Alder Hey Children's NHS
NHS Foundation Trust

A SPECIALIST
CHILDREN'S HOSPITAL

ALDER HEY

LEADING THE WAY
IN INNOVATION
AND RESEARCH

INSPIRED BY CHILDREN

QUALITY REPORT
2016/17

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QUALITY REPORT - 'OUTSTANDING CARE DELIVERED BY OUTSTANDING PEOPLE'

STATEMENT ON QUALITY FROM LOUISE SHEPHERD, CHIEF EXECUTIVE

As I look back on Alder Hey's many achievements in the past year, I do so with a feeling of great pride in the immense team effort that has gone in to delivering such impressive results in the context of an NHS that was faced with more challenges than at any point in its 70 year history. The fact that the Trust delivered on all of the national access standards, in particular the four hour A&E target, is a clear indication of our continued commitment to ensuring that we provide the best care to our patients; a feat which was lauded by the Secretary of State in a personal thank you letter to the team here at Alder Hey on its performance.

The fact is, this year many more children have benefited from Alder Hey's outstanding care; an astonishing statistic given that we were still in the first full year in our new home. A fantastic example of this is the performance of over 400 congenital heart operations in the last 12 months to fully meet the Central Cardiac Audit Database (CCAD) national criteria. While this achieves both the standards set nationally and our local plans for numbers of operations, my first thoughts are always about the families whose lives have been enhanced by Alder Hey's outstanding teams of dedicated professionals.

The Quality Report set out below represents a year's worth of hard work by staff across the organisation to fulfil the ambition described in our refreshed Quality Strategy to do just that. I have seen examples of this in action on a daily basis and crucially, staff talking together in more and more innovative ways about what it means to them and to the children they care for. For instance, the introduction of 'Schwartz Rounds' has led to some incredibly powerful discussions about the experiences of patients, parents and the teams who look after them; ranging from exceptional and life changing, to challenging and at times distressing, but always focused on what we can learn from and use to improve how we deliver care.

At the end of March we learned that we had retained our position as third overall nationally in terms of our reporting of incidents. In the context of healthcare, a higher level of reports is a good thing as it means we are being open, reporting and importantly learning from mistakes and near misses. The key aspect of this is that, while we had more incidents reported compared to other trusts, far fewer of these related to incidents that led to patient harm. Again, this is testimony to the willingness of our staff to engage and participate in a culture of openness and learn together about how we can do better.

To support our continual drive for quality improvement, we are increasingly reliant on robust information systems and data. For this reason, we were particularly pleased to receive nearly £10m national funding to join an elite group of NHS trusts who have been selected to drive new ways of using digital technology in the NHS. Known as 'digital exemplars', these organisations were selected from the most technologically advanced hospitals in the NHS and will lead the way in delivering radical improvements in the care of patients. Alder Hey is the only specialist children's Trust to be selected. This means national recognition of our hard work to apply new technology to how we look after our patients, from basics like how we invite them to appointments through to creating personalised avatars to give friendship and comfort to children during their stay in hospital. All of this will enhance our existing plans to continually improve quality, ensuring that our creative, innovative and professional staff are at the heart of it all.

As Chief Executive, I commend our Quality Report for 2016/17 to you. I am confident that the information set out in the document is accurate and is 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
Chief Executive

PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

PRIORITIES FOR IMPROVEMENT

This section of the report describes an overview of the Trust's plans for improving quality over the next three to five years and specifically details the key quality improvement priorities for 2017/18, including the rationale for selection of the priorities.

In April 2016 the Trust Board approved the new five year Quality Strategy, 'Inspiring Quality'. The Strategy maintains a key focus on patient safety, patient experience and clinical effectiveness, while recognising the significance of staff health and wellbeing and our environment in supporting the delivery of a high quality service.

These five domains of 'Inspiring Quality' each have a key area of focus for 2017/18. These are identified in the table below and will represent the key quality improvement priorities for the Trust over the next 12 months.

These focus areas have been consulted widely within the Trust through the Clinical Quality Assurance Committee (CQAC) and clinical business units' (CBUs) heads of quality. Additionally they have been discussed and agreed with the Children and Young People's Forum, governors and with Healthwatch organisations.

The improvement priorities are also aligned with the Trust's two year operational plan for 2017-19 which was submitted to NHS Improvement (previously Monitor), including the local Sustainability and Transformation Plan (STP) to reduce variation and improve quality.

	Quality Domain	Priority Area
Aim 1	Patients will not suffer harm in our care.	Further embed a safety culture throughout the organisation.
Aim 2	Patients will have the best possible experience.	Increase engagement of children, young people and families in improving quality and developing services.
Aim 3	Patients will receive the most effective evidence based care.	Increase number of defined clinical care pathways across our clinical specialties.
Aim 4	Improve workforce health and wellbeing.	Provide support that will enable our staff to feel valued and respected by the organisation and actively contribute to the organisation's success.
Aim 5	Our environment will enable us to deliver an excellent service.	Continue to improve the environment to make it work for both patients and staff.

