



Alder Hey Children's NHS Foundation Trust

Quality Account 2021-22

Delivering a Healthier Future for Children and Young People



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A Message from our Chief Executive

PART 1:

I feel immensely proud and privileged to be able to introduce such an impressive quality report at the end of a second year in which the NHS once again found itself developing solutions to the challenges that an ongoing global pandemic presented to us all. As in 2020/21, the whole of the Alder Hey family rose to these challenges and continued to adapt our ways of working to support the local and national effort in every way possible. We cared for adult patients on our ICU for the second time; we supported the national vaccination programme and we continued to work as part of the wider system to keep our patients and families safe.

Yet through all of this we maintained focus on our own quality and safety priorities and I hope you will be as impressed as I was to read about the significant progress that has been made in the last year against our ambitious aims, underpinned by our Brilliant Basics programme.

Some of this imperative was driven by our experience of the direct impact that the pandemic was having on the mental health and wellbeing of children and young people. Our teams took tangible action to address the growing crisis: we launched a digital 'One Stop Shop' platform for children and young people with mental health needs and their families, enabling easy tracking of referral and useful information and support, as well as expanding our Mental Health Support Teams in schools to provide seven teams across Liverpool and Sefton. Linked to this we have developed our role as a key partner regionally to address health inequalities, improve life chances of children and young people and make a positive contribution to our local economy and community.

As well as thinking carefully about how we contribute to this wider agenda, we also maintained a laser focus on our patient safety priorities and again I would highlight a number of significant achievements in the last year: delivery of a 20% reduction in medication errors in year; the launch of a new digital symptom checker to support parents and families in managing common symptoms which has seen thousands of 'hits' since December 2021; and achievement of a strong recovery of planned services in year two of the pandemic with 108% outpatient recovery and 100% elective recovery.

Of course, we could not have made such significant progress without the fantastic dedication and commitment of our staff, who yet again continued to go the extra mile each and every day to care for our children and young people under very difficult circumstances. In recognition of the added pressure brought about by the second year of the pandemic, we made the wellbeing of our staff a key priority. From an evidence base, we put in place a range of support mechanisms, including further investment into our award-winning Staff Advice and Liaison Service (SALS) and the Ground Truth process, in order that we better understanding the issues affecting our staff and work together to address them and ensure that Alder Hey is a safe and inclusive place to work, volunteer or study.

As Chief Executive, I commend our Quality Account for 2021/22 to you. I am confident that the information set out in the document is accurate and a fair reflection of the key issues and priorities that clinical teams have developed within their services. The Board remains fully committed to supporting those teams in every way they can to continuously improve care for our children and young people, who remain our constant inspiration.

Louise Shepherd CBE
Chief Executive

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

2.1. Priorities for Improvement in 2022/23

Introduction:

In previous Quality Accounts the Trust reported that a full strategic review had been undertaken and the Trust had developed 'Our Plan' which was a five-year plan spanning 2019 to 2024, in consultation with our children and young people 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 since that time. 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 this central safety 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 second and third wave of the pandemic. During phase one and two 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 and 3 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. The Trust achieved strong recovery of planned services in year two of the pandemic with 108% outpatients' recovery and 100% elective recovery. In addition, the safe waiting list management programme delivered improvements in access to care and reduced waiting times.

As an organisation we have adapted and learned during this period, including flexing our operational model to 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 continued our partnership with external organisations, KPMG, and Point of Care

Foundation (POC) who have supported the ongoing 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 Quality Hub being the engine room for this programme of work. This reaches from the frontline through to our board; building routines, behaviors, 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 organization, ensuring all our contributions to improvement can be aligned towards our goal – a healthier future for children and young people. Our strategic objectives approved by the Trust Board for 2022/23 are as follows:

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

Alongside our strategic objective's improvement work will continue three focused safety priorities led by the clinical teams and supported by the Quality Hub.

Priority 1: Deteriorating Patient: To focus of this priority will be to continue 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 Recognising and Responding to Acute Paediatric Deterioration (RAPiD) pathway has been developed and approved across all in-patient areas. Education and in-depth testing of the pathway and measures of improvement have occurred in our most acute medical ward and is now rolling out to other wards. To build on this, work the key focus for the forthcoming year will be

- strengthening governance
- continuing to learn from deteriorating patient data
- assessing the ability to use automated intelligence for the development of a preventability framework,
- preparing to implement national requirements as they develop.

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 continues to include work with the medication safety committee to implement a range of projects that will directly impact the safety of prescribing, dispensing and administration of medication. Using the Brilliant Basics method for analysing the Trusts data around medication errors has focused attention on areas of high incident recording. Local teams have been supported by the Quality Hub to identify opportunities for improvement using our Brilliant Basics problem solving thinking. We are in the process of working with clinical teams to support bringing their change ideas into practice and supporting teams to measure for improvement. As part of the medication safety programme, as well as targeting improvements at a ward / team level, a review of the current systems of control have been completed, which has identified an opportunity to enhance Medicine Safety Management with a business case to assign pharmacy resource.

Priority 3: Parity of Esteem for Mental and Physical Health: It has become increasingly apparent during the pandemic 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. 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. Our commitment to involve children, young people and their families in Brilliant Basics has been fundamental to this work. Together, we have developed a training strategy that includes providing parents and carers with skills in mental health first aid, as well as the necessary knowledge and skills required for our workforce. The quality hub Team will continue to work closely with digital colleagues to develop digital solutions to ensure we can evidence that more holistic care and treatment are provided through our “Ask, Do, Record” process. A group of Mental Health Champions has been established and continues to be built upon. Members of our workforce from across different areas have come together to support the promotion and further development of the work and to further grow their reach and spread. The recruitment of a Consultant Nurse and Nursing Associate Posts will provide opportunity to improve holistic care and treatment across all services therefore supporting improved outcomes for our Children, Young People and Families.

2.2. Statements of Assurance from the Board

2.2.1 Review of Services

During 2021-22 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 2021-22 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2021-22.

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 2021 to 31st March 2022, 15 National Clinical Audits and 3 National Confidential Enquiries covered NHS services that Alder Hey Children’s NHS Foundation Trust provides.

During that period Alder Hey Children’s NHS Foundation Trust participated in 100% (15 out of 15) National Clinical Audits and 100% (3 out of 3) National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that Alder Hey Children’s NHS Foundation Trust was eligible to participate in during the reporting period 1st April 2021 to 31st March 2022 are contained 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 2021 to 31st March 2022 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Participation	% Cases submitted
Children		
Paediatric intensive care (<u>PICANet</u>)	Yes	Submitted 897 cases which was 100% of cases available
Pain in Children <u>Emergency Medicine QIPs: Royal College of Emergency Medicine</u>	Yes	Submitted 142 cases which was 100% of cases available
Acute care		
Severe trauma (<u>Trauma Audit & Research Network</u>)	Yes	Submitted 176 cases, 88% of which were approved.
Cardiac		
Cardiac arrest (<u>National Cardiac Arrest Audit</u>) (NCAA).	Yes	Submitted 7 cases which was 100% of cases available.
National Cardiac Audit Programme (<u>National Institute for Cardiovascular Outcomes Research (NICOR) Congenital Heart Disease Audit</u>)	Yes	Submitted 345 cases which was 100% of cases available.
National Cardiac Audit Programme (NCAP) <u>National Audit of Cardiac Rhythm Management (CRM)</u>	Yes	Submitted 107 cases which was 100% of cases available.
Long term conditions		

National Audit	Participation	% Cases submitted
Inflammatory Bowel Disease programme/ IBD Registry (<u>National IBD Audit</u>) Biological Therapies	Yes	Submitted 120 cases which was 100% of cases available.
Paediatric Diabetes (<u>RCPH</u> (<u>Royal College of Paediatrics and Child Health</u>) <u>National Paediatric Diabetes Audit</u>)	Yes	Submitted 413 cases which was 100% of cases available.
Epilepsy 12 (<u>RCPH</u> <u>National audit of seizures and epilepsies in children and young people</u>)	Yes	Submitted 44 cases which was 100% of cases available.
Children and young people Asthma Audit <u>National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)</u>	Yes	Submitted 193 cases which was 100% of cases available.
Serious Hazards of Transfusion (SHOT): <u>UK National Haemovigilance</u>	Yes	Submitted 5 cases which was 100% of cases available.
National Comparative Audit of Blood Transfusion: 2021 Audit of Blood Transfusion against NICE Guidelines <u>NHSBT</u>	Yes	Submitted 31 cases which was 100% of cases available.
UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u>	Yes	Submitted 94 cases which was 100% of cases available.
National Acute Kidney Injury programme <u>UK Renal Registry</u>	Yes	Submitted 1120 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-	Yes	Submitted 16 cases which was 100% of cases available.

National Confidential Enquiries	Participation	% Cases submitted
UK - National Perinatal Epidemiology Unit (NPEU)		
Child Health Clinical Outcome Review Programme. National Confidential Enquiry into Patient Outcome and Death. Transition	Yes	Submitted 15 cases which was 100% of cases available.
Learning Disability Mortality Review Programme (LeDeR)	Yes	Submitted 5 cases which was 100% of cases available.

2.2.3 Actions arising from National Clinical Audits

The reports of the National Clinical Audits were reviewed by the provider in the reporting period 1st April 2021 to 31st March 2022, 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
1	Paediatric intensive care (<u>PICANet</u>)	All our validations have been judged as excellent this year. We have significantly improved our processes which has greatly improved the accuracy of the data submitted and allows errors to be identified within a month of discharge from PICU.
2	Pain In Children <u>Royal College of Emergency Medicine (RCEM)</u>	Data Collection Completed. Report from RCEM not yet available.
3	Severe trauma <u>(Trauma Audit & Research Network)</u>	<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 2021 the data quality remained consistently above the national average with a Trust value of >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 was in the region of 26%. Our current levels of trauma are slightly lower than pre-COVID.</p>

	National Clinical Audit	Actions
		<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 Northwest 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 2021 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 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. We have seen a significant increase in 2021 compared with 2020 but are still not fully back to pre-COVID levels. A further detailed report from this period is under construction and will be shared in due course</p>
4	Cardiac arrest <u>(National Cardiac Arrest Audit)</u>	There were no recommendations or actions as the audit standards are being met.
5	Paediatric cardiac surgery <u>(NICOR Congenital Heart Disease Audit)</u> <u>NCHDA</u>	<ul style="list-style-type: none"> • Standard Operating Protocols have been devised for data collection, including detailed guidance on NCHDA required dataset items and exactly who is responsible for each item. • Regular training is provided for the Auditors and all staff in the Department who may be involved with data input. This includes regular Quality Assurance and Governance training and visits to other centres who are involved in NCHDA data collection and submission. • A standard format reporting form is in development for echocardiograms. • A standard discharge summary style document listing all NCHDA pertinent information to that in-patient episode and previous interventions or operations has been created for use throughout the cardiac department.

	National Clinical Audit	Actions
		<ul style="list-style-type: none"> All trainees (ST6 and above) are encouraged to volunteer to participate in a NCHDA site validation visit as an external colleague to gain insights to the importance of maintaining good standards in data collection and quality management.
6	National Cardiac Rhythm Management Audit (CRM) <u>(NICOR)</u>	No actions or recommendations from report. (Report is from 2019/20 as CRM are one year behind in reporting).
7	Ulcerative Colitis and Crohn's Disease <u>(National UK IBD (Inflammatory Bowel Disease) Audit)</u> Biological Therapies	Report has been received but not yet reviewed by Clinicians
8	Diabetes <u>(Royal College of Paediatrics and Child Health (RCPCH) National Paediatric Diabetes Audit)</u>	<p>Data collection for the audit and our own internal reviews continues through the use of TWINKLE system. TWINKLE enables automated reporting for the BPT & NPDA.</p> <ul style="list-style-type: none"> QI methodology continues to be used to review the management of newly diagnoses patients. Monthly data review continues through the departmental governance meeting. We are working towards increasing the face-to-face clinic appointments offered to our patients. A transition programme improvement scheme is in place with our adult colleagues in Aintree & the Royal. Inclusion in the NHSE closed loop project to evaluate closed loop efficacy for children. Continued work towards reduction in median clinic HbA1c. Continued work towards improving the completion of the 7 key care processes for all patients.
9	Epilepsy 12 <u>(RCPH National audit of seizures and epilepsies in children and young people)</u>	Prospective Data Collection for the Epilepsy 12 audit will be on-going for 2022/23. There are no specific recommendations from the cohort 2 report and the report for cohort 3 will be available later this year.

	National Clinical Audit	Actions
		<p>One key message from the national Epilepsy¹² report was that there are very few children and young people with an identified mental health condition in cohort 2. Without widespread use of screening, opportunities for referral into the appropriate pathway for assessment could be missed.</p> <p>As a team we are focussing on improving 2 areas going forward – Transition to adult services and mental health support/screening for our patient demographic. We are fortunate to have access to clinical psychology and refer patients appropriately if concerns are apparent. We are in the process of planning a mental health screening tool trial. At present we have begun to offer information to patients in their care plan about locally available mental health support services.</p>
10	Children and young people Asthma Audit <u>National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)</u>	Report due to be published in May 2022
11	Serious Hazards of Transfusion (SHOT): <u>UK National Haemovigilance</u>	<p>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.</p>
12	National Comparative Audit of Blood Transfusion: 2021 Audit of Blood Transfusion against NICE Guidelines NHSBT	<p>Numbers who have low iron levels are very small and there is no evidence to suggest that this is a big problem for Alder Hey. We will continue to audit internally.</p> <p>The trust is on the point of introducing blood transfusion consent through the E Consent platform. All work has been completed but other areas of E Consent are being launched first. Launch should be mid-2022.</p>
13	UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u>	The Annual report allows us to compare our clinical outcomes to those of our peers and

	National Clinical Audit	Actions
		<p>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>
14	National Acute Kidney Injury programme <u>UK Renal Registry</u>	No Actions as 2021 report not yet received.

2.2.4 Actions arising from Local Clinical Audits

There was a total of 244 local audits registered in the reporting period 1st April 2021 to 31st March 2022. There are 74 (30%) local audits completed. There are 163 (67 %) audits that will continue in 2022/2023. There are 0 (0%) audits not yet started and 7 (3 %) audits have been cancelled.

The reports of the completed local clinical audits were reviewed by the provider in the reporting period 1st April 2021 to 31st March 2022, and examples of the outcomes are listed below.

	Local Audit	Actions
Audit ID	Audit Title	
6372	The Management of Post-Tonsillectomy Bleeding in the Paediatric Emergency Department: An Audit of the Current Techniques Used by Clinicians	<p>The audit was presented and discussed at the Alder Hey Emergency Department audit meeting in April 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Create a guideline of post-tonsillectomy bleed management in the Emergency department. • No Re-audit is required as the audit identified that there was a need for the guideline to be created.
6223	An audit of compliance with The Royal College of Speech & Language Therapists' guidelines concerning clinical supervision for Highly	<p>The audit was discussed at the Regional Team meeting of the Cheshire & Merseyside Hearing Impairment Network in May 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Establish a small working party to hold initial meeting to look at Dewi Jones Unit clinical supervision record form to see if this can be adapted for Network staff. • Re-audit in 12 months

	Local Audit	Actions
	Specialist Speech & Language Therapists.	
6165	Service evaluation to assess the extent of polypharmacy amongst inpatients at Alder Hey Children's Hospital	<p>The Service Evaluation was written up as a manuscript and is awaiting acceptance for publication. Discussed with consultant pharmacologist in September 2021 who currently undertakes deprescribing ward rounds.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • This work will contribute to the eventual goal of developing the first deprescribing guideline for children and young people and their parents to assess their attitudes towards polypharmacy and deprescribing. • Re-audit once a deprescribing guideline is in place.
6356	Training Needs Analysis Questionnaire to capture level of Skills, Knowledge and Training in Positive Behaviour Support (PBS) for Community and Adolescent Mental Health (CAMHS) staff.	<p>The audit was discussed at the Alder Hey Community and Adolescent Mental Health (CAMHS) Department audit meeting in May 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Identify training opportunities for CAMHS IST (Intensive Support Team) around PBS. • Complete a pre and post PBS training audit • Identify a cohort of staff for initial commissioned PBS training to increase staff confidence in delivery of functional assessments of need. • Develop clinical supervision as per trust policy to support PBS practitioners. <p>Re-audit in 6 to 12 months.</p>
6361	Assessing the hospital timeline for patients requiring operative intervention for hip disease including SPICA application	<p>The audit was discussed at the Alder Hey Surgery Department audit meeting in June 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Reduce the time for CT (computerised tomography) scans to reduce length of stay. • Recommend Intra operative CT imaging for patients undergoing hip procedures requiring SPICA (Special type of cast used to immobilize the hip) application. • Re audit, patients receiving intra operative CT scans • Re-audit in 12 months
6075	Feeding Audit in children with cerebral palsy	<p>The audit was discussed at the Alder Hey Community Department audit meeting in May 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • We need to discuss how communication with dietetics team could be improved: Hospital system (Meditech) dietitian notes/dietitian report prior to clinic/ joint assessment for complex children.

	Local Audit	Actions
		<ul style="list-style-type: none"> • Equipment for weight measurement to be in place in new building. • No Re-audit is required as we are following the guidelines with dietitian follow up.
6320	A local audit of prescribing practice for patients with attention deficit hyperactivity disorder (ADHD)	<p>The audit was discussed at the Alder Hey Community & Mental Health Division Medicine Safety Sub-Committee on the 1st of April and the Community & Mental Health Research & Audit Sub-Committee on the 12th of April 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Discussed with ADHD Team members doctors, nurses, and pharmacists regarding the ideal amount of information on past medical history that should be included in medication reviews. • Produce a revised Standard Operating Procedure document (SOP). • Hold teaching sessions to increase awareness of the audit findings and SOP. • Re-audit in 6 months
6317	An audit of the number and severity of non-accidental injury cases in children presenting to Alder Hey Hospital in the year before the COVID pandemic and comparing to those cases after the COVID pandemic and the announcement of lockdown.	<p>The audit was presented at the Mersey regional audit symposium for the David Wong Prize on 2nd June 2021 and won first prize for best project. The Alder Hey ophthalmology department attended this meeting, as well as other ophthalmology teams from the region.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Aim to further analyse our audit data to predict outcomes for these children. • Following this audit, we are grading retinal findings, neuroimaging pathology and PICU (Paediatric Intensive Care Unit) admission, to create a scoring system to help predict long term morbidity and mortality. • No Re-audit was required as this closed the audit loop.
5996	Use of the combined oral contraceptive pill (COCP) in adolescent menstrual dysfunction	<p>The audit was discussed at the Alder Hey Gynaecology Department audit meeting in May 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • The COCP is very effective for menstrual dysfunction and extended pill use such as a continuous regime should be recommended. • It would be better to ask about specific symptoms at follow up, so we are making changes to the gynaecology Outpatient Form on the hospital system (Meditech) to make it easier to collect this data. • Re-audit in 24 months
6355	PICU (Paediatric Intensive Care Unit) Research Staff Survey.	<p>The audit was discussed at the Alder Hey Paediatric Intensive Care Unit (PICU) Department audit meeting in June 2021.</p> <p><u>Action/Recommendation:</u></p>

	Local Audit	Actions
		<ul style="list-style-type: none"> • Provide monthly updates on research information board focusing on a themed study each month. • Research staff to give refresher training on the unit. • Newsletter now to be 6 monthly containing a full breakdown of research activity and enrolment. • Introduction of champions on the unit to help support research training to staff, especially night staff. • No Re-audit was required as the survey was designed to show how to improve on the way we deliver research. With the recommended changes in place this will improve the way we deliver it.
5787	Evaluation of a novel automated hand hygiene monitoring system (Hygenie) to determine if this improves staff hand hygiene performance	<p>The Evaluation was presented at an Alder Hey Innovation meeting in July 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Develop and evaluate personalized hand hygiene feedback in Paediatric Intensive Care Unit (PICU). • Re-audit in 6 months
6381	Enquiring about Parental Health during Choice Assessment Appointment in Sefton CAMHS	<p>The audit was discussed at the Sefton CAMHS Business Meeting in June 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Printable assessments available as pdf/word for new clinicians. • Include changes to assessment proformas on hospital system. (Meditech Expanse). <p>Re-audit in 12 months</p>
6380	Core Partnership Initial Care Plan Completion in Sefton Community and Adolescent Mental Health, (CAMHS).	<p>The audit was discussed at the Sefton CAMHS Business Meeting in June 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Clinicians reminded to complete care plans collaboratively on initial partnership appointments. • Printable/pdf care plan prompt sheet to be made available to staff, particularly new starters. • Set proformas to guide assessment and note keeping on Meditech Expanse. • Workable care plan presentation to be made available for staff and new starters on care plan completion. <p>Re-audit in 12 months</p>
6246	Audit of Adherence to Valproate Pregnancy Prevention Programme (PPP) at Alder Hey NHS Foundation Trust.	<p>The audit was presented and discussed at the Alder Hey Epilepsy Department meeting in September 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Highlight findings of this audit to relevant medical teams. Re-audit following the findings of this project being publicised to relevant staff. • Updated existing training for Pharmacy staff regarding requirements of valproate pregnancy prevention programme.

