



Celebrating 100 years of Alder Hey

QUALITY ACCOUNT

2014/15

Inspired by Children

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Quality Report

‘Quality: Celebrating 100 Years of Dedication to Children and Young People’

Statement on Quality from Louise Shepherd, Chief Executive

Many of the events marking Alder Hey’s centenary year in 2014 highlighted the Trust’s rich heritage of ground-breaking clinical developments and medical ‘firsts’ that have contributed to the hospital’s reputation for excellence and high quality services over many years. The UK’s first Neonatal Unit was founded at Alder Hey, the most common congenital heart defect cured here thanks to the pioneering work of Mr Edwards and specialist techniques in paediatric anaesthesia developed by Dr Jackson Rees form the basis of modern practice. Today, we are a national centre for children with cancer, craniofacial, heart, spinal and brain disease and are proud of our thriving research portfolio and host the UK Medicines for Children Research Network.

Yet such endeavours would not be possible without a fundamental commitment by our staff to providing the best possible care for every patient. This promise remains at the core of our Quality Strategy and 2014/15 has seen the development of a range of initiatives that will help us deliver this ultimate goal. The Weekly Meeting of Harm provides a dynamic forum in which staff come together to highlight and learn from patient safety incidents, changing practice along the way in an open and supportive culture. Our Quality Review Programme has helped us engage with individual clinical services, understand their issues and find sustainable solutions. The continued focus on our Quality Aims, agreed at the start of 2013, has been a vehicle for putting our collective will and effort in to measurable improvement in areas that will make a difference to our patients.

In this report last year I talked about quality improvement as a journey; in the past twelve months we have moved closer to where we need to be, whilst recognising that there is still some way to go. Our new hospital will undoubtedly play a key role in this, providing an environment that will facilitate the highest standards of clinical safety and a much improved experience for our patients that forms part of the therapeutic process, supported by state of the art technology. We will also see major benefits from the investments we have made during the past year, for example, the significant increase in our nursing workforce and the creation of new consultant posts within our High Dependency Unit. Our new Director of Infection Prevention and Control has led the vanguard of improvement practices to combat infections, which will continue to be a key focus in 2015/16. Underpinning all of this we have implemented a *Risk Management Improvement Plan* which has been crucial in making sure our governance arrangements are robust and fit for purpose.

None of this improvement would have been possible without the commitment and dedication of our staff and strong leadership from our senior team, our clinical directors, lead nurses and service group leads. 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 teams have developed within their services. The Board remains fully committed to supporting those teams in every way they can, to continuously improve care for our children and young people.

Louise Shepherd

Louise Shepherd
Chief Executive
22nd May 2015

Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

Progress made in 2014/15 and previous years against quality improvement priorities identified in last year's Quality Report are set out in the sections below.

2.1.2 Priorities for Improvement 2015/16

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 Trust Board in consultation with staff, patients, governors, Healthwatch organisations and commissioners has 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, patient and public feedback and the need to move safely into the new Alder Hey in the Park. The Trust has agreed the following four key priorities for improvement in 2015/16:

1. To ensure a safe move to the new Alder Hey in the Park.
2. To reduce harm to patients from a medication error.
3. To reduce harm to patients as a result of the development of a pressure ulcer.
4. To increase children, young people and their parents/carers involvement in patient safety.

The Board will monitor progress against these priority areas through the Clinical Quality Assurance Committee. Progress will be reported to commissioners through Clinical Performance and Quality Group meetings, which are attended by Healthwatch representatives and to patients and carers 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 2014/15 Alder Hey has provided 27 NHS services. Alder Hey 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 2014/15 represents 100% of the total income generated from the provision of NHS services by Alder Hey for 2014/15.

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 2014 to 31st March 2015, 12 National Clinical Audits and 1 National Confidential Enquiry covered NHS services that Alder Hey Children's NHS Foundation Trust provides.

During that period Alder Hey participated in 100% National Clinical Audits and 100% National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that Alder Hey was eligible to participate in during the reporting period 1st April 2014 to 31st March 2015 are contained in the table on page 6.

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 2014 to 31st March 2015, are listed on the following page 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 2014/15

Audit	Participation	% Cases Submitted
Children		
Childhood Epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	Submitted 13 cases, which was 34% of cases available. In total there were 38 cases included in the audit.
Paediatric Intensive Care (PICANet)	Yes	Submitted 1,100 records, which was 100% of cases available.
Potential Donor Audit (NHS Blood and Transplant)	Yes	Submitted 55 cases, which was 100% of cases available.
Initial Management of the Fitting Child (College of Emergency Medicine)	Yes	Submitted 50 cases, which was 100% of cases available.
Acute Care		
Severe Trauma (Trauma Audit and Research Network)	Yes	Submitted 214 cases, which was 100% of cases available.
Cardiac		
Cardiac Arrest (National Cardiac Arrest Audit)	Yes	Submitted 15 cases, which was 100% of cases available.
Paediatric Cardiac Surgery (National Institute for Cardiovascular Outcomes Research (NICOR) Congenital Heart Disease Audit)	Yes	Submitted 467 cases, which was 100% of cases available for the period 01/04/2014 -30/11/2014. Data for 01/12/2014 - 31/03/2015 will be submitted by 04/05/2015.
Cardiac Arrhythmia (Cardiac Rhythm Management (CRM))	Yes	Submitted 14 cases which was 100% required for the audit sample.
Long Term Conditions		
Ulcerative Colitis and Crohn's Disease (National IBD Audit) Biologics	Yes	Submitted 43 cases, which was 100% of cases available.
Paediatric Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	Submitted 1,324 records, which was 100% of cases available.
Renal Replacement Therapy (UK Renal Registry)	Yes	Submitted 43 cases, which was 100% of cases available.
2014 Audit of Transfusion in Children and Adults With Sickle Cell Disease (National Comparative Audit of Blood Transfusion)	Yes	Submitted five cases, which was 100% of cases available. Data cleaning and analysis begins in April 2015. The audit report and slideshow will be issued in July 2015.
National Confidential Enquiries		
Confidential Enquiry into Major Burns in Children (CEMBIC)	Yes	1 case pending which was 100% of cases available.

2.2.3 Actions Arising from National Clinical Audits

The reports of 12 National Clinical Audits were reviewed by the provider in the reporting period April 1st 2014 to March 31st 2015 and Alder Hey Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Actions Taken/To Be Taken as a Result of National Clinical Audits in 2014/15

National Clinical Audit	Actions
Childhood Epilepsy (RCPH National Childhood Epilepsy Audit)	<p>The national audit report was reviewed and discussed with the Epilepsy Team in March 2015.</p> <p>The Epilepsy 12 Audit has highlighted that improvements are required in the domains of Appropriate 1st Clinical Assessment and ECG requesting, which may actually reflect poor documentation, as opposed to not necessarily including these factors. One suggestion is to formulate a database to include all Epilepsy patients with their diagnosis and investigations documented, plus a proforma to be used during initial assessment of patients with suspected Epilepsy and those newly diagnosed to ensure all factors are included and clearly documented.</p> <p>The hospital is currently implementing a new IT system (Meditech 6) which the Trust believe has within it facilities for clinicians to document all details (e.g. seizure type, syndrome, frequency, duration, medication, investigations, safety advice etc) for patients with Epilepsy. We are therefore awaiting implementation of this service in the coming months to establish whether this can be used as both our database and to record details obtained in the initial assessment. The implementation of the proposed Patient Passport may also help achieve some of these issues.</p> <p>Other results highlighted were only 67% of patients were referred for input by an Epilepsy Nurse Specialist. It is anticipated that this will increase by including 'referral' in the initial assessment criteria when a diagnosis is made and with the newly appointed additional part-time Epilepsy Nurse Specialist.</p> <p>Consideration is also being given to the appointment of a further General Paediatrician with an interest in Epilepsy.</p>
Paediatric Intensive Care (PICANet)	The national audit report was reviewed and discussed on the Paediatric Intensive Care Unit (PICU). The quality of the PICANET data set is consistently commended.
Potential Donor Audit (NHS Blood and Transplant)	We are 100% compliant with the audit standards.
Initial Management of the Fitting Child (College of Emergency Medicine)	The audit was presented locally at the Alder Hey Emergency Department Audit Meeting in February 2015. The national and site specific reports for the Fitting Child Audit will be ready late spring or early summer 2015.
Moderate or Severe Asthma in Children (Care Provided in Emergency Departments) (College of Emergency Medicine)	<p>The audit was presented at the Alder Hey Emergency Department Audit Meeting in March 2014.</p> <p>Action/Recommendation</p> <p>1. Blood Pressure (BP); Only 2% of patients had BPs done. Actions for this have been to reinforce to medical and nursing staff that BP's must be done in these children. This has been announced at our three times a day Safety Huddles attended by all staff members (medical and nursing). The documentation of BPs has been audited on a monthly basis, the results are displayed on staff noticeboards and there has been a noticeable improvement. There are plans for this to be formally re-audited in the future.</p> <p>2. 20% of patients received a beta-2 agonist/ipratropium within 10 minutes of arrival. Sick children who need a nebuliser straight away will be identified by the Triage Nurse and brought through to the relevant area (obs/majors) and a doctor informed that they need to be reviewed immediately. Appropriate therapy will then be prescribed by the clinician if required. The nursing staff at triage cannot prescribe Beta 2 agonists, therefore these patients are not going to be able to get this treatment from triage unless a doctor is there to assess and prescribe. There are plans for changes to the existing methods of triage in terms of a Rapid Assessment Team (RAT) which is currently being piloted and will be implemented in the new hospital which should improve this as there will be a senior clinician at triage to assess and prescribe.</p>
Severe Trauma	Data completeness and data quality are both over 95%.

National Clinical Audit Actions

Severe Trauma (Trauma Audit and Research Network)	<p>Alder Hey serves as a Major Trauma Centre for children from Cheshire and Merseyside, Lancashire and South Cumbria, North Wales and the Isle of Man. TARN data is the primary data source that supports the clinical governance of the Major Trauma Service within Alder Hey and across the North West Children's Major Trauma Network.</p> <p>2014/2015 has been a year in which the recently implemented regionalised system has been consolidated. An understanding of patient flows within the system, aided by the TARN data, has ensured that the Major Trauma Centres can engage with the Trauma Units to improve compliance with the Trauma pathway.</p> <p>The data completeness measure has improved and data accreditation has remained high for Alder Hey, indicating that the information is reliable and providing confidence that discussions and decisions are based on an accurate representation of the trauma service. The data has provided evidence of the effectiveness of the trauma system resulting in a positive National Major Trauma Peer Review, and has shown compliance with CQUIN targets for complex lower limb injuries.</p>
Cardiac Arrest (National Cardiac Arrest Audit)	The national audit report was discussed at the Trust Resuscitation Committee. No action plan was required as achieving above the audit standards.
Paediatric Cardiac Surgery (NICOR Congenital Heart Disease Audit)	The National Audit Congenital Heart Disease Audit was carried out on 24 June 2014. The audit report showed that the Trust achieved a Data Quality Indicator of 94.75%. An action plan was not required as meeting the audit standards.
National Cardiac Rhythm Management Audit (NICOR)	The national audit report was reviewed and Alder Hey is meeting the audit standards.
Ulcerative Colitis and Crohn's Disease (National IBD Audit) Inpatient Care and Inpatient Experience	<p>The national audit report was reviewed by the IBD service group and team meeting in 2015. A comprehensive action plan has been developed to take forward the following recommendations:</p> <ul style="list-style-type: none"> • Clinical Nurse Specialists and Trainees to ensure use of Paediatric Ulcerative Colitis Activity Index (PUCAI) score at all points of clinical interaction, including daily scoring for inpatients. • Lead Consultant to develop a treatment pathway that is readily available for using IV steroids in treatment of Ulcerative Colitis. • Adoption of faecal calprotectin or other biomarker to aid assessment of disease activity in outpatients. • To develop a Standard Operating Procedure for collecting standard stool samples and Clostridium Difficile toxin testing in conjunction with Infectious Diseases Team. • Ensure all Ulcerative Colitis patients have a nutritional assessment on admission with appropriate dieticians. • Develop a steroid sparing registry on the new hospital information system for all patients on steroids for longer than three months. • Evaluate the eligibility of Ulcerative Colitis patients for enrollment in new therapies. • Develop a transfer protocol for investigating anaemia. • Continue with Biologics component of the National Audit.
Diabetes (RCPH National Paediatric Diabetes Audit)	Individualised Reports for the 2013-14 data are still to be published by the Royal College of Paediatrics and Child Health.
Renal Replacement Therapy (UK Renal Registry)	The Renal Registry National Audit report was reviewed. No action plan required as meeting the audit standards.

Actions Taken/To Be Taken as a Result of Local Clinical Audits in 2014/15

There were a total of 160 local audits registered in the reporting period 1st April 2014 to 31st March 2015. There are 40 (28%) local audits completed. There are 106 (73%) audits that will continue in 2015/16. There are 2 audits not yet started and 12 audits have been cancelled (7%).

The reports of the completed local clinical audits were reviewed by the provider in the reporting period April 1st 2014 to March 31st 2015 and examples of the outcomes are listed below.

Local Audit	Actions
Audit of NICE Quality Standards for Depression in Children and Young People	<p>The audit was presented at the Child and Adolescent Mental Health Service (CAMHS) Departmental Meeting in December 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Aim for 100% documentation of diagnosis and risk assessment; cascaded throughout team. • All patients diagnosed with depression should be given age appropriate information about diagnosis and this should be documented in notes; cascaded throughout team. • Consent to treatment should be recorded in all cases; cascaded throughout the team. • Risk management, including discussion around appropriate place of safety if indicated, should be documented for all patients when risk is identified; cascaded throughout team. • Re-audit in six months.
Intravenous Potassium Chloride and Potassium Phosphate Policy: Audit of Adherence to Medicines Management Code Section 49.1 (MMC.49.1)	<p>This audit was undertaken to determine compliance with the Medicines Management Code related to the storage of concentrated potassium injections. The findings of the audit showed that all concentrated potassium injections were ordered, stored and documented correctly.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To review and amend MMC 49.1 to include all concentrated potassium injections stocked. • To review and amend MMC 49.1 to reflect the appropriate locations which can stock concentrated potassium injections, following discussions with appropriate clinical leads. • To ensure staff are aware that these preparations must not be transferred between clinical areas. All supplies should be made directly from the Pharmacy Department or from the Pharmacy Night Room in out of hours situations. • To review other related policies and guidelines and ensure this information is included in those documents.
Acute Surgical Necrotising Enterocolitis (NEC): Retrospective Review From PICU Database	<p>The audit was presented at The Paediatric Critical and Intensive Care world congress in Istanbul in June 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Results concur with published literature. • No change in practice. Should be reviewed if there is reorganisation of services or after next five years.
Is There a Difference in Outcomes Between Stoma Closures in Patients Born Prematurely Compared to Patients Born at Term?	<p>The audit was presented at the Department of Paediatric Surgery Audit Meeting in July 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Write up audit as a paper for publication for further peer review. • No re-audit specified as there are few patients who can be included per year.

