Alder Hey Children's NHS
NHS Foundation Trust

QUALITY ACCOUNT 2011/12

Inspired by Children

CONTENTS

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

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

14 ***PART 3:*** *AN OVERVIEW OF QUALITY OF CARE*

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

"Quality at the heart of everything we do".

Alder Hey already has a justly deserved reputation for providing high quality services for children and young people. The evidence for this comes from a number of sources: patient feedback, letters of thanks from parents and families and from the formal reports of our regulators and independent assessors. For example, as an NHS organisation that has been awarded and retained NHSLA Level 3 - the highest possible rating for clinical risk management - Alder Hey can show that it is among the safest hospitals in the country. However, it is vitally important that we do not become complacent about our services.

The year 2011/12 was significant for Alder Hey for many reasons, but not least of these was because it saw the creation of our new Quality Strategy, which over the next four years will be the driver for all of our quality initiatives, including our Quality Report as the means by which we hold ourselves accountable to our patients and the public for the services that we provide.

Under the leadership of our Medical Director, Professor Ian Lewis, we have re-stated the importance of having the quality agenda at the front and centre of our organisation and fundamental to the role of every single member of staff. At the same time we have kept our quality governance structures and systems under review, building and embedding our assurance processes. Our Clinical Business Units are key to this, each of them having developed their own risk and governance arrangements as the means by which quality indicators are measured and monitored at local level: risks assessed, action taken and learning shared. The Board has tested the effectiveness of these processes via an independent review undertaken by our internal auditors, based upon Monitor's Quality Governance Framework and we were very encouraged by their conclusions. As ever though, there is still much to do and I am assured that the CBUs are embracing quality improvement and prioritising their contribution to delivering our strategy.

As Chief Executive I am confident that the information set out in the following report is accurate and a fair reflection of the key issues and priorities that clinical staff have themselves developed over time. The Board at Alder Hey is fully committed to the principles set out in the Quality Strategy that will support the continued drive to a quality-led culture, however it is the Clinical Business Units that will truly lead this movement.

LOUISE SHEPHERD
CHIEF EXECUTIVE

28TH MAY 2012

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

2.1 PRIORITIES FOR IMPROVEMENT

Progress made in 2011/12 and previous years against quality improvement priorities identified in last year's Quality Report can be found on page 51.

2.1.2 PRIORITIES FOR IMPROVEMENT 2012/13

The Alder Hey Quality Strategy utilises the definition of *'Quality'* as set out in the Darzi Report, *'High Quality Care for All'* (2008) with its three main elements of patient safety, clinical effectiveness and patient experience. The purpose of the strategy is to ensure that we capture the "essence" of quality and translate this effectively by bringing together national policy, strategic direction and regulatory, financial and governance requirements with our stated imperative of providing safe, effective and world class healthcare for each and every child for whom we care, within a culture of openness and continual improvement.

Children, young people and their families are at the centre of this strategy. The Board of Directors in consultation with staff, patients, governors, LINks organisations and commissioners have identified key priorities for improvement which have been derived from national and regional priorities, the Trust's performance against quality and safety indicators, risk trend analyses and patient and public feedback. The priority improvements for 2012/13 are:

PRIORITY 1: PATIENT SAFETY	Improved recognition of patient deterioration and a reduction in cardiac arrests, through implementation of PEWS (Paediatric Early Warning System).
	A reduction in medication errors.
	Improved safety and prevention of VTE (Venous Thromboembolism).
PRIORITY 2: CLINICAL EFFECTIVENESS	Enhanced hospital mortality review process.
	Implementation of a surgical site infection surveillance programme.
	Implementation of paediatric Nurse sensitive indicators.
PRIORITY 3: PATIENT EXPERIENCE	Use of Fabio Trust-wide to improve patient experience, engagement and feedback.
	Develop parent information leaflets for a number of long term conditions.
	Develop a transition assessment tool for neuro and cardiac patients.

The Board will monitor progress against these priority areas through the Clinical Quality Assurance Committee. Progress will be reported to commissioners through Quality Contract meetings and to patients, carers and LINk members through a series of engagement events. The Trust continues to develop the skills of the workforce to deliver quality improvements, through the utilisation of a variety of improvement methodologies.

2.2 STATEMENTS OF ASSURANCE FROM THE BOARD

2.2.1 REVIEW OF SERVICES

During 2011/12 Alder Hey Children's NHS Foundation Trust has provided 27 NHS services. Alder Hey Children's NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these services. The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by Alder Hey Children's NHS Foundation Trust for 2011/12.

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 the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

During the reporting period 1st April 2011 to 31st March 2012, 20 NCAPOP clinical audits and four national confidential enquiries covered NHS services the Alder Hey Children's NHS Foundation Trust provides.

During that period Alder Hey Children's NHS Foundation Trust participated in 80% NCAPOP clinical audits and 75% 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 2011 to 31st March 2012 are contained in the table opposite.

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 2011 to 31st March 2012, are listed overleaf 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.

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES DURING 2011/12

AUDIT	PARTICIPATION	% CASES SUBMITTED
PERI- AND NEONATAL		
Perinatal mortality (MBRRACE-UK)	Yes	100%
Neonatal intensive and special care (NNAP)	No	Audit data set excludes Trust
CHILDREN		
Paediatric pneumonia (British Thoracic Society)	Yes	Data collection on-going
Paediatric asthma (British Thoracic Society)	Yes	71%
Pain in children (College of Emergency Medicine)	Yes	100%
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	100%
Paediatric intensive care (PICANet)	Yes	100%
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	Yes	Data collection on-going
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	100%
ACUTE CARE		
Cardiac arrest (National Cardiac Arrest Audit)	Yes	100%
Potential Donor Audit (NHS Blood and Transplant)	Yes	100%
LONG TERM CONDITIONS		
Chronic pain (National Pain Audit)	No	Reviewing participation in 2012/13
Ulcerative Colitis and Crohn's Disease (National IBD Audit)	Yes	90%
Bronchiectasis (British Thoracic Society)	No	Reviewing participation in 2012/13
ELECTIVE PROCEDURES		
Elective surgery (National PROMs Programme)	Yes	100%
TRAUMA		
Severe trauma (Trauma Audit and Research Network)	Yes	80%
BLOOD TRANSFUSION		
Bedside transfusion (National Comparative Audit of Blood Transfusion)	Yes	100%
O negative blood use (National Comparative Audit of Blood Transfusion)	Yes	100%
Platelet use (National Comparative Audit of Blood Transfusion)	Yes	100%
Audit of Decreased Consciousness (RCPCH)	Yes	100%
Consultant Sign Off (CEM)	Yes	100%
Children's Nutrition Audit (University of Ulster)	Yes	100%
Paediatric Global Trigger Tool (NHS Institute for Innovation and Improvement)	Yes	100%
Renal Biopsy Audit (BAPN)	Yes	Data collection on-going
Clinical Gait Analysis Clinical Movement Analysis Society - (CMAS)	No	N/A

NATIONAL CONFIDENTIAL ENQUIRIES	PARTICIPATION	% CASES SUBMITTED
Asthma Deaths NRAD Royal College of Physicians (RCP)	Yes	Data collection on-going
Child Health Review UK (contracted to RCPCH) The review will examine aspects of care received by 1-18 year olds with epilepsy at all stages of the care pathway, including emergency and primary care.	Yes	Data collection on-going
Maternal and Perinatal Mortality Notification (MPMN) coordinated via HQIP	Yes	100%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 'Surgery in Children'	Yes	86%

2.2.3 ACTIONS ARISING FROM CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

The reports of 27 national clinical audits were reviewed by the provider in the reporting period 1 April 2011 to 31 March 2012 and Alder Hey Children's NHS Foundation Trust intends to take the actions to improve the quality of healthcare provided.

There were a total of 176 local audits registered in the reporting period 1st April 2011 to 31st March 2012. Three (2%) of these audits have been cancelled. There are 26 (15%) audits completed. There are 147 (85%) on-going audits, 23% have been registered in the last two months and completion will be in the reporting period of 2012/13.

ACTIONS TAKEN/TO BE TAKEN AS A RESULT OF NATIONAL CLINICAL AUDITS IN 2011/12

AUDIT	ACTIONS
Paediatric pneumonia (British Thoracic Society)	The BTS report for 2011 has been sent to the Pneumonia Audit lead for dissemination to the Respiratory Team and comments in April 2012. The audit leads will consider a prospective round of data collection for the 2012 audit period to monitor and improve the Trust's performance in this audit.
Paediatric asthma (British Thoracic Society)	The BTS report for 2011 has been sent to the Trust Asthma Team for dissemination and comment in March 2012. The audit results have been presented to the Respiratory Department and Trust wide (February, March 2012). Learning points were discussed and recommendations for improvements made.
Pain in children (College of Emergency Medicine)	No changes to Emergency Department protocols or policies as a result of the 2011 audit.
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	The local report (Alder Hey results) will be discussed at a General Paediatric Forum meeting and all relevant staff will be invited. The results of the whole audit for Merseyside will be presented and discussed at the regional Epilepsy Interest Group (EPIC) in Chester in 2013. The draft results have resulted in discussion within the General Paediatrics Team and subsequently lead to more consistent referrals of children with epilepsy to the general paediatricians with interest in epilepsy as per NICE guidance. A final site specific report will be available from RCPH in May 2012. The finalised report will be published and launched in September 2012.
Paediatric intensive care (PICANet)	All eligible children are included and we review and change practice in response to important findings.
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	The Critical Care/Cardiac Unit, Clinical Business Unit (CBU) management team are engaging with the audit by taking a strong and active interest in remedying previous issues with data entry and capacity.
Diabetes (RCPH National Paediatric Diabetes Audit)	The draft annual NPDA report for this period is scheduled for distribution for comment by the end of July 2012, with the final document ready for release and publication in October 2012. In the interim a presentation of data for the 2009/10 audit and raw data for the 2010/11 audit has been produced and sent to the Diabetes Audit lead consultants for dissemination at diabetes team meetings (March 2012).
Cardiac arrest (National Cardiac Arrest Audit)	As part of an ongoing plan to prevent cardiac arrest calls in the hospital a multicentre approach has been developed along with the following: • Appointment of a Paediatric Early Warning Tool (PEW) coordinator. • The development and roll out of a new improved PEW Tool. • The Trust has developed and rolled out the 'RESPOND' course (recognising and responding to sick children). These courses are conducted monthly and are unique to this hospital. • The Trust has purchased £35K of simulation mannequins via charitable funds to enhance training in recognition of illness. • The team has developed a DVD training programme to show the gold standard for taking and recording basic observations (March 2012).
Potential Donor Audit (NHS Blood and Transplant)	All eligible children are included and we review and change practice in response to important findings.
Ulcerative Colitis and Crohn's Disease (National IBD Audit)	The final audit report was sent to the Gastroenterology Team for review in March 2012. Locally, this has not made any changes to outcomes. However, the Trust has improved the recording of information to comply with the audit criterion.
Bronchiectasis (British Thoracic Society)	We do not currently register for this audit. However we will review this for 2012/13.
Elective surgery (National PROMs Programme)	All eligible patients are included and we review and change practice in response to important findings.

AUDIT	ACTIONS
Severe trauma (Trauma Audit and Research Network)	TARN work is now being reported to the newly established Trauma Steering Group chaired by the Medical Director, on a regular basis. A Clinical Director for Trauma has now been appointed (September 2011) who will be responsible for overseeing and supporting the TARN work. Quarterly reports the Trust receives from TARN are changing to three times per year: March, July and November and will incorporate network reports alongside individual hospital reports. These reports will go to the Trust's Trauma Steering Group for review. The CQUIN report comprising TARN data will not be produced until the end of June 2012.
Bedside transfusion (National Comparative Audit of Blood Transfusion)	The audit was discussed at the regional meeting for transfusion. There are no plans to run this audit nationally again. The Alder Hey Transfusion Team undertakes an annual Trust wide audit for NHSLA (NHS Litigation Authority). This audit covers exactly the same data points as the National Audit of Bedside Transfusion, providing continuity in monitoring.
O negative blood use (National Comparative Audit of Blood Transfusion) Report is for 2010 period Recommendations published 2011	The Trust is 100% compliant with the National Audit recommendations. No actions required.
Platelet use (National Comparative Audit of Blood Transfusion) Report published April 2011	The Trust is 100% compliant with the National Audit recommendations. No actions required.
Audit of Decreased Consciousness (RCPCH)	The Trust lead for trauma attended the Decreased Conscious Level Multi-site Audit Stakeholders' Meeting (15/09/2011) where the audit results were discussed. The final report containing the audit's results, the clinicians' survey and the recommendations for improved care of children and young people presenting to hospital with a decreased conscious level was published and sent to the audit leads for dissemination in February 2012.
Consultant Sign Off (CEM)	This audit was organised by the College of Emergency Medicine (CEM) and therefore aimed at Emergency Departments that see both adults and children, where the staff are not as experienced in paediatrics. The standards and comparisons are therefore not appropriate for Alder Hey as a specialist paediatric Emergency Department. Alder Hey was encouraged to enter data to help develop a more appropriate stand alone Children's Department standard. Discussions with the College of Emergency Medicine are ongoing.
Children's Nutrition Audit (University of Ulster)	Data collection for the audit was completed in 2011 and all data were sent to the University of Ulster by Alder Hey Dietetics Department. The University of Ulster are preparing the results and finalising the audit report.
Paediatric Global Trigger Tool (NHS Institute for Innovation and Improvement)	This is an ongoing Trust wide audit of 20 case notes per month to identify triggers (abnormal events or incidents needing further evaluation). A progress report was presented to the Trust's Clinical Quality Assurance Committee (CQAC) in March 2012. It was recommended the audit should be taken up by each individual Clinical Business Unit in order to have a better understanding of their practice.
Renal Biopsy Audit (BAPN)	Alder Hey registered for this audit in January 2012. Local audit leads were identified to take this forward within the Urology Department. Data Collection is on-going in 2012.
Clinical Gait Analysis Clinical Movement Analysis Society - (CMAS)	The Gait Lab was externally audited on the 11/10/11 and internally audited on 06/12/11. Recommendations from the first round of audits have been made. The outcomes of the audits were presented within the Alder Hey Gait Lab in January 2012. A further round of internal audit is scheduled for May 2012.
Biologics Audit (UK Inflammatory Bowel Disease Audit)	This is an on-going audit with no end date. Data are prospectively entered by the Gastroenterology Nurse Specialists. An interim national report on the biologics audit as part of the UK IBD Audit 3rd round will be launched in June 2012 at the Digestive Disorders Federation (DDF) meeting in Liverpool.
T14 Study (Paediatric Throat Disorders) Guys and St Thomas' Hospital NHS Trust	This is an on-going audit.
Audit of attendance of Care Co-ordinators (CC) at Care Programme Approach (CPA) reviews	A flowchart is to be produced detailing the admission process and the role of the Care Co-ordinator. This is to be submitted to the District Services CBU Clinical Governance Group for review. A re-audit is to be planned.

