligence Portal

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**Aim:** To access meaningful information and data that can be used to drive improvement.

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**Targets:**

1. To combine the two current electronic data access points and create a single Clinical Intelligence Portal.
  2. To increase the number of users of the clinical intelligence portal from 25 to 50 (100%).
- 

**Outcomes:**

1. New combined single point of access. Clinical Intelligence Portal created.
  2. Number of users increased from average of 25 per month to 55 per month.
- 

While the existing Clinical Information Portal has been useful in delivering data to many specialties, take up and usage has been patchy. The aim of the Clinical Intelligence Portal has always been to deliver clinical reports along with other quality and best practice information to clinicians. Although successful at delivering clinical reports, delivering quality and

best practice information has been limited because such information is not held in a central or consistent machine accessible format.

The planned development of the Trust's Infofox database provided a great opportunity to combine the two portals into a single Clinical Intelligence Portal that provides a user-friendly single point of access to meaningful information and data, that will enable clinical staff to assess performance and drive improvements in patient care.

### Improvements

The combined Clinical Intelligence Portal was successfully achieved, creating a new portal that is simple to navigate, with clear sections for divisions and specialties. It has been built with input from clinical teams so that the data provided is that requested by the teams and is presented in a format which enables them to understand their patient pathways, find the latest clinical guidelines and assist them in improving patient outcomes.

Currently specific reports are set up for 25 specialties, with the potential to develop reports for a further 23 specialties.

Additionally, the number of distinct staff now accessing the clinical intelligence reports has increased from an average of 25 per month to 55 per month.

### Future Plans

Continue to work with clinical teams to redevelop existing content and increase the number of users available.

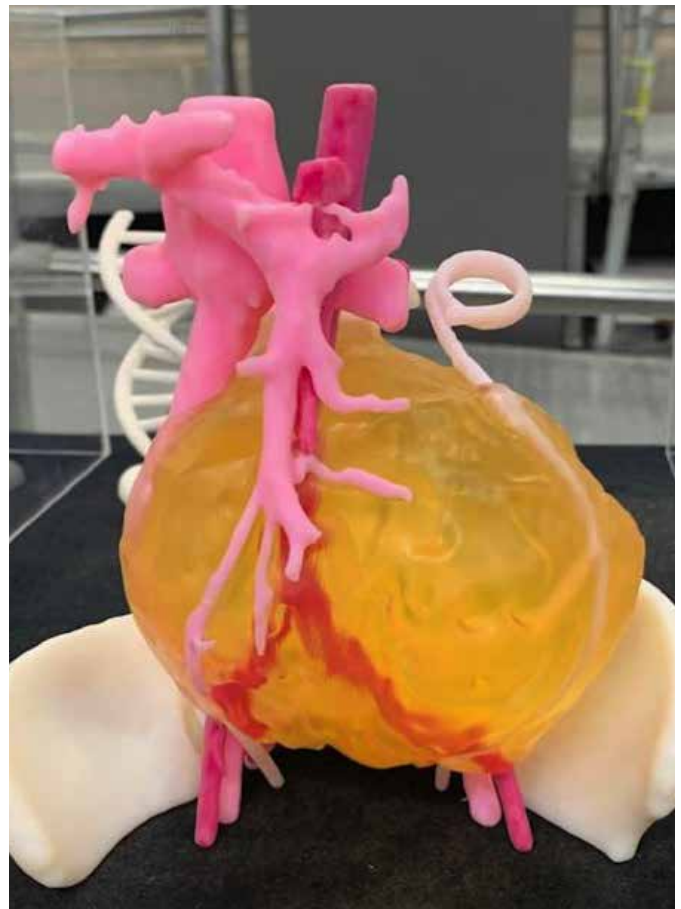
### 3D Printed Models Supporting Challenging Surgical Cases

An incredible development in digital innovation is the ability to print a 3-dimensional model to scale, of organs and tumours, in the minutest of detail to give our surgeons a 'real' model that they can handle and examine in advance of undertaking extremely challenging surgery. A number of cases have now been successfully undertaken at Alder Hey which, without the 3-D model, would have been too risky to go ahead, or would have been highly unlikely to have been successful.

One of the cases was headlined on BBC national news, where a tumour had wrapped around the spine of a little girl, who would have undoubtedly died but for the amazing skills of the surgeon who agrees the operation would not have been possible without the pre-information gained from the 3-D model.

These are undoubtedly life saving developments, for which the Trust and our patients and families are extremely grateful.

Surgeon, Ms Minford, said *"Being able to see the tumour and related anatomy printed in 3-D was amazing. We were able to have a much richer MDT discussion about what would amount to a successful operation, and a much more informed conversation with parents. They 100% understood the challenges we were facing and we made a joint decision with them to go ahead with surgery despite the risks. We used the model to brief the theatre team on the day, and because everyone knew exactly what we were up against, the focus of the team was immense. In tumour cases where resectability is borderline, we will always get a 3-D print to better understand and explain the risks of surgery."*





## 3.2.4 Priority 4 - Quality Culture

Building a culture of Inspiring Quality is a long term aspiration and requires careful planning to ensure Trust-wide coverage and sustainability with a highly motivated workforce. During 2019-20 the Trust Board agreed that external expertise would be needed to help us to deliver this programme and we engaged key partners in KPMG and Point of Care Foundation to work with us to support the drive to deliver operational excellence. The primary focus throughout the year was on building the foundations of this relationship with our key partners and agreeing the deliverables. This has now been rebranded into a programme we are terming “Building Brilliant Basics”, as it will support the acceleration of that element of our plan.

A detailed ‘Readiness Assessment’ was undertaken with KPMG to provide a baseline of our current level of maturity against key organisational attributes and to determine our position against a number of critical success factors in the knowledge that this will be a long term multi-year journey.

After agreeing the initial priorities with our partners and Trust Board, the roll out of this work was delayed with the advent of COVID-19. However there was significant progress made in our pursuit of continuous improvement in many other areas. Some examples of how we have continued to lay the foundations of a culture of Inspiring Quality are provided below.

Work will continue with our partners in 2020-21 (COVID-19 permitting) with a strong focus on delivering operational excellence through the Building Brilliant Basics Programme and engaging the workforce further in Inspiring Quality.

### 3.2.4.1 - Strong Foundations Programme

As part of our ambition to provide world class care to children and young people, we recognise the importance of ensuring we have a strong, high quality and motivated workforce that are proud to work at Alder Hey. Researched evidence shows that when staff are happy with their employer, they will demonstrate high levels of engagement – which is conducive to improved and increased performance and organisational sustainability.

Excellent leadership is a key element of ensuring this high level of engagement and a sustainable leadership culture is a necessary condition for delivering safe, integrated and compassionate care.

During 2019-20 the Trust developed an in house three day leadership programme, ‘Strong Foundations’, for all current and aspiring clinical and non-clinical leaders and managers across the organisation with the aim of developing, sustaining and supporting all staff in those positions.

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#### Aims:

- To create an in-house leadership training programme.
- To deliver the programme to leaders and managers across the organisation.

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#### Targets:

1. A three day ‘Strong Foundations’ programme developed and started to roll out.
2. The course includes two ‘action learning sets’.
3. 30 leaders/managers have completed the course.
4. A further 52 staff commenced the course during the year.
5. Over 200 staff are booked onto future cohorts scheduled to take place during 2020-21 (COVID-19 permitting).

---

**Day 1 - Leading Me:** A focus on self-awareness, self-management and resilience and understanding difference and diversity.

**Day 2 - Leading Others:** Training in building trust and psychological safety, giving and receiving feedback, and improvement and quality.




**Day 3 - Developing Others:** Focus on coaching. New learning and new connections will be supported and sustained through attendance at action learning sets in between the formal training days.


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

### Outcomes

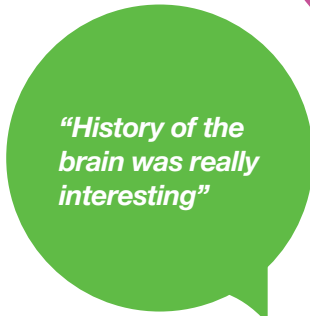
- A three day 'Strong Foundations' leadership programme was developed and launched during 2019-20.
- The course consists of three full days training plus two 'action learning sets'.
- 30 leaders/managers have completed the training.
- A further 52 staff commenced the course during 2019-20 (completion of these cohorts was delayed due to COVID-19).
- Positive feedback from initial cohorts reflecting the value of the training from individuals.
- Over 200 staff are booked onto future cohorts scheduled to take place during 2020-21 (COVID-19 permitting).



*"I thoroughly enjoyed all aspects of it"*



*"Great to have the opportunity to reflect on my own leadership and self analysis"*



*"History of the brain was really interesting"*

### Future Plans

Continue to roll out Strong Foundations leadership training to all current and aspiring leaders/managers across the organisation.

### 3.2.4.2 - Inspiring Quality Capacity Building

Whilst a specific Inspiring Quality training programme was not developed during the year due to the wider strategic plan and engagement of KPMG and Point of Care Foundation as described above, a great deal of work was done to support Quality Improvement work across the organisation.

The Inspiring Quality Hub was established providing a highly visible place for staff with improvement ideas or queries about Inspiring Quality (IQ) to contact for information, advice and support.

The IQ team has grown to 14 members providing a wide range of expertise in Quality Improvement and Programme Management. The Team has supported numerous projects around the organisation, sharing their expertise and providing individual bespoke training where necessary. Some examples of the projects are provided below and many of these are reported in further detail throughout this document:

- Designing Pathways with Children and Families – Steering Group established, Project Initiation Document approved, embedding Getting It Right First Time (GIRFT) methodology in patient pathways.
- Patient Shadowing (ImERSE) – part of junior doctor induction programme and expanded to include leaders and managers across the Trust.
- Sweeney Collaborative – In collaboration with the Point of Care Foundation, to deliver the first UK Child and Family specific experience based on service improvement training. Scoping complete and initial interested specialties identified. Planned to commence towards the end of 2019-20, but currently delayed due to COVID-19.
- Developing Digital Communications Platform – Implemented the use of Microsoft 365 including Microsoft Teams, which has proved invaluable in adapting to the 'new way of working' during the COVID-19 pandemic.
- Schwartz rounds – established and operating approximately every three months.

- Strong Foundations – Leadership course for current and aspiring managers and leaders.
- Clinical Intelligence Portal – Now active and regularly being accessed by over 50 staff members every month. Plans to grow the numbers of specialties accessing the system.
- Outstanding Outpatients – Numerous improvements in this 4th year of this programme of work, as reported later in this document.
- Brilliant Booking – Also reported later in the document. Significant improvements driven and supported by expertise in Quality Improvement and Programme Management.

Towards the end of the year many of these roles were repurposed to support the initial phase of the COVID-19 pandemic response, which has led to a pause in the delivery of many of the projects. It is anticipated that in 2020-21, (COVID-19 permitting) many of these programmes of work will continue to deliver further quality improvements.



A number of areas of the Trust are using display screens or manual white boards to display key information that provides a visual cue to staff regarding important ongoing aspects of quality and safety on specific wards.

Additionally a number of systematic meetings have been established to discuss key quality and safety issues, providing opportunities to make daily improvements and prevent harm to patients. Examples of daily/weekly meetings include: daily operational update; twice daily huddle in A&E; patient flow meetings; Infection Prevention & Control/ Infectious Diseases workstream; and many other local huddles/briefings.

## 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. Improving Medication Safety

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#### Aims:

No drug errors resulting in avoidable harm.

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#### Target for 2019/20:

1. 20% reduction in incidents resulting in minor harm from 2018/19. Baseline 34: Target 27.
  2. Zero incidents of moderate harm or above. Baseline: 3 Target: 0.
- 

#### Outcomes:

1. There have been 32 incidents of minor harm in 2019/20. This is reduction of two (5.9%) from last year.
  2. There was one incident of moderate harm reported in 2019/20. This is reduction of two from the previous year in which three were reported.
  3. There were no incidents of severe harm or death in 2019/20.
- 

Alder Hey has an exemplary record of reducing the amount of harm associated with medication errors over the past four years, as reported in previous quality accounts. This success has been associated with increased focus on education and training and the development of a strong safety culture that encourages staff to report even minor incidents that may not result in harm. An open investigation process also provides a safe environment for all staff to learn from errors so as to avoid similar errors in the future. 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 in Alder Hey. 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 but a small number of

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.

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 an incident so they can investigate what went wrong.

Alder Hey’s Medication Safety Committee (MSC) (a subgroup of the Drug and Therapeutics Committee) meets monthly to review medication errors reported, identify any learning from the types of errors occurring and develop corrective action which aims to prevent similar errors happening in the future. The Committee also responds to national safety alerts and other concerns regarding medication safety. Alder Hey is unique in having a nurse/pharmacist combination providing the role of Medication Safety Officer (MSO). The MSOs are vital assets in the promotion of safe use of medicines in the Trust.

The Trust’s weekly Patient Safety Meeting is well attended by a variety of professional groups and divisional representation. This group review incidents that have occurred 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 Errors Reported Per Annum**

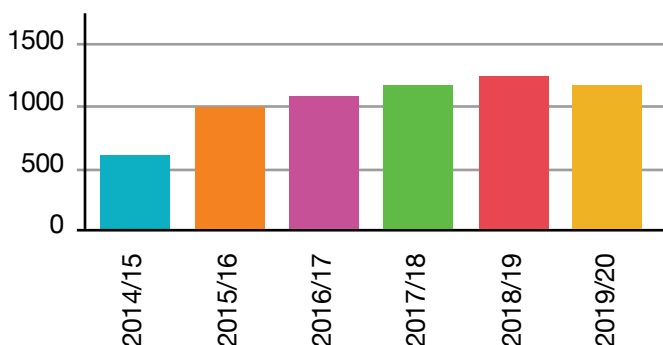
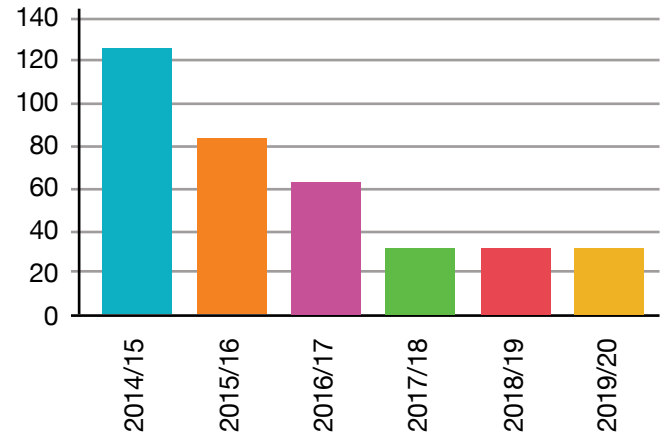


Figure 1 shows the number of medication incidents reported in Alder Hey since 2014. There has been a slight reduction (5.2%) in incidents reported in 2019/20 (1166 incidents) compared to 2018/19 (1231 incidents). However the trend of high level of medication incident reporting continues.

