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PART 1: STATEMENT ON QUALITY FROM LOUISE SHEPHERD, CBE CHIEF EXECUTIVE OFFICER **PAGE 3**

# N



PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD  
**PAGE 4**

# T

# E

PART 3: OTHER INFORMATION. QUALITY PERFORMANCE 2020/21  
**PAGE 29**

# N

# T

# S

APPENDIX 1: REPORTING AGAINST CORE INDICATORS **PAGE 67**



ANNEX 1: STATEMENT ON THE QUALITY REPORT BY PARTNER ORGANISATION  
**PAGE 68**

# Part 1: A Message from our Chief Executive



“

I am immensely proud of all that the organisation and its superlative people have done to deliver on both of these critical missions in the last year ”

*Louise Shepherd*

**LOUISE SHEPHERD CBE**  
Chief Executive

When I wrote to you to introduce last year's Quality Account we were already in the midst of a global pandemic. Alder Hey was shaping its response to ensure that as far as possible we were able to safeguard our own services - maintaining children, young people and their families at the heart of all that we do - whilst at the same time, working as a key partner within the wider system and supporting the mutual aid effort across Cheshire and Merseyside. I am immensely proud of all that the organisation and its superlative people have done to deliver on both of these critical missions in the last year.

Throughout the whole period of COVID-19 the Trust maintained its focus on quality and safety. Whilst the NHS nationally took the step of relaxing some of the reporting required of organisations, we streamlined the way in which we did things to ensure that we continued to measure what matters so that we could all be assured that our standards of care did not fall. We commenced the restoration of our full services as soon as conditions allowed, although some of our ways of working have changed permanently as a result of the benefits we found from becoming more agile and innovative in our daily practice.

Our research focus shifted to enable all institutions to throw everything they had at vaccine development and health problems relating to coronavirus. Expertise from among Alder Hey's leading clinicians was sought nationally to contribute to that effort.

Never has it been more evident than during this crisis, that Alder Hey is founded upon a set of Values that are fundamental to the way in which our fantastic caring, compassionate staff stepped up to keep everyone safe. Whether that be by embracing the need to adapt our paediatric environment to care for adult COVID-19 patients on two separate occasions; or by quickly changing work practices to see patients using digital technology rather than face to face. All of our teams truly did live our Values every day to each and every one of them I want to extend my sincere thanks and that of the whole Board for their unparalleled dedication.

As Chief Executive, I commend our Quality Account for 2020/21 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.

# Part 2: Priorities for Improvement and Statements of Assurance from our Board

## 2.1. Priorities for Improvement in 2021/22

### Introduction:

In last year's Quality Account, the Trust reported that a full strategic review had been undertaken and the Trust had developed 'Our Plan' which is a five-year plan spanning 2019 to 2024, in consultation with our children and young people and our staff, 'Our Plan' was approved through our Trust Board. Central to our plan is our 'Brilliant Basics' programme, a key component of our original vision and quality strategy (2011), with the aim to drive both operational efficiency and strategic growth. However, the advent of the coronavirus pandemic in early 2020 led the Trust through a fundamental shift in how our plans were reshaped and this has largely continued during this reporting period. Nevertheless, as this report shows the central focus has remained the same in terms of delivering the best quality, safest care to our children and young people and supporting our staff to deliver the central focus and associated strategic objectives.

### Context and Environment

The initial Phase 1 of the pandemic saw the Trust focus on managing the crisis as a critical incident, increasing critical care capacity in both the first wave and again during the third wave of the pandemic in January 2021. During both waves the Trust increased critical care capacity to support the wider system, including directly supporting adult services, while continuing to deliver safe care for our children and their families and keeping our staff safe.

During Phase 2 the focus was on a safe restart of services by increasing services for children and young people, while maintaining safe care and being fastidious in protecting our staff. The Trust also took on a system leadership role for the restoration of paediatric services.

For Phase 3 the national plan has been to work towards the restoration of services with an expectation of delivering elective, outpatient and imaging services to 2019/20 levels as far as possible before the end of

March 2021. Clearly the third wave of the pandemic in early January has had an impact on delivering this expectation. However there has been an ongoing expectation of collaboration as a system to reduce health inequalities that have been further exposed and exacerbated by the pandemic and the Trust has embraced this collaboration with partners.

As an organisation we have adapted and learned during this period, including flexing our operational model to accommodate adult patients and pioneering digital solutions to enable our clinical teams to maintain contact with patients and families.

### The NHS operating environment

Our priorities going forward continue to be driven by compliance with national and local standards. As part of our 'Brilliant Basics' programme we remain committed to the Trust's vision to deliver 'a healthier future for children and young people' whilst striving to be world leading in our approach to innovation, research and achievement of the best clinical outcomes. As part of the work started on Our Plan, we have partnered with and being supported by external organisations, KPMG and Point of Care Foundation (POC) to support the development and implementation of our operational excellence programme, with a focus on our long held aim of delivering 'Brilliant Basics'. We want all our staff to feel empowered to make improvements in their own area and we want to include our children, young people and their families in everything that we do. Implementation of this programme is fully supported by the organisation, sponsored by the Board to make this the success it needs to be. Our approach and methodology for the Brilliant Basics programme is built on the concept of delivering improvements in care, quality and safety by the everyday, ongoing use of continuous improvement. We are building a sustainable infrastructure to deliver this with the newly formed Quality Hub being the engine room for this programme of work. This reaches from the frontline through to our board; building routines, behaviours and the use of tools to support Quality Improvement at all levels of the organisation. Alongside this capability build we have developed our Strategy into Action which means having a focused set of strategic objectives that are cascaded throughout



the organisation ensuring all of our contributions to improvement can be aligned towards our ultimate goal – a healthier future for children and young people. Our strategic objectives approved by the Trust Board for 2021/22 are as follows:

- Eliminate the backlog of patients waiting for treatment.
- Zero harm events.
- 80% of our staff recommend Alder Hey as a place to work.
- Increase the number of children and young people who have access to our care.
- Increase the number of children and young people who have had preventative and/or early support.
- Increase the number of active research studies.
- Increase the number of innovation projects deployed into care.

Alongside our strategic objectives, improvement work will be undertaken on three focused safety priorities led by the clinical teams and supported by the Quality Hub.

**Priority 1: Deteriorating Patient:** The focus of this priority will be the development and implementation of a safe pathway for the deteriorating patient, to ensure robust escalation in case of a deteriorating patient on the ward. The pathway will include for example compliance with administration of IV antibiotics within 60 minutes as part of the sepsis pathway.

**Priority 2: Medication Errors:** Whilst acknowledging that medication is a high-risk area in children and young people for a variety of reasons, incidents involving medication account for the highest volume of incident reports across the organisation. This priority will include work with the medication safety committee to identify a range of projects that will directly impact the safety of prescribing, dispensing and administration of medication.

**Priority 3: Parity of Esteem for Mental and Physical Health:** It has become increasingly apparent during the past 15 months that children and young people (CYP) have been among the most deeply

affected by the pandemic, particularly in terms of their emotional and mental health. In order to address CYP needs all children and young people, regardless of setting, will have equal importance given to their physical health care needs and mental health and emotional needs. In addition to monitoring that children and young people have had the relevant assessments, this priority will also include specific training to equip staff with increased knowledge and understanding. This priority will also include the roll out of suicide prevention training and positive behavioural support across the organisation.

## 2.2. Statements of Assurance from the Board

### 2.2.1 Review of Services

During 2020-21 Alder Hey Children's NHS Foundation Trust [Alder Hey] provided 42 relevant health services. Alder Hey has reviewed all the data available to them on the quality of care in all these relevant health services. The income generated by the relevant health services reviewed in 2020-21 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2020-21.

### 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 2020 to 31st March 2021, 14 National Clinical Audits and 2 National Confidential Enquiries covered NHS services that Alder Hey Children's NHS Foundation Trust provides.



“  
We remain committed to the Trust's vision to deliver 'a healthier future for children and young people'”

During that period Alder Hey Children's NHS Foundation Trust participated in 93% (13 out of 14) National Clinical Audits and 100% (2 out of 2) National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in. The Seven Day Hospital Services audit was suspended due to COVID-19 so participation in National Clinical Audits should read 100%.

The National Clinical Audits and National Confidential Enquiries that Alder Hey Children's NHS Foundation Trust was eligible to participate in during the reporting period 1st April 2020 to 31st March 2021 are outlined in the table below.

The National Clinical Audits and National Confidential Enquiries that Alder Hey Children's NHS Foundation Trust participated in, and for which data collection was completed during the reporting period 1st April 2020 to 31st March 2021, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

NATIONAL AUDIT	PARTICIPATION	% CASES SUBMITTED
<b>CHILDREN</b>		
Paediatric Intensive Care (PICANet)	Yes	Submitted 766 cases which was 100% of cases available.
Pain in Children Royal College of Emergency Medicine	Yes	Data Collection on-going.
<b>ACUTE CARE</b>		
Severe Trauma (Trauma Audit and Research Network)	Yes	Submitted 199 cases, which was 100% of cases available.
<b>CARDIAC</b>		
Cardiac Arrest (National Cardiac Arrest Audit) (NCAA)	Yes	Submitted 12 cases, which was 100% of cases available.
National Cardiac Audit Programme (National Institute for Cardiovascular Outcomes Research (NICOR) Congenital Heart Disease Audit)	Yes	Submitted 781 cases, which was 100% of cases available.
National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (CRM)	Yes	Submitted 136 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 139 cases, which was 100% of cases available.
Paediatric Diabetes (RCPH) (Royal College of Paediatrics and Child Health) National Paediatric Diabetes Audit)	Yes	Submitted 482 cases, which was 100% of cases available.
Epilepsy 12 (RCPH National Audit of Seizures and Epilepsies in Children and Young People)	Yes	Submitted 195 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 67 cases, which was 100% of cases available.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	Submitted 6 cases, which was 100% of cases available.
UK Cystic Fibrosis Registry Cystic Fibrosis Trust	Yes	Submitted 89 cases, which was 100% of cases available.
Seven Day Hospital Services NHS England	On Hold	On hold due to COVID-19
National Acute Kidney Injury programme UK Renal Registry	Yes	Submitted 491 cases, which was 100% of cases available.

NATIONAL CONFIDENTIAL ENQUIRIES	PARTICIPATION	% CASES SUBMITTED
Suicide in children and young people (CYP) - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) - University of Manchester	Yes	0 cases included in the study which was 100% of cases available.
Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths) - MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)	Yes	Submitted 15 cases which was 100% of cases available

## 2.2.3 Actions arising from National Clinical Audits

The reports of 10 National Clinical Audits were reviewed by the provider in the reporting period April 1st, 2020 to March 31st, 2021 and Alder Hey Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

NATIONAL CLINICAL AUDIT	ACTIONS
Paediatric Intensive Care ( <a href="#">PICANet</a> )	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.
Care of Children in the Emergency Department <a href="#">Royal College of Emergency Medicine (RCEM)</a>	<p>The report from RCEM was reviewed and the findings of the audit were presented at the Emergency Department virtual audit meeting in March 2021.</p> <ul style="list-style-type: none"> <li>Formal system now in place for the review of notes by consultant each day to improve the response to children who have left the Emergency Department without a review.</li> <li>Absconson policy is now in place.</li> <li>On-going education and support for staff to enforce implemented policies and monitor compliance.</li> </ul>
Pain In Children <a href="#">Royal College of Emergency Medicine</a>	Data Collection On-going. Report not available as audit is on-going.
Severe Trauma ( <a href="#">Trauma Audit &amp; Research Network</a> )	<p>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. In 2020 the data quality remained consistently above the national average with a Trust value of &gt;98%.</p> <p>The total number of children experiencing Major Trauma admitted to Alder Hey since 2013 continues to increase; overall from 2013 to 2020 this figure is in the region of 26%.</p> <p>The themed Clinical Reports are reviewed by specific department leads, such as Neurosurgery and Orthopaedics, with oversight from the Trust Paediatric Major Trauma Quality and Safety Group and the regional North West Children's Major Trauma Network quarterly governance meeting. One of the indicators of outcome after Major Trauma provided by TARN is the W score. For the period of 2020 Alder Hey had a W score (the difference between actual and predicted survival rates) above 0 which indicates that there are more survivors of major trauma than anticipated.</p> <p>The impact of COVID-19 and measures being put in place to control the spread of the pandemic changed presentation patterns with the number of children being admitted following major trauma falling by approximately 25% compared to the similar period in 2019. The biggest reduction in numbers admitted was March, April, and June 2020. A further detailed report from this period is under construction and will be shared in due course.</p>
Cardiac arrest ( <a href="#">National Cardiac Arrest Audit</a> )	An action plan was not required as the audit standards are being met.

NATIONAL CLINICAL AUDIT	ACTIONS
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	Awaiting publication of report. Delayed due to COVID-19.
National Cardiac Rhythm Management Audit (CRM) (NICOR)	Awaiting publication of report. Delayed due to COVID-19.
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. <ul style="list-style-type: none"> <li>• Data Collection re-commenced in July 2020.</li> <li>• As preliminary recommendations we are looking into remedial actions from the outcome statements in the IBD Registry Quarterly Report. We are also looking into service re-configurations to reflect actual data capture.</li> </ul>
Diabetes (Royal College of Paediatrics and Child Health (RCPCH) National Paediatric Diabetes Audit)	Data collection for the audit continues 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) & NPDA. Improvements delivered are as follows; <ul style="list-style-type: none"> <li>• Quality improvement methodology has been employed following the diabetes team participating in the RCPCH Diabetes QI (Quality Improvement) programme.</li> <li>• Monthly data review continues as part of departmental governance meetings.</li> <li>• Redesigned patient education package from diagnosis. Information prescription for use in clinic.</li> <li>• Further improved patient education through new website and Twitter, Instagram and Digibete platforms are currently being set up.</li> <li>• Reduced the median HbA1c by 4 mmol/mol over 2 years.</li> <li>• Continued increase in 7 key health care processes, now at &gt;90%.</li> <li>• Produced handy sick day correction cards given to all patients.</li> </ul> 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)	Prospective Data Collection for the Epilepsy 12 audit will be on-going for 2021/22. This will be dependent on COVID-19 pressures on the service. No recommendations were required for the cohort 1 submission. Awaiting publication of the report for cohort 2 submission in 2021.
Children and young people Asthma Audit National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Report to be published in May 2021.
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 workflow and allows us to address any areas where improvements could be made.



NATIONAL CLINICAL AUDIT	ACTIONS
UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u>	<p>The Annual report allows us to compare our clinical outcomes to those of our peers and identify areas for improvement. The specialist commissioning CF Tariff for each patient is determined by the data submitted.</p> <p>Submission of accurate, timely and relevant data is important to capture the complexity of our patients and to ensure their level of CF tariff awarded is correct. This complexity reflects the contribution of the multidisciplinary team to the provision of quality care with the patient at its centre.</p>
Seven Day Hospital Services <u>NHS England</u>	Data Collection timescales for 2020/21 are under review by NHS England due to COVID-19.
National Acute Kidney Injury programme <u>UK Renal Registry</u>	<p>Key messages from the 2020 published report are:</p> <ul style="list-style-type: none"> <li>• AKI (Acute Kidney Injury) of increasing severity is associated with increased risk of mortality.</li> <li>• AKI is associated with prolonged hospital stay.</li> </ul> <p>HES (Hospital Episode Statistics) coding for AKI was poor in paediatric hospitals. This is an area for improvement.</p>

## 2.2.4 Actions arising from Local Clinical Audits

There was a total of 294 local audits registered in the reporting period 1st April 2020 to 31st March 2021. There are 94 (32%) local audits completed. There are 189 (64%) audits that will continue in 2021/2022. There are 4 (1%) audits not yet started and 7 (2%) audits have been cancelled.

The reports of the completed local clinical audits were reviewed by the provider in the reporting period April 1st, 2020 to March 31st, 2021 and examples of the outcomes are listed below.

LOCAL AUDIT	ACTIONS
Reviewing the prescribing of antibiotics in accordance to confirmed microbiology specimens and bacterial growth	<p>The audit was discussed at the Alder Hey Pharmacy Department audit meeting in August 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Highlight to all healthcare professionals the importance of Antimicrobial Stewardship</li> <li>• A Re-audit in 6 months has not been possible due to COVID-19 and department limitations.</li> </ul>
Audit of medication and prescribing errors in the Emergency Department.	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in June 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Disseminate audit report to department present audit at next available audit meeting</li> <li>• Prepare a multi-disciplinary team poster on avoiding drug errors.</li> <li>• Prepare a poster for doctors' induction on doctor related drug errors.</li> <li>• Re-audit in 1 year.</li> </ul>
Audit of Ordering & Assessment of New Drugs as described in Medicines Management Code Section 32	<p>The audit was presented to the Chief Pharmacist and Head of Pharmacy at Alder Hey in May 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Update Medicines Management Code Section 32 at time of next routine review.</li> <li>• Clinical Development Evaluation Group to be informed of all new medicines added to JAC and the reasons why full process not required.</li> <li>• Provide update to pharmacy team Re. the process for the request of new medicines. Produce a summary sheet which can be supplied at pharmacy staff induction on request.</li> <li>• All DUSED (JAC system code for de-used products (Medicines no-longer used) medicines to be reviewed by procurement or Medicines Information pharmacist if request received to re-instate on JAC (Medical Management Clinical Data System). New review document to be developed and a record of decision to be kept in Risk Assessment Folder.</li> <li>• Re-audit in 1 year.</li> </ul>

LOCAL AUDIT	ACTIONS
An audit into the use of Rituximab in patients with Nephrotic Syndrome (NS) treated at Alder Hey Children's Hospital	<p>The audit was presented at a Microsoft Teams Meeting with members of Alder Hey Renal team, Consultants and Nurse Practitioners in October 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Development of a working group to address issues and look at making improvements to the existent guideline especially in terms of setting out a follow up and monitoring schedule for patients.</li> <li>• Possible development of a treatment pathway for use of Rituximab in Nephrotic syndrome. This will help consistency of documentation.</li> <li>• Re-audit in six months following implementation and dissemination of new guideline/treatment pathway.</li> </ul>
A service evaluation to identify the current time frame for establishing optimal ventilation in a Paediatric Long term non-invasively ventilated population within a regional paediatric centre.	<p>The audit was presented at the Alder Hey Long term ventilation business meeting in August 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• The audit was used to look at current practice and lead onto an ethics application for further study.</li> <li>• No re-audit required.</li> </ul>
A service evaluation to review the volumes achieved on ventilation for patients established on non-invasive ventilation (NIV).	<p>The audit was presented at the Alder Hey Long Term Ventilation team meeting in August 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Consider further research to identify best practice and most effective volume of ventilation in paediatric population.</li> <li>• No re-audit required - baseline service achieved, requires further research before re-auditing.</li> </ul>
Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis audit of new model of care	<p>The audit was presented at the Alder Hey General Paediatrics Department lunch time teaching session in August 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• To continue with 60 minutes appointment.</li> <li>• To stop pre assessment clinic and stick to usual Multi-Disciplinary Teams Myalgic Encephalomyelitis /Chronic Fatigue Syndrome clinic.</li> <li>• Re-audit in 1 year.</li> </ul>
Audit of the demand for community Occupational Therapy delivered by acute team across the city of Liverpool	<p>The audit was presented at a meeting with the Clinical Commissioning Group (Children and Young People's Commissioner) in August 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• It is recommended that the hospital team focus on their core work of acute care. This would lead to the consideration of handing over the community work to the Liverpool City Council Occupational Therapy (OT) team with appropriate staffing.</li> <li>• A thorough job-planning exercise is recommended to look at the role of both the clinical OT and OT manager role going forward. It is recommended that these roles be separated.</li> <li>• A further examination of the exact role of the OT in future would inform this job-planning.</li> <li>• Re-audit not required - This work is likely to be part of another service in future.</li> </ul>
Impact of the Lockdown in the Mental Health of Children attending for medication reviews at CAMHS (Child and Adolescent Mental Health Services)	<p>The audit was discussed at an Alder Hey CAMHS supervision meeting in May 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Results to be disseminated amongst clinicians.</li> <li>• Separately there will be an audit of the quality of notes documented at Sefton CAMHS; this will also be disseminated.</li> <li>• Re-audit not required</li> </ul>