	Local Audit	Actions
		<ul style="list-style-type: none"> Epilepsy and Neurology teams to ensure annual risk assessments are completed. Up to date versions of patient information leaflets to be made available in relevant areas. Re-audit in 12 months.
6573	Quality of Dental Radiographs Taken at Alder Hey Children's Hospital	<p>The audit was presented and discussed at the Alder Hey Clinical governance meeting for dental/maxillofacial Department in June 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Disseminate audit to dental and hospital radiography teams. Highlight updated guidance amongst clinicians and radiography staff. Staff teaching session to be completed for hospital radiography staff. Re-audit in 3 months (Completed)
6360	CPA (Care Plan Approach) Practice in Sefton CAMHS	<p>The audit was presented and discussed at the Business /MDT meeting at Sefton CAMHS in August 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Continue to offer ongoing training for all clinicians regarding CPA documentation Devise a flow chart regarding the CPA process recommendation and distribute amongst the teams. To review the Alder Hey care plan policy appendix C and devise a new form to record CPA meeting minutes. Re-audit in 6 months
6378	Ball magnet ingestion in children: a stronger and more dangerous attraction?	<p>The audit was discussed at the Alder Hey Emergency Department audit meeting in September 2021.</p> <p>Publication in the EMJ (Emergency Medicine Journal) in September 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> New National consensus guideline created and published by RCEM (Royal College of Emergency Medicine), including advice leaflet for parents who are discharged when their child has ingested a magnet. National Audit of the new guideline via the MAGNETIC study. No Re-audit is required as being completed as part of the National review.
6362	An overview of the diagnosis and management of paediatric Eosinophilic Esophagitis (EoE) patients at a large UK tertiary centre.	<p>The audit was discussed at the Alder Hey Gastroenterology Department audit meeting in August 2021. Reviewed and partially presented at World/European Society for Paediatric Gastroenterology Hepatology and Nutrition conference in June 2021 (WSPGHAN).</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Areas for improvement at Alder Hey include focussing on facilitating the implementation of scoring systems into practice

	Local Audit	Actions
		<p>as a way of briefly monitoring disease activity/severity in between endoscopy examinations. This is especially pertinent whilst the SARS CoV-continues to reduce the number of endoscopies carried out.</p> <ul style="list-style-type: none"> • Working towards developing a Trust algorithm, to ensure patients start and remain on monotherapy. • Audit will be continued as part of a re-auditing cycle.
6417	Audit of outpatient Exercise Advice and Exercise Prescriptions given to Children with Congenital Heart Disease (CHD)	<p>The audit was discussed at the Alder Hey Cardiology Quality Improvement governance meeting in August 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Encourage discussion regarding exercise with children over 8 years with CHD at appointments. • Obtain copies of 'physical activity tool kits' which are available from Heart Research UK and discuss with specialist nurses to see if we can introduce their use. • Re-audit in 6 months
6315	An audit of the referral pathway from urology to neurosurgery for spinal dysraphism.	<p>The audit was discussed at the Alder Hey Urology Department audit meeting in August 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Urological and non-urological symptoms are ubiquitous. The urology team should remain aware that a patient presenting with any of the included urological and neurological signs/symptoms has the potential to have an underlying diagnosis of spinal dysraphis. Continual assessment of practice required. • The urology team should continue referring appropriate children to neurosurgery. • The audit should be repeated using a larger population. Including patients seen by both Urology and Neurosurgery by 2025.
6386	Oxygen prescribing compliance	<p>The audit was discussed at the Alder Hey General Paediatrics Department audit meeting in June 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Oxygen to be considered for prescribing under a Patient Group Direction • Re-audit in 12 months
6444	Post fontan management of pleural drain losses.	<p>The audit was discussed at the Alder Hey Cardiology Department Clinical Governance meeting in September 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • We will formulate a new guideline for the management of post fontan drain management. • Perform relevant training sessions. • Re-audit after 10 patients following new protocol in 12 months

	Local Audit	Actions
6426	An evaluation of the dental care provision for children under the care of the community matrons at Alder Hey.	<p>The audit was discussed at the Alder Hey Dentistry Department audit meeting in October 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Provision of oral health teaching to community matrons and other referring practitioners to aid in basic oral health assessment and referrals. • Identifying and signposting community matrons and other healthcare professionals to referral pathways which may be available for children with complex neuro-disabilities to access care in both primary and secondary care. • This is a baseline evaluation to understand which children received dental care in Alder Hey. This doesn't necessarily need to be re-audited as children may receive dental care outside the hospital. Therefore, there may be scope to do a different audit to evaluate where children receive dental care in the future.
6419	Service evaluation in sagittal synostosis: an analysis of the clinical and molecular characteristics of a cohort of patients from a supra-regional craniofacial multidisciplinary service	<p>The Service Evaluation was discussed at the Alder Hey Craniofacial Department audit meeting in September 2021. The project was also accepted for oral presentation at a national craniofacial meeting on 15th November 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • To consider a further, stand-alone project with the Alder Hey team to attempt to collate data from all patients seen in the craniofacial service (i.e., not just the ones referred to Clinical Genetics) to see whether this sample is demographically representative of the whole cohort. • No Re-audit is required as this was a stand-alone project to retrospectively identify children who may be eligible for further genomic testing. This will not need to be repeated as all children seen from this point onwards will automatically be assessed against the new eligibility criteria, which has been implemented nationally in the Genomic Test Directory.
6345	An evaluation of the staff supports to staff at Alder Hey during the third wave.	<p>The report with thematic summaries was shared in: SALs (Staff Advice and Liaison Service) team meetings. Ground TRUTH Executive Slot. Shared with internal stakeholders. Shared with External Partners including digital partners in 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Recruit an Assistant Psychologist to support research evaluation and implementation. Manage the Ground TRUTH app and deliver training. • Re-audit in 12 months.
6500	Virtual Photography Clinics: A Novel Telemedicine Approach	<p>The audit was discussed at the Alder Hey Ophthalmology Department audit meeting in January 2022.</p> <p><u>Action/Recommendation:</u></p>

	Local Audit	Actions
	for Paediatric Ophthalmic Patients	<ul style="list-style-type: none"> • Continue virtual and telephone clinics – clinicians to log aetiologies of consultations which were clinically unsatisfactory due to patient condition or other factors. • Clinicians should carry out real time assessment of inappropriate patients to prevent the incorrect type of patients being booked into these clinics. • The findings of this should be communicated within the department within the first half of 2022. • Patient satisfaction questionnaire should be created and sent out prior to next audit cycle. • Re-audit in 2 to 3 years.
6505	A Service Review and Audit of the Outpatient Paediatric Neurology Investigations and Procedures Conducted at Alder Hey Children's Hospital	<p>The audit was discussed at the Alder Hey Neurology Department audit meeting in November 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • The current arrangement of the Neurology department using MDU (Medical Day Unit) is working well. Almost half the lumbar punctures performed are performed in MDU. It should remain in use. • The role of a neurology investigations coordinator is vital in ensuring that the investigations are arranged in a timely manner. Recruiting to this role. • More staff should be trained for lumbar punctures as it is a common procedure which can be delayed by short staffing. • Standard investigations should be performed within 3 months of request. Urgent lumbar punctures should be performed within 2 weeks. • Update and develop a new consent form for lumbar punctures. • More data on neurotransmitters should be collected to gauge yield. Perform a second audit should be with a larger dataset.
6252	The effect of Liraglutide medication alongside intense lifestyle modification on childhood obesity	<p>The audit was discussed at the Alder Hey Endocrinology Department audit meeting in November 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Lifestyle advice should always be given to children and young people with obesity, even if in combination with another therapy • To be given to selected children and young people with severe obesity and associated complications, if no contraindications present. To be commenced only in the LOOP/CEW (Complications of Excess Weight) clinic environment by paediatric endocrinologist • All patients to have height and weight measurements completed on arrival to LOOP/CEW clinics so body mass index can be calculated.

	Local Audit	Actions
		<ul style="list-style-type: none"> Complete RCADs (Revised Children's Anxiety and Depression Scale) to be completed, alongside other validated questionnaires at baseline and three-monthly during treatment in LOOP/CEW clinic. Re-audit in 12 months.
6094	The effect of Growth Hormone on patients with Noonan Syndrome	<p>The audit was discussed at the Alder Hey Endocrinology Department audit meeting in November 2021.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Growth hormone may be considered by Paediatric Endocrinologist for patients with short stature secondary to Noonan syndrome, especially for two years. No Re-audit is required.
6079	Oral & Dental presentations to Alder Hey Children's Hospital Emergency Department – Service Evaluation, second cycle	<p>The Service Evaluation will be discussed at the Alder Hey Oral Maxiofacial Surgery/Dental Department audit meeting in 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> New Meditech proforma is still waiting to go live Ensure General Dental Practitioner details are asked for and recorded when updating patient details. No Re-audit required.
6424	A service evaluation of cardiac patients attending the dental department prior to cardiac intervention at Alder Hey Children's hospital.	<p>The Service Evaluation was presented to the Alder Hey Dental Department in December 2021 and will be presented to the Alder Hey Cardiac Team in March 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Raise awareness of the importance of oral health and prevention amongst patients, their parents, and professionals with: Dissemination of results to both dental and cardiac teams. Oral health teaching to the cardiac team. Develop an evidence based dental health information leaflet. Development of pathway for dental assessments prior to cardiac intervention with input from both dental and cardiac teams. Teaching to local GDPs (General dental practitioners) via local paediatric dentistry meetings. Dissemination of information via publications. No Re-audit required.
6442	Premedication audit	<p>The audit was discussed at the Alder Hey Anaesthetics Department audit meeting in January 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Present data at departmental update/ audit meeting, remind anaesthetists regarding non-necessity of pre-medication in the very young child.

	Local Audit	Actions
		<ul style="list-style-type: none"> The department has recently implemented an electronic anaesthetic record system - this has many prompts for comment/ information regarding pre-medication and has made documentation much easier. Development of a pre-medication guideline. Re-audit in 12 months.
6518	Do ophthalmology doctors send correspondence to opticians who have referred patients to the hospital eye service?	<p>The Service Evaluation will be discussed at the Alder Hey Ophthalmology Department audit meeting in 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Change practice by Increasing the number of letters sent to opticians when relevant. Impending Medisight (Ophthalmology Electronic Medical Records System) roll out - Add optician's column so opticians are automatically copied into letters. Re-audit in 12 months.
6418	Outcome analysis of Syme's amputation in children	<p>The audit will be presented at the British Limb Reconstruction Society (BLRS) International conference in March 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> To consider Symes amputation for non-salvageable foot deformities. To present at the BLRS conference. No Re-Audit required.
6528	Audit of chest drain management in cardiac surgical patients: sedation/analgesia and fasting practice	<p>The audit was discussed at the Alder Hey Cardiac Surgery Department Quality Assurance & Quality Improvement (QAQI) meeting in February 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> As routine fasting is not necessary prior to all chest drain removals stop the process of routinely fasting children prior to removal. Fast children prior to drain removal in selected conditions. A document signed by the consultants from cardiac surgery, cardiology, and cardiac anaesthesia to be handed over to teams in PICU and the ward. Re-audit in 1 to 2 months.
6499	A retrospective audit of remote consultations for child patients offered during the Covid-19 pandemic	<p>The audit was discussed at the Alder Hey Paediatric Dentistry Department audit meeting in February 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> Anonymised results to be sent to British Society of Paediatric Dentistry national QIRC Working Group (Quality Improvement and Research Committee). Findings to be presented to Paediatric Dental Department. Clinicians to be informed of the required information to be recorded during a remote consultation. Re-audit in 2 months.

	Local Audit	Actions
6495	Assessment of fasting time for intubated patients in PICU prior to planned extubation	<p>The audit was discussed at the Alder Hey Paediatric Intensive Care Unit (PICU) audit meeting in March 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • There will be an education drive within the Paediatric Critical Care Department regarding the guidelines: “Guidance on fasting times for gastric feeding on PICU”. This will be a regular ongoing education drive as there are new staff rotating through the PICU. • Re-audit in 12 months.
6569	Audit of chest drain management in cardiac surgical patients: volume threshold and criteria for removal	<p>The audit was discussed at the Alder Hey Surgery Department Quality Assurance & Quality Improvement (QAQI) meeting in March 2022.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> • Chest drains to be removed if the drainage is less than 3ml/kg/day provided there are no air leaks and no evidence of chylothorax. • In cases where there is chylothorax or presence of air leak additional clinical judgement is to be made based on individualised approach along with following the trend rather than a single cut off value. • Re-audit in 12 months

2.2.5 Participation in Clinical Research

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

Research is central to Alder Hey’s strategy with a goal to be a world-leader in children’s research. Our research enables children and young people to benefit from ‘Outstanding’ treatment, advanced medicines and cutting-edge therapies and technologies. Alder Hey has over 90 staff dedicated to the support of research activity. Over 100 principal investigators lead approximately 200 clinical research studies at any one time. These range from observational studies that observe how patients respond to treatment through to complex, interventional clinical trials that provide our patients with new medicines.

We host 1 of 28 dedicated NIHR Clinical Research Facilities (1 of 2 dedicated to paediatric research) which enables delivery of early stage, experimental clinical research in a state-of-the-art dedicated facility within the hospital.

Alder Hey recruited 10,949 participants to research studies during 2021/22 and was the highest NHS recruiter overall in the Northwest region, and the highest recruiter of children in the UK. Some examples of research activity taking place in 2021/22 are as follows:

COVID-19 Research

Alder Hey had a significant impact on a range of Covid-19 related research in both adults and children. We delivered Urgent Public Health research to over 500 children and young people while also taking on adult research to ensure capacity at other centres, including supporting the ground-

breaking Oxford Covid-19 vaccine study. Alder Hey received national recognition for its Outstanding Contribution to COVID-19 Research.

STOP-RSV Trial

Alder Hey is one of two acute Trusts nationally taking part in the Stop RSV Trial. This Liverpool School of Tropical Medicine (LSTM) trial, running over the winters of 21/22 and 22/23 aims to developing a vaccine for RSV by 2023/24.

Asymptomatic Trial

The NIHR funded ASYMPTOMATIC study is focused on learning how best to treat children with asthma and involves working with approximately 250 GP practices.

2.2.6. Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

The block payments approach for arrangements between NHS commissioners and NHS providers in England remained in place for the first half of the 2021/22 financial year. Block payments to NHS providers was deemed to include CQUIN.

2.2.7 Statements from the Care Quality Commission (CQC)

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

Following the inspection, the Trust continues to be rated as ‘Good’ overall with a rating of ‘outstanding’ for the caring domain. CQC made recommendations for improvement following the inspection and the Trust, which have been actioned to completion.

Overall GOOD	Safe:	Requires Improvement	
	Effective:	Good	
	Caring:	Outstanding	
	Responsive:	Good	
	Well - led:	Good	

2.2.8 Data Quality

Alder Hey Children's NHS Foundation Trust submitted records during 2021/22 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.

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

- 99.5% for admitted patient care
- 99.5% for outpatient care.

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

- A suite of data quality reports will continue to be run daily, weekly, and monthly to ensure data is monitored and corrected where necessary.
- New reports will be created when necessary to support new developments within the Clinical System – Meditech
- Ongoing work is monitored by the Data Quality Steering Group
- Data Quality team will continue to work closely with the Information Department to identify any data issues or areas of data weakness, which need to be investigated and remedial action agreed.
- We are looking at integrating all reports from Information to improve the process and quality as well as reviewing the Data Quality reports we run
- A Data Quality dashboard is embedded within our Data Quality Process which
- includes key data items from throughout the patient pathway, to monitor data quality and facilitate improvement
- The Data Quality policy has been reviewed and updated to include an escalation process for "repeat offenders" who continue to make mistakes when recording data. User access will be withdrawn if deemed necessary
- Workshops and refresher training sessions will be held to ensure staff are fully aware of the importance of Data Quality and the integrity of the data is accurate at source
- Develop a schedule of regular data audits findings to be reported to relevant managers and monthly Data Quality committee.
- Finally, a review of the Trust's data quality framework will form part of a broader internal refresh of quality, resource, and governance, to consolidate best practice.

2.2.9 Data Security and Protection Toolkit (DSPT) attainment levels

DSPT baseline assessment was submitted on the 28/02/2022 with final submission deadline required by 30/06/2022. The process will be supported by an independent 2-phase audit process with Mersey Internal Audit Agency planned for March and April 2022 prior to final submission. The 2020/21 submission was finalised as 'approaching standards' with supporting action plan agreed by NHSD, as one assertion was submitted as non-compliant compliant in relation to 95% of staff having completed data security awareness training within the agreed reporting period. It is

anticipated this assertion will be met for the June 2022 submission and thus provide an overall compliant position. Furthermore, robustness of evidence and assurance have increased through collaborative working with a new integrated information governance function and appointment of a dedicated Cyber Security resource, with outputs and delivery monitored through the Trusts governance and committee structures

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 6 %
- Secondary Diagnoses Incorrect 13.5%
- Primary Procedures Incorrect 6 %
- Secondary Procedures Incorrect 4%

2.2.11 Learning from Deaths

During the period 1st April 2021 to 31st March 2022, 80 inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 14 in the first quarter.
- 20 in the second quarter.
- 27 in the third quarter.
- 19 in the fourth quarter.

By 1st April 2022 44 case record reviews and 7 investigations have been carried out in relation to the 71 deaths included in the previous paragraph. Whilst many adult Trusts only conduct mortality reviews on cases where deaths are unexpected or flagged through an incident, it is the policy of Alder Hey that all inpatient deaths are reviewed.

In 7 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 14 in the first quarter.
- 19 in the second quarter.
- 11 in the third quarter.
- 0 in the fourth quarter.

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:

- The need for all the teams involved in a child's care to organize one follow up bereavement meeting so that all the issues can be discussed, and a consensus reached bereaved families to have priority when requesting medical records
- Ensure other organisations are aware of the family funeral fund
- Importance of COVID immunisation during pregnancy
- Ensure siblings are protected when a child is accepted from another hospital if potential NAI
- Important to consider forward planning with children with life limiting conditions
- When accepting very unstable patients consider the impact on the family being far from their support network and how to transfer patients back to their local hospital
- Benefits of joint cardiac /PICU mortality and morbidity meetings on patient care and communications
- Always very difficult discussions re surgery in extremely high-risk cardiac cases and now not doing hybrid surgery if very small ascending aorta

The trauma deaths that have occurred have been thoroughly reviewed to ensure learning throughout the organization and the trauma networks. Some of the key learning points related to the warming of blood products using the rapid infuser and ensuring that all relevant staff receive training on this. The mortality and morbidity cases relating to fireplace injuries were escalated appropriately externally to try and prevent further occurrences. The re-introduction of trust wide trauma simulations to aid in the trauma team training aiding patient care going forward.

