

Quality Report Summary

2013/14

Welcome from Louise Shepherd Chief Executive

In the last two years we have made a lot of progress here at Alder Hey to continuously improve the quality of our care. But there is still much more to do as we move toward the opening of our new hospital in 2015 and plan for the unique opportunities that this will bring.

In early 2013 we agreed a set of quality aims that were developed with our patients and their families, our staff and our governors. They are focused on working to achieve three main outcomes:

- Patients should not suffer harm in our care.
- Patients should receive the most effective, evidence-based care.
- Patients should have the best possible experience.

We know that these aims are very ambitious, but we believe that they say a lot about the care that our staff want to give to our patients every day. We are fully committed to supporting our doctors and nurses to do this and to continue to be justly proud of the work they do.

There are challenges that we have to meet every day to make sure we make progress towards our aims. Recently, the Trust has seen a significant rise in the number of very poorly children we treat. This means at times it has been difficult to make sure that we have the right staff with the right skills available. Last year, Alder Hey spent a lot of money on more nurses, doctors and other support staff, which is not something that many hospitals have been able to do.

In the coming year we will encourage and enable as many staff as possible to contribute and get involved



in quality improvement projects. We plan to launch our 'Quality Manifesto' to explain the Trust's commitment to patient safety and share the ground breaking work being done by staff to give patients the very best care and best experience possible.

This report describes some of the specific things we have been doing to continuously improve care for our children and young people.

**You can read the full Quality Report 2013/14 at
www.alderhey.nhs.uk**

With best wishes

Louise Shepherd

**LOUISE SHEPHERD
CHIEF EXECUTIVE**

An overview of 2013/14

Alder Hey is fully committed to providing the highest quality of care for patients and has strategies dedicated to improving quality and patient experience. These strategies are supported by our quality aims. The quality aims are challenging targets and represent a much more radical approach to quality improvement, pushing beyond the traditional boundaries.

By setting ourselves measurable goals and measuring our performance against these goals, we can ensure that quality is at the heart of everything we do.



Priority 1:
Patient Safety

Aim - Patients will not suffer harm in our care.

1. No hospital acquired infection.
2. No drug errors resulting in harm.
3. No hospital acquired Pressure Ulcers.

Priority 2:
Clinical Effectiveness

Aim - Patients will receive the most effective, evidenced based care.

1. No acute (unplanned) readmission within 48hrs of discharge (including under 4's).
2. No acute admission of patients with long term conditions (epilepsy, diabetes, asthma, lower respiratory disease).
3. Patients will be discharged on planned day of discharge.

Priority 3:
Patient Experience

Aim - Patients will have the best possible experience (as reported by patients and/or families).

1. Patients and families will have received information enabling them to make choices (involvement in care).
 2. Patients and families will be treated with respect.
 3. Patients will engage in play and learning.
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Excellence in quality

In 2013/14, Alder Hey developed a Quality Review Programme to enable performance within key areas of the hospital to be reviewed more effectively. A Weekly Meeting of Harm was established to review incidents and trends. Patient safety champions were also selected from volunteers in all wards and departments. Our patient safety champions are now participating in a number of safety improvement initiatives.

As a leading children's hospital, Alder Hey needs to meet the challenges of increasing demand and referrals in some of our specialties but we will continue to work tirelessly to ensure children receive the best care in the right place at the right time. Last year the hospital invested heavily in its staff, recruiting 55 permanent nurses and 23 new consultants. Over 80 new volunteers were also recruited.

Alder Hey continues in its aim to give patients the very

best care and experience possible. In 2013/14, over 20 projects and departments have achieved Investing in Children accreditation, awarded for engaging with children and young people and responding to their views. Volunteers have been trained to support clinical teams by using 'Fabio the Frog', an electronic hand-held tablet that collects patient and carer feedback and patient experiences. The Trust has undertaken a review of its complaints procedures and a Patient and Family Support Team was established in May 2013 to support staff, patients, carers and visitors. Patient information has also been reviewed; translation flashcards have been made available on wards and useful information for parents has been updated on the hospital website. Alder Hey also has a Children and Young People's Forum which engages in a wide range of patient experience projects.

During 2013/14, Alder Hey has also made good progress against its quality aims.



Patients will not suffer harm in our care

Reducing risk of infection

Respiratory Syncytial Virus (RSV) occurs during the winter months and is the commonest cause of respiratory illness in children. To reduce infection, patients admitted to Alder Hey with acute respiratory illnesses were given a single room or placed in a room with patients with the same infection. Patients with RSV stayed in a single cubicle until it was also established that they had no other respiratory viruses. As samples had to be sent to the Royal Liverpool University Hospital for testing, turnaround on these results during winter was usually a minimum of 36 hours. This meant that results were not available until patients were nearing discharge and they were therefore sometimes unnecessarily

isolated in a single cubicle for the duration of their stay.