Local Audit	Actions
AHP (Allied Health Professionals) Audit on JSLE (Juvenile Onset Systemic Lupus Erythematosus) Services	<p>The audit was presented at the British Society for Paediatric and Adolescent Rheumatology (BSPAR) Annual Conference, Leeds in June 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To write AHP guidelines for treatment of patients with JSLE. • To survey parent group to see if their needs are being met. • Develop referral guidelines that could be used in clinic to help trigger referrals to AHP's.
Non Accidental Injury: Compliance With National Guidelines (Royal College of Radiology/Royal College of Paediatrics and Child Health 2008)	<p>Audit to be presented at the next Clinical Governance Meeting for Radiology. Audit report and action plan awaited.</p>
Audit on Children With ASD (Autistic Spectrum Disorder) Diagnosis Referred to Single Point Access Team	<p>The audit was presented at the Child and Adolescent Mental Health Service (CAMHS) audit meeting in July 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Recommendation is that subsequent audits should collect data over a longer period. • Recommendation is that CAMHS should emphasise the use of the appropriate referral forms as much as possible as well as utilising additional clinical information from the referral letters. • A suggestion from the auditor is that subsequent audits could follow up referrals to find out outcomes of assessment.
Medical Record Keeping in Alder Hey Surgical Wards.	<p>The audit was presented at the Department of Paediatric Surgery audit meeting in May 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • All staff to ensure the Royal College of Physicians (RCP) medical record keeping standards are met when documenting in patient notes.
Operating Theatre Vascular Access Snapshot	<p>The audit was presented at the Alder Hey Anaesthetic Department update meeting in August 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • The audit recommended future studies, specifically addressing the indications, duration and complication rate of peripherally inserted central catheters (PICC). • Re-audit in twelve months.
Myositis and Myopathy Magnetic Resonance Imaging (MRI). Is Gadolinium Required?	<p>The audit was presented at the Alder Hey Radiology Audit Meeting in June 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Alter the use of gadolinium in myositis and myopathy MRI imaging. • Re-audit in twelve months.
Analysis of Magnesium Administration Around Children's Cardiac Bypass Surgery	<p>The audit was presented at the Alder Hey Anaesthetic Department Update Meeting in February 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • No changes to practice were recommended due to the satisfactory effect of the dose of magnesium used during cardiac surgery. • No re-audit required.

Local Audit

Actions

An Audit of Use of Promethazine in Children for Sleeping Difficulties in St Helens

The audit was presented at the Alder Hey Community Paediatrics Department Meeting in January 2015.

Action/Recommendation

- The Promethazine Guideline will be included in the department global sleep guideline and future guidelines already in development for sleeping difficulties.
- Promethazine should not be used as a first line drug for sleeping difficulties in children.
- A re-audit is not required because this medication will not be used as a first line drug for sleeping difficulties in children.

Assessing the Compliance with NICE Guidelines on the Management of Hepatitis B

The audit was presented at the Department of Paediatric Surgery Audit Meeting in August 2014.

Action/Recommendation

- E-letter published online in Archives of Disease in Childhood in September 2014.
- Consider the development of a proforma to ensure all appropriate investigations are undertaken at diagnosis.
- To liaise with local laboratories and GP's.
- To initiate discussion at a local level to create local guidelines for monitoring Hepatitis B in children, implementing recommendations from both national guidelines.
- Re-audit in twelve months.

Clinical Record Keeping Audit (Royal College of Physicians Standards)

The audit was presented at the Audiology Department Audit Meeting in February 2015.

Action/Recommendation

- To raise awareness on importance and benefits of proper documentation and filing.
- A re-audit depends on the progress with change-over to paperless electronic record.

Surgical Scars in Idiopathic Scoliosis - Evaluation of Current Technique

The audit was presented at the Alder Hey Orthopaedic Departmental Audit Meeting in October 2014.

Action/Recommendation

- No re-audit recommended as the current practice is safe.

Serial Casting in the Management of Early Onset Scoliosis

The audit was presented at the Department of Paediatric Surgery Audit Meeting in July 2014.

An abstract was submitted to The British Scoliosis Society (BSS) Annual Meeting in October 2014.

Action/Recommendation

- Current NICE guidance recognises that serial casting 'rarely corrects Scoliosis' but recommends it may be used 'to allow growth before a more permanent treatment is offered'.
- In our experience, serial casting did not allow any patients with a progressive Scoliosis (determined by a Rib Vertebral Angle Difference (RVAD) of greater than 20°), to reach a single definitive fusion.
- However serial casting appeared to halt to curve progression until the child was suitable for the insertion of a growing rod system.
- No re-audit is required.

Local Audit	Actions
Community Upper Limb Splinting (Pilot)	<p>The audit was a six month pilot study presented by the Occupational Therapy Team at a departmental audit meeting in January 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Funding has been applied for and accepted based on the numbers of children referred to clinic. • Analyses of the pilot audit data is currently on-going. • Re-audit in twelve months.
Equipment Guidelines Compliance	<p>The audit was presented at the Alder Hey Physiotherapy Departmental Meeting in January 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • An assistant from each team is to be responsible for the equipment checks in homes, nurseries and mainstream schools. • Providers are to be advised that equipment needs to be serviced in accordance with manufacturers instructions. • Guidelines are to be produced following a review of the evidence. • Purchasers are to be informed of servicing recommendations and manufacturers guidelines. • Re-audit in twelve months.
NICE Urinary Tract Infection (UTI) Guidelines in the Emergency Department	<p>The audit was presented at the Alder Hey Emergency Departmental Audit Meeting in September 2014.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To implement a UTI discharge sheet or sticker before discharging/referring. • To include blood pressure on the discharge sheet with a prompt to respond if deranged. • Ensure a clinician is scheduled to check the confirmed UTI list and make any necessary changes or arrangements at least twice a week by including it on the weekly rota. • A sticker or discharge sheet could be used to help complete a re-audit. This could also include a review of time delay between diagnosis, a review of the completed laboratory culture and a change of antibiotics if required.
Audit Against NICE Guidelines and NICE Quality Standard for Meningitis	<p>The audit was presented at the General Paediatrics Departmental Audit Meeting in March 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Repeat the important messages about many aspects of the management of Meningococcal Septicemia and Bacterial Meningitis for each rotation of junior staff. • All children who are diagnosed with Meningitis should be referred routinely to the Audiology Department for hearing assessment after recovery. This referral should be clearly documented on the discharge letter. • Display copies of the Trust's guidelines for the management of Meningitis in each ward. • Recommend memory cards for main points of management of Meningitis. • Re-audit recommended.
A Re-Audit of the Rectal Suction Biopsy Sampling - Have We Improved Over the Last Two Years?	<p>The audit was presented at the Department of Paediatric Surgery Audit Meeting in December 2014.</p> <p>The aim of the planned re-audit was clarified, i.e. investigating the cause of inadequate samples and training needs.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To develop an e-learning module for rectal suction biopsy training. • Re-audit in twelve months.

Local Audit	Actions
Lateral Humerus Condylar Fractures	<p>The audit was presented at the Alder Hey Orthopaedic Departmental Mortality and Morbidity meeting in March 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To continue with current practice. The audit results supported current clinical practice. • Re-audit in two years.
Elbow Fractures	<p>The audit was presented at the Alder Hey Orthopaedic Departmental Mortality and Morbidity meeting in January 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To continue with the current treatment protocol. • Re-audit in twelve months to review infection rate due to discrepancy between this and interim audit results.
Review of Patients With Suspected and Documented Helicobacter Pylori (H pylori) Colonisation on CLO Test (Campylobacter-Like Organism)	<p>The audit was discussed at a departmental meeting with the consultant supervisor in October 2014. Due to time constraints there was no formal presentation.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • To take into account the most common presenting complaints and associated conditions, as well as common endoscopic findings when diagnosing H.pylori. • Re-audit in twelve months.
Do Patients Arrive on the Ward Post-Op With Necessary Antibiotics Already Prescribed? A Clinical Audit	<p>The audit findings were discussed with the audit supervisor. This was a snap shot of prescribing practice over 4-6 weeks. The evidence was not strong enough to warrant changes to practice at this stage.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • The audit recommends surgeons should record the antibiotic on the prescription chart. • Re-audit in six months.
Effect of Infliximab on Growth in Children with Crohn's Disease	<p>The audit was presented at the Alder Hey Inflammatory Bowel Diseases Governance Meeting in February 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Height and weight assessment should be carried out in all inpatients and outpatients. • Pubertal staging/assessment is crucial in children with chronic disorders to identify early growth and pubertal problems. • Early and aggressive treatment in Crohn's Disease is recommended to maximise the growth potential. • Consider discussion with the Endocrine Team as delayed puberty is common. • A larger prospective study confined to the paediatric age range is required. • Re-audit in twelve months.
An Audit of the Diagnosis and Management of Septic Arthritis in Children at Alder Hey Children's Hospital	<p>The audit was presented at a Multidisciplinary Team Meeting with the microbiologist in January 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none"> • Improve investigations - Blood culture, Erythrocyte Sedimentation Rate (ESR). All children with suspected Septic Arthritis should have blood cultures taken before commencing antibiotics). • The white cell count, ESR and C-Reactive Protein (CRP) should be requested at presentation and at an appropriate interval. • To improve adherence to the Trust antibiotic guidelines. The empirical therapy should adhere to Alder Hey Antibiotic Guidelines for Septic Arthritis and Osteomyelitis. • Develop an Alder Hey Clinical Guideline and Proforma for Septic Arthritis and Osteomyelitis in Children. • Re-audit in twelve months.

Local Audit

Actions

Retrospective Audit of Periorbital Cellulitis Cases

The audit was presented at the Alder Hey Emergency Department audit meeting in February 2015.

Action/Recommendation

- The audit revealed there was poor prescription of topical chloramphenicol in those noted to have Conjunctivitis. We feel that the pathway is clear so we will be re-educating the team.
- Guidance on discharging patients home on oral antibiotics rather than admission on IV antibiotics. This is a consultant only decision. We feel, however, that evidence is lacking and further studies are needed.
- Improve follow-up for those discharged home which is not always formally done. Discharge on oral antibiotics is a consultant only decision and follow-up is mandatory.
- Clear option in the guidelines for penicillin allergic patients. We will discuss with Microbiology on a case-by-case basis.

Medium and Long Term Effects on Glycaemic Control of Continuous Insulin Infusion Therapy in Children and Adolescents Receiving Diabetes Care at Alder Hey

The audit was presented at the Diabetes Multidisciplinary Team Meeting in March 2015.

Action/Recommendation

- No changes to current practice were required as the pump manufacturer does not appear to have any influence on HbA1c (glycated haemoglobin) outcomes.

A Retrospective Audit of the Use of Ultra-Violet Light in the Treatment of Paediatric Skin Conditions

The audit was presented at the Dermatology Regional meeting at Broadgreen Hospital Trust in January 2015. 100% compliance with the Department of Dermatology phototherapy guidelines from The Royal Gwent Hospital, Cardiff.

100% compliance with local guidelines for managing Erythema and starting doses and escalation of phototherapy.

Action/Recommendation

- Consider a patient and parent satisfaction survey of their experience in the Dermatology Department.
- No change in practice as we have 100% compliance with the guidelines.
- Re-audit of practice in five years.

The Impact of Ketamin List on Management Load of Upper Limb Injuries

The audit was presented at the Orthopaedic Departmental Mortality and Morbidity meeting in February 2015.

Action/Recommendation

- We do not recommend a Ketamin list in our practice and we should treat patients under general anaesthetics in theatre.

Audit of BOAST 7 - Fracture Clinic Services British Orthopaedic Association Standards for Trauma (BOAST)

The audit was presented at the Alder Hey Orthopaedic Departmental Mortality and Morbidity meeting in November 2014.

Action/Recommendation

- No changes were recommended as the fracture clinic service meets the British Orthopaedic Association National Standards.

The Use of Mycophenolate Mofetil (MMF) Treatment in Renal Transplantation in Children and Adolescents at Alder Hey

The audit was presented at the Renal Multidisciplinary Team Meeting in November 2014.

Action/Recommendation

- The audit did not indicate that we needed to reconsider our transplant immunosuppression.
- To monitor other potential side effects that were not captured in this dataset.
- Extend follow up as the number of patients followed up for a long period was small.
- Re-audit in two to four years.

Local Audit

Actions

Is Urine Dip Accurate at Predicting Urinary Tract Infection (UTI) in Children Age 6 Months - 3 Years?	<p>The audit was presented at the Alder Hey Emergency Departmental Audit Meeting in February 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none">• Urine microscopy and culture is preferred as per NICE guidance. We will continue to use microscopy and culture i.e. no change.• Prescribe Cefalexin for three days. Antibiotic guidelines have been updated and will be published.• Use of a checklist from a previous UTI audit. UTI sheet to be completed by clinicians.
Bleeding Complications After Circumcision	<p>The audit is to be submitted to The British Association of Urological Surgeons (BAUS) annual meeting in June 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none">• The risk of post-operative bleeding should be reflected during pre-operative counselling.• No re-audit needed as the learning point is a fact that will not change.
Incidence of Critical Cardiac Events In Post-Op Cardiac Surgical Patients on Paediatric Intensive Care Unit (PICU)	<p>The audit was designed to quantify exactly what our critical cardiac event rate was.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none">• The audit was not designed to change practice. It was a baseline audit. There are no major issues. We are following the guidelines.• Re-audit in twelve months.
CT Head Examination in Children With Soft Tissue Evidence of Head Injury	<p>The audit was presented at the Radiology Departmental Audit Meeting in March 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none">• No changes recommended as current practice is in line with national guidelines.
An Audit Into the Practice of Chemotherapy Ototoxicity Monitoring in Paediatric Audiology	<p>The audit was presented at the Audiology Departmental Audit Meeting in March 2015.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none">• To design a dedicated and streamlined referral pathway from Oncology.• Procuring vestibular diagnostics and high frequency Audiometry.• To create a common database.• Recommend counselling and management of ototoxicity including any rescue plan.• Re-audit in two years.
An Audit of NICE Clinical Guideline 158 and Quality Standard 59 Antisocial Behaviour and Conduct Disorders in Children and Young People	<p>Statement 5 of the NICE Quality Standard recommends children and young people aged 11 to 17 years who have a conduct disorder are offered a referral for multimodal interventions, with the involvement of their parents or carers. This service is not currently offered at Alder Hey CAMHS, although there is good evidence of working with other agencies.</p> <p>We can therefore be reliably assured of compliance with NICE Quality Standard 59 and Clinical Guideline 158, except for this intervention.</p> <p>Action/Recommendation</p> <ul style="list-style-type: none">• Re-audit in two years.

2.2.4. Participation in Clinical Research

The number of patients receiving NHS services provided or subcontracted by Alder Hey Children's NHS Foundation Trust (Alder Hey) in 2014/15 that were recruited to participate in NIHR Portfolio adopted clinical research was 1,682.

All research is governed by the EU Clinical Trial Directive, UK Ethics Committees and the Trusts R&D Office who carry out governance checks to provide organisational permission.

International Research and Education is one of the Trust's four strategic pillars of excellence. Furthermore, the Alder Hey/University of Liverpool integrated ten year Research Strategy states that "Every child (should be) offered the opportunity to participate in a research study/clinical trial". The Trust is a member of Liverpool Health Partners (LHP), a consortium of seven hospitals, the University of Liverpool and the Liverpool School of Tropical Medicine working together to provide a world class environment for research and health education. As a significant stakeholder in LHP, Alder Hey demonstrates a strong commitment to contributing

to evidence-based, cutting edge healthcare aimed at improving quality of care, while holding patient safety, dignity and respect at the centre of everything we do. Being an organisation undertaking high quality patient-centred research means that Alder Hey contributes to the health and wealth of Liverpool and the UK as a whole, as well as having an international impact on treatments developed for children. The infrastructure of expertise available at Alder Hey for setting up and successfully delivering clinical research are led and managed by a dedicated team who form the Clinical Research Business Unit (CRBU).