LOCAL AUDIT	ACTIONS
The impact of Personal Protective Equipment (PPE) on procedure induced anxiety at induction of anaesthesia	<p>The audit was presented at the Alder Hey Anaesthetics Department audit meeting in November 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• For future work to be conducted looking at whether there is an impact on the incidence of emergence delirium.</li> <li>• Re-audit required when the endemic phase of COVID-19 has passed. This will allow evaluation of the transition phase.</li> </ul>
Moving forward from COVID-19: the impact of pre-operative isolation and screening in re-initiating elective paediatric surgery at a tertiary centre.	<p>The audit was presented at the Alder Hey Anaesthetics Department team meeting in June 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• To continue the management of elective surgery in children in accordance with the current theatre screening Standard Operation Procedure (SOP) and pre-operative assessment SOP.</li> <li>• To widen the availability of pre-operative testing in children presenting for elective surgery.</li> <li>• To continue data collection on cancellation rates and the reason behind them.</li> <li>• No re-audit required.</li> </ul>
Paediatric Community Survey	<p>The audit was presented at the Alder Hey Community Paediatrics Departmental meeting in October 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Attention deficit hyperactivity disorder (ADHD) follow up: Plan needed for regular height weight and blood pressure clinics whilst COVID-19 pandemic restrictions are in place.</li> <li>• Robust triage system for younger children for Autism spectrum disorder (ASD) assessment.</li> <li>• Consider video assessment for older children and children who are anxious to come to face to face clinics.</li> <li>• Melatonin follow up: Alternate between face to face and telephone clinics.</li> <li>• New Patient: Clinician decision for face to face following initial consultation. But face to face would be preferred going forward.</li> <li>• MDT/Team Meetings: Online meeting to be the preferred option wherever possible.</li> <li>• Neurological Development history: works well.</li> <li>• No re-audit required.</li> </ul>
Plastic Surgery Burns & Trauma Theatre time Utilization: Analysis over a 3-month period	<p>The audit was presented at the Alder Hey Plastic Surgery Department Governance meeting in August 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Work together with theatre teams by analysing data and steps to improve theatre utilizations.</li> <li>• Analyse the number of plastic surgical emergencies conducted on other theatres in the said period. This will help to understand the distribution of manpower in the team.</li> <li>• No re-audit required.</li> </ul>
PICU (Paediatric Intensive Care Unit) Staff COVID-19 Research Survey	<p>The audit was accepted as a poster presentation for the PCCS (Paediatric Critical Care Society) Conference and results were shared with the local PICU team at Alder Hey in October 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Results show all roles in the PICU workforce all agree that research is an important part of learning in a pandemic and clinical staff would like to have more information available to them about COVID-19 research.</li> <li>• Our protected COVID-19 Research Team approach enabled us to ensure minimal research burden on clinical teams and this information will aid us in planning our workforce for future pandemics.</li> <li>• No re-audit required.</li> </ul>
AGP PPE (Aerosol Generating Procedures Personal Protective Equipment) Communication Staff survey	<p>The audit was published in The Journal of Laryngology and Otology in July 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Wearing personal protective equipment can impact communication in healthcare environments. Efforts should be made to remind staff about this burden and to seek alternative communication paradigms, particularly in operating theatre environments.</li> <li>• We recommend speaker systems.</li> <li>• Greater training and simulation once technology is developed.</li> <li>• Re-audit in progress.</li> </ul>

LOCAL AUDIT	ACTIONS
How has COVID-19 driven evolution of paediatric orthopaedic care: comparative study	<p>The audit was presented at the Alder Hey Orthopaedic Department Audit Meeting in July 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Perform interventions in the Accident and Emergency department under intranasal diamorphine where possible rather than admission for surgery.</li> <li>• Re-audit in 1 year.</li> </ul>
Audit of Arterial Switch Operation (ASO) Outcomes at Alder Hey Children's Hospital (AHCH)	<p>The audit was presented at "Heart Talks" departmental multi-disciplinary teaching meeting in July 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• It is recommended that a primary ASO (Arterial Switch Operation) in neonates with TGA (Transposition of the great arteries) IVS (Intact Ventricular Septum) be performed from the first few days to 3 weeks of life.</li> <li>• A primary ASO should be considered up until 60 days (with extracorporeal back-up).</li> <li>• Re-audit completed.</li> </ul>
Audit of the Management of Nontuberculous Mycobacterial Lymphadenitis in Children at Alder Hey Children's Hospital	<p>The audit was presented at the Alder Hey ENT (Ear Nose &amp; Throat) Department Clinical Governance meeting in November 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• No recommendations as it was a review of patient outcomes.</li> <li>• No re-audit required.</li> </ul>
6157 Utility of remote ENT (Ear Nose & Throat) consultations and virtual listing for adenotonsillectomy	<p>The audit was presented at the Alder Hey ENT (Ear Nose &amp; Throat) Department meeting in October 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Triage ear and nose problems directly to face to face clinic.</li> <li>• Collect data from Patient Experience text message questionnaire to assess patient views of remote appointments.</li> <li>• Collect clinician views using a questionnaire.</li> <li>• Re-audit in 12 months.</li> </ul>
Adherence to the DNA (Did Not Attend) child protection protocol	<p>The audit was presented at the Alder Hey Orthopaedic Department virtual audit meeting in July 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Plan to simplify and re-distribute the protocol to colleagues as a reminder.</li> <li>• Consider text message alert systems for parental reminders for upcoming appointments.</li> <li>• Due to the COVID-19 pandemic the timescale for completing these changes and re-auditing clinician compliance with the DNA protocol has been delayed.</li> </ul>
Wound review: taking the dressing down	<p>The audit was presented at the Alder Hey Orthopaedic Department meeting in November 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Starting up a nurse led specialist post-op wound review service would be financially viable and release capacity back to the existing clinic system whilst also creating employment opportunity within the Alder Hey Orthopaedic team.</li> <li>• Re-audit in 6 months.</li> </ul>
Analysis of IV access in patients diagnosed with congenital hyperinsulinism	<p>The audit was presented at the Alder Hey Department of Surgery audit meeting in January 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• PICC (Peripherally Inserted Central Catheter)/neonatal longlines seem to be central venous access for neonates diagnosed with CHI (Congenital Hyperinsulinism).</li> <li>• Access for these patients could therefore, in the first instance, be discussed with the IV access team, then on-call anaesthetic team.</li> <li>• If the anaesthetic team feel that access is likely to be difficult, the surgical team could then be contacted to consider a tunnelled central line if a PICC is not successful.</li> <li>• Re-audit in 1 year.</li> </ul>

LOCAL AUDIT	ACTIONS
EBM (Expressed Breast Milk) management	<p>The audit was presented to the Alder Hey Critical Care Unit Departmental meeting in September 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Recommend improvement in practice around EBM management in line with policy/guidance</li> <li>• Re-audit in progress.</li> </ul>
Reviewing the effectiveness of paediatric virtual fracture clinic appointments at Alder Hey Children's Hospital during the COVID-19 pandemic	<p>The audit was presented at the Alder Hey Orthopaedic Department rolling half day meeting in October 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Devise a protocol for the Emergency Department / Walk in Centre to guide which injuries are more appropriate to be booked in for Virtual Fracture Clinic versus Face to Face fracture clinic.</li> <li>• Improved patient information: virtual leaflets / QR codes, and information on virtual clinics on Alder Hey website.</li> <li>• Text reminders to be sent on the morning of the Virtual Fracture Clinic to ensure parents are available to answer phones.</li> <li>• Re-audit to assess any interventions once a protocol has been devised.</li> </ul>
Place of death compared to preferred place of death of all children and young people (CYP) known to the Specialist Palliative Care Team (SPCT) at Alder Hey Children's Hospital	<p>The audit was presented at the Alder Hey Palliative Care Departmental Meeting in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Ensure preferred place of death is recorded in the patient's notes but also on the data collection sheet for future audits. If not known, discuss the reasons for this with colleagues involved.</li> <li>• Re-audit in 1 year.</li> </ul>
Re-audit of compliance with MRSA (Meticillin Resistant Staphylococcus Aureus) and surveillance swabs within the Haematology/ Oncology Unit	<p>The audit was presented at the Alder Hey Oncology Unit weekly teaching session via Teams in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Recommend sending stool samples rather than swabs.</li> <li>• Increase education among staff and patients/ parents.</li> <li>• Recommend a centralised or individualised record of swabs.</li> <li>• Re-audited data from September 2020. A further Re-Audit will commence later this year.</li> </ul>
Day Surgery Unit/ Inpatient theatre Consent Audit	<p>The audit was presented at the Alder Hey Day Surgery Unit "Best in operative care" meeting in December 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Consent will be taken in the Pre-operative clinics and not on the day of surgery in line with national guidance.</li> <li>• Re-audit in 6 months.</li> </ul>
Wrist arthrodesis experience using distal radius plates in patients of upper limb spasticity	<p>The audit was presented at the Audit Meeting at Whiston Hospital. Summary of findings and an action plan were discussed at the Alder Hey Plastic Surgery Governance Meeting in November 2020. The audit was accepted for presentation at BSSH (British Society for Surgery in the Hand) Autumn Meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Continue to use Medartis distal radius fusion plates for wrist fusion in limbs for spasticity patients.</li> <li>• Availability of Medartis distal radius implants on the shelf in the hospital.</li> <li>• Further follow up for more robust data and comparison with other plates in the clinical/ research setting.</li> <li>• Re-audit in 1 year.</li> </ul>



LOCAL AUDIT	ACTIONS
Re-audit of adherence to ECHO follow-up in patients with ALL (Acute Lymphoblastic Leukaemia) after the last dose of Anthracycline.	<p>The audit was presented at the Alder Hey Oncology Department meeting in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Further meeting required to discuss long-term follow-up guidance.</li> <li>• Re-audit not required as new guidance needs to be specified prior to a re-audit.</li> </ul>
Documentation audit of Occupational Therapy notes	<p>The audit was presented at the Alder Hey Occupational Therapy Department meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Contact the Medical Records and Communications teams regarding documents already available (abbreviations and documentation guidelines). Use to develop standards for documentation.</li> <li>• Re-audit in 6 months.</li> </ul>
Emergency Department attendances related to dog bites	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in December 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Discuss with plastics team (they are auditing their data) - was this increase seen across different bite severities?</li> <li>• Dog Bite study is now underway to prospectively look at the epidemiology of our attendances and the recovery of children bitten by dogs.</li> <li>• Re-audit in 1 year.</li> </ul>
Audit of referral to assessment times for patients under the care of the Rheumatology Occupational Therapy team	<p>The audit was presented at the Alder Hey Rheumatology Occupational Therapy Team Meeting in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Development of hypermobility pathway to streamline advice and reduce the amount of face to face clinic time, enabling increased clinic time for</li> <li>• Inflammatory caseload.</li> <li>• Audit showed that there was an improvement in timescale when staffing increased. Referral rate currently reduced post COVID-19 and question the results if the audit was repeated in 6 months.</li> <li>• Implementation of pathways for assessment and treatment, to use alternative methods of providing information and delivering treatments. This should increase the number of slots available and reduce waiting times.</li> <li>• Guidance to be made accessible on shared hospital systems for new staff and students to be able to access and review them with ease.</li> <li>• Re-audit in 1 year.</li> </ul>
Quality Improvement - Emergency management of nasopharyngeal airways	<p>The audit was presented during an online discussion regarding outcomes from the project in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Standardised training and information packs should be provided to all staff, parents and carers managing and maintaining nasopharyngeal airways.</li> <li>• A record log could be kept of the staff that have received nasopharyngeal airway training, along with the date they received the training. This can ensure staff are up to date with their training.</li> <li>• Newly qualified nursing staff should have a higher level of support when managing nasopharyngeal airways as they are less likely to remove a nasopharyngeal airway in an emergency.</li> <li>• All patients with a nasopharyngeal airway should have an emergency management poster at their bedside.</li> <li>• Re audit in 1 year.</li> </ul>

LOCAL AUDIT	ACTIONS
<p>The effectiveness of colonic transit studies in the optimisation of the management of chronic constipation</p> <p>- Re-audit.</p>	<p>The audit was presented at the Alder Hey Radiology Department audit meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Present at the Surgical and Radiology audit meetings.</li> <li>• Re-distribute the proforma and conduct re-audit.</li> <li>• Re-audit in 3 months.</li> </ul>
<p>Understanding Doctor's Frontline antibiotic prescribing decisions in children following the COVID-19 pandemic</p>	<p>The audit was presented at the Alder Hey Respiratory Weekly meeting in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Proceed to use publication as a launching pad for future complex intervention.</li> <li>• Re audit in 6 months.</li> </ul>
<p>Orthopaedic Physiotherapy Outpatient Record Keeping Audit 2020</p>	<p>The audit was presented at the Alder Hey Orthopaedic Physiotherapy team meeting in November 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• All physiotherapists and physiotherapy students to complete a problem list and SMART (Specific, Measurable, Action-oriented, Realistic, Time Sensitive &amp; Resource Contained) goals when documenting the initial assessment. This should be updated accordingly throughout the course of treatment.</li> <li>• All physiotherapists and physiotherapy students to ensure all required areas of documentation are completed and notes are completed by the end of each working day.</li> <li>• Consent tab to be made a required field at next Global digital Excellence (GDE) review.</li> <li>• Re-audit in 1 year.</li> </ul>
<p>The Pandemic Workforce: A Seismic Shift to Remote Working</p>	<p>This audit has been completed as part of a student consultation-based project. This has now been submitted and is awaiting marking. Presentation date to be arranged to Chartered Management Institute.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Creation of a remote workers well-being policy which will promote a healthy work life balance and include guidance for healthy ICT use. This should convey the importance of staff switching off properly when they have finished working.</li> <li>• Budget holders should consider allocating funding to remote workers to be spent on improving ergonomic set-up.</li> <li>• Once safe to do so, hybrid models of working should be considered by leaders considering the preference of the employee and the needs of the service.</li> <li>• To reduce possible bias towards promoting on site employees, look at new ways of ensuring that opportunities for career progression are equitable across the workforce. This could be managed by a working group led by Human Resources in conjunction with the flexible working committee. A specific induction checklist for new starters who will work remotely may help them to embed better and forge new relationships.</li> <li>• Continue to work with managers to help build their skills around supporting remote teams specifically in relation to compassionate leadership.</li> <li>• Build on work that has already commenced and is aimed at decreasing social isolation such as virtual common rooms. E.g. virtual book clubs, choirs, coffee mornings, meditation, walk to work club.</li> <li>• Future Research is needed with subsequent studies exploring the other facets of occupational well-being.</li> <li>• No re audit required – However, recommendation made for further monitoring of wellbeing of remote workers.</li> </ul>
<p>Outcomes after paediatric extracorporeal cardiopulmonary resuscitation (ECPR) in a tertiary centre</p>	<p>The audit was presented at the Alder Hey Cardiac Surgery Departmental Meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• To continue current system and utilization of ECPR. There is a need to have a robust system to record ECPR data so that we can analyse them prospectively.</li> <li>• Re-audit in 1 year.</li> </ul>

LOCAL AUDIT	ACTIONS
Surgical Site Infections in paediatric cardiac surgery	<p>The audit was presented at the Alder Hey Department of Surgery Quality Assurance and Quality Improvement Monthly Meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• To establish a solid database to record SSI (Surgical Site Infections).</li> <li>• Re-audit in 1 year.</li> </ul>
Sickle Cell Crisis: Optimising Pain Management in the Emergency Department	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in December 2020.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Production of a sickle cell crisis poster for triage.</li> <li>• Organising of a sickle cell crisis session.</li> <li>• Increase staff awareness.</li> <li>• Haematology led input into sickle cell crises management.</li> <li>• Training for triage staff into identifying patients in sickle cell crisis and promptly giving analgesia.</li> <li>• Re-audit in 1 year.</li> </ul>
Concussion management in the emergency department - Is it improving?	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Staff to use concussion advice leaflets (ACoRN) After Concussion, Return to Normality.</li> <li>• Recommend a teaching session to staff in the Emergency Department on concussion and to explain where to find the concussion leaflet.</li> <li>• To re-audit following staff teaching sessions and changing the name of the concussion leaflet on the hospital system (Meditech).</li> <li>• To utilise QR codes more and make this a new way for patients to be given the leaflet, in order to improve uptake.</li> <li>• Re-audit in 1 year.</li> </ul>
Hypophosphatemia after treatment of iron deficiency with ferric carboxymaltose (FCM) infusion in paediatric inflammatory bowel disease in a tertiary paediatric gastroenterology centre	<p>The audit was presented at the Alder Hey Gastroenterology Department audit meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Present findings at departmental teaching, and present at departmental Clinical Governance/ IBD Inflammatory Bowel Disease meeting</li> <li>• To liaise with pharmacist and team to agree for monitoring requirements.</li> <li>• Re-audit in 1 year.</li> </ul>
An audit to review the impact of an Occupational Therapy (OT) pre-op assessment on length of stay for children with diagnoses of Cerebral Palsy and Neuromuscular conditions who are undergoing hip and/or spinal surgery	<p>The audit was discussed with OT colleagues in a meeting to feedback findings in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Occupational Therapy to continue to complete pre-ops for spinals and liaise with gait lab for hips.</li> <li>• Occupational Therapy to complete an audit into the use of the specialist wheelchairs, to determine their usage vs. cost effectiveness to the trust.</li> <li>• Re-audit in 2 years.</li> </ul>

LOCAL AUDIT	ACTIONS
Fever in the under 5 presenting to the Emergency Department	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Increase awareness in the department of the need for a written safety net and consistency in where this is documented.</li> <li>• Increase involvement of senior input into those children being discharged home who may have remained tachycardic.</li> <li>• Re audit in 1 year.</li> </ul>
Are we completing the Meditech Balanitis Xerotica Obliterans (BXO) Pathway documents on Meditech for patients with BXO who have had a circumcision?	<p>The audit is to be presented in 2021 at local teaching for the Alder Hey Paediatric Surgery and Urology Departments</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Present audit to the department at local teaching.</li> <li>• Ensure the Paediatric Urology and Surgical teams are familiar with the documents on the hospital system (Meditech).</li> <li>• Explain the importance of using the pathway in relation to glans and meatal assessment at surgery, use of pre-op and post-op steroids and Uroflow assessment at follow-up.</li> <li>• Re-audit in 6 months.</li> </ul>
Outcome of virtual and telephone consultations	<p>The audit was presented at the Alder Hey Surgery Departmental Meeting in December 2020. Further discussion with clinical and departmental leads regarding the action plan and recommendations for a future Second audit cycle to be carried out in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Call quality to be recorded for video consultations.</li> <li>• Clinician to record outcome for virtual consultation.</li> <li>• Repeat second audit cycle.</li> <li>• Re-audit was completed in February 2021 (Ref 6292).</li> </ul>
Outcomes after using Vedolizumab in paediatric inflammatory bowel disease in a tertiary centre, over a 3-year period	<p>The audit was presented at the Alder Hey Gastroenterology Department audit meeting in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Longer term follow up to assess outcomes of patients commenced on vedolizumab, to assess disease activity and side effect profile.</li> <li>• Re-audit in 1 year.</li> </ul>
CRAFFT audit - Are eligible patients with distal radius fractures being recruited to CRAFFT (Children's Radius Acute Fracture Fixation Trial)	<p>The audit was presented at the Alder Hey Orthopaedic Departmental Meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• New starters to orthopaedics to be made aware of CRAFFT trial and how to recruit.</li> <li>• Relay information to emergency department about our success in recruiting patients to CRAFFT, to present audit findings at the Emergency Department audit meeting.</li> <li>• Ensure the trial is promoted to the incoming cohort of junior doctors in February 2021.</li> <li>• Re-audit in 6 months.</li> </ul>
ASD (Atrial Septal Defects) admissions to POCU (Post-Operative Cardiac Unit) where do we stand?	<p>The audit was presented at the Alder Hey Cardiac Department QA/QI (Quality Assurance &amp; Quality Improvement) meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Establish a solid plan to identify the factors that contribute to success toward admitting patients to POCU.</li> <li>• Re-audit in 1 year.</li> </ul>

LOCAL AUDIT	ACTIONS
Incidence of secondary adrenal suppression after prolonged use of Glucocorticoid therapy in children with inflammatory bowel disease	<p>The audit was accepted for poster presentation in the BSPGHAN (British Society of Paediatric Gastroenterology, Hepatology and Nutrition) annual meeting in January 2021. This was cancelled due to COVID-19 restrictions.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• LDSST (Low Dose Short Synacthen Tests) and SDSST (Standard Dose Synacthen Tests) should be used for the assessment of HPA (Hypothalamic-Pituitary-Adrenalaxis) recovery after a prolonged GC (Glucocorticoids) course and after the use of high dose IV Methylprednisolone.</li> <li>• Although the recovery of the HPA axis is poorly predictable, a mean period of 6 months is advised before retesting.</li> <li>• Re-audit in 1 year.</li> </ul>
Outcome of virtual consultations	<p>The audit was presented at the Alder Hey Dental Department Clinical Governance meeting in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Consider repeating the audit annually to assess standards.</li> <li>• Call quality to be recorded in MEDITECH (Hospital system) notes in the beginning of each virtual consultation.</li> <li>• Consider triaging of referrals to the dental department to assess suitability for a virtual appointment.</li> <li>• Re-audit in 1 year.</li> </ul>
Plaster care patient information audit	<p>The audit was presented at the Alder Hey Orthopaedics Department Mortality and Morbidity Meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Continue to share plaster care advice with patients.</li> <li>• Share the results with staff in the Emergency Department focussing on the importance of documentation.</li> <li>• Re-audit in the future to include patients seen in the plaster room and those admitted to orthopaedic wards.</li> <li>• Highlighting the standard documentation procedure and need of plaster documentations to continue at junior doctor induction.</li> <li>• Conduct a monthly snapshot prospective audit to provide assurance of maintaining standards.</li> <li>• Re-audit in 3 months.</li> </ul>
An audit of Burosumab treatment in children and adolescents with X-linked Hypophosphatemic Rickets (XLH)	<p>The audit was presented over Microsoft Teams to the Endocrine Department at Alder Hey in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Create a clinic review document to prompt the monitoring of the recommended clinical, biochemical and radiological parameters.</li> <li>• Bring patients into MDU for Burosumab injections and blood tests when patients are being started on Burosumab</li> <li>• Larger, more robust studies (possibly on national scale) are required to assess the impact of Burosumab on PTH and patient growth</li> <li>• Re-audit required in 1-2 years.</li> </ul>
Contemporary outcomes of aortic arch hypoplasia repair in a tertiary paediatric cardiac surgery centre.	<p>The audit was presented at the Alder Hey Cardiac Surgery Department audit meeting in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• 10 years follow up data is needed.</li> <li>• To follow up the patients for years to assess re-intervention rate on the aortic arch and survival.</li> <li>• Re-audit in 1 year.</li> </ul>



LOCAL AUDIT	ACTIONS
Direct referral of babies with feeding problems - reflux, non IgE milk allergy and/or unsettled behaviour - from Alder Hey Emergency Department to the Infant Feeding Clinic	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Junior Doctor induction should include teaching on calculation of infant feeding volumes.</li> <li>• Audit findings should be presented to the General Paediatrics team who oversee the Infant Feeding Clinic.</li> <li>• No re audit required - The direct referral pathway has been discontinued due to over-subscription.</li> <li>• A repeat audit looking at the effects on management of infants presenting to the Emergency Department with feeding problems may be useful.</li> </ul>
An audit of the management and follow up of children presenting with wheeze at Alder Hey Children's Hospital	<p>The audit was presented at the Alder Hey General Paediatrics Departmental meeting in February 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• To discuss findings with the Emergency Department and Respiratory teams in upcoming meetings to assess how we can improve management going forward and whether development of a VIW (Viral Induced Wheeze) guideline would be beneficial.</li> <li>• To re-audit with the months of November 2020 to February 2021 to assess practice after full introduction of the PA (Physician Associates) clinics.</li> <li>• Re audit in 1 year.</li> </ul>
Paediatric cardiac arrests – A descriptive audit reporting cardiac arrests presenting to a tertiary paediatric emergency department	<p>The audit was presented at the Alder Hey Emergency Department audit meeting in January 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Implementation and improvement of existing cardiac arrest proforma on hospital system (Meditech).</li> <li>• Re-audit in 5 years.</li> </ul>
Comparison of Four Nutritional Screening Tools for PICU (Paediatric Intensive Care Unit).	<p>The audit was preliminary discussed with the Alder Hey PICU consultant in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• A 3-month trial of assessing all new admissions to PICU for malnutrition risk with the Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP tool) should be undertaken. The tool must be introduced alongside a comprehensive training package and investment in staffing.</li> <li>• Re-audit in 6 months.</li> </ul>
Service evaluation - reviewing the effectiveness of the monthly Division Integrated Governance Meetings for the Community and Mental Health Division	<p>The audit was presented at the Alder Hey Community and Mental Health Divisional Board meeting in March 2021.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Refresh Workplan and Terms of Reference.</li> <li>• Talk about local governance expectations and offer support if required.</li> <li>• Spotlight training sessions are an aspiration for Quarter 2.</li> <li>• Continue with programme re subgroups.</li> <li>• Re-audit in 1 year.</li> </ul>
Sexual Health Screening in the Rainbow SARC, Alder Hey Children's Hospital FT Safeguarding UNIT	<p>The audit was presented to safeguarding paediatricians who undertake CSA / forensic medical assessments with forensic physicians, at weekly case review. Also presented to forensic physicians in April 2021 at monthly peer review meeting.</p> <p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• To promote the offer of Hepatitis B vaccination to all indicated cases at the initial visit, allowing for patient choice.</li> <li>• To ensure that screening for sexual health infections is completed for all cases, particularly testing for blood borne infections.</li> <li>• Improve record keeping/ documentation.</li> <li>• Ensure follow up referrals are not delayed.</li> <li>• Re-audit in 1 year.</li> </ul>

## 2.2.5 Participation in Clinical Research

The number of patients receiving NHS services provided or subcontracted by Alder Hey Children's NHS Foundation Trust (Alder Hey) in 2020/21 that were recruited to participate in NIHR Portfolio adopted clinical research was 7106. 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 (HRA) 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. In 2019 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.