Aim: Patients Will Not Suffer Harm in Our Care

Priority 1	Further Embed a Safety Culture Throughout the Organisation
Rationale	The Trust has made great improvements in its incident reporting culture, with evidence of moving from the lowest quartile to the top quartile of specialist trusts reporting incidents through the National Reporting and Learning System (NRLS). Additionally the percentage of incidents causing avoidable harm has improved significantly. In continuing to monitor and review serious incidents and never events and following the national drive on sepsis and hospital acquired infections, the Trust Board agree that there should be continued and specific focus on: • Prompt recognition and treatment of deteriorating patients including implementation of the Sepsis pathway. • Reducing hospital acquired infections (HAIs).
Measuring	• Remain in top quartile of number of incidents reported through NRLS compared with peer trusts. • All appropriate patients follow the Sepsis pathway. • Deliver HAI targets as agreed through the 'Sign up to Safety' campaign.
Monitoring	• Number of reported incidents monitored weekly through the Weekly Meeting of Harm. NRLS provides a ranking report against peers. • Monthly reporting of incidents and never events monitored through the Clinical Quality Steering Group (CQSG) and individual CBU Executive review meetings. • Sepsis Implementation Group monitors compliance with national requirements and reports to CQSG.
Reporting	• Reported through CQSG, Clinical Quality Assurance Committee (CQAC) to the Trust Board.

Aim: Patients Will Have the Best Possible Experience

Priority 2	Increase Engagement of Children, Young People and Families in Improving Quality and Developing Services
Rationale	The first twelve months of implementing 'Inspiring Quality' included excellent engagement and working with children and young people. There remains a national drive to ensure children have an input into their care and the Trust Board has agreed to place specific focus on involving children and families in improvement initiatives. In particular in service developments to ensure the views of children and young people are captured, especially children with protected characteristics. Specific focus will be placed on: • Improvements in outpatients. • Ensuring children with protected characteristics are not disadvantaged through any service development proposals.
Measuring	• Service development and quality improvement proposals will be required to include a section on how they have engaged children, young people and families in developing proposals. This includes completion of an Equality Analysis. • Measurement will be through audit of service development proforma and triangulation with patient and family feedback through local reporting. • Improved data capture of patients with protected characteristics.
Monitoring	• Performance will be monitored through CQSG and the Executive Team.
Reporting	• Reporting will be through CQSG and CQAC to the Trust Board.

Aim: Patients Will Receive the Most Effective Evidence Based Care

Priority 3	Increase Number of Defined Clinical Care Pathways Across Our Clinical Specialties
Rationale	In reviewing complaints, incidents, mortality and morbidity reports and other forms of feedback from patients and staff, the Trust recognises there is a high degree of variation in care provided by a number of specialties. There is an opportunity to utilise best practice, NICE guidelines, national service specifications and other evidence to ensure the same standardised, high quality care is delivered to all patients seven days a week. Specific focus will be placed on: • Developing care pathways across clinical specialties. • Developing a system of seven day working.
Measuring	• Services will be assessed for compliance with relevant NICE guidance and national standards. • Evidence of newly developed care pathways across the Trust.
Monitoring	• The development of evidence based care pathways will be supported by the Trust's clinical effectiveness leads and monitored through the Trust Change programme. • Seven day working will operate as a specific project within the Trust's Change Programme, sponsored by a member of the Executive Team.
Reporting	• Progress will be reported through CQAC to the Trust Board.

Aim: Improve Workforce Health and Wellbeing

Priority 4	Provide Support That Will Enable Our Staff to Feel Valued and Respected By the Organisation and Actively Contribute to the Organisation's Success
Rationale	As part of the Trust's strategic plan to 'do the basics brilliantly', we are committed to supporting, recognising and celebrating the great work our staff do in contributing to the organisation's success. Having reviewed the national Staff Survey for 2016, the Trust Board recognises that there are opportunities to improve the overall health and wellbeing of staff. Additionally the Board recognises that the workforce is under-represented in terms of black and minority ethnic (BME) employees. This area will also be given particular attention during 2016/17 and beyond. The Trust will therefore place a specific focus on: • Reward/recognition and celebrating success. • Improving BME representation in the workforce.
Measuring	• 5% improvement in baseline measure of 'staff that recommend Alder Hey as a place to work'. • 1% year on year increase in proportion of BME employees in the Trust.
Monitoring	• National Staff Survey (annual) and local staff 'temperature checks' (quarterly) will be used to monitor performance. • Regular HR statistical analysis of workforce demographics.
Reporting	• Performance will be reported through the Workforce and Organisational Development Committee (WOD) and through the Corporate Report to Trust Board.

Aim: Our Environment Will Enable Us to Deliver an Excellent Service

Priority 5	Continue to Improve the Environment to Make it Work for Both Patients and Staff
Rationale	The Trust has now been located in the new building for 18 months and the vast majority of the 'snagging' issues have now been resolved. However, the Trust recognises that there are ongoing frustrations for staff in relation to reporting and correction of faults. Additionally while the Trust has made significant improvements in the distraction and play opportunities for children in many areas, 'engagement in play' remains one of the poorer areas of performance within feedback from our children and families. The patient and public supported PLACE inspection also highlighted a number of areas requiring improvement. Particular focus will be placed on: • Improving arts, performance and play. • Improved signage and wayfinding for children and families.
Measuring	• Family and Friends feedback, in particular improvement in 'engagement in play' measures. • PLACE assessment feedback.
Monitoring	• Monitoring will be through the Quality Improvement Team.
Reporting	• Performance will be reported through CQSG, CQAC, to the Trust Board.

QUALITY IMPROVEMENTS IN 2016/17

The key priorities for improvement as reported in the 2015/16 Quality Account stemmed from the ongoing work in relation to 'Sign up to Safety' and from the refresh of the Quality Strategy. These were agreed by the Trust Board as:

1. Reducing harm to patients from a medication error.
2. Reducing harm to patients as a result of the development of a pressure ulcer.
3. Reducing harm from hospital acquired infections.
4. Further enhance children, young people and their parents/carers involvement in patient safety.