During 2013/14, Alder Hey's aim was to increase the turnaround time for the detection of respiratory illnesses. A new in-house rapid respiratory virus testing system called Film Array was successfully trialled in our Intensive Care Unit in Autumn 2013. In November 2013, a second machine enabled respiratory viruses to be detected within two hours, often while the patient was still in our Emergency Department. This meant that patients were able to share a room with other patients when appropriate, freeing up single cubicles for those requiring isolation. The Film Array system has had a positive impact on both patient flow and patient experience.



Reducing medication errors

Almost every patient who is admitted to hospital requires medication. Prescribing, administering and dispensing medicines for children are complex processes that require specialist knowledge and experience. Medication errors are the most common type of incidents in hospitals across the UK.

This remains a high priority for Alder Hey and we have set a target that the number of medication errors will be reduced by 25% by the end of March 2015. Initiatives developed in 2013/14 to try and reduce drug errors include a pilot study of single checking of paracetamol, enhanced training for medical staff and reviewing the layout of general prescriptions. Specialist pharmacists are also involved in the development of an electronic prescribing system in the new hospital.

Reducing pressure ulcers

Pressure ulcers are when the skin and underlying tissue are damaged due to pressure or friction. They can be painful and debilitating and we want to prevent our patients from developing them whenever possible. This is an ongoing priority for Alder Hey and we are aiming to reduce the incidence of a patient developing a pressure ulcer by at least 16% by the end of March 2015. During 2013/14, we have taken steps to reduce the number of pressure ulcers by holding dedicated study days, implementing a pressure ulcer risk assessment, introducing new pressure reduction pads and providing further education and training for staff.

Clinical effectiveness

Putting patients at the heart of our services

During 2013/14, Alder Hey reviewed the pathway for children admitted as an emergency with acute abdominal pain. This pathway was chosen as there was a large number of children who present with this symptom. The aim was to reduce readmissions while also reducing length of stay, improving pain management and providing a more positive experience.

Miss Jo Minford (Consultant Paediatric Surgeon), Dr Julie Grice (Consultant in Emergency Medicine) and Kim Williams (Nurse Consultant in the Emergency Department), together with a team of colleagues, worked with the King's Fund to understand experiences during a child's visit, the support provided to the family and also the experience of staff involved in delivering care. Using the data collected, the team was able to develop improvement aims and solutions related to diagnosis and treatment, effective pain management, delivering adequate and appropriate information and achieving a positive care experience for children, parents and staff. This included development and implementation of a multi-professional abdominal pain pathway and creation of a Surgical Decision Unit.

Supporting patients with long term conditions

Alder Hey's Arts for Health and Respiratory teams worked with the Merseyside Dance Initiative to support patients with Chronic Asthma and other respiratory conditions. Using gentle dance, movement, posture and relaxation techniques, patients were given confidence to take part in

exercise in a supported environment.

The project took place from January 2013 for eight weeks and following its success, a further programme was developed in September 2013 for 12 weeks. Patients were given a spirometry test at the beginning and end of the sessions. Spirometry tests show how well the lungs are working by measuring the speed with which they can be filled and emptied of air. The results showed improvement in lung function for some patients. This was particularly significant during the winter period, a time when patients were usually having increased symptoms, A&E visits and hospital admissions due to difficult asthma conditions.

Improving discharge planning

During 2013/14, Alder Hey aimed to ensure that patients were discharged on the day planned, when clinically appropriate.

Inpatients length of stay can range from a few days to months and years for some patients, especially for children with complex needs. Ideally the planned date of discharge should be set as close to the admission date as possible, but the complexity of some patient's conditions can make planning a future date difficult. This means that not all patients have a planned day of discharge.

During 2014/15, a dedicated project group will focus on a specific patient pathway to improve the number of patients discharged on a planned day. Learning from this will then be used to make improvements to other pathways across the hospital.





Patient experience

Alder Hey has an electronic patient feedback system called Fabio, which enables real time patient experience data to be captured in a fun way.

During 2013/14, Fabio was used to collect feedback from patients and families about receiving information and feeling involved in their care, being treated with respect and engaging

with play and learning. New software was installed on each Fabio device and further training was provided to staff and volunteers, ensuring this data could be easily collected across the hospital.