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



With the trend of increased reporting of medication incidents since 2014, the number associated with harm has reduced and remained low.

These figures reflect staff’s willingness to report incidents openly, including those ‘near misses’ that don’t reach the patient but help us to review processes.

We achieved our in-house target for reducing harm from medication errors by 25% over the period 2015 to 2018. Our new targets are guided by the World Health Organisation Global Patient Safety Challenge: Medication Without Harm. It aims to reduce severe avoidable medication-related harm by 50% globally in the next five years. The number of medication errors causing harm has remained almost constant over the last three years. We hope the secondment of another nurse to join the team for six months will help us reduce this number in 2020/21 by specifically focussing on reducing administration errors.

**Actions Taken to Improve Safe Use of Medicines in Alder Hey**

Actions taken in 2019/20 to reduce the number of medication errors reaching patients and causing harm are described under four headings:

- ✓ Increasing medication incident reporting, awareness and engagement
- ✓ Education and training
- ✓ Regional/national links
- ✓ Reducing specific types of errors

## 1. Increasing Medication Incident Reporting, Awareness and Engagement

- MSOs investigate, provide feedback and support both those involved in medication errors and those investigating incidents and trying to develop preventative solutions. Their consistent approach and feedback helps to improve the quality of incident reports and encourage staff to both report and get involved in suggesting how incidents can be prevented in the future.
- We have excellent links with the team developing the electronic prescribing and medicines administration (EPMA) system in the hospital. This facilitates ongoing improvements to the system and the training associated with it.
- MSOs are involved with a campaign to increase reporting of adverse reactions (side-effects) to medicines used in children via the national Yellow Card scheme in conjunction with a Consultant Clinical Pharmacologist. The number of reports submitted has increased by over 180% compared to 2014/15.
- The Medication Safety page on the Trust's Intranet is regularly refreshed to ensure it reflects current medication safety alerts and other relevant information which can be accessed by all staff.

## 2. Education and Training

- A new Medication Safety mandatory training workbook was introduced in April 2019. The contents of the previous version have been updated to reflect new guidance and learning from errors both locally and nationally.
- MSOs have provided bespoke training packages for qualified nurses, doctors and pharmacists as well as undergraduates from Liverpool John Moores University and Edge Hill University. These are developed in relation to common themes and trends identified from medication incidents reported.
- The MSOs have assisted in the Trust-wide campaign to increase awareness of the influences of Human Factors on practice.
- MSOs also provide a session on the study day for all nurses wanting to administer intravenous medication. This promotes the "5 rights" (right drug, right patient,

right amount, right time, right route) and ensuring all double checking is done independently.

- Induction training for new doctors has been redesigned and now includes a calculation assessment that must be completed before access to prescribing is allowed.



## 3. Regional/National Links

- MSOs have developed good links with the local universities so they can get involved with the delivery of medication safety training to student nurses and pharmacists who are placed within Alder Hey.
- We are actively involved with the Regional and National MSO networks. Monthly webinars, newsletters and meetings allow good practice to be highlighted and shared for implementation as appropriate. Particular safety concerns which may have relevance outside individual hospitals can also be circulated quickly via the "Rapid Report" process.

## 4. Reducing Specific Types of Errors

### **a) Errors Involving Parenteral Nutrition (PN)**

MSC has established a multi-disciplinary PN Steering Group aiming to reduce the risk of errors associated with this product by:

- introducing standard bags of PN for neonates in Alder Hey.

- developing standard criteria as a guide to which patients are suitable for PN.
- improving processes for prescribing PN.
- improving process for dispensing PN.

#### **b) Errors Involving Insulin**

MSC is working with the Diabetes Team to develop practical information for staff dealing with patients admitted on insulin and to standardise the prescribing process for this drug.

#### **c) Ten-Fold Dose Errors**

New functions to reduce these errors have been introduced within the EPMA system including dose range checking (DRC) alerts which are generated if the wrong dose is prescribed and new order strings that guide prescribers toward the correct system-generated dose.

#### **d) Errors Due to Interruptions or Distractions**

MSC is supporting the development of quiet zones on wards where prescribers can be protected from interruptions. This includes signage and noise reduction headsets. Banners promoting use of red aprons to reduce interruptions during medicines administration have been produced and will be introduced as soon as possible.

### **Future Goals and Plans:**

The Medication Safety Team are dedicated to continually improving medication safety in Alder Hey. In the next year we aim to further reduce the number of medication errors that cause harm to patients by 20% and reduce the number causing serious harm to zero. We also plan to:

1. Continue working with prescribers to improve learning from prescribing errors.
2. Decrease the incidents that involve PN, insulin and interruptions.
3. Expand the Medication Safety team by introducing six month secondments for nursing/ pharmacy staff.
4. Undertake more medication safety audits including TPN, controlled drugs and critical medicines.
5. Further links with ward-based practice education facilitators.

6. Review Ulysses functionality with the Risk and Governance Team to make it easier to report a medication incident (e.g. more drop down functions).
7. Continue to make staff aware of the Yellow Card scheme.
8. Run another medication safety week.
9. Establish the use of red aprons in order to reduce interruptions to medicines administration.

## **B. ExeConnect – An Executive Visibility and Connection Programme**

The Executive Team have been undertaking ‘walkabouts’ and ‘departmental visits’ for many years with a view to improving engagement and visibility across the organisation.

During 2019-20 as part of a drive to further increase this connection to patients and families and to the rest of the organisation, a formalised system of ‘executive connection’ was introduced, with a mechanism of capturing feedback from the outcomes of the sessions and reporting the resulting improvements. Non-executive directors also took part in the programme.



## ImERSE YOURSELF

An opportunity to see how the hospital works through the eyes of the patients and their families. Using Alder Hey's own **INNOVATION** ImERSE shadowing, the team will arrange for you to shadow part of the daycare surgery pathway, where you will meet a family and observe their journey, seeing things from their point of view.

## SCHWARTZ ROUNDS

Be true to the Alder Hey values and show your **RESPECT** for the staff by attending a Schwartz round. An opportunity to share work experiences in a safe environment will reinforce what you already know about Alder Hey staff – how fantastic they are! You will be surprised how your gift of a personal story to reflect on is received.

## 'REFRESH' – STAFF SHADOWING

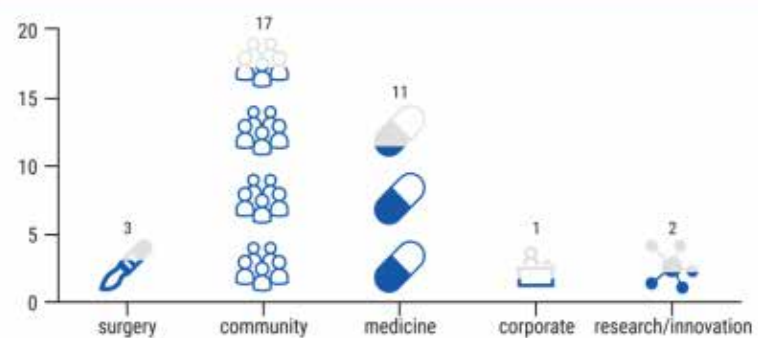
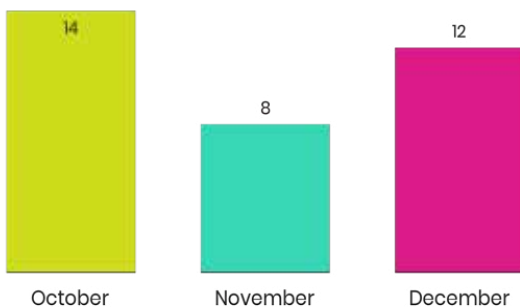
Refresh yourself by spending precious time hanging out with a member of Alder Hey staff. See what they do, how they do it and hear how it is for them. You can even lend a hand – take a message, take a tea tray or take a temperature! We will hook you up **TOGETHER** with someone who is interested in getting to know you.

## ExeConnect Activity Metrics – 3rd Quarter 2019-20



### Staff Shadowing

- 34 shadowing events completed in the time period.
- 10 executive members participated in the time period.
- All divisions included.



### Schwartz Rounds

- Two Schwartz rounds took place in the reporting period.
- Six executive/senior leaders took part.
- Two executives participated as panel members.

## Comments From Participants

*“Thought it was inspirational. Loved the atmosphere and it felt safe to discuss difficult topics.”*

*“It was an honour to hear such personal stories and to hear the feedback from the attendees. I was moved by what I heard and the support shown by the colleagues to each other...”*

*“Thank you to the panel story tellers. Your vulnerability mattered and was a gift to us listeners.”*

*“Very emotional impact personally, able to reflect on how work impacts on other professionals from different disciplines.”*

## Examples of Feedback from Executive Team Members



Adam Bateman, our Chief Operating Officer shadowed our PICU lead research nurse, Laura. He reflected her sense of commitment within this high performing team and how she was “inspiring in her passion for clinical research”.



Matthew Peak, our Director of Research visited the clinical laboratories and was impressed by the genuine sense of pride amongst the staff, plus the atmosphere of dedication and professionalism.



Louise Shepherd, Chief Executive Officer, felt “true kindness” in the room at a Schwartz Round where she was a panel member and shared her story about ‘when your best isn’t good enough’.

## ExeConnect Outcomes and Improvements

### Positive Themes

- Positive attitudes and well functioning teams.
- Showing fantastic resilience under pressure.
- Always maintaining a caring attitude.
- Good humour and great sense of pride.
- Implementing lunchtime huddle has improved patient flow.
- Very positive feedback from families.

### Key Improvements

Following observations/comments from the executives and feedback from patients/families and staff, the following improvements have been put in place:

- Replaced many PCs across the Trust.
- Improved IT connectivity in community sites.
- New medical appointments to High Dependency Unit.
- Agreed bank/agency usage on Ward 4A to address immediate staffing pressures.
- Set up Wellbeing Support Team to provide easily accessible support for managers and staff dealing with HR issues.
- Major improvements in community estate.
- Building work on Ward 4A to improve communication, visibility and safety.
- New blinds and wider access to school room on Ward 4B.
- Waiting times now displayed in ED.



## C. PLACE Inspection 2019-20

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. They form an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public.

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 & 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.

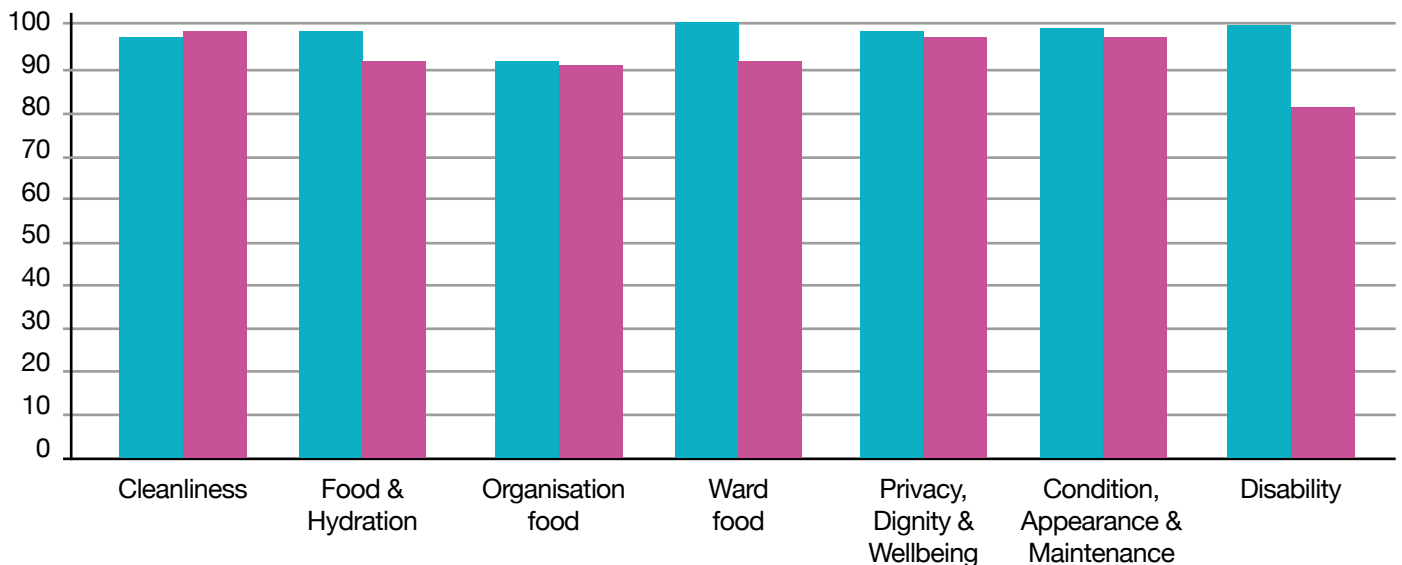
The PLACE collection underwent a national review, which started in 2018 and concluded in summer 2019. The question set was significantly revised, whilst ensuring that the data collection remains relevant and delivers its aims. These changes have been extensive, it is important to note therefore that the results of the 2019 assessments will not be comparable to earlier collections and so are presented below in comparison with the national average.