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

Alder Hey was involved in recruiting patients to 1,682 open, NIHR portfolio adopted clinical research studies during 2014/15. While some studies report outcomes fairly quickly, most will not be ready for publication for a few years. Many involved research in the area of Medical Specialties, reflecting the prevalence of available research studies in these specialties locally and nationally.



01/04/2012 to 31/03/2013 (Q1, Q2, Q3 & Q4 Excluding Mar 2015)

	NIHR Studies	Number of Participants	Non-NIHR Studies	Number of Participants
SG1 (Oncology, Haematology, Palliative Care)	25	247	8	32
SG2 (Nephrology, Rheumatology, Gastro, Endocrinology, Dietetics)	39	148	10	80
SG3 (Respiratory, Infectious Diseases, Allergy, Immunology, Metabolic Diseases)	23	284	9	2
SG4 (A&E, Gen Paeds, Diabetes, Dermatology, CFS/ME)	6	51	1	0
SG5 (CAMHS Tier 3 and 4, Psychological Services and Dewi Jones)	3	14	2	141
SG6 (Community Child Health, Safeguarding, Social Work Dept., Comm Clinics, Neurodisability Education, Fostering, Adoption, Audiology)	1	1305	3	14
SG7 (PICU, HDU, Burns)	3	5	6	40
SG8 (Theatres, Day Case Unit, Anaesthetics Pain Control)	2	3	2	10
SG9 (Gen Surgery, Urology, Gynae, Neonatal)	9	113	2	11
SG10 (Cardiology, Cardiac Surgery)	2	1	0	0
SG11 (Orthopaedics, Plastics)	2	3	2	0
SG12 (Neurology, Neurosurgery, Craniofacial, LTV)	18	144	5	0
SG13 (Specialist Surgery, ENT, CL&P, Ophthalmology, Maxillofacial, Dentistry, Orthodontics)	3	52	7	202
SS1 (Radiology)	1	27	3	5
SS2 (Pathology)	0	0	0	0
SS3 (Pharmacy)	1	261	1	0
SS4 (Therapies, EBME, Central Admissions, Bed Management, Medical Records, Generic Outpatients)	0	0	0	0
NON-CBU	1	0	0	0
CNRU	0	0	2	0
RBU	0	0	0	0
Non Classified	0	0	3	150
TOTAL	139	2658	66	687

The Quality Report deals with research activity during the 2014/15 period. In addition to this, the CRBU published performance data on the Trust website indicating the time it takes to set up and study and the time taken to recruit the first patient once all permissions have been granted. Alder Hey performs well in this respect. Furthermore, 80% of studies conducted at Alder Hey recruit the agreed number of patients within a set time and to agreed targets.

In September 2012 Alder Hey opened a National Institute for Health Research Clinical Research Facility (CRF). This was a capital project supported with investment from the Trust and is a clinical area utilised purely for research patients, providing a dedicated research environment. This resource helps facilitate research by providing a bespoke location for research on a day to day basis and has successfully been used to care for research participants overnight who need regular intervention or tests on a 24 hour basis. One of the many advantages of having a fully operational CRF is that it will enable investigators to not only undertake later phase research studies but also to undertake more complex and earlier phase studies (experimental medicine types of activity) dealing with developing new cutting edge medicines and technologies which are often lacking in children's healthcare. The CRF will lead to improvement in patient health outcomes in Alder Hey, demonstrating a clear commitment to clinical research which will result in better treatments for patients.

There were over 350 members of clinical staff participating in research approved by a Research Ethics Committee at Alder Hey during 2014/15. These included consultants, nurse specialists, scientists, clinical support staff and research nurses from across all Clinical Business Units.

Over the past four years the Trust has witnessed a growth in commercially sponsored studies. There are currently 32 commercial studies open to recruitment and much focus on the use of novel monoclonal antibodies (mAbs) or disease modifiers. These interventions have been used primarily in Rheumatology and Oncology but are becoming available in other sub-specialties such as Respiratory Medicine and Diabetes. They work by acting on the immune system to overcome the cause of the disease rather than treating the symptoms. Significant quality of life improvements have been witnessed, particularly in Rheumatology patients treated with mAbs, leading to increased mobility and a reduction in pain and inflammation. These drugs are now being licensed for use in children for the first time ever.

Several patients at Alder Hey have been the first global recruits into some studies and as such this bodes well as it demonstrates Alder Hey's commitment to supporting the speedy set up of clinical trials with the support of the Trust R&D office and the NIHR Medicines for Children Local Research Network. The Trust has an established critical mass of research activity in Pharmacology, Oncology, Rheumatology, Infectious Diseases, Respiratory, Endocrinology/Diabetes, Critical Care and Neurosciences but is witnessing a growth in research activity in Gastroenterology, Nephrology, Emergency Medicine and Community Paediatrics.

For more information on the research portfolio at Alder Hey please visit: www.alderhey.nhs.uk/research

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

A proportion of Alder Hey's income in 2014/15 was conditional upon achieving quality improvement and innovation (CQUIN) goals agreed between Alder Hey and any person or body entered into a contract, agreement or arrangement for the provision of NHS services, through the Commissioning for CQUIN Payment Framework. During 2014/15, these commissioning bodies consisted of Liverpool CCG and consortia North West CCG partners for non-specialist services and Cheshire, Wirral and Warrington Area Team (on behalf of NHS England) for specialist services.

For 2014/15 the baseline value of CQUIN was £3.2m which was 2.5% of the CCG's total contract value and 2.4% of the specialist services contract. This means that if Alder Hey did not achieve an agreed quality goal, a percentage of the total CQUIN money would be withheld. For 2014/15 Alder Hey has agreed with commissioners that the Trust will receive 100% of the CQUIN allocation.

Local Commissioner CQUINs 2013-14

Domain	Indicator	Indicator Description	Target	Weighting	Financial Value	End of Year Performance
Safety, Clinical Effectiveness and Patient Experience	Paediatric Safety Scan	Develop a Paediatric Safety Prevalence Tool	Develop and Audit Monthly	0.125%	£61,000	Fully Achieved
Safety, Clinical Effectiveness and Patient Experience	Improving Patient Experience	Develop a Befriending Service	Submit Reports	0.2%	£97,000	Fully Achieved
Safety, Clinical Effectiveness, Patient Experience and Innovation	Improving Youth Mental Health and Learning Disability Services	Continue to Improve Transitions From CAMHS to Adult Mental Health and LD Services	Submit Reports	0.5%	£243,000	Fully Achieved
Safety, Clinical Effectiveness, Patient Experience and Innovation	Unplanned Admissions: Reduction in Unnecessary Use of A&E	Telephone Advice Line	Participation and Evaluation	0.125%	£243,000	Fully Achieved
		Social Marketing	Participation and Evaluation	0.125%		
		A&E Discharge Communication	Submit Reports	0.125%		
		Primary Care Presence in A&E	Participation and Evaluation	0.125%		
Safety, Clinical Effectiveness and Patient Experience	Communication: Inpatients	98% Discharge Summaries to be Electronically Constructed Integrated TTO's and Contains the Recommended MDS	98%	0.1%	£243,000	Partially Achieved
		95% Discharge Summaries to be Sent From All Ward Areas to General Practice Within 24 Hours	95%			
		95% Patients to Receive a Copy of Their Discharge Summary on Day of Discharge	95%			

Domain	Indicator	Indicator Description	Target	Weighting	Financial Value	End of Year Performance
Safety, Clinical Effectiveness and Patient Experience	Communication: Outpatients	98% Outpatient Correspondence to be Electronically Constructed, Integrated TTO's and Contains the Recommended Minimum Data Set	98%	0.1%		
		95% Outpatient Correspondence to be Sent From All Outpatient Services to General Practice within Two Weeks of Patients Appointments	95%			
Safety, Clinical Effectiveness and Patient Experience	Communication: Day Cases and A&E	95% A&E Correspondence to be Sent to General Practice Within 24 Hours Subject to agreed Roll Out Plan	95%	0.1%		
		95% Day Case Correspondence From K1 – Surgical to be Sent to General Practice Within 24 Hours	95%			
		Submission of Implementation Plan to Roll Out Electronic Discharge Correspondence Across Further Day Cases	Submit Plans			
Safety, Clinical Effectiveness and Patient Experience	Communication: Business Continuity Planning	Trust to Develop Business Continuity Plans For All Electronic Systems With Particular Emphasis on Paperless or Paper-Light Processes When Sending Electronic Discharges	Submit Plans	0.066%		
Safety, Clinical Effectiveness and Patient Experience	Communication: Systems Interoperability	Trust to Create a Coherent Plan Around Their Requirements and Strategy For Clinical Data Sharing With Primary Care	Submit Plans	0.066%		
	Communication: ILINKS Transformation Programme	Named IM&T Lead, Attend Monthly CQUIN Meetings With An Assigned Informatics Merseyside Representative, Participate in ILINKS Transformation Programme and Clinical Informatics Advisory Group	Participation	0.066%		

Domain	Indicator	Indicator Description	Target	Weighting	Financial Value	End of Year Performance
Safety, Clinical Effectiveness, Patient Experience and Innovation	Improving the Transition From Children and Young People Services to Adult Services	Database Established and Maintained. Details Provided As Evidence – Total Number of Patients on Database	Submit Reports	0.125%	£243,000	Fully Achieved
		Trust to Continue With Training Programme. Trust to Provide Data on the Total Number of Staff Trained During This Period	Submit Reports	0.125%		
		Trust to Provide Details of the Total Number of 14 Year Olds With a Transition Plan	Submit Reports	0.125%		
		Trust to Provide Details of the Total Number of 14 Year Old With a Lead Professional Identified	Submit Reports	0.125%		
Safety, Clinical Effectiveness and Patient Experience	Infection Prevention	Reduction in Infections	Submit Reports	0.175%	£86,000	Fully Achieved



North West Specialised Commissioning Team CQUINs

Domain	Indicator	Indicator Description	Target	Weighting	Financial Value	End of Year Performance
Clinical Effectiveness, Safety and Innovation	Haemophilia: Joint Scoring	Joint Score in Severe and Moderate Haemophilia A and B (Patients Aged Over 4 Years of Age)	50%	0.16%	£130,487	Fully Achieved
Safety, Clinical Effectiveness and Patient Experience	Embedded Pharmacist		Fill Post	0.16%	£130,487	Fully Achieved
Safety, Clinical Effectiveness and Patient Experience	Acute CAMHS - Review of Unplanned Admissions		Review	0.16%	£130,487	Fully Achieved
Clinical Effectiveness, Safety and Innovation	Craniofacial - Participate in National Audit Forum		Participation	0.16%	£130,487	Fully Achieved
Clinical Effectiveness, Safety and Innovation	Craniofacial - Analyse Headspace Results: Six Monthly Report		Submit Report	0.16%	£130,487	Fully Achieved
Clinical Effectiveness, Safety and Innovation	Standardise Children's Cancer MDT's		Submit Report	0.16%	£130,487	Fully Achieved
Dashboards						
		Cleft Lip and Palette	Submit Data	0.16%	£130,487	Fully Achieved
		Specialised Haemoglobinopathy	Submit Data	0.16%	£130,487	Fully Achieved
		Paediatric Medicine - Rheumatology	Submit Data	0.16%	£130,487	Data Books Not Finished, Submission Not Required Yet
		Complex spinal surgery	Submit Data	0.16%	£130,487	Data Books Not Finished, Submission Not Required Yet

Domain	Indicator	Indicator Description	Target	Weighting	Financial Value	End of Year Performance
Local CQUINs						
Safety, Clinical Effectiveness and Patient Experience	Paediatric Safety Scan		Develop and Audit Monthly	0.16%	£130,487	Fully Achieved
Safety, Clinical Effectiveness and Patient Experience	Patient Experience - Befriending Service		Submit Reports	0.16%	£130,487	Fully Achieved
Safety, Clinical Effectiveness and Patient Experience	Reduction in Infections		Submit Reports	0.16%	£130,487	Fully Achieved
Safety, Clinical Effectiveness, Patient Experience and Innovation	Review of Transition Processes		Submit Reports	0.16%	£130,487	Fully Achieved
Safety, Clinical Effectiveness and Patient Experience	Communication - Discharge Letters		Submit Reports	0.16%	£130,487	Partially Achieved

Further details of the agreed goals for 2014/15 and for the following 12 month period are available online at: http://www.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275



2.2.6 Statements from the Care Quality Commission (CQC)

Alder Hey is required to register with the Care Quality Commission and its current registration status is registered with no conditions.

The Care Quality Commission has not taken any enforcement action against Alder Hey during 2014/15.

Alder Hey has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust was subject to a planned routine inspection 21st-22nd May 2014. The overall rating was 'Requires Improvement' with ratings of individual domains as follows:

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well led	Requires Improvement

Specific service ratings were:

Neonatal Services	Good
Transitional Services	Requires Improvement
A&E	Good
Medical Care	Good
Surgery	Good
Intensive/Critical Care	Requires Improvement
End of Life Care	Outstanding
Outpatients	Requires Improvement

There is a comprehensive action plan in place to address areas for improvement. The plan is on target and will be fully delivered in 2015/16.

Alder Hey is registered for the regulated activity of assessment and medical treatment for persons detained under the Mental Health Act 1983. The regulated activity covers the Alder Hey hospital site and the Dewi Jones Unit on the Alder Park site in Waterloo. The Dewi Jones Unit is a nationally commissioned children's mental health inpatient unit and provides Tier 4 assessment and treatment. No patients were detained at the Dewi Jones Unit during the year.

2.2.7 Information on Data Quality

2.2.7.1 Data Quality

Alder Hey submitted records during 2014/15 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 99.72% for admitted patient care; 99.59% for outpatient care; and 99.39% for accident and emergency care.
- The patient's valid General Medical Registration Code was 95.64% for admitted patient care; 92% for outpatient care; and 100% for accident and emergency care.

Alder Hey will be implementing a new Electronic Patient Care System in May 2015. As part of this, much work has been conducted into the quality of data on our clinical systems, including but not limited to:

- Data Migration; as part of the data migration process we have conducted thorough validation of existing data.
- SOPs; the Trust has reviewed and updated all Standard Operating Procedures in relation to clinical systems. We have also ensured that they include the validation of patient data and the running of regular data quality reports.
- Data Quality Group; various task and finish groups have been set up where changes in business processes are required, either due to the new EPCS or the way we will work in the new hospital. This also includes the accurate recording of patient data. Following the implementation of EPCS and our move to the new hospital, a new Trust Clinical Data Quality Group will be formed with representation from these groups. The newly formed group will report to the Information Governance Steering Group.

There has been a full review of dictionaries held on our Clinical Information System to ensure selection of correct codes is clear to users, these dictionaries will continue to be monitored.

Regular monitoring reports regarding outpatient clinic templates will continue to be run to ensure correct clinician lead. This is a direct outcome from the IG Toolkit report for outpatient Consultant codes.

Regular audits were undertaken on our Patient Administration System. These are to be extended to all clinical systems within the Trust.

2.2.7.2 Information Governance Toolkit Attainment Levels

Alder Hey Children’s NHS Foundation Trust Information Governance Assessment Report overall score for 2014/15 was 83% and was graded as 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 diagnoses and treatment coding (clinical coding) were:

- Primary Diagnoses Incorrect 7%.
- Secondary Diagnoses Incorrect 19%.
- Primary Procedures Incorrect 7 %.
- Secondary Procedures Incorrect 11%.

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

- 200 random finished consultant episodes.