Alder Hey will continue to measure the views of our patients and families so that we can make continuous improvements to our services.



Our performance

Clinical audits are key in ensuring and developing efficient pathways of care and outcomes. Between April 2013 and March 2014, Alder Hey participated in all 14 national clinical audits and confidential enquiries it was eligible to take part in. The Trust also completed 37 local clinical audits with a further 118 underway.

Alder Hey provides a wide range of healthcare services for children and young people and is therefore the perfect place to deliver the highest quality research. Our clinicians contribute to studies on new treatment options, genetic profiling of disease and drug safety. In 2012/13, over 350 clinical staff participated in research including consultants, nurse specialists, scientists, support staff and research nurses.

Successful research is only possible with the support and engagement of children, young people and their families. In 2013/14 over 8000 children took part in research studies and clinical trials, the largest number

recruited in a single year by a children's NHS Trust. Over 80% of the studies conducted at Alder Hey recruited the required number of patients within a set time and to agreed targets.

A proportion of Alder Hey's income in 2013/14 was conditional upon achieving quality improvement and innovation (CQUIN) goals. We expect to receive almost £3.2m for achieving these goals which have been set by our commissioners.

Alder Hey was compliant with all national targets during 2013/14, with the exception of the 18 week referral to treatment (RTT) target for admitted patients.

The Trust performed well against targets relating to access and infection rates. Alder Hey achieved all cancer waiting targets and was placed as the second highest achieving NHS organisation for its performance against the four-hour waiting target.