Following the learning above there has been a marked improvement in teams organising only one meeting with the family so it is less traumatic for them, and it means that there is a consensus in opinion across the teams so benefiting the families working their way through the grieving process. The trust has organised a formal feedback tool to ensure that family feedback is recorded and acted upon effectively as it is vital that everything is done to the best of our ability at this incredibly difficult time.

A working group consisting of multidisciplinary teams and specialists has been formed to address the issue of deteriorating children in the Trust. This is a very complex issue across a number of specialties, and this is working on a number of areas. One point that was highlighted from the mortality cases was that the cardiac patients are especially difficult as often very unstable, and their PEWS (Paediatric Early Warning System) scores are often not related to how unwell they are due to their underlying conditions.

Hence there is work ongoing as to how to identify deterioration consistently and effectively in such patients. Any concerns that are raised by the Hospital Mortality Review Group (HMRG) are then discussed at Divisional level through the governance and quality meetings to ensure that there is learning throughout the Trust. All deaths are reviewed to ensure that there are no patterns or concerning trends that need to be identified and acted upon. The HMRG has increased in depth to provide more effective reviews.

33 case record reviews were completed after 1st April 2021 which related to deaths which took place before the start of the reporting period.

None (representing 0%) of these deaths in this period are judged to be more likely than not to have been due to problems in the care provided to the patient although a few have not been closed yet.

None (representing 0%) of the patient deaths during the period 1st April 2021 to the 31st of March 2022 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.2.12 Freedom to Speak Up

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

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

FTSU Champions are a crucial element of the FTSU team and are representative of our diverse population, which we monitor regularly. We continue to meet with our Trust leadership and the wider workforce to raise the profile of raising concerns in our organisation, and utilise a variety of events, processes, and media to ensure that staff are aware of how to raise a concern

Our Champions and Guardian constantly review the work of the FTSU team, to ensure that we are providing the best service for our staff, therefore, we have prioritised some keys areas of learning, these are:

- Deliver the national training program at three levels: all staff, managers, and the Board
- Share good practice and learning from concerns raised through a variety of fora, with the key aim of fostering openness and transparency
- Review and strengthen plans to address learning from NGO case reviews
- Review internal cases management through reflection
- Seek opportunity to triangulate learning from FTSU concerns with patient safety.

We continue to move to a culture of openness by developing a communications and training plan which raises the profile and understanding of our speaking up arrangements and learning, ensure people who raise concerns are supported through the process, receive feedback and are thanked for their action, ensure that all staff are treated fairly and consistently when speaking up or raising concerns, including those who are being spoken about and develop a plan to ensure that staff from minority groups feel able to access speaking up support

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 due to personal risk assessments.

Alder Hey has worked very hard over the last 12 months to improve the junior doctor rotas, and 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 no incidences in 2021 an ongoing improvement on the one such instance in 2020.

The numbers of junior doctors placed at Alder Hey over the last year have remained 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 where safe staffing levels were achieved by a consultant stepping down to cover a gap on Christmas Day.

Alder Hey, after its latest visit by Health Education England (HEE) in 2021, was found to have significantly improved resulting in the lifting of its derogations which we are all very proud of. We have agreed with the clinical teams we will support the RCPCH paediatric SPA time from March 2022 and for those trainees who are undertaking specialist training within a GRID post we will grant them 2-3 months off the on-call rota within their last year of training to allow them more dedicated time with their team.

A new project has been started led by the division of medicine to look at how the hospital is staffed out of hours. This principle underlying this is to look at how other professionals other than paediatric trainees can provide medical support out of hours. This includes looking at the roles of current staff including ANP, physician associates, clinical fellows including MIT and any new appointed staff. The Medical Education Team has engaged with the project to ensure the needs of doctors in training working on-call and out of hours are met.

The rota and the education team continue to work closely with support from senior executives, human resources and the Guardian of safe working and the trainees through the JDF and via the Out of Hours group which meets monthly to monitor rota compliance, and to coordinate responses to anticipated rota gaps, ensuring consistent safe junior doctor staffing.

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 Trust's 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 4 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 Associates, referenced in section 2.2.13, will also support compliance with the standards.
- The pandemic required Trust services to respond in new and innovative ways to support Child health, as we move toward living with Covid, the Trust is reviewing traditional workforce models and has plans to enhance and reconfigure our very talented Advanced Practitioners and Physicians Associates teams to move towards delivery of sustainable 7-day service.

Future plans

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 able 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 2021-22

3.1 Quality Performance

Clearly the NHS operating environment changed significantly during 2020/22, 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 and 2 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 2021/22
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. The Key priorities that we set out for 2021-22 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

3.2.2.1. Incident Reporting

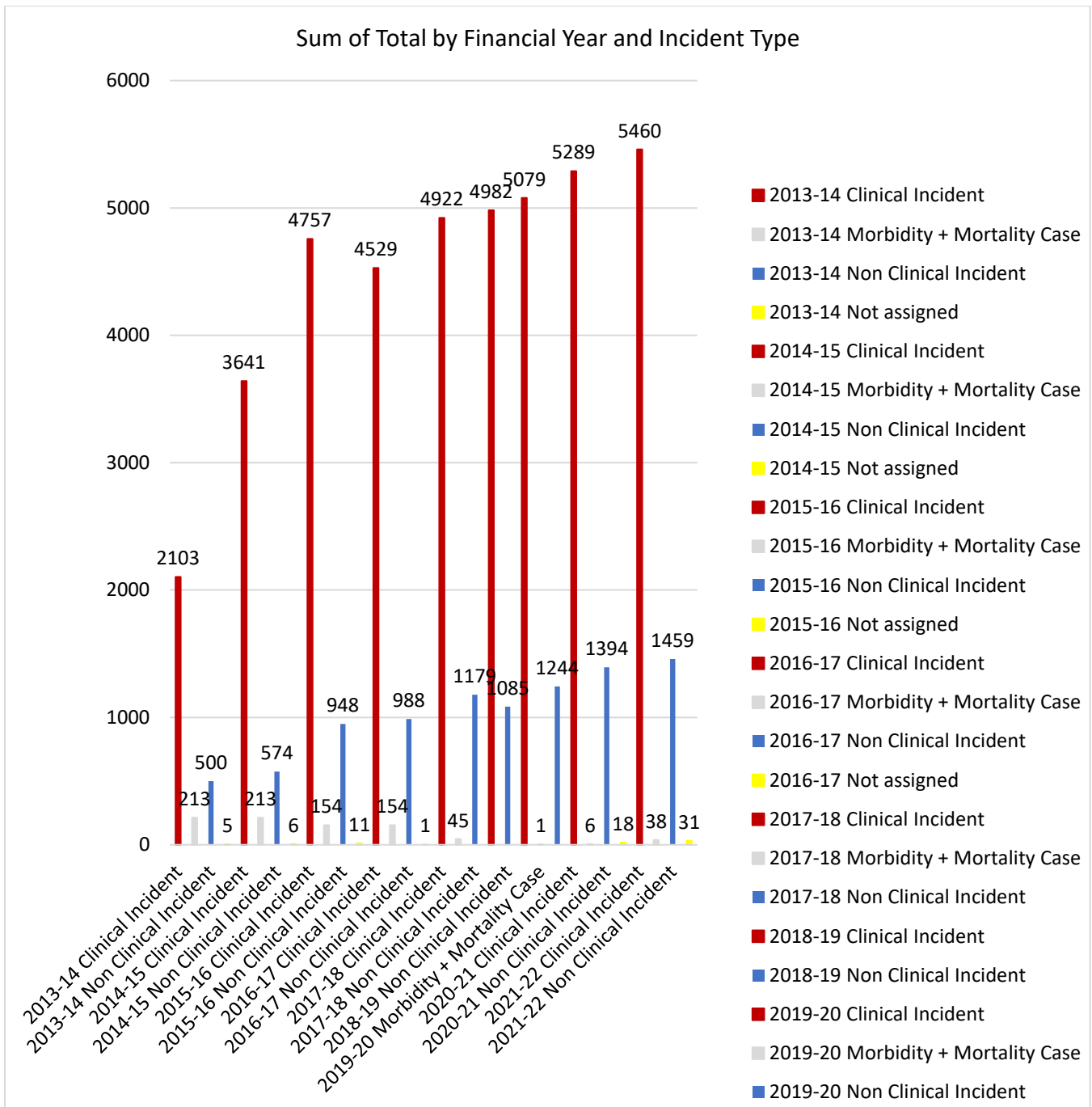
Aim: To maintain the Trust's position as the top performing paediatric Trust for the number of incidents reported per 1,000 bed days and the mean number of days from incident reporting to national upload.

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

Outcomes – 2021/22: Alder Hey achieved the position of the top performing paediatric Trust for the number of incidents reported per 1,000 bed days and attained the rapidest mean number of days from the incident being reported and uploaded to the National Reporting and Learning System (NRLS).

During the year 2021/22, the Trust maintained a strong incident reporting culture as demonstrated via the NRLS system, which has proven the Trust's reliability as one of the best performers for incident reporting when benchmarked amongst peer organisations nationally, with the Trust consistently ranked in the uppermost quartile of acute specialist Trusts for incident reporting.

The most recently published data in September 2021, covering the period from April 2020 to March 2021, saw Alder Hey remain third overall of acute specialist Trusts in terms of the highest rate of incident reporting per 1,000 bed days, being the highest reporter among specialist paediatric trusts. The Trust also achieved the shortest time between an incident occurring and being reported to NRLS when benchmarked nationally in line with peer organisations, with a mean of four days. The consistently high level of performance demonstrates a positive safety culture and shows staff's commitment and dedication to an open, transparent incident reporting culture, focused on immediate learning ensuring remedial actions are implemented and embedded to drive service improvements for children and young people.



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

During the period 1st April 2021 to 31st March 2022, a total of 6,988 incidents were reported, broken down as follows:

- 5,460 clinical incidents
- 1,459 non-clinical incidents
- 38 Morbidity & Mortality incidents
- 31 incidents not categorised

This is a slightly increased position in overall reporting from 2020/21 whereby a total of 6,707 incidents were reported, representing an increase of circa 3.4%. The Trust encourages incident reporting as a mechanism to promote openness and learn lessons to minimise risk of recurrence in the future.

Of the incidents reported, 5,674 were near misses or resulted in no harm (1,093 were near misses and 4,581 no harm). 1,230 were recorded as incidents of harm. These are broken down as follows:

- 1,198 minor non-permanent harm
- 26 moderate semi-permanent harm
- 5 severe, permanent harm
- 1 catastrophic harm resulting in the death of the patient / service user

The Trust recorded an increase in incidents resulting in preventable harm from 2020/21 to 2021/22, with 15.2% of incidents from 2020/21 causing preventable harm and 17.6% in 2021/22.

Further Improvements from 2021/22

- The Trust Patient Safety Strategy approved by Trust Board in September 2021.
- Maintained focus on patient safety and multidisciplinary team (MDT) engagement in the Trust-wide weekly Patient Safety Meeting.
- Integrated Risk Management System options scoped to maximise the potential benefits from the system and improve patient safety, clinical effectiveness, and patient experience.
- Enhanced Trust integrated risk management system improvements implemented. An example includes a specific debrief section to cover both restraint and seclusion related incidents.
- Continued facilitation and provision of Ulysses Incident and Risk Management Training across the Trust; available for all staff to access, to support the delivery of the Trust's governance agenda.
- Quality Summit for Medication Safety held in April 2021 with medication safety forming part of the Trust's 3 key quality and safety aims for 2021/22, to reduce avoidable harm and reduce prescribing and administration related incidents.

Future Plans

- Formation of Patient Safety Board to oversee the workstreams that are required to deliver the Patient Safety Strategy, approved by the Trust Board in September 2021. Many aspects of the strategy already have working groups in place and the board will provide assurance to relevant board committee and the Trust Board that the new and already established workstreams are delivering the quality targets, utilising the brilliant basics approach.
- The Trust will adopt into practice the new Patient Safety Incident Response Framework (PSIRF) when it is published.

- Implement the new Learning from Patient Safety Events (LfPSE) national service (replacement for NRLS and Strategic Executive Information System - StEIS).
- Continue options appraisal and procurement of a single incident and risk management system, reviewing a collaborative venture with Liverpool Heart and Chest Hospital.

3.2.2.3 Medication safety

Aim:

No drug errors resulting in avoidable harm.

Targets for 2021/22:

1. 20% reduction in the number of incidents resulting in minor harm.

Baseline: 53 (2020/21)
Target: 42 (2021/22)

Actual 41 (2021/22)

There have been 41 incidents of minor harm reported in 2021/22. This is a **23%** reduction compared to last year. The 'harm' caused in most of these incidents was due to the need for additional monitoring of the patient.

2. No incidents of moderate harm or above.

Baseline: 1 (2020/21)

Target: 0 (2021/22)

Actual: 1 moderate harm (2021/22)

There was 1 incident of moderate harm

Almost every patient who is admitted to hospital requires medication. Prescribing, administering, and dispensing medicines for children are complex processes and require specialist knowledge and experience. Medication errors are the most common type of incident reported in most hospitals in the UK and in Alder Hey. We want to reduce the number of medication errors happening in Alder Hey for 3 main reasons:

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.

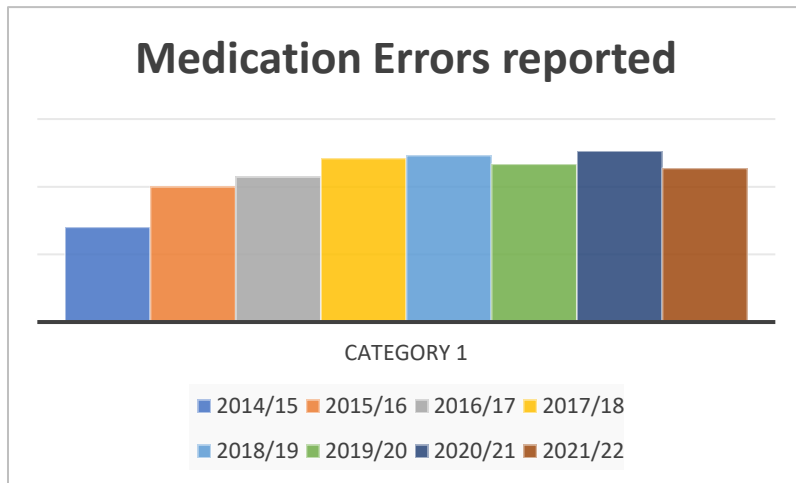
Being involved in a medication error can be a very difficult experience for patients, their families and the staff involved.

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 of an incident via email 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 and ensures action is taken or lessons are learned to prevent a similar incident happening in the future.



The Clinical Quality Steering Group reviews overall trends in medication error reporting. Figure 1 shows the number of medication incidents reported in Alder Hey since 2014. There has been a slight decrease (9.9%) in the number of incidents reported in 2021/22 (1137 incidents) compared to 2020/21 (1263 incidents).

Figure 1: Total number of medication errors reported per annum

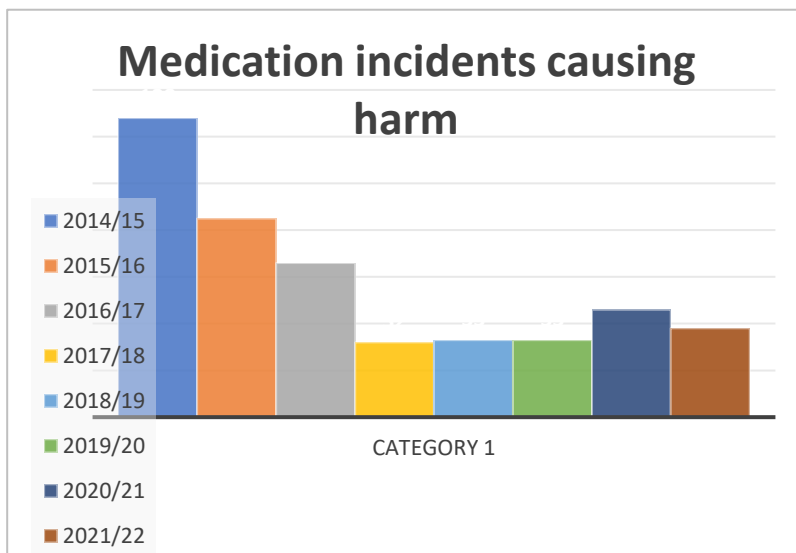


Figure 2 shows the number of medication incidents reported has increased since 2014, however the number of incidents causing harm to patients has gradually reduced year on year. The number causing harm in 2021/22 has further decreased from 2020/21. The Trust are reviewing a range of medication processes to reduce the risk of future medication errors causing harm to patients.

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

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

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**. One incident caused moderate

harm in 2021/22 - a patient required a critical care admission for monitoring, following administration of an overdose of morphine.

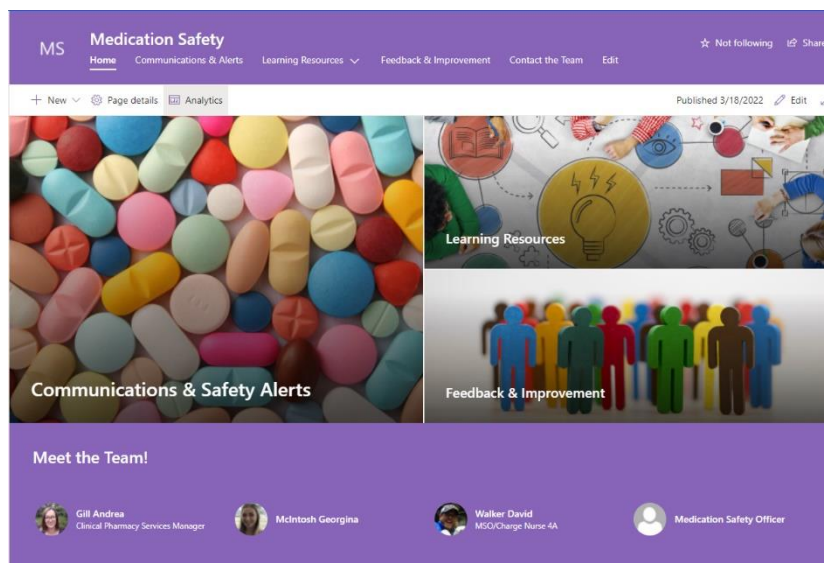
Actions taken to improve safe use of medicines in Alder Hey

Actions taken in 2021/22 to reduce the number of medication errors reaching patients and causing harm are described below under 4 headings:

- ✓ **Increasing medication incident reporting, awareness, and engagement**
- ✓ **Education and training**
- ✓ **Regional/National Links**
- ✓ **Reducing specific types of errors**

1. Increasing medication incident reporting, awareness, and engagement

- MSOs investigate, provide feedback and support both those involved in medication errors and those investigating incidents and trying to develop preventative solutions. Their consistent approach and feedback 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 Trust's Medication Safety SharePoint site has been redesigned and promoted to all staff. Regular updates ensure it reflects current medication safety alerts, links to relevant internal services as well as training resources.

2. Education and Training

- A 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. This has been digitally redesigned for new staff to complete during induction and can be revisited to aid continuous professional development.



- Medication Safety Officers (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 incident reports.
- MSOs also deliver sessions to all nurses undergoing training to administer intravenous medication within the Trust. This promotes the “5 rights” (right drug, right patient, right amount, right time, right route); 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 to the Trust has been redesigned following feedback from junior doctors. As well as tutorials and training sessions, a prescribing assessment must be completed before access to prescribing within our EPMA system is authorised.
- A Lead Education and Training Pharmacist has been appointed to further develop strategies to support professional development of medical and pharmacy staff. She will be working closely with MSOs to identify areas for improvement.

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” process.
- Our team attend the national MSO webinar every month and ensure any relevant learning is disseminated via the Medication Safety Committee.

4. *Reducing specific types of errors*

a) **Errors involving Parenteral Nutrition (PN)**

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

- introducing standard bags of PN for neonates in Alder Hey
- improving processes for prescribing PN
- Improving processes for dispensing PN
- ensure best practice guidelines are adhered to
- increase training and information are available for those using PN

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

b) **Errors involving Insulin**

The MSC has developed practical information for staff looking after patients on insulin with the diabetes team.

c) **Ten-fold dose errors**

Ten-fold errors continue to be a focus for the MSC. A Ten-fold Errors Summit was held on 30th April 2021 and attended by 84 members of Trust staff as well as some external experts and a parent. The outputs from this meeting were used to prioritise and action plan.