### Outcomes

The results of the assessment are produced by NHS Digital (part of the Government Statistical Service). The graph below provides a comparison of Alder Hey's scores for 2019-20 against the national average.

### PLACE Report 2019-20

■ Alder Hey ■ National Average



- Alder Hey has achieved above the national average score against six of the seven criteria and achieved 100% for 'ward food' and for 'disability'.
- This reflects the provision of a dedicated kitchen and chef on each ward and flexibility and quality of food options.
- Additionally the Trust has put significant effort into improving the experience of our disabled users including wheelchair access on retained estate and outpatient seating.
- Significant improvements in decoration in several areas has supported a high score of 96.4% for Condition, Appearance and Maintenance.
- Levels of cleanliness are close to 97% although this is the area where the Trust scored below the national average of 98.6%.
- Whilst a direct comparison with previous years' scores could not be made, it was notable that improvements from last year were evident during the inspection.

## Future Plans

The PLACE report did identify a number of specific areas where improvements can be made, many of which are simple adjustments to be made at a local level, including adjustment and more visibility to the cleaning regimes.

An action plan has been created which will be monitored through the Trust's Clinical Quality Steering Group (CQSG) and has identified further improvement opportunities in outpatients and therapies areas, and a number of communal areas such as the atrium, corridors and Radiology waiting area.

The assessment outcomes and action plan have been reported through CQSG to the Clinical Quality Assurance Committee (CQAC) and ultimately Trust Board.

We will again undertake a PLACE assessment in 2020, using this assessment as a new baseline for comparison.

## D. Reduction in Preventable Pressure Ulcers

### Aims:

No healthcare associated pressure ulcers.

### Targets:

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

### Outcomes:

1. There were three category 3 pressure ulcer compared to one in 2018-19
2. Achieved zero category 4 hospital acquired pressure ulcers.
3. Total number of pressure ulcers of category 2-4 is 40 compared to 34 last year.

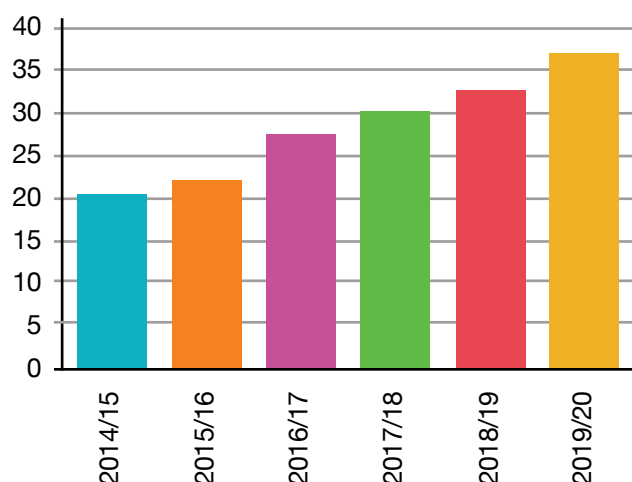
A pressure ulcer is localised damage to the skin and/ or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear).

The damage can be present as intact skin or an open ulcer.

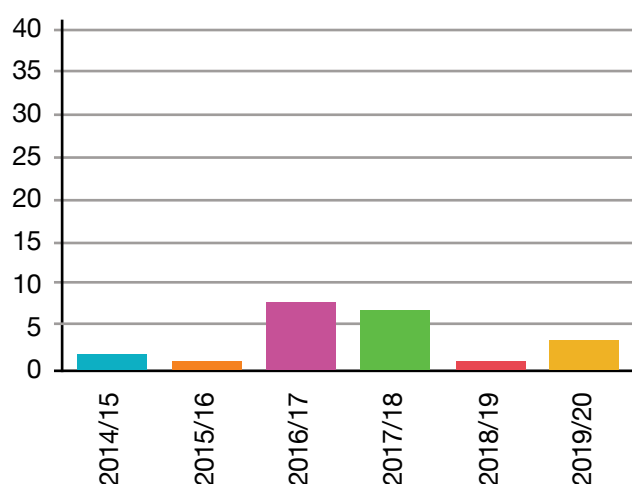
They can be very painful and debilitating and are often preventable. It is recognised that immobilised and acutely ill neonates and children are at risk of developing pressure ulcers, particularly in a critical care environment. Most pressure ulcers within our organisation are associated with medical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

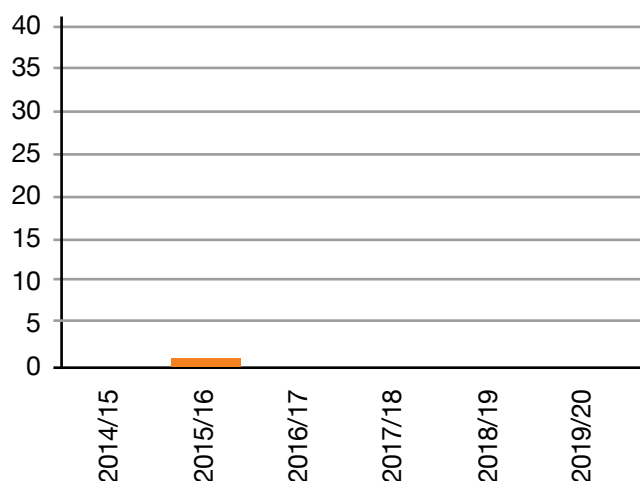
### Category 2



### Category 3



## Category 4



	Category 2	Category 3	Category 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
2019-20	37	3	0	40

## Improvements and Achievements 2019-20

- The figures show the sustained rate of 0 in our category 4 pressure ulcers.
- There was an increase in category 2 pressure ulcers from 33 to 37 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.
- Implementation of regional pressure ulcer prevention and management policy which can be used in both the community care setting and acute care setting.
- Implemented Meditech based nursing notes for community nursing team. They also have access to all risk assessments and wound formulary/classification for reference and information.
- Developed and implemented a patient information leaflet to be sent home with patients with regard to helping to prevent ulcers.
- Implemented Meditech documentation for the plaster

room/fracture clinic to ensure robust assessment has taken place to identify if a patient is at risk of developing a pressure ulcer.

- Development of a procedural orthopaedic template within Meditech which includes a mandatory section to ensure correct patient information leaflets are given to patients/parents following discharge from the Emergency Department.
- COVID-19 restrictions resulting in limited access to fracture clinic have resulted in modifications to patient pathways which include some soft casts being removed at home. In order to aid this the Tissue Viability (TV) service has assisted in developing leaflets and a video for parents/carers.
- Orthopaedic trainees are required to be competent in a specific set of orthopaedic clinical skills and have an appropriate level of knowledge in the prevention, management and early escalation of device related pressure ulcers. A 'Plaster Passport' competency assessment document for all orthopaedic trainees to complete within two weeks of commencing their orthopaedic post is now available.
- An audit of pressure ulcer incidents via Ulysses clinical incident system has been conducted which shows an increased awareness across the Trust that staff are reporting pressure ulcers as clinical incidents.
- Tissue viability folders have been created and placed on all wards. These include wound flow chart, referral process flow chart and picturised wound classification reference documentation. These resources allow clinicians to make decisions regarding pressure ulcers in the absence of a TV Specialist.
- TV service have provided a voice recorded power point presentation to all clinical educators, for dissemination to all staff within their department to adhere to COVID-19 secure tissue viability training.
- Implementation of silicon based products to minimise skin damage under medical devices.
- Implementation of device related pressure ulcer prevention guidelines.
- TV team now host two annual Tissue Viability Study Days for all clinical practitioners with the Trust.

## Future Plans

- Plan to move TV training to mandatory training via ESR to ensure accurate training records.
- All tissue viability documentation to be available on Meditech as a mandatory form on admission.

- Collaborative working with Southampton University Hospital and GOSH to implement a device which can minimise skin damage.
- Continue to work closely with the Innovation Team to create a resource to reduce medical device related pressure damage.
- Tissue viability service to offer outpatient clinic initially once a week, to minimise wound infection and promote wound healing and maintain continuity of care.
- Quality Summit to undertake a thematic review of incidents, actions taken, policy review, training, resource, and innovative and strategic solutions to pressure ulcer prevention.

## E. Reducing Hospital Acquired Infections

### Aims:

By the end of March 2020 we will reduce avoidable harm due to hospital acquired infection.

### Targets - 2019/20:

1. No hospital acquired MRSA bacteraemia.
2. No hospital acquired Clostridium difficile infections due to lapses in care.
3. Reduce the number of hospital acquired MSSA bacteraemia by 10% from the 2018/19 baseline of 10.
4. Reduce the number of hospital acquired gram negative bacteraemia by 10% from the 2018/19 baseline of 16.
5. Reduce number of hospital acquired CLABSI (PICU only) by 10% from the 2018/19 baseline of 18.
6. Reduce hospital acquired RSV by 25% from 2018/19 baseline of 35.

### Outcomes 2018/19:

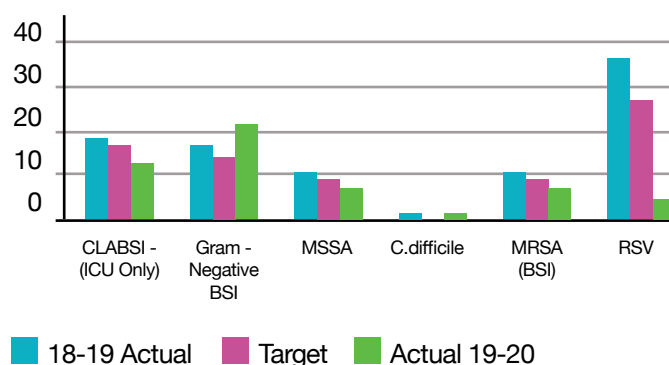
1. 0 MRSA bacteraemia.
2. 1 Clostridium Difficile infection currently under review to determine if there was a lapse in care.
3. 30% reduction in the number of hospital acquired MSSA; a total of seven cases from a baseline of 10.
4. An increase in hospital acquired Gram Negative bacteraemia: 21 cases compared to 16 last year.
5. 33% reduction in the number of hospital acquired CLABSI (PICU only): 12 cases from a baseline of 18.
6. 80% reduction in hospital acquired RSV; 7 cases from a baseline of 35.

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 2019-20 Target V Actual



Graph shows each of the target areas for hospital acquired infection. Actual for 2018-19 Target for 2019-20 and Actual for 2019-20

### Improvements

- An internal reduction target for hospital acquired Staphylococcus aureus blood stream infections was set. We aimed to reduce cases by 10% from 2018-19 and achieved a 30% reduction of cases.
- Internal target of 10% reduction in the number of hospital acquired CLABSI (central line associated blood stream infection) on Intensive Care Unit achieved with a 33% reduction.

- Internal target of 0 cases of MRSA bacteraemia achieved.
- No hospital acquired Clostridium Difficile infections due to lapses in care were identified.
- The team continue to hold Post Infection Review (PIR) for all hospital acquired MRSA, MSSA, E. coli, Klebsiella and Pseudomonas bacteraemia and CDT (Clostridium Difficile toxin) within the Trust. The process identifies if there are any lessons that can be learned from these incidents and reports outcomes and actions through the divisional governance structures.
- As a paediatric Trust, our patients are particularly susceptible to respiratory viruses such as Influenza. The importance that staff place on protecting our children from acquiring respiratory viruses is demonstrated in the Trust again in 2019/20 achieving the 80% target for staff Influenza vaccination.
- At the beginning on 2019/20 we set an internal reduction target for hospital acquired RSV due to a significant increase during 2018/19. We implemented an action plan and introduced a new isolation policy as well as changing the type of isolation precautions that we use for RSV. We aimed to reduce the number by 25%. We surpassed this and achieved a reduction of 80% in RSV cases.
- Multi-antibiotic resistant organisms such as Carbapenamase Producing Enterbacteriaceae (CPE) provide significant challenges to the NHS today due to the reduced treatment options available and the ease in which they may be transmitted. 2018/19 saw a steady increase in the compliance with screening for CPE carriage at the Trust and early identification of carriers. Through close management and early identification of CPE carriers there have been no outbreaks at the Trust in 2019/20.
- The expansion of the IPC team to include a specialist Community IPC Nurse who commenced in post during quarter 4. A community strategy has been developed to embed Infection Prevention and Control in the community and will form part of the IPC workplan for 2020-21.
- A high consequence infectious disease (HCID) educator has been appointed and a HCID team developed. Our educator has also been working to support the PPE workstream during the COVID-19 pandemic and will be developing the HCID team within the Trust to enable us to work in partnership with the Royal Liverpool University Hospital for HCID as part of the workplan for 2020-21.
- Secured two ultraviolet machines for the Trust which allow us to provide enhanced environmental disinfection to rooms after deep cleaning for patients with infection.
- Increased fit testing compliance in the Trust which currently stands at around 90% compliance.
- All areas are now recording hand hygiene opportunities digitally. This now allows live reporting of hand hygiene compliance therefore all ward/department managers can view data in real time.

### Future Plans 2020-21

- To continue the work which began in 2019-20 workplan which may have been delayed due to COVID-19.
- To roll out infection control in the Community Division with deliverables being added to the workplan following a scoping of the Division's requirements. This includes the development of specialist IPC and environmental audits and audit programme to identify gaps in the community.
- Develop the HCID team and a programme for on going HCID education is up to date.
- 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 increase areas in which we are recording line days to enable us to compare our CLABSI rates internally from ward to ward and furthermore with other paediatric trusts.
- To continue the work commenced in 2019-20 to reduce the hospital acquired infections by setting internal targets and monitoring this data through Trust Board and IPCC.
- To develop a 5 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.
- Develop post infection review process for respiratory viruses including Influenza, RSV and COVID-19.
- Hand hygiene awareness campaign targeting parents and carers.