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 2014/15, in consultation with our staff, governors and patients we agreed that further improvements should be made in relation to the Quality Strategy developmental Quality Aims within the ‘domains’ of patient safety, clinical effectiveness and patient experience.

This section of the Quality Account provides an overview of the progress made against the 2014/15 priorities, which were:

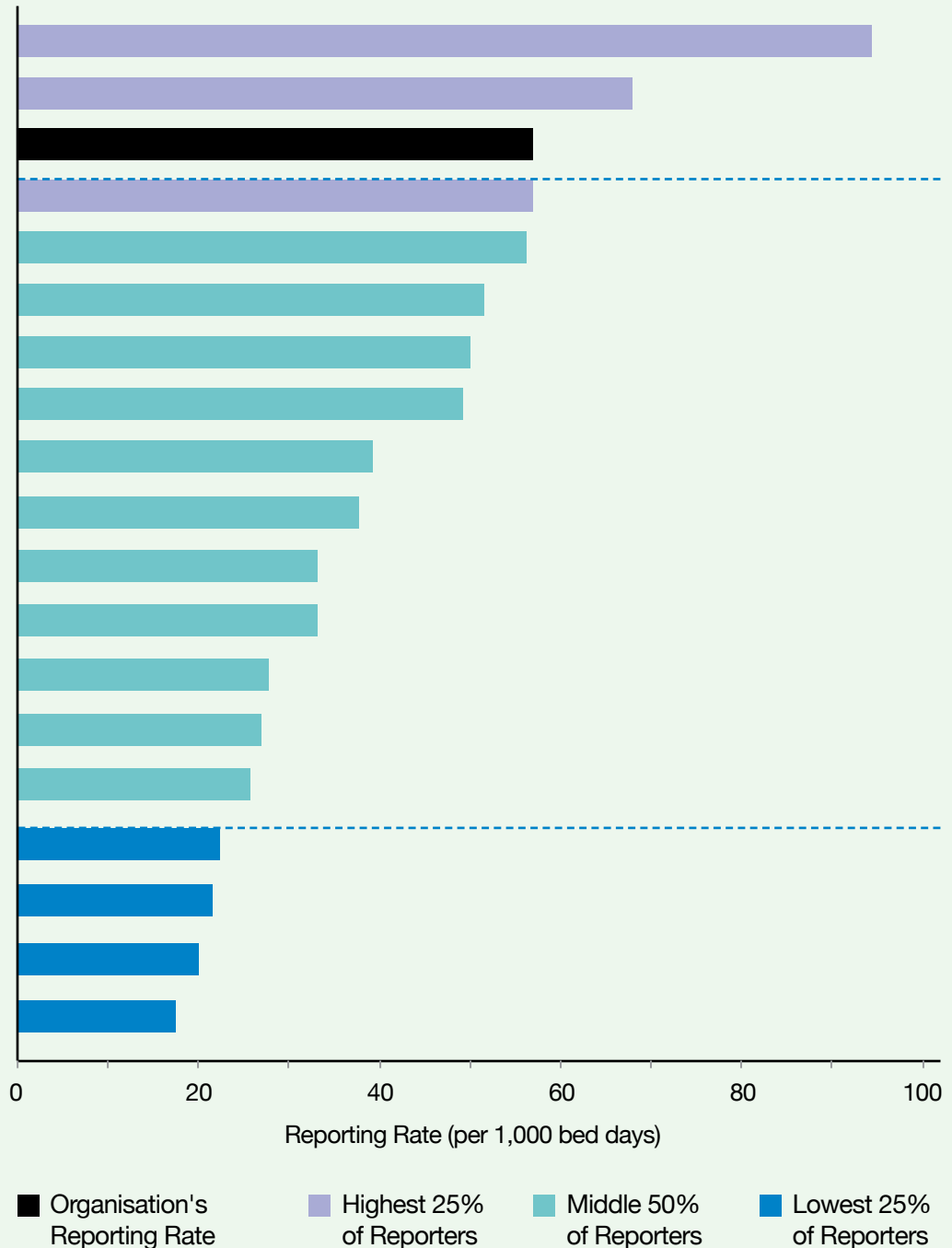
3.1 Patient Safety

Promoting a Culture of Safety	
Reason for Improvement	Safety is a fundamental aspect of high quality, responsive and accessible patient care. We aim to deliver higher standards of patient safety year on year, demonstrated through a culture of openness where staff have; a constant awareness of the potential for things to go wrong; are confident to report all incidents and near misses; learn lessons; and continuously improve safety.
The Aims	<ul style="list-style-type: none"> • To have a year on year improvement in incident reporting. • Improve the Trust reporting culture compared to our National Reporting and Learning System peer group from the lowest 25 percentile to the highest 25 percentile.
Improvement Monitoring	Through incident categories, trends, numbers reported through the Trust’s Weekly Meeting of Harm, the Clinical Quality Steering Group, the Clinical Quality Assurance Committee, Trust Board Report.
Evidence of Improvement	<p>The National Patient Safety Agency established a National Reporting and Learning System (NRLS) before it was transferred to the NHS Commissioning Board Special Health Authority in June 2012. All organisations continue to upload their incident data into the NRLS and receive comparative reports on their culture of reporting.</p> <p>The chart below shows that at March 2012 Alder Hey (shown by the black line) was in the lowest 25% of reporters within the peer group of 20 comparable acute specialist trusts.</p>

Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shown below provides an overview of incidents reported by NHS organisations to the National Reporting and Learning System (NRLS) occurring between 01 April 2014 to 30 September 2014. Alder Hey reported 1,713 incidents (rate of 55.56) during this period.

Figure 1: Comparative Reporting Rate, Per 1,000 Bed Days, for 20 Acute Specialist Organisations.

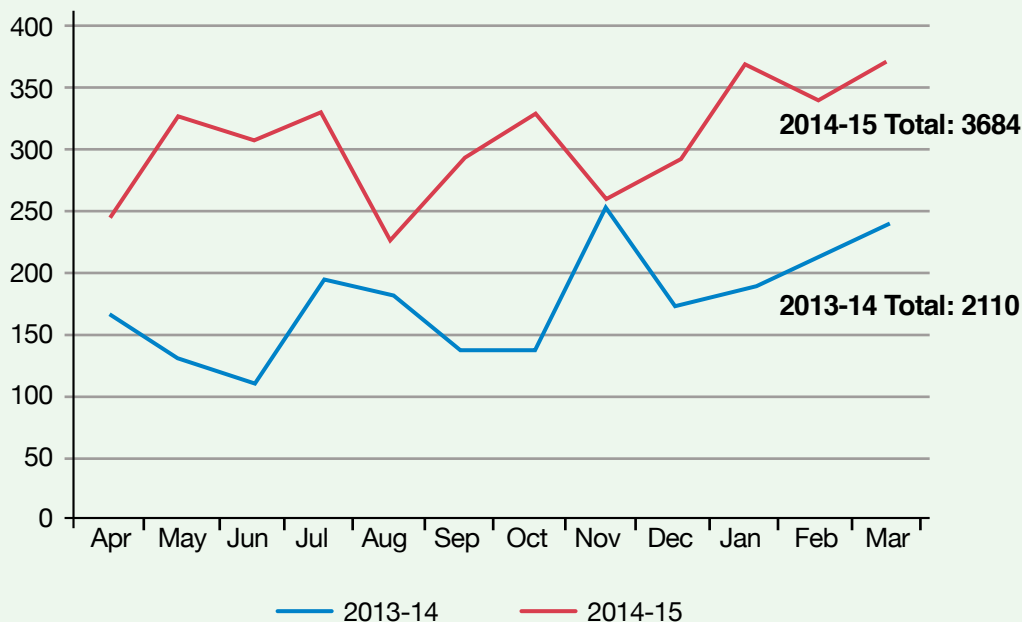


The median reporting rate for this cluster is 35.92 incidents per 1,000 bed days.

Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.

The improvement between 2013/14 and 2015 is shown below. There has been an increase in clinical incidents reported from 2110 in April 2013 to March 2014 to 3684 in April 2014 to March 2015; this represents an increase of 75%.

Clinical Incidents Including Near Miss 2013-14 Against 2014-15



The Trust is committed to improving patient safety and has registered as a member of the 'Sign Up to Safety' campaign. The 'Sign Up to Safety' campaign aims to halve avoidable harm and save an additional 6000 lives over the next three years.

As part of signing up to the 'Sign Up to Safety' campaign the Trust has pledged:

1. Put safety first.
2. Continually learn.
3. Be honest and transparent.
4. Collaborate with others to promote learning.
5. Be supportive - help people understand why things go wrong.

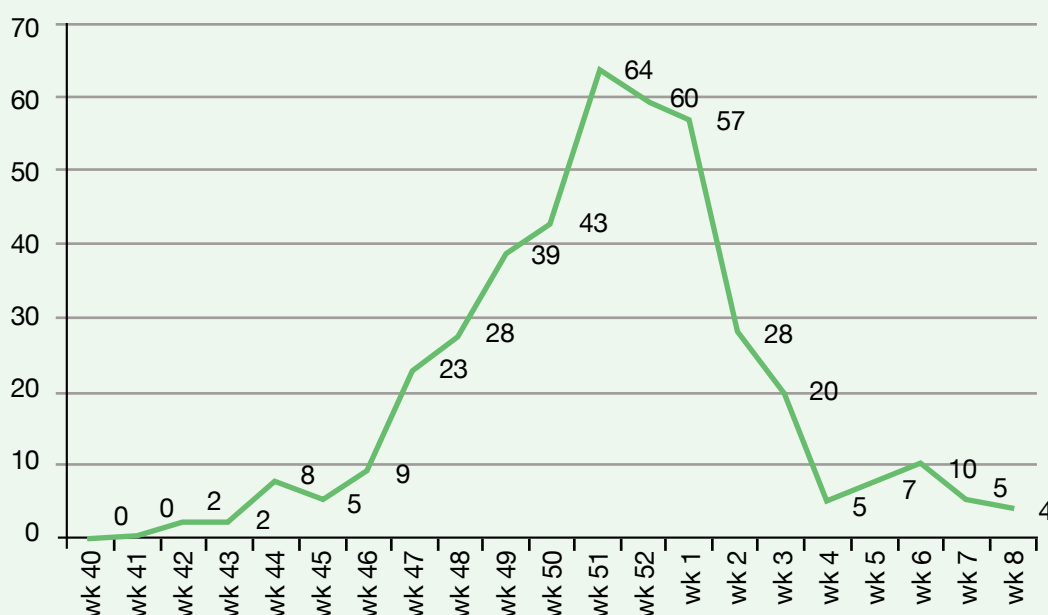
No Hospital Acquired Infection (HAI) – Primary Aim to Reduce Hospital Acquired Infection.

Increase the Use of In-house Rapid Respiratory Virus Testing (Film Array) to Increase the Turnaround Time for the Detection of Respiratory Viruses.

Reason for Improvement

Respiratory Syncytial Virus (RSV) is the commonest cause of respiratory illness (bronchiolitis) in children particularly those less than two years of age. The virus is seasonal and normally occurs for at least a six week period during the winter months between November and February. RSV is the commonest cause of hospital admissions due to acute respiratory illness in young children and the high number of babies requiring admission to the Trust during the winter months places huge pressures on the Trust.

RSV Positive Patients



2014-15

Trust Infection Prevention and Control Policy requires that any child admitted with acute respiratory illness, including Bronchiolitis/Pneumonia/Empyema or with any unexplained febrile illness, to be placed in a single room. When a single room is not available, the patient should be placed in a room with patients who have the same infection (cohorting).

At Alder Hey rapid testing was available only for RSV, with the results usually being available within four hours. As patients may have co-infection with other respiratory viruses, they cannot be nursed together in a cohort area, unless it has been established that they only have RSV infection. Therefore respiratory samples had to be sent to the Royal Liverpool University Hospital for PCR (Polymerase Chain Reaction) testing. The turnaround for these tests during the winter was a minimum of 36 hours during the week.

The average duration of stay for patients with Bronchiolitis on the Medical Admissions Unit in previous RSV seasons had been less than three days so historically, patients Respiratory PCR results were frequently unavailable until the baby was nearing or already discharged from the Trust. As patients couldn't be cohorted together until these results were available they required isolation in a cubicle for the duration of their stay.

The overall aim was to increase the turnaround time for the detection of respiratory viruses.

The Aims	<ul style="list-style-type: none"> • Review and trial of laboratory systems that enable quick turnaround times for the detection of respiratory viruses. • Introduce the system (Film Array) within high risk units all year round. • Use of the system (Film Array) during the respiratory virus season (November–March) Trust-wide in order to increase the turnaround time for the detection of respiratory viruses. • Provide information to Infection Prevention and Control (IPC) Team and patient flow, facilitating the cohorting of patients with the same respiratory virus together, thus improving patient flow and availability of cubicles for patients. • Quicker isolation of infectious patients. • Reducing the incidence of hospital acquired respiratory viruses, including outbreaks. • Rapid diagnosis of Influenza can allow treatment to be given at the time of presentation. The Trust Influenza pathway states that in “at risk” children, Oseltamivir must be given within 48 hours of the onset of symptoms to be effective.
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Improvement Monitoring	Improvement was monitored by collecting data on the laboratory result turnaround time, numbers of cases of hospital acquired respiratory viruses (RSV) and the number of outbreaks of respiratory viruses. The data was reported to the bi-monthly IPC Committee.
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Evidence of Improvement	In 2014, there was continued use of Film Array within high risk areas all year and introduction of testing for respiratory viruses for all areas commenced at the beginning of October until February 2015. There were three machines in use during the 2014-15 season and 1,118 samples were tested of which 406 were positive for RSV (36%). In addition 330 cases of Rhinovirus, 61 cases of Corona virus, 55 cases of Influenza and 70 cases of Adenovirus were identified.
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**Incidence of Hospital Acquired RSV and Influenza
Nov 2013 - Mar 2014 and Nov 2014-Mar 2015**

Month	Number of HA-RSV	Number of HA-Influenza	Month	Number of HA-RSV	Number of HA-Influenza
Nov 2013	1	0	Nov 2014	1	0
Dec 2013	6	0	Dec 2014	9	2
Jan 2014	1	0	Jan 2015	0	3
Feb 2014	1	0	Feb 2015	0	0
Mar 2014	1	0	Mar 2015	0	0

There were 10 HAI-RSV (2.5%) compared with 10 (2.1%) the previous year. There were 2.2 cases /100 AED attendances.

Although there wasn't a decrease in the number of RSV or Influenza cases during the 2014-15 winter season, the use of the Film Array has enabled more effective cohorting of patients with RSV. Cohort areas remained open for longer periods than in previous seasons and areas for patients with undiagnosed viruses were established during the peak of the season.

Patients were then moved into either an RSV cohort or cubicle, once results were available. This assisted with flow through the Emergency Department (ED) as patients could be moved up quickly from ED to a bed.

Three of the HAI- RSV cases related to an outbreak of RSV. The use of the Film Array meant that the outbreak could be identified more quickly and established if any other patients were excreting the virus and required isolation in a single room.