Details of progress against these key priorities from 2016/17 is provided in Section 3 of this report.

STATEMENTS OF ASSURANCE FROM THE BOARD

Review of Services

During 2016/17, Alder Hey Children's NHS Foundation Trust (Alder Hey) provided 44 relevant health services. Alder Hey has reviewed all the data available to it on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2016/17.

Participation in Clinical Audits and National Confidential Enquiries

Clinical Audit is a key aspect of assuring and developing effective clinical pathways and outcomes.

National clinical audits are either funded by the Health Care Quality Improvement Partnership (HQIP) through the National Clinical Audit and Patient Outcomes Programme (NCAPOP) or funded through other means. Priorities for the NCAPOP are set by NHS England with advice from the National Clinical Audit Advisory Group (NCAAG).

During the reporting period 1st April 2016 to 31st March 2017, 11 national clinical audits and five national confidential enquiry covered NHS services that Alder Hey Children's NHS Foundation Trust provides.

During that period, Alder Hey Children's NHS Foundation Trust participated in 90% (10 out of 11) national clinical audits and 100% (5 out of 5) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Alder Hey Children's NHS Foundation Trust was eligible to participate in during the reporting period 1st April 2016 to 31st March 2017 are contained in the table opposite.

The national clinical audits and national confidential enquiries that Alder Hey Children's NHS Foundation Trust participated in and for which data collection was completed during the reporting period 1st April 2016 to 31st March 2017 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Participation	% Cases Submitted
Children		
Paediatric Pneumonia (British Thoracic Society)	Yes	Data collection ongoing till 30th April 2017.
Paediatric Intensive Care (PICANet)	Yes	Submitted 964 records, which was 100% of cases available.
Potential Donor Audit (NHS Blood and Transplant)	Yes	Submitted 64 records, which was 100% of cases available.
Asthma Care in Emergency Departments (Royal College of Emergency Medicine)	Yes	Submitted 100 cases, which was 100% of cases available.
Acute Care		
Severe Trauma (Trauma Audit and Research Network) (TARN)	Yes	Submitted 173 approved TARN applicable cases, which is 100% of cases available.
Cardiac		
Cardiac Arrest (National Cardiac Arrest Audit) (NCAA)	No	Alder Hey has not submitted any data to date due to technical difficulties. We aim to submit data to NCAA by the June 2017 deadline.
Paediatric Cardiac Surgery (National Institute for Cardiovascular Outcomes Research Congenital Heart Disease Audit)	Yes	Submitted 866 cases, which was 100% of cases available.
Cardiac Arrhythmia (Cardiac Rhythm Management)	Yes	Submitted 23 cases, which was 100% of cases required for the audit sample.
Long Term Conditions		
Ulcerative Colitis and Crohn's Disease (National IBD Audit) Biological Therapies	Yes	Submitted 30 cases, which was 100% of cases available.
Paediatric Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	Data collection is ongoing. 419 patients will be included in NPDA (National Paediatric Diabetes Audit) for 2016/2017.
Renal Replacement Therapy (UK Renal Registry)	Yes	Submitted 60 cases, which was 100% of cases available. (Transplants: 47, peritoneal dialysis: 6, haemodialysis: 7).

National Confidential Enquiries	Participation	% Cases Submitted
Chronic Neurodisability - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Nine cases submitted, which was 90% of cases available. This study is ongoing into 2017.
Young People's Mental Health - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Three cases submitted, which was 100% of cases available. This study is ongoing into 2017.
Cancer in Children, Teens and Young Adults	Yes	Nine cases submitted, which was 100% of cases available. This study is ongoing into 2017.
Suicide in Children and Young People (CYP) - National Confidential Inquiry into Suicide and Homicide by People With Mental Illness (NCISH) University of Manchester	Yes	No cases submitted.
Perinatal Mortality and Morbidity Confidential Enquiries (Term Intrapartum Related Neonatal Deaths) - MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)	Yes	21 cases submitted, which was 100% of cases available.

Actions Arising from National Clinical Audits

The reports of three national clinical audits were reviewed by the provider in the reporting period April 1st 2016 to March 31st 2017 and Alder Hey Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audit	Actions
Paediatric Intensive Care (PICANet)	The national audit report was reviewed and discussed on our Intensive Care Unit (ICU). We are always commended for the quality of the PICANET data set.
Potential Donor Audit (NHS Blood and Transplant)	We are awaiting confirmation of data and publication of the national audit report for 2016/17.
Severe Trauma (Trauma Audit and Research Network)	For the period 2016 - 2017 our data completeness and data quality are both 95%+. There are 173 applicable entries for this period. 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. A quarterly validated Clinical Dashboard enables key performance indicators across the service within Alder Hey to be monitored. This data is discussed at regular Trauma Support Group meetings to monitor trends, identify areas to improve and highlight areas of good practice. Three themed clinical reports are produced each year, one per year focussing on a specific injury group. These are presented and discussed at the Trauma Committee and used to inform a quality improvement programme.