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01/04/2020 TO 31/03/2021				
	NIHR	PARTICIPANTS	NON-NIHR	PARTICIPANTS
<b>SG1</b> (Oncology, Haematology, Palliative Care)	26	35	3	0
<b>SG2</b> Nephrology, Rheumatology, Gastroenterology, Endocrinology, Dietetics)	27	24	4	22
<b>SG3</b> (Respiratory, Infectious Diseases, Allergy, Immunology, Metabolic Diseases)	17	6,861	4	48
<b>SG4</b> (A&E, General Paediatrics, Diabetes, Dermatology, CFS/ME)	4	3	0	0
<b>SG5</b> (CAMHS Tier 3 and 4, Psychological Services and Dewi Jones)	1	0	1	0
<b>SG6</b> (Community Child Health, Safeguarding, Social Work Dept., Community Clinics, Neurodisability Education, Fostering, Adoption, Audiology)	0	0	0	0
<b>SG7</b> (PICU, HDU, Burns)	4	63	0	0
<b>SG8</b> (Theatres, Daycase Unit, Anaesthetics, Pain Control)	0	0	1	0
<b>SG9</b> (General Surgery, Urology, Gynaecology, Neonatal)	2	0	0	0
<b>SG10</b> (Cardiology, Cardiac Surgery)	0	0	1	0
<b>SG11</b> (Orthopaedics, Plastics)	4	67	0	0
<b>SG12</b> (Neurology, Neurosurgery, Craniofacial, Long Term Ventilation)	13	38	3	2
<b>SG13</b> (Specialist Surgery, Ear Nose and Throat, Cleft Lip and Palate, Ophthalmology, Maxillofacial, Dentistry, Orthodontics)	2	15	0	0
<b>SS1</b> (Radiology)	0	0	0	0
<b>SS2</b> (Pathology)	0	0	0	0
<b>SS3</b> (Pharmacy)	0	0	0	0
<b>SS4</b> (Therapies, EBME, Central Admissions, Bed Management, Medical Records, Generic Outpatients)	0	0	0	0
<b>NON-CBU</b>	0	0	2	114
<b>CNRU</b>	0	0	0	0
<b>Non Classified</b>	0	0	2	0
<b>TOTAL</b>	<b>100</b>	<b>7,106</b>	<b>21</b>	<b>186</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 region's 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 well as having an international impact on treatments developed for children. The infrastructure of expertise available at Alder Hey for setting up and successfully delivering clinical research are led and managed by a dedicated team who form the Clinical Research Division (CRD). The CRD employs 32 research nurses, supporting approximately 200 studies pre-COVID-19 at any one time and rigorously manages performance to ensure high quality delivery to time and target. Alder Hey has an excellent track record of recruiting the first patient globally to clinical trials, demonstrating that the organisation is at the forefront of drug development in paediatrics. Over the last 10 years Alder Hey has achieved this for 16 of its patients. Our clinical staff and associated academics lead and contribute to studies of the latest and newest treatment options, genetic profiling of diseases and research looking at drug safety including adverse drug reactions (side effects). Alder Hey was involved in recruiting patients to 37 open, non-commercial NIHR portfolio adopted clinical research studies, 15 commercial trials and 8 non-portfolio studies during 2020/21. 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 2020/21 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.

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 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 5-year contract to expand early phase and experimental research through to 2022 and there are plans underway to apply to extend this contract.

There were over 350 members of clinical staff participating in research approved by a research ethics committee at Alder Hey during 2020/21. 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 has 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 3 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 3 years funding to support an accelerated research approach into Cystic Fibrosis. Both 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 Neurosurgery, Nephrology, Emergency Medicine and Community Paediatrics.

Research and innovation activities at Alder Hey have increasingly aligned over the last 12 months 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

The CQUIN schemes were suspended in 20/21 due to the COVID-19 pandemic.

## 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. The Care Quality Commission applied conditions to the Trust's registration (section 31) in December 2020, which were removed on 12th February 2021. This was due to issues that had arisen in relation to the care of two young people with complex challenging behaviours. The Trust worked closely with the CQC to agree actions to ensure that services within the acute hospital were appropriately geared to this cohort of patients going forward.

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 with a rating of 'outstanding' for the caring domain. CQC made a number of recommendations for improvement following the inspection and the Trust has continued to take action to respond to these.

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

## 2.2.8 Data Quality

Alder Hey Children's NHS Foundation Trust submitted records from 1st April 2020 to 31st March 2021 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

The Trust is upgrading its Patient Administration System over the next 6-12 months and to support this implementation Data Quality will:

- Re-write any required DQ reports to support Patient Administration System upgrade
- Aid any Data Migration work to support the upgrade
- Support Data Cleansing of patient records before migrating to the new system
- Assist in the generation of new reports to cover new processes when required
- Troubleshoot and investigate upgrade related issues
- Proactively target and advise users generating DQ issues which will include workshops and refresher training sessions to ensure staff are fully aware of the importance of Data Quality and the integrity of the data is accurate at source
- Work closely with Training team to alter delivery of training content based on DQ patterns
- Support the Patient Demographic Service rollout across the Trust
- Use Patient Demographic Service reports to validate patient demographic changes



“Alder Hey contributes to the health and wealth of Liverpool and the UK as well as having an international impact on treatments developed for children”



- Run Patient Demographic Service reports and fix data errors where applicable

Alder Hey Children's NHS Foundation Trust will continue to take the following actions to maintain the high standard of data quality in the current Patient Administration System.

- A range of data quality reports will continue to be run daily, weekly and monthly to ensure data is monitored and corrected where necessary. New data quality reports will be created when necessary to support developments within the Clinical System – Meditech
- 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.
- Workshops and refresher training sessions to be arranged to ensure staff are fully aware of the importance of Data Quality
- Fulfil a schedule of regular data audits, reporting findings to relevant managers
- 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 Data Security and Protection Toolkit (DSPT) attainment levels

Due to COVID-19, the Data Security and Protection Toolkit (DSPT) submission dates have been adjusted at a national level for 2020/2021. The Baseline Assessment was re-set to 28/02/21, and the final assessment put back to 30/06/21. Consequently, the audit plans with Mersey Internal Audit Agency were adjusted:

- Q4 2020/21 - Progress Review in March 2021 - complete
- 2021/22 - Full Audit Report in December 2021 - pending

Alder Hey's DSPT Baseline Assessment was submitted on time, and we are on track to submit the final assessment by 30/06/21.

## 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 2020 to 31st March 2021, 68 inpatients (including 7 adult COVID-19 patients) died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 14 in the first quarter and 4 adult COVID-19 deaths
- 17 in the second quarter;
- 15 in the third quarter;
- 15 in the fourth quarter and 3 adult COVID-19 deaths

By 1st April 2021, 34 case record reviews and 4 investigations have been carried out in relation to the 68 deaths and the remaining 34 are progressing through the investigation process. 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 4 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:

- 16 in the first quarter;
- 15 in the second quarter;
- 3 in the third quarter;
- 0 in the fourth quarter (due to be completed over the next few months)

None (representing 0%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the hospital mortality review process established in Alder Hey Children's NHS Foundation Trust. Every child that dies in the Trust has a Hospital Mortality group review (a group consisting of multidisciplinary professionals from a range of specialties across the Trust) and usually at least one departmental review prior to this. The aim is for the departmental reviews to be completed within 2 months and the hospital mortality review within 4-6 months. There are occasions when the hospital reviews are delayed whilst awaiting completion of Root Cause Analysis (RCA), Coroner's cases and postmortems, 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:

- Difficulties with visiting limitations relating to COVID-19 national guidelines impacting on families and staff at an already traumatic time.
- Early involvement of the palliative care team with complex cases with likely poor outcomes to provide support at the first opportunity and ensure all options discussed
- Post bereavement meetings with the family should aim to involve all teams rather than separate meetings.
- Inform hematology when a large amount of blood products is required if not activating the major haemorrhage protocol.
- Aim for death to take place in best environment possible and to meet the family's wishes, with the recognition that this can take considerable number of staff and co-ordination.
- Ongoing issues of the Badger (PICU) system not linking with Meditech that the rest of the hospital uses. This can result in limitations with communication impacting on child protection issues and death reporting.
- There have been some incredibly complex cases where the Ethics group have been involved to ensure that there is clear effective discussion and then the legal team have been involved to ensure that all correct processes are followed,
- Discussion on a number of cases about difficulties identifying the correct children to put on ECMO as required to be done rapidly and the situation often becomes clearer after. At risk of infection if on ECMO for long periods as critically unwell and number of lines required.
- Vital to use professional interpreter, when English is not the first language rather than family member when discussing care and options especially when child is very unwell as it ensures that the communication is clear.
- Early input from neurology when there is concern about any potential brain injury, so the family are clear that there is a potential issue.
- All adult patients admitted to the Trust need a safeguarding referral.
- Confirmation of lung volume prior to operating on congenital diaphragmatic hernias
- Cannot get a septicaemia from a viral infection, need to ensure correct terminology on death certificates.

Work is ongoing between Infection Control team and the inpatient and bereavement teams to minimise impact of COVID-19 visiting rules on bereaved families. There have been a number of changes made to try and ensure that it made as easy as possible for the families.

The complex cardiac cases remain a very difficult area for the Trust as with a number of the very complicated cases no clear treatment pathway and sometimes whichever route is taken there will not be the desired outcome. The cardiology, cardiothoracic and PICU team work extremely hard together in a multidisciplinary team to ensure the best possible outcome for these extremely complex patients. These patients often require ECMO and there is a careful review process of the care provided on ECMO and lessons learnt so the team is always striving to improve the care provided.

The group has expanded to ensure smooth working with the neonatal team at Liverpool Women's with the neonatal mortality lead there attending regularly our HMRG meetings and giving us neonatal expertise. In addition, there is usually representation from the NWTSS (North West Transfer Service) who are often involved in transferring these children, so it gives us a real insight of the patient care and advice given. Another key member of the group is the bereavement team member who enable us to have feedback from the majority of families and we are now attempting to formalise the feedback by creating a tool to capture this sensitively and accurately.

28 case record reviews were completed after 1st April 2020 which related to deaths which took place before the start of the reporting period.

0 (representing 0%) of these deaths in this period are judged to be more likely than not to have been due to problems in the care provided to the patient. There are 6 cases which have been reviewed over this period but not closed and coded due to further information being required to ensure that the review process is robust and comprehensive. Some of these are very complicated and there potentially could be issues where care could have been improved but they need to be completed correctly before conclusions are drawn. 0 (representing 0%) of the patient deaths during the period 1st April 2020 to the 31st March 2021 are judged to be more likely than not to have been due to problems in the care.



## 2.2.12. Freedom to Speak Up

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

Alder Hey Children's NHS Foundation Trust has an established system in relation to Freedom to Speak Up (FTSU), as required by NHS Improvement and the National 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 to and 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 4 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 'what's 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 SAL's 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 & advice and support around raising concerns.

To continue to move to a culture of openness, the organisation is reviewing its Bullying and Harassment 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. Statement on Junior Doctors 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. This has also been impacted on by trainees having to shield or to not have full patient contact.

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 have 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. 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 September 2021 (this could be a face to face or virtual visit).

A major project has been ongoing within the Trust, led by 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 on the ST4 rota, providing greater resilience as we move into a likely extremely challenging winter. The rota team has liaised with trainees, lead employer and the BMA throughout this process and will review the stand-by nights when PHE deem that the risk from COVID-19 has reduced, i.e. at step 4.

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.



“  
Work continues within the Trust to ensure staff are aware that they are safe to raise concerns, that they will be listened to and their concerns will be acted upon”

## 2.2.14. Seven Day Hospital Service

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

This work is built on 10 clinical standards developed by the NHS Services, Seven Days a Week Forum in 2013. With the support of the Academy of Medical Royal Colleges, 4 of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high quality initial consultant review, access to diagnostics and interventions, and ongoing consultant- directed review at any time on any day of the week.

At the onset of the COVID-19 Pandemic NHSE/I took the decision to suspend 7-day Services audit submissions for the foreseeable future. Therefore, this audit has been suspended for the past 12 months. Nevertheless, during the peak of COVID-19 our service delivery model changed across all our specialty teams with far greater consultant presence, including at weekends and evenings. Had we undergone self-assessment at this time, we would have demonstrated good level of compliance with both Standards 2 and 8. Although our 'Future Models of Care Programme' was suspended during COVID-19, we had made significant progress against many of our objectives.

- We have successfully established a team of High Dependency Paediatricians with 5 appointments now in post. Appointment of these 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.

- The Acute Care Team and recruitment of Physicians Associated, referenced in section 2.2.13, will also support compliance with the standards.

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

We are now working to embed many of the new ways of working that emerged through COVID-19, 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.

## 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 2020-21

## 3.1 Quality Performance

Clearly the NHS operating environment 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. Nevertheless, the Trust has continued to focus on establishing a culture of quality improvement across the whole organisation. 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 in our thinking about how best to tackle the re-start and recovery phase. To support this, we developed five top level objectives referred to as our 'Breakthrough Objectives', approved by the Trust Board. These build from our strategic plan, however, were inevitably bespoke to the COVID-19 response:

1. **Safe Care** – zero harm against an agreed set of metrics
2. **Access to Care** - provide outstanding care to over 350,000 children and young people in 2021
3. **Great place to work** – 80% of staff recommend Alder Hey as a place to work
4. **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
5. **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



## 3.2 Key Priorities for Improving Quality 2020-21

The Key priorities that we set out for 2020-21 are summarised in the table below. This section of the Quality Account provides examples of the outstanding work and achievements of the Trust and reflects the extraordinary dedication and commitment of our staff.

### 3.2.1 PRIORITY 1: SAFE CARE

**FOCUS:** Zero harm against an agreed set of metrics

Patient safety remains a top priority for the Trust and we have continued to focus on reducing incidents causing patient harm. There are a range of areas of focus which include medication incidents, pressure ulcers and infections. Our progress in these three focused areas is outlined on the next page.

“  
...reflects the extraordinary dedication and commitment of our staff  
”

### 3.2.1.1 Incident Reporting

#### AIM:

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

#### TARGET:

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

#### OUTCOMES – 2020/21

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

During the year 2020/21 the Trust sustained its high rate of incident reporting via the NRLS system, which for the past four years has placed it among the best performers for patient safety incident reporting nationally: the most recent preliminary data shows the Trust continues to perform above average, however this data has not been validated, therefore it is not included in this report. The most recent published data – October to March 2020 – positioned Alder Hey third overall in terms of the highest rate of incident reporting per 1000 bed days and the highest reporter among specialist paediatric trusts. The Trust continues to be amongst the top performers for the shortest time between an incident occurring and being reported to NRLS in the country, with a mean of four days. This consistently high level of performance demonstrates the commitment of staff to the Trust's quality improvement culture and the benefits to be gained from open reporting and learning from incidents.

During the period 1 April 2020 and 31 March 2021, a total of 5,516 clinical incidents were reported. This is an improvement in reporting from 2019/20 and builds on the momentum from the previous year, culminating in the highest total number of incidents reported over the last 8 years. It is important to emphasise that the Trust encourages incident reporting to ensure openness, transparency, learning for improvement and to prevent future patient harm.

Of the clinical incidents reported, 4,569 were near misses or resulted in no harm (811 were near misses and 3,758 no harm). 941 were recorded as incidents of harm. These are broken down as follows:

- 927 minor non-permanent harm
- 11 moderate harm
- 3 severe harm
- The Trust recorded a circa 1.5% reduction in incidents resulting in preventable harm from 2019/20 to 2020/21, with 18.7% of incidents from 2019/20 causing preventable harm and 17.2% in 2020/21.

Due to the impact of the Coronavirus (COVID-19) pandemic, the Trust's aims of incorporating the changes in practice from the new Patient Safety Incident Response Framework, leading to service improvements; were unable to be delivered. This was due to delays incurred nationally as a result of the impact of the pandemic.

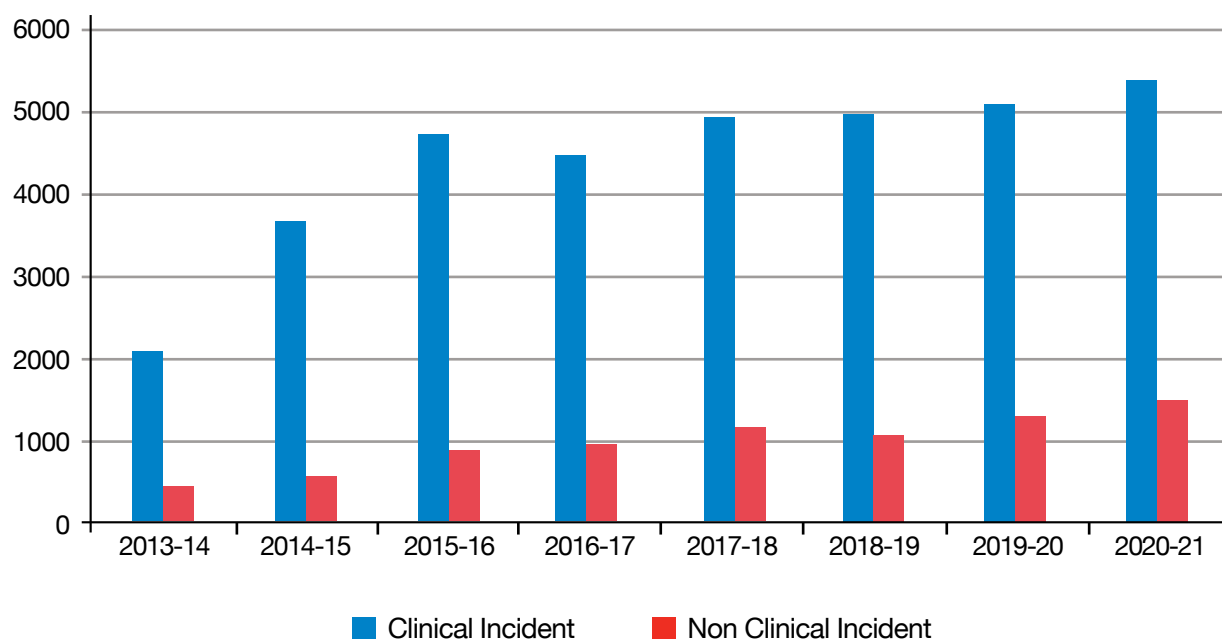
#### Further Improvements from 2020/21

- Increased multidisciplinary team's (MDT) engagement in the Trust-wide weekly Patient Safety Meeting.
- Implemented a training workshop to review RCA investigation methodologies and Human Factors, which was attended by a wide range of Trust staff.
- Work ongoing with Ulysses Task and Finish Group set up in November 2019; with an MDT approach, to streamline the incident reporting module; and system improvements implemented. Examples include incident detail and department search tools for staff, ability to allocate leads to incidents, and filter functionalities enabling more focused search functions, such as search by NHS number and search by actual impact
- Continued facilitation and delivery of Incident and Risk Management Training across the Trust; open for all staff to access, to support the delivery of the governance agenda.
- Quality Summit for Pressure Ulcers held in September 2020, with CCG engagement, leading to demonstrable improvements, such as the adoption of a 'QR' code for access to patient information leaflets for parents / carers.
- Multidisciplinary Trust-wide Patient Safety Day, supporting the development of our key safety priorities for 2021/22.

