

Royal College of Surgeons Review – Action Plan

RCS Recommendation	Trust Response/Current Position	Evidence	Action required	RCS Timescale (wef 5 th Sept)	Lead
Department and team working in the context of the strategic aims of the Trust					
1. Strategic aims and strategic plan	<p>Alder Hey and the University of Liverpool (UoL) are already in an active process of reviewing their strategic aims and joint plan. This was initiated in March 2011. Research is one of the four 'pillars' of the Trust's strategic plan to 2015.</p> <p>Alder Hey has committed to participating in the Liverpool Academic Health Science System as a full member. Child Health is a key theme for the AHSS.</p> <p>The position of surgery will be considered within this process but is not currently a major theme although elements of other themes contain surgical influence i.e. oncology. Plans are underway with the universities with regard to the education and research facility within the Children's Health Park (CHP).</p> <p>Agreement has been reached with the University of Liverpool to create an associate NED on the Alder Hey Board with a clinical academic background</p>	<p>Full member of 'Liverpool Partners' - Academic Health Science System (AHSS) Partnership (December 2011)</p> <p>Research Strategy for Alder Hey approved by Trust Board January 2012.</p> <p>Department of Paediatric Surgery national/international achievements - Departmental report due May 2012.</p> <p>University advisor to the Alder Hey Board in place from October 2012.</p>	<p>Complete</p> <p>Complete</p> <p>Complete – report presented to Board of Directors, November 2013</p> <p>Complete</p>	<p>Within 6 months (original recommendation achieved)</p> <p>Over a period of 12 months</p> <p>6 months</p>	<p>CEO/ Medical Director</p> <p>Clinical Director/ UoL/ Director of Education and Research</p>

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	<p>The Terms of Reference of the RCS Invited review did not request departmental research outputs / grants / external appointments or assess impact of research outputs e.g. through citation indices. No attempt was made by the RCS to benchmark the Department of Surgery at Alder Hey with other units nationally or internationally. The Trust's ambition remains to be a world class provider of children's healthcare and research.</p>				
<p>2. Trust wide considerations</p>	<p>The Trust has embarked upon an exercise to refresh its vision, values and behaviours in the light of our evolving strategies and the Children's Health Park development. The Surgical Department team will participate in this organisation wide process. We are considering involving an external partner in helping to resolve some of the specific issues within surgery as addressed in the report.</p> <p>The Trust is currently developing its Quality Strategy which will be implemented Trust-wide and support effective governance.</p>	<p>Communication cascade for new vision initiated during November 2011, followed up in December with Transformation Strategy – presentations delivered to staff via CBU's</p> <p>Existing CHILDREN values will form the basis of a six month review programme</p>	<p>Complete - Surgery CBU fully engaged in the cascade process</p> <p>Complete - All Alder Hey surgeons completed Equality & Diversity training by end February 2012</p> <p>Complete - Trust wide values consultation exercise undertaken during</p>	<p>Within 6 months</p>	<p>CEO/ Medical Director</p> <p>Clinical Director/ General Manager</p>

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		<p>across all staff groups.</p> <p>Quality Strategy approved at Trust Board December 2011</p> <p>Terms of reference agreed for an external partner (the Foresight Partnership) to review the residual issues in the surgical team – commenced March 2012</p>	<p>2012/13; values now refreshed and being rolled out with staff.</p> <p>Complete – Quality Strategy in implementation phase; 16 Quality Aims agreed in January 2013, progress reported through Trust's quality governance processes.</p> <p>Complete</p>		
3. Individual support	The Trust has a robust appraisal process in place with an expectation that all consultants will be appraised each year. This will take account of	Appraisal policy (updated 2011) Counselling provision Occupational Health	Complete	Within 3 months	Director of HR & OD/ Medical

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	<p>many of the issues raised in this recommendation and be incorporated as part of their personal development plans.</p> <p>The Trust has a counselling service that is freely available to staff and an occupational health service which has recently been re-tendered.</p> <p>The underlying recommendation is integral to the effective management of all staff and is part of our role as a responsible employer.</p>	SLA			Director
<p>4. Occupational Health referral</p>	<p>Two individuals identified in the recommendations both agreed to undergo Occupational Health assessment.</p>	<p>N/A – Occupational Health assessments are confidential</p>	<p>Complete</p>	<p>Within 3 months (by early December)</p>	<p>Clinical Director</p>
<p>5. Leadership development</p>	<p>18 month Leadership Development Programme in place for all senior Clinical Business Unit (CBU) leaders. Personal development supported through coaching and action learning sets.</p> <p>Roles and responsibilities for all senior CBU leaders are set out in the detailed Job Descriptions agreed as part of the CBU organisational change process and implementation plans.</p> <p>All Clinical Directors are part of a</p>	<p>Leadership Development Programme.</p> <p>Job Descriptions for CDs and Service Group Leads</p> <p>Terms of Reference</p>	<p>Complete</p> <p>Complete – July 2012. Effectiveness of CBU governance arrangements reviewed by internal audit.</p>	<p>Within 3 months</p> <p>Within 6 months</p>	<p>Director of HR/ Chief Operating Officer</p>