National Clinical Audit	Actions
Severe Trauma (Trauma Audit and Research Network) (cont'd)	These dashboards and reports are also shared through the North West Children's Trauma Network Governance meeting whose membership includes commissioners, trauma units, the North West Ambulance Service, North West Air Ambulance as well as both children's major trauma centres. TARN data from across the network is used to understand both clinical issues and the development of the network, helping to identify items for the workplan of the network. 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.
Cardiac Arrest (National Cardiac Arrest Audit)	Although no data has been submitted to the network, we are still listed as a participant with the National Cardiac Arrest Audit (NCAA). Actions are being taken to resolve the technical issues that will enable submission of data to recommence before the June 2017 deadline.
Paediatric Cardiac Surgery (NICOR Congenital Heart Disease Audit)	The publication of the annual National Congenital Heart Disease Audit Report for 2016 will be delayed until further notice by NICOR, due to delays in processing their data sharing agreement with NHS Digital. The Data Quality Report showed that we have achieved an overall Data Quality Indicator of 99.9% compared to 97.3% last year. An action plan was not required as the audit standards are being met.
National Cardiac Rhythm Management Audit (NICOR)	The national audit report 2015/2016 was reviewed and Alder Hey is meeting the audit standards. There are no actions required. We are awaiting the publication of the 2016/2017 report.
Ulcerative Colitis and Crohn's Disease (National UK IBD Audit) Biological Therapies	The UK IBD audit has now merged with the IBD Registry, moving towards an improved system for data capture and quality improvement in IBD (Inflammatory Bowel Disease). Ongoing collection of our biological therapies data will be through the UK IBD Registry. We are registered to continue entering data to this component of the audit. The final National Audit Report was published in September 2016.
Diabetes (RCPH National Paediatric Diabetes Audit)	Data collection for the audit has improved following our use of the TWINKLE system (diabetes specific data collection software) for data entry. TWINKLE enables automated data capture and reporting for the Best Practice Tariff (BPT).
Renal Replacement Therapy (UK Renal Registry)	Awaiting the publication of the 2016/17 annual report.

Actions Arising from Local Clinical Audits

There were a total of 162 local audits registered in the reporting period 1st April 2016 to 31st March 2017. There are 40 (25%) local audits completed. There are 116 (72%) audits that will continue in 2017/18. There are three audits not yet started and three audits have been cancelled (3%).

The reports of the completed local clinical audits were reviewed by the provider in the reporting period April 1st 2016 to March 31st 2017 and examples of the outcomes are listed below.

Local Audit	Actions
Audit of Patient Experience in the New Alder Hey Children's Hospital	The audit was presented at the Alder Hey Orthopaedic Department Meeting in May 2016. **Action/Recommendation:** • To improve the induction for junior doctors. • Re-audit in three months.
Audit of Timing of Parenteral Nutrition (PN) in the Intensive Care Unit (ICU)	The audit was submitted as an abstract for the 30th Annual Paediatric Intensive Care (PICS) Conference 2016, 3rd-5th October in Southampton. **Action/Recommendation:** • We evaluated our practice with regards to total parenteral nutrition (TPN) which was very helpful and now we have a baseline to compare interventions. • No actions arise from this audit as it was a baseline audit.
Management of Congenital Hypothyroidism	The audit was presented at MERPENG (Mersey Paediatric Endocrinology Group Meeting) in July 2016. **Action/Recommendation:** • Improve communication between the neonatal screening service and our neonatal service, to find ways of ensuring that pre-term infants have the neonatal screening blood samples regardless of whether or not the infants are fed or ill. • Discuss the need for an audit of blood sampling for newborn screening on the Neonatal Unit at Liverpool Women's Hospital with the neonatologist. • Develop a pathway that enables infants with congenital hypothyroidism to be seen and commenced on treatment over weekends. • Re-audit in twelve months.
Investigation of Potential of Hydrogen (pH) of Burn Wounds	The audit is to be presented at the British Burn Association Meeting in May 2017. **Action/Recommendation:** • To lessen the irrigation of chemical burns wounds. • To create a simple advice leaflet to help guide the management of chemical burns in the Alder Hey Burns Unit with an estimated completion date of April 2017. • No re-audit is necessary as it would be unlikely to provide any valuable information.
Adherence to National Burn Care Review Referral Criteria in a Paediatric Emergency Department: a Re-Audit Following Implementation of a Burns Assessment Proforma	The audit was presented at the Alder Hey Plastic Surgery Clinical Governance Meeting in July 2016. **Action/Recommendation:** • To disseminate the findings to the Emergency Department. • To re-examine the data-set for missing patients. Those triaged as "chemical splash" etc. • Encourage the use of the burns assessment pro-forma in the Emergency Department. • Re-audit in twelve months.