- Develop new policies on managing multidrug resistant organisms, High consequence infectious diseases (HCID) and a COVID-19 policy.
- Expansion of the vascular access service to ensure the team has the capacity to deliver the advanced vascular access service.
- Development of a team of Fit to Fit trainers for carrying out Fit Testing for FFP3 respirators.
- Development of additional Infection Prevention Service audits to be added to the Perfect ward audit suite. These will include Environmental, Cleanliness, Personal Protective Equipment and Tissue Viability.

Further details of improvement plans are captured in the Infection Prevention & Control Work Plan which will continue to be rolled out during 2020-21.

## F. Friends and Family Test

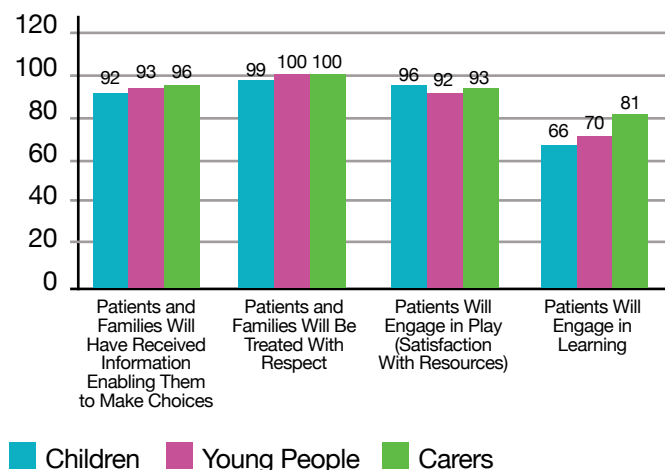
Alder Hey gathers information from children and families through the Friends and Family Test (FFT), a national tool which provides consistent information that is comparable to other organisations and is published externally on both NHS England and NHS Choices websites. In addition we have added our own bespoke survey questions and the table and chart below provides a summary of the responses.

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

Patient Feedback Questions	Total Responses	Total Responding Positively
Inpatient Friends and Family Test (How likely are you to recommend our hospital to friends and family if they needed similar care?)	5,310	4,993 (94.03%)
Total Trust Friends and Family Test (How likely are you to recommend our hospital to friends and family if they needed similar care?)	27,628	25,570 (92.55%)

The following chart shows the response from patients and families in relation to in house measures of choice, respect, play and learning.

### April 2019 to March 2020



The Play Service has implemented the following initiatives to improve FFT for play and recreation:

- Morning and afternoon ward rounds by the Play Team to introduce themselves to patients and families on the wards.
- Laminated sheets given to patients on the wards with a list of possible play activities available.
- Playrooms on wards set up for play activities am and pm to engage the patients.
- Funding secured from Charity to purchase regular arts and craft materials.
- Introduction of more games consoles and tablets onto the wards.
- Alder Hey TV channel introduced into patients' room TVs and the performance space with music sessions, POD entertainer videos.
- Advertising play activities on wards via social media account.
- Volunteers continuing to support recreational play allocated to a specific ward and Play Specialist.
- Volunteers continue to support play within the waiting room of ED and in the outpatient departments.

### Initiatives for 2020-2021

- Secure funding from Charity to purchase sensory equipment.
- During the pandemic in conjunction with the Arts Therapy Team, remote interactive music sessions for patients via MS teams were introduced on some wards. Sessions proved very successful and we plan to continue offering sessions via this method to more wards.

## G. TheForum@AlderHey

### Relaunch of The Forum

The UN Convention on the Rights of the Child underpins the work of the Alder Hey Youth Forum. The Forum was relaunched in February 2019 to enable all children and young people with a passion for improving healthcare across Alder Hey and wider to come together to bring about positive change and action.

The Forum currently consists of 30+ young people aged from 6-19 years, from across the city and fully represents the diversity of the local population. Membership of the Forum is open to any child or young person who is either currently accessing NHS services or has a strong interest in making a positive change within NHS. Membership is not limited to those accessing Alder Hey services.

Children and young people within the Forum have a clear vision on how the Forum should continue to develop and evolve so as to remain “current” and sensitive to the needs of all children and young people. A key element of this is empowering all children and young people to get involved and reduce the impact of health inequalities and shape the NHS of the future

The current Youth Forum is developing quickly and whilst it has achieved positive impact internally within Alder Hey there has also been significant impact externally on both a regional and national footprint through a number of initiatives with Liverpool City Council, NHS England and NHS improvement.

We currently have two members of the Youth Forum that have been elected as governors and will be in this position for the next three years.



### We said, we did.....

#### **We Said...**

**Promote the service on local radio stations and advertisements and to link in with The NHS Youth Forum.**

**Integrate ourselves with other 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.**

**NHS Youth Forum- involve current forum to join NHS Youth Forum and attend annual meeting.**

#### **We Did...**

*We achieved this by having a strong presence on social media and using this platform to make links with others in our local community and nationally.*

*We have built strong relationships with all groups mentioned above by attending meetings and inviting them to join the Youth Forum we have also merged groups when attending events such as NHS Expo. This helped us achieve a diverse representation.*

*We have used our social media presence to help with the recruitment of other young people and we have made strong links with local community groups from deprived areas and given them full access to our service to enable them to make a positive change to their lives. (Twitter Handle @TheForumAH)*

*We have joined forces with NHS Youth Forum on many occasions throughout the year in particularly at NHS Expo and Youth Voice Summit. We have also had some members of the Forum sign up to become members of NHS Youth Forum and sit on their Transformation Board.*

### Examples of Work Undertaken

#### **a. Improvements Using Digital Technology**

**Digital Futures** - The Forum worked with key staff across the Trust to inform the design and development of the Digital Strategy, 'Digital Futures'. They provided a key insight into what digital means to children and

young people and how it can be used to improve pathways and ultimately the overall experience.

**Alder Play App** – The Youth Forum worked with a team from the Trust to inform the refresh and redesign of the Alder Play App and the ‘Ask Oli’ chat bot, to make it more children and young people friendly. This helps to improve the experience right across the clinical pathways and provides information and advice in advance of attending the hospital, as well as making Alder Hey an even more welcoming place and reducing anxieties.

### b. Improvements Using Multimedia

**Outpatients** – The Forum took part in focus groups to support the delivery of several improvements in outpatient areas, which are described in more detail later in the document. In particular they recommended providing more I-Pads and installing charging points around the departments. They also enjoyed testing virtual reality headsets and helped to select the games that would be most suitable for children and young people.

**ASD/ADHD Pathway** – Some of the patients that need to attend appointments in the Catkin building have worked with one of the clinical psychologists and specialist developmental paediatricians to develop a video for patients to view in advance of their appointments. This will help them with directions and will give them information about who they will meet and what to expect from the appointment.

**Mental Health Experience** – The Youth Forum worked with the Fresh CAMHS group and the multi media charity Twin Vision, to develop a video which they have named “Stigma”. One of the young people presented her own story, to help to break the stigma of having a mental health illness by encouraging young people to be open, talk about their condition and show them that they are not alone.

### c. Improvements in the Environment

The Youth Forum and Fresh CAMHS Group took part in focus groups to improve the environment in the Catkin Building. They have co-produced the wall art in the building which displays the UN Convention of rights of a child along the corridors, empowering children and young people to make their own decisions about their care.

### d. Improvements at the Annual General Meeting

A group from the Forum ‘invaded’ the stage and “took over” the presentation of the Trust Financial Accounts for 2018-19 at the Annual Members’ Meeting (AMM).

The group were dressed as ‘rap’ artists and had composed a ‘rap’ song which they used to promote the activities of the Youth Forum. They then hosted a game show with questions centred around the financial expenditure for the year. It included a ‘compere’ with questions, and contestants with buzzers who provided the answers to the key expenditure questions.



### e. Other Improvement Areas

**Christmas activities** - the Forum hosted the Christmas light switch on event in the hospital Atrium.

**Pathway redesign** – The children and young people supported the design of a clinical pathway improvement toolkit, which will help to gather the views and opinions of patients on the redesign of pathways.

**Supporting recruitment** – The Forum has continued to support our recruitment to key posts across the organisation, including interviewing non-executive directors, and key appointments in Ophthalmology and in Dietetics. They provide a different angle when grilling interviewees and ensure our new appointees have a clear understanding and focus from the children and young person’s perspective.

### Regional and National Improvements

Several of our Forum members have also worked on a number of initiatives regionally and attended national conferences, including:

- Working with Liverpool City Council in driving the ambition to gain ‘Unicef Child Friendly City’ status.
- Worked with Liverpool City Region provide insight from a young persons perspective on regional transport plans.



- Violence reduction unit consultation.
- Attended NHS Expo Conference.
- Attended Royal College of General Practitioners (RCGP) Conference.
- Joined with NHS England National Youth Forum.



### Future Plans

- Development and launch of Alder Hey Forum 5 year strategy.
- Training for forum members e.g. recruitment, presentation skills, business and finance in NHS.
- Inspiring Quality Programme.
- NHS Cadets pilot site for NHS England/Improvement.
- Violence reduction youth support worker posts x 2.
- Peer mentorship programme with Barts Health NHS Trust.
- Unicef Child Friendly City Programme.

## H. Innovation at Alder Hey

2019/20 has been a very busy 12 months for innovation, a year which has seen it become a recognised sustainable business within the Trust, securing funding and meeting its financial goals with pledges from charity, grants and co-creation partners.

The rapid growth of innovative solutions to complex problems and the strong partnerships forged with business partners and others along with the fantastic facility of the Innovation Hub has required the Trust to strengthen its Innovation Team. We have recruited additional Innovations consultants, put dedicated time for innovation into a new Surgical Consultant role and made a permanent appointment for Associate Chief Innovation Officer.

During the height of the Covid-19 pandemic in March, Innovation's technical scouting and engagement with external partners helped the Trust rapidly solve on the ground problems. We have been working in partnership with the AHSN and Cheshire & Merseyside Health and Care Partnership on our Innovative Solutions Portal as well as supporting many digital solutions working closely with Business Intelligence.

Some of the Innovative successes are highlighted below:

- Life saving use of 3D printed model of heart to support surgery to remove tumour.



- Rapid prototyping and sourcing of alternative PPE (visors, gowns and masks).

- Designed and marketed ‘The Distancer’ (contactless door opener).



- Inaugural ‘Festival of Innovation’ attracting over 400 attendees including staff, children and young people and our partners.
- Opened Innovation Hub’s ‘Rapid Prototype Centre’, enabling faster and easier development of innovative technologies for child health.
- Continuing to support the Trust with addressing innovation requirements. 135 new needs presented, 25 of which remain active or are in the process of being validated.
- Ongoing development of virtual reality in clinical areas such as Outpatients/ Phlebotomy.
- Ongoing improvements to the artificial intelligence platform, rebranded as ARTI.
- “Asthma Mapping” project won North West Coast Research and Innovation Award. Involves multiple agencies, analysing a variety of data to develop a monthly ‘heatmap’ that depicts locations with high paediatric Asthma morbidity. This helps us to identify and implement the most appropriate interventions to tackle childhood respiratory inequalities.

We will continue to expand our Innovation activity and to grow our marketing campaign and network reach, including wider academic and industrial networks and international partners.

## I. Management of Complaints and Concerns

Alder Hey places enormous value on the input from patients, parents/carers whenever they raise concerns or submit formal complaints. In putting the child at the centre of all we do, we recognise this as an opportunity for them to contribute to improving services, patient experience and patient safety.

We will always try to resolve any concerns at a local level and through our Patient Advice and Liaison Service (PALS) and try to avoid escalation to a formal complaint, but of course this always remains the right of the family should their initial concerns not be resolved satisfactorily.

All complainants are offered the opportunity to attend a meeting to resolve their concerns or to receive a written response. The complaint meeting is recorded and a copy provided to the family for their own records. Subsequently, a response letter from the Chief Executive is sent to the complainant acknowledging that the meeting has taken place and highlighting the actions that have been agreed in response to issues raised.

The table below shows the number of formal complaints and PALS attendances has declined in 2019-20 compared to the previous year.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Formal Complaints</b>	166	134	70	66	83	121	114
<b>PALS</b>	1248	1133	1246	1294	1349	1371	1279

## Learning from Complaints and PALS

Alder Hey is a learning organisation and uses complaints as a mechanism for taking forward improvements and changes in practice. Actions taken as a result of complaints and PALS during 2019/20 include the following:

- Training competencies for nursing staff reviewed to support in the care and management of children with chest drains. Some areas identified where further training and education is required.
- Complainant attended Divisional Integrated Governance Meeting to share her experience with the Team.
- Development of Family Held Record by the Palliative Care Team (expected to launch Summer 2020).
- Review the referral process to identify patients with LD and ASD prior to their first Alder Hey visit.
- Review of process for transferring unwell neonates to X-ray Department and purchase of a 'shuttle' to facilitate this process.
- Review and amendment to ward welcome leaflet – to ensure that parents and patients are well informed on admission to the ward.
- Review of advice given to parents or patients prior to attending the allergy clinic so that they can prepare relevant information to share with the team.
- Increased period of staffing at critical care reception. Mobile telephones to be provided to shift coordinators to improve accessibility to the critical care unit for parents whilst maintaining optimal levels of security.
- Facility for both parents' contact details are recorded in electronic patient records so that each can receive a copy of relevant correspondence.
- Introduction of pathway coordinator for sleep studies to improve communication with families accessing the service.
- Review and updating of business continuity plans for the Renal Haemodialysis Unit.
- Review of the procedural information available to clinical staff within Meditech when requesting sweat tests, to ensure that the process for these is clear to clinicians.
- Review of car parking facilities to improve availability for families.
- Discussions with staff regarding attitude and Trust values.

- Discussion with Catering Team regarding provision of food to patients and families.
- The Trust has continued to support families directly in the clinical areas, providing early intervention when concerns are raised. This will continue to be a key focus area in the coming year to ensure that real-time intervention and actions for parents and carers with concerns are addressed as soon as possible.

## J. Improving Outpatient Care

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### **Aims:**

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.