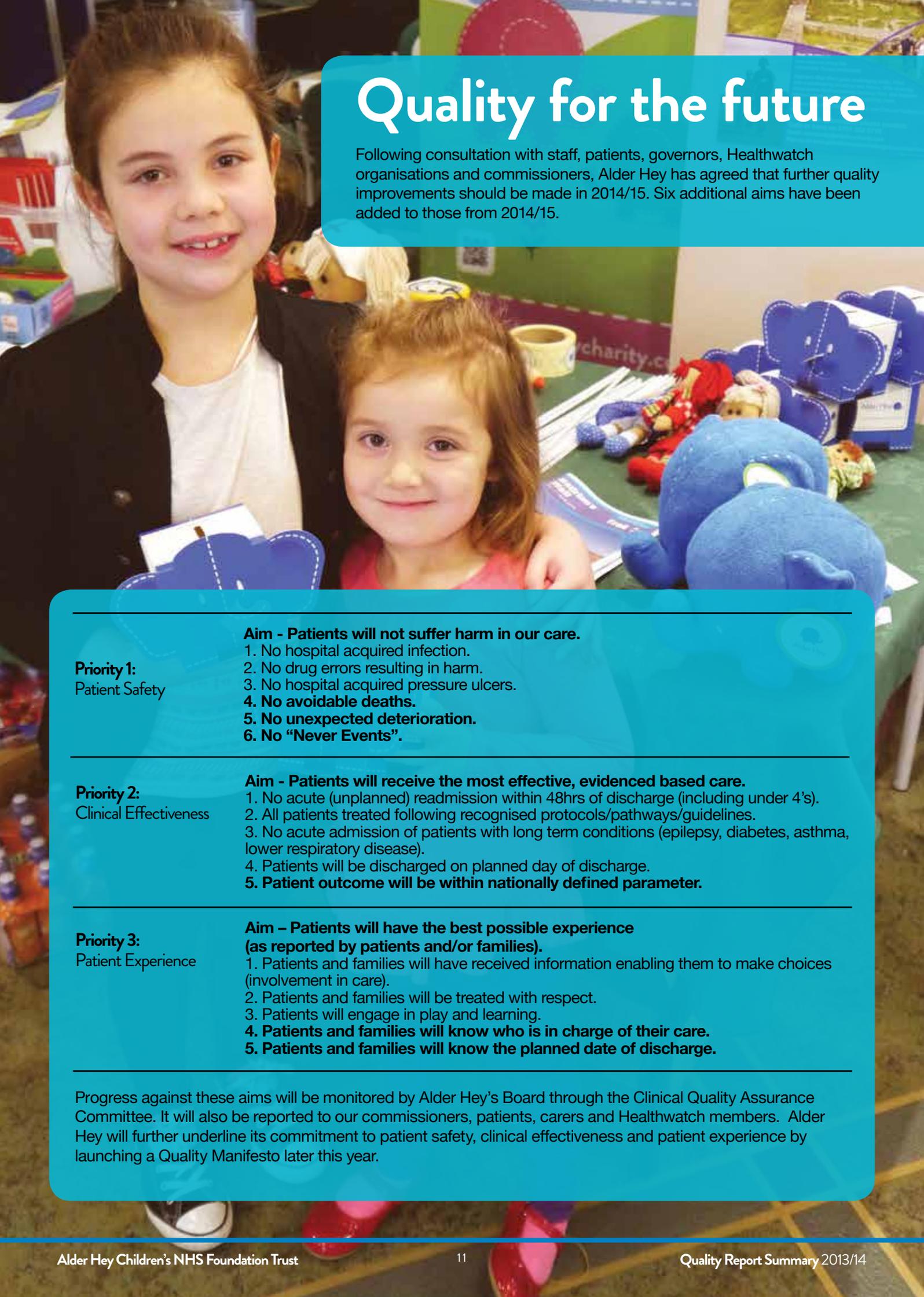
Alder Hey performance

The performance of Alder Hey against national targets and indicators is shown in the table 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			0	0	1	0
C. Difficile - Rates per 100,000 Beddays ²		6.9		1.5 (2013/14)		
MRSA Bacteraemia			0	0	1	0
18 Week RTT Target Admitted Patients	90%	89.9% (Feb 2014)	90.2%	86.3%	84.2%	74.0%
18 Week RTT Target Non Admitted Patients	95%	96.3% (Feb 2014)	96.8%	96.2%	95.3%	95.1%
18 Week RTT Target Open Pathways (Patients Still Waiting For Treatment)	92%	93.5% (Feb 2014)	92.8%	92.1%	92.1%	92.5%
All Cancers: Two Week GP Referrals	100%	95.6% (Qtr 3)	100.0%	100.0%	100.0%	100.0%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	100%	98.3% (Qtr 3)	100.0%	100.0%	100.0%	100.0%
All Cancers: 31 Day Wait Until Subsequent Treatments	100%	97.0% (Qtr 3)	100.0%	100.0%	100.0%	100.0%
A&E - Total Time in A&E (95th Percentile) <4 Hours	95%	95.2% (Qtr 4)	98.19%	98.97%	97.73%	97.98%
Readmission Rate Within 28 Days Of Discharge ² 0 -14 Yrs GT 15 Yrs		8% 8%	9% 8%	8% 8%	7% 7%	7% 7%
Rate of Patient Safety Incidents Per 100 Admissions ²		7.14		Apr - Sept 5.09		
Patient Safety Incidents and the Percentage That Result in Severe Harm or Death ²		0.4%		Apr - Sept 0.2%		
Financial and Continuity Of Services Performance Ratings			5	4	4	4

¹ Specialist trusts are excluded from SHMI reporting.

² Threshold is based on peer performance compared to other Specialist Paediatric Trust.



Quality for the future

Following consultation with staff, patients, governors, Healthwatch organisations and commissioners, Alder Hey has agreed that further quality improvements should be made in 2014/15. Six additional aims have been added to those from 2014/15.

Priority 1: Patient Safety

Aim - Patients will not suffer harm in our care.

1. No hospital acquired infection.
2. No drug errors resulting in harm.
3. No hospital acquired pressure ulcers.
- 4. No avoidable deaths.**
- 5. No unexpected deterioration.**
- 6. No "Never Events".**

Priority 2: Clinical Effectiveness

Aim - Patients will receive the most effective, evidenced based care.

1. No acute (unplanned) readmission within 48hrs of discharge (including under 4's).
2. All patients treated following recognised protocols/pathways/guidelines.
3. No acute admission of patients with long term conditions (epilepsy, diabetes, asthma, lower respiratory disease).
4. Patients will be discharged on planned day of discharge.
- 5. Patient outcome will be within nationally defined parameter.**

Priority 3: Patient Experience

Aim - Patients will have the best possible experience (as reported by patients and/or families).

1. Patients and families will have received information enabling them to make choices (involvement in care).
2. Patients and families will be treated with respect.
3. Patients will engage in play and learning.
- 4. Patients and families will know who is in charge of their care.**
- 5. Patients and families will know the planned date of discharge.**

Progress against these aims will be monitored by Alder Hey's Board through the Clinical Quality Assurance Committee. It will also be reported to our commissioners, patients, carers and Healthwatch members. Alder Hey will further underline its commitment to patient safety, clinical effectiveness and patient experience by launching a Quality Manifesto later this year.

Read more about Alder Hey's progress in the full Quality Report 2013/14 available at www.alderhey.nhs.uk

Alder Hey Children's 

NHS Foundation Trust

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