Local Audit	Actions
Audit of Coding of Activities/ Procedures Carried Out in Fracture Clinics	The audit was presented at the Alder Hey Orthopaedics Department monthly audit meeting in June 2016. **Action/Recommendation:** • We have designed a new coding form, combining the current coding form and a follow up form. • Fracture clinic staff to write patient details on this form when the patient arrives. • Form to be used for all the activities (for example plaster room, splints, wound checking). • Doctor managing the patient on the day completes/ticks all the relevant boxes at the end of the appointment including the follow up plan. • Re-audit in six months.
Cleft Patient (and Parent) Reported Experience Measure (PREM) Feasibility Study	The patient data for this audit was being collected nationally by all cleft teams. The data was being collated online by the Cleft Registry and Audit Network (CRANE). **Action/Recommendation:** • The Feasibility Study Team will present a summary of findings at the Cleft Development Group (CDG) meeting on the 18th May 2017. • CRANE plan to provide an individual summary to each of the cleft sites who gained patient feedback once CDG have signed off on the findings.
Are Children (16 years and Under) With Disabilities More at Risk of Abuse?	The audit was presented and discussed at the Alder Hey Community Paediatric Clinical Governance Meeting in October 2016. **Action/Recommendation:** • Documentation was generally good, although it could be improved particularly for domestic violence cases. By not writing yes we cannot assume the answer is no. • Update our existing training so as to make trainees at induction aware of the need for asking about any domestic violence and identifying developmental concerns. • Re-audit in twelve months.
High Resolution Computed Tomography (HRCT) Features in Children With Severe Asthma: A Retrospective Analysis	The audit was presented at the European Respiratory Society Conference in London on 3rd-7th September 2016. **Action/Recommendation:** • Our results suggest that HRCT may help identify other diagnoses in some children and these findings had implications on their clinical management. • To update the existing guideline on difficult Asthma. • Re-audit in two years.
Multicentre National Audit of Current Management and Outcomes for Children affected by Juvenile Localised Scleroderma (JLS)	The audit was presented at the Alder Hey Rheumatology Department academic meeting in March 2017. **Action/Recommendation:** • Update the existing guidelines on screening for brain, eye and dental involvement in JLS. • Introduce new training for the team on the importance of screening for brain, eye and dental involvement (already actioned). • Design the guideline on screening of JLS patients by June 2018. • Re-audit in twelve months.

Local Audit	Actions
Audit on Outcomes of Coblation Tonsillectomies	The audit was presented at the Alder Hey Ear Nose and Throat (ENT) Department Meeting in July 2016. The results of the audit were discussed in comparison to the National Prospective Tonsillectomy Audit. **Action/Recommendation:** • To continue with the current practice and it was agreed that there is always a steep learning curve with a new surgical technique. • A future audit to evaluate the pain scores post-surgery is planned. • Re-audit in twelve months.
A Re-Audit of Knowledge, Attitude and Practice of Completion of Liverpool Upper-Limb Fracture Assessment (LUFA) Forms at Alder Hey Children's Hospital	The audit was presented at the Alder Hey Orthopaedic Department Meeting in June 2016. **Action/Recommendation:** • Continue with the improved junior doctor induction programme. • Make LUFA forms available in the wards and the Emergency Department. • Re-audit in six months.
Hydrotherapy Programme to Improve Participation and Enjoyment of Swimming in Duchenne Muscular Dystrophy: A Service Evaluation	The audit was presented to the Alder Hey Physiotherapy Team involved in June 2016. Previous discussions were also held with the Aquatic Therapist for feedback. **Action/Recommendation:** • To evaluate the use of the individual exercise plans to see if children continued to use them and view their activity as therapy. • Review of the exercise plans with a potential for more focus on self-management. • To improve the outcome assessments in conjunction with other members of the Neuromuscular Team to better evaluate the effect of the programme. • The session is to be run again this year but offered to a broader caseload. • Offer more sessions within the same time period. • Re-audit in six months.
Audit of the Demographics of Patients Attending Early Bird Clinic and Subsequent Procedures	The audit was presented at the Alder Hey Burns Unit multi-disciplinary team meeting in July 2016. **Action/Recommendation:** • A pro-forma has been introduced for the Early Bird Clinic with appropriate sections to help improve problems that have been identified in the audit. • Re-audit in three months.
Community Upper Limb Splinting	The audit was discussed with the Community Service Manager in September 2016. **Action/Recommendation:** • There is a clinical need for this service so funding is to continue for a further year. • A community service for upper limb splinting is to continue until review. • No re-audit is necessary as all relevant information has been collated.

Local Audit	Actions
Audit of Staff Experience in the Orthopaedic Ward in the New Alder Hey Children's Hospital	The audit was presented at the Alder Hey Orthopaedic Department audit meeting in July 2016. **Action/Recommendation:** • Improve length of wait for take home medications and discharge times from ward as soon as possible. • Provide a designated nurse for the ward round. • Improve communication between doctors and nursing staff after the ward round. • Increase training opportunities for nursing staff. • Re-audit in twelve months.
Does Grade of First Slipped Upper Femoral Epiphysis (SUFE) Predict Grade of Subsequent Slip?	The audit was presented at the Mersey Deanery Registrars Day and the Alder Hey alumni event in November 2016. **Action/Recommendation:** • Grade of initial SUFE may be a useful adjunct to decision making when considering the risk or benefit of prophylactic contralateral surgery. • In cases of initial mild slip, re-presentation with a severe contralateral SUFE is unlikely and a higher threshold for prophylactic intervention may be appropriate. • No re-audit is needed as the current follow up for the series is five to ten years. Further study will be in the distant future or ideally as part of a research study.
Re-Audit of Completion of Liverpool Upper-Limb Fracture Assessment (LUFA) Forms in Patients With Upper Limb Fractures July 2016	The audit was presented at the Alder Hey Orthopaedic Department Meeting in July 2016. **Action/Recommendation:** • Everyone's responsibility to complete forms. • Awareness raised of use in improved induction. • Further re-audits to ensure standards are continued. • Re-audit in six months.
Audit of Timeliness of Letters and Completion of Routine Outcome Measures (ROM) in Sefton Child and Adolescent Mental Health Services (CAMHS)	The audit was disseminated in a business meeting to all staff and also discussed at task force to look at the strategic implications in December 2016. **Action/Recommendation:** • Continue with the ROMS work stream. • Look at first partnership letters. • Develop a guideline about what letters are to be produced and by when. • Increase routine outcome measures compliance which provides solutions and to think about standard guidance. • Offer training on standard guidance. • Re-audit in twelve months to see if changes have been implemented.
Cleft Transition Project: Measuring the Outcomes of a Cleft Transition Package	The audit was presented at the Craniofacial Society of Great Britain and Ireland Conference in Newcastle in April 2017. **Action/Recommendation:** • To create new cleft transition guidelines. • A bespoke information package and transition pathway were agreed upon and created ready to be piloted. • No re-audit required at present.