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 developed is currently being optimised using staff-feedback and engagement and aims to reduce preventable interruptions to both prescribing and administration processes.



Future goals and plans:

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

1. Continue working with prescribers to improve learning from prescribing errors.
2. Decrease the incidents that involve parenteral nutrition, high risk medicines and interruptions/distractions
3. Continue to raise staff awareness of the Yellow Card scheme.
4. Lead Quality Improvement projects focusing on the expansion and redesign of the Trust intravenous medication guidelines and promote safety of high-risk medications.
5. Increase training on processes and procedures for handling of Controlled Drugs.
6. Provide more face-to-face training both informally at ward level and formally in designated training sessions.
7. Develop and distribute new promotional material highlighting the importance of correct checking processes when managing intravenous infusion pumps.

3.2.2.4 Infection Prevention and Control

The extraordinary challenges of the Covid-19 pandemic have continued to impact on the Trust, services, and staff in 2021/22. The team response to the Pandemic has remained a huge focus whilst we navigate a path towards a new normal.

- The Trust appointed Dr Beatriz Larru as Director of Infection Prevention and Control in November 2020. During 2021-22 Dr Larru has continued to oversee the pandemic response in addition to the core IPC functions of surveillance, audit, education, and advice.
- Comprehensive Covid-19 guidance is continually updated and ratified at the Clinical Advisory Group. All guidance in the Covid-19 hub is available on the Trust Intranet.

- The pandemic team consisting of the track and trace team, administration support, 'swabbing team' and 'Fit testing' team have provided an extraordinary 7-day service to Trust staff, their family members, patients, and families. The challenges presented by the Delta and Omicron variants of Covid-19 on the Trust and the Pandemic team were unprecedented. The team provided amazing work and support to the Trust, in February 2022 we secured the team for another 12 months and additional staff are being recruited to support the team.
- During 2021-22 the Track and Trace team contact traced and supported 1330 Trust staff, who had tested Positive for COVID-19
- Continued participation in the SMART release protocol allowed Covid-19 exposed staff to remain safely in work. By the end of January 2022, 732 staff had participated in the Smart release programme:
 - 19 being identified as positive on day 1 and
 - 25 on day 7.
 - this allowed 688 staff to remain in work.
- The introduction of adapted smart protocol in September 2021 enabled fully vaccinated staff members to safely work when they have a covid positive household contact. By the end of January:
 - 425 staff had enrolled with this programme
 - 68 staff were identified as positive and removed from the programme between day 0 and day 10,
 - 357 staff were able to remain safely in work.
- Collaboration with the Health & safety team in the implementation of COVID risk assessments, social distancing, and implementation of COVID secure workplaces continued during 2021-22 allowing staff to feel safe in the workplace.
- The Fit testing team were accredited by the HSE as Fit-to-Fit testers. Compliance with Fit testing for Respirators at the Trust has remained over 90% for 2021-22.
- By the end of January 2022 93% of Trust staff have received both doses of the Pfizer SARS-CoV-2 vaccine and 80% have also received the booster
- The Infection Control precautions implemented, contact tracing and swabbing have meant that the Trust have seen no outbreaks of Covid-19 during 2021-22.
- As a paediatric trust, our patients are also particularly susceptible to other respiratory viruses such as Influenza. Although low levels of Influenza circulated in 2021/22 and the requirement for Staff to have their Covid Vaccines and boosters, influenza vaccine uptake was still 83% in 2021/2
- The Trust vaccination team have delivered primary and booster doses of the COVID-19 vaccine to staff, 12-15yr and 5-11CVS. They have worked in partnership with external vaccination hubs supporting the delivery of the 12-15yr and 5-11yr vaccination programme. The team have implemented a program to deliver vaccines to the healthy 5-11 cohort and staff boosters to include the Flu vaccine program.
- The impact of lockdowns and the circulation of Covid-19 lead to a surge of RSV cases in summer 2021 and a change from the normal seasonal winter pattern. Patients continued

Aim: No healthcare associated pressure ulcers.

Targets: 2021-2022

1. Zero % Preventable hospital acquired category 3 pressure ulcers.
2. Zero % Preventable hospital acquired category 4 pressure ulcers.
3. 25% Reduce Category 2 Preventable Hospital acquired Pressure Ulcers.
4. To achieve 90% compliance with Tissue Viability audit reports.
5. To achieve 80% compliance with Pressure Ulcer Prevention & Management training.

Outcomes:

1. There were 0 category 3 pressure ulcer compared to 4 in 2020-2021
2. There was 1 category 4 pressure ulcer in 2021-2022
3. There was total 46 Category 2 Pressure ulcers reported on 2021-2022, in these 33 incidents was not preventable and 13 incidents preventable, this figure shows a reduction in hospital acquired preventable category 2 pressure ulcers.
4. Tissue Viability Audit achieved total 81.4% overall
5. Pressure Ulcer Prevention & management Training is mandatory now and this will be monitored through ESR.

Data source: Internal Clinical Incident System

to present with RSV during the winter months and the prolonged period of circulation and high numbers did lead to an increase in the number of hospitals acquired RSV cases from 2020/21 to 7 cases. This is the same number of cases identified over the last pre-covid winter season in 2019/20.

- The IPC team continued to hold Post Infection Review (PIR) for all hospital acquired MRSA, MSSA, *E. coli*, *Klebsiella* and *Pseudomonas spp.* bacteraemia and *Clostridioides difficile* (CDT) within the Trust in 2021. The process purpose is to identify lessons that can be learned from these incidents and reports outcomes are in 2022 being led by the divisions and imbedded into the Divisional governance structures. before being fed into the Trust IPCC.

- Tendable (perfect ward) audits now include building services audits which monitor

- environment issues such as cleanliness and damage of fixtures and fittings, use of sinks.

- Audits of Personal protective equipment compliance has also been added to the

- programme in 2021. Plans are in development to add the new National healthcare cleanliness technical and efficacy audits to Tendable in 2022.
- The Community & Mental Health Division Infection Prevention & Control Nurse lead has
- continued to develop the IPC service in the community with the introduction of additional audits to look at the environment and Personal protective equipment
- The commencement of the 3rd Tissue Viability Nurse has enabled the Tissue Viability
- services to offer a service to paediatric patients in the community either by attending clinics run at the Trust or in the patient's homes.

2.2.5. Reduction in preventable pressure ulcers

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

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

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

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

Medical Device Related (MDR) Pressure Ulcer

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

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

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

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

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

Table 1 shows Pressure Ulcers identified while patient is in our caseload, Incident reports shows that Increased number of incidents under medical device, this indicates that staff are reporting more incidents through our local reporting system. As data shows incident reports 2021-22 have started to reduce.

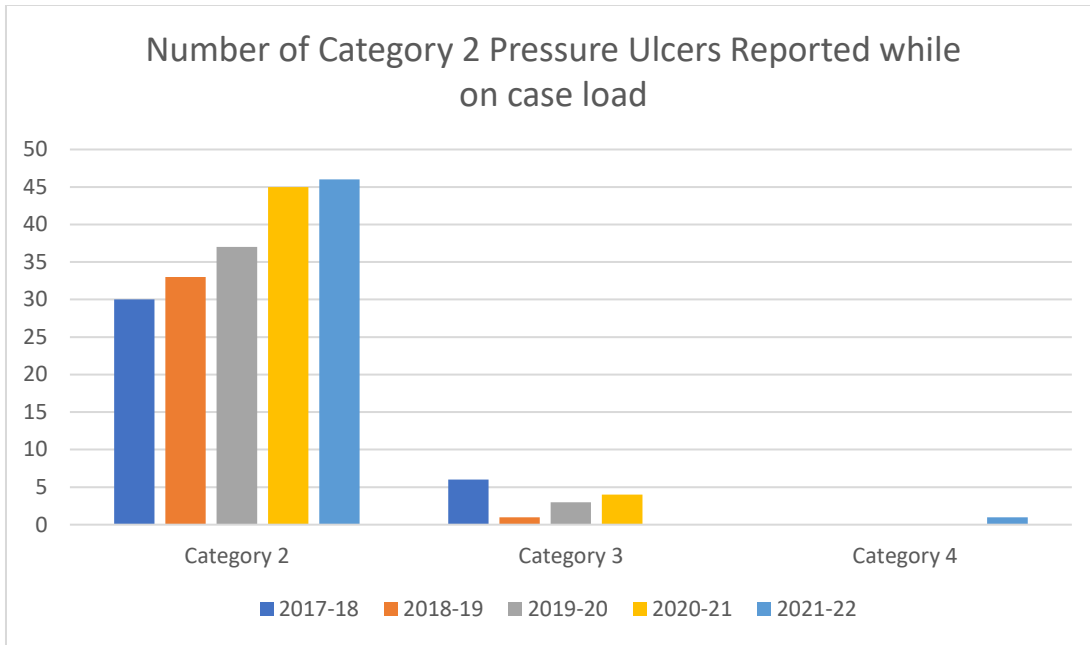
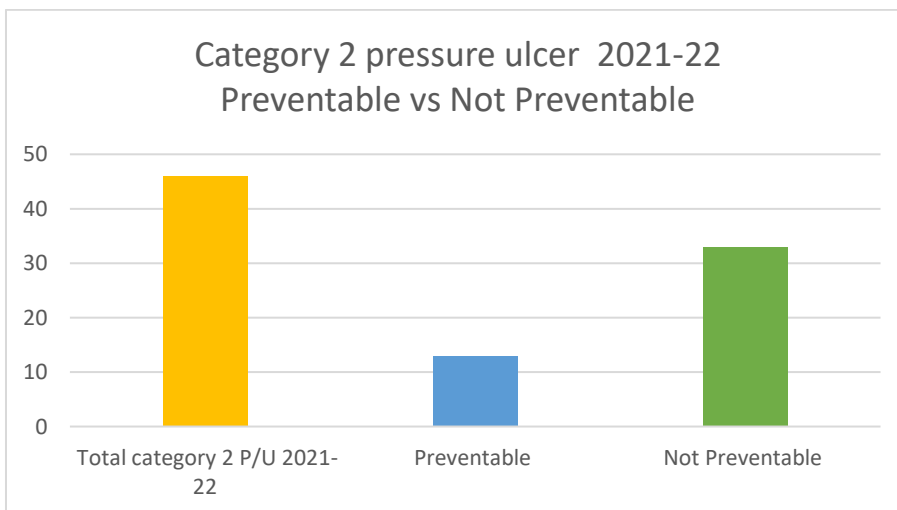


Table 2 Shows number of Pressure Ulcers incident reported per year from 2017-2022

Year	Category 2	Category 3	Category 4	Total
2017-18	30	6	0	36
2018-19	33	1	0	34
2019-20	37	3	0	40
2020-21	45	4	0	49
2021-22	46	0	1	47

Table 3 Shows number of Pressure Ulcers Reported on 2021-2022 and in that number of pressure Ulcers that were preventable & not preventable



4 Graph shows about last three years category 2 pressure ulcers seen by TVN and there is clear evidence in reduced preventable Category 2 pressure ulcer in year 2021-22

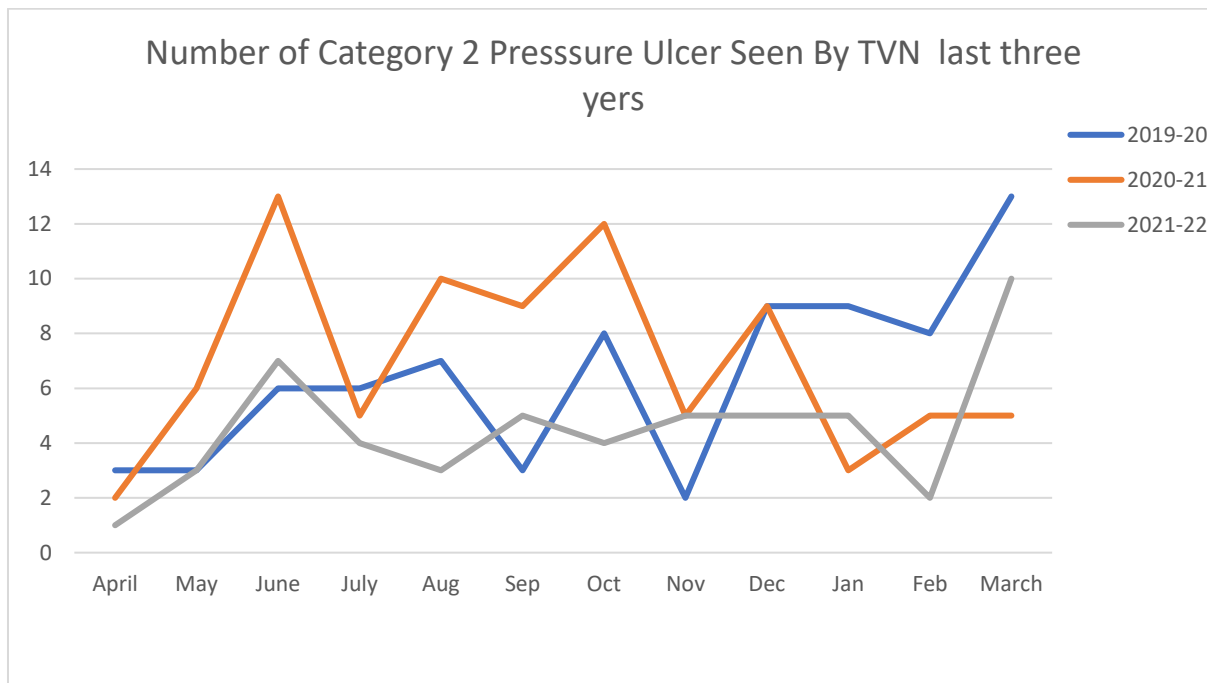


Table 5 Graph shows the 12-month Tissue Viability audit scores for the full Trust, including community setting- this shows improvement in the latter half of the year

Month	4A	4B	4C	3A	3B	3C	ICU	HDU	Burns	Plaster	1C - C	Neo	Comm
March	60.3	68.6	58.9	72.7	80.3	72.8		62.1	72.2		71.8		
April	67.3	73.2	61.1	60	50.9	68.5	88.9	86.4	87.5	87.5	73.6		
May	72.7	70.9	72.8	66.3	72.2	81.8	80	95.5	75.6	75	65.5		72.5
June	88.3	87.5	71	48.9	82.5	93.8	86.7	91.7	95.8	100	64.2		83.1
July	85	81.8	94.4	83.3	94.4	83.3	90	86.4	90.9	100	100		60
August	90.9	86.4	85.6	85.2	91.7	83.3	87.5	90.9	88.9	87.5	94.4		47.8
September	86.4	81.5	95.6	97.8	88.5	70.9	95.5	81.8	86.4	87.5	93.6	100	88
October	97	90.9	77.8	86.8	87.3	83	95.5	77.7	100	100	79.5	95.5	75.5
November	79.6	80.9	68.9	86.7	88.9	85	95.5	84.8	81.8	100	93.6	87.5	79.6
December	95.2	84.5	64.4	90.9	81.1	81.8	90.9	86.4	87.9	87.5	96.4	90.9	67.8
January	95.5	98	98.2	85.5	93	90	95.8	100	87.5	100	83.8	96	78.3
February	85	82.8	84	87.5	100	90	100	100	90	77.8	83.9		

Improvements & Achievements

- The figures show the sustained rate of 0 in our category 3 pressure ulcers.
- There was an increase in 1 Category 4 pressure ulcer compared to last year.
- There was a good reduction in number of category 2 pressure ulcer noted 2021-22.
- This was reflected as greater awareness and improved education across the Trust which has led to an increase in reporting. A comprehensive reflection of reporting is evident across the Trust including all departments, community services, physio and outpatient departments have now started to report any pressure injury under medical devices
- Clear Pressure ulcer action plan in place for Tissue Viability service this includes all Root Cause Analysis outcome, All category 3 & 4 pressure ulcer Incidents should have a allocated clinical investigation officer and RCA(Root Cause Analysis) panel members to continue this process, this process will be monitored by Risk management team and Clinical Governance, outcome will be updated on Pressure Ulcer action plan and lead Tissue Viability will make sure all action plan should be completed within allocated time frame.
- Implemented ASSKING Rapid assessment process for all category 2 pressure ulcer /Deep Tissue Damage to identify any lapse in care and to identify general themes. Through this process we can define whether the reported incident was preventable or not preventable.
- Implemented mandatory risk assessment and ASSKING skin bundle on Meditech to use in acute care setting and community care setting.
- Implemented Pressure Ulcer safety card in each patient bed space so parents aware that staff are checking/monitoring their child's skin integrity regularly and it's been documented on their care notes also they can scan the QR code which will lead them to see patient information leaflet regarding pressure ulcer prevention and management.
- Implemented Tissue Viability Daily ward round in PICU, this will help to prevent any wound deterioration and reduce deep Tissue Damage & Category 2 pressure ulcers while they are in high-risk unit. Also, this ward round will help with early identification of any skin damage and appropriate action can be taken to prevent further deterioration.
- Staff feel that this is supporting them and providing more one to one training during ward round.
- Pressure Ulcer Prevention & Management is now Mandatory, this should be monitored through ESR.
- 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.
- 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.
- Tissue viability folders have been created and placed on all wards. These include wound flow chart, referral process flow chart and picturised wound classification reference documentation. These resources allow clinicians to make decisions regarding pressure ulcers in the absence of a Tissue Viability Specialist.
- Plan to run a Paediatric Tissue Viability wound care conference in April 2022 for nursing staff in and outside the hospital.
- Implemented Wound care passport for patients undergoing regular dressing changes, this will ensure continuity of wound care while patient is in acute care setting and transferred into community setting.

Future Plans

- To adhere with 0% Tolerance with category 4 & 3 Hospital acquired Pressure Ulcers.
- To achieve 100% compliance in Tissue Viability documentation.
- Continue to aim for 90% Compliance with Tissue Viability audit reports.

- Continue with the aim of 25% Reduction in category 2 Hospital acquired Pressure ulcer.

Improvements & Achievements 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

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.

3.2.2.6 Zero Preventable Death in Hospital

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

Aim: To eliminate preventable deaths from Alder Hey

Targets:

Zero preventable in hospital deaths during 2021/22

Outcomes:

Achieved zero preventable deaths during 2021/22

(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

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 2021/22

The data presented at Appendix 1 shows that overall Alder Hey is a high performing Trust for example the Trust performs above target for some indicators or near to target for example all cancers, 31 days until subsequent treatments, 100% . However, the 18-week RTT target has not

been met this year, or the Emergency Department (<4hours total time in A&E), primarily due to the impact of COVID – 19 and the requirement to pause elective activity, increased attendance, and high level of staff sickness, although expected to meet these targets early **2022/23**.

3.2.2.2. 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. More than 32,000 outpatient attendances took place by video between April 2021 – March 22. This has been supported by the introduction digital booths across the Trust to support clinicians carrying out consultations and through the introduction of the role of a 'virtual receptionist' to ensure children, young people and their families are safely able to access their appointment. In addition, a loan IPad scheme has been rolled out across community services to support those families who would struggle to access the appropriate technology to enable their pathways of care to be managed remotely. Improvement in the environment in the main hospital outpatient department waiting areas have meant that we have been able to increase safely the numbers of children and young people attending for their appointment's whilst remaining safe from an infection prevention perspective.

A Trust wide improvement project during 22/23 focussed on safe waiting list management and ensuring that after each outpatient appointment, a clear plan of the next steps was recorded in the patient record. This ensure that future appointments are made in line with clinical needs. This improvement project has resulted in no missing patient outcomes in the Trust electronic patient record.

New pathways of follow up care were introduced during 22/23 which included in the introduction of Patient Initiated Follow Ups' (PIFU) this allows for patients (or their families) to trigger the need for an appointment based on need rather than the traditional method of follow up care. This pilot was rolled out to Plastic Surgery and Rheumatology with a plan to extend this across all teams by the end of 22/23.