AUDIT	ACTIONS
The role of clinical psychologists in tier 4 Child and Adolescent Mental Health Services	This is an on-going audit. The final report with recommendations is scheduled for completion in summer 2012.
Medical Services for Children in Care and Adopted Children in Cheshire and Merseyside (Multi-site audit)	This is an on-going audit with regular steering group meetings throughout 2012. The final report is scheduled for completion in October 2012.

The reports of 26 (100%) completed local clinical audits were reviewed by the provider in the reporting period 1st April 2011 to 31st March 2012 and Alder Hey Children's NHS Foundation Trust intends to take the actions stated below to improve the quality of healthcare provided. One audit has been reviewed and is on-going so is not included in the total.

ACTIONS TAKEN/TO BE TAKEN AS A RESULT OF LOCAL CLINICAL AUDITS IN 2011/12

AUDIT	ACTIONS
Audit of MRSA infections at Alder Hey 2010	Better documentation in notes.
H1N1 in the PICU population	On site virology services required. Designated ward to support High Dependency Unit. Training for ward staff in NIVV. Identify medical and nursing support for extended capacity.
Audit of analgesia and side effects following pectus repair	Epidurals to be inserted below T6. Further review of the epidurals required.
Audit of respiratory virus infections at Alder Hey 2009/2010	Continue monitoring of respiratory virus patterns.
Audit of audiological interventions for hearing loss in children with Cleft Palate	On the basis of this study, one can propose that a threshold of hearing loss should be ascertained before an intervention is required e.g. 30dB as minimum. Provided that the OME hearing loss is solely conductive, then the patient should be assessed carefully and vigorously. If the hearing loss is persistent (e.g. three months) and in the lower half of the hearing range e.g. 40dB or below then perhaps hearing aids should be used, whilst in those patients with >40dB hearing loss, VTs could be inserted as a first line treatment method followed by hearing aids. The cost effectiveness of such a proposition would have to be reviewed. This protocol combines the short term benefits of grommet insertion with the lower complication rates of hearing aids.
Use of inhaled nitric oxide on ICU	In order to curtail unnecessary use of an expensive but sometimes essential therapy, processes need to be put in place to accurately identify those patients that are likely to benefit and reduce unjustifiable usage.
Neurology discharge summaries	Create a more robust system for identifying which children require discharge summary. Allocate who completes the discharge summary and checking.
Time to Theatre Audit for Trauma patients in the Orthopaedic Department.	Use of Emergency Theatre being reviewed in light of accreditation as Major Trauma Centre.
An Audit of suprapubic catheter insertion and its morbidity and mortality	Actions to be discussed at departmental meeting.
Cardiac staffs views on the Bristol early warning scoring tool in cardiac children	The Paediatric Early Warning tool (PEW) on the Hospital System (Meditech) needs to be simpler. The language surrounding PEW is confusing and needs to be clearer and simpler.
Diagnosis and Management of Buckle Fractures in the Emergency Department	Change in practice - Buckle Fractures no longer routinely referred to Orthopaedic Fracture Clinic. Patient information letter developed to be given to family.
Audit of the use of 3-T MRI in the management of cranial tumours in children	Combined evaluation of the Intra-operative MRI scans by Radiologist and Neurosurgeon.
Audit of muscle imaging in children and adolescents with suspected neuromuscular disease in a tertiary neuromuscular centre	Need to ensure structured radiology reporting of muscle imaging. Introduce image guided muscle biopsies in focal abnormalities on imaging.

AUDIT	ACTIONS
Amputations in Purpura Fulminans	A prospective study should be carried out (preferably multi-centre) to look at treatment options in this sub-group.
Repeat of previous CEM Pain in Children Audit. This was an SSM not a national audit	Dissemination of audit reports and department pain meeting - January 2012. Review pain score teaching for nursing, medical staff.
Re-audit of Anaemia in chronic Renal Failure	To ensure monthly re-auditing.
An audit of operative notes at a paediatric surgical centre. An opportunity in facilitating surgical innovation	Introduction of operative note pro-forma for both day case and in-patient surgery. Update pathway operative notes in line with the pro-forma.
Liver Function Testing in Leukaemia (ALL) Outpatient Clinics	Ensure routine Liver Function Testing (LFT's) are not performed in children undergoing maintenance treatment for Acute Lymphoblastic Leukaemia (ALL) unless there is a clinical indication.
An Evaluation of the CAMHS Duty Rota for the Self-Harm Referral Pathway at Alder Hey Children's Hospital	Continue centralised duty system. Continue to collate data to allow review of current system.
Survey and audit of regional anaesthetic equipment and usage in the Anaesthetic Department	Need to work with Stores to source alternative products. An improved system for monitoring stock levels to be developed.
Audit of Beta-Lactamase Negative Amoxicillin Resistant Haemophilus (BLNAR)	Only 2% of all H. influenzae isolates were BLNAR, but these isolates had a higher cefotaxime MIC than fully susceptible H. influenzae isolates. This emphasises the need to perform cefotaxime MICs when treating patients with infections due to BLNAR H.influenzae.
HDU refused admissions and eventual outcome for patients	A new data collection tool to be implemented. Re-audit planned.
An audit to compare the local Standard Operating Procedure (SOP) for authorisation of laboratory reports with the recently published BSAC version 10.2 document, specifically in the area of interpretive reading of antibiograms	Local SOP for authorisation of laboratory reports to be rewritten to comply with the British Society for Antimicrobial Chemotherapy (BSAC) standards.
Medicines Management Code Ward Storage Audit	Ensure treatment room door is closed and locked at all times when unattended. Ensure all medicines are locked away after use. Wards to ensure Estates are informed if there is no facility for the medication trolley to be secured to a wall on the ward.
Audit of oxygen prescribing for in-patients (National Patient Safety Agency)	Electronic prescribing being introduced. Training on electronic prescribing has started.
Baseline audit for the proactive person-centred discharge planning pathway	Report presented to Clinical Quality Assurance Committee (CQAC) 05/03/12. To undertake further work to facilitate routine identification of patients with complex long term conditions, technology dependencies and complex discharge requirements as part of hospital episode statistics. To repeat the audit with relevant in-patient stays for a cohort of children identified from community children's nursing team caseloads as having complex ongoing care needs. To revise definitions of complex discharges to differentiate complex and highly complex discharges. To undertake further work to improve involvement of the child, family and multi-professional team in discharge planning. This requires medical as well as nursing leadership. To revise the proactive person-centered Discharge Planning Pathway goals 8a, 9, 10, 11 to a timescale of "at least 24 hours prior". Further work on verifying accuracy of data extracted from hospital system required.
Audit and re-audit of process for Aseptic Non Touch Technique (ANTT)	Previous audit reviewed by team. New Audit Data Collection Tool issued. Audit Data collected. Data entry completed March 2012. On-going analyses.

2.2.4. PARTICIPATION IN CLINICAL RESEARCH

Research is a core part of Trust business: the Research Business Unit (RBU) has been in place for over three years and continues to grow, providing valuable evidence to improve patient safety and care in future years.

The Trust has actively been involved in over 70 National Institute of Health Research (NIHR) Clinical Research Network (CRN) portfolio registered studies (plus 27 studies which do not qualify for NIHR CRN portfolio inclusion), some as lead centre for multi-centre studies and involvement in others as a participating site. The main areas of research are Endocrinology, Neurology, Rheumatology, Respiratory, Medicine, and Oncology. Analyses at CBU level have enabled the RBU to identify areas in which we can work with them to encourage them and support staff to become more research active. An objective within the coming year in the Integrated Research Strategy is to identify CBU research themes and appoint CBU research leaders to assist in CBU staff developing their own research strategies which align to the main Integrated Research Strategy.

The number of patients receiving NHS services provided or subcontracted by Alder Hey Children's NHS Foundation Trust in 2011/12 that were recruited during that period to participate in research approved by a Research Ethics Committee was 2,748.

Participation in clinical research demonstrates Alder Hey's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Our clinical staff stay abreast of the latest possible treatment opportunities and active participation in research leads to successful patient outcomes. Alder Hey was involved in conducting 122 clinical research studies in 13 medical specialties during 2011/12. Over the same period, there was no mortality from causes considered preventable in all medical specialties, this has not changed from the previous year and is at 0%.

PATIENTS RECRUITED IN CLINICAL RESEARCH IN 2011/12 BY MEDICAL SPECIALTY

01/04/2011 - 29/02/2012	NIHR STUDIES	NUMBER OF PATIENTS IN NIHR STUDIES	NON NIHR STUDIES	NUMBER OF PATIENTS IN NON NIHR STUDIES
SG1 - Oncology, Haematology and Palliative Care	27	253	6	75
SG2 - Nephrology, Rheumatology, Gastro, Endocrinology, Dietetics	19	313	3	64
SG3 - Respiratory, Infectious Diseases, Immunology and Metabolic Diseases	12	790	6	383
SG4 - A&E, Gen Peads, Diabetes, Dermatology CFS/ME	5	25	1	0
SG5 - CAMHS tier 3 & 4 Psychological Services and Dewi Jones Unit	2	24	2	63
SG6 - Community Child Health, Safeguarding, Social Work Department, Community Clinics Neurodisability, Education, Fostering, Adoption, Audiology	0	0	0	0
SG7 - PICU, HDU, Burns	5	117	2	5
SG8 - Cardiology, Cardiac Services	1	1	0	0
SG9 - Neurology, Neurosurgery, Craniofacial, Long Term Ventilation	6	21	4	60
SG10 - Specialist Surgery, Ear, Nose and Throat, Cleft Lip and Palate, Ophthalmology, Maxillofacial, Dentistry and Orthodontics	11	408	2	0
SG11 - Orthopaedics, Plastics	0	0	1	0
SG12 - General Surgery, Urology, Gynae, Neonatal	3	25	2	9
SG13 - Theatres, Day Case Unit, Anaesthetics, Pain Control	1	0	0	0
SS1 - Radiology	0	0	0	0
SS2 - Pathology	0	0	0	0
SS3 - Pharmacy	0	0	1	0
SS4 - Therapies, EBME, Central Admissions, Bed Management, Medical Records, Generic Out-patients	0	0	0	0
TOTAL	92	1977	30	659

The improvement in patient health outcomes at Alder Hey demonstrates that a commitment to clinical research leads to better treatments for patients.

An example of how our studies have improved the lives of our children and young people is one which the NIHR Medicines for Children Local Research Network helped to deliver. Tocilizumab is a new treatment option for Systemic Juvenile Idiopathic Arthritis sufferers. Alder Hey participated in a world-wide research study looking at the effectiveness of Tocilizumab in children aged two years to 17. The organisation met it's recruitment target and contributed to the successful approval and licensing of this drug by the National Institute for Health and Clinical Excellence (NICE) and children as young as two years old are now benefitting from this new treatment.

There were 47 (research nurses and consultants) clinical staff participating in research approved by a Research Ethics Committee at Alder Hey during 2011/12. These staff participated in research covering 12 medical specialties.

In addition, in the last three years, 231 publications have resulted from our involvement in NIHR research, which shows our desire to improve patient outcomes and experience across the NHS.

Our patients, their families and the clinical team work in partnership in all aspects of care. Patient and family involvement is always encouraged in, for example, research study design. The Medicines for Children Research Network has a dedicated public involvement officer who works closely with research staff within the Trust to ensure that our users' views are taken into account.

Another objective of the Integrated Research Strategy is to develop and improve Alder Hey's standing within the local and regional research community. To this end the Trust has become a full member of Liverpool Health Partners Ltd (LHP). The advantages of membership of LHP are considerable. Achievement of LHP's objectives will help to bridge the translation gap from research to clinical practice and in doing so encourage innovation and new technologies. To do this LHP will improve communication amongst the partners by providing the infrastructure that will help to eliminate barriers to the dissemination of information, governance and decision making. It will also be able to attract and retain world class staff as LHP will help to provide a world class environment and framework in which to work.