#### Future Plans

- The Trust will adapt into practice the new national Serious Incident Framework, when it is published
- Adopt the NHS Patient Safety Strategy (2019).
- Review and scope Integrated Risk Management System options available, to maximise the potential benefits from the system to improve patient safety, outcomes and experience.
- Focus on the key safety priorities, deteriorating patient, Medication safety and Parity of esteem
- Planned Medication Safety Summit, to support the priority project work on minimising risk of harm from medications, including prescribing and administration.

### Sum of Total by Financial Year and Incident Type



Graph shows sustained increase in incident reporting – data source Alder Hey corporate report

### 3.2.1.2 Medication Safety

#### AIM:

No drug errors resulting in avoidable harm.

#### TARGETS:

- 20% reduction in incidents resulting in minor harm. Baseline 34: Target 27.
- No incidents of moderate harm or above. Baseline: 3 Target: 0

#### OUTCOMES – 2020/21

- There have been 52 incidents of minor harm in 2020/21. This is an increase of 18 from last year.
- There was 1 incident of moderate harm reported in 2020/21. There has been no change since 2019/20
- There were 1 incidents of severe harm in 2020/21.

Medication errors can harm patients. Most 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

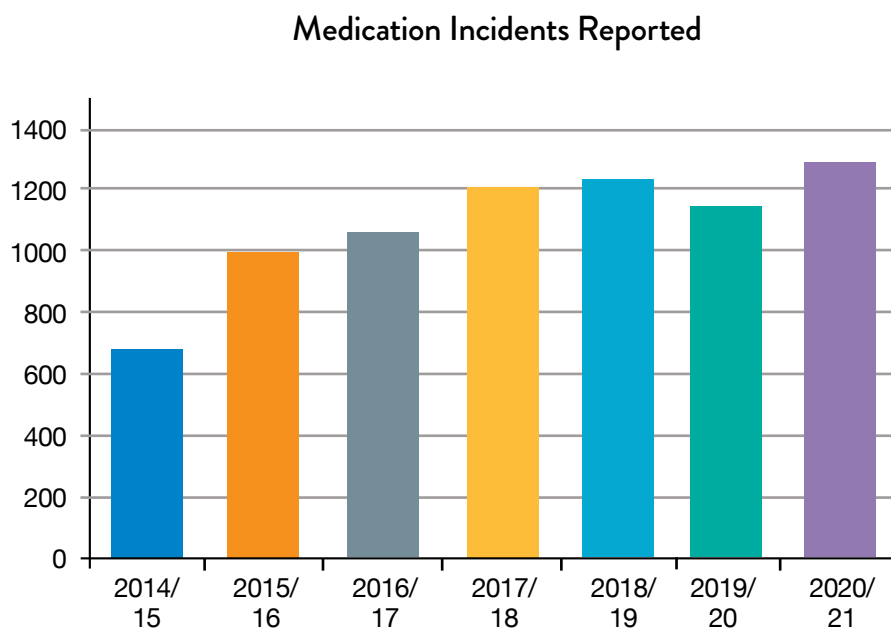
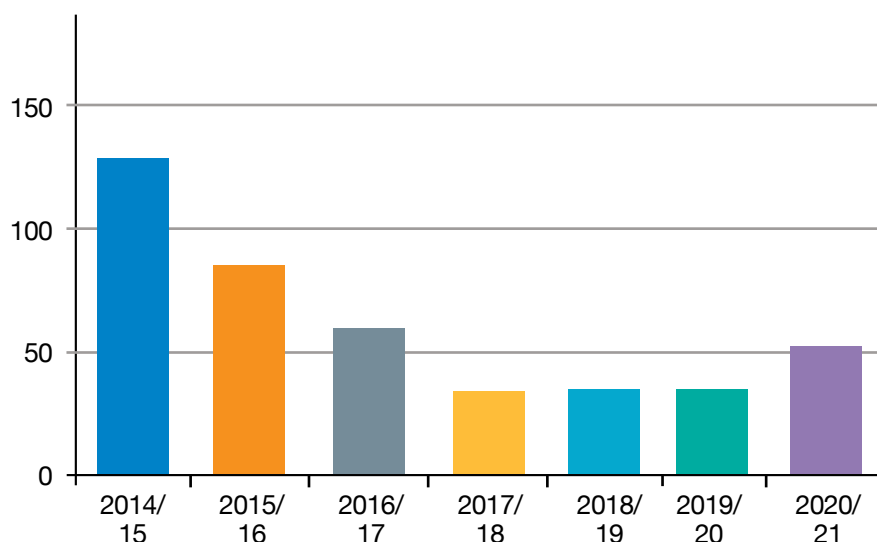


Figure 1 shows the number of medication incidents reported in Alder Hey since 2014. There has been a slight increase (7.7%) in the number of incidents reported in 2020/21 (1263 incidents) compared to 2019/20 (1166 incidents).

Figure 2: Total number of incidents associated with harm per annum:



Our targets for reduction of errors causing harm are guided by the World Health Organisation 'Global Patient Safety Challenge: Medication Without Harm'. It aims to reduce severe avoidable medication-related harm by 50% globally in the next 5 years. During 2020/21 one incident caused severe harm. A root cause analysis was undertaken, and a range of actions have been identified and implemented to minimise the risk of a similar incident recurring.

## Actions taken to improve safe use of medicines in Alder Hey

Actions taken in 2020/21 to reduce the number of medication errors reaching patients and causing harm are described below under 4 headings:



1

**INCREASING  
MEDICATION  
INCIDENT  
REPORTING,  
AWARENESS +  
ENGAGEMENT**



2

**EDUCATION  
AND TRAINING**



3

**REGIONAL/  
NATIONAL LINKS**



4

**REDUCING SPECIFIC  
TYPES OF ERRORS**





1

## INCREASING MEDICATION INCIDENT REPORTING, AWARENESS + 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 help 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 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
- MSOs also provide a session on the study day for all nurses completing training to be able to administer intravenous medication. This promotes the "5 rights" (right drug, right patient, right amount, right time, right route); helps nurses understand the calculations required to administer medicines safely and ensures awareness that double checking must be undertaken independently.
- Induction training for new doctors has been redesigned and includes a calculation assessment that must be completed before access to prescribing is allowed.



3

## REGIONAL/NATIONAL LINKS

- MSOs continue to engage with local universities so they can get involved with the delivery of medication safety training to student nurses and pharmacists
- 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. Safety concerns which may have relevance outside individual hospitals can also be circulated quickly via the "Rapid Sharing" processes.



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 which guide which patients are suitable for PN.
- Improving processes for prescribing PN.
- Improving processes 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

Ten-fold errors continue to occur and are very concerning. The Medication Safety Committee are leading a Summit on 30th April 2021 to address these errors and to prioritise action that may prevent further errors occurring.

### d) Errors due to interruptions or distractions

A project to investigate reducing interruptions to medicines administration was undertaken in 2020. The "do not interrupt" bundle investigated is going to be rolled out to all wards in the Trust. MSC is also working with teams to identify quiet zones on wards where prescribers can be protected from interruptions.



### 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 reduce the number of medication errors that cause harm to patients by 20% and reduce the number causing serious harm at 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 Continue to make staff aware of the Yellow Card scheme.

## 3.2.1.3 Infection Prevention and Control

### AIM:

By the end of March 2021, we will reduce avoidable harm due to hospital acquired infections.

### TARGETS – 2021/22

- No hospital acquired MRSA bacteraemia
- No hospital acquired Clostridium difficile infections due to lapses in care
- Reduce the number of hospital acquired MSSA bacteraemia by 10% from the 2020/21 baseline of 13.
- Reduce the number of hospital acquired gram negative bacteraemia by 10% from the 2020/21 baseline of 19.
- Match the number of Hospital acquired CLABSI (PICU only) to 2018/19 baseline of 18.

### OUTCOMES – 2020/21

- 0 MRSA bacteraemia
- 3 Hospital acquired Clostridium difficile infections  
1 case identified as due to a lapse in care.
- Increase in the number of hospital acquired MSSA; a total of 13 cases from a baseline of 7 in 2019/20.
- No change in hospital acquired Gram Negative bacteraemia: 21 cases compared to 21 last year.
- The number of hospital acquired CLABSI (only Paediatric PICU patients): 19 cases from a baseline of 12 up to end of Quarter 3.
- There was no hospital acquired RSV; from a baseline of 7 in 2019/20.
- There were no Hospital acquired Influenza cases, from a baseline of 6 in 2019/20
- There were 2 Hospital-onset COVID-19 cases

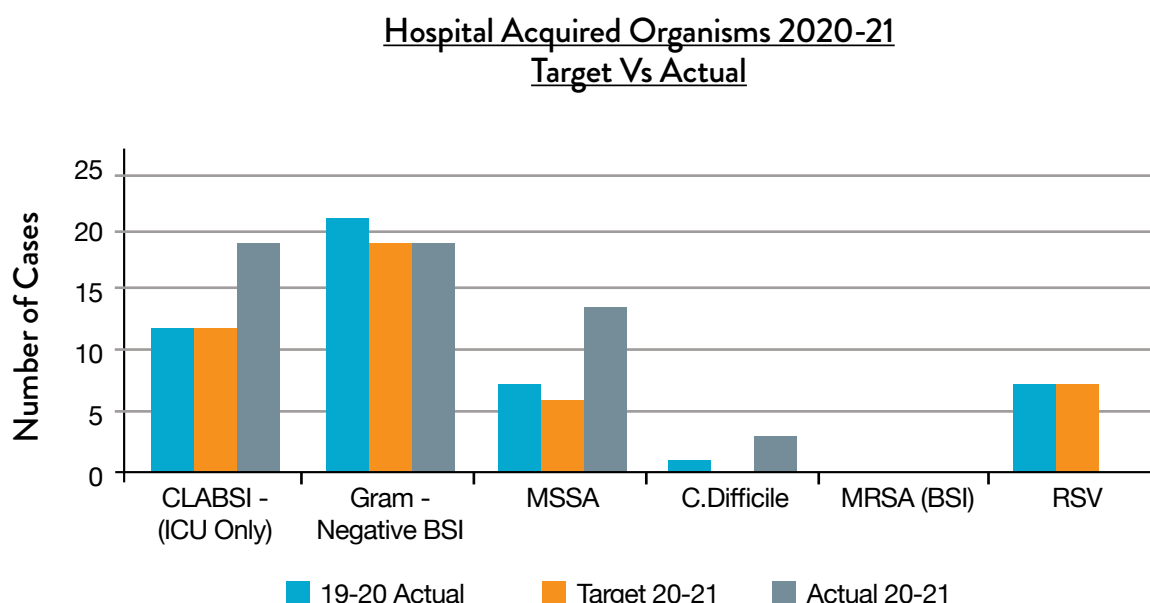
*Data source: Internal data through IP&C team*

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

- They are susceptible to infections, which are preventable by vaccination.
- They have closer contact with other visitors such as parents and siblings.
- Their difficulty with regular hand hygiene practices presents 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.



The graph below shows the target areas for hospital acquired infection. Actual number of cases for 2019-20, target for 2020-21 and actual number of cases for 2020-21.



## Unique challenges of SARS CoV-2 in 2020-21

The emergence of SARS CoV-2 in China at the end of 2019 led to the declaration of a Pandemic on March 11th, 2020. The Pandemic impact on Trust activity and the IPC service during 2020-21 was very profound. As the Trust supported and wrapped around the Infection prevention & Control Teamwork priorities shifted to maximise our emergency response. The work undertaken to support the pandemic is outlined in the section below.

## COVID-19 pandemic support

The Trust had 2 cases of Hospital onset COVID-19 during 2020-21. This can be attributed to the extensive work undertaken to support the Pandemic and ensure the Trust followed national guidance. This included the following;

- Development of comprehensive guidance on personal protective equipment, patient placement and management, Visiting, patient and staff testing, treatment, environmental cleaning and management and investigation of outbreaks.

- Training and development of a COVID-19 Vaccination team and the successful delivery of both doses of the Pfizer vaccine to all requesting staff.
- Training and development of a Track and trace team to carry out contact tracing of exposed staff and patients and their management.
- Training and development of a Testing Team to carry out swabbing of pre-operative patients and staff and their household contacts.
- Training of a team of H&S approved Fit testers using the state of the art portacount machine. This ensures that staff feel confident they are safe to work with COVID-19 patients and can be refit tested in line with health & safety recommendations.
- Training of all clinical staff in the safe use of Personal protective equipment and training of Practice educators to support in this training.
- Commencement of Clinical advisory group which provides a platform to discuss new research and guidance with the clinical teams.



“  
... priorities  
shifted to  
maximise  
our  
emergency  
response”

## Improvements in 2020-21

Unfortunately, some targets were missed for 2020-21 and some planned activities postponed due to the Pandemic.

In November 2020 the Team welcomed Dr Beatriz Larrau as the new DIPC and Infection Control Doctor. Internal target of 0 cases of MRSA bacteraemia achieved.

Of the 3-hospital acquired *Clostridium difficile* infections only 1 was due to a lapse in care due to 48hr longer than recommended antibiotic course postoperatively.

- 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 & actions through the divisional governance structures. The Documentation used for these reviews was updated in 2021.
- 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 was demonstrated in the Trust again in 2020/21 achieving the 88% target for staff influenza vaccination.
- There was no hospital acquired Influenza or RSV cases in 2020-21. The very low incidence of these respiratory infections in the community and hence admitted to hospital was due to the impact of lockdown on the transmission of respiratory viruses
- Multi-antibiotic resistant organisms such as Carbapenems 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. Through close management and early identification of CPE carriers there have been no outbreaks at the Trust in 2020/21.
- Updating and revision of the IPC spot audits undertaken on Perfect ward. Audits of the Environment, personal protective equipment and tissue viability added to the audit suite.
- Expansion of the perfect ward IPC spot audit programme to include some community sites including Catkin building and Burlington house. Community IPC spot audit developed prior to roll out of expanded audit programme.
- Funding agreed for 3rd Tissue viability nurse. Recruitment in progress.

## Future Plans 2021-22

- To continue the work commenced in 2020-21 to reduce the hospital acquired infections by setting internal targets and monitoring this data through Trust Board and IPCC.
- Commence work with multidisciplinary team to reduce the incidence of MSSA and GNB Bloodstream infections.
- Review of Infection data collected by the IPC team with a view to increasing the number of infections that are reported internally.
- Commence work on capturing compliance with screening patients on admission with previous multi antibiotic organisms.
- To continue the work which began in 2020-21 work plan which may have been delayed due to COVID-19 including;
- 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 develop a 5-year strategy for Infection Prevention Services across the whole Trust, incorporating the NHS 10-year plan (2019) which will be monitored through IPCC and Trust Board.
- Collaboration with NHSE 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 infections.
- Develop post infection review process for hospital acquired respiratory viruses including influenza, RSV and COVID-19.
- Hand hygiene awareness campaign targeting parents and carers.
- Develop new policy on managing multidrug resistant organisms and guidance on management of patients with High consequence infectious diseases (HCID).  
Work on the Development of Cleanliness audit for the Perfect ward Infection Prevention audit suite when the new Cleaning standards have been published.
- Further details of improvement plans are captured in the Infection Prevention & Control Work Plan which will continue to be rolled out during 2021-22.

### 3.2.1.4 Reduction in preventable pressure ulcers

#### AIM:

No healthcare associated pressure ulcers.

#### TARGETS 2020-2021:

1. Zero % Preventable hospital acquired category 3 pressure ulcers.
2. Zero % Preventable hospital acquired category 4 pressure ulcers.

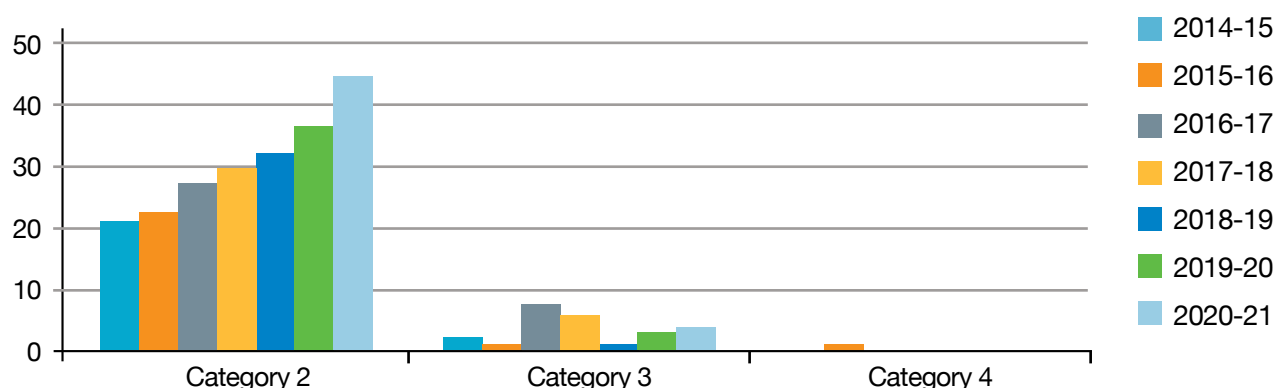
#### OUTCOMES:

1. There were 4 category 3 pressure ulcers compared to 3 in 2019-20
2. Achieved zero category 4 hospital acquired pressure ulcers.
3. Total number of pressure ulcers of category 2-4 is 49 compared to 40 last year.

Data source: Internal Clinical Incident System

The damage can be present as intact skin or an open ulcer. A pressure ulcer 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 2018) and are now reportable. Alder Hey Children's NHS Foundation Trust continues to have a strong focus on education and training in the prevention, recognition and treatment of pressure ulcers and clarifying reporting procedures.

**Number of Reported Hospital Acquired Pressure Ulcers Category 2 or above**



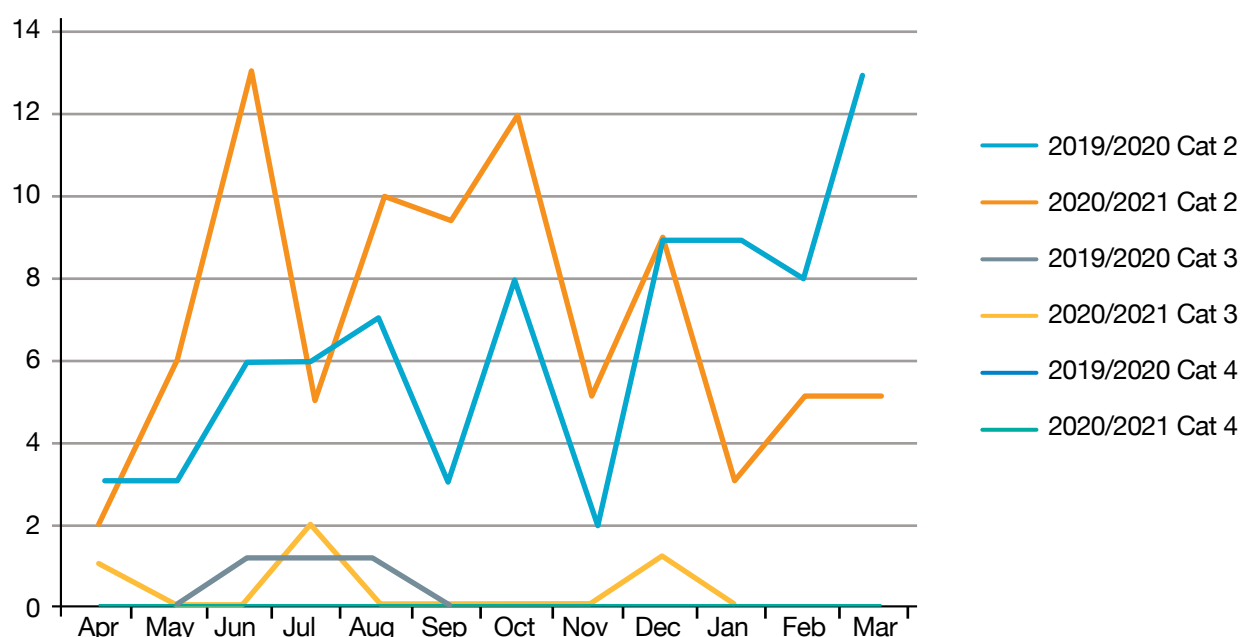
**Table 2 Shows the number of Pressure Ulcers per year from 2014-2021**

YEAR	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
2020-21	45	4	0	49



There has been an increase in reporting of low harm (category 2) and a decrease in reporting of the category 4 to zero in the last 12 month period. NHSI add paper (2018) recommended that all skin damage under medical device to be reported.

**Table 3 Graph shows the number of pressure ulcers within the latter two years and there is clear evidence in 2020-2021 Quarter 4 graph, reduced category 2& 3 pressure ulcers.**



### Improvements in 2020-21

- The figures show the sustained rate of 0 in our category 4 pressure ulcers.
- There was an increase in 1 Category 3 pressure ulcer compared to last year.
- There was an increase in category 2 pressure ulcers from 37 to 45 which was 22% increase compared to last year. This was reflected as greater awareness and improved education across the Trust which has led to an increase in reporting. 2020-2021 Quarter 4 report regarding pressure ulcer reduction in all categories, which should be continued thought out new financial year.
- Clear Pressure ulcer action plan in place for Tissue Viability service this includes all Root Cause Analysis outcome, all category 3 pressure ulcer Incidents are reviewed through the RCA process. Outcomes from investigations are updated on Pressure Ulcer action plans and lead for Tissue Viability will make sure all action plans are completed within time.
- Implementation of regional pressure ulcer prevention and management policy.
- Implemented ASSKING skin bundle on Meditech, in line with NHSI recommendation 2018, this included the community care setting.
- Implemented QR code enabling access to any clinicians, patient/family for patient information leaflet to prevent pressure ulcer.
- Tissue Viability documentation now mandatory within the EPR and updated daily.
- Implemented Meditech documentation for the plaster room/fracture clinic to ensure robust risk assessment has taken place to identify if a patient is at risk of developing a pressure ulcer under medical device.
- 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.
- Implemented Tissue Viability Perfect Ward audit across all divisions including community.
- 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 2 weeks of commencing their orthopaedic post is now available for completion.