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### **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 outstanding electronic patient pathway forms (ePPF) by 30%.
  4. Improve cash up of ePPF's within 48hours of the clinic appointment.
- 

### **Outcomes:**

1. FFT rating increased from 92% to 96%.
  2. Clinician satisfaction increased from 60% to 85%.
  3. Outstanding ePPF forms reduced from 1033 to 537 between February 19 and March 20 (representing 0.3% of outpatient attendances).
  4. Completed cash up of ePPF's within 48hours increased from 89% to 95%.
- 

*Data source: Internal audit data*

The Improving Outpatients Project was established in 2016-17. In 2019-20, the fourth 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, improvements to flow, reduced delays and an in depth focus on patient safety through the 'No Child Unaccounted For' initiative.

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

- improve clinic flow and reduce delays thereby reducing stress for both patients and staff.

- the need to display waiting times and communicate delays to patients and families waiting to be seen in clinic.
- to ensure that all mandatory documentation is completed for every patient on the day of their booked outpatient appointment so that “No Child is Unaccounted For”.
- further improvement in play and distraction in Outpatient waiting areas, including providing distraction therapy in the phlebotomy area, thereby reducing stress for both patients and staff.
- enhanced staff training, development and identify to deliver an effective and supported workforce.

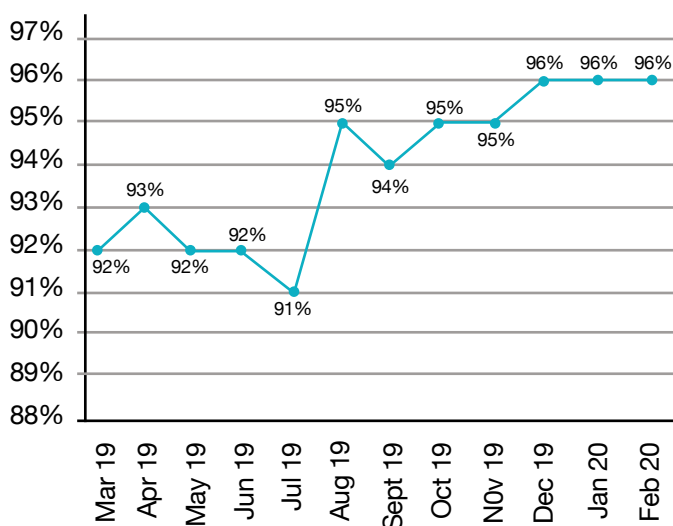
## Improvements

### Outpatient Friends and Family Test (FFT)

The FFT feedback has showed a significant and sustained improvement between April 2019 and February 2020, the rate of visitors who would recommend Outpatients to a family or friends reaching and maintaining 96%, the highest score in recent years. (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.

### OPD FFT Results - March 2019 - February 2020



Data source: internal audit data.

### Patient Experience

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.

### Patient Communication

The Department launched an Outpatient twitter account @OPDAlderHey to better communicate with our children, young people and families.

### Communicating Waiting Times

The nurses and Reception Team have been manually communicating waiting times daily on a display board as an interim measure prior to the Intouch waiting times function being introduced.



### Play and Distraction

£100k was pledged from Liverpool John Lennon Airport for play and distraction across the Department. Plans and designs were signed off by the Children and Young People’s Forum and a company engaged to procure kit. The build paused since March 2020 due to COVID-19 response. However some of the ideas include:

- Interactive touch screens and tablets with games and puzzles.
- Augmented reality activity, ‘A walk in the woods’, where animated woodland creatures appear to wander freely across the floor in front of you.
- A variety of video displays including humorous animations and educational films.

### Phlebotomy

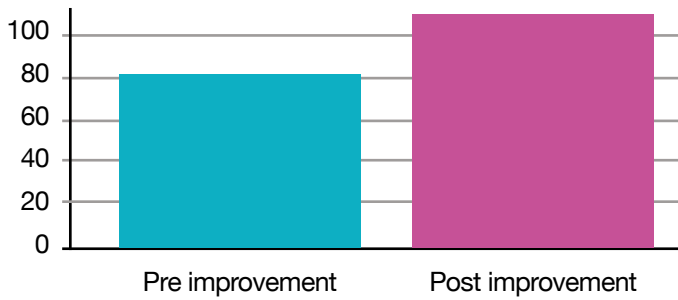
The Department introduced new clinical guidelines for Phlebotomy, new phlebotomy chairs and relocated rooms to provide more space for patients.

### Staff Experience

#### Clinician Satisfaction

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 60%. In the second survey this position had increased to 85%.

## Percentage of Clinicians That Reported Being Satisfied With Their Experience in Outpatients



Much of the improvement in satisfaction is related to improved communication with the staff. A number of examples are provided below:

### Status Board

Rolled out the in-house 'ePPF status board' which helped to improve the efficiency of completing and processing the electronic patient pathway (ePPF) forms.

### Newsletter

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

### 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

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

### Pre- Op Assessment

Pre-operative assessment clinic was relocated to Outpatients Department to provide a pre-op appointment on the same day as decision to undergo surgery.

### Patient Flow

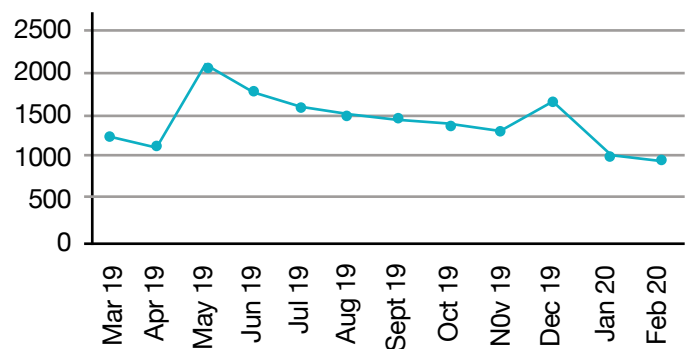
#### Electronic Patient Pathway Forms (ePPF)

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 2019 to February 2020 the number of missing ePPF forms reduced from 2138 at its peak in May down to 447. Further work is ongoing to reduce the missing ePPF forms further. (refer to graph below).

## Reduction in Missing ePPF Forms



A crucial part of keeping our children and young people safe during their Outpatient care is the follow up of those children who are not brought to their appointment. This is not only wasteful of Trust resources, but is unsafe as the child may still need hospital care and treatment.

A campaign was launched to encourage the parents to cancel in advance any clinic appointments which a child is unable to attend, so we can offer up these cancelled appointments to other children who may be waiting for an appointment. This will improve access to care and reduce waiting times.

Additionally, if a child is not brought to an appointment, it remains imperative that they are still reviewed by a clinician against their clinical pathway, and the ePPF form is completed in a timely manner.



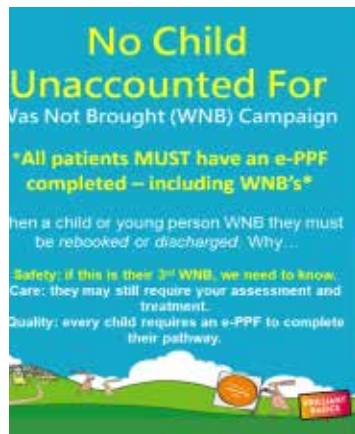
Children that do not attend their appointment are recorded as 'Was Not Brought' – (WNB), and ensuring that all of these children and young people have an ePPF completed every time, will ensure that no child is unaccounted for.

'Was Not Brought' and 'No Child Unaccounted For' campaigns were put in place which included:

- posters and screensavers reminding clinicians to complete an ePPF for all WNB's.
- pop ups reminding families to cancel appointments they can't attend.
- a revised Outpatient induction pack and additional training offer.
- reminder messages on InTouch.
- promoting the consistent checking of patient demographics.
- additional five specialties using bi-directional text reminders.
- exploration of algorithm software that will help predict WNB's.

### No Child Unaccounted For

'No Child Unaccounted For' was an initiative introduced to ensure that all mandatory documentation is completed for every patient on the day of their booked Outpatient appointment, whether the child attended that appointment or was not brought. An outcome form is required for all



patients as a record of the medical care provided and to support the receptionists to accurately record the next stage in the child's pathway (e.g. rebook/ discharge/ bring back in six weeks). To ensure the safety of patient care there should be no child unaccounted for – i.e. having no record of attendance, treatment, or next steps on their care pathway.

In order to support this we introduced a new process in which clinicians receive a list of their outstanding PPF's at 12pm for morning clinics and then again at 16.30pm for afternoon clinics, as a reminder to complete any outstanding forms before they leave clinic.

### Future Plans:

- Complete procurement of new play and distraction across the Department.
- Improve capacity and demand across the department post COVID-19.
- Further improve clinic flow and reduce delays.
- Roll out Intouch mobile app function to allow children, young people and families to check in via their smartphone as they arrive on site.

## K. Brilliant Booking Services

**Aims:** To provide a booking system that puts children and families first and meets the needs of clinicians that use it and supports staff to work safely and efficiently.

### **Targets:**

1. Increase clinic utilisation from baseline of 84% to 90%.
2. Reduce Did Not Contact (DNC) list..
3. Reduce postage costs by £50k
4. Rebook short notice cancellation slots.

### **Outcomes:**

1. Slight increase in clinic utilisation monthly average from 84% to 85%.
2. Reduced the DNC list from 10,226 to 0.
3. Reduced postage costs by £100k.
4. Rebooked short notice cancellation generating monthly income of £15k.

*Data source: Internal audit data*

The Brilliant Booking Project was established as one of Alder Hey's top five operational priorities in March 2018. It merged with the Best in Outpatient Care Project in May 2019, in recognition that their scope and opportunities cross over significantly. The project focussed on providing a booking and scheduling system that puts patients and families first, meet the needs of clinicians that use it and supports staff to work safely and efficiently.

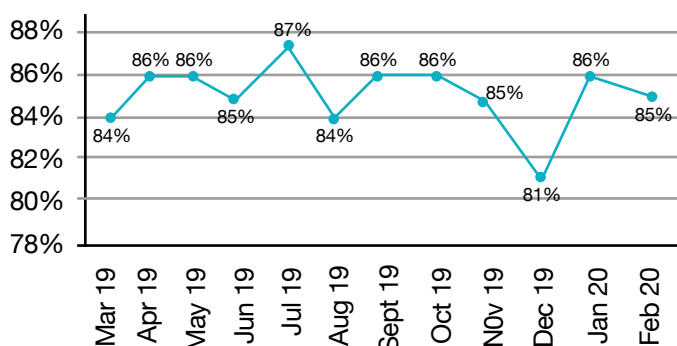
Feedback from patients and staff highlighted several opportunities for improvement including:

- the need for patients to be seen in order of clinical priority.
- the need to make the cancellation and rescheduling of appointments easier for our patients and families by developing a bi-directional text service.

- the need to backfill short notice cancellations.
- the need to switch off reminder letters following implementation of text reminder service.
- the need to validate historic patients on wait lists to ensure no child goes unaccounted for.
- the need to establish a clinic cancellation process (webmaster form).
- the need to increase the utilisation of our clinics.
- the need to reduce our postage costs.
- the need to reduce our DNC (Did Not Contact) list, capacity queue and referrals status of patients.

## Improvements

### **Clinic Utilisation**



The graph shows that clinic utilisation saw initial improvements but dipped in August and December 2019. However we saw a recovery through to 85% by February 2020.

### Clinical Prioritisation/Tolerances

The electronic patient pathway form (EPPF) has been re-designed to enable the capture of 'tolerance' for variance in the timescale for follow-up appointments, thereby improving booking processes and patients' safety.

### Reduction in Did Not Contact (DNC) List

The DNC list was reviewed and validated down from 10,226 in May 2019 to 0 in January 2020. The removal of the partial booking process means this list will not grow again, as we are no longer dependent on patients making contact to set an appointment.

#### **Bi-Directional Texting**

Bi-directional text message service was implemented in an additional five specialities, making the total 31 across Outpatients. This makes it easier and faster for patients and families to cancel and rearrange clinic appointments.

## Postage Costs

### **Partial Booking Letters**

A further reduction of approximately £89k has been seen in our postage costs. This is a result of stopping partial booking, which means that the Trust is no longer sending out an invite letter for patients and families to ring the Hospital to make an appointment. Partial booking costs reduced from £97k in 18/19 to £5k in 19/20.

### **Reminder Letters**

Excess reminder letters were switched off for patients who confirm attendance to their upcoming clinic appointment via text message, saving close to £1k per month on printing and postage. Reminder letter costs reduced from a baseline of £4k in April 2019 to £3k in February 2020.

### **Rebook Short Notice Cancellation**

The bi-directional text message service allows us to rebook short notice cancellation rather than them going to waste or turning into a Was Not Brought (i.e. patient didn't attend the appointment), thus improving utilisation of slots and income by approximately £15k per month.

## Future Plans

- Work on increasing the number of valid text confirmations by promoting the consistent checking of patient demographics and mobile numbers. The re-introduction of the NHS Spine/PDS check will help address this issue.
- Implement a text link for appointment letters so patients and families can access their appointment letters via a PDF from their smart phone. This will allow quick access to letters on the go and will save even more money on printing and postage.
- Streamlining choose and book processes to improve staff experience and time.
- Exploring linked appointments via an ERS to Meditech interface to improve patient experience.

## L. Journey to the Stars – Ward Accreditation Scheme

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).



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 had parents join some 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; 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.