3.2.3. Priority 3 Great place to work

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

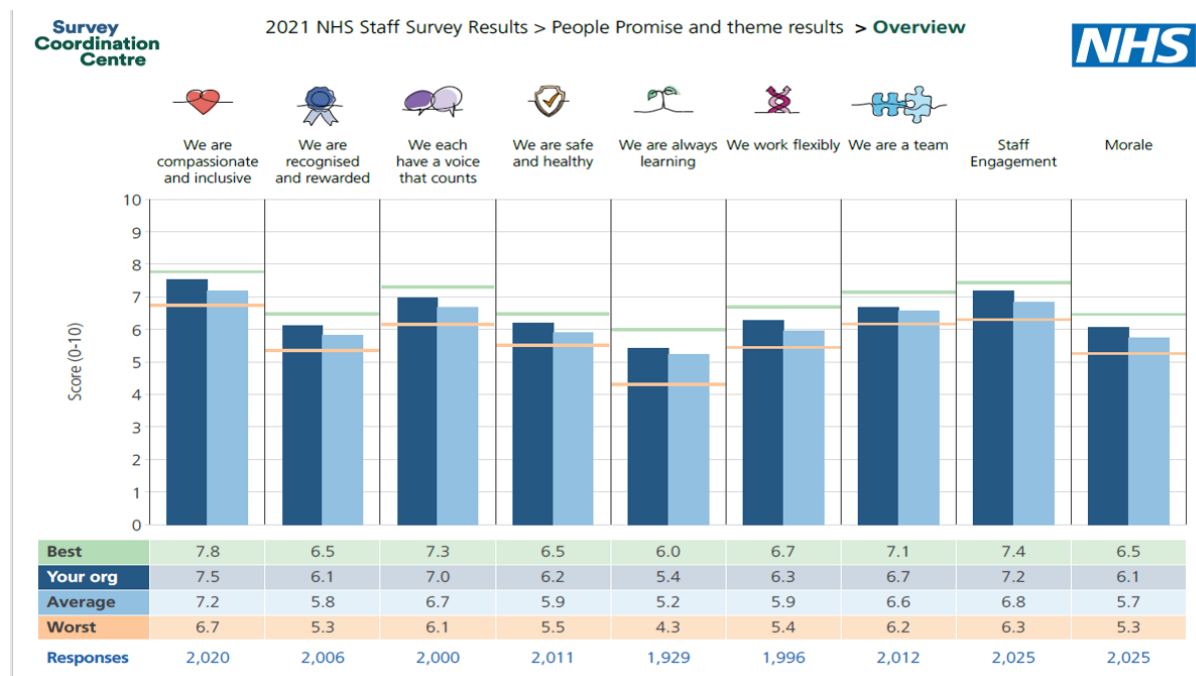
Staff Survey

The National Staff Survey (2021) 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 Trust was ranked number 1 in the Northwest in the staff survey: 72% of staff recommending Alder Hey as a place to work and 90% as a place for friends and family to receive care.

The survey responses reflect a national picture of overall decline given the exceptional challenges faced across the NHS over the past 2 years due to the Covid-19 pandemic and show the increase

in both stress and reported burnout experienced by our staff. However, our results also show that despite these challenges we have continued to provide for our staff a positive, compassionate, and safe organisational culture where staff health and wellbeing is paramount as illustrated in other parts of this report.

The table below provides an analysis of our results across the 7 key NHS People Promises and the additional themes of Staff Engagement and Morale, showing higher than average scores across every domain when compared with our sector.



Our focus over the coming year will continue to be on all aspects of organisational health and wellbeing with a particular focus on retaining and developing staff given the challenges of the last few years, and on enabling them to be safe and well to deliver the level of care that they aspire to. We will also place particular focus on the experiences of colleagues with both seen and unseen disabilities, on our estates and facilities staff, staff redeployed during the pandemic, on staff working in additional clinical services and on our nursing colleagues who are reporting additional challenges in the workplace.

3.2.4. Priority 4: Advocate for children and 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, 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 Northwest 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

Alder Hey Innovation is now one of the largest and most advanced teams of its kind in the world, with over 32 members of staff and a purpose built 1000m2 healthtech development facility. It works to improve the safety and quality of care at Alder Hey by developing, identifying, and implementing cutting edge health technologies for children.

One of its key achievements in the last year was finalising the 2030 innovation strategy for Alder Hey. Concentrating on health tech devices, digital platforms, artificial intelligence, immersive technology, and user experience; Its mission is to make today's child tomorrow's healthier adult.



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



Alder Hey Innovation

Health tech devices

Developing new physical medical devices like protective equipment to wearable patient sensors is a key function of the innovation Centre. From rapid prototyping to simulating its use in a clinical space, the innovation Centre has the manual workshops and simulation spaces to accelerate their creation and use.

Example project: Brilliansee™ Clear face mask

The Alder Hey Innovation team have designed a clear face mask to improve communication between staff and patients. Now partnered with the Bluetree group for manufacture and distribution, Alder Hey is leading the way in ensuring that masks do not need to be a barrier to effective communication.

As a type 2R medical device the mask has required extensive testing and validation to ensure it can be used in a clinical environment, all made possible by the health tech stream of the innovation strategy.

Digital Platforms

Increasingly care is delivered through online platforms. This is a radical change to how we give care, and a huge amount of thought needs to be given to not only how care can be changed, but also the mechanics of how to do this safely, securely, and efficiently. Our team is currently working on several digital platforms from how to collect information from community nurses, to photographing skin conditions and gaining data from wireless sensors on patients in their own homes.



Example project: CYP as One

CYP as one is a platform that has been developed in partnership with our children and young people to ensure they have access to the best care for their mental health. We have developed an online platform that allows patients to be referred, their care coordinated and access to online resources, for a broad range of mental health conditions. This has required partnership with a wide range of mental health providers in the local area and technology providers. The benefits are enormous as it allows the mental health staff to concentrate on providing the care.

Artificial Intelligence

Artificial intelligence in healthcare covers an enormous range of ways that data can be used to improve patient care. From advanced machine visions that can diagnose conditions, to creating disease maps and automating low level computing tasks. Alder Hey innovation hosts the AI HQ team of data specialists that are pioneering in all these areas to achieve impact for our patients.

Example project: Was Not Brought prediction algorithm

A key problem in addressing healthcare inequalities, is that some children are simply not brought to their outpatient appointments. This can be for many reasons but the only way to ensure great care is to first be able to interact with the children and their families. Our AI team have been implementing a new predictive algorithm that predicts whether a child will not be brought to their clinic appointment. With this information we can better intervene and ensure that everything is in place to ensure that a child can be seen.

This technology has been developed in partnership with the NHS and is now being rolled out across the country to improve care as we catch up on the COVID backlog.



Immersive Health

Immersive health care technologies use the expanding fields of augmented and virtual reality to create more useful ways for clinicians to understand disease processes and plan operative procedures. Alder Hey innovation Centre has a thriving immersive health lab composed of the latest equipment in this field and staff to operate it.

Example project: Elucis virtual reality operative planning headset



Alder Hey Innovation have partnered with Elucis to develop an interactive virtual reality environment to allow clinicians the ability to explore patients' anatomy in a virtual world from their own scan data. With the ability to gain new perspectives and understanding of how a disease has spread or affected a patient they can better plan effective treatments.

User Experience (UX)

User experience (UX) is at the heart of what we do at Alder Hey as a caring and compassionate health care institution. In the innovation space UX can be applied to many areas from making a digital platform easier to understand to the next generation of patient entertainment and anxiety reduction technologies.

In the past we have created enormous digital aquariums, 3D immersive projection environments to relax children while they have heart scans and robot companions. All designed to improve their experience while at Alder Hey.

Example project: AlderPlay v2.0

We have been proud to rerelease our Alderplay patient interface as a mobile optimised website for our patients and their families. Within this custom-made app the children can take virtual tours, collect rewards and games.

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.

3.3.1 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.

Health and Wellbeing

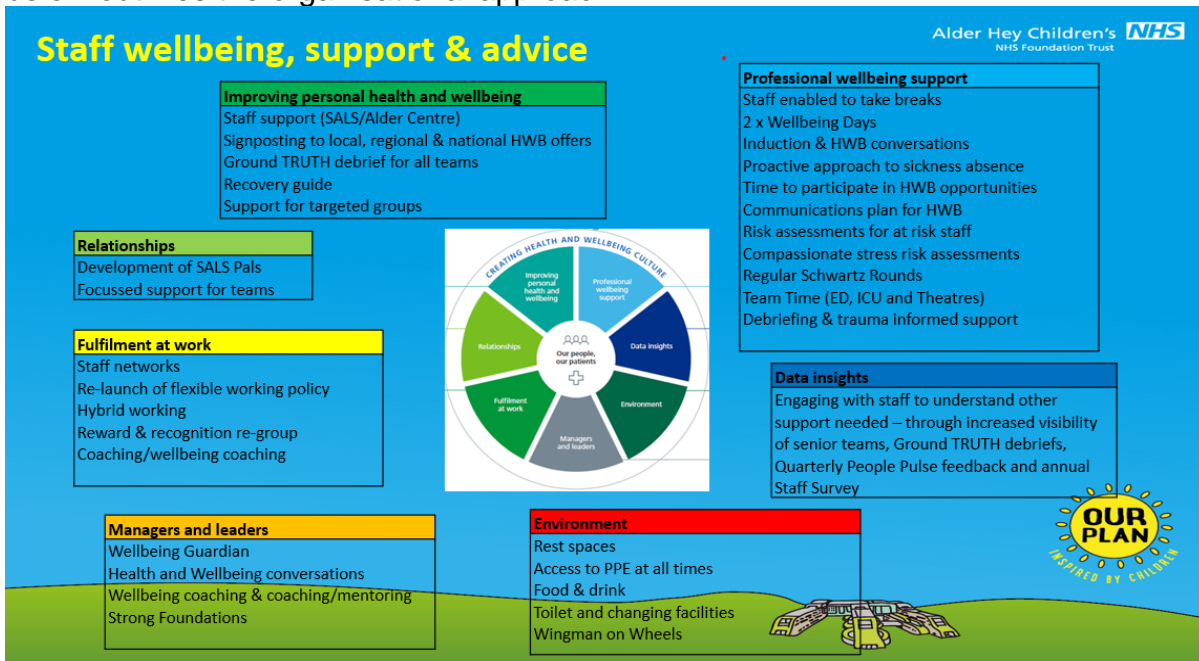
Significant developments were made in services and programmes aimed at promoting and sustaining staff health and wellbeing in 2020-2021 and this work has continued and grown in response to the changing impacts of the Covid-19 pandemic over 2021-2022. What has become clear both nationally and at Alder Hey is that the psychological burden of the pandemic from both a personal and professional perspective has contributed to stress, anxiety, and depression in healthcare professionals. Evidence from previous disasters shows that, in addition to the initial impact, people who work in health and care are at increased risk of developing longer term mental health problems, such as post-traumatic stress disorder (PTSD), depression, anxiety and compassion fatigue.



An organisational health and wellbeing approach

Our approach to staff support at Alder Hey has been and continues to be closely informed by the developing evidence base around what works for whom and in what context. What we know clearly, and what our staff routinely tell us, is that wellbeing interventions alone are not sufficient without interventions that more closely address hygiene factors affecting the daily experience of work and working relationships. Research by William Fleming of the University of Cambridge on data from 26,471 employees found that various wellbeing and stress management initiatives had “no effect” on mental health (People Management, 26th August 2021). Face to face sustained approaches closely linked in with line managers were found to be more beneficial. Given the evidence and our learning to date through the Staff Advice & Liaison Service (SALS) and other support mechanisms in the organisation, we take an organisational health and wellbeing approach. NHS England have developed an Organisational Health and Wellbeing plan based on the evidence and insights gathered about staff health and wellbeing, and those actions and factors that are likely to have the most impact when staff are working under pressure, since the start of the COVID-19 pandemic in

early 2020. The plan is also consistent with the 9 principles underpinning the Wellbeing Guardian role. The content is based on evidence from academic literature about the impact of COVID-19 on the healthcare workforce and insights gained through the national health and wellbeing programme, including from frontline staff, people who are classed as clinically extremely vulnerable, feedback from support lines and mental health hubs, people pulse and other sources of data and insight. At Alder Hey, we are using this checklist to understand what is most needed for our staff and what key aspects of health and wellbeing support will be needed through the coming months. The diagram below outlines the organisational approach:



Improving personal health & wellbeing

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

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



access support for all staff struggling with any issues related to home or work and provides early intervention and prevention via psychoeducational events and initiatives across the Trust. It aims to prevent staff difficulties from worsening by addressing issues in the moment and finding the right solution in the right place at the right time. Effective triage is key to this. The low numbers of onward referrals to counselling and therapy services indicates that timely and effective triage with brief intervention at this stage is helpful.

There is also a focus in SALS on systemic intervention, including team support following debriefs and training, and contribution to the development of a culture which challenges the stigma associated with help seeking in the healthcare and support services. Considerable focus is also given to supporting staff to both transition to and navigate through services, providing a “safety net” of support during what can be extremely difficult journeys and processes. SALS has seen a large rise in the number of self-referrals since August 2021, with a corresponding rise in drop-ins. The team remains busy and has had over 2,700 contacts to the service. Despite the increase in demand, the team are still able to respond quickly to all new contacts (within 24-48 hours) and feedback from staff accessing the service remains very positive with 100% of a sample surveyed saying they would recommend the service to friends or colleagues in the organisation.

Since 2021, Alder Hey has also seen developments in support for some of our more vulnerable groups including staff with seen and unseen disabilities and menopausal staff via focussed listening events. The listening sessions with staff with seen and unseen disabilities has been the platform for the development of a Disability Network with support from the Trust EDI Lead. The menopause sessions have led to the development of a Menopause Policy working group with a view to creating a specific policy to improve the understanding and management of menopause in the workplace at Alder Hey. In terms of personal health and wellbeing and development, staff have also been able to access a growing internal coaching and mentoring network and we now have 22 trained coaches offering a mixture of wellbeing and more general coaching to colleagues.

Professional wellbeing support

In terms of professional wellbeing support, staff at Alder Hey have benefitted from a focus on rest and recovery through 2 additional days leave, Wellbeing days, and information and briefings targeted at self-compassion. Induction processes are being renewed and enhanced in view of the changing nature of the organisation as we emerge from the pandemic and every member of staff has been offered a Health and Wellbeing Conversation as part of their routine PDR. Our Wellbeing Guardian role is now well embedded in the organisation and progress is being mapped against the 9 Wellbeing Guardian Principles with feedback through the People and Wellbeing Committee to Board.

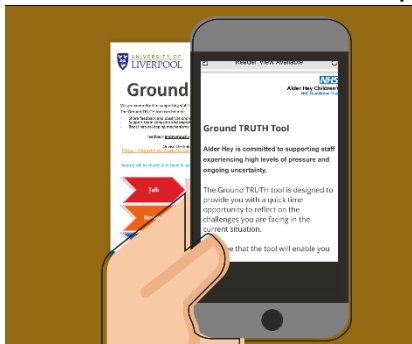
Other developments to support professional wellbeing include enhanced capacity to conduct stress risk assessments, supported by funding through NHSE/I and an increase in trained facilitators to run Schwartz Rounds, providing staff with safe spaces to process and reflect on the emotional impact of work. Alder Hey now has 22 trained facilitators and has secured funding to train another 10 people to run Rounds, building capacity for whole organisation sessions and bespoke sessions for teams using Team Time.

Relationships

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

Crucial to maintaining and building adaptive resilience when resources are challenged is to enable staff to use existing coping mechanisms bolstered through connections with others who understand their role and are themselves given the resource and skills to support their colleagues. We have been successful in securing funding through NHSE/I to pilot SALS Pals at Alder Hey in some of our more pressured areas including ED, Theatres, and our Wards.

In 2020, we implemented the Ground TRUTH tool as lead clinical partner working with the Department of Critical Incident Psychology at the University of Liverpool. Over the last two years, Ground TRUTH has developed as a digital mechanism for fostering cohesion, improving morale, sharing learning, and boosting coping as part of a three-phase implementation process. Ground TRUTH integrates a dual responsibility of the individual and the organisation, to reduce burn out in teams.



Ground TRUTH tool has now been used by over 630 staff at Alder Hey with a reach across the four divisions at Alder Hey. The Ground TRUTH tool serves as a reflective tool and communication mechanism enabling the voice of staff to be heard from ‘the Ground up’.

Data from the tool is now reported back at monthly ‘Ground TRUTH’ slots with the Executives to shape strategic action, support communications and build on learning fast. Outcome data from staff responses has been incredibly positive. Over 95% of staff reported finding the tool helpful and 47% of staff felt much better or better after using it. We have been approached to spread the Ground TRUTH tool across the region and have been discussing implementation of the tool in Aintree and the Northwest Ambulance Service. Through partnerships with external stake holders, we are seeking funding to develop a ‘Ground TRUTH app’ that empowers individuals and teams with the aim of improving staff wellbeing and patient care.

Recovery

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

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

Finally, when our staff are ready, rested, and reconnected, we still plan to engage in wholesale learning 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 planned to commence in May 2021 when we thought that we would be further through our recovery from Covid. Given that the pandemic is ongoing, we plan to continue to support teams to informally share and reflect on their experiences and harness learning through the Ground TRUTH tool. We aim to offer the opportunity for a more formal debrief to all teams when it is appropriate to do so.

Outcomes and Impacts: 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 HPMa Browne Jacobson Award for Excellence in Employee Engagement 2021. Alder Hey's staff engagement work has been further recognised through NHS Employers who have featured the work in their annual conference and in a dedicated podcast featuring the Alder Hey staff engagement story and successes.

However, the best and most important measure of what we are developing at Alder Hey is our staff and how they feel. Our 2021 Staff Survey results indicate that, despite the challenges of the past year which has conferred negative impacts on our collective wellbeing across the NHS, we still have a high proportion of staff recommending Alder Hey as a place to work (71%) with 90% recommending Alder Hey as a place for friends and family to receive care. And some feedback from our staff....



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

“Just wanted to say thank you for everything you are doing. I have really benefited from my sessions and the advice I have been given but also just the opportunity to talk and knowing that the SALS team are there in the future if I need someone to talk to is very comforting.”

“This service is a blessing to Alderhey staff.”

“Just keep this service going, and it really is unique. I have worked at quite a few Trusts, and when my staff members and colleagues have gone to "SALS-like" services, they haven't felt any better - I know one occasion the only advice given to that member of staff was to go off sick! The fact that the team motivated me and helped me understand the situation so that I could stay in work is phenomenal. And the fact that they had solutions - practical solutions that would help the situation - and took the reins in putting a plan together for me was amazing. I can't recommend the service enough!”

3.3.2 Equality, Diversity, and Inclusion

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



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

- The Trust recognises that 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.

Improvements 2021

Development of a collaborative Equality, Diversity, and Inclusion Team

In 2021 the Trust engaged with two local NHS Trusts to adopt a collaborative model to support the Equality, Diversity, and Inclusion agenda. The Trust implemented a shared EDI team to work collaboratively, sharing best practise and processes, and developing access to opportunity for all. With a collective vision to developing strong partnerships with our local communities.

Staff Networks

In 2021 the BAME taskforce (developed in 2020), continued to drive forward change and is the blueprint and framework for the development of a wider EDI taskforce. Focusing on how we support staff from all backgrounds, specifically enhancing support and opportunity for education and employment for under-represented groups. The taskforce has supported the relaunch of both the LGBTQIA+ and Disability Networks, both networks have Executive level leadership.

Listening events

We invited members of staff, from BAME backgrounds, LGBTQIA+ and those staff with a disability, to participate in a series of shared 'listening' events, or, one-to-one conversations, to share their experiences. We had an overwhelming, emotional, and challenging response, with people sharing their stories. It is this rich information that will help to shape actions of the staff networks and EDI taskforce.