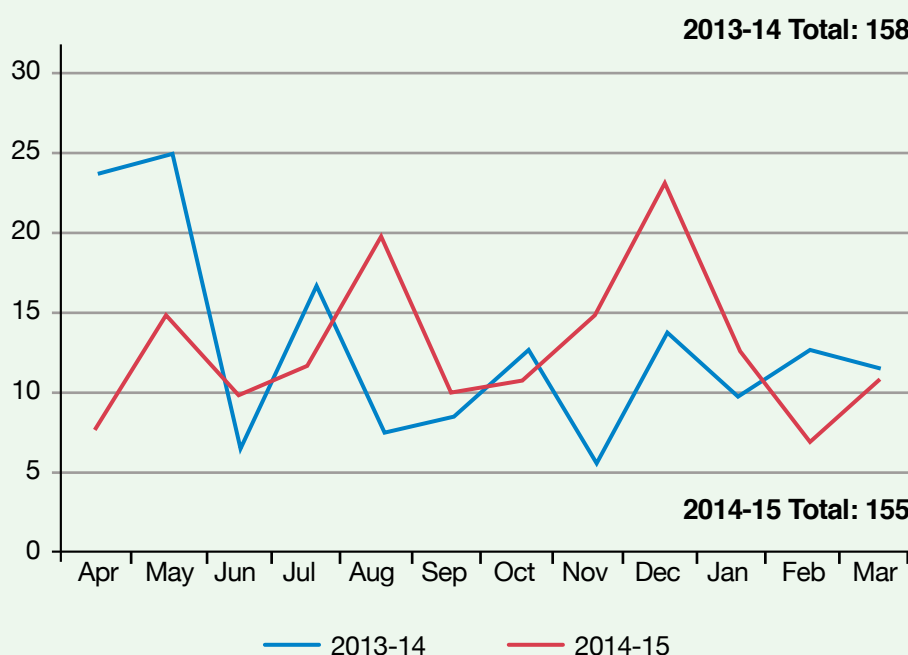
Due to the mismatch between the Influenza vaccine and circulating viruses in 2014-15, there was an increase in Influenza cases identified at the Trust. The rapid identification of the Influenza virus in children on the main wards enabled rapid isolation, thus preventing onward transmission. In addition when exposures had occurred, children could be assessed for Prophylaxis within a timescale that allowed effective treatment to be given.

Over the next year we will see the expansion of Film Array to include other infections i.e. identification of Enterovirus is due to commence in spring 2015. Alder Hey will be one of the first Trusts using the Cerebral Spinal Fluid Film Array panel. It is hoped this intervention will reduce inpatient stays for children with Enterovirus.

In addition patients with Pertussis will be identified using the Film Array and a preliminary report sent out to clinicians before confirmation is received from Public Health England. This will enable appropriate treatment to be commenced and reduce the risk of staff exposure as staff will wear the correct Personal Protective Equipment earlier.

The Trust is committed to reducing all hospital acquired infections and from April 2014 to March 2015 and as the chart below shows there were 155 outbreak acquired organisms/hospital acquired organisms compared to 158 in the previous year; this equates to a decrease of 2%.

Hospital Acquired Infections and Outbreak Organisms 2013-14 Against 2014-15



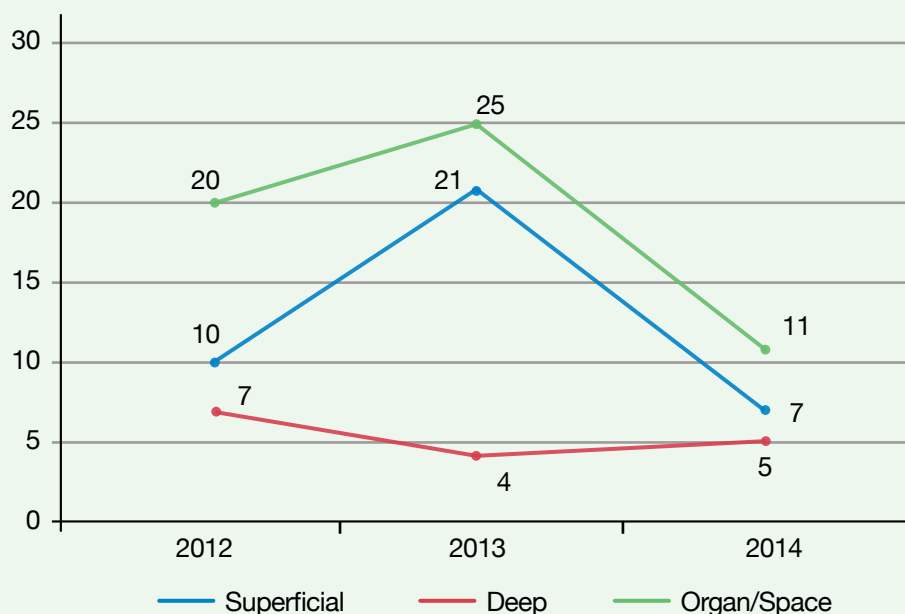
The Next Steps
in 2015/16

Continued focus on a reduction of hospital acquired infection.

Neurosurgical/Craniofacial Department Surgical Site Infection Care Bundle

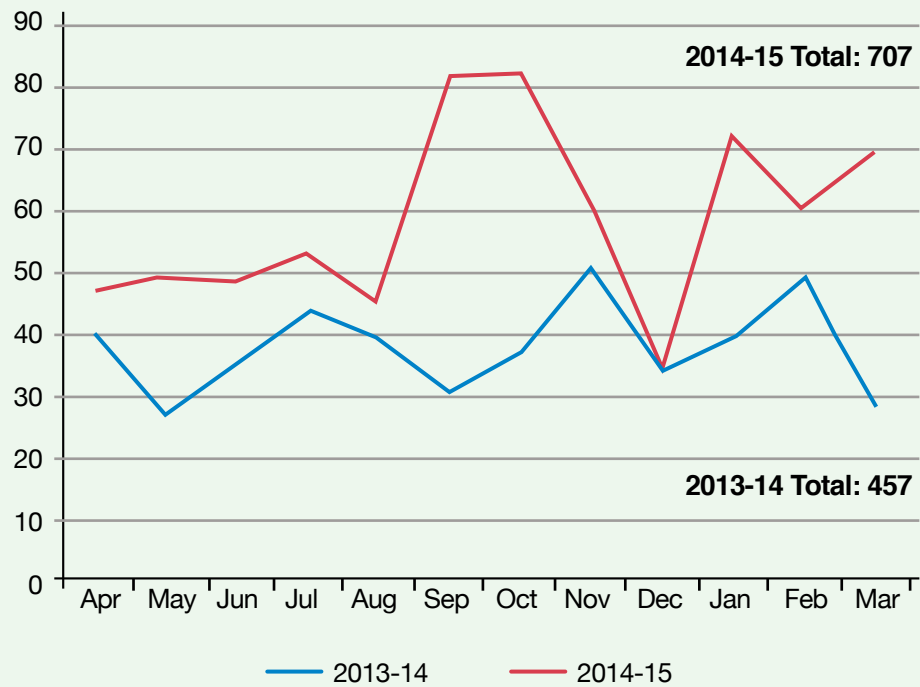
Reason for Improvement	<p>Neurosurgery instituted a monitoring programme for Surgical Site Infection (SSI) in late 2011, in conjunction with a pre-operative patient washing programme involving an antimicrobial soap solution. Review of 2012 SSI data led to changes in suture technique, ward practices and post-operative positioning of neonates/infants undergoing spinal surgery. However we felt that our infection rates could be further reduced, even without a national comparable measure being available with which to benchmark.</p> <p>A definition of a care bundle is a collection of interventions that may be applied to prevent a particular condition. Working jointly with our Infection Control/Microbiology Department, a Neurosurgical SSI Care Bundle was devised and implemented in November 2013.</p> <p>The new Neurosurgical Care Bundle states the interventions that need to be taken before the patient goes to theatre; before, during and following the operation.</p>
The Aims	<p>To further reduce the SSI rates following neurosurgical procedures in our department.</p> <p>To be able to demonstrate quality surgical patient care in our hospital.</p> <p>To reduce costs without compromising patient care:</p> <ul style="list-style-type: none"> • Reduce readmissions. • Reduced hospital bed occupancy. • Reduced related complications. • Reduced antibiotic usage.
Improvement Monitoring	<p>Every operative procedure is recorded and sub grouped, i.e. Cranial, Craniofacial, Cerebral Spinal Fluid (CSF) diversion etc. All surgical site infections are defined using the published Public Health England protocol for the surveillance of SSI. All data is subsequently analysed by Microbiology and Neurosurgery and presented to both the Craniofacial and Neurosurgical teams for review.</p>
Evidence of Improvement	<p>There has been a reduction in all categories of surgical site infections as demonstrated in the chart below.</p>

Infections By SSI Subgroup 2012/13/14



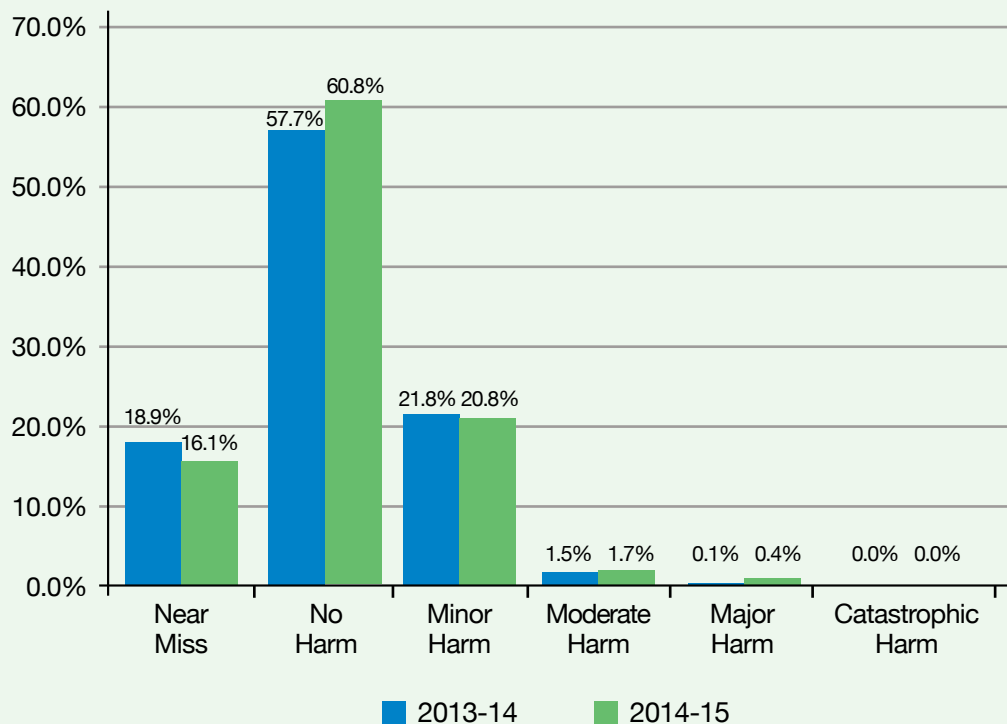
<p>The Next Steps in 2015/16</p>	<p>Review of the data has demonstrated aspects of the care bundle that require improvement and this will be discussed at Infection Prevention Committee level.</p> <p>Data will continue to be collected and analysed in the coming year as per departmental and Trust requirements.</p> <p>SSI surveillance is a key component of the Trust infection prevention and control strategy. The reduction of SSI in Neurosurgery from a peak of 8.1% to 4.0% is very encouraging. With further refinements to the care bundles it is hoped that the SSI rate will reduce further in 2015.</p>
<p>No Drug Errors Resulting in Harm</p>	
<p>Reason for Improvement</p>	<p>Almost every patient who is admitted to hospital requires medication. Prescribing, administering and dispensing medicines for children are complex processes and require specialist knowledge and experience.</p> <p>Medication errors are the most common type of incident reported in most hospitals in the UK. We want to reduce the number of medication errors happening in Alder Hey for three main reasons:</p> <ul style="list-style-type: none"> • Medication errors can harm patients. The majority of the errors which have happened in Alder Hey have not caused harm to patients but a small number have caused harm or might have caused harm if they had not been discovered before reaching a patient. • Medication errors can increase the length of time a patient stays in hospital or increase the cost of their stay because more tests, investigations or treatments are needed. • Being involved in a medication error can be a very difficult experience for patients, their families and the staff involved.
<p>The Aims</p>	<p>Reduce the number of medication errors that reach the patient by 23% by March 2015.</p>
<p>Improvement Monitoring</p>	<p>Medication errors are reported on the Ulysses reporting system. Individual errors are immediately triggered to the manager in the area where the error happened plus other appropriate individuals.</p> <p>The Medication Safety Committee (MSC) (a subgroup of the Drug and Therapeutics Committee) review monthly summaries and identify trends in reporting.</p> <p>The Trust's 'Weekly Meeting of Harm' reviews incidents that have caused harm to patients in the previous week, this includes medication incidents.</p> <p>The Clinical Quality Steering Group review overall trends in medication error reporting.</p>
<p>Evidence of Improvement</p>	<p>In Alder Hey medication safety relates to:</p> <ul style="list-style-type: none"> • 270,000 children seen per year. • Average in-patient is prescribed eight medicines during their stay (range 0-35). • Average in-patient is administered eight doses of medicines every day (range 0-47). • Over 2,500 doses of medicines are administered across the Trust each day. • 434 medication incidents were reported in 2013. • 612 medication incidents were reported in 2014. • Incidence: 1 error in 1,500 doses administered. <p>The total number of medication incidents reported in 2014/15 has increased from 457 reported in 2013/14 to 707 (an increase of 55%). This reflects a Trust-wide drive towards increased reporting during 2015, creating as many opportunities as possible for learning from incidents.</p>

Medication Incidents Including Near Miss 2013-14 Against 2014-15



In addition to the number of medication incidents that have been reported, the number of medication incidents that have caused harm to patients has increased from 96 in 2013/14 to 127 in 2014/15. The majority of these as can be seen from the chart below caused no harm.

Percentage of Clinical Incidents Reported by Level of Harm: Apr 2013-Mar 2014 and Apr 2014-Mar 2015



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

- The development of Electronic Prescribing and Medication Administration (EPMA) has been given great priority in the Trust and is due to be implemented in May 2015. Clinical staff have been seconded to this project which should remove the possibility of some types of medication errors and reduce the risk of others. We are aware, however, that this could introduce new errors and so are ensuring systems are put into place to mitigate this risk.
- Single checking of a limited list of medicines has been introduced Trust-wide in order to free-up time to concentrated on more complex medicines.
- A Medication Safety Summit was held in February 2015 and priority work streams are being developed.
- Patient Safety Champions have been established and include medication safety in their remit.
- Recruitment to the post of Medicines Safety Officer-Nursing to lead and deliver the training for Independent Double Checking in addition to focusing on improvements in medication safety has commenced.
- Monthly data is being collected on preventative indicators for medication safety. This includes the number of patients who have had Medicines Reconciliation performed within 24 hours of admission; medicines administered according to policy; patient identification band being in place and prescribing errors surveillance.
- The Trust pain prescription has been redesigned in response to medication errors reported.
- Training sessions on medication safety have been held throughout the year for various disciplines and grades of staff.
- Developing timely feedback for prescribers making errors on the Paediatric Intensive Care Unit (PICU).
- Developed a '5 Rights Campaign' to promote safe administration of medicine, inclusive of a poster competition for children and young people which have been displayed throughout the Trust.

The Next Steps in 2015/16

This remains a priority for the Trust as we strive to achieve our target of a 23% reduction in medication errors causing harm.

No Hospital Acquired Pressure Ulcers

Reason for Improvement Pressure ulcers are an area of localised damage to the skin and underlying tissue due to pressure, friction and shear or a combination of these. They are often seen as a measure of the quality of care given but they are also painful and debilitating.