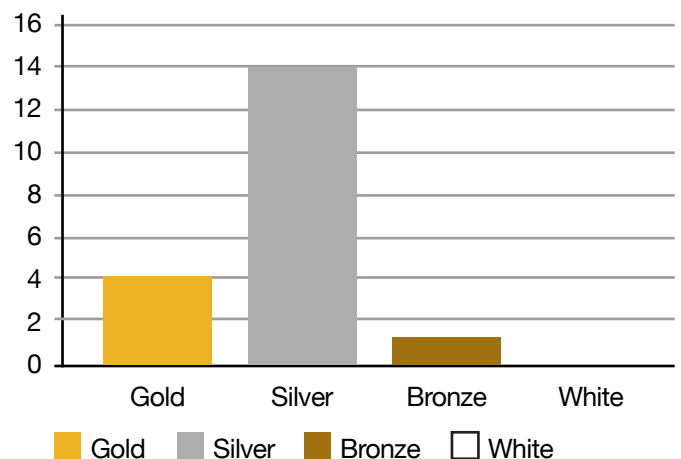
The awards and review schedule is highlighted in the table below:

Award	Overall % of 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



In total, 19 wards or departments (including services in the community) were audited during the period of April 2019 to March 2020 in line with the Trust’s review guidelines based on the outcome of the previous audit. Two areas were assessed twice during that time; Outpatients and Ward 4A had achieved a BRONZE award on their assessment earlier in the year. Significant improvements had been made in both areas resulting in the achievement of a SILVER award. Two wards, the Burns Unit and the Surgical Day Case Unit, retained a GOLD award and Ward 3B achieved a GOLD award at their last assessment.

The overall Trust position following 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 on the next page indicates the latest outcome in each area and the trends in scores.



Ward/Department	Outcome/Award	Score	Scoring Trend
Burns Unit	GOLD	94.7%	↑
Surgical Day Unit (SDU)	GOLD	92.6%	↑
Ward 3C	GOLD	91.7%	↑
Ward 3B	GOLD	90.2%	↑
Dewi Jones Unit	SILVER	89.1%	↑
CAMHS - Sefton	SILVER	88.5%	↑
Clinical Research Facility (CRF)	SILVER	88.5%	↑
Medical Day Unit (MDU)	SILVER	86.3%	↓
CAMHS - Liverpool	SILVER	86.1%	↑
Ward 4C	SILVER	85.8%	↓
Ward 1C- NEO	SILVER	85.7%	↓
Outpatients	SILVER	84.9%	↑
Ward 1C – Cardiac	SILVER	84.8%	↓
Ward 4B	SILVER	84.8%	↑
High Dependency Unit (HDU)	SILVER	83.0%	↓
Ward 4A	SILVER	82.7%	↑
Paediatric Intensive Care Unit (PICU)	SILVER	81.7%	↑
Ward 3A	SILVER	80.6%	↓
Emergency Dept/EDU	BRONZE	77.1%	↑

There has been an improvement in scores in 13 out of the 19 wards and departments audited.

Over the last year, the Trust has started to move towards unannounced assessments in wards and departments that have been through the accreditation process on a minimum of two occasions; in the last year five of the assessments were announced with an agreed date, the remaining 15 assessments were unannounced. All future assessments will be unannounced.

## M. Championing Health, Wellbeing and Engagement

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

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

In 2019 we launched our People Plan which outlines how we will support our people and the wider paediatric workforce over the next year with our strategic vision, by 2024 we will be known as:

- ...the best place to work, with happy staff delivering the care they aspire to.
- ...having brilliant leaders who support our diverse and talented workforce.
- ...a Centre of Excellence for paediatric training and research.
- ...having a key role in shaping the development of the Northwest Paediatric Workforce.

Our People Plan reflects the national NHS People Plan, as well as what our people are telling us about what it is like to work at Alder Hey and the impact of local and national workforce challenges. Our plan builds on our strong foundations already in place by our values which were developed by our own staff.

Our People Plan is based around five strategic pillars all of which are fundamental to the development of a healthy, psychologically-safe, improvement focussed, compassionate, inclusive, learning culture for our staff and for the children and young people we care for.



## 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.

**Aim:** By 2024 we will have developed an environment that encourages and enables staff to lead healthy lives and make choices that support positive wellbeing; everyone will be able to thrive at work and deliver the care they aspire to.

During 2019-2020 we have made significant progress in developing the support and guidance available to our staff. In response to the COVID-19 pandemic a number of additional resources have been implemented to support the physical and mental health of our colleagues.

## Improvements 2019- 2020

### **Staff Advice and Liaison Service**

In March 2020 we launched our Staff Advice and Liaison Service (SALS). SALS aims to combine the best of the staff support currently on offer in the organisation with a number of new initiatives and developments, to bring about the consistency and ease of access to make staff support at Alder Hey outstanding. The team offer a safe and confidential space for staff to provide guidance, advice and information.

### **Time to Change**

One in six workers experience stress, low mood or poor mental health and mental ill-health is the leading cause of sickness absence in the UK. Stress, anxiety and depression continues to be our highest cause of sickness absence, 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. In the last 12 months



we have trained and developed a number of mental health first aiders and mental health in the workplace support, in partnership with the mental health charity MIND.

In October 2019 the Trust signed up to the Time to Change movement and signed our pledge that we will;

- Champion and support mental and emotional health and wellbeing.
- Challenge stigma.
- Provide encouragement to speak openly about our own mental health experiences.

### **Respect at Work**

In partnership with the Trust trade union representatives, we have developed our approach to improving respect at work to eliminate bullying and harassment and support and build a restorative culture. Working with trade unions we are utilising novel approaches to reach resolution when concerns are raised and encourage staff to speak up about concerns, as part of everyday practice. This will help to support some of the difficulties experienced in regards to speaking up and to foster an open and transparent approach to dealing with issues and breakdowns in relationships. By focusing on improving workplace culture and dealing effectively with disrespectful behaviour whenever it arises, it is expected that instances of bullying and harassment will become much more isolated.

### **Future Plans**

- Further develop our reward and recognition strategies and engaging with staff to ensure they are relevant and meaningful.
- Continue to build and develop psychological safety within teams so that staff trust and respect each other and are able to be open and honest with each other, including introduction of Ground Truth After Action Review tools.
- Continue to develop an enhanced staff support system for a range of work and domestic related issues, including introduction of Team Time (Point of Care Foundation) which has been successfully piloted in our Emergency Department.



### **Leadership and Development**

Over the past 12 months we have continued to ensure that staff feel valued within the organisation and that our leaders have the skills, knowledge and compassion to effectively manage and support colleagues across the organisation.

**Aim:** By 2024 have compassionate and inclusive leadership at all levels and across all services, creating a safe and trusting working environment in which people can grow, learn, make changes and feel able to speak up and challenge with both courage and kindness.

Over the last 12 months we have continued to develop and deliver our management and leadership framework that supports high-quality care and services for patients and high quality support for staff. We believe that this can be achieved by building a system that enables and empowers leaders at all levels of the organisation to take responsibility and control over their own personal and professional growth and development, using a series of self-assessment tools and self-directed learning pathways.

### **Improvements 2019- 2020**

- Strong Foundations Leadership Development
- In 2019 we successfully launched our leadership development programme 'Strong Foundations' and have delivered training to over 80 managers. Over the last 12 months we have delivered Strong Foundations, focused on supporting leaders across the organisation with aims to build self-awareness and self-management and equip them to create a safe and trusting working environment for their teams. The programme consists of three days focusing on 'Leading Me', 'Leading Others' and 'Developing Others'.
- Mary Seacole Leadership Programme
- In addition, we have supported numerous cohorts through the six month in-house Mary Seacole Programme which supports and develops leadership skills for those who are new to leading and managing people.
- Online Leadership Hub
- We have launched our online, interactive leadership support hub. This provides leaders and managers with access to advice and guidance regarding managing self and others, along with opportunities to request support, advice and training to enable them to become the best possible leader they can be.

### **Future Plans**

#### **Digital Leadership and Management Programmes**

The Strong Foundations leadership programme has been redeveloped for delivery via a virtual platform with enhanced content such as focusing on Inclusive Leadership. The new mode of delivery and revised

programme means that we can train approximately 200 leaders and managers per year, which is double that of our previous offer.

### Leadership Support Circles

Introducing the Alder Hey Leadership Support Circles (LSC) which is a group of leaders from all levels and all disciplines who have come to the end of the Strong Foundations Programme. The LSC premise is designed to provide safe time and reflective space for those with responsibility for managing others. The aim is to provide support and the opportunity for each member to offer insight, share experiences and support one another especially during times of challenge.



### Equality, Diversity and Inclusion

We are committed to creating an environment and culture which is inclusive, supportive and friendly to everyone within our communities and is representative of our local population.

**Aim:** By 2024 we will have a diverse and inclusive workforce that truly represents the local population and will be a place where all staff feel their contribution as an individual is recognised and valued and the care we provide reflects this.

The Trust recognises that staff are our most important and valuable resource and we are 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 improvements in patient care. Our staff are our community and we recognise the importance of ensuring our workforce is representative of our local population.

It has been our aim to increase the BME workforce by 1% each year, over five years to 2022, reflecting our local population, with an 11% BME population.

- March 2017 – 190 BME employees (5.6%)
- March 2018 – 222 BME employees (6.3%)
- March 2019 – 227 BME employees (6.3%)
- March 2020 – 271 BME employees (7.4%)

### Improvements 2019-2020

#### LGBTQIA+ Network

The LGBTQIA+ Network launched our Rainbow Badge

initiative that gives healthcare staff a way to show that their place of work offers open, non-judgemental and inclusive care for all who identify as LGBT+. As part of this initiative, the Network also represented Alder Hey and the NHS at Liverpool Pride 2019, working collaboratively with Merseyside trusts, and hosted an LGBTQIA+ event in support of Pride.

#### Support for Staff with Disabilities

As part of our ongoing support for staff, we developed reasonable adjustment guidance for managers in partnership between the HR Team, Disability Network and Health and Safety Team to support staff to be safe and supported in the workplace. This guidance is to support and develop inclusive working environments for all of our staff.

#### Dyslexia Support

The Trust has worked in partnership with the North West NHS Dyslexia Network and has supported the development of a British Dyslexia Association (BDA) accredited dyslexia champion training and is supporting building awareness and education to support those with Dyslexia and Neurodiversity.

#### Step into Work Programme

The Trust has become an accredited 'Step into Work' organisation with defined objectives; recruiting unemployed people from minority groups into sustainable employment. The Programme will help to build strong working relationships with external minority groups and networks. The Step into Work Programme offers 10 week work experience opportunities working with local unemployed people, including within healthcare, domestic roles, admin and occupational therapies.

#### Future Plans

- Promote and support inclusive leadership at all levels of the organisation through the development of the 'Inclusive Leader' module of the leadership development programmes.
- Continue to build and develop our staff networks in order to continue improving the experiences of our staff.
- Continue to work in partnership and build links within local communities to provide employment opportunities to our local population.

## N. Nurse Staffing

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### 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, 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, 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 2019/20 demonstrated that the overall staffing level was consistently higher than 90% throughout the year. The staffing levels reported are the head count on each shift which does not analyse skill mix or the impact of temporary staff on a shift.

Alder Hey 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 also undertook an international nurse recruitment programme and successfully recruited nurses from India who joined the Trust in February. The Trust has successfully recruited 100.5 WTE registered nurses in 2019/20 and also trained and recruited 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 remained low, with a requirement to support one ward temporarily for a short period of time. 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. 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. This has had a significant impact on the provision of education, training and support to new and existing staff.

The Trust has developed the Staff Nurse Rotation Programme following a collaborative review involving local higher education institutions, student nurses, and new staff nurses. The programme is a standardised approach to staff working and gaining a wider experience in different areas of the Trust, developing their knowledge and skills and helping to retain our valued nursing workforce. During the first year of employment at Alder Hey, the Nurse is allocated to a medical or surgical ward in line with their preference. In the second year, the Nurse transfers to a specialist ward. All new nurses have a standardised and protected induction and preceptorship period. The programme also incorporates a formal standardised approach to staff movement within the Trust via a Transfer Window if the nurse is not happy on the allocated ward and considering leaving the Trust. The first cohort of the new Staff Nurse Rotation Programme has positively evaluated the Programme.

In order to strengthen the nursing leadership in the Research Division and champion nurse research

across the Trust, a new role of Research Matron was established and appointed to in 2019.

### 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 2019/20 for all in patient and day case wards.

A previous audit of compliance against the 16 core standards conducted in 2018/19 demonstrated Trust compliance with 14 standards and partial compliance with two standards as shown in the thermometer below:



The 2019/20 audit has demonstrated that although compliance has remained the same (14 compliant; two partial compliance), a further improvement has been made within three of the standards as shown in the thermometer below (standards 12, 13 and 14):



Although two standards have remained at Amber (partially compliant), there has been significant improvement in standard 14 and a plan to address gaps in standard 1.

**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 2019/20 with increased funded establishment resulting in supernumerary shift co-ordinators. Nine 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 the 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. An Acute Care Team (ACT) has been established and appointed to in order to support staff 24 hours per day in responding to patients showing early signs of deterioration. This is a significant and vital development in ensuring the safety of our patients 24 hours a day.

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

### Improvements 2019/20

#### **Recruitment:**

- 100.5 WTE front line nursing staff recruited in 2019/20.
- 1 WTE Nurse Associate graduated and appointed in the last 12 months following internal support.
- 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.
- Successful international recruitment programme with 105 nurses given conditional offers for over a period of 18 months in line with the nurse predictor tool. 25 nurses have successfully commenced employment at Alder Hey in February 2020.

#### **Safe Staffing Levels**

- Staffing levels consistently higher than 90% throughout the year for open beds.
- Safer Staffing Huddle implemented.
- Covid-19 staffing plan set out for the emergency covid period.

#### **Strong and Effective Leadership Structure**

- External recruitment to the new Research Matron in the Research Division.
- External recruitment to the Associate Chief Nurse for Community Head following retirement of the previous post holder.
- Internal partnership recruitment to the Head of Neonatal Nursing and Matron for Neonates.
- Internal promotion to Band 6 Ward Sister/Charge Nurse positions.
- Safer Staffing Huddle chaired by a senior nurse.

- Senior nurse oversight and involvement at all stages of the redeployment process due to Covid-19 pandemic.