As cost pressures on NHS budgets grow it is vital that evidence based practice into preventing, diagnosing and treating diseases develops and is implemented. Research activity has grown considerably over the past five years at Alder Hey. Research and Education is identified as one of the core strategic pillars within the Trust. As we enter exciting times with the opening of a dedicated Clinical Research Facility (which will enable us to take on considerably more commercially funded studies) we aim to increase the amount of income to invest within the Trust. Not only will this enable us to further develop our research capacity and capability but will also increase the quality of treatments offered to our patients. Research is a fundamental part of the plans for the new Children's Health Park and we move towards that goal in the knowledge that research is firmly embedded here at Alder Hey. Our engagement with clinical research also demonstrates Alder Hey's commitment to testing and offering the latest medical treatments and techniques.

2.2.5. USE OF THE COMMISSIONING FOR QUALITY AND INNOVATION FRAMEWORK (CQUIN) PAYMENT FRAMEWORK

A proportion of Alder Hey Children's NHS Foundation Trust income in 2011/12 was conditional upon achieving quality improvement and innovation goals agreed between Alder Hey Children's NHS Foundation Trust and any person or body entered into a contract, agreement or arrangement for the provision of NHS services. During 2011/12 these commissioning bodies consisted of Liverpool Primary Care Trust (PCT) and consortia partners Sefton PCT, Knowsley PCT and the North West Specialist Commissioners.

For 2011/12 the baseline value of CQUIN was £1.9m which was 1.5% of the total contract value. This means that if Alder Hey Children's NHS Foundation Trust did not achieve an agreed quality goal then a percentage of the total CQUIN money would be withheld. For 2011/12 Alder Hey Children's NHS Foundation Trust received 96.4% of the CQUIN money. The CQUIN goals and related percentage of contract value are as follows:

CQUIN 2011-12 FORECAST

DOMAIN	CQUIN INDICATOR	DESCRIPTION OF INDICATOR	% OF CONTRACT VALUE	END OF YEAR PERFORMANCE
LIVERPOOL PRIMARY CARE TRUST (PCT) AND CONSORTIA PARTNERS SEFTON PCT, KNOWSLEY PCT				
Patient Experience	Patient Experience - Improve Responsiveness to Personal Needs	Investing in Children Project and Accreditations.	0.15%	Fully achieved
Clinical Effectiveness	TARN	√√√√ for Data Completeness and 82.2% for Data Accreditation.	0.10%	Fully achieved

DOMAIN	COQUIN INDICATOR	DESCRIPTION OF INDICATOR	% OF CONTRACT VALUE	END OF YEAR PERFORMANCE
LIVERPOOL PRIMARY CARE TRUST (PCT) AND CONSORTIA PARTNERS SEFTON PCT, KNOWSLEY PCT				
Clinical Effectiveness, Patient Experience and Patient Safety	Harm Free Care - Your Skin Matters - Reduction in Pressure Ulcers	Pressure Ulcer Risk Assessment implementation of scoring tool.	0.50%	Fully achieved
		<= 5 pressure ulcers in any quarter (> Level 1).		Fully achieved
	Harm Free Care - Keeping Nourished - Getting Better	Nutritional screening tool implemented and in use. Audit of compliance.		Partially achieved
	Harm Free Care - Importance Choices - Where to Die When the Time Comes	Establish and assess compliance of Liverpool Care Pathway.		Fully achieved
	Harm Free Care - Fit and Well to Care - Nursing Sickness	Nursing Sickness Absence - target is 5%.		Fully achieved
	Harm Free Care - Ready to Go No Delays	Baseline audit and monitoring of discharge planning pathway for children with additional support needs.		Fully achieved
	Harm Free Care - Protection from Infection - Reduction in UTI Infections	Reduction in UTI Infections monitored from Q3 (baseline set by end of Q2).		Not achieved
	Harm Free Care - Reduction in Infection - IV Lines	Reduction in infection in IV Lines monitored from Q2 (baseline set in Q1).		Fully achieved
Clinical Effectiveness, Patient Experience and Patient Safety	Public Health Indicators	Brief Intervention Training - Train the Trainer.	0.4%	Fully achieved
		Brief Intervention Training - Cascade Training.		Fully achieved
		Brief Intervention Advice - Smoking, Weight, Drugs and Alcohol.		Fully achieved
		Smoking Intervention.		Fully achieved
		Smoking - Referral.		Fully achieved
Clinical Effectiveness	Healthy Start Vitamins and Breastfeeding	Undertake staff training to an agreed standard within the Neonatal Unit (NNU).	0.2%	Fully achieved
		Pilot the implementation in the NNU.		Fully achieved
		Increase the percentage of breast fed babies discharged from NNU from the baseline.		Fully achieved
		Increase public awareness and increase the uptake and sign ups of the Healthy Start scheme.		Fully achieved
Clinical Effectiveness and Patient Experience	Effective Discharge Planning	Discharge Summaries to contain the recommended CRG minimum dataset.	0.15%	Fully achieved
		Discharge Summaries to be received by the patients GP within 24 hours.		Fully achieved
		Implementation Plan to support the full transition from paper to electronic methods.		Fully achieved
		Patients to receive a copy of their Discharge Summary on day of discharge.		Fully achieved
		Discharge letters to be received by patient's GP within two weeks of discharge.		Fully achieved

DOMAIN	CQUIN INDICATOR	DESCRIPTION OF INDICATOR	% OF CONTRACT VALUE	END OF YEAR PERFORMANCE
NWSCT CQUIN INDICATORS				
Clinical Effectiveness	Stem Cell Transplantation Outcomes	Submission of data to the British Society for Bone Marrow Transplants (BSBMT) registry	0.45%	Fully achieved
		Audit of survival		Fully achieved
		Development of Patient Reported Outcome Measures (PROMS)		Fully achieved
	Ketogenic Diets	Audit and outcome review	0.3%	Fully achieved
	Haemophilia Indicators	Weight management monitoring	0.45%	Fully achieved
		Improving Home Delivery Service		Fully achieved
		Participation in North West Clinical Advisory Panel		Fully achieved
	Neuromuscular Indicators	Qualitative evaluation of care co-ordinators	0.3%	Fully achieved

Further details of the agreed goals for 2011/12 and for the following 12 month period are available online at:
http://www.monitor-nhsft.gov.uk

2.2.6 STATEMENTS FROM THE CARE QUALITY COMMISSION (CQC)

Alder Hey Children's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration is in place for the regulated activities of: treatment of disease, injury and disorder, surgical procedures and diagnostic and screening procedures. Alder Hey remains registered without conditions.

The Care Quality Commission has not taken any enforcement action against Alder Hey Children's NHS Foundation Trust as of 31st March 2012.

Alder Hey Children's NHS Foundation Trust has participated in an unannounced inspection by the Care Quality Commission during 2011/12, which focused on four outcomes. As a result of the inspection the Trust was found to be fully compliant against outcome 2 (consent to care and treatment), 4 (care and welfare of people who use services) and 16 (assessing and monitoring the quality of service provision). Minor concerns were highlighted in relation to outcome 14 (supporting staff), with reference to clinical supervision and mandatory training. The Trust is producing an action plan to demonstrate how it is maintaining compliance with this standard.

2.2.7 INFORMATION ON DATA QUALITY

2.2.7.1 DATA QUALITY
Alder Hey Children's NHS Foundation Trust will be taking the following actions to improve data quality:-

1. On-going development of the Data Warehouse.
2. Delivery of clinical systems refresher training to front line data entry staff informed by our data monitoring processes.
3. Increase level of staff with Information Governance training.
4. Continuous monitoring of the data quality strategy to ensure clear rationale for good data quality.
5. The Data Quality Team will continue to be available for advice and guidance and regularly attend the monthly CBU operational support meetings.
6. Data Testing and audit will continue throughout 2012/13.

NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Alder Hey Children's NHS Foundation Trust submitted records during 2011/12 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 the patient's valid NHS number was 99.9% for admitted patient care; 99.9% for out-patient care and 99.0% for accident and emergency care.
- which included the patient's valid General Medical Practice Code was 99.9% for admitted patient care 99.9%, for out-patient care; and 99.9% for accident and emergency care.

2.2.7.2 INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVELS
Alder Hey Children's NHS Foundation Trust Information Governance Assessment Report overall score for 2011/12 was 76% and was graded satisfactory (green).

2.2.7.3 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 diagnosis and treatment coding (clinical coding) were:-

- Primary Diagnosis incorrect - 12%.
- Secondary Diagnosis incorrect - 12.6%.
- Primary Procedures incorrect - 14.3%.
- Secondary Procedures incorrect - 10.7%.

The services audited during this period included:-

- 100 neurosurgical finished consultant episodes.
- 100 random finished consultant episodes.

It is important to note that these results cannot be extrapolated further than the actual sample audited.

PART 3: AN OVERVIEW OF QUALITY OF CARE

In order to ensure that we provide the best quality services to everyone who is part of the Alder Hey community, we recognise that we must continue to stretch ourselves and set goals that we can measure in order to demonstrate that we truly put quality at the heart of everything we do. In 2010/11, in consultation with our staff, governors and patients we agreed on a number of goals in each of the quality 'domains' of patient safety, clinical effectiveness and patient experience.

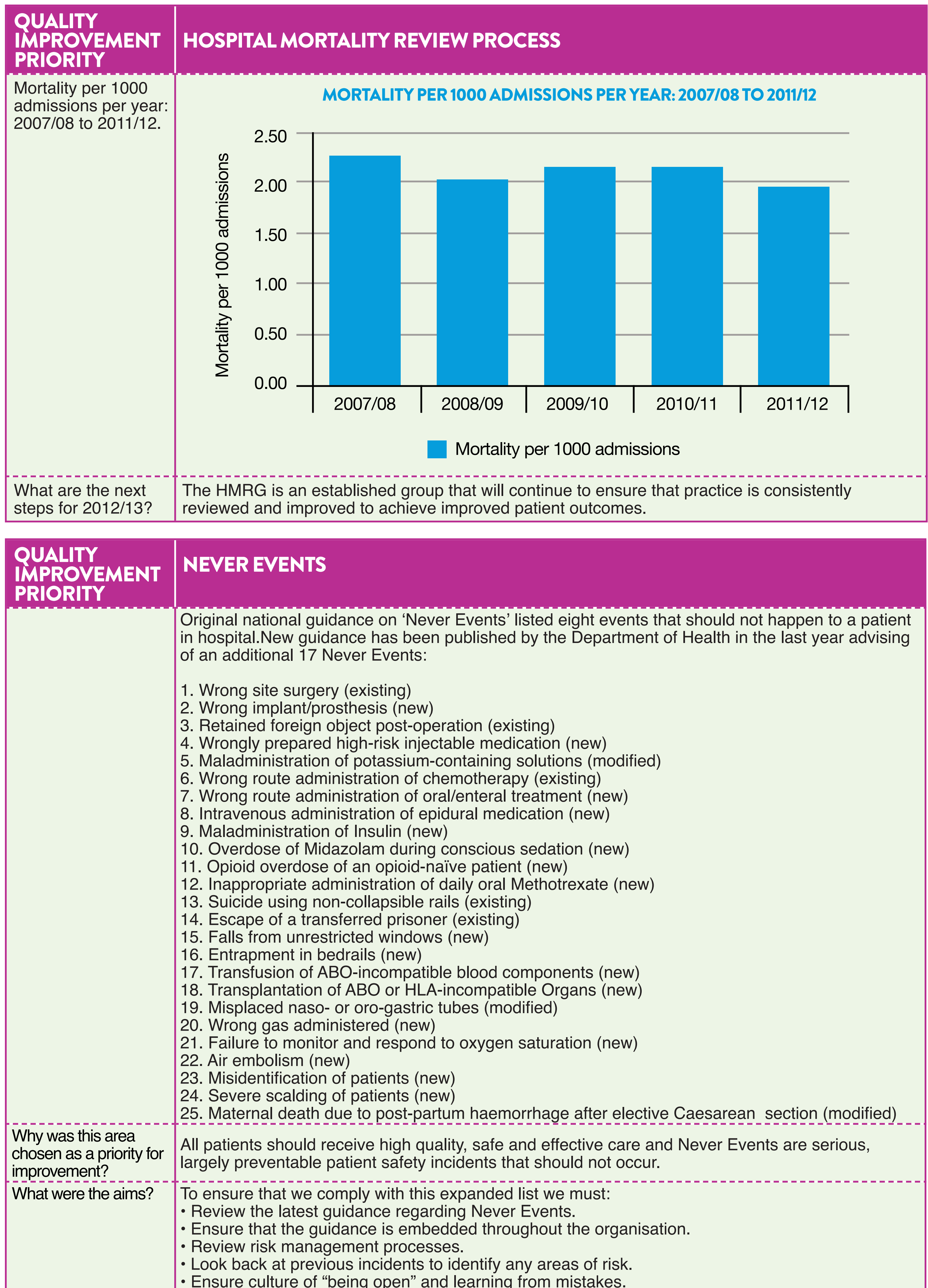
This section of the Quality Report provides an overview of the progress made against the priorities identified, which were:

PRIORITY 1: PATIENT SAFETY	Nurse Sensitive Indicators.
	Hospital mortality review process.
	New Never Events compliance.
PRIORITY 2: CLINICAL EFFECTIVENESS	Expanding on innovative treatment for childhood epilepsy by auditing Ketogenic Diet.
	Improving the number of breast-fed babies currently discharged from the Neonatal Unit from a baseline of 12%.
	Health promotion/Public Health.
	Public Health: To build public health capacity in the local workforce.
	Improving childhood obesity, initially by focussing on certain types of patients.
	A continued reduction of CLABSI's (central line associated blood stream infections) and the development of a Trust rate of CLABSI infections which can be bench marked.
PRIORITY 3: PATIENT EXPERIENCE	Develop a Patient and Family Experience Strategy.
	Develop a hospital wide customer service culture.