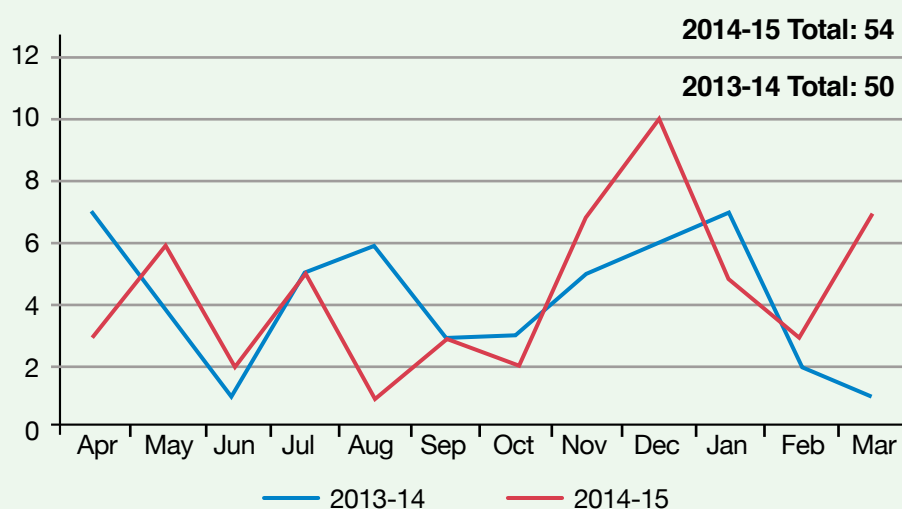
As a result we want to prevent our patients from developing a pressure ulcer whenever possible.

The Aims We aim to reduce the incidence of a patient developing a pressure ulcer by at least 16% by the end of March 2015.

Improvement Monitoring When pressure ulcers develop they are reported as a clinical incident enabling us to record how many have been reported. They are also reported to the Tissue Viability Nurse and each pressure ulcer is graded according to its severity using a nationally recognised grading system. In addition each month the patient safety scan also measures if any patients have a pressure ulcer on that particular day. This information is reported monthly to the Clinical Quality Steering Group, Clinical Quality Assurance Committee and Trust Board.

Evidence of Improvement As with other areas of incident reporting we have seen an increase in reporting of pressure ulcers from 50 in 2013/14 to 54 in 2014/15, with the highest increase in grade 2 pressure ulcers, from 13 in 2013/14 to 22 in 2014/15.

Pressure Sores 2013-14 Against 2014-15



Recommendations from investigations conducted when a hospital acquired pressure ulcer has developed and the utilisation of best practice has resulted in a number of initiatives implemented to prevent and reduce the number of hospital acquired pressure ulcers which include:

- A Rapid Improvement Event was held in May 2014 with representation from each of the wards to launch a Trust-wide SSKIN (Surface, Keeping moving, Incontinence, Nutrition) bundle.
- Guidelines for the prevention and management of pressure ulcers have been developed and are accessible to all staff via the Trust Intranet.
- Introduction of pressure ulcer prevention and management into the Paediatric Intensive Care Unit (PICU) orientation and mandatory training programmes.
- Introduction of pressure ulcer prevention and management to the nursing staff new starters orientation programme.
- Introduction of the Repose range of pressure reduction equipment in ICU.
- A capacity and demand review of the Tissue Viability Service to identify if additional resources are required.

The Next Steps in 2015/16

The priority for 2015/16 continues to be a reduction in the number of hospital acquired pressure ulcers:

- Application for an increase in available hours for the Tissue Viability Service based on the capacity and demand review findings.
- Targeted education for wards.
- Continued support for the PICU Education Team in prevention strategies in this high risk area.
- Education and support in pressure ulcer prevention and monitoring in the plaster room and community.
- Improve utilisation of Level 1 Root Cause Analysis investigation template to support learning.
- Risk assessment, SSKIN bundle and care plans incorporated into Meditech 6 allowing easier audit of compliance.

3.2 Clinical Effectiveness

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

Reason for Improvement

The transition from childhood to adulthood involves a period of significant change. During puberty, young people move from childhood into physical maturity. The sudden and rapid physical changes can make adolescents very self-conscious, sensitive, and worried about their own body. Young people begin to separate from their parents, with increased emphasis on friendships and establishing their own identity. In mid-to-late adolescence, young people often feel the need to establish their sexual identity through romantic friendships and experimenting. Adolescents become stronger and more independent before they've developed good decision-making skills, with an increase in risk-taking behaviours.

Young people with long term health conditions face significant additional challenges as they move from childhood to adulthood.

The changes of adolescence may result in increasing instability of the young person's condition, because of the effect of the physiological changes of puberty and because of the associated psychological and emotional changes. These challenges are also associated with the need to move from children's to adult health services. The manner in which this care is transferred to the adult healthcare system is essential to the continuing wellbeing of the young person and their willingness to continue and comply with health support and treatment. Additional challenges are faced when adult services are very different in their approach to the equivalent children's service or where there is no equivalent service in the adult sector. There is increasing evidence that planned, co-ordinated and supported transition can significantly improve outcomes for young people.

Specific challenges in transition of young people with complex neuro-disability

The cohort of young people with complex long term conditions, severe learning disability, technology dependence and palliative care needs is widely recognised as presenting specific additional challenges during transition to adult services. As a consequence, in Merseyside and Cheshire and nationally, many of these young people remain wholly or partly supported by children's services well after their 18th birthday. There are a number of important reasons for this:

- Difficulties in identifying the cohort of young people. This cohort of young people lack a single unifying diagnosis making them difficult to identify.
- Lack of a clearly identifiable single target health service in the adult sector.

- Severe learning and communication difficulties, meaning that these young people cannot advocate for themselves or take a lead role in management of their own health needs.
- Complex interrelated health, social care and education needs involving very large numbers of professionals requiring co-ordination of care and continuity between different teams, services and care settings.
- Small numbers of patients spread over a wide geographical area and a wide variety of care providers, but extremely high level service users.
- Instability, meaning that at all times the route into unplanned care must be clear and safe and that the transition process may need to be delayed during episodes of life threatening illness.

The Aims

- To develop a sensitive, reliable and reproducible way of identifying young people of transition age (14 years and over) with complex neurodisability from within the cohort of young people cared for by Alder Hey Children's Hospital.
- To engage with adult healthcare providers in primary, secondary and tertiary care across Liverpool in order to develop a shared vision of a multidisciplinary multispecialty service that would be able to support young people with complex neurodisability in the adult sector.
- To engage with commissioners of children's and adult services across Liverpool in order that the proposed multidisciplinary multispecialty service for young people with complex neurodisability is commissioned.
- To work with healthcare providers across Liverpool (in the adult and children's sector), young people and families to develop a generic transition pathway, empowering and supporting young people, ensuring a consistent approach across providers, flexible enough to be adapted to the needs of individual diagnostic groups.
- To define a series of competencies across complex long term conditions management and transition at three levels: universal, core and specialist.
- To evaluate the current level of knowledge and understanding of children's healthcare providers regarding transition, including knowledge and understanding of competencies relating to transition to adult services and complex long term conditions management.
- To develop core documents to support safe, effective transition including a visual representation of the transition pathway, what good looks like and an overarching Trust Transition Policy.
- To raise awareness across the Trust of the challenges of transition to adult services, in order to facilitate active engagement of staff and support "ownership" and implementation of the Trust Transition Policy.

Improvement Monitoring

Achievement of key deliverables:

- Measures of staff engagement with the Trust Transition Programme.
- Baseline assessment (to be repeated annually).
- Number of young people aged 14 and over within the Trust at different stages of transition.
- Young people accessing the Trust at an age when transition should have been completed.
- Critical incidents relating to transition; Young people with complex neurodisability (in addition to above).
- Number (percentage) of young people of transition age cared for by the Trust with an:
 - Identified key-worker.
 - Identified Lead Consultant.
 - Evidence of a transition plan.

Evidence of Improvement

Realisation of key deliverables:

- A sensitive, reliable and reproducible method for identifying the cohort of young people of transition age with complex neurodisability.
- Basic demographic and diagnostic data on the above cohort through application of the above process.
- Classification of transition status of all young people of transition age who have accessed Alder Hey Children's Hospital in the last two years.
- A model for a multispecialty, multidisciplinary service in the adult sector for young people with complex neurodisability, including commissioning support to progress with a business case and setting up the service.
- Generic Trust Transition Pathway supported by a draft Trust Transition Policy and supporting materials.
- Competencies across complex long term conditions management and transition at three levels: universal, core and specialist.
- Evaluation of the current level of knowledge and understanding of children's healthcare providers regarding transition, including knowledge and understanding of competencies relating to transition to adult services and complex long term conditions management, through the Trust Transition Survey.
- Core documents to support safe, effective transition including a visual representation of the transition pathway, what good looks like and an overarching Trust Transition Policy.
- Increased awareness of the challenges of transition to adult services across the Trust.
- Measures of staff engagement with the Trust Transition Program:
- Identification of an Executive Lead for Transition.
- Engagement of:
 - Children, young people and parent focus groups
 - Over 200 clinical staff in the Trust through the Transition Survey.
 - Over 100 clinical and managerial staff through the Transition Roadshows.
 - 62 clinical staff through the Transition Away Day.
 - 24 Transition Champions across the Trust.
 - First Trust Transforming Transitions Newsletter.
 - 2 x Trust Transition Steering Group meetings.
- Presentation at Clinical Quality Assurance Committee.
- Baseline assessment (to be repeated annually).

The Next Steps in 2015/16

- Repeat baseline assessment as above.
- Consult on proposed Transition Policy across the sector, including adult and children providers in primary, secondary and tertiary care, young people and families.
- Further work to develop and define the roles of the GP, Keyworker and Lead Consultant in transition and care of patients with complex long term conditions.
- Develop the role of Transition Champions.
- Identify Transition Leads within CBUs and clinical teams.
- Identify markers of complexity and set up relevant data fields within Meditech 6 (patient care information system) to capture them and an audit process to ensure these fields are reliably and consistently completed.
- Implement Transition Policy within the Trust including active monitoring of critical incidents.
- Set up a "register" of young people where transition to the adult sector is delayed either for appropriate clinical reasons or because of a lack of appropriate services in the adult sector.
- Work with the adult sector to develop the business case and set up multispecialty, multidisciplinary service in the adult sector for young people with complex neurodisability.
- Develop a nationally recognised transition tool kit, alongside our core materials.

- Design and deliver transition training for professionals within the Trust and in adult services, including experiential learning techniques such as simulation and video materials.
- Further participation and engagement work with young people and their parents/carers to inform the above.

The Alder Hey Child and Adolescent Mental Health Services and Mersey Care Adult Mental Health Transition Team Development of a Staff Transition to Adult Mental Health Services Training Programme

Reason for Improvement

Alder Hey and Mersey Care NHS Trust are two large organisations working in the Merseyside region. Child and Adolescent Mental Health Services (CAMHS) form part of Alder Hey and they cover the areas of Liverpool and Sefton. Mersey Care is a large Mental Health Trust which covers the areas of Liverpool, Sefton and Kirkby. There are variations in the clinical commissioning of psychiatric services within CAMHS and there is some crossover with the services Mersey Care Adult Mental Health Services (AMHS) provide. For example, CAMHS is not commissioned to provide crisis support for young people aged 16-18 years old as Mersey Care are commissioned to provide this service. In addition Cheshire and Wirral Partnership (CWP) NHS Trust is the identified provider of inpatient care (Tier 4) for young people aged under 18 from the Liverpool and Sefton Merseyside area.

Practitioners from CAMHS and AMHS services were consulted utilising focus groups, to identify areas of training required. Assessment and management of young people aged 16-18 years old was cited as an area which practitioners found to be challenging. In addition problems have been identified with transition from CAMHS to AMHS services and lessons have been learnt through incident investigation.

The TRACK study (Singh, 2008) shows that transitions for young people at the age of 18 are 'poorly planned, poorly managed and poorly received'. Further, recent guidelines have been published from the Royal College of Psychiatrists for managing self harm in young people (CR192 Managing Self-Harm in Young People. Royal College of Psychiatrists, 2014). Within this guidance it is recommended that practitioners assessing young people assess their digital life as part of the process. This is a relatively new area and there is growing evidence that young people's digital activity can have both positive and negative consequences which need to be explored by mental health professionals. A training programme was devised and presented by CAMHS, AMHS and Tier 4 professionals to practitioners from these services. The following areas were covered in the training:

- Who requires Tier 4 services?
- An overview of Tier 4 services and their Outreach Team.
- Assessing a young person's digital life.
- Working with vulnerable young people.
- Case Studies of young people; Capacity, Consent, Competence and Confidentiality.
- The Transition Process from CAMHS to AMHS.

The Aims

- To improve knowledge when assessing young people primarily aged 16- 18 years old.
- To improve communication, networking and relationships between CAMHS, AMHS and CWP practitioners.
- To improve young people's transition from CAMHS to AMHS.
- For practitioners to have a greater understanding of who requires Tier 4 CWP services and what services they provide.
- To have representation of each Trust in the delivery of the training, who were also available to consult with and answer questions.
- To promote assessment of young people's digital lives as part of the psychosocial assessment process.
- To gather suggestions from attendees as to how the training could be improved.

Improvement Monitoring

Feedback from trainees who accessed the training sessions was obtained by means of training evaluation questionnaires. The evaluation covered a number of themes:

- Usefulness of the presentations.
- The level of delivery.
- The presenters' knowledge.
- Time allotted.
- Expectations.
- Gains.
- Overall satisfaction.
- Recommending training to others.
- Suggestions on how the training could be improved in the future and additional comments.

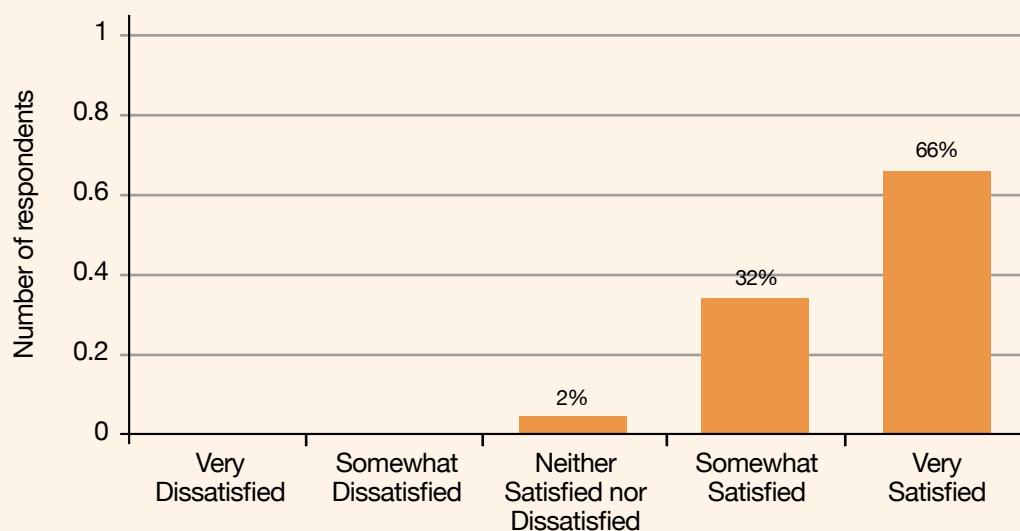
Evidence of Improvement

In all of the domains the majority of trainees rated the training highly. Overall, trainees expressed high levels of satisfaction with the training event. Generally, trainees communicated that they found the sessions useful in terms of their content and found that the level of delivery was about right. Most were satisfied with the presenters in terms of their knowledge and found that the pace of delivery was about right. The majority also expressed that they would recommend the training to others, that it met their expectations and all felt they gained something from the training. However, a small number of individuals made negative comments, mainly in relation to the level and pace of delivery. Also suggestions on how training could be improved were made in regards to the training content.