Local Audit	Actions
Audit of Incident Reporting in the Orthopaedic Department	The audit report was presented to the Alder Hey Orthopaedic Department Mortality and Morbidity Meeting in March 2017. **Action/Recommendation:** • We recommend that steps are taken to continue to raise the profile of the incident reporting process amongst all staff groups in the Orthopaedics Department, to encourage continued engagement with the system. • Ongoing efforts during educational sessions to raise the profile of incident reporting amongst medical staff. • Re-audit in six months.
Re-Audit of Early Bird Clinic Data - Use of Local Anaesthetic, Referral Data and Coding	The audit was presented at the Alder Hey Burns and Plastic Surgery Department Clinical Governance Meeting in December 2016. **Action/Recommendation:** • We are considering if directed education to certain health care centres about appropriate referrals may be useful. • Coding was much improved since the introduction of the pro forma. Continue using the pro forma and encourage its use over the weekend. • Consider education about appropriate referrals. • Re-audit of data over a longer period of time to show the trend of data throughout the year. • Re-audit in twelve months.
Does the Introduction of a Neonatal Clerking Proforma in the Emergency department Improve Record Keeping in Infants Under Six Weeks?	The audit was presented at the Alder Hey Emergency Department audit meeting in August 2016. **Action/Recommendation:** • The neonatal clerking pro-forma will be updated and formatted to a higher standard. It will also be included in the future electronic hospital system (Meditech) to allow the pro-forma to make the transition to the integrated paperless system. • Re-audit once integration to the new system has been completed.
Audit of Management of Patients With Clavicular Fractures Against Departmental Guidelines at Alder Hey Emergency Department	The audit was presented at the Alder Hey Emergency Department audit meeting in September 2016. **Action/Recommendation:** • Very good compliance with the new pathway. • This audit indicates that children are not coming to harm by following this new, less conservative approach to management of clavicle fractures. Families are being saved unnecessary follow-up. • Changes have already been made. This was a re-audit to confirm that change has been effective. • Re-audit in one to two years.
Prescribing of Proton Pump Inhibitors at Alder Hey	The audit was presented at the Alder Hey Pharmacy Clinical Forum and the Alder Hey Medicines Management and Optimisation Committee Meeting in September 2016. **Action/Recommendation:** • Alert pharmacists to remain extra vigilant when clinically checking prescriptions. • Disseminate the audit findings to the relevant clinical teams. • Re-audit in twelve months.

Local Audit	Actions
Paediatric Recovery Pain Assessment Audit	The audit is due to be presented in 2017. **Action/Recommendation:** • Update pain assessment training, with help from the Pain Team. • Pain assessment will now be added to the hospital system (Meditech). • Re-audit in six months.
Use of Methotrexate in Patient With Psoriasis	The audit was presented at the Dermatology Audit Meeting at Liverpool Broadgreen Hospital in November 2016. **Action/Recommendation:** • This was a regional audit and the Alder Hey centre performed at a higher standard than the rest of the regional Centres in the auditable criteria. • No changes are necessary as we performed at a high standard and already have the policies in place to achieve the audit goals. • Re-audit in three years.
Evaluation of Rapid Access Tongue Tie Service	The audit was presented at the Alder Hey Ear Nose and Throat (ENT) Department Meeting in November 2016. **Action/Recommendation:** • Overall patient satisfaction with the service was reported as good. Waiting times for an appointment were the main issue. • Hopefully introduce more clinic slots and a breastfeeding nurse. • Re-audit in one year.
Management of Patients with Urinary Tract Infection (UTI) Presenting to and Discharged by Emergency Department	The audit was presented at the Alder Hey Emergency Department audit meeting in December 2016. **Action/Recommendation:** • Aim to improve urine sampling techniques to reduce contaminants and ensure results are more accurate. • Induction presentation completed for new trainees rotating into the Department so that they are aware of practice. • Improved cleanliness in obtaining samples. • Introduction of a dipstick flowchart above urinalysis machines. • Better classification of upper versus lower UTI. • Re-audit in six months.
Audit of Management of Non-Blanching Rash in Emergency Department	The audit was presented at the Alder Hey Emergency Department audit meeting in February 2017. **Action/Recommendation:** • Update the departmental guideline for the management of non-blanching rash. • A new patient information leaflet has been drafted. • A re-audit is recommended at a time to be decided by the Emergency Department Team.