3.1 PATIENT SAFETY

QUALITY IMPROVEMENT PRIORITY	NURSE SENSITIVE INDICATORS
Why was this area chosen as a priority for improvement?	Nursing care indicators have been used in other hospitals throughout the United Kingdom to improve core fundamentals of nursing care. Alder Hey did not have evidence of any benchmark data on nursing care provision and the information being previously presented on key performance indicators merely reflected a measurement of audit data in respect of hand hygiene, cleanliness and incident reporting. It was agreed that Alder Hey should work alongside NHS Northwest on previously tested indicators used in adult services, because paediatric nursing sensitive indicators would support improvements in the provision of paediatric nursing care.
What were the aims?	To implement nurse sensitive indicators for all the wards within the hospital that will be regularly reported to the Board, we will put in place real time gathering of data across a range of indicators that will allow true "Ward to Board" reporting, to assess:- • Pressure sores; • Infection prevention and control; • Nutritional status; • Standardisation of care. Phase 1 was to undertake a pilot study to assess the system and test its use in paediatric ward areas. Phase 2 was to develop indicators relevant to paediatric nursing care. These have been developed in eight core areas: infection prevention and control; tissue viability; patient identification; patient early warning scoring; medication assessment; nutrition assessment; pain management and patient documentation. Experience indicators have also been developed for patients, parents and staff, as have a set of indicators for chronic conditions and two specialist areas, Accident & Emergency (A&E) and Child and Adolescent Mental Health Service (CAMHS). All indicators were developed by the end of January 2012. Data collection on the final indicators commenced in February 2012.
How was the improvement monitored?	Each month all ward areas are monitored against the nursing care indicators and 10 patients are assessed. The data is inputted into a central database which RAG rates (red, amber, green rating against specified thresholds) the information. Monthly information on the results by Clinical Business Unit (CBU) is presented to the Board in the Trust's Corporate Report. Each CBU Lead Nurse is responsible for inputting their own data and ensuring local information on ward reports is shared with Ward Managers and the nursing teams. CBU Lead Nurses report back to their CBU Board as to progress and any proposed developments.
Quality improvements and key successes achieved in 2011/12.	2011/12 has seen the roll out of the system to collate accurate audit data on nursing care in a consistent manner. This work has been linked to the national "Energising for Excellence" (E4E) campaign with Alder Hey piloting the system and reporting back to North West Directors of Nursing on its benefits.
What are the next steps in 2012/13?	The improvement work will continue with the aim to monitor results monthly and set action plans in any areas that are consistently reported as red. They will also look to support the implementation of 'VITAL' which is a virtual learning tool developed to support nurse learning in areas of core fundamentals of nursing care.

QUALITY IMPROVEMENT PRIORITY	HOSPITAL MORTALITY REVIEW PROCESS
Why was this area chosen as a priority for improvement?	Mortality is seen as an important outcome in healthcare. The organisation has attempted to undertake a Trust wide review of all in-patient mortality for the last few years by instigating the Hospital Mortality Review Group (HMRG). We wished to adapt our historical approach to mortality review to accommodate the new structures within the organisation and to improve reporting analysis and any proposed action arising from such reviews to the appropriate CBUs. The new review process has now incorporated reporting in line with the National Confidential Enquiry into Patient Outcome and Death (NCPOD) and the Confidential Enquiry into Maternal and Child Health (CEMACH) assessment criteria and assigns action plans to timescale and lead responsibility at a local level; this can then be co-ordinated by CBU boards with oversight by the HMRG giving assurance to the Board.
What were the aims?	To ensure all in-patient deaths are reviewed by the relevant service within a two month time frame and by the HMRG within a four month time frame.
How was the improvement monitored?	A new process instigated January 2012 - on-going monitoring via clinical audit. HMRG reporting to the Clinical Quality Steering Group (CQSG) and the Clinical Quality Assurance Committee (CQAC).
Quality improvements and key successes achieved in 2011/12.	A process of local mortality reviews has been instigated within Cardiac Surgery and General Surgery in addition to the long standing review system within PICU (accounting for around 90% of all hospital deaths). The HMRG has driven changes in practice at Trust level regarding chickenpox contact and invasive surgery.



QUALITY IMPROVEMENT PRIORITY	HOSPITAL MORTALITY REVIEW PROCESS
Mortality per 1000 admissions per year: 2007/08 to 2011/12.	MORTALITY PER 1000 ADMISSIONS PER YEAR: 2007/08 TO 2011/12
What are the next steps for 2012/13?	The HMRG is an established group that will continue to ensure that practice is consistently reviewed and improved to achieve improved patient outcomes.

QUALITY IMPROVEMENT PRIORITY	NEVER EVENTS
	Original national guidance on 'Never Events' listed eight events that should not happen to a patient in hospital.New guidance has been published by the Department of Health in the last year advising of an additional 17 Never Events: 1. Wrong site surgery (existing) 2. Wrong implant/prosthesis (new) 3. Retained foreign object post-operation (existing) 4. Wrongly prepared high-risk injectable medication (new) 5. Maladministration of potassium-containing solutions (modified) 6. Wrong route administration of chemotherapy (existing) 7. Wrong route administration of oral/enteral treatment (new) 8. Intravenous administration of epidural medication (new) 9. Maladministration of Insulin (new) 10. Overdose of Midazolam during conscious sedation (new) 11. Opioid overdose of an opioid-naïve patient (new) 12. Inappropriate administration of daily oral Methotrexate (new) 13. Suicide using non-collapsible rails (existing) 14. Escape of a transferred prisoner (existing) 15. Falls from unrestricted windows (new) 16. Entrapment in bedrails (new) 17. Transfusion of ABO-incompatible blood components (new) 18. Transplantation of ABO or HLA-incompatible Organs (new) 19. Misplaced naso- or oro-gastric tubes (modified) 20. Wrong gas administered (new) 21. Failure to monitor and respond to oxygen saturation (new) 22. Air embolism (new) 23. Misidentification of patients (new) 24. Severe scalding of patients (new) 25. Maternal death due to post-partum haemorrhage after elective Caesarean section (modified)
Why was this area chosen as a priority for improvement?	All patients should receive high quality, safe and effective care and Never Events are serious, largely preventable patient safety incidents that should not occur.
What were the aims?	To ensure that we comply with this expanded list we must: • Review the latest guidance regarding Never Events. • Ensure that the guidance is embedded throughout the organisation. • Review risk management processes. • Look back at previous incidents to identify any areas of risk. • Ensure culture of "being open" and learning from mistakes.

How was the improvement monitored?	Never Events are reported to the Board via the Clinical Quality Assurance Committee and to the Corporate Risk Committee as part of the quarterly integrated risk report. The action plans for Root Cause Analysis (RCA) investigations following Never Event incidents or near miss Never Event incidents are also reported through these committees to ensure lessons are learnt.
Quality improvements and key successes achieved in 2011/12.	Never Event information is included in the mandatory risk management training session with the aim of increasing staff awareness and knowledge of Never Events and the external reporting requirements for Never Events. Work has been undertaken and is on-going to ensure the guidance associated with preventing Never Events has been implemented. An example of such action is the adoption of the World Health Organisation Surgical Checklist.
What are the next steps for 2012/13?	The Trust had one Never Event in 2011/12 under the category of "wrong site surgery". It involved the wrong side of a toe nail being operated on and measures have been taken to improve the processes that resulted in this event. Work will continue in 2012/13 to ensure guidance to prevent Never Events has been implemented.

3.2 CLINICAL EFFECTIVENESS

QUALITY IMPROVEMENT PRIORITY	EXPANDING ON INNOVATIVE TREATMENT FOR CHILDHOOD EPILEPSY BY AUDITING THE KETOGENIC DIET SERVICE
Why was this area chosen as a priority for improvement?	The Ketogenic Diet (KD) service had been established at Alder Hey as part of the Epilepsy service; it is a diet based alternative to drug treatment in the management of epilepsy. The KD team is made up of two paediatric Neurologists, an advanced paediatric Dietician and a paediatric Epilepsy Nurse Specialist. The service was chosen as an area to highlight quality improvement as it represents an excellent service development with demonstrable quality outcomes.
What were the aims?	Audit number of patients and outcome of diet during the year.
How was the improvement monitored?	A regular audit of patients is carried out by the team. The results are reported to the Neurology specialty governance meeting and on to the CBU Board.
Quality improvements and key successes achieved in 2011/12.	• 36 children started on diet during 2011/12, twice as many as in the previous year. • Increase in choice of diets from one to three. • Evidence based protocols available on the hospital Intranet. • Blood ketone monitoring available as well as urine ketone monitoring. • New members of the team - additional dietician post. • Alder Hey Achievers award nomination for service transformation (nominated by parents).
What are the next steps in 2012/13?	The service will continue to focus on more qualitative analysis of service including quality of life based audits.

QUALITY IMPROVEMENT PRIORITY	IMPROVING THE NUMBER OF BREAST-FED BABIES CURRENTLY DISCHARGED FROM THE NEONATAL UNIT FROM A BASELINE OF 12% ESTABLISHED THROUGH LOCAL AUDIT
Why was this area chosen as a priority for improvement?	The consultants on the Neonatal Unit were keen to utilise the international research completed by Dr Dianne Spatz, which demonstrated improved outcomes for neonates who were breastfed. Dr Spatz is an active clinician, researcher and educator. Dr Spatz is Associate Professor of Health Care of Women and Childbearing Nursing at the University of Pennsylvania School of Nursing and holds a joint appointment at The Children's Hospital of Philadelphia USA. This research was undertaken across a similar demographic profile to North Mersey and its findings showed a reduction in length of stay, a reduction in infections and a reduction in post natal depression. An Alder Hey consultant visited the hospital in Philadelphia in 2011 to see the impact of the research and has invited Dr Spatz to present at a Grand Round at Alder Hey in May 2012.
What were the aims?	• To improve the numbers of breastfed babies at discharge from a baseline of 12%. • To develop and implement a breastfeeding policy. • To develop a training package for staff in partnership with Edge Hill University.
How was the improvement monitored?	The data is gathered by the ward staff routinely as babies are discharged and the information is populated in a spread sheet, which is forwarded to the Health Promotion Team and performance is monitored quarterly at the Clinical Quality Assurance Committee.

QUALITY IMPROVEMENT PRIORITY	IMPROVING THE NUMBER OF BREAST-FED BABIES CURRENTLY DISCHARGED FROM THE NEONATAL UNIT FROM A BASELINE OF 12% ESTABLISHED THROUGH LOCAL AUDIT
Quality improvements and key successes achieved in 2011/12.	• A breastfeeding policy was developed and ratified at the Clinical Quality Assurance Committee in November 2011. • A demonstrable difference in the culture of the unit and its ambition to promote breastfeeding. • The development of a breastfeeding training partnership proposal with Edge Hill University which will be submitted for funding in March 2012. • The establishment of the Mothers Own Milk in Surgery (MOMIS) group chaired by an Alder Hey Consultant. • The agreement from Dianne Spatz to present at a Grand Round in May 2012. • The development of a draft Breastfeeding Pathway between Liverpool Women's NHS Foundation Trust and Alder Hey. • The number of breastfed babies at discharged has increased significantly.
Breastfeeding on discharge from the Neonatal Unit: 2011/12.	PERCENTAGE OF BABIES HAVING BREAST MILK ON DISCHARGE FROM THE NEONATAL UNIT: APRIL 2011 - MARCH 2012 70% 60% 50% 40% 30% 20% 10% 0% Apr-11 May-11 June-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11 Jan-12 Feb-12 Mar-12 Percentage having breast milk on discharge — Baseline
What are the next steps in 2012/13?	Work will continue to improve the number of breastfed babies and as a sign of the Trust's commitment at 'The Pledge' event on 9th March 2012, Alder Hey and its partners agreed that 'making breastfeeding our core business' was one of our ambitions in developing our workforce for the new Alder Hey.

QUALITY OUTCOME	HEALTH PROMOTION/PUBLIC HEALTH
Why were these outcomes chosen as a priority for improvement?	Establish targets to use all opportunities to engage with at-risk groups during normal patient/service activities and increase take up rates and recording of all preventative services.
What are the quality outcome aims/targets?	• Identify in Quarter 1 (April to June 2011) a sub set of data for public health to include: - Smoking; - Alcohol; - Drugs. • Evidence of intervention throughout the year, to be included in Public Health Strategy/Annual Report.
How has the improvement been monitored?	In 2011/12 improvement has been monitored by data collection, this is completed using admission data for alcohol and drug attendances at Accident and Emergency Department (AED). Using this data we can analyse trends in attendances and work with colleagues in the community to assist with this. In 2010/11 we had a number of attendances from a specific school in Liverpool. We undertook teaching at the school on the importance of sensible drinking and the dangers of excessive drinking and the number of attendances has reduced.The data suggests that there is further work required for 2012/13 in other schools across our community. Smoking data is collected during every in-patient admission; the question of smoking status has now been added to discharge information to improve data collection methods. The key findings in 2010/11 were 9% of parents informed us that their children lived in households where smoking was prevalent, however 2011/12 rates have dropped to 7%.This may not be a true reflection of the population due to embarrassment on the part of parents about their smoking status. Referrals to smoking cessation have dropped significantly over the last two years and work to improve referrals will be undertaken in 2012/13. This is monitored by the Public Health Steering Group which receives quarterly updates and is reported to the Clinical Quality Assurance Committee.