Assessment Training

Assessment training was delivered to 41 staff. As can be seen in the chart below, 98% of attendees were either somewhat or very satisfied with the training provided.

What is Your Overall Satisfaction With the Training Event?

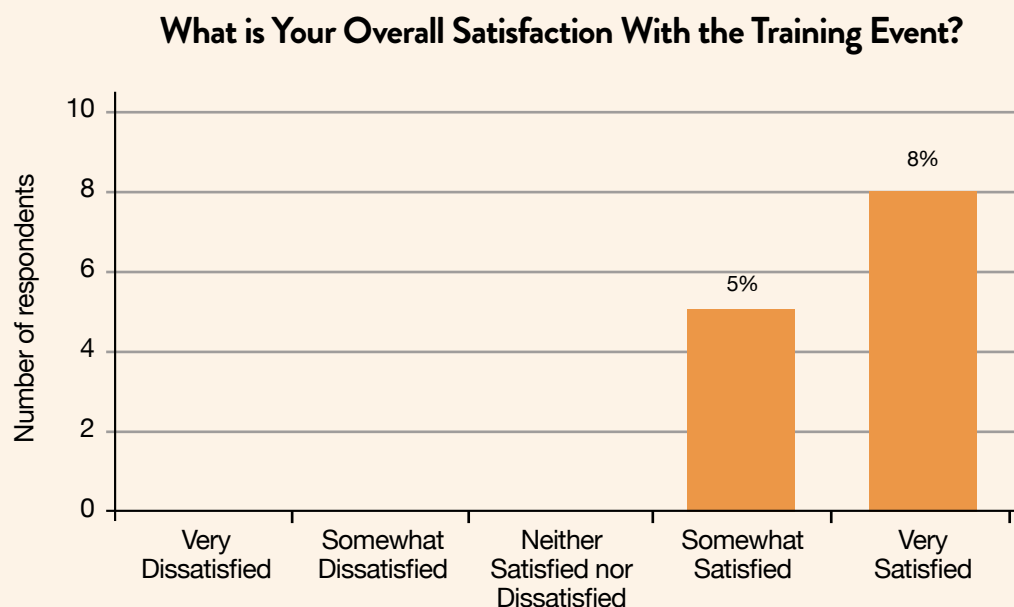


In addition, respondents were given a free text box and their comments have been used to inform future training.

Transition Training

Transition training is practical training delivered to teams. The chart below represents feedback from participants of the first training session.

Figure 1: Overall Satisfaction



The Next Steps in 2015/16

The Transition Team aims to continually monitor, review and improve the training they deliver. The suggestions and comments provided in the evaluation will be taken into consideration for the planning and delivery of future training events.

Improving Care for Children and Young People with Learning Disabilities

Reason for Improvement

Gaps in data capture and provision of reasonable adjustments for children and young people (CYP) with a learning disability (LD) accessing mainstream services have been identified.

The Aims

- To have a named permanent member of staff with the lead responsibility for the advocacy and support of children with LD.
- To identify LD Champions for wards and community teams.
- To have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients.
- To provide readily available and comprehensible information to patients with learning disabilities about the following criteria:
 - Treatment options.
 - Complaints procedures.
 - Appointments.
- To have processes in place to provide suitable support for family carers who support patients with learning disabilities.
- To have processes in place to routinely include training on providing health care to patients with learning disabilities for all staff.
- To have protocols in place to encourage representation of people with learning disabilities and their family carers.
- To have protocols in place to regularly audit practices for patients with learning disabilities.

Improvement Monitoring	<ul style="list-style-type: none"> • Regular meetings held by the LD Project Team with clear agenda items and action plans. • Health Passports including Risk Assessments. • Training Day for LD Champions; plan the event and implement. • Representation from Healthwatch Liverpool, Edge Hill University, staff from various departments and specialties. • LD Champions identified from different backgrounds, designations and departments.
Evidence of Improvement	<ul style="list-style-type: none"> • An executive sponsor has been identified with lead responsibility for LD. • CAMHS teams at Alder Hey have developed protocols and mechanism to flag patients with LD. • Changes to Meditech at a Trust level are currently being implemented and disability categories have been identified. • Easy read resources have been developed in some services e.g. Children and Adolescent Mental Health Service (CAMHS). • An easy read complaints leaflet has been developed previously. • Trust-wide support mechanisms, information and processes, for carers of patients with LD and related actions have been identified. • Health Passports are in use and enthusiastic staff will be trained to become LD champions on the 21st of April with bespoke training. • Mandatory training for all staff includes staff diversity training, incorporating disability and learning disability awareness.
The Next Steps in 2015/16	<ul style="list-style-type: none"> • Identify and capture CYP with LD within 48 hours of admission via Meditech and provide risk assessment for those who need it through completion of a Health Passport. • Provide regular bespoke training and refresher training for LD Champions. • Ensure that reasonable adjustments are put in place regarding appointment times and length. • Conduct audits of reasonable adjustments that are in place i.e. use of Health Passports, role of LD Champions, Risk Assessment and capturing data.

To Further Develop and Embed Face to Face (F2F) Parent to Parent Support For Children With Complex and Ongoing Needs Within an Acute Provider.

Reason for Improvement	<p>Collaborative working between voluntary sector SCOPE and Alder Hey was started in 2011 as a research study. The aim was to take the research evidence from our local study and with national data, continue to develop this approach of training and emotional support to parents from other trained parents.</p> <p>While there are several ways the mechanism of befriending and its effects on individuals (mothers, fathers, grandparents and carers) and communities are understood, the evidence is growing that such approaches enable parents to cope with the difficulties in daily lives.</p> <p>We recognise that family, child, parent and extended families experiences of health care and social care can be difficult when a child has a long-term condition. Difficulties can be further increased at times of transition, such as from primary to secondary school and when leaving children's services to move to adult care. Befriending has been used as an intervention to support individuals with low levels of social support in a range of health and social care settings at these stressful times.</p>
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Inclusion of the parent befrienders within acute environments acts as a beacon for other parents. The uptake of the F2F service highlights that there is a need for support. By building F2F relationships, parents can access emotional support that may not be possible elsewhere.

Building these relationships has allowed befrienders the opportunity to be supported to engage in conversations, discussions and management meetings about their child with complex needs with increased confidence. The parents who are befriended have also gained new skills and share these within the acute environment with staff at ward level.

The Aims

A primary aim was to continue the scheme and embed in practice.

Further aims included:

- The scheme would become recognised across the organisation and all parents would benefit from access to the F2F scheme.
- Increased publicity about the F2F scheme would provide staff with the opportunity to sign post parents.
- The F2F scheme will aim to engage with the hard to reach groups, for example fathers.

Improvement Monitoring

Quarterly evaluations have been provided to the Quality Team as well as reports to SCOPE since they funded 50% of this venture within the Trust.

The scheme has also sought additional funding from the Big Lottery Fund and is awaiting an outcome.

Evidence of Improvement

The following are the key areas of success:

- Secure email for the F2F co-ordinator to accept referrals from staff on site.
- Electronic referral form for staff.
- Online referral form for parents/carers.
- Additional parent training from a diverse range of parents from within different Clinical Commissioning Group's.
- Drop in sessions held fortnightly attended by new parents accessing the Trust.
- Presence in the Outpatients Department with various flyers, stands and leaflets.
- Ward/clinic based befrienders.
- Planned F2F question on all nurse led admission questionnaire, with link to information to be given to parents.
- Intranet visibility of the scheme.
- Building of links between departments and also across networks within the Trust.

The Next Steps in 2015/16

Emotional support for the families we see is integral to maximising the opportunities for the children and young people we care for.

There is recognition that access to CAMHS and mental health provision can be difficult for families of children with complex needs. F2F offers one solution to this and engages the third sector in partnership with acute care with a shared goal.

F2F has a positive contribution to offer toward transition support and we aim to try to build this into a model of care for families of children with complex needs.

To Ensure Patients, Their Families and Visitors Have the Best Possible Experience at Alder Hey the Following Three Areas Have Been a Priority For Improvement:

1. Patient and Family Feedback

2. Patient Information

3. Volunteer Services

Reason for Improvement	<p>The Trust's commitment to delivering quality is demonstrated in two strategic documents, the Quality Strategy and the Patient Experience Strategy, which are supported by a set of Quality Aims that were developed in early 2013 with patients, their families, our staff and governors. The strategic patient experience aim is:</p> <ul style="list-style-type: none"> • Patients will have the best possible experience (as reported by patients and/or families). <p>Alder Hey's values incorporate respect, excellence, innovation, together and openness. We will only achieve this by ensuring that patients, carers and visitors to the Trust have an opportunity to provide feedback and become an integral part of the development and effective delivery of services.</p>
The Aims	<p>The Trust is committed to ensuring that we have a robust model of patient and family engagement and involvement throughout the organisation that makes a real difference not only to the services we deliver, but also to the overall patient experience.</p>
Improvement Monitoring	<p>This information is presented to the Clinical Quality Steering Group and the Clinical Quality Assurance Committee and has been incorporated into the Patient Experience Report, presented to the Trust Board.</p>

Evidence of Improvement

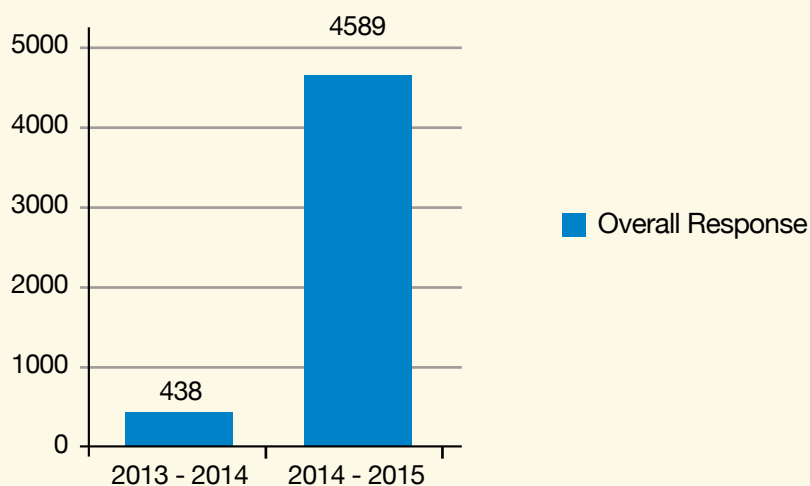
The following are examples of the achievements within the Patient Experience Team:

Patient and Family Feedback

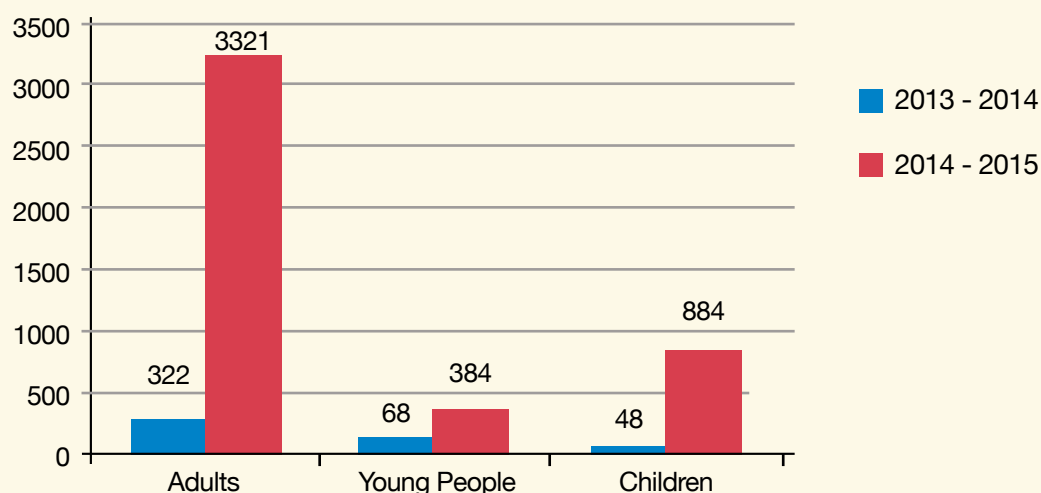
The Fabio device continues to provide valuable feedback in relation to the Quality Aims and additional information provided in the free text facility has been valuable in enhancing the scope of feedback obtained.

The following charts demonstrate that there has been a significant increase in the total number of Fabio questionnaire responses. In April to March 2013/14, there were 438 responses compared to 4,151 in April to March 2014/15. This equates to an increase of 948%.

Overall Fabio Response



Overall Fabio Response



While the increase in responses to the Fabio questionnaire is very positive, there remains a challenge to improve the responses from children and young people.

The 'Friends and Family Test', which is the question, "How likely are you to recommend our hospital to friends and family if they needed similar care or treatment?" has been incorporated into the Fabio questionnaire as a pilot from July 2014, prior to mandatory collection of this data in April 2015.

Age Group	Response	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Children and Young People	% Recommend Trust	97%	98%	91%	97%	99%	93%	93%	94%	94%
Parents	% Recommend Trust	95%	94%	98%	97%	95%	95%	95%	95%	95%
Total	% Recommend Trust	96%	96%	96%	97%	96%	94%	95%	95%	95%

The 'Friends and Family Test' has shown that children, young people and their parents, would consistently recommend Alder Hey to their friends and family if they needed similar care or treatment.

Patient Information

In April 2014, a highly entertaining and innovative reading workshop was held in the Lecture Theatre of Alder Hey's Education Centre. The aim of the workshop was to support members of staff, volunteers and parents who wish to read to and engage with our patients. Everyone who participated received a certificate in recognition of their attendance.

The Trust has formed a relationship with Readwell, a charity that provides books and storytellers for children in hospital. Over the past year hundreds of new books for children and young people have been distributed to our patients and their siblings. In addition to this, a professional storyteller from Readwell visits wards every half term to engage with patients and their families.

Feedback from one parent whose child regularly comes to Alder Hey was;
"For any child in hospital any distraction is welcomed and helps a parent to ease the boredom. Also books can help with the emotion a child can be feeling/help make them laugh and smile."
"Every boy and girl likes surprises and this was a lovely surprise."

Play specialists commented:
"A lot of children don't get the chance to read in hospital and as you know the benefits of reading help children to expand vocabulary and memory improvement."

"Memory improvement for older children will improve concentration and for those children better writing skills in the future. Once again thanks."



Books kindly donated by members of the general public are checked for appropriateness (ie. cleanliness and condition) and distributed to clinic waiting areas.

Throughout the year the Children and Young People's Forum as well as patients were involved in reading and reviewing books on a variety health conditions. Children aged as young as five contributed to this initiative and their involvement and enthusiasm was appreciated, particularly as some very ill patients participated. The reviews have been uploaded onto the Trust website.

As part of our ongoing celebrations we held two events on our wards for patients.

Reading for pleasure has been very much a theme of our 'Word on the Ward' initiative and Nico Russell the talented young author of 'Nana's Knickers' was invited to come along and meet our patients. He also brought his mum, the inspiration for his book, with him.

The actress Eithne Browne provided a highly entertaining rendition of the book 'Nana's Knickers'. The children were enthralled and had a good giggle when she produced a pair of pink and white spotted bloomers! Nico spent time with patients on our D2 Ward where patients receive dialysis. Denise Jones from Liverpool City Library Service also supported the event. She talked to patients and parents about Library Services and City of Reading.