- Pressure Ulcer Prevention and Management is now included in the mandatory training programme. Staff are required to update every two years; online training is available.
- Pressure Ulcer Prevention & Management training strategies in place- two face to face training running every month in addition to online training.
- 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 enable clinicians to make decisions regarding pressure ulcers in the absence of a Tissue Viability Specialist.
- Pressure Ulcer Quality Summit undertaken in September and generated a series of actions.

### Future Plans 2021-22

- 25% Reduction for category 2 Hospital acquired Pressure ulcer.
- To adhere with 0% Tolerance with category 4 & 3 Hospital acquired Pressure Ulcers.
- To achieve 100% compliance in Tissue Viability documentation.
- To achieve 90% Compliance with Tissue Viability audit reports.
- To achieve 80% compliance with Pressure ulcer Prevention and management training.

## Zero Preventable Deaths in Hospital

#### AIM:

To eliminate preventable deaths from Alder Hey

#### TARGETS:

Zero preventable in hospital deaths during 2020/21

#### OUTCOMES:

Achieved zero preventable deaths during 2020/21

*Data source: Output from review of inpatients deaths by Hospital Mortality Review Group*

## 3.2.2 PRIORITY 2: ACCESS TO CARE

**FOCUS:** provide outstanding care to over 350,000 children and young people.

### 3.2.2.1. Performance

The data presented at Appendix 1 shows that overall Alder Hey is a high performing Trust and consistently meets most targets. The trust performs above target for many indicators, for example A&E performance for four hourly waits is consistently above the 95% target. However, the 18-week RTT target has not been met this year, primarily due to the impact of COVID-19 and the requirement to pause elective activity, although it is clearly on an upward trajectory and is expected to meet this target early 2021/22.

### Improving Outpatient Care

The Outpatient service has embraced providing digital Outpatient care in response to the COVID-19 pandemic, enabling patients and families to access Outpatient care, assessment and follow up from their own homes. This ensured that waiting and clinical areas remain safe and socially distanced for those patients for who face to face consultation and assessment is the required option.

Digital Outpatient care has included providing digital appointments using the Attend Anywhere platform. 42,996 digital consultations were provided between April 2020-March 2021. To enhance safety and patient, family and clinician experience of digital consultations, Outpatients has worked differently to provide support from virtual receptionists and digital chaperones. For those patients who do need to be seen face to face, Outpatients has trialed App based technology, which connects with the Outpatient flow system, to enable patients to be called from the car when the clinician is ready to see them, to further reduce social contact in waiting areas.

Phlebotomy appointments enables patients to attend at a designated time, which has significantly reduced the number of informal complaints relating to phlebotomy waiting times and access from 24 (April 2019-March 2020) to 5 (April 2020-March 2021). Outpatient reception and nursing staff have responded with resilience and



“  
The Outpatient service has embraced providing digital Outpatient care... enabling patients and families to access Outpatient care”



creativeness in transferring skills from their face to face roles to the digital platforms to continue to support patients, their families and clinicians. To continue to support Outpatient staff, staff meetings have moved to digital meetings where team members can continue to meet as a team.

Outpatients at Alder Hey has been the first Outpatient department in the country to successfully implement automated patient weighing scales which send the weight measurement directly into the electronic patient record. This accompanies other clinical measurements that record directly onto the electronic patient record. The Outpatient team plan to expand this to include wireless technology which will enable vital signs to be sent directly to the electronic patient record.

Alongside the public health focus on COVID-19, Outpatients have continued to support the national flu campaign. Continuing success of the previous year, Outpatients have again offered the flu vaccine at face to face Outpatient consultations to enable children and young people to uptake the flu vaccine during their visit. Outpatients are continuing to develop “Making Every Contact Count” and training staff on brief interventions such as providing parents with support and advice about how to comfort a crying baby and how to cope when it goes on for a long time. This recognises every contact with Outpatient services as an opportunity to maximise support for children, young people and their families to reduce their risk of disease.

A Trust wide project is ongoing to reduce all outstanding ePPF's to zero by 7th April 2021 in line with commencement of a new cash up process which will encourage live cash up of clinic outcomes within 24 hours.

## Brilliant Booking Service

In response to the COVID-19 pandemic, the Booking and Scheduling Service quickly adapted to a RAS system which allowed easier prioritisation of urgent patients into available capacity. In line with Outpatients' increase in digital consultation provision, Booking and Scheduling have managed the booking of both face to face and digital consultations, which includes information for parents and carers on how to use the Attend Anywhere platform for digital consultations. Alder Hey has also increased advice and guidance requests from GPs.

Direct comparison of clinic utilisation is not possible due to variation pre and during COVID-19 however, regular reporting activity is between 95-100%.

Work continues on short notice cancellations through a pilot using Artificial Intelligence (AI), which identifies the likelihood of patients not attending or cancelling appointments, and contact is made in advance of the clinic to establish attendance or to rebook the slot. For the future, work has also commenced on aiming further digitally enhancing the supply of appointment letters electronically, which will mean that appointment letters can be attached to a text message. This will further reduce postage costs.

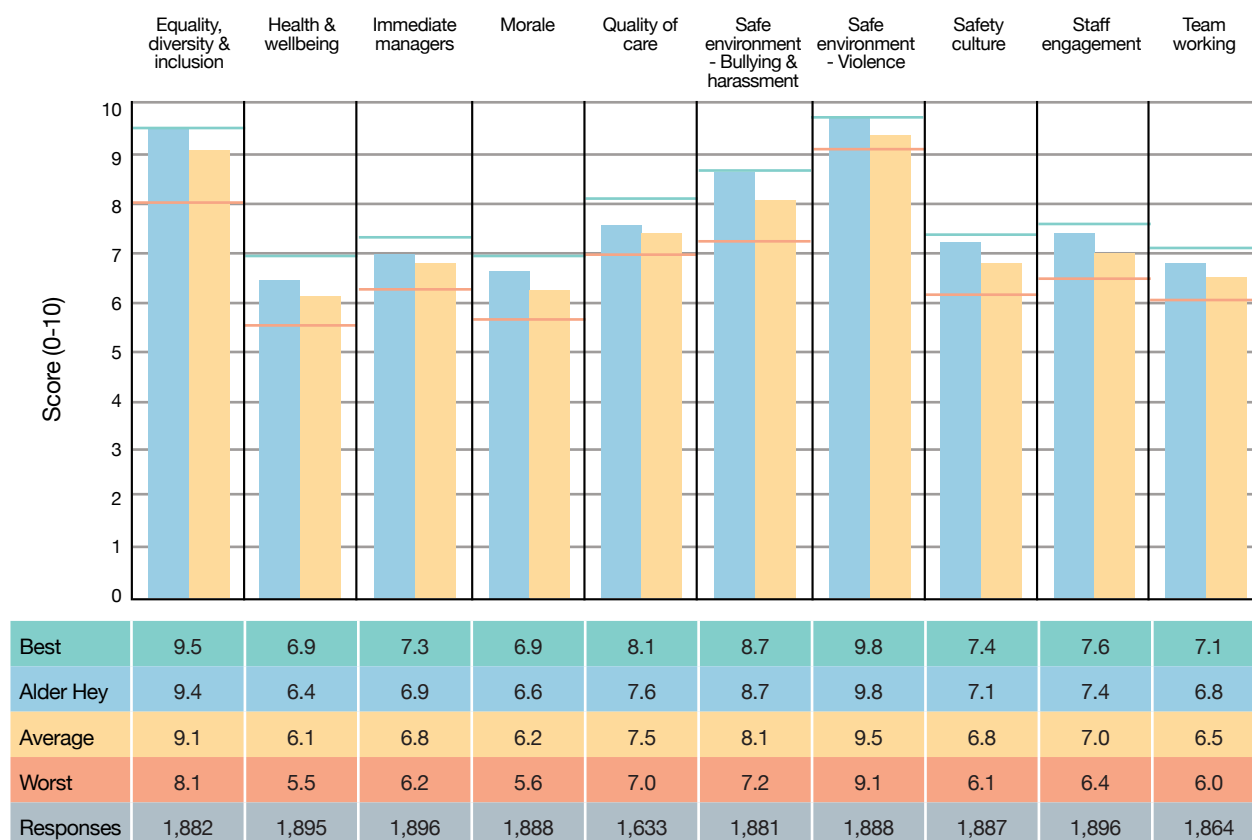
## 3.2.3 PRIORITY 3: GREAT PLACE TO WORK

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

## Staff Survey

The National Staff Survey (2020) feedback for the Trust was made available prior to this report publication, and detailed analysis has been shared with staff across the Trust to inform ‘big conversations. The results show that 78% of staff would recommend Alder Hey as a place to work 91.70% of our staff would recommend the Trust as a provider of care to their family and friends, compared to 88.3% last year. The survey responses are incredibly positive and highlight the great place that Alder Hey is to work. An analysis of the results has identified improvement in 8 of the 10 key themes and when benchmarked against other Acute and Acute & Community Trusts our responses were above average in all 10 themes.

## 2020 NHS Staff Survey Results



The HSJ have undertaken an analysis of the national staff survey results and the Trust has been identified in the top ten Trusts in the country for engagement and has also been identified as the 4th most improved Trust compared to last year's results.

Section 3.3 of the report shows the Trusts continued focus on Building a culture of quality improvement as well as strong evidence of support provided to our staff. For example, the in-house leadership programme 'Strong Foundations' has gone from strength to strength since it was first introduced in 2019/2020 with:

- 104 leaders and managers booked onto the course between September 2020 and February 2021
- A further 92 booked onto the programme between March and September 2021
- Positive feedback from all feedback gathered (100% rated training as either good or excellent)





### 3.2.4 PRIORITY 4: ADVOCATE FOR CHILDREN & YOUNG PEOPLE

**FOCUS:** Improve access and advocate for children and young people in the wider system through working with partners.

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

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

### 3.2.5 PRIORITY 5: THE SAFEST PLACE

**FOCUS:** 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.

## Research at Alder Hey

Full details of research activity, are described previously in the mandated section 2.2.5.

## Innovation at Alder Hey

2020/21 has been a year that has seen continued growth and development of the innovation activities and it is now a well-established division within the Trust. The beginning of the year saw Innovation pivot its activities and play an active role in supporting front line COVID-19 response. Over the last 6 months Innovation have been developing their Innovation 2030 strategy and defining the priorities of the Trust and innovation delivery programmes. 2030 strategy “Today’s Child tomorrow’s Healthier Adult” is to create a global centre of excellence to advance child health and was co-produced with local and regional partners. The strategy aims to significantly grow the investment into innovation at the Trust through developing strategic partnerships with industry and academia to support the delivery of our Discovery programme Alderhey@nywhere. Our mission with Alderhey@nywhere is to use leading edge technology in artificial intelligence, medical devices, immersive and user experience to provide safe equitable access to care and expertise to CYP wherever they are located.

**Impact to Care** - Post COVID-19 plans activated the focus has been on two discovery areas within Alderhey@nywhere, both @dvancingsafety and Equitable@ccesstoCare.

### Project Examples

- CYP As One single digital platform and engagement tools for mental health support. This provides CYP and professionals with a single front door to referrals and interventional tools for mental health services. This project brought together 13 service partners and provides a single point of access for the CYP, speeding up access to care and support whilst in the referral system.
- Design and development of a new transparent mask, prototype developed and licensed to manufacturing partner for production and supply of masks.
- Launch of Screen2Screen family, a secure video link platform and software for families to connect and see their babies when they are unable to be with them in hospital.
- The Microsoft Holo-lens pilot has been very successful, the Trust is now progressing a commercialisation of the potential spread to other Trusts. The in-touch telemedicine bot, a collaboration with Mayo clinic has been deployed successfully in neonates and have received a national award. A follow-on piece of work to develop a Trust virtual / telemedicine blueprint is underway with Digital.

## Artificial Intelligence

2020/21 has seen the launch of Alder Hey Artificial Intelligence HQ(AIHO) which is a centre of expertise for data driven innovation focused on advancing safety and optimising hospital processes and clinical outcomes.

The Alder Hey AI programme includes:

- Accelerating adaption of AI technologies in a hospital setting
- Guiding standards and governance for AI use in healthcare
- Robotic Process Automation for optimising hospital processes
- The in-house team consists of eight experts with AL AND Automation, data science, platform development and programme management capabilities. Their work will be focused around five key goals:
  1. **Clinical Outcomes:** *Improve outcomes for individuals and groups of patients*
  2. **Quality and Safety:** *Reduce serious untoward incidents, minimise harm and remove never events*
  3. **Access to Care:** *Equitable, timely, appropriate and convenient access to services from anywhere*
  4. **Patient Centered Services:** *Personalised care with patient, family and carer participation*
  5. **Optimisation and Experience:** *Release more clinical time to care, and improve efficiency*

## Example projects that have commenced so far include:

- Machine learning for preventing Hospital Acquired Infections & ED Attendance Prediction
- Medication errors analysis using Natural Language processing
- X-ray analysis using machine vision
- Rapid process automation of GP referrals and HR contract changes
- Further development of chatbot/virtual assistant technology and expansion to other Trusts,
- Expanding Alder Hey's capabilities with 3D printing

## Background

Alder Hey has been pioneering in the space of co-locating 3D design, engineering and print capabilities in a healthcare setting. Our 6-year partnership with 3D life prints, a rapidly expanding UK healthtech start-up, has allowed us to access the latest developments in this field. We have recently signed a new multi-year deal to continue this work.

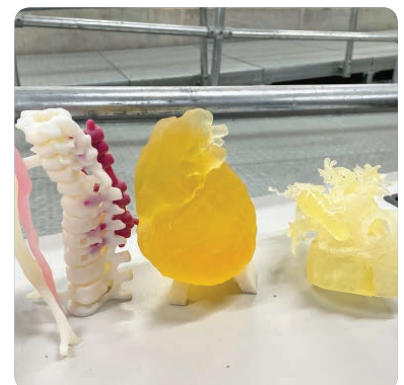
## Pre-operative planning

We have access to two onsite biomedical engineers and multiple high-end 3D printers, that can create complex, multi material prints of patient anatomy. This has allowed us to better plan procedures and importantly communicate with patients, parents and the wider supporting teams. Working with our surgeons the embedded 3D print team has become an integral part of our complex surgery process.



## 3D Printing

Our 3D printing arrangement has allowed us to create a range of bespoke simulators to improve our staff's learning curves. A recent addition has been a child sized vascular access simulator that has allowed for tailored skills acquisition of combined imaging and interventional procedures. Being able to produce our own child specific operatable models has also allowed for more realistic skills training.





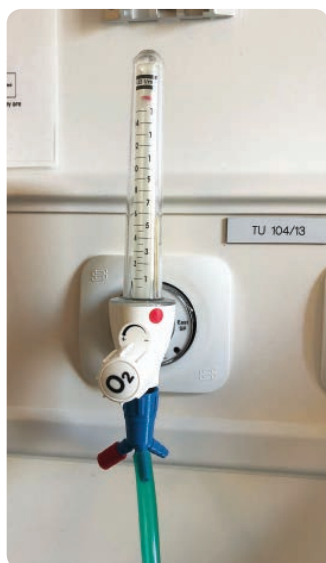
## Rapid prototyping



A key component of our rapid prototyping program has been the ability to produce physical early stage devices to obtain early user feedback and testing. The 3D printing facilities have been key for this approach and during the initial COVID response produced a range of devices. These ranged from bespoke mounts for monitoring devices, to 3-way oxygen splitters and a door opening device that we subsequently mass produced and distributed to our own staff and internationally.

### Future Directions

It is our ambition to be an exemplar site for how 3D printing and visualisation can become as important to clinical workflows as conventional imaging or telecommunications. The ability to make anything from any material in any form is a truly revolutionary technology and as implant and bioprinting become more feasible, integral to how we practise healthcare.



## 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 focus on engaging the workforce.



### A. The Forum@AlderHey

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 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. We currently have four members of the Youth Forum that have been elected as Governors and will be in this position for the next 3 years. Any child or young person can join the Youth forum by following the Link to an application form.

### Activity during 2020/21

The Alder Hey Youth Forum has remained fully active throughout 2020/21, despite the obvious challenges of COVID-19. The Forum fully utilised virtual mediums available, to ensure that they continued to play an active role in Alder Hey. The Forum were passionate about the role they could play in supporting children and young

people to maintain a positive mind set throughout the lockdown periods and highlight the impact of COVID-19 on children and young people.

During 2020/21, the Forum led and participated in the following work:

### Daily challenges on Twitter

Using this platform, the Forum extended the involvement across the county so as many young people could get involved. These challenges became a daily focus for the Forum and something for them to do together and stay connected. The Forum linked with many external partners including NHS England Youth Forum to support consistent messages to children and young people regarding COVID-19. This included #WellnessWednesday and a focus on mental health.

### Alder Hey Children's Charity

The Forum developed and participated in the Trust's #MyAlderheyShield campaign. The campaign was to promote the use of PPE and the wearing of face coverings.



### Digital Pathways for Mental Health Services

The Forum worked with the Innovation Team to develop a new referral process and digital offer for children and young people accessing mental health services across Liverpool and Sefton. This work will support children and young people to access services across our mental health partnerships and resources to support positive mental health.

### Work with NSPCC

The Forum led a campaign with the NSPCC on the effects COVID-19 on Children and Young people. The young people created blogs that were featured in the Liverpool Echo and collaborated on a column "Class of COVID-19", which was published regularly throughout 2020. The column focused on key issues that were affecting children and young people including being out

of school, not seeing families & friends and not being able to influence government to about COVID-19.

Following the success of this work, the Forum created photo diaries for the NSPCC which were developed into a short film to be shared nationally. The film will also be shown within the Liverpool One Shopping Centre.

### The Jockey Club

Working with a team at Aintree racecourse members of the Forum were involved in the development and accessed an educational/support programme aimed at boosting young people's confidence with a focus on Mental Health. During the 6 weeks the group spoke directly with some of the jockey's including Katie Walsh about their own struggles with mental health and how they overcome them. Areas covered in the programme included; women in sport; overcoming mental health issues as a result of injury; impact of COVID-19 on sport; diversity in sport and careers opportunities.

### Maghull Orchestra

The Forum worked with the Maghull Wind Orchestra and participated in a musical performance of 'One World in Union' using Makaton. Here are some comments from the young people on what it felt like to take part:

“ It felt special to be asked to take part in a performance with an orchestra to help others; I have never done anything like this before ”  
*Darcie (Age 7)*

“ I felt this was a great idea and an incredible opportunity to take part in a video and help others ”  
*Molly (Age 16)*

“ It made me feel very sad that some people can't hear music, but I am glad I can help them understand the words of what is being sung ”  
*Ethan (Age 10)*

## Relaunch of Camheliions@Sefton CAMHS

The Camheliions is a group of young people who represent the Sefton CAMHS Service. They strive on making positive change towards Children and Young People's mental health by being heavily involved in service improvement and supporting service recruitment. Any child or young person currently accessing mental health services within Sefton can join this group. The Group now have branded hoodies and leaflets to promote the group and have a strong social media presence on Tw.



## Health Champions Project

During the COVID-19 pandemic, young people of all communities reported experiencing raised levels of stress and anxiety. One of the reasons for this was lack of accurate and timely information. Young Minds, in a report 'Coronavirus: Impact on Young People with Mental Health Needs' recommended that messages should be clearer and ongoing public health messaging should be more aimed toward children, young people and families to inform them of what they can do to look after their wellbeing and mental health

The Health Information Champions project is about young people volunteering as part of a local COVID-19 and winter response by sharing and / or co-designing COVID-19 and winter messages. They will use digital tools to share the messages to their peers and networks.

By facilitating young people's access to accurate and timely messages about COVID-19 and winter we hope enable future positive health experiences. Additionally,

this will help develop young people's health education skills and may help to build interest in other volunteer roles such as NHS Cadets. Local sites will have been able to contribute to local COVID-19 and winter pressures priorities.

The Camheliions delivered the programme by holding weekly meetings with the group and picking out any COVID-19 messages that the young people have identified as potentially confusing or misleading. They then created digital content to ensure these messages could be more easily understood by Children and Young People.

They worked with The Reporters Academy each week who provided the group with media training and they learnt how to create content during these sessions to publish on social media networks.

The content of messages were delivered in formats such as:

- Digital Art
- Instagram Stories and Posts
- Short Films
- Vlogs
- Voice overs
- Simplified explanations of government messages

The messages were promoted on:

- Twitter
- Instagram

The Camheliions worked closely with the Alder Hey Youth Forum to ensure that messages reached as many children and young people, not just locally but nationally and they also shared the content with youth groups across the City.

## Inequalities project

The Forum worked with the NHS England Youth Forum regarding inequalities with the aim of highlighting and educating others on; cultural awareness of medical students and the differences in presentation of medical conditions across different ethnicities due to skin colour. The Forum's feedback was used to inform a roundtable with wider stakeholder which was hosted by the NHS England Youth Forum.

## Recruitment Information/Panels

The Alder Hey Youth Forum have been involved in the national NHS England Youth Forum's creation of a guide to help NHS Trusts involve young people in the recruitment of NHS staff. The Forum actively contributed to the review and voiced the importance of having young people involved in the recruitment of NHS staff.