### **Educational Developments**

- Continued to support senior nurses and aspiring nurse leaders to undertake the MSc programme in leadership, enabling staff to gain the necessary skills and competencies to successfully fulfil senior nurse roles. Maintained and supported three senior nurses per year to participate.
- The establishment of a Nurse Education Team, led by the Head of Nurse Education, including three practice education facilitators and 21 clinical practice educators continues to address organisational education requirements and provides a streamlined approach to a wide variety of staff development opportunities.
- The ongoing opportunity of a Staff Nurse Rotation Programme for all newly qualified nurses facilitates the development of a wider skill set and 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.
- We continue support of trainee nurse associates to meet the workforce need and offer a development opportunity for our healthcare support worker workforce.
- In response to the Covid-19 pandemic, in March 2019 a significant training and redeployment process was set up by staff from across the Trust to address anticipated staffing challenges. This saw a large number of staff trained and available to be redeployed:
  - a. Critical care orientation training: 246
  - b. Ward orientation training: 121
  - c. HCA orientation training: 112

### **Quality Metrics**

- Implementation of the Perfect Ward quality audit tool across all wards. Further work underway to expand audits more widely within the Community Division. Collaborative work between Perfect Ward company and the ward managers, matrons and senior nurses in setting the metrics appropriately for Alder Hey.
- With the support and expertise of the IT Team and the Communication Team, we have improved the electronic safety screens outside all wards to include public facing information regarding cleanliness

scores, hand hygiene compliance, medication errors, and complaints.

- Collaborative working with the IT team and Pharmacy to roll out Bedside Medication Verification to enhance and improve the safety of medicines administration.
- Collaborative working with the Research Team, IT and ward teams to commence the DETECT study.

### **Future Plans**

- 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.
- Continue to build on the education strategy and maximise and include the notable awareness training and front line experience gained during redeployment in response to the Covid-19 pandemic. This will form part of a longer term training needs analysis to ensure a flexible workforce in the event of future short or long term staffing pressures such as winter, a second spike in Covid-19 or any other business continuity incident affecting staffing.
- Continue to work closely with Human Resources Team and wellbeing teams to support staff during this time of increased pressure and anxiety due to Covid-19 pandemic.
- Continue to work with HEIs in order to train and recruit a workforce that is diverse, inclusive and reflective of our community.
- Review nurse education requirements in line with new NMC standards.
- Facilitate, enhance and maximise the full potential of the nursing workforce who have a wealth of ideas, innovative solutions and experience to further shape and develop evidence based practice.



## O. Improving Arts, Performance and Play

Over the last 14 years, Alder Hey has delivered an Arts Programme that delivers 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: improve patient stay through positive experiences; improve the wellbeing of patients through participatory arts; support patients to establish a better quality of life whilst in hospital by addressing the underlying issues associated with prolonged treatment journeys; and provide opportunities for patients to develop new transferable skills and life experiences, such as decision-making and creative expression.



### Programmes of Activity During the Period 2019–2020

#### Music

We have a large and comprehensive music programme, covering all areas of the hospital. Music is at the heart of our Arts for Health Programme:

#### Music Matters

Funded by the Alder Hey Charity, this is a continuation of a programme that has been running since 2017. The programme places a musician on every inpatient 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.

**84%** of patients taking part said the music enabled them to significantly forget about their illness or condition.

**92%** of patients felt that the hospital experience had been significantly improved due to music making.



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

We have forged partnerships through our Cultural Champions Programme with many organisations and developed a broad programme encompassing dance, digital art, music, visual arts and crafts, storytelling, performance and animation.

The Arts for Health Programme continues to grow and develop, with 824 workshops being delivered in the last 12 months, and reaching over 7,000 children, compared to 693 workshops and 6,000 children last year. These exceptionally high numbers are strongly supported by funding from Alder Hey Children's Charity and external charitable sources, including funding for the Arts Coordinator post.



Growth in Arts for Health Activity

On the next page are just some of the hundreds of testimonies from patients and their families about how important and valuable the addition of live music is on the wards, from changing the environment into something less stressful, providing escapism, enabling difficult procedures to go ahead through the distraction of music, as well as bringing families and staff together. Jo Lancashire, a teacher on the Oncology Unit said "The patients have benefitted greatly from live music within the hospital setting. It helps provide children with a welcome distraction and in most cases, gives them opportunities to experience music that they would not have chance to outside of hospital. It can bring groups of people together in difficult circumstances and provide focus."



*"Lauren is blind so relies on her hearing. She loves music. This made her day. Lauren was feeling a little low being in bed for a few days. Ben made her smile." Mum of Lauren, aged 12*

*"He taught me how to play my favourite song. I really enjoyed it, it took my mind off the pain." Callum aged 14*

*"Our daughter is very bored here. Pip's visit has brightened her day. Well done! Our daughter has learning difficulties and doesn't converse well in English. Even so, Pip was great and persistent and made Monique inclusive." Mum of Monique, aged 15*

*"It got me out of bed and made me smile. It makes you happy learning about music and you forget and just play." Mia aged 10*

*"We all really enjoyed the music session. Ben was really engaging with William and got lots of smiles. William has been in bed for most of the week so it gave him something to do and focus on." Mum of William, aged 5*

*"It's the first time since I've been in hospital that I was happy." Connor aged 8*

## Music as Medicine



sessions that the patients and families will enjoy. The Music as Medicine Programme has been instrumental in training early career musicians to deliver activity in this highly specialised area and we have been able to work with musicians who have come through this training programme on other

*"Normally I'm shy and don't play in front of everyone but now I will." Kai aged 12, Neuro patient*

*"It helped me not think about my pain and operation." Maran aged 10, Cardiac patient*

*"It was fun and relaxing. The music was upbeat and happy so it made me feel good." Angel aged 15, Neuro patient*

Funded once again by the Youth Music Foundation, we began a new programme in May 2019 which will run through to December 2020. In partnership with Live Music Now, the project places six musicians into three key areas of the hospital: Oncology, Neuro Rehabilitation, and Cardiac Unit, as well as supporting patients who are transitioning into adult services. Musicians deliver weekly sessions with children and young people and the project tracks patients' musical progression as well as assessing the impact on wellbeing. The project also embeds bespoke training for the musicians, equipping them with the skills to work in this sensitive environment and deliver music

## Sound

This is a three year programme funded by Children in Need. Resident musician Georgina Aasgaard, a professional cellist with the Royal Liverpool Philharmonic Orchestra, delivers weekly sessions across all areas of the hospital from the Intensive Care Unit to waiting areas. The programme has made a huge impact with our patients through building their confidence to express themselves creatively, as well as addressing the issues associated with long term stay, such as loneliness and depression.

“I felt very proud of myself because I was dancing to my music. Georgina was so nice and made me feel confident. I felt very clever and learnt ‘Twinkle Twinkle Little Star’ on the ukulele and rainbow chime bars.”  
Julia aged 9

## Cascade and Music: ED

This is a two year programme funded by Arts Council England. Cascade Music deliver sessions twice a week on our busy Emergency Department. Last year, they led a research project in partnership with consultants and the University of Liverpool to assess the impact of live music on patients who are receiving an invasive procedure. The results of the study showed that the trend was that patients experiencing live music were generally treated much quicker, as they were more compliant, against those who did not experience the live music. The plan is now to publish the results of the study more widely.

## Breathe Music

This is a six month programme funded by the Felicity Wilde Trust. The programme offers weekly group sessions for patients who are being treated for Asthma and other respiratory conditions. Singer Pip Bryan and cellist Georgina Aasgaard work with patients to develop their singing and musical composition skills, which has been shown to boost lung confidence as well as increasing self-confidence and social skills.

*“Breathe Music is an exciting opportunity to develop breathing control through the use of musical instruments and vocal techniques such as singing, beat boxing and rapping. Breath control is a vital skill to develop for young people who have a respiratory condition. Improving breath control can help reduce symptoms of breathlessness and the associated psychological components such as feelings of anxiety.”*

*Claire Hepworth, Clinical Specialist  
Paediatric Respiratory  
Physiotherapist*

## Other Art Forms

The Arts for Health Programme encompasses a broad range of arts, giving patients the widest possible cultural experiences and the opportunity to try something new. Listed below is a selection of projects from the last twelve months:

### Animation: Medical Mavericks

Medical Mavericks is a two year programme that started in spring 2018 and will conclude in April 2020 – it has been funded by the Heritage Lottery Fund. Twin Vision, a media and educational charity, worked with patients from three areas of the hospital: Oncology Unit, Dewi Jones Mental Health Unit and Ward 4A, a neuro surgical and orthopaedic ward. Patients created a series of short animated films which explored the lives of three medical innovators who all had strong connections to Liverpool and made a significant contribution to the development of modern medicine: Sir Robert Jones, Dr William Duncan and Frances Ivens. Patients were involved in all aspects of film production, from researching and developing the film script, making models and sets, filming and editing, and doing voice overs. An educational app for children exploring the Medical Mavericks was also produced.



The films and app were launched at Alder Hey in February 2020, with a highly successful celebration event attended by patients, families and staff. Following this launch, the films, models and sets were shown for two weeks at Tate Liverpool in a special exhibition. The exhibition then toured to the Central Library, where it will be shown for two months. Alder Hey volunteers acted as facilitators in the Tate exhibition gallery and Twin Vision also led a series of participatory animation workshops for families.

The exhibition was seen by over 17,000 visitors during the two weeks duration and received an overwhelmingly positive reception by visitors to the space, as well as by Tate Liverpool staff. It provided a wonderful showcase for the talent and creativity of the children and young people at Alder Hey, as well as the quality of the Arts for Health Programme.

*"The whole experience was cool and you wouldn't know that kids made the exhibition because it was so good. Making a zoetrope was really fun and the end results looked amazing. I enjoyed the exhibition and workshop a lot."* Nancy aged 13, visitor to exhibition and workshop

*"Brilliant exhibition, fantastic sets and model, very educational."* Visitor to exhibition

*"The gallery was always full, the visitors really connected with the animations."* Karen Green, Curator, Tate Liverpool

*"All of the children involved in this project have done an amazing job!"* Visitor to exhibition

### Dance: ELaTion

This was a two year dance programme funded by Children in Need. The funding from Children in Need finished in December 2019 and the Programme is now funded by the Alder Hey Children's Charity for the next twelve months. The ELaTion project, led by Small Things Dance Collective, consisted of regular participatory dance interventions, two days a week, led by a team of three dance artists - Lisa Dowler, Louise Gibbons and Samantha Hickey. In addition, biannually, over two days bespoke live music and dance performances took place on the hospital wards, with musicians Georgina Aasgaard and Henry Horrell joining the team. The programme offers bespoke dance and movement sessions for children on long term wards: Cardiac Unit, Neuro Rehabilitation Unit and Renal Unit. Children and young people on all of these wards face a range of issues associated with long-term hospital stay: loss of self-esteem/confidence, depression and anxiety, boredom, inability to sleep through lack of activity and disruption to mainstream education and cultural opportunities.



They are unable to see friends and visits from family and siblings may be limited because of distance or sibling's school commitments. They do not have the opportunity to play or engage their imagination and

have fun like other children. The patients can become institutionalised and introverted because of the nature of the medical interventions they are receiving, which often lead to a loss of control and choice. The aims of the project were to engage them in a fun and creative participatory activity, to transform their experience of being in hospital and support their recovery and wellbeing.

The project was evaluated through three possible differences/outcomes:

1. The project will help boost children's self-confidence and self-esteem.
2. The project will support a child's individual recovery from illness and/or injury by encouraging and promoting increased mobilisation, movement and activity after surgery and illness, through individual and group improvised dance workshops.
3. The project will enable children to have fun during their hospital stay.

In total Small Things Dance Collective worked with 794 patients. In summary, over two thirds of participants made significant progress across three outcomes with 95% making at least some progress. Thus children and young people in hospital were able to have fun, increase their mobilisation, confidence and self-esteem by engaging with dancers and performance.

*"It was also very relaxing to watch for me and see both the dancers and my son Jacob. It was a nice mixture of performance and interaction which lifted our spirits, thank you!"* Mum of Jacob, age 8 years

## Theatrical Minds

Theatrical Minds was an eight week pilot project run on the Dewi Jones Mental Health Unit in the summer term of 2019 – it is a partnership with the nationally renowned Everyman and Playhouse Theatre. Thanks to funding from The National Lottery, we are now able to extend the programme for a further twelve months, which started in January 2020.

The programme offered young people on the Unit, who have a range of severe mental health conditions, the chance to create stories through script writing and drawing that could be performed on the stage. At the end of the programme, the young people visited the Everyman Theatre where professional actors performed the stories alongside some of the young people. They were also given a backstage tour of the theatre.

The programme saw huge increases in confidence and self esteem for many of the young people, with one boy, who was selective mute, becoming the driving force behind the project through his storyboarding of ideas. Others, who had been reluctant to take part in group activities, gradually began to take an active part in the programme.

*“The trip to the Everyman had everyone really emotional. We saw a side to the children we would never have seen if not for the team and the setting. They made the project come to life and the children had an insight into the potential they have to create something unique! The project drew the children in; for a time they were able to overcome the hold that their mental illness has on them and let themselves shine!” Debbie McConnell-Jones, Dewi Jones Unit Teacher*

## Patient Stories

Patient Stories is an ongoing programme 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 are 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 had over 25 long term patients (stay of three months or more) who have participated in the scheme. Activities have included playing the drums, learning to play the ukulele, fashion design, illustration and painting, photography, learning to play the keyboard and designing comics and zines.



### Creative Writing Programme

This is a partnership with the English Department at the University of Liverpool which has offered both activities in the Performance Space and on the wards. In the Performance Space, we ran three pop-up exhibitions which gave visitors the chance to explore ideas on climate change and energy through creative writing activities. These included exploring a dolls house powered by solar energy! These activities have been replicated with children and young people on the wards, led by two professional writers.

*“My son really enjoyed the session. It helped him with his writing and thinking. The lady who ran the session was lovely and my son found the session really engaging. It gave him lots to think about. I think the hospital should continue with sessions such as these as it keeps the children occupied while in hospital, especially if they are in for long periods of time.” Mum of Neuro patient*

### The Big Draw

The Big Draw is a national and annual event, run by the Campaign for Drawing. It aims to promote drawing as an aid to good health and wellbeing.