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	Senior Medical Management team which meets weekly, chaired by the MD.	for Senior Medical Team			
6. Integration	The two surgeons identified in this recommendation already participate in governance and education activities at Alder Hey. These take place on Wednesday am. We are taking active steps to pursue the opportunities for re-integration including independent advice.	Individual job plans	Complete However, one of the individuals resigned December 2012.	Within 3 months	Clinical Director/ General Manager
7. Mentorship	Formal internal mentorship programme available for new and existing consultants on request.	Mentorship Standard Operating Procedure (SOP)	Complete for individual - a colleague has been identified to act as a professional mentor Mentorship scheme developed	Within 3 months Within 12 months	Director of HR
8. Clinical mentorship	Current practice at Alder Hey is to support consultants returning following a period without consistent NHS practice and to create a reintegration programme.	Custom and practice Issues around re-integration being addressed consequent upon decision re recommendation 2.	No longer applicable	Within 3 months	Medical Director

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9. Succession management	CBU clinical management structures include Clinical Directors (CD) supported by one or more Service Group Leads (SGL); for the surgical CBU this includes one CD and three SGLs. CDs and SGLs appointed following assessment and formal panel interview.	CBU organisational structures	Complete - Succession plans to be included in Talent Management Strategy	Within 3 months Within 12 months	Director of HR
10. Appointment of deputies	Surgical CBU has 3 Service Group Leads (SGL's) and a Clinical Governance Lead in place. The 3 SGLs are for: <ul style="list-style-type: none"> • Paediatric surgery • Anaesthesia and theatres • Orthopaedics and trauma 	CBU structure/organogram	Complete	Within 3 months	Clinical Director/ General Manager
Departmental processes					
11. Communication at handover	There is currently a formal handover between on-call junior staff at 0800 each morning. Consultant hand-over will be formalised in line with the RCS recommendations.		Complete - Review of 'best handover practice' Implementation of teleconferencing for individuals who are off site. Standardize process	Within 6 months	Clinical Director/ General Manager

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			<p>across CBU / Trust-wide. Complete - Surgeon of the Week commenced 04/03/2012. Consultant surgeons' handover takes place at 2000 daily.</p>		
<p>12. Consent</p>	<p>The Trust consent process is undergoing review and consent will be strengthened as a consequence of this. The Department of General Surgery and Urology already has 10 care pathways for specific treatment paths and is continuing to develop further care pathways and refine existing. For example, use of the appendicitis care pathway has halved our readmission rates for children with appendicitis.</p>	<p>Trust consent review committee – led by Deputy MD. Consent audits. Consent policy reviewed in detail by Clinical Quality Assurance Committee</p> <p>Existing care pathways</p>	<p>Complete – updated consent policy approved February 2012 by CQAC.</p> <p>Continue structured roll-out of care pathways with structured consent forms – central venous line pathway complete September 2012, anorectal malformations, Hirschsprung's disease, oesophageal</p>	<p>Within 6 months</p> <p>Roll out of pathways during 2012.</p>	<p>Lead consultants</p> <p>All surgical consultants</p>

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			atresia, congenital diaphragmatic hernia, mid-gut volvulus in progress. Departmental discussion of congenital diaphragmatic hernia consent Plan will be monitored by CQAC quarterly		
13. Mortality & Morbidity Meetings	Since 2008 the Department has striven to continuously improve the standard of monthly morbidity and mortality meetings (M&M). Attendance is mandatory for the surgical team. All staff members in the hospital are invited to attend via a network wide notice on the Intranet A patient experience representative is invited to ensure that the view of parents and children are taken into account. The minutes of the M&M are fed to the CBU risk and governance committee which allows escalation of issues to Board level when required. The Trust	Terms of Reference of Morbidity and Mortality meetings Monthly minutes with 'take home messages' escalated to CBU R&G committee Three monthly 'key points' summaries distributed to team members	Complete	Within 6 months	Clinical Director

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	does not believe that an independent chair is necessary at this level as the departmental M&M feeds in to the Hospital Mortality Review Group.				
14. The audit and accountability framework	The processes for risk reporting and multidisciplinary review have been revised in the last 12 months with the creation of CBU Risk & Governance structure. Corporate Risk Committee and Clinical Quality Assurance Committee (CQAC). The Trust is implementing Ulysses – an enhanced incident reporting and management software programme that will allow integration of the various streams of risk reporting and improve rigorous management.	Clinical Business Unit Risk and Governance Committee Minutes. Trust Audit Register/Policy Minutes of CQAC Integrated risk report is already presented to the Corporate Risk Committee – this will be improved when new system implemented	Complete Complete - Implementation of Ulysses and integration of M&M register	Within 6 months	Clinical Director/ Lead consultants Assistant Director of Nursing & Quality
15. Written records	All junior medical staff undergo specific training on note keeping at induction. The completeness of written records is regularly audited. The Trust is implementing an electronic patient record in the next two years that will also involve digital storage of existing records. It is anticipated that digital storage can be	Attendance at induction EPR programme underway with consultant Radiologist as Clinical Lead	NHSLA note keeping audit completed Implementation of digital note storage in 12 months	Within 6 months	All surgeons