Members of the Forum have been involved in the recruitment this year to several posts within Alder Hey including: Chief Nurse, Heads of Services and Clinical Leads.

### **Black Lives Matter pledge**

This topic has been high on the agenda of the Alder Hey Youth Forum who are passionate about ensuring children and young people from BAME backgrounds are involved in the Forum and wider services at Alder Hey.

As part of this work the Forum and Camhelions pledged to support the Black Lives Matter campaign learn more about the Black Lives Matter movement and take positive action to improve the experience of children and young people, who access services and identify as being from a BAME background.

In addition, to the above initiatives the Forum have continued to deliver the following programmes for children and young people:

### **NHS Cadets**

This is a new programme for young people between the ages of 14-16 years. The aim of the programme is to increase the number of young people involved in social action in health and help to develop the next generation of healthcare professionals. The programme is jointly funded by NHS England and NHS Improvement and St John Ambulance and complements the existing successful St John cadets.

The programme supports the NHS Long Term Plan commitment to doubling the number of volunteers within the next three years, particularly giving greater access to young volunteers.

The programme will:

- Deliver life skills through first aid and mental health first aid training and other role-appropriate training enabling cadets to develop skills that will not just be used as part of the programme but within everyday life.
- Develop the future health & care workforce by introducing young people to a range of health settings and roles, enabling them to learn more about potential careers.
- Focus on developing the skills of young people in areas of deprivation to provide access to challenges and adventures that could transform young people's lives.

- Provide young people with access to social action and volunteering opportunities within health and care to increase community engagement and integration and help young people develop their character and confidence and experience higher wellbeing as a result of volunteering.
- Provide young people with a better understanding of the NHS and appropriate use of services to reduce inappropriate use of services both by young people and their families and empowering them to confidently manage their own health.

The programme commenced in November 2020 and to date we have enrolled 50 young people from across services within Alder Hey and the local community.

### **Advanced NHS Cadets**

This programme is for young people aged 16-18 years. Like the NHS Cadets programme, in terms of content there are a number of modules that young people will cover including: Clinical skills; Understanding care; Health - the bigger picture; Personal development and resilience; Leadership and career skills; Networking and empowerment.

These modules are delivered over a 12-month period, the first programme started in March 2021 and currently has 25 young people taking part from across the city.

## **B. Arts for Health programme**

In the last 15 years Alder Hey Children's NHS Foundation Trust 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; Provide opportunities for patients to develop new transferable skills and life experiences, such as decision-making and creative expression.

The majority of the Arts for Health programme is delivered in clinical spaces, and is patient led and patient centred. Highly skilled and experienced professional 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 programme 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. Our partners include Tate Liverpool, Everyman and Playhouse Theatres, Live Music Now, DadaFest, Bluecoat Display Centre, Small Things Dance Collective, University of Liverpool, Twin Vision, Comics Youth, Manchester Metropolitan University.

The Arts for Health programme and Arts Coordinator post are funded entirely charitably through Alder Hey Children's Charity and external charitable organisations.

In March 2020, the arts for health participatory programme, along with all other non-essential services, was halted due to the Coronavirus pandemic. Some of our patient facing programmes were moved online: we delivered music on some of the long-term wards such as the High Dependency Unit, the Renal Unit and Dewi Jones Unit. We also delivered an online programme with young people in CAMHS with our cultural partner, Comics Youth. We also created a range of specially commissioned online content for the patient entertainment system and Alder Hey YouTube channel: this included dance and movement films, music concerts, drawing tutorials and comics masterclasses.

There was also a focus on supporting staff wellbeing throughout the crisis. We offered free live streamed dance, movement and relaxation classes led by Small Things Dance Collective, launched the online Alder Hey Art club led by Outline Arts, ran the staff orchestra online and offered specially commissioned online lunchtime music concerts.

In October 2020, we were able to safely restart the music and dance programmes in the hospital, following new protocols around the wearing of full PPE and social distancing. Since then, we have cautiously reintroduced the arts projects that had been put on hold, as well as developing new face to face and online projects across the hospital. Since resumption of the programme we have delivered **307 workshops** and worked with over **1,500 patients** directly.



## Programmes of Activity during the 2020 – 2021 Period

Our programme of activity has included:

- Music Matters: our flagship music programme which places a musician on each in-patient ward in the hospital.
- Music as Medicine: the project places 6 musicians into three key areas of the hospital: Oncology, Neuro Rehabilitation, and Cardiac Unit, as well as supporting patients on the Dewi Jones Unit and babies on the Neo Natal Unit.
- Sound; 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
- Cascade and Music: ED, Cascade Music currently deliver sessions once a week on our busy A&E department and on in-patient wards.
- Breathe Music which offers weekly group sessions for patients who being treated for asthma and other respiratory conditions,
- Dewi Jones Music Residency which offers young people on the Dewi Jones Unit weekly music sessions.
- Dance; our programme resumed in November 2020, led by Small Things Dance Collective. Sessions take place every two weeks on long term wards.
- Pencil Pals: an online project led by partners Comics Youth, delivered initially to patients on the Oncology Unit but now run across all areas of the hospital.
- Graphic Medicine: this is an online project run by Comics Youth who have worked on with the CAMHS Fresh Participation Group. The sessions offered young people the opportunity to develop a wall mural based on their experiences of the pandemic and the themes of hope and resilience.
- DadaFest: 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 Future Plans
- Theatrical Minds: The programme offers young people on the Dewi Jones 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 will visit the Everyman Theatre where professional actors will perform the stories alongside some of the young people.

“ It was lovely to have some music and also the projection and dance was a nice addition which overall we found to be soothing. Great for the baby but also for parents, adds something different to the day and breaks up the monotony of hospital life. ”

*Parents of baby Roman aged 8 months.*

“ It made me the happiest I’ve been in hospital. ”

*Elsa, aged 9 years*

“ I was feeling very down until I had music played to me. It made me feel better. It took my mind off having my medicine. ”

*Brooke, aged 9 years*

“ Ava loves music, and this was a wonderful experience for her. She is so frightened in hospital and this was an experience that relaxed and excited her. I will reflect on this all day – it has created a memory that is positive. The session was of great benefit not only to Ava (patient) but to me (parent). It was uplifting, emotional and like the warm ‘hug’ that you long for but cannot have now. The biggest thank you to Georgina (musician) who gave us a ‘magical moment. ”

*Mum of Ava, aged 15 years*

“ It was the best thing to happen in the last 10 days ”

*Lucy, aged 12 years*

“ Making a comic ‘feels like I’m taking control of the cloud that’s been following me around all my life ”

*Oncology patient, aged 12 years*

“ The music projects are truly inspirational and a pleasure to be involved in ”

*Elsa, aged 9 years*

“ Harry was sooooo happy that music has started again, he’s missed it so much. Amazing to see Harry so happy and having some normality back. Harry loved today; he has missed these sessions so much. It was lovely as his mum got to see him so lively and happy again. ”

*Vicky, Play Specialist*

## C. Family & Friends Test (FFT)

Alder Hey gathers information from children and families through the 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 to monitor and improve patient experience.

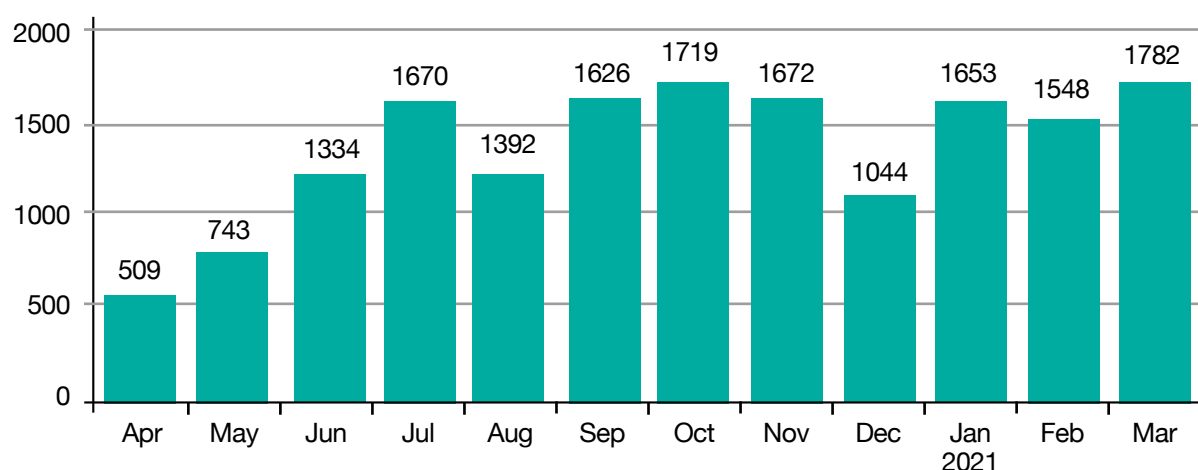
### Annual results:

There have been **16,692** surveys completed throughout 2020/21. **94.13%** of total responses gave good or very good feedback for the Trust. **3.51%** of surveys were classified as poor or very poor within this period. The breakdown of FFT responses can be seen on the right:

### FFT Breakdown:

RESPONSE	PERCENTAGE	NO. OF TIME RESPONSE SELECTED
Very good	82.24%	13728
Good	11.89%	1985
Neither good nor poor	2.06%	344
Poor	1.52%	254
Very poor	2%	333
Don't know	0.29%	48

### Number of surveys completed each month



During this period, the collection of FFT was impacted due to infection control measures and reduced services within the Trust. June 2020 onwards, saw the introduction of FFT feedback after video consultations which has increased the number of surveys collected. The number of surveys collected is still lower than pre-COVID-19 levels due to the cessation of kiosk/tablet collection within the Trust and paper/postcard surveys at discharge.

### Divisional Results

DIVISION	2020/21	NO. OF SURVEYS	2019/20 %	% CHANGE
Community	92.74%	1886	88.81%	3.93%
Medicine	93.58%	8906	91.39%	2.19%
Surgery	95.54%	5622	95.1%	0.44%
A&E	90.64%	3055	84.89%	5.75%
Inpatient	93.06%	1685	94.03%	-0.97%
Outpatient	95.07%	11035	94.62%	0.45%

Analysis of divisional results has seen a percentage increase in all areas, apart from Inpatient areas, since the same period in the previous year (April 2019 to April 2020). The percentage of positive feedback for April 2020 to April 2021 can be seen above, alongside the percentage change from the previous 12 months.

### Initiatives for 2021-2022

- The resumption of methods of collection is currently being explored by the Patient Experience Team in line with Infection Prevention Control measures.
- Facilitation and introduction of automated action plans and emails if negative actionable feedback is recorded.
- Improve the responsiveness of staff to FFT data through efficient provision of reporting, training and support.
- Improve the distribution of FFT surveys via SMS so that a higher volume of surveys is completed, giving a more accurate account of patient experience.
- Improve the overall FFT percentage in relation to Play; the percentage has been relatively low this year due to the limited services within the hospital and redeployment of the Play specialist department during the height of COVID-19.

## Outpatient Family & Friends Test (FFT)

In the past 12 months (April 2020 to March 2021), 11,033 Outpatient surveys have been conducted with 95.07% giving very good/good feedback in this area. 2.78% of surveys were classified as poor or very poor within this period. The breakdown of FFT responses can be seen below.

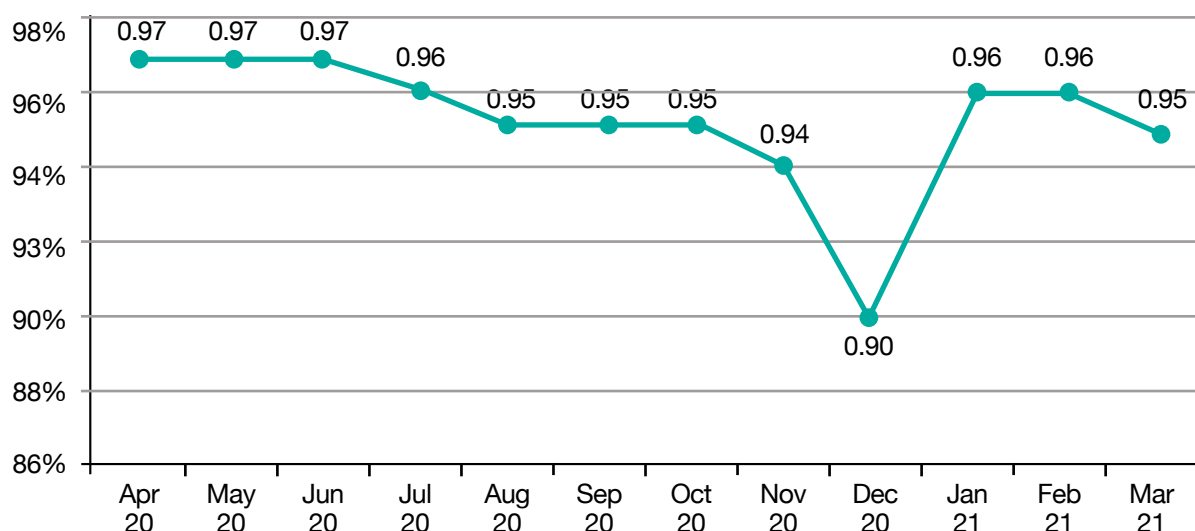
### FFT Breakdown:

RESPONSE	PERCENTAGE	NO. OF TIME RESPONSE SELECTED
Very good	84.66%	9341
Good	10.41%	1148
Neither good nor poor	1.55%	171
Poor	1.20%	132
Very poor	1.59%	175
Don't know	0.6%	66

Data source: internal audit data

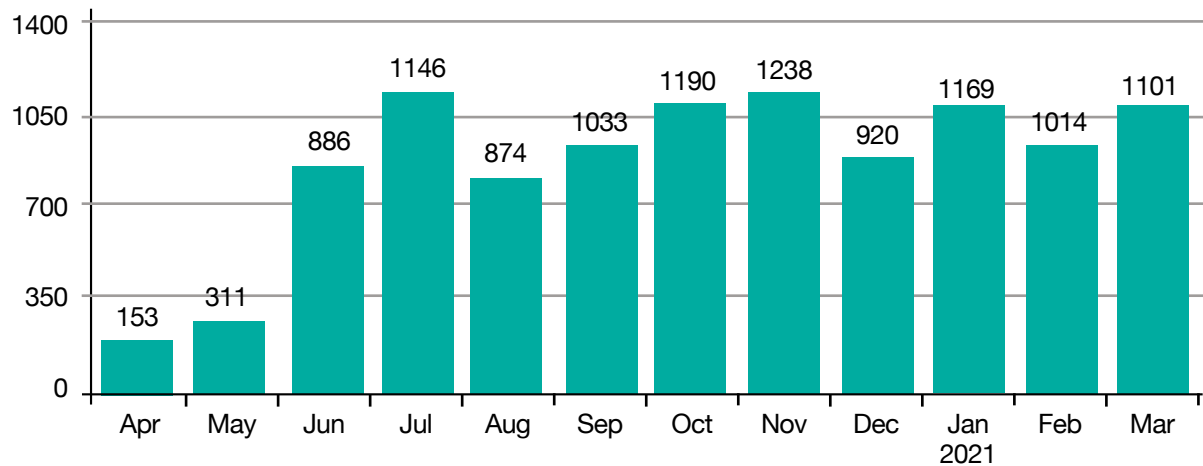
The FFT feedback has shown consistent levels between April 2020 and March 2021 regarding the overall FFT percentage each month, which can be seen in the line graph below. The subsequent bar chart highlights the number of completed surveys each month. There was a decrease in the number of completed surveys in April 2020 and May 2020 due to cessation of services, collection methods and due to virtual consultations not yet recording FFT data. June 2020 onwards, saw the introduction of FFT feedback after video consultations which increased the quantity obtained.

### OPD FFT Results - 2020/21





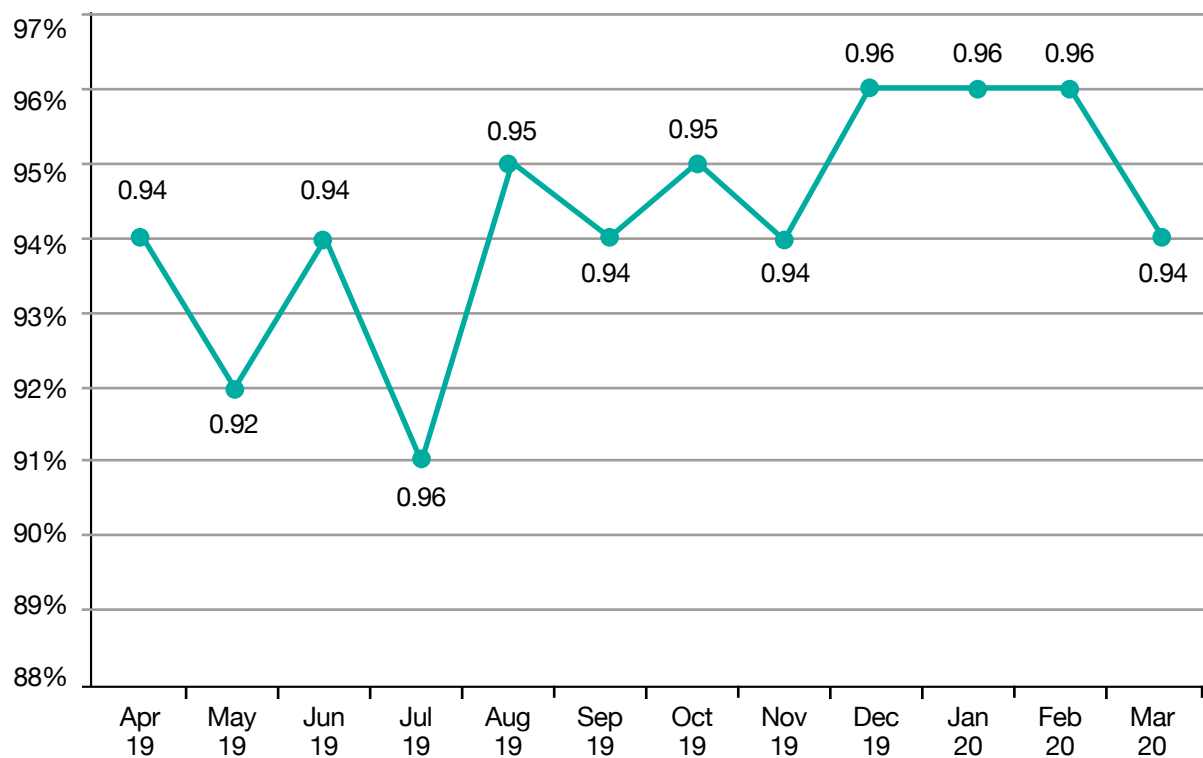
### Number of surveys completed each month



### Comparisons to previous financial year

As can be seen below, the monthly percentages have increased in comparison to 2019/20. The overall percentage for the previous year was 94.62%, which is 0.45% lower than 2020/21. The number of surveys completed in 2019/20 was 13,709 compared to 11,033 in 2020/21. This is due to the reduction of Outpatient services in light of COVID-19.

### OPD FFT Results - 2020/21



## Future Improvements

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.

- Facilitate and introduce automated action plans and emails if negative actionable feedback is recorded. This process is currently being set up via IQVIA and will become function in 2021/22.
- Improve the responsiveness of staff to FFT data through regular communication from the Patient Experience team to subsequently improve CYP experiences.
- Improve and increase the level of FFT reporting to Outpatient managers. Monthly reports will be automatically sent out to all Outpatient managers, containing the overall FFT result for their area and any additional comments.
- Increasing the provision of FFT training for area leads on how to use the system. The intention is to train all managers so that they can disseminate all relevant FFT feedback. As a result, the department hope to see an increase in staff engagement which will support the Trust in improving the efficiency and effectiveness of the services provided.
- Improve the distribution of FFT surveys via SMS so that a higher volume of surveys is completed, giving a more accurate account of patient experience.

## D. Management of Complaints and Concerns

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

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.

The COVID-19 pandemic had an impact on the way the Trust received and responded to some concerns. Parents and carers who raise a formal complaint are offered the opportunity to attend a meeting to resolve their concerns or to receive a written response, however due to the COVID-19 pandemic the Trust was unable to hold face to face meetings and therefore where a meeting was requested, this was held electronically on Microsoft Teams or delayed in agreement with the parent. The pandemic also meant that the PALS office was closed to family and visitors wanting to raise any concerns face to face, however the PALS service remained fully operational and accessible to parents as the Trust established a Family Support Helpline to help parents and carers with any enquiries and concerns. This successfully helped to resolve queries quickly and has contributed to a lower number of PALS concerns over the year. The PALS office was fully COVID-19 risk assessed and re-opened from January 2021 with appropriate infection control measures taken.

Throughout the pandemic, the Trust aimed to respond to complaints in a timely manner, however in line with national guidance where necessary investigation and response timescales were reviewed and agreed on an individual basis with the family. The Trust understands how important it is to respond to both PALS concerns and formal complaints in good time, as we set out in our policy for all staff and has made this a key priority for improvement in the coming year.