Our Big Draw events were both in the Performance Space and on the wards. Artist Jennie Yarnell devised fun drawing activities for visitors to try out in the Performance Space, such as making bunting and superhero peg dolls. On the wards, we had a number of printmaking workshops with artist Rachael Howard and animation workshops led by Twin Vision.

### Young Makers Craft Residency

This is an eight week printmaking residency in partnership with Bluecoat Display Centre who have funded the project. Printmaker Karen Edwards is working on both the Neuro Rehabilitation school room and the Oncology school room to introduce patients to Victorian letter press printing. The project started at the end of February and so far, we have had patients produce their own printed postcards bearing positive messages and slogans and a collection of mini books.

### Read for Good

Our partnership with Read for Good began in 2014; through it, the hospital gratefully receives a collection of brand new children and young people’s books to distribute to patients every six weeks. Read for Good also supply a storyteller to read to the children every half term. This year, for World Book Day, we were privileged to welcome best selling children’s author and illustrator, Cressida Cowell, who visited the Oncology Unit to talk to children about becoming an author. She also delivered a storytelling session in the Performance Space. The visit was organised by Read for Good and Liverpool Learning Partnership.

### Performance Space



We regularly programme a diverse range of live arts in our Performance Space which have been enjoyed by hundreds of visitors. This includes live music, dance, theatre and storytelling, as well as pop-up exhibitions and creative participatory activities. In 2019 – 2020, we have delivered 23 live arts events.

## 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 2019-20	2018-19				2019-20			
			Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Summary Hospital Level Mortality Indicator (SHMI) <sup>1</sup>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
C. Difficile Numbers – Due to Lapses in Care	0	n/a	0	0	0	1	0	0	1	0
C. Difficile - Rates Per 100,000 Bed Days	0	n/a	0	0	0	7.2	0	0	5.6	0
18 Week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%	87.00%	92%	92%	92%	92%	92%	92%	92%	90%
All Cancers: Two Week GP Referrals	93%	92.75% <sup>2</sup> (Feb 2020)	100%	100%	97%	97%	100%	98%	99%	100%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	85%	96.3% <sup>2</sup> (Feb 2020)	100%	100%	100%	97%	100%	100%	100%	100%
All Cancers: 31 Days Until Subsequent Treatments	94%	96.27% <sup>2</sup> (Feb 2020)	100%	100%	100%	100%	100%	100%	100%	100%
A&E - Total Time in A&E (95th Percentile) <4 Hours	95%	76% 2019-20 (All AE Types)	95.28%	96.09%	93.32%	92.91%	91.41%	91.67%	83.96%	87.87%
Readmission Rate Within 28 days of Discharge <sup>3</sup>	National Data Collection Methodology Currently Under Review	0-15 Yrs	10%	9%	11%	8%	9%	8%	8%	9%
		16 Yrs and Above	10%	13%	13%	11%	4%	5%	5%	5%
Financial and Service Performance (Use of Resource) Ratings	n/a	n/a	3	2	1	1	3	3	3	2
% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends <sup>4</sup>	n/a	71.4%	89.30%				88.3%			
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse From Staff in Last 12 Months <sup>5</sup>	n/a	28.5%	23.50%				20.9%			
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard <sup>6</sup>	n/a	83.9%	85.90%				83.8%			
Rate of Patient Safety Incidents Per 1000 Bed Days	n/a	n/a	77	88	77	95	86	84	77	84
Total Patient Safety Incidents and the Percentage That Result in Severe Harm or Death	n/a	0.5%	1350 0.00%	1335 0.00%	1286 0.00%	1306 0.23%	1375 0.07%	1334 0.07%	1300 0.00%	1345 0.07%
Diagnostics: % Waiting Under 6 Weeks	99%	97.2%	99.60%	99.40%	99.70%	99.60%	99.90%	99.98%	99.90%	99.90%

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. Cancer Waiting Times National Performance is based on most recent published data for Feb 2019, NHSE website.
3. Data source: Trust Patient Administration System – not published nationally.
4. 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).
5. 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).
6. 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?).

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.
  - Implementing our revised strategic plan, ‘Our Plan’, over the next five years.

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





## Annex 1 – Statement on the Quality Report by Partner Organisations

### Commentary from Governors

*“I confirm that the activity detailed in the Accounts reflects my understanding of the work ongoing. It is particularly heartening to see the continuing drive to both listen to, and work with, children and young people that is so central to the Trust activity. Protecting this, even during a time of unprecedented uncertainty and change, is a clear indicator of the quality of care and passion for excellence which is a hallmark of all Trust activity.”*

*Professor Philippa Hunter-Jones*

**PROFESSOR PHILIPPA HUNTER-JONES**

Parent and Carer Governor

6th October 2020

*“A thorough and detailed report. In particular I look forward to progression with the following:*

- *Combined actions by all agencies to address health inequalities in the community.*
- *The proposed Respect at Work Policy to enable early resolution of workplace issues.*

- *Post COVID-19 ‘new ways of working’ and progress to full 7-day working.*
- *The use of apps and IT to engage and inform children ahead of attending hospital, and as a way of distracting and reducing anxiety when at hospital.*
- *As well as executives and non-executives, I hope governors will be able to be involved in departmental visits when normal working is resumed. I would also encourage governors to be involved in Patient Led Assessment of the Care Environment (PLACE)”*

*Simon Hooker*

**SIMON HOOKER**

Lead Governor

26th October 2020



## Healthwatch Liverpool Comment on Alder Hey Quality Accounts 2019/20

*“Once again, Healthwatch Liverpool welcomes the opportunity to comment on the Trust’s annual Quality Accounts, and we are pleased to note Alder Hey’s continued commitment to quality care and its progress in a number of key areas – notwithstanding the unprecedented impact of COVID-19 in the final quarter of 2019/20.*

*The Trust’s COVID-19 response plan worked very effectively in supporting the wider local health system whilst maintaining a strong focus on safe care for children, young people and their families and on staff safety. The ongoing impact of the pandemic on patients and their families, as well as on staff and their own families, will doubtless continue to be a factor in the year ahead, but it is reassuring to see that plans and procedures are already in place to address this as far as is possible, although it will inevitably have an impact on elective procedures in particular.*

*It is particularly encouraging to see that so many staff undertook training and were redeployed to support patients, families and colleagues around COVID-19. We also commend the Trust’s commitment to staff ‘shadowing’ children, young people and families and observing how Alder Hey operates through their eyes.*

*The Care Quality Commission (CQC) rating of ‘Good’ is welcomed, with particular note taken of the ‘Outstanding’ rating for ‘Caring’. We look forward to seeing improvements in the ‘Safe’ category in the next 12 months. We also look forward to seeing full Data Security Protection Toolkit (DSPT) compliance.*

*We attended the Quality Accounts presentation event on 9th October and were impressed with the presentation and the quality of supporting evidence in the draft Quality Account.*

*Of particular interest to us is the impressive work achieved by The Forum since its relaunch. This demonstrates excellent patient and community involvement and co-production with children and young people, and offers opportunities for young people to develop leadership roles within the Trust, not least in relation to digital innovation and staff recruitment.*

*We would also like to highlight the continuing success of the Arts for Health Programme and the variety of outstanding initiatives for involving patients in creative/artistic opportunities.*

*It is encouraging to see that Alder Hey staff have achieved such high levels of participation in clinical audits both locally and nationally, despite understandable delays or cancellations of some audits due to COVID-19. We support the Trust’s commitment to offering all patients the opportunity to participate in research studies/clinical trials. We were interested to read about, for example, specific examples of actions taken, plans, improvements and recommendations regarding Diabetes, insulin prescribing and self-administration, and paediatric phlebotomy. We will also be interested to see the results of future audits of Expressed Breast Milk Management, Cardiac Theatre log book/data management, and Controlled Drugs Management.*

*We support ongoing improvements in partnership working with Liverpool Women’s Hospital in relation to neonatal care.*

*It’s good to see that the emphasis on incident reporting remains high and that reducing preventable harm will be a focus for 2020/21. It’s also encouraging to see the Trust doing so well in areas as diverse as reducing hospital acquired infections and innovative practices such as 3D modelling of tumours to assist with complex surgical procedures.*

*We will follow with interest the embedding of new/technologically assisted ways of working which have emerged as a result of COVID-19 and will be particularly interested in the monitoring of patient/family reactions to them. We also wish to underline the importance of using complaints and PALS contacts as a learning tool, to help make improvements in patient experience.*

*There is still some work to be done to achieve full compliance with all aspects of the 7 Day Hospital Service, although progress has been made, and we appreciate that the pandemic has had an impact here as in other areas.*

*As always, our comments here are informed not only by the contents of the Quality Account document but also by our engagement with the Trust over the past 12 months. In this respect, we were pleased that Healthwatch Liverpool staff and volunteers were invited to participate in the PLACE inspection, and we enjoyed our visit. We were particularly impressed with the commitment and dedication of the staff that we spoke to and by the quality of the food served on the wards. The ward-based catering system allows for tailor-made, nutritious meals for children and young people with a*

range of dietary needs and requirements, and remains a jewel in the Trust's crown. We were also pleased to be invited to speak with young people using the CAMHS service, and we valued their input into the co-design of a survey aimed at them and their fellow CAMHS service users. This survey was requested by the Trust in 2019 as an alternative to our standard annual Listening Event. However, despite our ongoing requests for Trust support in circulating the survey to service users, several months later we have still not made progress in distributing it.

A particular issue that we've raised over the year – based on patient feedback – has been around language/translation/interpreting and communication with patients and families who do not have English as a first language, and deaf people in particular. We're pleased that this is being addressed as part of the Trust's work on the Accessible Information Standard (AIS) and we look forward to continued improvements in this respect, in tandem with Alder Hey's ongoing commitment to reducing health inequalities.

Progress has been made in improving the involvement of Healthwatch Liverpool within the Trust and we have now been invited to attend Clinical Quality Strategy Group meetings, and to meet with members of the Parent Forum, both of which are very welcome developments.

We also look forward to sharing our forthcoming SEND report with the Trust as it contains useful feedback from children/young people, parents/carers and education, health and social care professionals.

In summary, this is a welcome and encouraging report, and it is clear that the commitment to quality, equality, safety and patient inclusion remains central to the Trust's ethos. We look forward to developing ever-closer links with Alder Hey staff, patients and families over the coming 12 months, notwithstanding the challenges facing the Trust and the wider health and care sectors."

*Claire Stevens*

**CLAIRE STEVENS**

**Information and Projects Officer (Engagement) On behalf of Healthwatch Liverpool**  
20th October 2020

## Commentary from Clinical Commissioning Groups



### Quality Account Statement – Alder Hey Children's Hospital NHS Foundation Trust.

South Sefton CCGs hosted a virtual Quality Accounts Day on Friday 9th October 2020. Providers were invited to present their accounts and stakeholders were asked to provide feedback. Stakeholders included:

- South Sefton and Southport and Formby CCGs
- Liverpool CCG
- Knowsley CCG
- Healthwatch Sefton, Liverpool and Knowsley
- Health Education England
- NHS England/Improvement
- Sefton MBC
- NHSE Specialised Commissioning
- CQC

The stakeholders appreciate the Trust's focus on quality and safety at a time of a global pandemic. They recognise this has required different ways of working during the COVID-19 period and is reflected in the accounts.

The stakeholders welcomed the opportunity to jointly comment on Alder Hey Children's Hospital NHS Foundation Trust's Quality Account for 2019/20. The CCGs have worked closely with the Trust throughout 2019/20 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.

It is noted that the Quality Account that is being reviewed is a draft version and the stakeholders look forward to receiving the finalised account. The work the Trust has undertaken and described within this Quality

Account continues to promote patient safety and the quality of patient experience and endorses the Trust's commitment to promote safety and quality of care. The Commissioners acknowledge the successes highlighted by the Trust. It was confirmed that the breakthrough objective, in relation to access to care, includes reduction in waiting times. This includes a continued focus on the following elements:

- Patient experience - to put children first and promotion on play.
- Safety – to be the safest children's Trust in the NHS.
- Effectiveness – to achieve outstanding outcomes for children.
- Ensuring a Quality Culture.

Commissioners welcome the progress on the Quality Strategy and note:

- The work carried out by the Trust in relation to patient experience, particularly with the Staff Advice and Liaison Service (SALS) available to staff, including access to a Clinical Psychologist, and it is reassuring that this service will continue to be available to staff in the future. The implemented Staff Advice and Liaison Service (SALS) was planned and in place pre COVID-19 pandemic and the plan is for the Trust to keep the service going.
- Attendees noted the effort that has been put into the Freedom to Speak Up process in order to raise awareness of how staff can raise concerns.

It was noted that there was limited detail in relation to Trust never events in the presentation and this would have been beneficial to see as it is a key priority for this year and is on the Trust's related action plans. The Trust informed that they will ensure this comes through more strongly and that they are working on reducing incidents causing harm.

In relation to the organisation's priorities for Safe Care, it would be helpful if the provider could confirm in the report that the agreed set of metrics is in relation to all types of harm.

This is a comprehensive report that clearly demonstrates progress within the Trust.

Commissioners are aspiring through strategic objectives to develop an NHS that delivers positive 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 how the Trust will further improve services to address the current issues across the health economy.

We acknowledge the actions the Trust is taking to improve the quality as detailed in this Quality Account. It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend the Trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

### South Sefton and Southport & Formby CCGs



**FIONA TAYLOR**  
Chief Officer  
Date:



**LIVERPOOL CCG**  
Date:



**KNOWSLEY CCG**  
Accountable Officer  
Date:

## Commentary from Overview and Scrutiny Committee

The Overview and Scrutiny Committee were invited to comment on the Quality Account, but were unable to provide commentary within the required timescales.



**Alder Hey Children's**  
NHS Foundation Trust

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