Tackling overt racism, homophobic prejudicial or discriminatory behaviour

A key priority for the Trust is ensuring a safe working environment for all staff. We have a zero-tolerance approach to verbal and physical abuse, and with a clear focus on challenging negative discriminatory, behaviours. We have through extensive consultation relaunched the Trust's Zero Tolerance Policy. 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.

Improving access to Volunteering opportunities

Our volunteering service has reviewed their recruitment practises to increase diversity and increase the numbers of all under-represented groups. Those from BAME backgrounds were particularly under-represented. This review of practises has seen an increase of almost 11% more volunteers

from BAME backgrounds over the last two years.

Plans

To further improve our recruitment and development opportunities through positive action programmes, that support and champion the development of staff from underrepresented groups. To continue to work in partnership and build links within local communities to provide opportunities to our local population

3.3.3. Strong Foundations Leadership Programme

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

Programme Objectives

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

Programme Summary

The course is broken into 3 modules.

Module 1 is about *Leading Me* with a focus on self-awareness, self-management, inclusive leadership, and self-compassion.

Module 2 shifts the focus to *Leading Others* with training in building trust and psychological safety, giving and receiving feedback and improvement and quality.

Module 3 is about *Developing Others* with a focus on Coaching. Course content comprises a mixture of recorded presentation, information sheets and video material (accessible via Moodle) with new learning and new connections supported and sustained through attendance at group MS Teams sessions at the end of each module. Approximate time commitment is 6 hours of independent learning via Moodle and three 2 hours group Teams sessions (12 hours in total).

Impact

Since August 2019, over 300 leaders and managers (in 15 separate cohorts) have attended the programme and the course is now fully booked until May 2022. The feedback gathered from participants attending the programme since September 2021 demonstrates the value of the programme to our leaders and highlights the positive impacts of online delivery, particularly in increasing access. Quantitative feedback highlights that people rated their psychological safety as

high during sessions, suggesting facilitators create a safe space for healthy challenge and expression of different opinions. Our leaders have also benefitted from more connection with each other and support. The pie chart below shows feedback about the quality of training.



Quotes from feedback forms are highlighted below:

“I wasn't sure what to expect when I started the course, but I can say that I thoroughly enjoyed it. It's the best course I've attended in a long time.”

“ It was very helpful to learn and understand the anxiety around the workplace . It lifted the pressure which came from criticism about not able to cope or lacking interpersonal skills.”

“I found inclusivity most use useful and insightful and thought provoking. I think opened up for me to have more awareness around this subject.”

“It is really interesting and helpful to hear from people within different teams and backgrounds. Really enjoying the programme”

“Helpful and thought provoking”.

“I want to spread the word of how good it is and very staff focused, esp. with not having coursework at end (helps people concentrate on the content and do some deep learning rather than just focus on assessment”



“Award winning: Following the recognition of the Strong Foundations programme by the HSJ as part of the Staff Engagement Award in 2020, Strong Foundations was again part of a winning submission for the HPMA Browne Jacobson Excellence in Employee Engagement award. The programme was recognised by the judges as pivotal to a coherent and compassionate staff support programme on offer to all staff at Alder Hey including the Staff Advice & Liaison service and Ground TRUTH tool developments.

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.
- Developing and enhancing course content to include a Supporting Others module to build skills in compassionate wellbeing conversations for leaders and managers and a Quality Improvement module.

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

The programme is delivered by professional artists across all disciplines and in partnership with emerging and well-established arts organisations across the Northwest and the UK through our Cultural Champions programme. These include Tate Liverpool, Everyman and Playhouse Theatres, Live Music Now, Read for Good, DadaFest, Bluecoat Display Centre, Small Things Dance Collective, University of Liverpool, Twin Vision, Comics Youth, and, most recently, National Museums Liverpool.

The Arts for Health programme and Arts Coordinator post are funded entirely charitably through Alder Hey Children's Charity and external charitable organisations. With the advent of COVID-19, the Arts for Health Service has adapted its approach and established robust processes for credible and well-planned activity, which must lead to a blended method in delivery, incorporating both face to face programmes and online activity. The effect of COVID-19 on children and young people's mental and physical health, (due to delays in treatment, social isolation etc.) has been profound; creative solutions of the Alder Hey's art programme has been put in place from the start to mitigate this.

In 2021 – 22, we delivered over **1,000 workshops** and worked with over **5,000 patients** directly. Our focus for 2021 – 22 was to support long term patients and address the emerging mental health crisis affecting children and young people. We have used the arts to support individuals who are struggling with long term life limiting and life-threatening illness, from in-patients, those accessing CAMHS and those who are in-patients on our mental health unit. We have created bespoke arts packages tailored to the needs and interests of patients and have seen huge benefits and impact on these individuals. Key projects include:

Music Matters

This is our flagship music programme which places a musician on each in-patient ward in the hospital. Funded by the Alder Hey Charity, this is a continuation of a programme that has been running since 2017. We have continued to see the positive benefits of live music on the wards, supporting patients through their treatment journeys.

Patients, parents, and ward-based staff have unanimously supported the continuation of the programme, recognising the influence that live participatory music had on the child's wellbeing, physical ability, and emotional state - and particularly with long term patients, their ability to cope with hospital life. Below are a sample of the hundreds of testimonies from patients and their families
"I struggle with mental health problems so playing an instrument took my mind off my problems and de-stressed me. It also positively affected my anxiety and low mood. It lifted my spirits." Sophie aged 15 years

"It distracted me listening to the guitar. It made me feel special," Edith aged 15 years

"Concentrating on playing took the pain away. I played the keyboard for the first time and learnt to play a song! It made me want to learn more," Ffion aged 11 years

"Heartful, uplifting, fun, soothing. Eddie has never heard a cello before or seen a live musician perform. The musician was very intuitive with my grandson and sensitive to his needs. Wonderful, wonderful, wonderful." Grandparent of Eddie aged 4 years

"It made my day so much better," Harry aged 16 years

Music as Medicine

This project was completed in June 2021 and was funded by the Youth Music Foundation. In partnership with Live Music Now, the project placed 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. Musicians delivered weekly sessions with children and young people and the project tracked patients' musical progression as well as assessing the impact on wellbeing.

“Music helps me forget about my treatment for a while. It got me talking to other people and helps me feel like I did before I was ill. I played the drum which I haven’t done much before.” Harry aged 10 years.

“It makes you focus on something nice other than being in hospital. It made me want to interact and talk more. We were playing upbeat, happy music so it made me feel that way. It gave me a chance to practice ukulele and learn a new song. It was very fun and uplifting and made me feel happy and relaxed.” Angel aged 15 years.

“I wasn’t that good at playing the piano and I am now. I’m shy and don’t play instruments in front of everyone but now I will. I’m happy with my progression.” Kai aged 12 years.

Sound

This is a three-year programme funded by Children in Need which will conclude in summer 2022. Resident musician Georgina Aasgaard, a professional cellist with the Royal Liverpool Philharmonic Orchestra, delivers weekly sessions across all areas of the hospital from the intensive care unit to waiting areas. The programme has made a huge impact with our patients through building their confidence to express themselves creatively, as well as addressing the issues associated with long term stay, such as loneliness and depression.

“It was just a nice experience, and it makes being in hospital more pleasant and improves your day.” Cian aged 13 years

“The music really improves the children’s mood on the ward.” Rachel and Sophie, Cardiac Nurses
“It was lovely to have positive experience, aside from the clinical procedures and treatments. It raised spirits and was a glimpse of the old Betty before this neurological change. It was clear to see the wonderful joy the music gave to our daughter – dancing and smiling. The best therapy for Betty while she recovers from a stay in intensive care after a huge seizure and treatment for encephalitis.” Parents of Betty aged 3 years

Dewi Jones Music Residency

This is an ongoing music residency, funded by the Pixel Fund, which offers young people on the Dewi Jones Unit weekly music sessions with professional musician Georgina Aasgaard. From September to December, the group have been working on developing a podcast, featuring their ideas and musical compositions. The group have demonstrated outstanding creativity and a noticeable increase in confidence and self-esteem.

“The music projects are truly inspirational and a pleasure to be involved in,” Lindsey Worvell, teacher, Dewi Jones Unit.

Framing our Futures

In 2021 – 22, we delivered Year 1 of our Framing our Futures programme, a three-year participatory project exploring photography, animation and film making to support mental health. The programme has been funded by Children in Need and delivered by Twin Vision. In Year 1, we have worked with both the CAMHS Fresh Participation Group, and young people on the Dewi Jones mental health unit, to deliver a photography programme. Young people have created photographic pieces which will be displayed in the new Sunflower House mental health facility, opening later this year.

Dance

Our dance programme, led by Small Things Dance Collective, continues to engage long term patients on both the Cardiac Unit and Neuro Rehabilitation Unit. Our work supports the physiotherapy team on the Neuro Rehabilitation Unit. In March 2022, there will be a six-week project running on the Dewi Jones Unit, using dance and film making. Children and young people will learn filming and editing skills to capture their dance compositions.

Pencil Pals

This is 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. The Play Specialist service refer patients aged 8 – 18 years onto the online project, which offers them the opportunity to tell their hospital story, using drawing, illustrations, and comic style storyboarding, working one to one with a professional artist. We have seen young people taking part open about their hospital experiences and develop their confidence as artists.

“We have found these sessions amazing! Joey can let out his artistic side with likeminded people and always looks forward to the sessions. The encouragement he gets from the team has really helped with his confidence. This is an amazing therapy offered and has very much become his favourite! Before his injury Joey made comics himself so this has brought his life back. Even though he lost use of his dominant side he loves to draw with the team. When he first realised, he had lost his right side he said, ‘will I not be able to draw again’? So, this has really helped him to maintain his dream job goals of becoming an author/illustrator and animator! We can’t thank you enough!”

Karen, Mum of Joey aged 10 years

Graphic Medicine

We are about to launch a 100-page publication celebrating the Graphic Medicine programme run in partnership with Comics Youth. Comics Youth have been delivering face to face comic workshops since 2018, offering children and young to tell their story about life in hospital, their hopes and fears and dreams. The resulting publication, called *Hospi-Tales*, features the stories, comics, and illustrations of some of these patients and will be available through the Charity website and Charity shop.

Theatrical Minds

Theatrical Minds offers young people, 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. The programme has seen huge increases in confidence and self-esteem for many of the young people.

DadaFest

This is an innovative three-year project, funded by Children in Need, and developed in partnership with DadaFest, a national arts organisation promoting deaf and disability arts. The project gives long term patients the opportunity to have up to 20 hours of contact time with a professional artist of their choice – patients can choose a variety of art forms to engage with: activities have included playing the drums, learning to play the ukulele, fashion design, illustration and painting, photography, learning to play the keyboard and designing comics and zines. The programme has

been particularly impactful with patients accessing CAMHS and we are currently working with several hard-to-reach patients, who are outside of the education system. The scheme will finish in 2022 and our priority is to find funding to continue this invaluable programme.

Young Makers

This is a partnership with Bluecoat Display Centre, which brings contemporary crafts makers to deliver residencies with patients in the hospital. This year, we have had ceramist Ruth Ball and printmaker Rachael Howard each deliver a six-week residency, introducing children and young people to new skills and techniques in contemporary craft, and enabling them to create their own craft pieces to take home with them.

“The session was just brilliant; the lady was lovely and very patient. Imogen made a fantastic paper sculpture which she is very proud of, and it really helped to pass the time.” Dad of Imogen aged 8 years

“I enjoyed it because I made something new, and it was fun. It made time feel like it was going quicker. It was nice to be distracted.” Amber aged 11 years

Art for Catkin and Sunflower House

We have been working internationally renowned artist Lucy Casson on the development of the arts strategy for the new mental health facility, which will open later this year on the hospital campus. The brief is to create a welcoming environment through Lucy’s creations (bronze sculptures, glass designs, wall art, signage) and create an environment that feels less clinical. As part of this development, there has been a programme of consultation and workshops with potential service users of the building; these have included a series of making workshops with young people on the Dewi Jones Unit, who will move into Sunflower House, CAMHS patients, who will use Catkin House, long terms patients accessing clinical psychological services and young people from The Patient Forum.

Future Plans

The priority for 2022 – 23 is continue with our strategy to support mental health and wellbeing for our most vulnerable patients. We have received substantial funding from The Youth Music Foundation to deliver a two-year programme called Minds Matter, which uses music to address mental health. We will be creating a national framework for musicians working in paediatric mental health, as well as supporting long term patients on the wards, in CAMHS, Dewi Jones Unit and those living with long term conditions such as eating disorders. We are also seeking major funding from Arts Council England for an Arts on Prescription programme, which ensures the legacy of our current DadaFest programme. If successful, we will work in partnership with Tate Liverpool, DadaFest and National Museums Liverpool to offer bespoke and individual arts sessions to patients, creating a programme of arts social prescribing to support their recovery and treatment journeys. We also have a priority to support the wider family and in May 2022, we will deliver Babies in Tune, an online music programme for parents and carers of newly born babies who are struggling with infant colic and reflux. The programme, funded by the Hugh Greenwood Legacy Trust and run-in partnership with the University of Liverpool, will offer online music sessions to support the babies, promote bonding between parent and baby, and give parents/carers coping strategies through singing. We are also planning several contemporary craft residencies throughout the year, in partnership with Bluecoat Display Centre, to continue our Young Makers programme.

Summary

The arts offer a unique vision of how patient experience at Alder Hey can be vastly improved; art defines the look and feel of our building and will continue to shape new developments in the cultural campus; the creative programmes bring an energy, sense of purpose and personalised care to the journeys our patients make during their time with Alder Hey. Our key priorities for the next twelve months will help to support and shape the way that our children, families, and staff adapt to life post-Coronavirus, and how we move forward with optimism and renewal

3.3.4. 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.

Changes or deficiencies in the nursing workforce can have a detrimental impact on the quality of care. Patient outcomes, particularly safety and experience, are improved when organisations have the right people, with the right skills, in the right place at the right time. The importance and guidance surrounding safe and sustainable staffing levels are enshrined in national professional nursing and regulatory standards: NHSI Developing Workforce Standards: Supporting providers to deliver high quality care through safe and effective staffing (2018); 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 continued to impact on the Trust workforce. We have seen the impact of the Omicron variant in terms of both direct staff sickness and the impact of isolation guidance for staff due to household contacts. The pandemic has 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 and to consistently staff new services such as the Track and Trace team.

In response to the national crisis, temporary models of front-line nursing were devised which were 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. The model was reviewed and updated in response to the continuing pandemic and in anticipation of a surge in Respiratory Syncytial Virus (RSV) and is in line with national guidance, particularly Respiratory syncytial virus 2021 preparedness: Children's safer nurse staffing framework for inpatient care in acute hospitals NHSE guidance (September 2021) and Advice on acute sector workforce models during COVID-19 (December 2020). Through the completion of an NHSE/I Assurance Framework published in November 2021, the Board received assurance regarding safe nursing staffing over the winter period, including plans connected to the wider system staffing planning, resourcing, and mutual aid (Winter 2021 preparedness: Nursing and Midwifery Safer Staffing). The NHSE/I paper incorporates planning, decision making and escalation, staff training and wellbeing, governance, and assurance.

Learning from our deployment strategy during the first wave of Covid, we prepared similarly for the impact of Omicron. Nursing and allied healthcare professionals voluntarily responded to and contributed to requests for support in critical care. Redeployment has continued to support our pandemic effort in areas such as Track and Trace, swabbing and vaccination. The Trust continues to be 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 2021/22 demonstrated that the overall staffing level was consistently higher than 90% throughout the year. The staffing levels reported are the head count on each shift which does not analyse skill mix or the impact of temporary staff on a shift.

The Trust 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, a further 28 international nurses joined the Trust during November and December 2021. The Trust has successfully recruited 100.5 WTE registered nurses in 2021/22 and recruited 7 Nurse Associates with one in training. We have also commenced 9 apprentices on our Registered Nurse Degree Apprenticeship programme and recruited to our 2- year top up programme for Nurse Associates/Assistant Practitioners. All new nurses have a standardised and protected induction and preceptorship period, reviewed and updated in February 2022.

We have successfully run our Care Support Worker Development Programme, with all trainees successfully completing and taking up permanent or bank HCA positions at the Trust. The second cohort commenced in January 2022.

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 2021/22 for all in patient and day case wards. The review has demonstrated improved compliance with the standards as shown in the thermometer below:



Although core standard 1 (all clinical areas are required to have a supernumerary shift supervisor) has remained at Amber (partially compliant), there has been continued improvement with an increase in the number of Heads of Nursing posts across the Divisions. Establishment reviews have been undertaken; the establishment required to provide a supernumerary coordinator on each shift has been identified, and this is being addressed.

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 2021/2022

Recruitment:

- 100.5 WTE front line nursing staff recruited in 2021/22.
- Trust has 7 qualified Nurse Associates and 1 Trainee Nurse Associate across the Trust, and we are undertaking a workforce review to increase our future training places.
- 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
- Continued expansion of our international recruitment programme with an additional 28 nurses recruited and the appointment of a pastoral support educator.
- Support from NHSE to start involvement in the refugee programme, with our first recruit started in Autumn 2021
- Further successful bid awarded by NHSE/I to continue 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
- The successful appointment of 9 Registered Nurse Degree Apprentices (RNDA)
- The successful appointment of 8 internal Nurse Associate and Assistant Practitioners to the RNDA 2 year programme.

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 continues to be implemented for the emergency COVID-19 period.

Strong and effective leadership structure

- Comprehensive 5-year workforce strategy devised with clear vision to:
- Be a national leading centre in the training, education, and recruitment of paediatric nursing and HCSW's.
- Diversify recruitment strategies to be more representative of the population we serve
- Ensure that staff have clear opportunities to develop, grow and progress in the organisation
- Develop to embrace new roles and transition to a sustainable model for the future.
- Have clear structure for advanced and specialist roles; services will be developed around the needs of children, young people, and their families, and will clearly align to the service needed to provide their care.
- Review of Matron and Head of Nursing structure with additional roles implemented
- External recruitment to the Surgical Head of Nursing role.
- Recruitment to the new Director of AHP role
- Internal and external recruitment to Ward Managers positions.
- Internal promotion to Band 6 Ward Sister / Charge Nurse positions
- Safer Staffing Huddle continues to be chaired by a senior nurse
- Senior nurse oversight and involvement at all stages of the redeployment process due to the ongoing COVID-19 pandemic

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.
- 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.
- Continued to support senior nurses and aspiring nurse leaders to undertake the MSc programme in leadership enabling staff to gain the necessary skills and competencies to successfully fulfil senior nurse roles. Maintained and supported 3 senior nurses per year to participate.
- Support of 15 nursing staff to undertake the professional nurse advocate training with 8 now successfully completed.
- Practice Education Facilitators and Clinical Practice Educators continue to address

organisational education requirements and provide a streamlined approach to a wide variety of staff development opportunities. A workforce development flow chart has been devised to outline the workforce programmes available and the access criteria.

- Creation of ward major trauma competencies undertaken and now being implemented across the organisation.
- Creation of a band 5 nurse development framework to clearly evidence the learning available and expected has been undertaken to be utilised in conjunction with the new career pathway information for nursing.
- Development of practice-based learning packages, to support increasing numbers of learners and explore diversity of learning opportunities the organisation can offer has been undertaken.
- The implementation of a transition support package for use by final year nursing students will be undertaken in 2022, to support students who's training pathway has been impacted by reduced variety of placements due to the covid pandemic
- Following a student listening event, several developments will be implemented in 2022, including the establishment of a learner forum.
- Parity of esteem quality workstream to ensure staff are trained to care for children and young people to address all their physical and mental health needs holistically.

Quality metrics

- Continued monitoring of the Perfect Ward quality audit tool across all wards during the pandemic.
- Re introduction of the ward accreditation programme.
- Collaborative working with the Research Team, IT, and ward teams to commence the DETECT study.
- E-roster system rolled out across wards.
- RotAHub established to support redeployment during the pandemic
- Local Challenge Boards implemented to monitor staffing
- Patient Safety Meetings continued throughout the pandemic

Future Plans

- Implementation of the Workforce Strategy
- Continue proactive recruitment of student nurses and 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.
- 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 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.
- Full organisational establishment of the professional nurse advocate role

3.3.5. 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 PAL'S office was fully Covid-19 risk assessed and re-opened in 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.