Quality improvements key successes achieved in 2011/12.

A number of staff in AED have undertaken training in an Alcohol Brief Intervention called "What's Yours?" from Liverpool Primary Care Trust. The AED continue to run their successful Brief Intervention Clinic (BIC) and we have also included a "clinic in a box" sexual health resource service to run alongside this clinic in 2011/12. We aim to improve and build on these services for 2012/13 with external involvement from Addaction to offer alcohol/drug misuse support to all young people who attend AED.

Brief Intervention for alcohol: 2010/11 to 2011/12.

ALCOHOL	2010/2011	2011/2012
Females	55	68
Males	19	30
Total	**74**	**98**
Admitted	6	8
BIC	43	63
Discharged	25	27

The data collection method for information in relation to smoking changed during the year. Question one changed from an optional question to a mandatory question on all patient admissions. Questions two and three changed from optional questions to only being completed if the answer to question one was yes. This resulted in an increase in responses to question one and a decrease in responses to questions two and three.

Number of patients who smoke: 2010/11 to 2011/12.

DOES ANYONE SMOKE?	2010/2011	2011/2012
N	3314	13356
Y	300	952
Grand Total	**3614**	**14308**

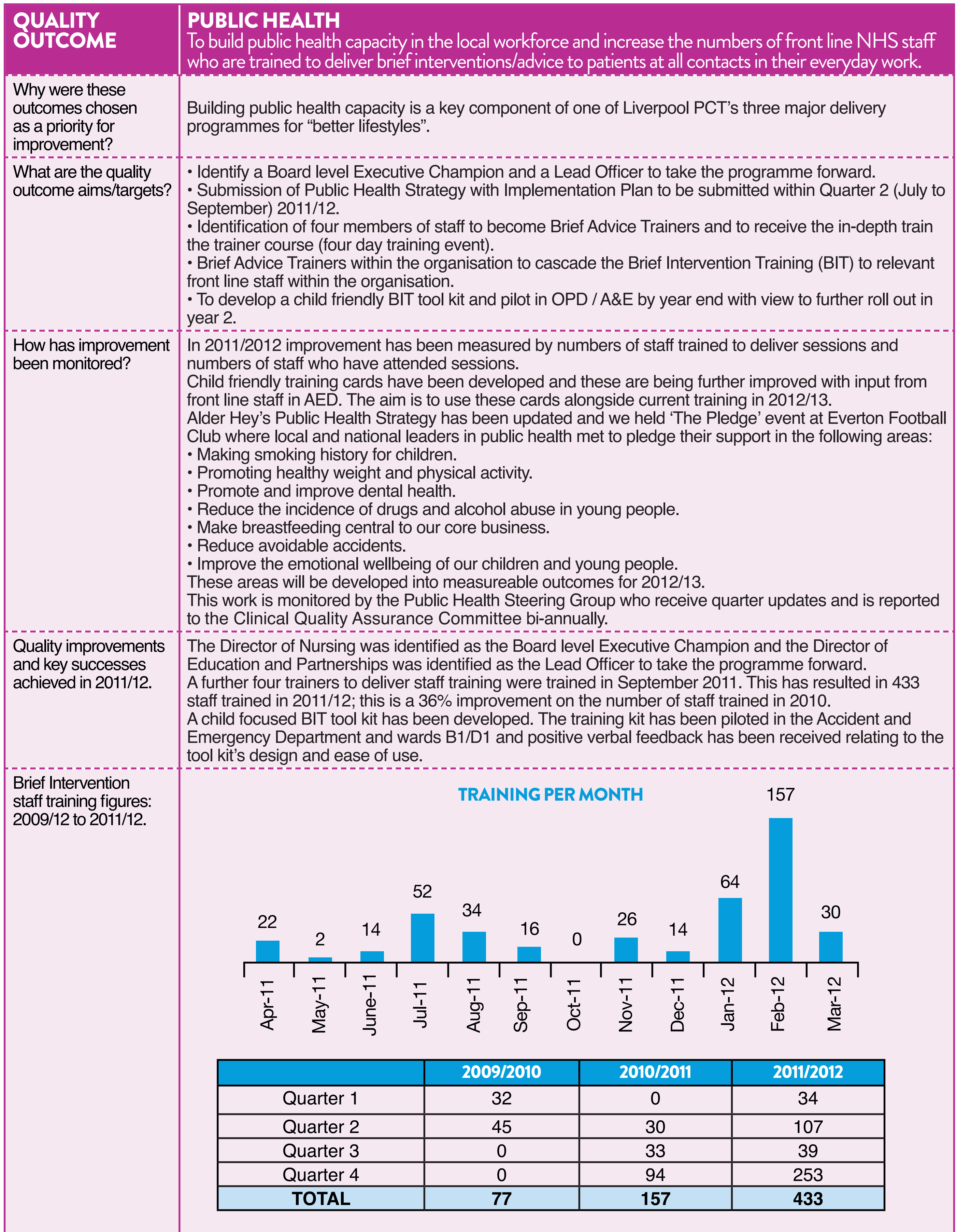
Brief Intervention information for smoking and referral to smoking cessation service: 2009/10 to 2011/12.

REQUIRE STOP SMOKING INFO?	2009/10	2010/11	2011/12
No	10832	13081	1046
Yes	165	162	54
Grand Total	**10997**	**13243**	**1100**

WOULD YOU LIKE TO BE REFERRED?	2009/10	2010/11	2011/12
N	10868	13106	1041
Y	129	134	40
Grand Total	**10997**	**13240**	**1081**

What are the next steps in 2012/13?

In 2012/13 Alder Hey's Smoking Policy will be updated and will include more detailed information on support for families.
Referrals to smoking cessation services to provide support for families will be increased through the provision of smoking cessation support on site and a member of the Health Promotion Team will train as a smoking cessation advisor.
Data collection of alcohol-related attendances will continue, as will work to raise the awareness of the dangers of alcohol misuse for young people and in particular with those schools in the local community that were highlighted in 2011/12.
The AED will continue to run their successful brief intervention clinic with external involvement from Addaction to offer alcohol/drug misuse support to all young people who attend AED.



QUALITY OUTCOME	PUBLIC HEALTH To build public health capacity in the local workforce and increase the numbers of front line NHS staff who are trained to deliver brief interventions/advice to patients at all contacts in their everyday work.
Why were these outcomes chosen as a priority for improvement?	Building public health capacity is a key component of one of Liverpool PCT's three major delivery programmes for "better lifestyles".
What are the quality outcome aims/targets?	• Identify a Board level Executive Champion and a Lead Officer to take the programme forward. • Submission of Public Health Strategy with Implementation Plan to be submitted within Quarter 2 (July to September) 2011/12. • Identification of four members of staff to become Brief Advice Trainers and to receive the in-depth train the trainer course (four day training event). • Brief Advice Trainers within the organisation to cascade the Brief Intervention Training (BIT) to relevant front line staff within the organisation. • To develop a child friendly BIT tool kit and pilot in OPD / A&E by year end with view to further roll out in year 2.
How has improvement been monitored?	In 2011/2012 improvement has been measured by numbers of staff trained to deliver sessions and numbers of staff who have attended sessions. Child friendly training cards have been developed and these are being further improved with input from front line staff in AED. The aim is to use these cards alongside current training in 2012/13. Alder Hey's Public Health Strategy has been updated and we held 'The Pledge' event at Everton Football Club where local and national leaders in public health met to pledge their support in the following areas: • Making smoking history for children. • Promoting healthy weight and physical activity. • Promote and improve dental health. • Reduce the incidence of drugs and alcohol abuse in young people. • Make breastfeeding central to our core business. • Reduce avoidable accidents. • Improve the emotional wellbeing of our children and young people. These areas will be developed into measureable outcomes for 2012/13. This work is monitored by the Public Health Steering Group who receive quarter updates and is reported to the Clinical Quality Assurance Committee bi-annually.
Quality improvements and key successes achieved in 2011/12.	The Director of Nursing was identified as the Board level Executive Champion and the Director of Education and Partnerships was identified as the Lead Officer to take the programme forward. A further four trainers to deliver staff training were trained in September 2011. This has resulted in 433 staff trained in 2011/12; this is a 36% improvement on the number of staff trained in 2010. A child focused BIT tool kit has been developed. The training kit has been piloted in the Accident and Emergency Department and wards B1/D1 and positive verbal feedback has been received relating to the tool kit's design and ease of use.
Brief Intervention staff training figures: 2009/12 to 2011/12.	TRAINING PER MONTH (chart below)

	2009/2010	2010/2011	2011/2012
Quarter 1	32	0	34
Quarter 2	45	30	107
Quarter 3	0	33	39
Quarter 4	0	94	253
TOTAL	**77**	**157**	**433**

What are the next steps in 2012/13?	Throughout 2012/13 more training will be delivered which will include an annual update, and further information on public health issues specific to children and the population we see and treat. An action plan will be developed and implemented using information provided by partners from 'The Pledge' event.

QUALITY IMPROVEMENT PRIORITY: TO REDUCE CHILDHOOD OBESITY, INITIALLY BY FOCUSING ON CERTAIN TYPES OF PATIENTS

Why was this area chosen as a priority for improvement?

This area was chosen as a priority given the increasing number of children across North Mersey who are no longer classed as having a healthy weight. The Health Promotion Team in partnership with B1 Out-patients (Endocrinology Clinic) agreed to establish a Healthy Weight Programme to work with patients, their families and Alder Hey staff to highlight the benefits of a healthy diet and physical activity.

What were the aims?

- Establish and develop the programme.
- Secure commitment from patients and their families.
- Brand the programme 'Fit 4 Families' to compliment the 'Change 4 Life' ethos.
- To link diet to issues surrounding dental health.
- Enhance partnership work with Everton in The Community.

How was the improvement monitored?

The programme began in June 2011 as a pilot. The aim of the pilot was to engage as many patients and families as possible with the concept of 'Fit for Families/Change for Life'. The details of all families engaged were captured on a spread sheet by the Trust's Endocrinology Data Manager. All CQUIN targets are monitored quarterly though the Clinical Quality Assurance Committee and discussed at the Public Health Steering Group.

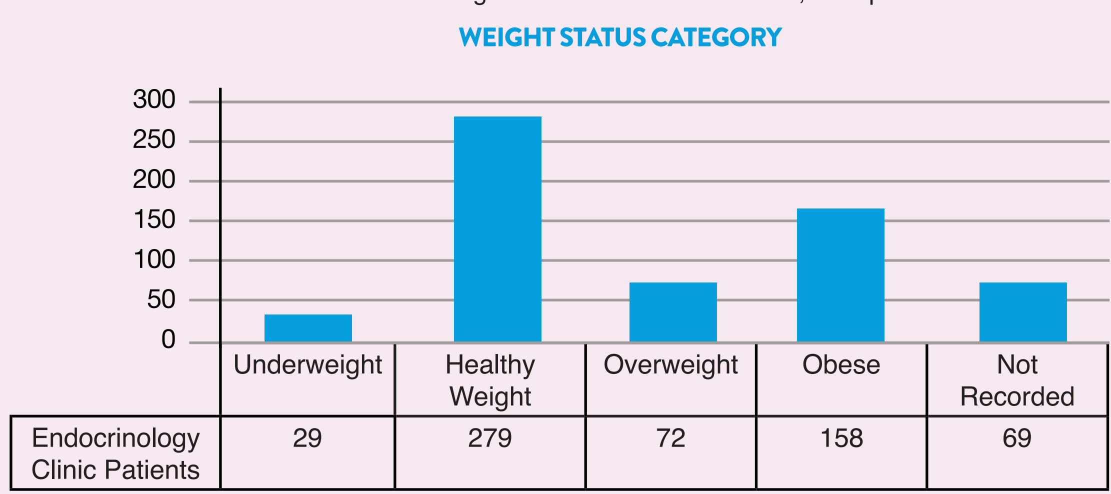
Quality improvements and key successes achieved in 2011/12.

The Fit for Families programme is now running weekly in Endocrine Clinic covering:
- Physical activity;
- Portion Size;
- Sugar Swaps;
- Cut Back on Fat;
- Five a Day;
- Physical activity with Everton in the Community.

All sessions are delivered using the change for life emphasis. Over the course of the year 607 children attended the Endocrine Clinic and were signposted to the programme.
Since implementing the programme a 'Fit 4 Families' branded competition on portion control has been devised.
As a result of parent feedback, key dental health messages have been linked to the sugar swaps session.
Healthy weight is one of 'The Pledge' ambitions for 2012 - 2016 and next year we will build on the success of the pilot.

Number of endocrinology clinic patients by weight categories: 2011/12.

Weight Categories are as follows:
- Underweight - less than 5th Percentile.
- Healthy weight - 5th Percentile to less than the 85th Percentile.
- Overweight 85th Percentile to less than 95th.
- Obese - Equal to or greater than the 95th Percentile.
- If unrecorded the child has not been weighed due to medical reasons, too upset etc.



	Underweight	Healthy Weight	Overweight	Obese	Not Recorded
Endocrinology Clinic Patients	29	279	72	158	69

QUALITY IMPROVEMENT PRIORITY	TO REDUCE CHILDHOOD OBESITY, INITIALLY BY FOCUSING ON CERTAIN TYPES OF PATIENTS
Weight status category by percentage of total patients: 2011/12.	**WEIGHT STATUS CATEGORY BY %**

WEIGHT STATUS CATEGORY BY %

Category	%
Underweight	5%
Healthy Weight	46%
Overweight	12%
Obese	26%
Not Recorded	11%

Of the 608 weights recorded, 63 belonged to children who had been seen in clinic on more than one occasion during the course of the year.