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	implemented within 12 months.				
16. Assessment of trainees	Since the concerns were raised the annual review process for paediatric surgical trainees has changed and incorporates annual multi-source feedback which ensures that educational supervisors are fully informed when making their assessment. Trust policy (2011) mandates that all educational supervisors undergo a Training and assessment course	STEC minutes – North West Deanery ISCP 360 degree appraisal tool Trust policy on educational supervision	3 monthly Trainee review meeting as per the RCS recommendations - complete	Within 6 months	Lead consultants
17. Review of training	GMC / PMETB statistics and the outcome of a national trainee survey would suggest that trainees are very satisfied with the training offered in Liverpool. The Manchester-Liverpool Training consortium has consistently been the most popular consortium for trainees participating in the National Selection Forum The Specialty advisory committee in paediatric surgery regularly review training at Liverpool and receive feedback from trainees. No paediatric surgical trainee trained in Liverpool has ever failed the Intercollegiate examination at first sitting.	GMC / PMETB statistics	Complete	Within 6 months	Lead consultant

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18. Appraisal	The Trust has implemented a robust appraisal process since the College Review with an expectation that all consultants will be appraised each year. The Trust will evaluate the outcome of the appraisal process and decide on the need for external appraisal	Appraisal policy - updated 2011	Complete	Within 6 months	Medical Director
19. Departmental annual report and appraisal	The Trust accepts this recommendation. Report will tie into year- end – for publication in May 2012.		Departmental report to be presented to Board of Directors November 2013	Within 6 months	Clinical Director and all surgeons
Wider Trust Governance, Policies and Processes					
20. New procedures	Clinical Development Evaluation Group is in place as part of Drugs and Therapeutics Committee. Revised Terms of Reference agreed at Clinical Quality Assurance Committee August 2011 – encompasses new surgical procedures and developments Trust Wide. Role of CDEG being made clear through Quality Strategy and governance processes.	Terms of reference CQAC minutes Review of process for new procedures has been built into internal audit plan for 21012/13	Complete – Review processes for obtaining evidence base for new procedures to support CDEG role Revamped CDEG Terms of Reference for new procedures	Within 6 months April 2012	Medical Director
21. Clinical ethics, community consultation and equality assessment	New Clinical Ethics Committee approved at CQAC September 2011. Committee being established.	Terms of reference agreed and chair identified	Complete - first meeting held in January 2012	Within 6 months	Medical Director

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		CQAC minutes			
22. Hospital Mortality Review Group	Hospital Mortality Review Group (HMRG) terms of reference being reviewed to encompass Trust wide mortality assessment and outcome data. Individual case reviews becoming more timely. New Terms of Reference and methodology agreed at CQAC December 2011 and Trust Board January 2012.	HMRG report MD's mortality report submitted to Board quarterly	Complete - HMRG to review cases within 4 months of occurrence as from January 2012 in accordance with SOP, i.e. will follow and independently review departmental M&M.	Within 6 months	Medical Director
23. Support for whistleblowing	Review of existing Whistleblowing Policy is included in the Trust's Policy Review Framework. Review now underway, to include external advice and scrutiny of the revised policy to ensure best practice Draft policy at Board February 2012.	Staff survey results 2010 including: 86% staff agree/strongly agree the trust encourages staff to report errors, near misses or incidents 44% of staff agree/strongly agree that the trust treats staff who are involved in an error, near miss or incident fairly 62% staff agree/strongly agree the trust treats the reporting of errors,	Complete. Policy has been reviewed and updated in line with NHSE best practice guidance. Presented to Board in February 2012. Process of consultation underway; to be approved by Workforce and OD Committee and ratified by Resources and Business Development Committee before final submission to	Within 6 months	Director of HR/ Medical Director

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		near misses or incidents confidentially.	the Board in April. Review policies and procedures linked to the handling of concerns raised by staff around risk. Develop advice and guidance for staff raising concerns, to build a culture of openness and transparency and embed this across the organisation.		
24. Support for new consultants	Mentorship process for new consultants in place since 2008 in conjunction with North West SHA mentorship scheme. Scheme refreshed September 2011. Mentors offered to all new consultants.	See 8 above	Complete. Mentorship scheme will be reviewed after one year. To agree appraisal process for new consultants. Medical Director to take forward with Assistant MD for workforce	Within 6 months	Medical Director/ Director of HR