In comparison to previous years, the table below shows the number of formal complaints has increased this year which is associated with a number of concerns raised by families regarding the cessation of a service for patients with Tourette's Syndrome. The number of informal PALS concerns has decreased which is associated with the establishment of the Family Support Helpline, and the impact of the COVID-19 pandemic resulting in periods of fewer patients in hospital and the closure of the PALS office.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Formal complaints	166	134	70	66	83	121	114	156
PALS	1,248	1,133	1,246	1,294	1,349	1,371	1,279	910

## 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 the year include the following:

- Review of services available to children with Tourette's Syndrome and tics
- Process in place to manage delays in receiving appointments as a result of the COVID-19 pandemic
- Review of programme for commemorating the end of treatment in Oncology
- Updated Standard Operating Procedure for children being escorted to and from to include process for checking medication administration is prescribed via an appropriate route prior to leaving the recovery area.
- Children and young people attending CAMHS are 'matched' to clinicians with the skills and experience to support them with the individual difficulties they present with.
- Training for staff on completing neurodevelopmental histories.
- A full review of the ASD pathway with the aim of reducing waits for diagnostic assessments to 18 weeks
- Review of process for contacting parents when a child's care is under review
- Development of a Standard Operating Procedure to manage change of demographic details when verbal instruction provided
- Review of Meditech system to ensure that medications prescribed as an inpatient are not amended when medications are changed or prescribed as an outpatient.
- Developing a process for the recording and escalation of parental contacts. A Task & Finish Group has been set up to review and improve the systems in place and to ensure consistency across the Division for parents wanting to contact specialty team – this is including a point of contact email address and single point of contact phone number on the specialty internet page
- Physio service now aligned to service for patients who require deep brain stimulation surgery
- Review of pre-operative COVID-19 swabbing process
- Review of policy to provide meals to breastfeeding mothers of babies over 6 months old
- Review of the process for the handling of Adoption Records.

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.

A review the structure, responsibilities and process for management of complaints and PALS in the Trust will take place in the coming year in order to provide a more timely and effective resolution for families who wish to raise concerns. The learning from the Family Support Helpline will be used in the development of a first contact resolution principle for the new PALS processes as part of the review.

## E. Patient Led Assessment Care Environment (PLACE)

PLACE assessments are 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. PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with a disability.

### PLACE 2020

Patient Led Assessment of the Care Environment (PLACE) 2020 was postponed due to the COVID-19 pandemic. At time of reporting information regarding the dates of the next program of assessment has yet been published.

## F. STAR (Safe Together & Always Right) Review - Ward Accreditation Scheme and Perfect Ward audits

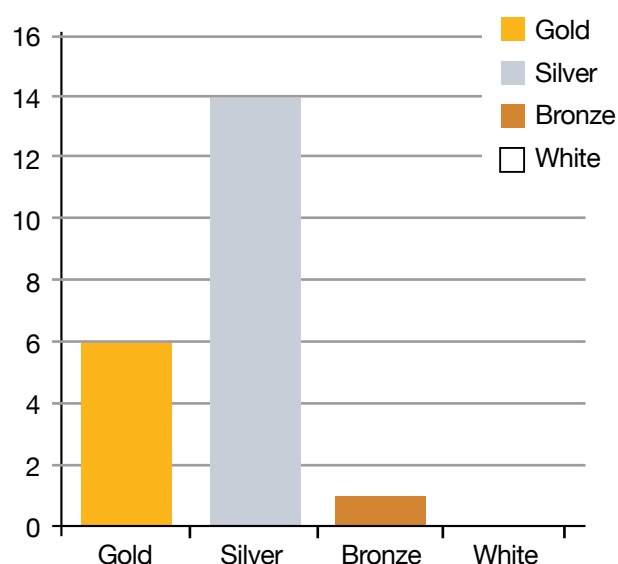
Ward accreditation schemes have been shown to promote safer patient care by motivating staff and sharing best practice between ward areas (Coward et al, 2009; Central Manchester University Hospitals NHS Foundation Trust).

In 2016, the Trust developed the Journey to the STARs – Ward Accreditation Scheme which was designed in partnership with children and young people. It is a quality and safety audit tool designed to give assurance of standards of practice by measuring the quality of care delivered by wards and department teams.



The inspection team comprises of both clinical and non-clinical staff and welcomes patient/parent representation. Accreditation results are considered and discussed through Divisional governance / performance review meetings and reported up to the Clinical Quality Steering Group via Divisional Quality Reports. In addition, all reports and action plans are published on the Trust's intranet to enable sharing of best practice and any learning across the organisation.

Since the re-introduction of the Ward Accreditation scheme a total of 67 assessments have taken place in wards and departments throughout the Trust. The overall Trust position indicated in the table below; shows that four wards / departments have achieved a GOLD award, 14 wards / departments have achieved a SILVER award and one ward/department has achieved a BRONZE award, with 13 out of 19 departments achieving an improved score or award following the latest round of assessments.



The ward accreditation scheme was paused during the COVID-19 pandemic, during this time the audit tools and the process have been reviewed and revised. There is a plan in place to recommence the ward accreditation assessments to ensure that all wards and department currently involved in the accreditation process undergo an assessment within the next 6 months. All assessments will be unannounced.

## G. Perfect Ward Audits

In 2019, the Trust developed a quality and safety audit in collaboration with an external company called 'Perfect Ward' to enable regular audits to be undertaken in wards and clinical areas.

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

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

Initially there were two specific audit types within the App; this year the Trust has developed further audit types, and there are now five specific audit types within the App

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

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

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

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





## H. Capability Building

We continue to work to develop our Quality Improvement capability building programme.

This reaches from the frontline through to our board; building routines, behaviours and the use of tools to support quality improvement at all levels of the organisation.

For the frontline, we are rolling out methodology to support the implementation of daily continuous improvement; supporting our frontline teams to be able to make the changes to the way they work, to measure those changes and sustain gains achieved.

For our leadership and managerial colleagues, we have a specific training programme that develops their knowledge, skill and competence around the basic tools that the frontline use and supports them through the performance management aspects of quality improvement.

We are also developing our broader training strategy that includes the basics for new starters through to master class level for those with more experience.

## I. Strong Foundations programme

### AIMS:

- To continue to deliver the in-house leadership training programme.
- To train all leaders and managers across the organisation.
- To adapt the programme for online delivery due to COVID-19.

### OUTCOMES:

- Strong Foundations programme paused between March and September 2020 due to COVID-19
- Programme adapted for delivery via Moodle platform and online Teams sessions
- Programme content adapted to include a revised section on Inclusive leadership (including staff stories), an innovation section, and Leadership Support Circles in place of Action Learning Sets.
- 104 leaders and managers booked onto the course between September 2020 and February 2021
- A further 92 booked onto the programme between March and September 2021
- Positive feedback from all feedback gathered (100% rated training as either good or excellent)
- A “bitesize” version of the programme was delivered in 2019/2020 to doctors in training and a cohort of new medical clinical leads with excellent outcomes.
- Strong Foundations part of winning submission for HSJ Staff Engagement Award 2020

## The Programme

Strong Foundations is leadership training developed at Alder Hey 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. It has been adapted for online delivery due to COVID-19.



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

The course is broken into 3 modules. Module 1 is about Leading Me with a focus on self-awareness, self-management, compassion and resilience as well as understanding difference and inclusivity.

Module 2 shifts the focus to Leading Others with training in building trust and psychological safety, giving and receiving feedback and improvement and quality. Module 3 is about Developing Others with a focus on coaching. There is approximately seven hours of independent study to complete via Moodle. New learning and new connections will be supported and sustained through attendance of MS teams calls after independent learning for each module.

The Strong Foundations programme is for managers/leaders at Alder Hey, or those aspiring towards their first formal leadership role. It has been critical to the organisational response to COVID-19 in supporting our leaders during this exceptionally difficult and challenging time.



## Feedback

The feedback gathered from participants attending the programme since September 2020 shows demonstrates the value of the programme to our leaders and also highlights the positive impacts of online delivery, particularly in making the programme more accessible to participants. Our leaders have also benefitted from more connection with each other and support. Below is a selection of their feedback:

“ I have tried to do various online learning tasks and do find it difficult as I am a kinaesthetic learner. For this course you have developed a good balance with short films and group activities which helps maintain attention. ”

“ Moodle content was really good. Practise sessions on teams was brilliant. ”

“ Ah I think that you were brilliant, gave really lovely constructive feedback and managed the whole process on teams so well. Even though it was remote, it was lovely to connect and work with different people. Thank you for all your help, I know it was probably so difficult to put together and think about. ”

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

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

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

“ The MS teams sessions/ discussions have been excellent in the way they have been facilitated. It has been interesting to hear the experiences of others and also to know that there is support available if needed. ”

“ I thought it was very good, and still worked well on Moodle. Whilst face to face has some added benefits, I did not find that too much was lost, and I actually attended one session while I was technically off sick, so I was able to participate online when I would not have been able to do so in person. ”

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

“ Great range of content on Moodle, enjoyed the interviews and video clips. Face to face - very welcoming! Put at ease straight away. Encouraged to participate. ”

## Future plans

- Continue to offer to all current, new and aspiring leaders and managers across the organisation
- Continue to refine and adapt programme in response to participant feedback.
- Continue to deliver as an online programme with “face to face” MS Teams sessions whilst restrictions are in place and review delivery method when appropriate (consider a future “blended” offer to increase accessibility for all leaders and managers in the organisation)

## J. 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 5 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.



## K. 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.

### AIMS:

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 2020-2021 we have made significant progress in building on and enhancing the support and guidance available to our staff, much of which was already in development prior to the onset of COVID-19.



## Improvements 2020/21

### Staff Advice and Liaison Service



Central to our staff support has been our 'Staff Advice and Liaison Service' (SALS), a one-stop listening service easily accessible to all staff. The service was launched in January 2020 by the Associate Director of Organisational Development (also a Consultant Clinical Psychologist), and the FTSU Guardian. Since March 2020 the service has grown, and a service manager and additional Clinical Psychologist were recruited. Seeing over 1250 contacts between March 2020 and March 2021, the service has attracted national interest and has become a model of best practice, highlighted through an NHSE case study and short film. We have secured funding to develop and research the model further from the Leadership Academy. The service works to further embed the principles of the Time to Change movement by challenging the stigma associated with help-seeking and promoting the message that "It's OK not to be OK". Through the COVID-19 pandemic, the service has been promoted through psychoeducational events on daily briefings, live events and trainings, helping to build a culture of early intervention and prevention. SALS has also provided targeted support, signposting and liaison for staff with additional vulnerabilities who have been most negatively impacted by the emotional and physical effects of COVID-19. Feedback gathered has been overwhelmingly positive from staff who have accessed the service.

Additional support services for staff In addition to the support offered by our Staff Advice and Liaison Service, our staff have access to an internal counselling service and from April 2020 they were also able to access counselling and information specialist advice via an Employee Assistance Programme, 'Care First', thanks to funding from our Alder Hey Charity. Staff in medical specialties and critical care have also accessed support from our Clinical Health Psychology service and a bespoke Pastoral Care volunteer service which was developed to provide pastoral support to staff redeployed into critical care during the COVID-19 third

wave. Since January 2021, we have also made links with the developing regional Cheshire & Merseyside Resilience Hub, contributing to its development via participation on a steering group and working with them on ensuring that we have clear pathways of support into the hub for those staff who may need it. The wide range of support internally and externally for our staff is now available on an improved staff support online hub which staff can access through the general COVID-19 hub.

### Schwartz Rounds & Team Time



Another key support initiative has been the development of 'Team Time', an online team-based version of Schwartz Rounds which was piloted and is now very successfully run in our ED department. Feedback gathered suggests that staff have benefitted enormously from connecting with each other through storytelling and the use of this in ED has attracted national and international interest. This work has been recognised by artist Aliza Nisenbaum who, inspired by our use of storytelling, depicted Team Time storytellers and facilitators from our ED in two portraits being exhibited at the Tate Gallery in Liverpool.



Funding has been secured to train a further 30 Schwartz facilitators, in addition to the 11 facilitators already trained, to roll out Team Time across the organisation as part of our people recovery plan, and will be offered as an opportunity to our Nurses and AHPs initially.



## Ground TRUTH



Finally, central to our staff support offer has been the implementation of a debrief tool called Ground TRUTH, developed in partnership with Liverpool University Department of Critical Incident Psychology. We have worked closely with them to pilot and develop the tool for use in the NHS. This has enabled us to share our learning and spread the Ground TRUTH tool with 15 teams, across four Divisions at Alder Hey. The framework we have developed has spread to ten external care agencies, and the special forces. Learning from this work informed a project investigating behavioural and psychological responses to MAST/SMART COVID-19 testing in Liverpool City Centre. We are excited by the opportunity to spread our learning further as the first implementation site and lead clinical partner.

### Future Plans

Recovery We are now building on the strong foundations developed both before and during the height of COVID-19 to ensure that our people recovery plans are robust enough to respond to the inevitable psychological and physical impacts that COVID-19 has brought. Our support to help staff recover is based on three key principles: rest, connect and share. Led by a recovery taskforce, comprising representatives from staff support, divisional leads, staff side, HR, clinical and non-clinical staff, we have begun a series of listening events and activities with our staff to determine what recovery means to them and how best they can be helped to recover. We have also launched our Health and Wellbeing Conversations in April 2021 which are being offered to all staff and students as part of their PDR and appraisal conversations and which include questions about what recovery means to them and how this can be supported. Our aim is that all staff will have a formal conversation of this nature at least once a year and will enable us to identify not only how we may need to shape our wellbeing promotion, but will also enable us to prevent difficulties developing and intervene early with those who may need targeted support. Learning from these conversations will help to shape the developing recovery plan and also inform preventative health and wellbeing interventions and strategies. These conversations will also ensure that the safety of our staff remains paramount and will highlight where additional risk assessments may be needed for

our more vulnerable groups of staff, such as BAME colleagues, staff who have been shielding, staff with seen and unseen disabilities and others who we know have been more adversely affected by the negative physical, emotional and social impacts of COVID-19.

Through our initial focus on rest and recognition in our recovery plan, staff are encouraged to use annual leave flexibly to find the breathing space that they need to start to recover and re-energise to manage the ongoing demands brought about by COVID-19 and the recovery of services and care. We are also looking at ways in which we can encourage emotional and cognitive “rest” after the overload of novelty and uncertainty brought about by COVID-19. This includes us taking any and all opportunities to minimise change and slow down on deadlines and activities where safe and possible. Our focus will then be on how we can connect and reconnect with each other and the organisation. We are clear that we are stronger together and will focus on social activities and opportunities to come together (virtually or face to face as appropriate and within IPC guidelines). Key during this period, and built into the HWB conversation process, will be active monitoring and a particular focus on those staff with vulnerabilities, including those who have been on the frontline or redeployed to the front line. We also plan to work closely with the Cheshire & Merseyside Resilience hub who can support us to offer: screening surveys to actively monitor trauma; self-help and trauma focussed resources; signposting to trusted organisations and partners for the right support; confidential in-house psychological assessment; specialist individual and group psychological interventions where there is a need; open access resources for managers, leaders and teams to help build resilience and wellbeing in the workplace; psychological consultation for teams who are struggling; and Trauma Informed Care training for all levels of staff and leadership.

Finally, we will be ensuring that, when our staff are ready, rested and reconnected, we can share and learn from our experiences since March 2020. We will achieve this via the Ground TRUTH tool, and a programme of whole organisation team-by-team debriefing which we plan to commence in May 2021. The debriefing programme will enable all teams to have the opportunity for formal sharing opportunities and learning can be collated and used to continue to adapt and shape the ongoing response to COVID-19 and its aftermath. However, there will also be a need for more informal space for sharing and reflection. This will include offering Team Time to teams and continuing with monthly Schwartz Rounds for the whole organisation. Finally, we are proposing that all staff are offered the opportunity to use the Ground TRUTH tool as a means of ongoing sharing and learning from the ground. The tool also helps staff to boost their own healing as demonstrated in the feedback received from

its use by the redeployed staff in ICU during the third wave.

## Outcomes

The coherence of our whole approach to staff engagement, including our commitment to staff wellbeing and to the development of compassionate and inclusive culture, was recognised most recently externally via us winning the HSJ Staff Engagement award. Internally we have seen significant improvements in our Staff survey results in almost every domain, including improvements in Equality, Diversity and Inclusion, Health and Wellbeing and Safety Culture. Our total engagement score (7.37) puts us way above average in our sector, with 78% of our staff recommending Alder Hey as a place to work. Over the coming year we will be building on this progress and ensuring that wellbeing remains central to all of our thinking through the work of our Wellbeing Steering Group and our recently appointed Wellbeing Guardian.

## Nurse Staffing

### AIMS:

- To have zero nursing vacancies.
- To sustain a resilient nursing workforce with up to 40 WTE over the baseline frontline nursing establishment to cover maternity leave, long term sick cover and fill ward/department vacancies.
- To have a proactive recruitment campaign reflective of the local population.
- 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 and to have a clear development plan for nurse career trajectory.
- To promote and herald the nursing contribution to research.

The importance and guidance surrounding safe and sustainable staffing levels is enshrined in national professional nursing and regulatory standards: the National Quality Board improvement tools for the care of children and neonates (2017); the Royal College of Nursing guidelines for safe staffing levels in neonatal and paediatric settings (2013); the Paediatric Intensive Care Society standards for the safe staffing of children in critical care settings; the British Association for Perinatal Medicine regarding nurse staffing for neonates (2011); and the Quality Network for Inpatient CAMHS standards for care of children and young people requiring Tier 4 mental health care (2019). The Trust undertakes an annual review of all ward establishments in line with national guidance, service need, patient acuity and professional judgement and reports this to the Board.

The COVID-19 pandemic had a significant impact on the Trust workforce as we prepared to expand the number of critical care beds as part of the national response; as we cared for adult patients for the first time in our history in both the first wave in April 2020 and during the second wave February 2021; and as we anticipated increased staffing absence for COVID-19 related reasons. This presented a significant challenge for the Trust to comply with national standards and saw an incredible response from staff from all professions and services, including the nursing workforce, to ensure all patients were cared for to the highest standard.

In response to the national crisis, temporary models of front-line nursing were devised, for both the first wave and the second wave, which was benchmarked with other Children's Hospitals. This model was based on Green, Amber and Red staffing levels and was devised in collaboration with the senior nursing team. A significant training and redeployment process were set up with staff receiving training in intensive care, ward care and Health Care Assistant roles. Learning from the first wave of training and redeployment was implemented during the second wave, with the implementation of an intensive care buddy model and a pastoral care team to support all staff working in Critical Care. Nursing and allied healthcare professionals also voluntarily responded to and contributed to requests for regional mutual aid, with staff working in



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local hospitals and at the regional Nightingale Hospital to help maintain safe staffing levels across the region. The majority of redeployment was temporary for up to 6 weeks, however other members of the nursing and allied health team have been redeployed on a more semi-permanent basis in response to the ongoing requirements of the Trust due to the pandemic. This includes roles such as the Track and Trace team, swabbing team, and vaccination team. The Trust is incredibly proud of the way the whole workforce responded to, and continues to respond to, the pandemic.

In line with Department of Health Hard Truths Commitments (2013), all Trusts are mandated to provide nurse staffing information on a monthly return via the National Reporting and Learning System (NRLS) and publish this data at ward level and make the information available to the public. The Trust is compliant with submitting data to the public through NHS website, the Alder Hey website, and at ward level. A monthly ward fill rate of 90% and over is considered acceptable nationally. Fill rates for 2020/21 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. It is important to note that at no time during the pandemic were either the Amber or Red staffing levels invoked and staffing always remained at Green and in line with national standards.

The Trust has continued to successfully recruit to vacancies through collaborative working with our education providers, national recruitment days and bespoke recruitment in specialty areas. Following an international nurse recruitment programme in 2019/20, 25 nurses joined the Trust during September and January. The Trust has successfully recruited 87 WTE registered nurses in 2020/21 and trained 3 and recruited 2 Nurse Associates.

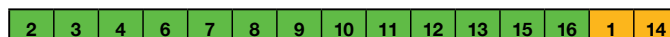
The Trust developed the 'Staff Nurse Rotation Programme' following a collaborative review involving local Higher Education Institutions, student nurses, and new Staff Nurses. The programme is a standardised approach to staff working and gaining a wider experience in different areas of the Trust, developing their knowledge and skills, and helping to retain our valued nursing workforce. All new nurses have a standardised and protected induction and preceptorship period.

As a result of the pandemic, the Nursing and Midwifery Council (NMC) offered revised education programmes for nursing students. In the first wave of the pandemic, 2nd year and 3rd year student nurses were able to opt in to undertake paid placements which allowed the students to remain on their programme while

undertaking paid work to support the NHS at this crucial time. Alder Hey supported 63 2nd year students and 97 3rd year students. During the first and second wave of the pandemic, 3rd year students on in the final six months of their training were able to opt into Extended Clinical Placement (ECP) full time paid work. The ECP students evaluated their experiences positively and were subsequently recruited as Staff Nurses.

## L. Safe staffing levels and compliance with RCN guidelines

To continue to monitor and improve staffing levels, a review against the RCN standards has been repeated in 2020/21 for all in patient and day case wards. A previous audit of compliance against the 16 core standards conducted in 2019/20 demonstrated Trust compliance with 14 standards and partial compliance with 2 standards as shown in the thermometer below:



The 2020/21 review has demonstrated improved compliance with the standards as shown in the thermometer below:



This improved position is due to the implementation of the ACT team (Acute Care Team) which provides senior nurse cover at Band 8a or above 24 hours per day 7 days a week in line with core standard 14. The ACT team provides early response and intervention for patients showing early signs of deterioration and responding to concerns raised by staff. This is a significant patient safety improvement in ensuring the safety of our patients 24 hours a day.

Although core standard 1 (*all clinical areas are required to have a supernumerary shift supervisor*) has remained at Amber (partially compliant), there has been significant improvement with an increase of an additional Matron in both the Medical Division and the Surgical Division to support the wards.