Change in weight status of endocrinology clinic patients in 2011/12.

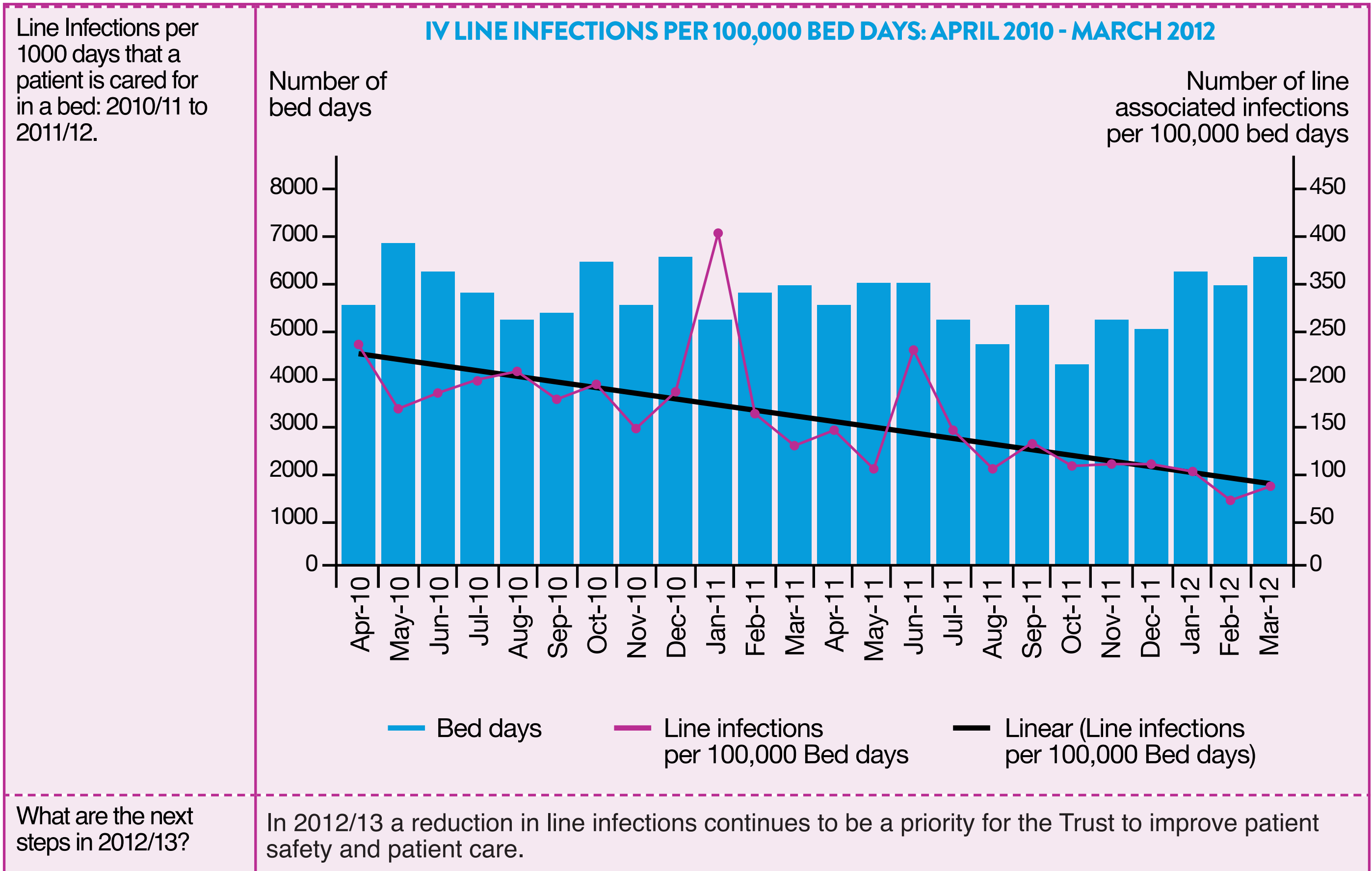
CHANGE IN WEIGHT STATUS

Decrease in weight status	Increase in weight status	Stayed same	Not recorded
7	4	44	9

Four of the 63 children who had attended the clinic on more than one occasion had an increase in weight category. Of the four, two moved from the underweight category to the healthy weight category.

What are the next steps in 2012/13?	To build on data collection systems to establish the baseline position and evidence, qualitative and quantitative improvement outcomes.

QUALITY IMPROVEMENT PRIORITY	A CONTINUED REDUCTION OF LINE CLABSI'S (CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS) AND THE DEVELOPMENT OF A TRUST RATE OF CLABSI INFECTIONS WHICH CAN BE BENCH MARKED
Why was this area chosen as a priority for improvement?	In 2010/11 Alder Hey agreed the goal of a reduction in line infections as part of the protection from infection CQUIN goals. This continued to be a target for 2011/12.
What were the aims?	The performance in 2010/11 was measured against a baseline which was calculated from 2009/10. This calculation averaged out at 30 per month. The aim was to reduce this number by 10%. The average in 2010/11 was 12 per month which is a 60% reduction.
How was the improvement monitored?	Currently the number of line infections and the rate of line infections per 100,000 bed days are monitored. Information on line infections is reported to the Clinical Quality Assurance Committee and in the monthly Corporate Report.
Quality improvements and key successes achieved in 2011/12?	The number of line infections has significantly reduced from the original baseline of 30 per month; and in 2011/12 the number of line infections has reduced to an average of 7.2 per month. This equates to a 76% reduction from the initial baseline calculated using 2009/10 data.

Line Infections per 1000 days that a patient is cared for in a bed: 2010/11 to 2011/12.	
What are the next steps in 2012/13?	In 2012/13 a reduction in line infections continues to be a priority for the Trust to improve patient safety and patient care.

QUALITY IMPROVEMENT PRIORITY	DEVELOPMENT OF CLINICAL OUTCOMES FOR CHILDREN AND YOUNG PEOPLE
Quality improvements and key successes achieved in 2011/12.	During 2011/12 the significant work programme to develop appropriate clinical outcome measures has continued. The Trust now has draft clinical outcomes in 32 of the 33 specialties.
What are the next steps for 2012/12?	The outcomes will be used in conjunction with the outcomes identified by the National Working Group developing the Children's and Young People's Outcomes Strategy. Alder Hey's Medical Director, Professor Ian Lewis is Co-Chair of this group. The Children's and Young People's Outcomes Strategy, will be published in the summer of 2012. The strategy aims to maximize health outcomes for all children and young people, showing how all parts of the health system, with partners, will contribute to enabling every child and young person to reach their full potential. **THE STRATEGY WILL:** • Identify the health outcomes that matter most for children and young people. • Consider how well these are supported by the NHS and public health outcomes frameworks and make recommendations. • Set out how different parts of the health system will contribute to the delivery of these outcomes and how they will work with each other and with other partners to this end.

QUALITY IMPROVEMENT PRIORITY	DEVELOP A PATIENT AND FAMILY EXPERIENCE STRATEGY
Why was this area chosen as a priority for improvement?	Our patients are at the centre of everything we do; ensuring that the patient experience is optimised and is the responsibility of everyone within the Trust no matter what their role. Understanding the needs of our patients, their families/carers and visitors/customers is essential if we are to design and deliver services which are evidence based in relation to need, and which take into account the diversity of our patients and their wider caring circles.
What were the aims?	1. To extend *Investing in Children* accreditation to four further areas and maintain accreditation of current areas. 2. To improve play therapy including the provision of toys and patient activities. 3. To improve the range and quality of patient information which is child and young person friendly. 4. To better measure the patient and family experience and achieve a rate of 90-95% satisfaction with our services. 5. To have operational plans for each Clinical Business Unit which are regularly reported as part of the quality assurance framework.

<table>
<tr><td>How was the improvement monitored?</td><td>1. Achievement of Investing in Children.
2. 'You said we did' patient satisfaction feedback.
3. PALs data.
4. LINKS network and feedback.
Improvement was reported through the Clinical Quality Assurance Committee.</td></tr>
<tr><td>Quality improvements and key successes achieved in 2011/12.</td><td>PATIENT AND FAMILY EXPERIENCE STRATEGY
During 2011/12, a new Quality Strategy has been developed and approved by the Board. Children, young people and their families are at the centre of this strategy which has three main elements; patient safety; clinical effectiveness; and patient experience.

INVESTING IN CHILDREN
Alder Hey and Investing in Children have been working together since 2008, exploring innovative approaches to engaging children, young people and parents in dialogue about the services they use. This work was formalised in a Partnership agreement (the first of its kind in the UK) in 2010.
As well as the Trust as a whole being recognised as an Investing in Children Partner, individual wards and departments have received specific and positive endorsement from children and young people themselves through the Investing in Children Membership Scheme. Investing in Children membership accreditation is awarded by children and young people who are satisfied that the service they have received has demonstrated a commitment to dialogue with the children and young people that leads to change.
The membership is awarded for a twelve month period and in 2011/12 the Trust achieved six new accreditations and three re-accreditations.
This will be an in-house service for 2012/13; the aim is for a further six new accreditations and to ensure successful evaluation of the current accreditations.

ACCREDITED/RE-ACCREDITED AREAS ARE AS FOLLOWS:
Sickle Cell - certificate issued January 2012.
Renal Dialysis - certificate issued December 2011.
Oncology - certificate issued May 2011.
Orthopaedic - certificate issued September 2011.
Arts for Health - certificate issued November 2011.
Acute Physiotherapy - certificate issued June 2011.
Intrathecal Baclofen Therapy - evaluation completed December 2011.
Infection Prevention and Control Service - working with children and young people on stories about bugs. Infection control to identify young people for evaluation process.
Psychological services - certificate issued September 2011.
Play Service - starting process.
Urology - Carried out evaluation awaiting info from children.
Pain - certificate issued.
A&E - discussion stage.
Medicines for Children Research Network - Young Person's Advisory Group - certificate issued March 2012.
Dewi Jones - discussion stage.
Rheumatology - discussion stage.
Cystic Fibrosis - discussion stage.

PLAY THERAPY AND PATIENT ACTIVITIES
Toys have been provided for ward areas and an advised list of toys has been produced and communicated to wards. This is reviewed and updated quarterly. However, the range of toys is quite limited as we remain unable to have toys which are not practical for cleaning and work is on-going with the Infection Control Team to address this. The Trust has been working with a toy company to develop appropriate toys which meet the guidelines of infection control. Fundraising has facilitated toy provision for main events such as Christmas and large scale donations from various donors has ensured the children enjoy a good provision of toys at Christmas and on their birthdays.

A monthly patient activity calendar is devised for children's activities. The calendar is communicated to wards monthly and displayed at both reception areas of the hospital. The activities consist of artists from Arts for Health which develops and delivers a wide ranging and innovative programme of arts that encompasses all areas of the Trust; initiatives such as dance, storytelling and music are well established as part of our healthcare delivery and we work closely with all staff to ensure that each project and programme supports the clinical objectives and enhances the patient's experience whilst in hospital. Overwhelming feedback from patients and families is that our Arts Programme alleviates the clinical aspects of hospital and provides children and young people with a range of choices and creative experiences that are both empowering and life enhancing. For staff, taking part in the arts has enriched their portfolio of interaction and professional adaptability. To support this, we have developed a number of strategic and innovative training programmes for staff in using the arts as part of their professional practice, which has changed working methods and approaches with patients.</td></tr>
</table>

CURRENT PROJECTS INCLUDE:

• Twin Vision - a major two year programme of animation activities with long term patients. Twin Vision are a media and educational charity specialising in animation, photography and film. The project gives children and young people skills in producing their own animated films, using techniques such as editing, voice over, model making and set design.

• 'Small Things' Dance Research Programme - Small Things Dance Collective are currently undertaking a two year programme of research, investigating the impact of dance and movement intervention on patients' tolerance to pain. Their research is primarily focused on neurology patients and is funded through Arts Council England.

• Fuse - New Theatre for Young People are working on a music, storytelling and puppet programme, delivering workshops across all areas of the hospital and creating a set of sustainable resources which can be used on the wards with patients when the project comes to an end.

• Children's writer Hilary Keating is currently working on a creative writing project with patients around the theme of infection control. The resulting stories, poems and drawings will be published in a specially commissioned book. This project has been supported by the Wallace and Gromit Children's Hospital Foundation.

• We are working with patients to develop a number of patient-centred information booklets and have commissioned artists Sophie Green and James Munro to create illustrations for these. These include a patient information booklet for the Urology Department and the Gait Lab.

• We have an on-going music programme with Georgina Aasgaard, a professional cellist with the Royal Liverpool Philharmonic Orchestra. She works directly with patients across all areas of the Trust to support children and young people through music making.

Activities linked to Public Health are also included such as the Everton activity workshops facilitated by Everton in the Community Coaches. The workshops run daily Monday to Friday within the hospital wards and clinics.The programme is 'inclusive' as it facilitates children with complex and non-complex disabilities.It also includes a monthly soccer spa consisting of an Everton workshop run in conjunction with health and beauty therapists from the Woodlands Spa who provide parents/carers and patients with complementary hand/arm massages and nail treatments.
The Trust also has POD children's entertainers which is a charity that facilitates two sessions monthly in wards/clinics, sponsored by charitable donations.
In addition an entertainer is funded by the toy fund to attend clinics one day a week. This has been a very successful trial with very positive feedback from parents, children and staff and has now been further funded for a year to continue to attend clinics.