The table below shows the number of formal complaints received was comparable to the previous year. The number of informal PALS concerns has significantly increased; however, this is associated with significant reduction in the previous year due to the pandemic and an increase in contacts this year regarding appointment waiting times affected by the pandemic. The number of informal PALS contacts jointly during the pandemic era of 2020/21 and 2021/22 remains comparable to before the pandemic.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Formal complaints	166	134	70	66	83	121	114	159	152
PALS	1248	1133	1246	1294	1349	1371	1279	915	1524

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 because of complaints and PALS during the year include the following:

- Pre-admission pathway and documentation amended to ensure that all information sent to families is accurate.
- Where a patient is waiting for their allocated bed to become available, they are allocated a comfortable waiting area and offered a meal voucher to patients to obtain a hot meal from the canteen or arrangements for a hot meal are delivered to the ward.
- Patients who are having spinal surgery are provided with a patient information leaflet regarding spinal surgery at pre-op appointment and on discharge.
- Improved documentation to help improve communication of the risks associated with anaesthesia given to patients prior to surgery.
- Audited the screen waiting times in ED to ensure accuracy.
- Standard Operating Procedure (SOP) devised for the ASD Administration Staff which includes record keeping standards to ensure all clinical contact is recorded on a child's medical record: training put in place to support the implementation of the SOP.
- ASD referral form captures details of parental responsibility and agreement about the referral from both parents where possible. Parents who share joint parental responsibility but live separately will both be invited to contribute to assessment.
- IT systems being improved to allow 2 parents to automatically receive appointment letters and correspondence.
- Where siblings require appointments, we try to accommodate these on the same day to avoid families making multiple trips to Alder Hey
- Training session held for ED staff on infant reflux.

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 of the structure, responsibilities, and process for management of complaints and PALS in the Trust will take place in the coming year 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.

3.3.6. Family Friends Test

Background:

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

Results

There have been **18,506** completed FFT responses throughout 2021/22. 89% (16,531) said that they had a very good or good experience. The breakdown of FFT responses can be seen below:

NHS Family Friends Test (FFT) Response Rate:

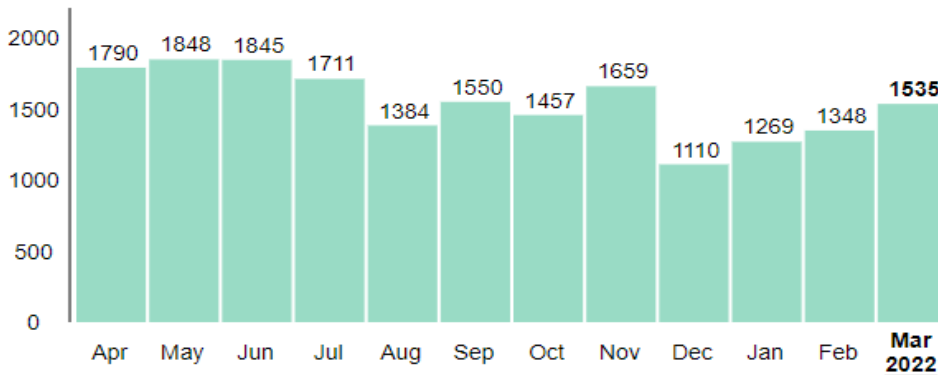
Comparison of FFT response rates between different Trusts and the National average has been discouraged by NHS England. This is because variable factors all impact a Trust's ability to collect FFT feedback. However, it is important to measure own performance and the trend in response rates internally within the Trust. KPI for response rates within the Trust need to be determined.

There was opportunity for 27,277 potential FFT responses in April 2022. The overall response rate increased in March by 0.9%.

Overall Trust FFT Breakdown Responses:

Response	Percentage	No. of response
<i>Very good</i>	75%	13871
<i>Good</i>	14%	2660
<i>Neither good nor poor</i>	3%	549
<i>Poor</i>	3%	599
<i>Very poor</i>	4%	779
<i>Don't know</i>	0.2%	48

Number of Overall Trust completed FFT each month



Analysis of the number of completed FFT recorded Q4 2021/22 (**4,152**) Q3 2021/22 (**4,226**), Q2 2021/22 (**4,645**), and Q1 2021/22 (**5,483**).

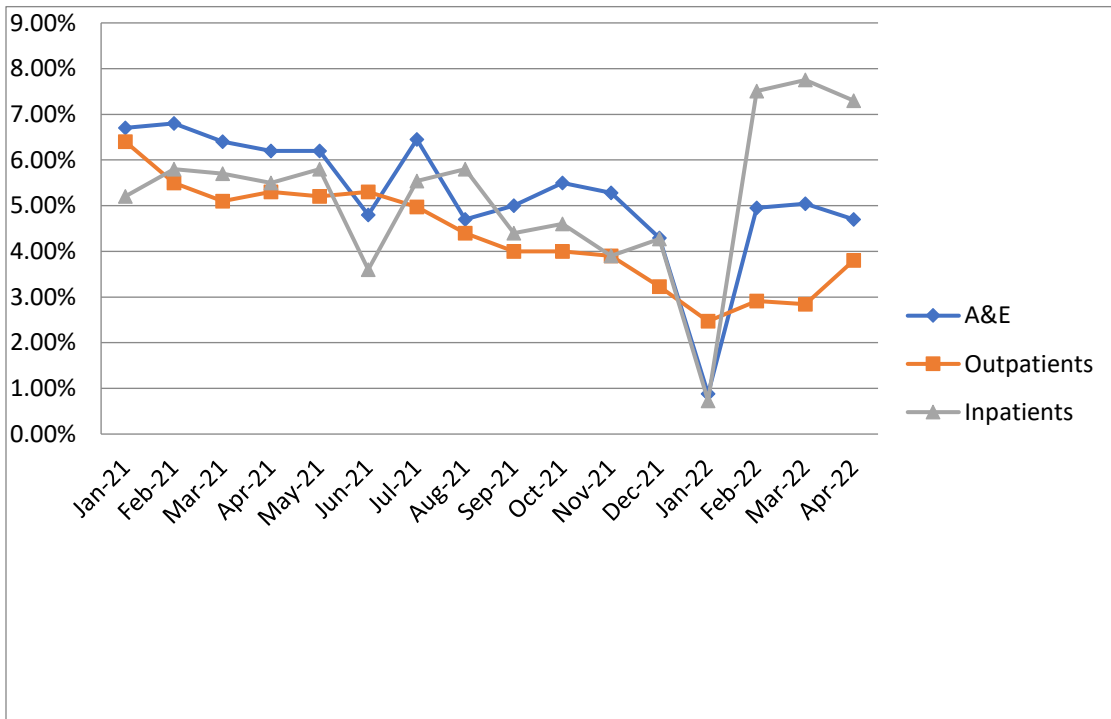
SMS text remains the most popular method of collection in 2021/22 with 13,986 responses received via this channel.

Divisional FFT Breakdown of Very Good/Good Responses in Number and % 2021/22 – compared to 2020/21

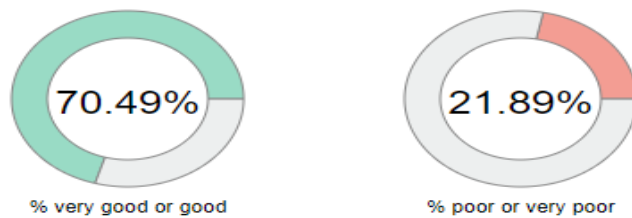
Division	% Very Good/Good 2021/22	No. Very Good/Good Responses 2021/22	No. and % Very Good/Good Responses 2020/21	% Change
Community	93.09%	2345	1886 (92.74%)	0.35%
Medicine	84.41%	8839	8906 (93.58%)	-9.17%
Surgery	94.26%	6913	5622 (95.54%)	-1.28%
ED	70.49%	3727	3055 (90.64%)	-20.15%
Inpatient	93.02%	2279	1685 (93.06%)	-0.04%
Outpatient	94.55%	10552	11035 (95.07%)	-0.52%

Analysis of divisional results has seen a percentage decrease compared to 2021/22 in Medicine, Surgery, Emergency department (ED), Inpatients and Outpatients. Community has increased by 0.35%.

FFT breakdown for Emergency Department (ED) Outpatients, Inpatients:



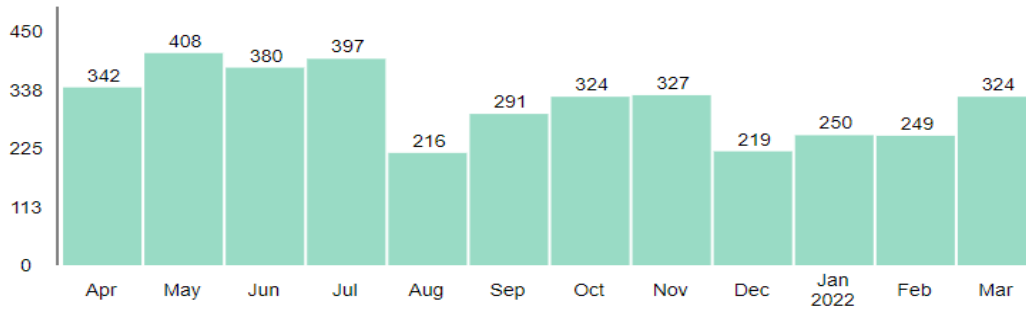
**Further Analysis of FFT Breakdown for ED, Outpatients, Inpatients:
Number and % of Emergency Department (ED) Responses**



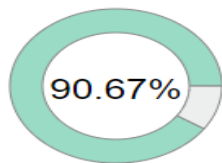
Response	Percentage	Number of times response selected
Very good	50.60%	1886
Good	19.88%	741
Neither good nor poor	7.38%	275
Poor	8.96%	334
Very poor	12.93%	482
Don't know	0.24%	9

Data source: IQVIA

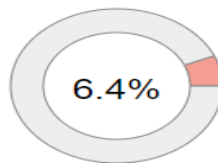
Number of completed FFT each month for ED



Emergency Department Responses



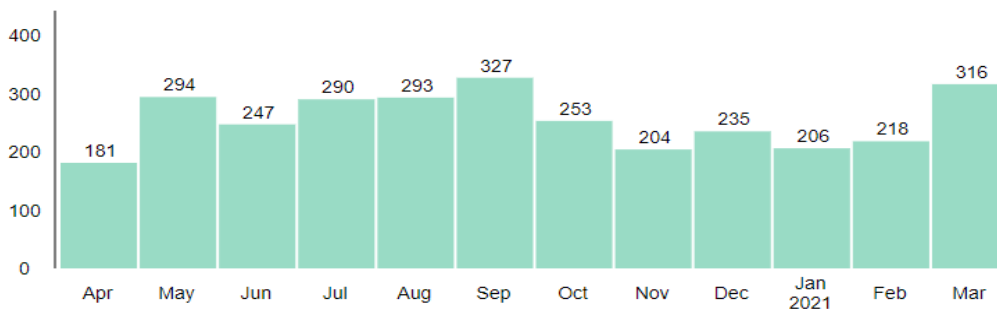
% very good or good



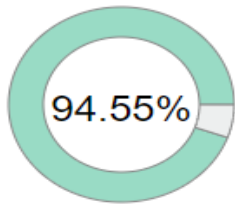
% poor or very poor

Response	Percentage	Number of times response selected
Very good	79.83%	2446
Good	10.84%	332
Neither good nor poor	2.81%	86
Poor	3.00%	92
Very poor	3.39%	104
Don't know	0.13%	4

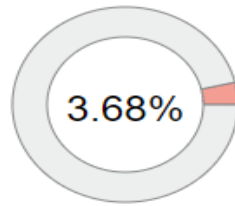
Number of completed FFT each month (ED)



Number and % of Inpatient Responses



% very good or good

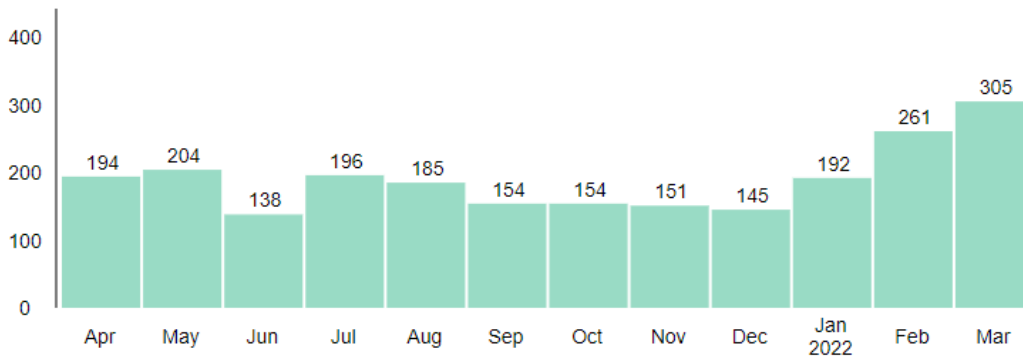


% poor or very poor

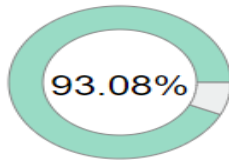
Response	Percentage	Number of times response selected
Very good	82.82%	8739
Good	11.73%	1238
Neither good nor poor	1.60%	169
Poor	1.81%	191
Very poor	1.87%	197
Don't know	0.17%	18

Data source: IQVIA

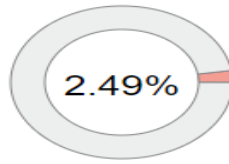
Number of completed FFT each month for Inpatient



Number and % of Inpatient Responses



% very good or good

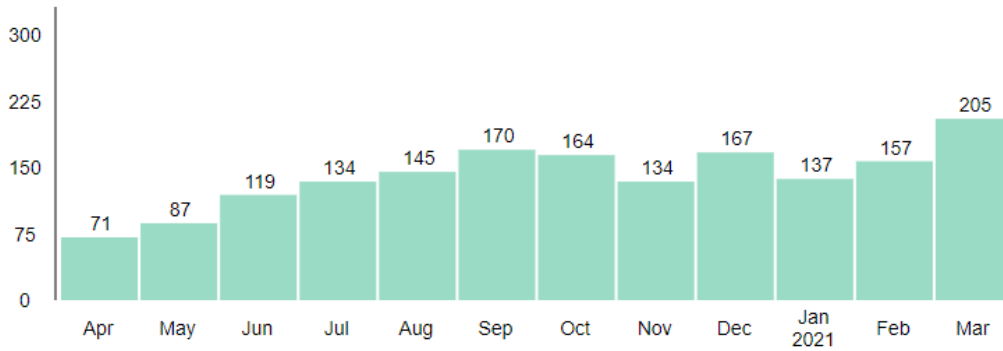


% poor or very poor

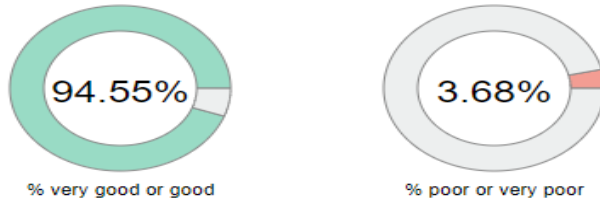
Response	Percentage	Number of times response selected
Very good	72.84%	1231
Good	20.24%	342
Neither good nor poor	3.43%	58
Poor	1.07%	18
Very poor	1.42%	24
Don't know	1.01%	17

Data source: IQVIA

Number of completed FFT each month Inpatient



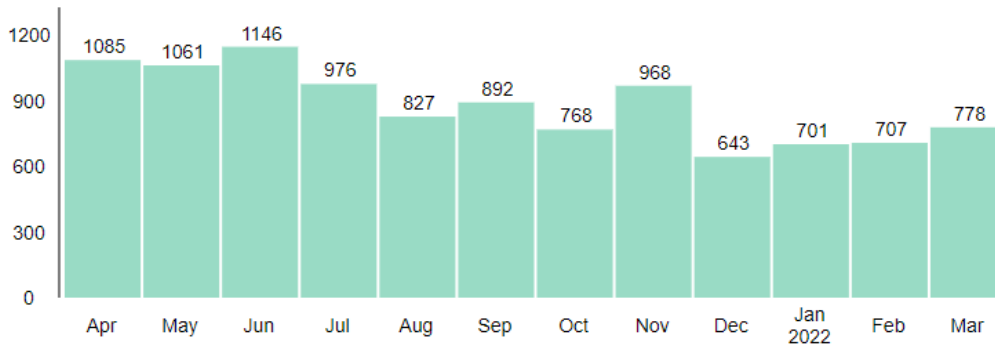
Number and % of Outpatient Responses



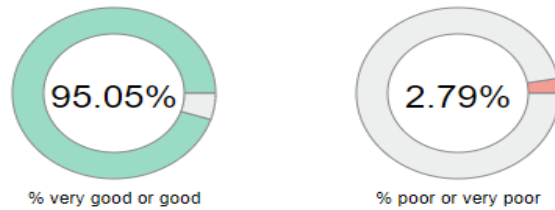
Response	Percentage	Number of times response selected
Very good	82.82%	8739
Good	11.73%	1238
Neither good nor poor	1.60%	169
Poor	1.81%	191
Very poor	1.87%	197
Don't know	0.17%	18

Data source: IQVIA

Number of completed FFT each month for Outpatient



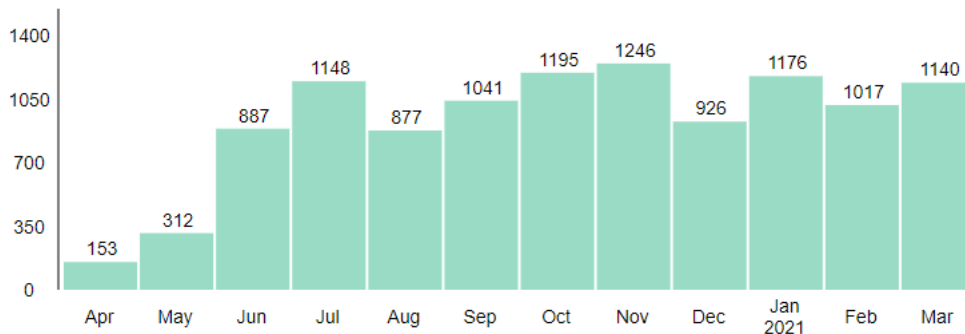
Number and % of Outpatient Responses



Response	Percentage	Number of times response selected
Very good	84.62%	9408
Good	10.43%	1160
Neither good nor poor	1.56%	173
Poor	1.19%	132
Very poor	1.60%	178
Don't know	0.60%	67

Data source: IQVIA

Number of completed FFT each month for Outpatient



Future plans

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

- Setup of a task and finish group to explore further developments and the stakeholders that need to be involved.
- The resumption of face-to-face collection to extend to outpatient areas and the engagement from volunteers and play staff, to collect feedback in ED is due to start in May 2022.
- The development of automated monthly reports and action plans through the IQVIA system to support the end user.
- Patient experience has recently completed the Brilliant Basics programme, the improvement aims highlighted centred on FFT and closing the feedback loop.

- Publishing to the public how the Trust has responded to all feedback
- A proposed change in reporting structure is undergoing a trial in May where SPC charts will provide monthly data that is easier to be interpreted reducing the need for extended narrative.
- A Standard Operating Procedure will be written and communicated in Q1 2022/23.
- Patient Experience team will continue to send Divisions and ED monthly reports / data/graphs
- Ongoing FFT data analyst training for staff
- Ongoing Patient Experience team and Divisions, including ED collaborative working, to ensure the best possible outcome for improvement of experience for our children, young people, and families.