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 2020/21

### **Recruitment:**

- 87 WTE front line nursing staff recruited in 2020/21.
- Successfully recruited all Student Nurses who opted into the national ECP scheme
- Trust has 5 qualified Nurse Associates and 3 Trainee Nurse Associates across the Trust and are planning to recruit 8 per year across 2 intakes.
- Vacancy rates less than 2%.
- A responsive recruitment culture with evidence of strong partnership between senior nurses and human resource staff, notably working together on successful national recruitment days and a comprehensive induction and preceptorship programme for new nursing staff. Ongoing recruitment work also continues via the virtual recruitment programme.
- Recruitment strategy partnership working with Higher Education Institutes to attract potential student nurses from diverse backgrounds
- Successful bid awarded for funding from NHSE/I to support international recruitment
- Successful bid awarded from NHSE/I to support national strategy for zero Health Care Assistant (HCA) vacancies. Funding being used to deliver the HCA Care Certificate and working in partnership with NHSP to deliver the Care Support Worker Development Programme across areas where there is an HCA vacancy

### **Safe staffing levels**

- Staffing levels consistently higher than 90% throughout the year for open beds
- Daily Safer Staffing Huddle operational and embedded
- COVID-19 staffing plan set out for the emergency COVID-19 period

### **Strong and effective leadership structure**

- External recruitment to the Chief Nurse role
- External recruitment to the Oncology Matron in the Medical Division.
- External recruitment to the new Complex Care Matron role in the Medical Division

- Internal recruitment to the new Surgical Matron in the Surgical Division
- 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
- Successful bid awarded for funding to employ a pastoral support lead for international recruitment

### **Educational developments**

- Bespoke Staff Nurse preceptorship and rotation programme continues for all newly qualified nurses; facilitates the development of a wider skill set; access to a wider experience in medical, surgical and specialist fields.
- Supported all 2nd year and 3rd year students who opted into the national ECP scheme
- Successful bid awarded for 10 places on the Registered Nurse Degree Apprenticeship (RNDA) September programme. Funds awarded will support backfill arrangements for trainees and / or support externally appointed applicants
- Successful bid awarded from Health Education England for the Clinical Placement Expansion programme to increase the number of student nurses nationally and thus the future number of Registered Nurses. An additional 27 Student Nurses have been offered placement at Alder Hey with the funding awarded supporting their education
- Review and evaluation of the Clinical Educator programme undertaken to ensure the most effective model utilised which produces the best outcomes for both our staff and the educators
- Eight nurses predominantly from the Education team were successfully offered places on the NHSE/I Professional Nurse Advocate programme. This will help build a team who can support our nurses both educationally and across a pastoral and supervision capacity
- 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



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The Trust has continued to successfully recruit to vacancies through collaborative working with our education providers  
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nurse roles. Maintained and supported 3 senior nurses per year to participate.

- Practice Education Facilitators and Clinical Practice Educators continues to address organisational education requirements and provides a streamlined approach to a wide variety of staff development opportunities. A workforce development flow chart has been devised to outline the workforce programmes available and the access criteria
- Internal recruitment of an additional Practice Education Facilitator funded by successful bids awarded. This is essential with the new standards, the significant increase in pre-registration nurses and associated placement support, and the increased educational needs of our workforce.
- In response to the COVID-19 pandemic, in March 2020 a significant training and redeployment process was set up by staff from across the Trust to address anticipated staffing challenges. This saw many 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

- Continued monitoring of the Perfect Ward quality audit tool across all wards during the pandemic apart from March and April 2020. 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. Enhanced audits developed for the Infection Control Team as part of COVID-19 response and monitoring
- 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.
- Ward Accreditation process paused during the pandemic
- E-roster system selected, piloted and implemented in the Trust
- RotAHub established to support redeployment during the pandemic

- Pressure Ulcer Quality Summit held in September 2020
- Patient Safety Meetings continued throughout the pandemic

## Future Plans

- Develop a comprehensive nursing workforce strategy clearly setting out entry to nursing roles, roles and responsibilities of all nursing roles, and education strategy inclusive of facilitating career trajectories
- Continue proactive recruitment of student nurses, trainee Nurse Associates, and RNDA programme
- Increase the equality, diversity and inclusion of the nursing workforce reflective of the local population
- Continue monitoring vacancies, turnover rates and daily staffing levels with work feeding into Workforce Sustainability Group.
- Full implementation of the e roster system to support staff management of shifts with monitoring of key performance indicators.
- Implementation of local Challenge Boards to monitor staffing
- Implementation of the Safer Nursing Care Tool and enhanced acuity and dependency scoring and monitoring to inform establishment reviews
- Decrease use of temporary staffing
- 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, pandemic response, or any other business continuity incident affecting staffing
- Continue to work closely with Human Resources team, SALS, and wellbeing teams to support staff during this time of increased pressure and anxiety due to pandemic.
- Continue to work with HEI's in order to train and recruit a workforce that is diverse, inclusive and reflective of our community.
- Facilitate, enhance and maximise the full potential of the nursing workforce who have a wealth of ideas, innovative solutions and experience to further shape and develop evidence-based practice.
- Develop further retention strategies
- Implementation of Quality Rounds and monitoring of key patient safety metrics: Every patient every time.



## M. 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.

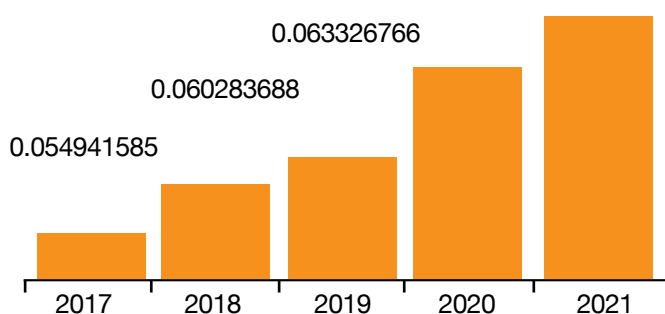
### AIMS:

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 the staff are the 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 improvement 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 BAME workforce by 1% each year, over 5 years to 2022, reflecting our local population, with at least an 11% BAME population.

### BAME Staff Numbers



### Improvements 2020/2021

#### BAME Task Force

In 2020 we established a BAME Taskforce focusing on how we support staff from all backgrounds to have a positive experience and that Alder Hey is a safe place for all. Our plans specifically support opportunity for education and employment for under-represented groups. The areas of work for the Taskforce are;

- 1. Looking behind the numbers** - The Taskforce is working on looking at what our data tells us to understand the stories behind the stats to act to remedy the root causes of the problems
- 2. Listening events** - We invited every member of staff that had declared themselves of a BAME background to take part in a series of shared 'listening' events, or, one-to-one conversation, to share their experiences. We had an overwhelming, emotional and challenging response, with people sharing their stories.
- 3. Training, Development and progression** - To support every member of Alder Hey to reach their full potential we are looking at all of our development and progression opportunities. This includes continuing to build our mentorship and coaching programme focusing on supporting BAME staff, and 'opening up' and demystifying the career opportunities across all areas of the Trust. We are also looking at how we promote the opportunities that we offer through targeted promotional campaigns, encouraging recruitment from our BAME communities. We are also reviewing our apprenticeship strategy/scheme to support diversity and working closely with our strategic partners – such as the universities – to ensure a consistent approach in how we work together supporting a diverse student population into placements and careers at Alder Hey.
- 4. Tackling Overt Racism** - A key priority for the Taskforce is ensuring a safe working environment for all staff. We have a zero-tolerance approach to verbal and physical abuse, and we are focusing on challenging negative discriminatory and racist behaviours. We are working on how we come together to create the change for us to become the beacon of diversity and a safe place for all.
- 5. Communicating inclusivity and opportunity** - We are developing the 'A Face Like Mine' campaign. The campaign gets its name from the assertion that every child that comes through the doors should feel the comfort of seeing a face like their own. It's this aim that will drive the campaign. It will include stories of our BAME colleagues' professional (and personal) journeys from childhood, to inspire children with what's possible. It will also support targeted recruitment campaigns and will include educational materials.
- 6. Celebrating culture** - We will positively reinforce – diversity in all of our external engagement, whether it is on our website, on social media, or in marketing material that we use to promote Alder Hey and its services.

## N. Supporting the BAME community during COVID-19

We are well-aware of the impact that COVID-19 has had on our BAME communities. There is clear evidence that people from BAME backgrounds are disproportionately affected by COVID-19 and we therefore established a dedicated resource to ensure all of our colleagues were supported in the best possible way. This included bespoke risk assessments, listening events and access to information and resources. As a Trust over 80% of our BAME colleagues have received their vaccine and we continue to provide information and guidance so individuals can make informed decisions for themselves based on the facts and the medical science

### Future Plans

- To continue to build and promote inclusive leadership at all levels of the organisation through the delivery of 'Inclusive Leader' development session as part of the Leadership development programmes
- Continue to build and develop our staff networks in order to continue improving the experiences of our staff
- To continue to work in partnership and build links within local communities to provide opportunities to our local population
- To improve our recruitment and development opportunities through positive action programmes that support and champion the development of staff from under-represented groups.



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# Appendix 1. Reporting Against Core Indicators

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

TARGET OR INDICATOR	THRESHOLD	NATIONAL PERFORMANCE 2020-21	2019 - 20				2020 - 21			
			QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
Summary Hospital Level Mortality Indicator (SHMI)	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	1	0	1	1	1	0
C. Difficile – Rates Per 100,000 Bed Days	0	n/a	0	0	5.6	0	5.0	4.9	4.6	0
18-week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%		92%	92%	92%	90%	45.8%	48.3%	60.0%	68.4%
All Cancers: Two Week GP Referrals	93%		100%	98%	99%	100%	100%	100%	100%	100%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	70%		100%	100%	100%	100%	96.9%	96.4%	85.7%	100%
All Cancers: 31 Days Until Subsequent Treatments	94%		100%	100%	100%	100%	100%	100%	100%	100%
A&E – Total Time in A&E (95th Percentile) <4hours	95%		91.41%	91.67%	83.96%	87.87%	98.8%	95.4%	98.6%	95.4%
Readmission Rate Within 28 days of Discharge	0-15 yrs.		9%	8%	8%	9%	8.34%	7.09%	7.57%	7.14%
	16+ yrs.		4%	5%	5%	5%	4.59%	4.72%	3.65%	2.14%
Financial and Service Performance (Use of Resource) Ratings	n/a		3	3	3	2	0	0	0	0
% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends	n/a		88.3%				91.70%			
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse from Staff in Last 12 Months	n/a		20.9%				13%			
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard	n/a		83.8%				89.50%			
Rate of Patient Safety Incidents Per 1000 Bed Days	n/a		86	84	77	84	42	72	71	75
Total Patient Safety	n/a		1,375	1,334	1,300	1,345	972	1,426	1,475	1,416
Incidents and the Percentage that Result in Severe Harm or Death	n/a		0.07%	0.07%	0.00%	0.07%	0.00%	0.70%	0.00%	0.14%
Diagnostics % Waiting Under 6 Weeks	99%		99.90%	99.98%	99.90%	99.90%	81.9%	91.8%	92.3%	97.5%



## Annex 1 – Statement on the Quality Report by partner organisations

### Commentary from Governors

Physical attendance of Governors in the hospital has not been possible during 2020/21, so this has to some extent limited our ability for scrutiny.

Noted within the report are the Priorities for Improvement:

1. Investment in early and robust escalation of deteriorating patients.
2. Instigation of projects to improve safe prescribing, and reducing medication errors.
3. Additional staff training that will improve effective support of children and young people's mental and physical well-being.

### Freedom to Speak Up and Respect at Work

The anticipation is that the Trust will continue to encourage feedback from staff about areas of concern - both in patient safety and issues that concern staff's own situations.

### Resumption of Services

It is hoped that a return to 7-day services, and resumption of PLACE audits and ward walkabouts including governors will resume in the very near future.

#### **SIMON HOOKER**

Lead Governor

I fully endorse these accounts. It has been a real privilege to be involved with Alder Hey during a year of unprecedented challenge. These accounts provide an important insight into the many projects which have continued despite everything, along with the many achievements realised.

#### **PROFESSOR PHILIPPA HUNTER-JONES**

Patient Governor (Parent and Carer)

“

It has been a real privilege to be involved with Alder Hey during a year of unprecedented challenge

”





This year has been a challenging year for the NHS, and Alder Hey is no exception. Healthwatch Liverpool were pleased to read that the priorities of the Trust remained constant throughout the pandemic, to treat support and care for children young people delivering the safest and best quality services. Alongside this the Trust also contributed to the wider COVID-19 response through admitting and supporting adult patients in critical care. We know that this made a difference but also that it took a toll on staff members.

During COVID-19 the trust has established several ideas to ensure that the care and support needs of children and young people are met, the trust has fully embraced the digital environment through using several recording systems and the usage of the Attend Anywhere system for outpatients; this has enabled children/families to access healthcare without having to attend in person. Alder Hey staff have worked within NHS visitor guidelines to ensure that where possible carers are able to be with their child.

We are pleased to note that Alder Hey has received some additional funding to support COVID-19 recovery which will increase capacity, and the number of procedures in imaging, surgery and outpatients with the aim of addressing the waiting lists created by COVID-19 and delays to treatments/diagnosis. Pre COVID-19 we were aware of delays in assessments and diagnosis of neurodevelopmental conditions, and we hope that these delays can be addressed too. In addition, Alder Hey has remained a centre for research and development in relation to child health, in particular the development of medications to treat children and young people.

One of the greatest resources that Alder Hey has is its skilled and highly trained staff, and whilst the trust has some vacancies they have a high level of staff retention, and support measures have been put in place to assist staff through the pandemic.

Healthwatch Liverpool is interested to note that although there has, unfortunately, been a rise in the number of severe trauma patients in the Emergency Department, it is encouraging to see that survival rates are higher than in other areas of the country.

Moving forward we see that the trust aims to work towards a seven-day service for delivering services to support patients and their families so that treatment, diagnosis and a high standard of care is available at all times to ensure the best outcomes for children, young people and their families. We are also pleased to see that strong links have been forged between the neonatal units at Alder Hey and the Women's Hospital and this has allowed for the sharing of expertise that benefits babies and their families. This is a positive step forward.

In addition, Healthwatch Liverpool are pleased to note that Alder Hey is working to achieve parity between Mental Health and Physical Health, and that all patients will be treated holistically. This is an issue that children and young people have told us is important to them. The Arts for Health programme have delivered a number of activities and put measures in place to support the educational and social aspect of young people's lives who are in-patient care, and this has continued throughout the pandemic.

We would also like to commend the work of the Alder Hey Youth Forum who have spent time campaigning on mental health issues, and through the pandemic developed a range of activities and resources, in particular their daily online challenges to support children and young people, alongside posters and infographics designed to raise awareness around using protective measures such as masks and PPE.

Healthwatch Liverpool has welcomed the opportunity to attend the Trust's Patient Experience Group and Clinical Quality Steering Group meetings over the past year and hopes to continue to build positive relationships with Patient Experience, PALS and other staff in the interests of children, young people, families and carers

**ZARAH ROSS**

Engagement & Project Officer,  
On behalf of Healthwatch Liverpool  
29th June 2021



“  
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greatest  
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Hey has is  
its skilled  
and highly  
trained  
staff”

## Commentary from Clinical Commissioning Groups



Liverpool CCG, South Sefton CCG, Knowsley CCG, St Helens CCG and NHSE/I Specialised Commissioning welcome the opportunity to jointly comment on the Alder Hey Children's Hospital NHS Foundation Trust Draft Quality Account for 2020/21. It is acknowledged that the submission to Commissioners was draft and that some parts of the document require updating. Commissioners look forward to receiving the Trust's final version of the Quality Account.

It is also acknowledged that the Trust has experienced unprecedented challenges this year due to the onset of the COVID-19 pandemic in early 2020. We would like to take this opportunity to thank the Trust and its staff for the work it has undertaken through the different waves of the pandemic to adapt and deliver care and for their support in providing mutual aid to support the wider system.

We have worked closely with the Trust throughout 2020/21 to gain assurances that the services delivered were safe, effective, and personalised to service users. The CCGs share the fundamental aims of the Trust and supports their strategy to deliver high quality, harm free care. The account reflects good progress on most indicators.

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

This Account details the Trust's commitment to improving the quality of the services it provides, with commissioners supporting the key priorities for the improvement of quality during 2020/21 which were:

**Priority 1:** Safe Care

**Priority 2:** Access to Care

**Priority 3:** Great place to work

**Priority 4:** Advocate for children and young people

**Priority 5:** The safest place

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

Through this Quality Account and on-going quality assurance process, the Trust clearly demonstrates their commitment to improving the quality of care and services delivered. Alder Hey Children's NHS Foundation Trust continues to develop innovative ways to capture the experience of safe, patients and their families in order to drive improvements in the quality of care delivered. This is evident in the Trust Quality Summit for Pressure Ulcers held in September 2020, leading to demonstrable improvements, such as the adoption of a 'QR' code for access to patient information leaflets for parents / carers.

The Trust places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected with the work the Trust has undertaken to further embed a safety culture in the organisation. Of particular note is the achievements and work the Trust has undertaken to improve outcomes on the following work streams:

- Zero preventable deaths
- Top performing children's Trust in number of incidents reported per 1,000 bed days and 3rd best of all acute specialist Trusts.
- In the top ten Trusts in the country for staff engagement & 4th most improved Trust in the country (staff survey)
- Highest recruiting centre to research studies for children
- Eradicated Grade 4 pressure ulcers for the last 5 years
- Top 10 performer for patient access including A&E 4 hour target.

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

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

- Eliminate the backlog of patients waiting for treatment.
- Zero harm events.
- 80% of our staff recommend Alder Hey as a place to work.



- Increase the number of children and young people who have access to our care.
- Increase the number of children and young people who have had preventative and/or early support.
- Increase the number of active research studies.
- Increase the number of innovation projects deployed into care.


Alongside the Trusts strategic objective's improvement work will be undertaken on three focused safety priorities led by the clinical teams and supported by the Quality Hub.

**Priority 1:** Deteriorating Patient

**Priority 2:** Medication Errors

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

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



**JANE LUNT**

Chief Nurse  
NHS Liverpool CCG  
25th June 2021

*Signed on behalf of the chief  
Nurses for Liverpool, South  
Sefton, Southport & Formby  
and Knowsley CCGs*

## Commentary from Overview and Scrutiny Committee

Commentary from the Overview and Scrutiny Committee was not available at time of publication of the report.

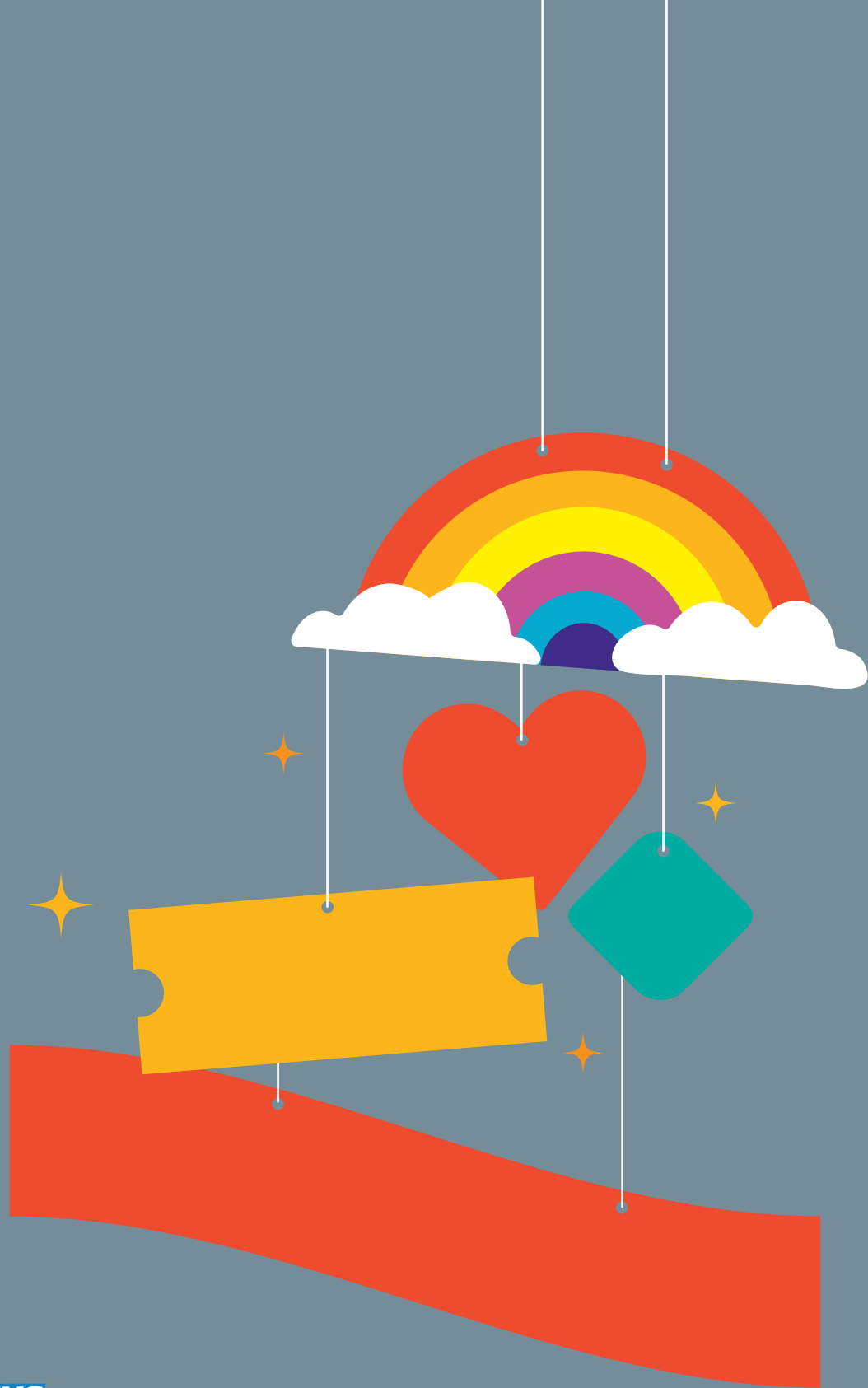
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**Alder Hey Children's**  
NHS Foundation Trust

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



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