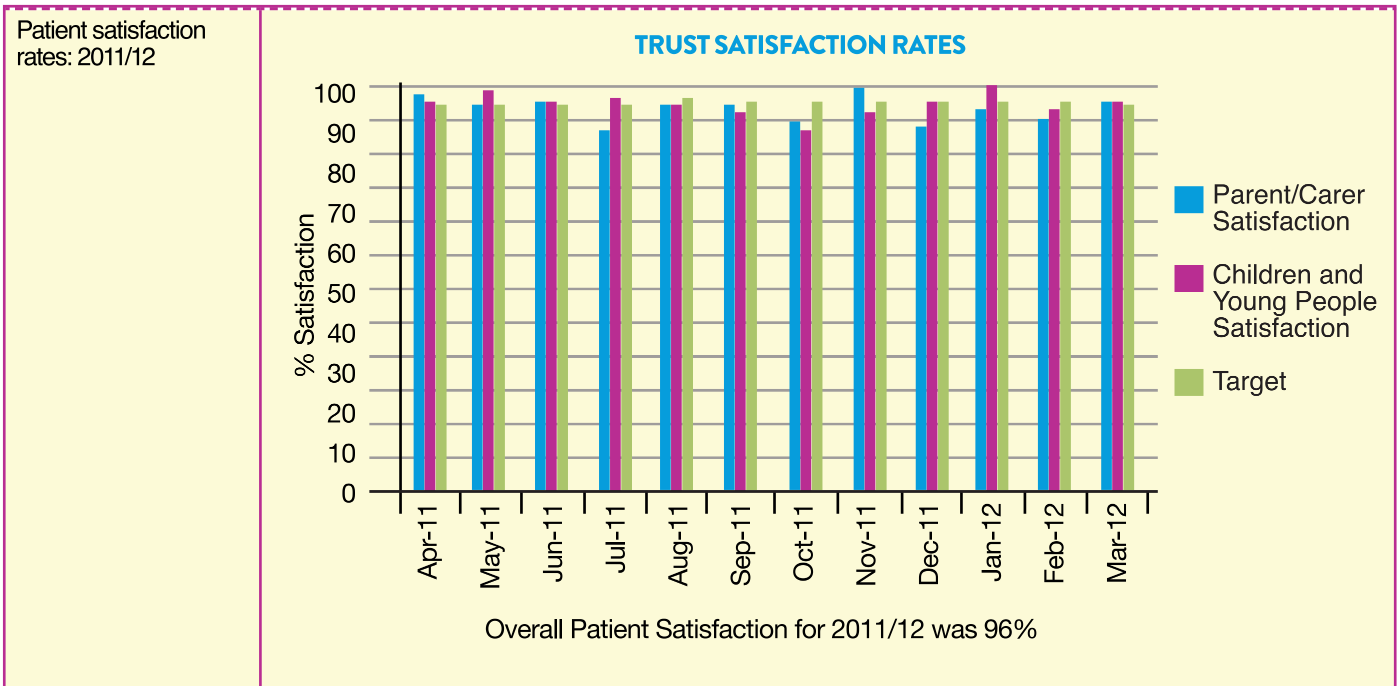
PATIENT SATISFACTION

Listening to the children, young people and parents/carers who use our services is vital to enable the Trust to make changes and improve their experience. The Trust has a number of ways in which we listen. We continue to use 'feedback' cards and each month we look at what the cards tell us.

The key areas we look at are:

• Patients feeling satisfied with the services.
• Parents/carers feeling satisfied with the service.
• Parents/carers who would recommend the hospital to others.
• Positive experiences:
- Feeling welcomed;
- Feeling cared for;
- Friendly staff.

In 2011/12 over 2,000 patients, parents/carers completed our cards. Overall the results were very positive. Whilst we are always pleased to receive positive feedback the cards are a useful way of identifying themes or recurrent problems which may require a more focused approach to resolve. The results of the feedback cards are shared throughout the Trust. We also listen through surveys, concerns raised through our PALs office and via complaints. We monitor trends and report to the Board.

Patient satisfaction rates: 2011/12	 Overall Patient Satisfaction for 2011/12 was 96%
What are the next steps in 2012/13?	In 2012/13 we will continue with our strong commitment to improve the ways in which we listen to our children, young people and parents/carers and feed back to them about changes we have made in response to their suggestions. Fabio (an electronic patient experience feedback tool) will be implemented throughout the Trust and this will be another opportunity for our children, young people and parents/carers to provide us with their feedback in real time. **In addition the Trust will:** • Further develop childrens'/parents' forum. • Increase the utilisation of focus groups to ensure children and families are involved in developing services. • Gain new and on-going accreditation in *Investing in Children*. • Continue work to extend the list of appropriate toys. • Further develop the range and quality of patient information which is child and young person friendly. • Continue to develop our Arts in Health Project.

QUALITY IMPROVEMENT PRIORITY	DEVELOP A HOSPITAL-WIDE CUSTOMER SERVICE CULTURE
Why was this area chosen as a priority for improvement?	A hospital-wide customer service culture will give staff the skills and permission to act to ensure all service users are treated with dignity and respect.
What were the aims?	**Our targets for achievement are:** 1. To increase the number of staff who have had customer service training by 10% year on year. 2. To fully integrate PALs and complaints in to a Customer Service Team. 3. Continue to resolve more issues at local level and on the same day in order to see a reduction in formal PALs and complaints issues. 4. Continue to increase the number of volunteers. 5. Continue to reduce the number of complaints. 6. The Director of Nursing will be the Executive sponsor for patient experience and will report progress regularly to the Board.
How was improvement monitored?	Complaints and PALs data is reviewed monthly by CBU's and improvement has been monitored through CBU governance structures, Clinical Quality Assurance Committee and the Board.
Quality improvements and key successes achieved in 2011/12.	**CUSTOMER SERVICE TRAINING** A new Customer Services Training Package has been purchased. The training package is currently being revised to fully meet the needs of the Trust. The training will then be rolled out across the Trust in 2012/13. **INTEGRATION OF PALS AND COMPLAINTS DEPARTMENTS** The PALs and Complaints Departments have been integrated into one Customer Service Department. Training has commenced to further enhance the knowledge and skills of the team.

IMPROVING COMMUNICATION - PATIENT INFORMATION

Work continues to facilitate and develop innovative patient information in formats that are relevant to our patients and their families, for example for children;

• undergoing urodynamic testing.
• with sickle cell disease.
• requiring pain relief.
• having an anaesthetic.
• infection prevention and control.
• understanding Gynaecomastia.

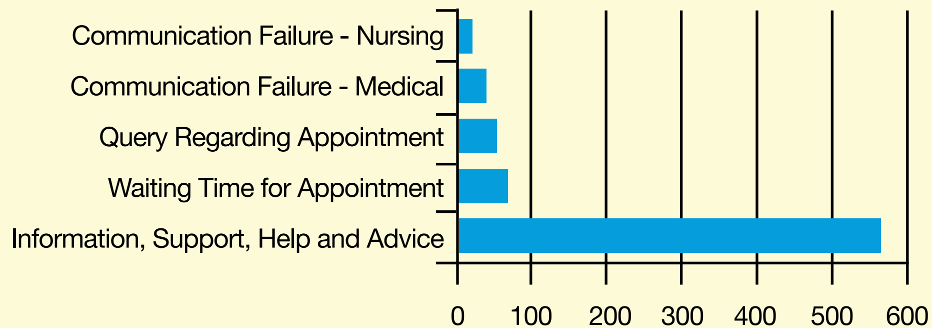
These projects are successfully achieved with the commitment and efforts from all the teams within the Trust, especially *Investing in Children* and Arts for Health, external agencies and parents and children.

COMPLAINTS

In 2011/12, 108 complaints where received from 84 complainants, a reduction from 2010/11 (183 complaints from 115 complainants). Six cases were referred to the Health Service Ombudsman, three were upheld by the Ombudsman and three are pending.
There were also 719 PALs concerns and enquiries in 2011/12 compared to 992 in 2010/11.
A trend analysis of complaints shows that the reasons for complaints remain the same as 2010/11; nursing and medical care, staff attitude, communication and appointments. This trend is also seen in the PALs (Patient Advice and Liaison Service) concerns as indicated in the chart below:

PALs concerns and queries trend analysis: 2011/12.

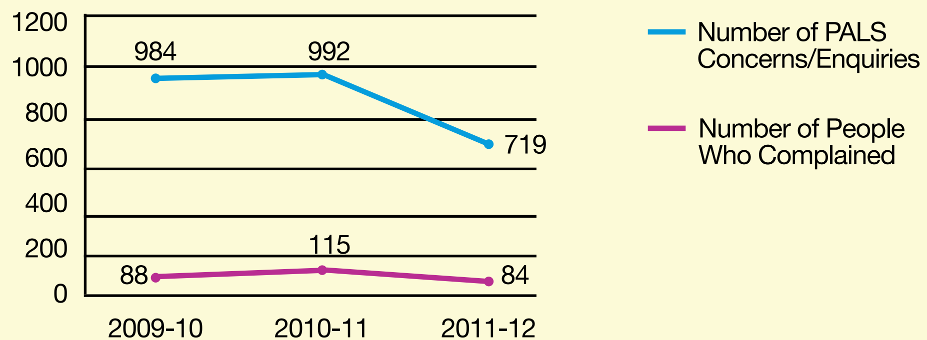
TOP 5 CATEGORIES OF CONCERNS AND ENQUIRIES RAISED WITH PALS



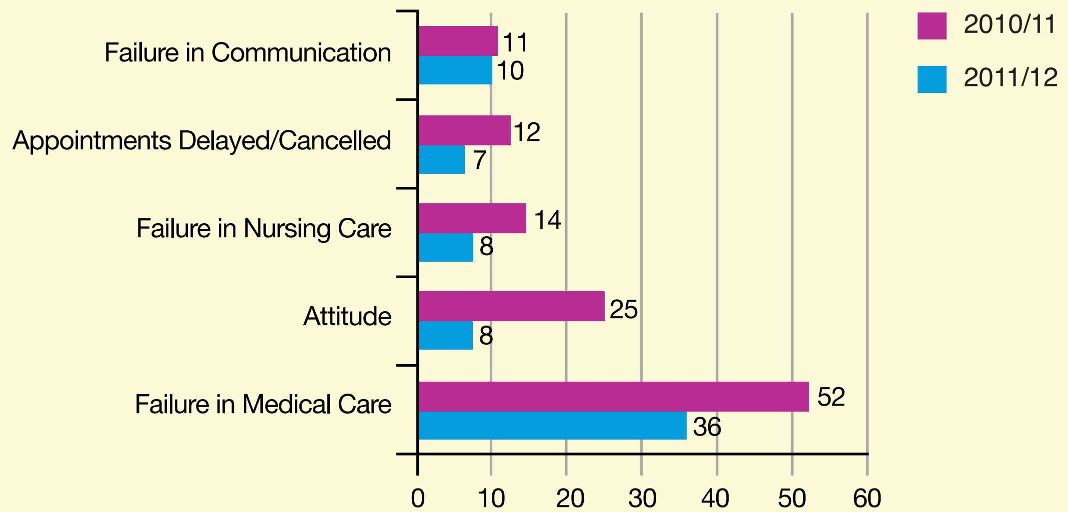
Number of people who complained and the number of PALs concerns and enquiries: 2009/10 to 2011/12.

Actions have been taken to improve services resulting from the complaints and concerns received in 2010/11 and this is reflected in the 26% reduction in people who complained in 2011/12.

NUMBER OF PALS CONCERNS/ENQUIRIES AND NUMBER OF PEOPLE WHO COMPLAINED

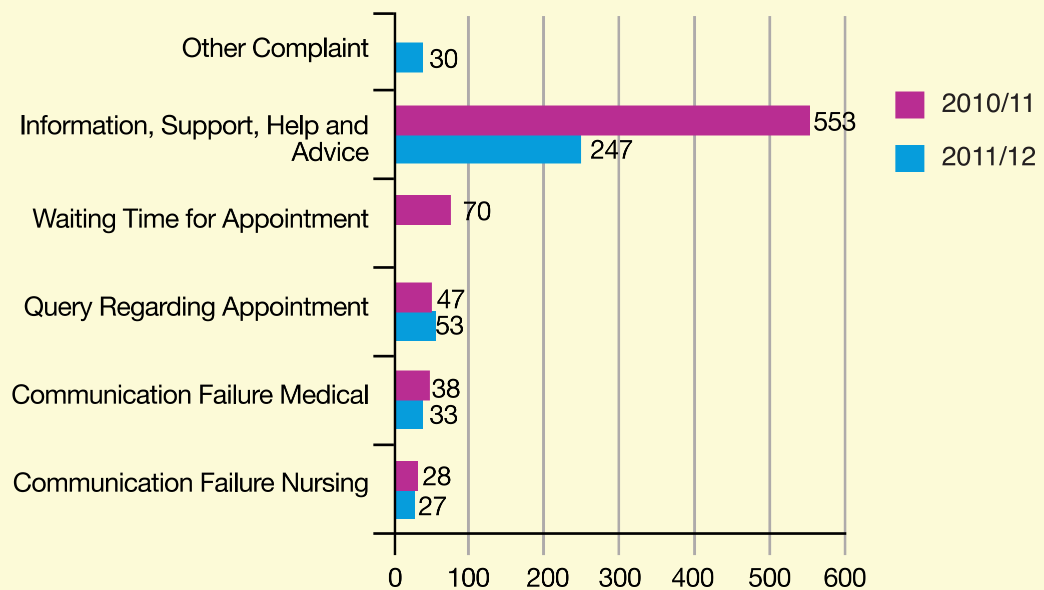


Top Five Categories of Formal Complaints in 2010/11 and 2011/12.