3.3.7. STAR (Safe Together & Always Right) Review - Ward Accreditation Scheme and TENDABLE (Formerly Perfect Ward) audits

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



In 2016, the Trust developed the Journey to the STARS – Ward Accreditation Scheme which was designed in partnership with children and young people. It is a quality and safety audit tool designed to give assurance of standards of practice by measuring the quality of care delivered by wards and department teams. The Ward Accreditation scheme was re-introduced within the Trust in 2017 and the assessment criteria was adapted to enable other wards and departments to be included in the scheme.

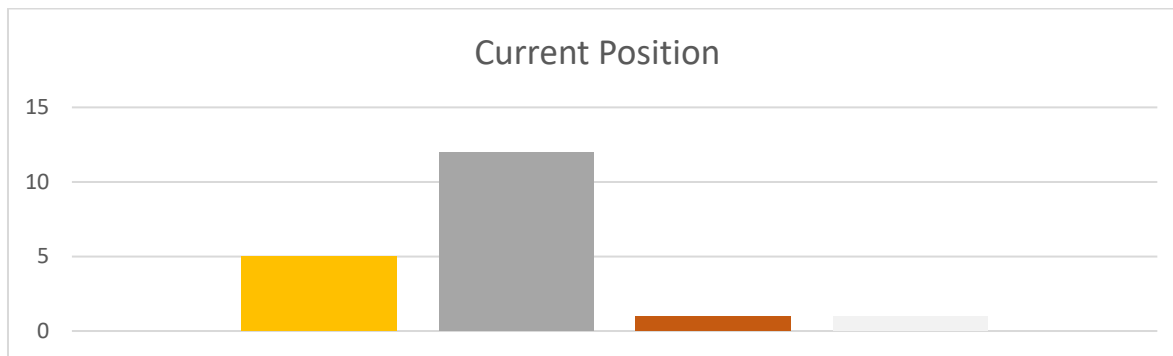
The ward accreditation scheme had been paused during the COVID19 pandemic, during this time the audit tools and the process were reviewed and adapted to include some additional criteria as part of the assessment. The review of the audit tools resulted in the development of four models: An inpatient ward model, a short stay ward model, an outpatient services and a specific model for the inpatient unit for Child & Adolescent Mental Health. Each of the 19 departments currently assessed under the scheme fit into one of the models identified.

As part of the review a mandatory safety checklist was introduced which would be considered by the inspection team following the inspection; if there are any negative responses to any of the categories identified within the checklist this results in the ward or department being given a White grading. Should this occur, the Ward manager/ Team leader is informed on the day as well as receiving some initial feedback from the assessment team. A member of the assessment team will return to the department within 3 to 4 weeks to re-assess any breaches. If these have been resolved the department will receive the award reflected by the overall scores. If the issues identified have not been resolved the

department will remain on a White grading and a full accreditation assessment will be undertaken within the next 3 months. All assessments are unannounced.

The inspection team comprises of both clinical and non-clinical staff and will welcome patient/parent representation as restrictions ease. 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-establishment of the Ward Accreditation scheme over the last financial year a total of 22 assessments have taken place in wards and departments throughout the Trust. The overall Trust position indicated in the table below; indicates that five wards / departments have achieved a GOLD award, 12 wards / departments have achieved a SILVER award, one ward/department has achieved a BRONZE award and one ward/department currently with a White grading to be re-assessed within the next month.



Tendable (Formerly 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. The company rebranded themselves in 2021 recognising that healthcare inspections are not limited to wards only; they have changed their name to Tendable.

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

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

The Trust has developed five specific audit types within the App

- Matrons / Ward Managers Quality and Safety Audit

- Infection Prevention & Control Audit
- Personal Protective Equipment (PPE) Compliance Audit
- Tissue Viability Audit
- Building Services Audit

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

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

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

The Trust will be working with the company to enable a link from the Tendable servers to the Trust data warehouse, which will allow the Trust's Business Intelligence team to create a dashboard from the data to further improve the visibility of how the organisation is performing in relation to the specific audits.



3.3.8. The Alder Hey Academy

During 2021-22 the Alder Hey Academy was restructured to bring together a number of different teams all focused on supporting the development of our current and future staff. Now comprising Medical Education; Clinical Education; Learning and Development.

Apprenticeships and Events as well as our Vocational Programmes and Schools and College Outreach, the Academy aims to 'support a healthier future for children and young people through educational excellence'.

In response to the Covid-19 pandemic, some areas of our activity such as on-site events and work experience were suspended. Other areas however continued with modification or were enhanced to meet the needs of staff, students, volunteers and wider networks during this time. The increased use of virtual platforms and wider digital technologies brought with it opportunities to connect specialists at local, regional national and international level and although the frequency of our major on-line conferences was reduced due to service pressures, we had some notable successes.

The Liverpool Childhood Obesity Conference (13-14 May 2021) for example, attracted over 800 delegates from 46 countries. Sessions were designed to outline and address contemporary issues and perspectives in supporting children and young people with obesity. Delivered by national and international experts, the conference included perspectives from psychology, physiology, public health, and genetics. We have also managed a number of virtual conferences including a Cardiology Symposium, Foundations to Paediatric Oncology and a Hypoglycaemia Study Day in conjunction with Great Ormond Street Hospital and the Royal Manchester Children's Hospital. More recently we have supported our ENT Department and the Northwest Deanery to run a series of study days and events linked to FRCS examinations.

Our in-house leadership development programme 'Strong Foundations' resumed in an adapted format for delivery via our virtual learning environment and MS Teams. Over 150 leaders and managers booked onto the programme in 21/22 and due to its success, there continues to be a huge demand for places with over 100 staff on the waiting list for cohorts starting in 22/23. Wider learning and development opportunities included the local Mary

Seacole leadership development programme, coaching, 360 feedback and working with teams to support them in a range of topics including resilience, team functionality and improvement projects. A range of adapted approaches were also employed to support staff meet their mandatory training requirements across the year as well as upskilling education leads across the Trust to deliver remote / blended learning.

Notwithstanding the national pandemic, 2021-22 saw major increases in the number of students on placement with us – reflecting national workforce priorities. We are a major provider of education and training for doctors, nurses, and allied health professionals and partner with several universities and other education providers to offer a range of learning opportunities for pre and post registration students.



In 2021-22, some 800 University of Liverpool medical undergraduates trained with us and we facilitated 832 student nurses to undertake 1604 placements during the year, many of whom gained their first job with us. 2021/22 also saw the first cohort of registered nurse degree apprentices commence in September, which enabled us to support 9 applicants to undertake the 4-year programme in partnership with UCLAN.

Expanding our Apprenticeship offer is a key focus for us and in 21/22 we again saw an increase in the range of Apprenticeship subjects being studied across the Trust. We currently have over 180 staff on apprenticeship programmes and work with 22 Apprenticeship Training Providers across the Northwest to offer qualifications in 35 different areas. Subjects include Healthcare Support Worker Levels 2 and 3, Business Administration Levels 3 and 4, Digital User Experience Professional Level 6, Social Worker Level 6, Physiotherapist Level 6 to

Accountancy and Taxation Professional and Advanced Clinical Practitioner at Level 7. Working with a number of different HEIs, Colleges and Independent Training Providers ensures we can offer diversity in the range and type of apprenticeships across the Trust, which in turn means we can support individuals and teams' career development and workforce planning.

This year we saw a 19% increase in new staff joining the Trust as an Apprentice which means that, as a large employer in the Liverpool City Region, we are also supporting the wider local skills agendas in terms of improving education and supporting social mobility.

Our Apprenticeship Team supports Divisional leads, managers, and staff with expert information, advice, and guidance to help increase the numbers and utilise the Trust Levy as well as managing all quality assurance aspects associated with apprenticeships. Year on year we have seen an increase in staff completing and graduating in their chosen subjects, which is a testament to the managers and mentors who support them.



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

Participation in work-based learning experiences, such as internships and other educational activities, can be integral to young people's success in gaining employment and the foundations have been laid in 21/22 for a supported internship programme (commencing 2022). We have also agreed an innovative partnership with the Prince's Trust and secured funds to create a Young Volunteers programme for those with a disability and / or long-term condition as part of our overall programme focused on diversity and inclusion. We want to kickstart young people's awareness of roles in the NHS early, at a point when they first start to consider their career choices, and to highlight how multi-faceted this dynamic sector is as a result our Inspiring Futures programme will see us working with children and young people from across the city in new and innovative ways in the coming months.

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.

	2020 - 21					2021 - 22			
Indicator	Thresh old	QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
C. Difficile Numbers – Due to Lapses in Care	0	1	1	1	0	1	1	0	0
C. Difficile – Rates Per 100,000 Bed Days	n/a	5	4.9	4.6	0	6.4	6.2	0	0
18-week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%	45.8 %	48.3 %	60.0 %	68.4 %	71.8 %	70.0 %	63.2 %	61.6 %
All Cancers: Two Week GP Referrals	93%	100%	100%	100%	100%	98%	100%	97%	100%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	70%	96.9 %	96.4 %	85.7 %	100%	100%	100%	100%	100
All Cancers: 31 Days Until Subsequent Treatments	98%	100%	100%	100%	100%	100%	100%	100%	100%
A&E – Total Time in A&E (95th Percentile) <4hours	95%	98.8 %	95.4 %	98.6 %	95.4 %	86.0 %	75.4 %	71.1 %	73.2 %
Readmission Rate Within 28 days of Discharge	0-15	8%	7%	8%	7%	6%	5%	6%	6%
	16+	5%	5%	4%	2%	3%	2%	2%	3%
Financial and Service Performance (Use of Resource) Ratings	n/a	0	0	0	0				
Staff Survey Results :% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends		91.70%							
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse from Staff in Last 12 Months	n/a	13%							
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Work-force Race Equality Standard		89.50%							
Rate of Patient Safety Incidents Per 1000 Bed Days	n/a	42	72	71	75	101	89	75	85
Total Patient Safety	n/a	1026	1,488	1,528	1,492	1580	1431	1332	1411
Incidents and the Percentage that Result in Severe Harm or Death	n/a	0.00 %	0.27 %	0.07 %	0.13 %	0.13 %	0.28 %	0.23 %	0.21 %
Diagnostics % Waiting Under 6 Weeks	99%	81.9 %	91.8 %	92.3 %	97.5 %	96.3 %	95.9 %	92.6 %	67.4 %

Annex 1
Statement on the Quality Report by partner organisations

Commentary from Governors

As a Parent and Carer Governor, in my third and final term of office, I am delighted to confirm that this document succinctly summarises the key initiative and developments that I have been aware of during the 2021/2022 session. It captures well the clinical and non-clinical initiatives, enabled through a strong culture of research and innovation, which continue to be synonymous with care at Alder Hey.

Professor Philippa Hunter-Jones
Parent and Carer Governor

I have read the report thoroughly, and it is clear that in spite of COVID-related pressures, the Trust has continued on its improvement path. What really stands out is the commitment to the '*softer*' issues such as the mental health of the people we care for, the people who do the caring and the families of both. While coping with COVID, the Trust has innovated and pivoted to find new ways of working, and there is evidence that many positive new ways of working have become established in the Trust. The focus on safety has been maintained while also ensuring that the Trust continues to lead the way both in the innovative medical and emotional support it gives the community.

Daniel Casson
Public Governor, Rest of England

Commentary from Healthwatch organisations

Healthwatch Liverpool Comment – Alder Hey Children’s Hospital Quality Account 2022



Healthwatch Liverpool welcomes the opportunity to comment on this 2021-22 Quality Account for Alder Hey. We base our commentary on the quality account report, feedback, and enquiries that we receive throughout the year. Alder Hey have been very forthcoming with opportunities to work together and joint actions such as the listening event and attending the quality ward rounds which been invaluable, allowing us to gauge patient and staff experience of the hospital. We appreciate the effort the Trust has put into joint working and their commitment to increasing patient experience. We would advise however that the recommendations made to Alder Hey following our listening event report in 2021 report have received no response. We do not know if the service agreed/disagreed with or actioned any of these recommendations that we made after speaking with 75 patients and family members. This questions the effectiveness of our previous or future joint events and how much the Trust takes into consideration regarding our working relationship. Despite this, the feedback we received from the Listening Event, carried out in November 2021, proved almost entirely positive. Although a discrepancy between experiences of inpatients vs. outpatient was apparent, the latter being more satisfactory, children, young people and families generally communicated to us how much they appreciated and were grateful for all that the staff and hospital do for them, with few suggestions for improvement.

The quality account provides an overview of the extent to which the 2021-22 priorities have been achieved. We would first like to congratulate the Trust for once again doing well in the National Inpatient Experience Survey. We were pleased to see that new initiatives were taken to support inpatients by, for example, ensuring that patient birthdays were celebrated when they could not receive visitors.

The Trust has achieved progress on most of its priorities, but not all. The increase in pressure ulcers has been explained as being a result of an increase in staff expertise and discovering ulcers that were possibly being missed previously. This is of course a positive and we would expect with this expertise now in place it would be expected for the 2023 targets to be met. The increase in ED waits is unfortunate but not unexpected due to COVID-19 pressures. Nearly every other service countrywide also experienced similar pressures and increased waiting times due to this too. The high regard that local people have for Alder hey means that concerned parents will naturally gravitate towards the ED service, so pressures are unlikely to reduce.

An innovative approach to the right treatment at the right time will be needed to maintain standards and it's good to know that a plan is in place. The Trust communicated that dentistry is causing a significant proportion of the delays. At Healthwatch Liverpool we have been inundated with local families unable to access treatment so it would be instructive to discuss the cause of these dental pressures. The target for improving staff experience with the 'Great Place to Work' appears a positive goal for maintaining and improving standards. The 2021 NHS staff survey report shows that 72% of staff already recommend the trust as a great place to work so the target is realistic and achievable. During our quality ward round visit we spoke to some staff who advised that they feel they would benefit from some training around customer service and complaints. As 'We are always learning' was the lowest scoring sector for the trust on the NHS People Promises (although higher than the national average), training may be an area to focus on after discussing with staff. We are glad to hear the Trust will prioritise this in the coming year.

Healthwatch Sefton would like to thank the trust for presenting the Quality Accounts for comment.

In reading the report from a public perspective, it was positive to note that acronyms used were always referenced. We appreciate that the report we are commenting on is in draft, however it would have been good to see more pictures and images included, to make the report more public facing. It would also have been useful for the list of audits to be included within an appendix at the back of the report rather than at the start of the report.

“It’s ok, not to be ok!” – the award-winning staff advice and liaison service is an excellent service to have and other NHS providers should be encouraged to have a similar service. With the Trust having over 90% compliance with staffing levels and with vacancy rates less than 2%, it is clear that staff feel valued and invested in. It is also good to see the good retention levels from student placements.

In reviewing feedback from Friends and Family, we noticed that 71% of staff would recommend the trust as a place to work and 90% would recommend the trust as a place for their friends and family to receive care. Reading about the development plan to improve use of ‘Friends and Family’ so that it is a more useful tool for driving forward service improvements was viewed positively and we would like to find out more about this work as it progresses.

When looking at the Patient Advice and Liaison Service (PALS), we note the support which the family support helpline has provided to families during the pandemic and how this has increased enquiries into the service. Issues relating to service provision during the pandemic were a significant factor we note as were enquires about appointment waiting times. When looking at how this service has worked, the examples of actions from the learning from enquires were good to see and we welcomed the action to allow 2 parents to automatically receive appointment letters and correspondence which we know in the past has been an issue. The Trust has invited Healthwatch Sefton to come into the hospital to work with the PALS team to provide independent signposting and information. Unfortunately, we have not been able to get this up and running to date but this is something we want to look at implementing over the next 12 months.

When looking at some of the quality targets, we note the two C. Difficile cases (due to lapses in care) over the previous 12 months against the threshold of zero. We also note that the threshold of 95% in the total time in the Accident and Emergency department (less than 4 hours) not being met but appreciate the significant pressures across all NHS services, particularly our emergency services.

It was disappointing to see that there had been one category 4 pressure ulcer recorded (there being none over the previous years) but great to see that there were no category 3 ulcers recorded. The introduction of the pressure ulcer safety card in each patient bed space will support monitoring and provide assurances to families.

We don't receive many enquires or stories and feedback relating to the care and treatment from the Trust but this is something we have raised with the Trust. We have asked for some partnership work around communications and this will be progressed. One of the issues which does come through from our voluntary, community and faith sector partners are the long waiting lists for the Children & Adolescent Mental Health Service (CAMHS). We note the development of the digital one stop platform and we have recently undertaken a brief review of this platform. It was brilliant to see the plans for parity of esteem for mental and physical health and we would like to find out more about this.

This year we were invited to be a member of the trust's patient experience meetings (as part of the trusts governance structure) and we find the meetings useful. The most powerful agenda item at this meeting is the patient story section, held at the start of meetings. Listening to those stories is not only empowering but emotive and we would like to personally thank those who have shared their journey. Yes, they support understanding and learning for the trust, but it takes courage to come onto a call to share feedback via a video link.

There is no mention of the meetings within the account or the Trusts work with local Healthwatch organisations and we see this as a missed opportunity.

We were concerned that there had been an increase in the number of staff members experiencing harassment, bullying, abuse from other staff in the past 12 months (zero threshold, 13% being recorded). It would be useful to know exactly how many members of staff 13% equates to across the trust and what actions are being implemented to ensure the return to the zero threshold.

It is encouraging to see the listening work being undertaken with BAME staff. The use of BAME as an acronym is no longer used, we should use the acronym DEB (Diverse and Ethnic Background).

We welcome the work regarding improving access to advocacy and advocates for children and young people and again we would welcome regular updates on this area.

Healthwatch Sefton would like thank the Trust for their supportive and collaborative approach to working with us as a critical friend and in listening and responding to the stories and feedback from patients, carers and families. We know the next 12 months will provide both opportunities and challenges and we look forward to working with the trust moving forward.

Healthwatch Sefton.

Commentary from Clinical Commissioning Groups

Quality Account Statement 2021-22 Alder Hey Children's Hospital NHS Foundation Trust

NHS Liverpool, Sefton, Southport & Formby, Knowsley, Halton and Warrington and St Helens CCG's along with NHSE/I Specialist Commissioning welcome the opportunity to jointly comment on the Alder Hey Children's Hospital Foundation Trust Draft Quality Account for 2021-22. It is acknowledged that the submission to Commissioners was draft and that some parts of the document may require updating. Commissioners look forward to receiving the Trust's final version of the Quality Account. Trust has continued in 2021/22 to manage the challenges posed due to the ongoing COVID-19 pandemic. 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 and by supporting the COVID vaccination program for staff, children and families.

We have worked closely with the Trust throughout 2021/22 to gain assurances that the services delivered were safe, effective, and personalised to service users. The Commissioners 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 2021/22 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, patients and their families in order to drive improvements in the quality of care delivered. This was evident in the Trust Quality Summit for Medication Safety held in April 2021 with medication safety forming part of the Trust's 3 key quality and safety aims for 2021/22, the aim of the summit to reduce avoidable harm and reduce prescribing and administration related incidents. The summit was well attended by a wide range of staff from across the Trust and by colleagues from other Trusts who fully engaged to help support a range of actions to reduce the risk of medication errors. Another notable example is that of the Brilliance™ Clear face mask. The Alder Hey Innovation team have designed a clear face mask to improve communication between staff and patients. The mask is now being manufactured and distributed nationally.

The Trust continues to place 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:

- Reduction of 23% of medication errors.
- The Trust is the highest recruiter for paediatric clinical research in the UK.
- Staff well-being support via the Staff Advice & Liaison Service; 'Its ok not to be ok'.

- Over 90% compliance with Safe Staffing and continuing with regional, national, and international recruitment. Excellent pastoral support offered to all internationally recruited staff.
- Vacancy rate of 2% across the Provider, with a workforce development plan linked to the AHP Strategy.
- Excellent partnership working between the Trust and Liverpool Women's Hospital Foundation Trust regarding the Liverpool Neonatal Partnership, delivering high quality of care and patient experience.

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:

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

Alongside the Trust's strategic objectives improvement work will continue to 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

Signed on behalf of the Chief Nurses for NHS Liverpool, South Sefton, Southport & Formby and Knowsley Halton and Warrington and St Helens CCG's

Commentary from Overview and Scrutiny Committee

None received prior to publication