The second event was focussed on the Readwell initiative and was held on our busy Orthopaedics Ward. The children and their families were engrossed when Helen Appleton, the storyteller from Readwell began to tell the tale of the Little Mouse. Each patient on the ward received a story book, a goody bag and a balloon. Eithne Browne was there once again to add to the fun with her songs and stories.

Helen and Eithne then went to several other wards to talk to patients and distribute more goodies.



Volunteer Services

Volunteers provide support which add value to services and enhance the patient and family experience. There are many reasons why we involve volunteers in what we do but ultimately, they help to develop and support the hospital in meeting the Trusts objectives in improving children and young adult's health and wellbeing by providing the highest quality, and innovative care.

Volunteering offers an opportunity for members of the local community to be engaged in activities that can support the development of skills and build confidence that may lead to employment, which may be within the health service. It also gives volunteers the opportunity to gain work experience and to request a reference for further education. It supports improvements in health and wellbeing for the individual.

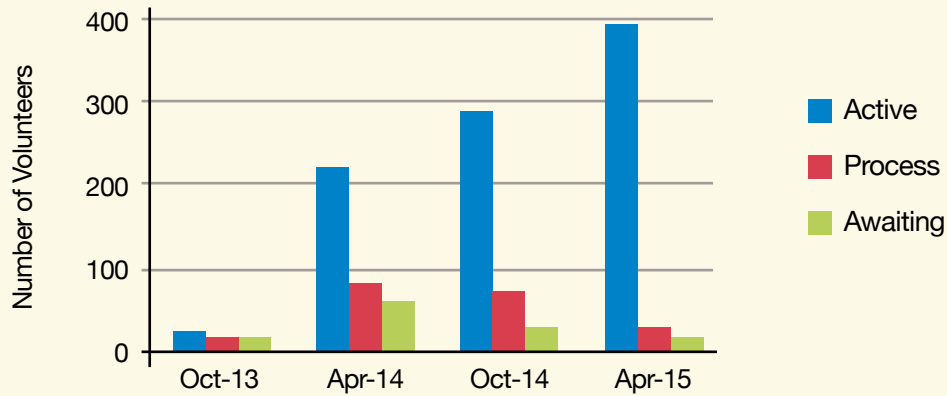
The Volunteering Department recruits for all volunteering services within the Trust inclusive of all Trust departments and third party volunteers such as:

- Everton in the Community
- Face to Face
- Rise of Sunshine
- The Alder Centre
- Woodland Beauty
- Alder Hey Children's Charity



This has been an exciting and productive year for the Volunteering Services Department. The team has been extremely busy further developing the Volunteering Services Programme. A re-launch programme and comprehensive recruitment plan has enabled the service to increase its workforce from 20 to 395 active volunteers since October 2013.

This has been achieved by close engagement with departmental managers and staff to support our volunteers within their department. The Volunteering Services Team has been able to support all departments with the provision of volunteers on a regular and ad-hoc basis.



Achievements this year include:

- Re -launch event for Volunteering services.
- Successful recruitment programme.
- Development of Bespoke Induction Training facilitated by Volunteering Services Team covering all ten core skills.
- Seven Volunteer Recruitment Awareness Events within the past twelve months.
- Development of policies, procedures and standard operational procedures for all aspects of volunteer services.
- Re-branding of volunteering services, provision of printed information; public and internal communication.
- Implementation of Ulysses Volunteers module to support an efficient database and paperless department.
- Working in partnership with external agencies e.g. DAISY UK disability organisation, Work Solutions/Learn Direct to place long term unemployed people in work with a placement for 30 hours a week for 27 weeks.
- Increased provision of concierge services to include Saturday service.
- Identification of all third party volunteers and assurance that recruitment process has been completed.
- Successful Volunteers Week; full week planned of entertainment and recognition for our volunteers ending with a garden party.
- Co-ordination and distribution of Easter and Christmas gifts for children.
- Celebration and recognition of volunteers' contribution at Trust Award Ceremony.

The Next Steps in 2015/16

- Further development of systems and resources for collecting real-time and right time patient and family feedback.
- Ensure a successful implementation of the 'Friends and Family Test', using a variety of methods of data collection to meet Trust target for compliance.
- Further expand recruitment of volunteers.
- Expand volunteer roles to meet needs of different areas.
- Volunteers to be given the opportunity of a personal development plan each year.
- Evaluate the effectiveness of the current volunteer workforce.
- Continue to support clinical teams in developing patient information leaflets.
- Support and promote reading by providing additional, accessible resources for patients and their families.

3.3 Performance Against National Priorities

The Trust achieved all national priorities as indicated below:

The performance of Alder Hey against the Risk Assessment Framework 2014/15 is demonstrated below:

Target or Indicator (Per 2013-14 Risk Assessment Framework)	Threshold	National Performance	Qtr1	Qtr2	Qtr3	Qtr4
Summary Hospital Level Mortality Indicator (SHMI) ¹			n/a	n/a	n/a	n/a
C. Difficile Numbers – Due to Lapses in Care			0	0	0	0
C. Difficile - Rates Per 100,000 Bed Days		6.9	0	0	0	0
18 Week RTT Target Admitted Patients	90%	89.3% ²	90.3%	90.5%	78.3% ³	90.2%
18 Week RTT Target Non Admitted Patients	95%	95.8% ²	95.2%	95.2%	91.3% ³	95.4%
18 Week RTT Target Open Pathways (Patients Still Waiting For Treatment)	92%	92.8% ²	92.1%	92.1%	92.9%	92.8%
All Cancers: Two Week GP Referrals	100%	94.7% ⁴	100.0%	100.0%	100.0%	100.0%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	100%	97.8% ⁴	100.0%	100.0%	100.0%	100.0%
All Cancers: 31 Day Wait Until Subsequent Treatments	100%	97.7% ⁴	100.0%	100.0%	100.0%	100.0%
A&E - Total Time in A&E (95th Percentile) <4 Hours	95%		96.28%	97.46%	95.34%	96.99%
Readmission Rate Within 28 days of Discharge		0-15 Years:	7.9%	7.3%	6.9%	7.5%
		16 Years and Over:	4.5%	5.6%	2.4%	6.3%
% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends		77%	91%	93%	80%	87%
Rate of Patient Safety Incidents Per 1000 Bed Days ⁵		35.92		Apr – Sept 2014 55.56		
Patient Safety Incidents and the Percentage That Result in Severe Harm/Death		0.4% 0.1%		Apr – Sept 0.3% 0.0%		
Financial and Service Performance Ratings			4	4	4	4

¹ Specialist trusts are excluded from SHMI reporting.

² National performance is based on most recent published Annual Report for 2014.

³ National performance is based on most recent published Quarter 3 data for 2014/15.

⁴ Alder Hey was compliant with all indicators each quarter, with the exception of the 18 Week RTT target for admitted and non-admitted patients from Quarter 3. Performance was in line with the agreed National Amnesty to clear longest waiting planned for Quarter 3.

⁵ Latest data published has been included. There has been a change in the way that this is reported for 2014-15 – now expressed per 1,000 bed days, rather than per 100 admissions.

The Trust considers that this data is as described for the following reasons.

- The indicators are subject to a regular schedule of audit comprising completeness and accuracy checks which are reported monthly to the Performance Management Group.
- The Data Quality Audit Plan will increase the frequency and scope of audits for 2014-15.

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

- For RTT Performance – increasing capacity and improving waiting times for first appointment.
- For all other indicators the Trust is maintaining and improving where possible current performance.

Statements on the Quality Report by Partner Organisations

Commentary from Clinical Commissioning Groups

'Liverpool CCG welcomes the opportunity to comment on Alder Hey Children's NHS Foundation Trust Draft Quality Account for 2014/15. We have worked closely with Alder Hey throughout 2014/15 to gain assurances that the services they delivered were safe, effective and personalised to service users. The CCG shares the fundamental aims of the Trust and supports their strategy to deliver high quality, harm free care.

We have reviewed the information provided within the Quality Account and checked the accuracy of data within the account which was submitted as part of the trusts contractual obligation. All data provided corresponds with data used as part of the on-going contract monitoring process.

This Account indicates the Trusts commitment to improving the quality of the services it provides and Liverpool CCG supports the key priorities for improvement during 2014/15:

- To ensure a safe move to the new Alder Hey Children's Health Park
- To reduce harm to patients from a medication error.
- To reduce harm to patients as a result of the development of a pressure ulcer.
- To increase children, young people and their parents/carers involvement in patient safety.

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and what actions are needed to achieve these goals. The Quality Account sets out the priorities for improving patient safety, patient experience and clinical effectiveness across all services provided by Alder Hey.

Through this Quality Account and on-going quality assurance process, Alder Hey clearly demonstrates their commitment to improving the quality of care and services delivered for children, young people and families. Alder Hey continues to develop innovative ways to capture the experience of patients and their families in order to drive improvements in the quality of care. Further development and implementation of the Children and young person's version of the Friends and Family Test is an example of one of the initiatives designed to ensure that users of the service are listened to and issues addressed can be continually monitored and acted on.

Cancelled operations has been a challenge for the Trust and we will continue to work with and support Alder Hey to review the effectiveness of the range of interventions currently being implemented to improve the current position. As part of this work Alder Hey remain focused on the impact on children and families when operations are cancelled and improving the patient experience.

Alder Hey places significant emphasis on its safety agenda, with an open and transparent culture, and this is reflected throughout the account with work continuing on reporting to the NRLS with a further commitment to demonstrate a year on year improvement in incident reporting. This commitment is also supported through the participation in the Sign Up to Safety Campaign and the pledges put forward to improving patient safety across the organisation.

Liverpool CCG welcomes the transparency within the report regarding the CQC inspection during a routine inspection in May 2014. The Trust has demonstrated considerable improvements over the last twelve month and we acknowledge the hard work and commitment of Alder Hey staff to ensure patients remain at the centre of care.

Liverpool CCG along with our Co-Commissioning CCG's our aspiring through strategic objectives and 5 year plans to develop an NHS that delivers great outcomes, now and for future generations. That means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and paramount to our success.

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

Katherine Sheerin, Chief Officer, Liverpool CCG

Commentary from Overview and Scrutiny Committees

None received prior to publication.

Commentary from Governors

'Overall it looks fine. In the section relating to non-accidental injury, I'd like to see some reference regarding how the Trust engages with the Local Safeguarding Children Board.'

Professor Rod Thomson, Director of Public Health for Shropshire, Appointed Governor

'I am happy to accept these.'

Claire Blanchard, Parent Governor

Commentary from Healthwatch

'The level of particular focussed engagement on Quality Accounts from Alder Hey Children's NHS Foundation Trust to Healthwatch Liverpool this year provides opportunities for improvement that Healthwatch Liverpool would like to explore with the Trust in the coming months. Nevertheless, Healthwatch Liverpool welcomes this opportunity to comment on the 2014/15 Quality Account of Alder Hey Children's NHS Foundation Trust.

The priorities set by the Trust do appear to be appropriate and the priority of ensuring a safe move to the Alder Hey Children's Health Park particularly is fitting for the coming period. The quality account does appear to provide a fairly useful summary of the Trust's performance regarding the quality of its service and it does seem to show progress on a number of important fronts.

Healthwatch Liverpool is pleased that the Trust is continuing to put a high priority on its clinical research programmes. The actions regarding the recruitment of more nurses are particularly encouraging to observe as good staffing levels are of vital importance to the quality of any health service, especially where that service will make use of single room accommodation and be supporting patients with complex needs.

The Quality Account could have benefited from improvements in some sections. For example, more detailed narrative in the section on CQUINS would have made this section more accessible to the public audience. However, other sections are very clear. The information on Patient Safety and Hospital Acquired Infection etc. are well laid out and relatively easy to understand. Healthwatch Liverpool also notes and welcomes that the Trust is making a clear commitment to keep focussed on Hospital Acquired Infection and the reduction of Hospital Acquired Pressure Ulcers.

The work regarding improving care for people with learning disabilities is encouraging and Healthwatch Liverpool looks forward to observing how this develops over the coming year. Equality and Diversity is one key topic that Healthwatch Liverpool believes should receive some emphasis in a comprehensive Quality Account and which this Quality Account would have benefited from explicitly including. Healthwatch Liverpool looks forward to observing the Trusts measures to communicate the content of this quality Account to its young patient.'

Andrew Lynch, Development Officer, Healthwatch Liverpool

Commentary from Healthwatch Sefton

Healthwatch Sefton would like to thank Alder Hey Children's NHS Foundation Trust for the opportunity to comment on this draft account.

The main objectives of the account appear to show that the Trust is; capturing experience and learning from it, setting challenging improvement priorities and displaying clear measurements of progress and future aims. It is good to see that significant increases in the nursing workforce have been made over the past year and the recruitment of a Director of Infection Prevention and Control has been made.

The 4 main priorities for 2015/16 are clearly stated at the beginning of the account. We agree that priority 1 of ensuring a safe move to the new Alder Hey Children's Health Park will be of high importance this year. Priority 2 which relates to reducing harm to patients from a medication error is particularly welcomed. There has been a lot of work undertaken on medication errors. We welcome the commitment to this work with this remaining a clinical priority for improvement in 2015/16 and look forward to receiving updates on this in the coming year. The improvement in reporting shows that the Trust is working hard to ensure staff work in an open and honest culture.

It is pleasing to note the work the Trust has undertaken over the past year on local commissioner CQUIN goals with the end of year performance for the majority of areas being fully achieved. We would like to find out more about the areas where the progress was only partially achieved which relate to communication.

The work undertaken on transition from children to young people's services is an area we are keen to monitor. We can see that priorities have been identified but the majority of implementation has yet to happen including identifying leads and transition champions.

The information relating to national and local clinical audits is welcomed. It would have been useful for the reader to know why 12 of the local clinical audits planned had been cancelled and what steps are in place to prevent future cancellations.

The account refers to the Care Quality Commission inspection which took place May 2014. Information on work already undertaken since the outcome from the inspection would have been useful. The account refers to an action plan which is on target and will be fully delivered in 2015/16 but no further detail is provided.

From a lay reader perspective it was difficult early on in the report to be asked to turn to page 26 to read about areas for improvement. The document uses acronyms throughout the report usually after the term has been used in full for the first time. There are however some that are used without explanations. A glossary would be welcomed at the front of the account to help the reader with brief explanations of technical terms. Examples of acronyms or terms used which a lay reader may not understand include; NIHR, CAMHS, TTOs, Periorbital Cellulitis and SSKIN Bundle.

Healthwatch Sefton looks forward to working with Alder Hey Children's NHS Foundation trust over the coming year.

Diane Blair, Manager, Healthwatch Sefton



Statement of Directors' Responsibilities in Respect of the Quality Report

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

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 NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2014 to May 2015.
 - papers relating to Quality reported to the board over the period April 2014 to May 2015.
 - feedback from commissioners dated 21st May 2015.
 - feedback from governors dated 19th May 2015.
 - feedback from local Healthwatch organisations dated 21st May 2015.
 - feedback from Overview and Scrutiny Committee dated [none received].
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2015.
 - the 2014 national patient survey published in March 2015.
 - the 2014 national staff survey published in March 2015.
 - the Head of Internal Audit's annual opinion over the trust's control environment dated March 2015.
 - CQC Intelligent Monitoring Reports dated March, July and December 2014.
- 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.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.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.

David Henshaw

Sir David Henshaw
Chairman
22nd May 2015

Louise Shepherd

Louise Shepherd
Chief Executive
22nd May 2015



Alder Hey Children's 
NHS Foundation Trust

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