Local Audit	Actions
Review on Horse Related Traumas and Appropriateness of the Imaging Carried Out During Initial Presentation and Subsequent Follow-Ups	The audit was discussed with the clinical supervisor and submitted for presentation at the British Society of Emergency Radiology (BSER) Conference in April 2016. **Action/Recommendation:** • Good awareness, knowledge and adequate training will help minimise the number of untoward incidents due to horse riding. • We also found out that the initial assessment from emergency doctors would also help us in suggesting appropriate initial imaging and save the radiation burden on a young population. • No re-audit needed as we are following the guidelines appropriately.
Cardiac Arrest in Intensive Care	The audit was presented at the Alder Hey Intensive Care Unit audit meeting in February 2017. **Action/Recommendation:** • Improve documentation of Cardio Pulmonary Resuscitation (CPR). • Clearer documentation including the duration of CPR. • Re-audit (prospective) in six months.
Radiological Imaging in Tiptoe Walking Children	The audit was presented at the Alder Hey Children's Orthopaedics Alumni Meeting: (Mersey Deanery Regional Meeting). **Action/Recommendation:** • We will offer further advice and counselling to parents. • We have devised an algorithm for assessing the requirement for Magnetic Resonance Imaging (MRI), with the aim of reducing the number of unnecessary scans. • Inform other specialties in the Trust of the findings of the audit. • Re-audit in one year after implementation of the new algorithm.
Epistaxis - National Audit of Management 2016	No patients presented that met the audit criteria during the audit period. Therefore no patients details were collected or sent to the central data collection point. **Action/Recommendation:** • The second audit cycle will be performed next year by the new incoming registrars.
A Survey of Patient/Carer Satisfaction at Alder Hey Orthopaedic Outpatients Department	The audit was presented at the Alder Hey Orthopaedics Department audit meeting in December 2016. **Action/Recommendation:** • Disseminate feedback to Fracture Clinic Department to inform them of progress made. • Consider asking for dedicated outpatient fracture clinic service (as opposed to current shared service) so that nursing and medical staff can focus attention on seeing fracture clinic patients in a more streamlined manner. The Department is aware this recommendation will be difficult to follow through on actually implementing. • Continue to work to the high standards identified in our audit. Consider being able to ask for dedicated fracture clinic to streamline patients being seen. • This project was a re-audit.

Local Audit	Actions
A Service Evaluation of Alder Hey Primary Child and Adolescent Mental Health Services (CAMHS) Offer to Schools	The audit was presented at the North of England Psychiatry Conference on 25th November 2016 and the North West Royal College of Psychiatry Conference on 2nd December 2016. This work has also served as an early identification of mental health concerns for young people. It has enabled appropriate signposting for young people for continued intervention if mental health concerns are identified by referral to the appropriate CAMHS services. **Action/Recommendation:** • Information leaflets were developed detailing roles and menu of interventions offered. • Training packs used by clinicians have been formulated. • One to one supervision of key workers by link workers as well as group reflective practice peer supervision. • Standardisation of feedback forms and qualitative questionnaires to schools. • Link clinicians to screen referrals by key workers. • There was a wide range in uptake of the services offered. Some schools took up more sessions compared to a few other schools who did not request any sessions. This will be explored further in an ongoing research project. • Schools report they feel more contained by having better links with key workers and CAMHS link workers. This will be further examined by questionnaire data.
Auditory Brainstem Response (ABR) Under Melatonin and General Anaesthesia	The audit was presented at a national audit meeting in Sheffield in November 2016. Audit observations were subsequently revised as final in December 2016. **Action/Recommendation:** • A business case for a dedicated ABR under general anaesthetic list has already commenced. Proposed two half-day lists every three months. • Identifying the correct time for maximum efficacy with Melatonin. We will discuss this with our pharmacy; afternoon rather than morning lists are suggested. • Re-audit in twelve months.
Outcome of Current Dosing of Growth Hormone in Children	The audit was presented at the 2016 Royal College of Paediatric Child Health (RCPCH) Spring Meeting (as a poster presentation) and has been submitted to PlosOne (online medical journal) for publication. **Action/Recommendation:** • We are awaiting publication and then it will be fed back to national leaders in Endocrinology regarding dosing adjustments. • Update our existing policy to include new dosing for obese children. • Update our existing guidelines to include new dosing for obese children. • Changes to our clinical practice to include new dosing for obese children. • No re-audit required as this could/should be done via national data collection schemes.
An Audit of Propranolol Use for Infantile Haemangiomas	The audit was presented at Liverpool Broadgreen Hospital Dermatology audit meeting in January 2017. **Action/Recommendation:** • The guidelines from the British Association of Paediatric Dermatology were being followed. • To develop a pro-forma to capture the audit data by May 2017. • Re-audit in five years.

Local Audit	Actions
Towards Fast Tracking Following Paediatric Cardiac Surgery: Strategy and Initial Experience with Early Extubation	The audit was presented at the British Congenital Cardiac Association Meeting in Nottingham in November 2016. **Action/Recommendation:** • Early extubation can be accomplished safely following cardiac operations in an age-selected paediatric population and it is associated with low morbidity, mortality with reduced Intensive Care (ICU) and hospital length of stay. • This preliminary study demonstrates that a fast-tracking model is feasible. • Re-audit in twelve months.

Participation in Clinical Research 2016/17

The number of patients receiving NHS services provided or subcontracted by Alder Hey Children's NHS Foundation Trust (Alder Hey) in 2016/17 that were recruited to participate in NIHR Portfolio adopted clinical research was 3,784.

All research is governed by the EU Clinical Trial Directive, UK ethics committees and the Trusts Clinical Research Business Unit who carry out safety and quality checks to provide organisational permission. This is a highly robust mechanism that ensures oversight of every research study in the organisation. International research, education and innovation is one of the Trust's four strategic pillars of excellence and as such elicits full support of the Board of Directors. Furthermore, the Alder Hey/University of Liverpool refreshed ten year research strategy states that "Every child (should be) offered the opportunity to participate in a research study/clinical trial". The strategy is patient focused and supports research from all disciplines.