Trend analysis of the complaints shows that whilst the top five reasons for complaints remain the same as 2010/11 there has been a reduction in all five categories. Most noticeably there has been a 68% decrease in complaints about staff attitude.

PALs concerns and queries trend analysis: 2011/12.



Trend analysis of the top five categories of concerns and enquiries demonstrates that four of the five categories remain the same as in 2010/11. Most noticeably there has been a 55% decrease in Information, Support, Help and Advice and a 100% decrease in the Waiting for an Appointment category, which has been replaced in the top five by the category 'other'. The category 'other' relates to small numbers of concerns or enquiries for a variety of reasons

VOLUNTEERS / CONCIERGE ROLE

The Trust has now been successful in recruiting 142 volunteers who undertake various roles within the Trust such as ward buddies, meet and greet, support concierge and administration roles. The volunteers' age range is from 16 upwards. 2012 has seen the introduction of quarterly volunteer meetings and a monthly newsletter. The wards and departments are becoming more involved in championing volunteers and are being creative and innovative in their use of the role. Managers are now actively contacting the Volunteer Office to ask for volunteers when opportunities arise such as the new admissions lounge. We are currently in the process of seeking approval to assist the Trust in achieving 'Investing in Volunteers' Accreditation. Only four other trusts have achieved accreditation. Improvement is monitored at CBU and Board level.

EXTERNAL COLLABORATIONS

The Trust offers work experience placement opportunities for school children and has successfully supported 64 placements between January and December 2011. These roles have been very popular and varied, from our on-site nursery to Information Technology, Wards (if over 17) and Pharmacy.

What are the next steps in 2012/13?

- To further develop the skills and knowledge within the new Customer Service Team.
- To continue to encourage and support CBUs with local resolution of concerns to reduce complaints.
- To encourage lessons learned from concerns and complaints are shared across the Trust.
- Share compliments and celebrate successes.
- Customer Care Training Package to be rolled out across the whole of the Trust in year.
- To achieve 'Investing in Volunteers' accreditation.

3.4 PERFORMANCE AGAINST NATIONAL PRIORITIES

The Trust achieved all national priorities as indicated below:

NATIONAL TARGETS AND MINIMUM STANDARDS	TARGET OR INDICATOR	TARGET (2011-12)	ACTUAL (2011-12)	ACTUAL (2011-12)	ACTUAL (2011-12)
Infection Control	Clostridium Difficile - meeting the C.Diff objective	4	4	3	3
	MRSA - meeting the MRSA objective	1	1	2	4
Access to Services	Cancer 31 day wait for second or subsequent treatment - surgery	> 94%	100%	100%	100%
	Cancer 31 day wait for second or subsequent treatment - drug treatments	> 98%	100%	100%	100%
	Cancer 62 day waits for first treatment (from urgent GP referral)* 1 month for paediatrics	> 85%	100%	100%	100%
	Cancer 31 day wait from diagnosis to first treatment	> 96%	100%	100%	100%
	Cancer 2 week (all cancers)	> 93%	100%	100%	100%
	Referral to treatment time, 95th percentile, admitted patients* (pre 2011-12 target was 90% compliance)	< 23 weeks	22.1	90%	90%
	Referral to treatment time, 95th percentile, non-admitted patients* (pre 2011-12 target was 95% compliance)	< 18.3 weeks	14.8	97%	97%
Access to A&E	A&E Clinical Quality- Total time in A&E (was 95th percentile in Q1 now 95%)*	> 95%	96.6%	97.9%	98.3%

* figures reflect quarter 4 performance for 2011-12

3.5 STATEMENTS FROM PRIMARY CARE TRUSTS, LOCAL INVOLVEMENT NETWORKS, GOVERNORS AND OVERVIEW AND SCRUTINY COMMITTEES

3.5.1 COMMENTS FROM GOVERNORS

'I have read the report and found it to be a very thorough and true reflection of the information already received by the governors.'

'Thank you for sending the draft Quality Report through for review. It certainly reflects the presentations and documentation which has been presented to the Governors. I think the document is a clear and thorough representation of the quality agenda of the Trust and believe that achievement of the targets will undoubtedly improve patient care and the experience of both the patients who are treated by Alder Hey and their families.'

3.5.2 COMMENTS FROM NHS MERSEYSIDE - Trish Bennett, Director of Service Improvement and Executive Nurse

'As Director for Service Improvement and Executive Nurse for NHS Merseyside I believe that the account represents a fair and balanced view of the 2011/12 progress that Alder Hey Children's NHS Foundation Trust has made against the identified quality standards.

'In line with the NHS (Quality Accounts) Regulations 2011, NHS Merseyside can confirm that we have reviewed the information contained within the account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided. We have reviewed the content of the account and can confirm that this complies with the prescribed information, form and content as set out by the Department of Health.

'Overall NHS Merseyside welcomes the vision described within the Quality Accounts, agrees on the priority areas and will continue to work with Trust to improve the quality of services provided to patients. NHS Merseyside is supportive of the process Alder Hey Children's NHS Foundation Trust has taken to engage with patients, staff and stakeholders in developing a set of quality priorities and measures for 2011/12 and applaud their continued commitment to improvement.'

3.5.3 COMMENTS FROM LIVERPOOL LOCAL INVOLVEMENT NETWORK - John Bruce, Liverpool LINk Core Group Member and Health and Social Care Ambassador to Alder Hey

'Liverpool LINk once again welcomes the opportunity to comment on Alder Hey Children's NHS Foundation Trust's Quality Accounts.

'The document is reasonably easy to read and understand but would benefit from a clearer indication as to how the quality priorities for 2011/12 have been met. Although 'Quality improvements and key successes achieved' are noted it would be helpful to have an initial visual indication as to whether targets have been met, for instance a red/amber/green indicator or a tick/cross. The section on 'Performance against national priorities' is much clearer in this respect and shows concisely that all national priorities have been met.

'We recognise the primary constraints of a Quality Account, as a required formal document but would like to see encouragement of other formats, greater accessibility of the work it represents and determined teamwork by all staff at all levels. We would encourage, exploration and possible development of, not just insertion of bright pictures, but a user friendly commentary alongside the Quality Account, to encourage greater consumption of this important document, alongside the legally required version. This parallel 'commentary', might even include a glossary of terms and their significance.

'We would like to congratulate the Trust on its developments during 2011/12 and particularly note the 96% satisfaction rates recorded on patient feedback cards and the downward trend in intravenous (IV) line infections. We are encouraged by plans to develop better engagement with and support of Alder Hey's patients and families by GPs.

'The Trust has made good progress towards meeting it's Commissioning for Quality and Innovation (CQUIN) targets. Again in a wider circulation format, brief explanations of some of these - how and why - would help encourage a wider readership.

'We will be interested to monitor progress against the quality priorities chosen for 2012/13. In terms of Priority 3 (Patient Experience) we welcome the recognition of the important information role the Alder Hey team can have in enabling young people and their families to understand their medical conditions, and that support and advice is available inside and outside of Alder Hey.

'We also hope that LINk involvement in quality issues and patient experience can be developed over the next 12 months, perhaps including involvement in the Trust's Quality Group (as already happens at some other local NHS Trusts).

'We would also encourage the use of the Alder Hey website to help families cope with the practicalities of regular visits to the hospital and, where engagement groups are already happening, to have minutes, information and a contact officer, so those unable to physically travel or take part can still contribute to the development of a listening Alder Hey.

'Liverpool LINk members are particularly interested in integrated partnerships of the wide range of health and social care services and would also welcome the opportunity to contribute to discussions on better integrated care and multi-disciplinary work around transition to adult hospital and community based services especially for young people with complex health needs.'

3.5.4 COMMENTS FROM KNOWSLEY LOCAL INVOLVEMENT NETWORK

'Knowsley LINk is pleased to be able to provide a commentary in support of Alder Hey Children's NHS Foundation Trust Quality Account for 2011-12. This response was completed following the review of a draft copy of the Quality Account and a formal presentation to LINk members and young people's representatives from The Children and Young People's Forum in Knowsley, SPARK (Shout Participation And Rights in Knowsley).

'Recently there has been an increased involvement between Alder Hey and LINks through quarterly meetings and discussions around capturing Patient Experience information. Knowsley LINk has also worked with neighbouring LINks to provide patient experience information stands within the hospital.

'During the presentation of the Quality Account, it was felt that the report needed to further consider children, young people and families in the development of the Quality Accounts. This recommendation was welcomed by the Trust and again for this year willingness was expressed to produce a summarised version of the Account designed for children, young people and community members.

'It was felt that the three priority areas that have been set for 2012-13 were strong priority areas, demonstrating a commitment to quality which is reflective of the views of LINks, young people and community members. The Clinical Quality Assurance Framework and the use of engagement events to involve patients, carers and community members will be a useful means of monitoring progress in these priority areas.

'It was pleasing to see that the Trust has focused on the quality of service through the 'Investing in Children' accreditation and are rolling this out throughout the trust, as well as consistently re-accrediting services. The ongoing focus on capturing patient experience using the volunteers and concierge service to collect information is positive; LINk members felt that young people could also be involved in this process, through a peer support role.

'Knowsley LINk and SPARK look forward to building on the work completed so far and providing an ongoing critical friend relationship with the Trust.'

3.5.5 COMMENTS FROM SEFTON LOCAL INVOLVEMENT NETWORK

'Sefton LINk would like to thank the Trust for their continued partnership work with the LINk over the past 12 months. This response was completed following a review of the draft copy of the Quality Account and from LINk members receiving a presentation.

'The work of the Trust in Health Promotion/Public Health should be commended, particularly the work on data collection for; smoking, alcohol and drugs. A Public Health Strategy has also been developed.

'We welcome the priority improvement for 2012/13 for patient experience and look forward to working with the Trust over the next 12 months. The Trust should be pleased with the overall patient satisfaction rate of 96% for 2011/12. We were however surprised that the Trust in monitoring patient experience did not measure some aspects, for example, ease of access, the appointments system. The Trust has engaged with us to look at how patient experience can be gathered independently by the LINk and quarterly meetings have been set to ensure more joined up working over the next 12 months.

'We welcome the work of the Trust in significantly reducing the number of line infections by 70%.

'When reviewing progress made against the priorities identified for 2011/12, it was sometimes unclear if targets had been met. We found that too much narrative was included. A visual indication of achievement would have been useful.

'We are concerned about the percentages provided within the report which detail clinical coding error rates. Some members were unclear about the use of percentages in this section and it may be useful to make this information clear to the reader on what this means in terms of patient safety.

'We receive regular Patient Advice and Liaison Service (PALS) reports which detail the issues raised with the Trust for each Clinical Business Unit. We will be monitoring how the integration of the PALS service and the complaints department into one Customer Service department develops.

'As part of our work plan for this year we are starting to review transitional services for young people moving into adult services and were disappointed that we were not involved in the consultation regarding changes to the Child and Adolescent Mental Health Services. We are working with the Trust to ensure that this issue is being looked into.

'Overall the document is easy to read but we felt it could be improved visually in some ways. The use of percentages without the actual figure makes it hard to interpret the information provided within the account. A glossary would be helpful to the reader as many acronyms are used throughout the document.

'From a young person's perspective, the document was not easy to read or understand. It was felt that the mandatory information contained within the document could have been elaborated on to ensure that it was more accessible for the reader. Diagrams including bar charts and pie charts were useful to show the reader important aspects for example, mortality rates.

'We welcome a summary document of the Quality Account which the Trust has agreed to produce.

'We look forward to our work with the Trust over the coming 12 months to ensure that local people receive quality services.'

3.5.6 COMMENTS FROM NHS LIVERPOOL CLINICAL COMMISSIONING GROUP CHAIRS

'NHS Liverpool Clinical Commissioning Group welcomes the opportunity to receive and comment on Alder Hey Children's NHS Foundation Trust Quality Accounts for 2011/12.

'In preparation for the formal establishment of the CCG in April 2013, NHS Liverpool have led the contractual arrangements over the past year and this account is consistent with reports received and development of priorities for 2012/13.

'It is clear to the CCG that Alder Hey Children's NHS Foundation Trust has a clear commitment to quality improvement and engagement with patients and staff. Clear progress has been made through the year.

'We have established excellent working arrangements between the CCG and the Trust and look forward to developing our relationship further over the coming years as we collaboratively seek to improve health outcomes for the population of Liverpool.'

3.6 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:
• the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011/12;
• the content of the Quality Report is not inconsistent with internal and external sources of information including:
- Board minutes and papers for the period April 2011 to June 2012
- Papers relating to Quality reported to the Board over the period April 2011 to June 2012
- Feedback from the commissioners dated 28th and 30th May 2012
- Feedback from governors dated 10th and 11th May 2012
- Feedback from LINks dated 28th and 30th May 2012
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15th May 2012
- The 2011 national staff survey published in March 2012
- The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2012
- CQC quality and risk profiles between April 2011 and March 2012.
• the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
• the performance information reported in the Quality Report is reliable and accurate;
• there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
• the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

By order of the Board.

SIR DAVID HENSHAW
CHAIR

28TH MAY 2012

LOUISE SHEPHERD
CHIEF EXECUTIVE

28TH MAY 2012

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

By post: Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool, L12 2AP
By telephone: 0151 228 4811
By email: communications@alderhey.nhs.uk

www.alderhey.nhs.uk