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 across a regional footprint. 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. One of the main strengths of Liverpool is that of pharmacology; developing better safer medicines for children and young people and contributing to the personalised medicine agenda. 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 is led and managed by a dedicated team who form the Clinical Research Business Unit (CRBU). The CRBU employs 40 research nurses, supports approximately 242 studies at any one time and rigorously manages performance to ensure high quality delivery to time and target. Alder Hey has an excellent track record of recruiting the first patient globally to clinical trials, demonstrating that the organisation is at the forefront of drug development in paediatrics. Over the last ten years, Alder Hey has achieved this for 16 of its patients.

Our clinical staff and associated academics lead contribute to studies of the latest and newest 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 96 open NIHR portfolio adopted clinical research studies and 14 non-portfolio studies during 2016/17, which is significant for a Trust of its size. While some studies report outcomes fairly quickly, most will not be ready for publication for a few years. The majority of studies were within the area of medical specialities, reflecting the prevalence of available research studies locally and nationally.

01/04/2016 to 31/03/2017

	NIHR Studies	Number of Participants	Non-NIHR Studies	Number of Participants
SG1 (Oncology, Haematology, Palliative Care)	31	148	10	22
SG2 Nephrology, Rheumatology, Gastroenterology, Endocrinology, Dietetics)	44	373	9	9
SG3 (Respiratory, Infectious Diseases, Allergy, Immunology, Metabolic Diseases)	26	1770	6	4
SG4 (A&E, General Paediatrics, Diabetes, Dermatology, CFS/ME)	8	410	4	1
SG5 (CAMHS Tier 3 & 4, Psychological Services and Dewi Jones)	4	147	1	2
SG6 (Community Child Health, Safeguarding, Social Work Dept., Community Clinics, Neurodisability Education, Fostering, Adoption, Audiology)	2	33	4	12
SG7 (PICU, HDU, Burns)	3	31	6	18
SG8 (Theatres, Daycase Unit, Anaesthetics, Pain Control)	1	1	1	0
SG9 (General Surgery, Urology, Gynaecology, Neonatal)	8	48	1	0
SG10 (Cardiology, Cardiac Surgery)	0	0	1	0
SG11 (Orthopaedics, Plastics)	3	104	3	22
SG12 (Neurology, Neurosurgery, Craniofacial, Long Term Ventilation)	20	77	5	9
SG13 (Specialist Surgery, Ear Nose and Throat, Cleft Lip and Palate, Ophthalmology, Maxillofacial, Dentistry, Orthodontics)	7	161	3	14
SS1 (Radiology)	0	0	2	1
SS2 (Pathology)	0	0	0	0
SS3 (Pharmacy)	0	0	2	0
SS4 (Therapies, EBME, Central Admissions, Bed Management, Medical Records, Generic Outpatients)	0	0	0	0
NON-CBU	3	0	2	0
CNRU	0	0	1	0
Non Classified	2	9	1	0
TOTAL	**162**	**3,311**	**61**	**150**

The Quality Account deals with research activity during the 2016/17 period. In addition to this, the CRBU published performance data on the Trust website indicating the time it takes to set up a study and the time taken to recruit the first patient once all permissions have been granted. Over 71% of studies conducted at Alder Hey recruit the agreed number of patients within a set timeframe (75% for commercial research).

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 enables 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. This has become the main focus of the CRF over the last few years. The CRF will lead to improvement in patient health outcomes in Alder Hey, demonstrating a clear commitment to clinical research which will lead to better treatments for patients and excellence in patient experience. The CRF has just been awarded a new five year contract to expand early phase and experimental research through to 2022.

There were over 350 members of clinical staff participating in research approved by a Research Ethics Committee at Alder Hey during 2016/17. These included consultants, nurse specialists, pharmacists, 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 over 30 commercial studies open to recruitment and much focus on the use of novel monoclonal antibodies (mAbS) or disease modifiers. mAbS have been used primarily in Rheumatology and Oncology but are becoming available in other sub-specialities 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. Duchenne Muscular Dystrophy (DMD) research has grown significantly with new compounds being developed that address the root cause of the disease. Alder Hey has been selected as one of three centres of excellence in England for DMD research and two patients with DMD have been global firsts. 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, General and Neurosurgery, Nephrology, Emergency Medicine and Community Paediatrics. The Trust has recently been successful in its application to be a Cystic Fibrosis Clinical Trials Accelerator and will receive three years of funding to employ a part time trial co-ordinator dedicated to Cystic Fibrosis research.

Innovation projects such as those developing devices are also now supported by the CRBU. This is the beginning of research and innovation coming together to share expertise and to maximise engagement with small medium UK enterprises and large global companies. There are two devices under development and these will use the hospital environment and its patients to test prototypes.

Several of our consultants have been commended on their contribution to research and the Trust is acknowledged by the National Institute for Health Research Clinical Research Network as one of the top performing trusts. In 2016, Alder Hey was shortlisted for five research awards (Rising Star, Delivery of Life Sciences, Most Innovative Collaboration, Patient Ambassador and NIHR@10). Alder Hey won three, receiving awards for 'Most Innovative Collaboration', 'Patient Ambassador' and 'Ten Years of Outstanding Impact 2006 – 2016' from the North West Coast Clinical Research Network. These awards represent the significant contribution the Trust makes to high quality clinical research.

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

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

A proportion of Alder Hey's income in 2016/17 was conditional on achieving quality improvement and innovation (CQUIN) goals. These are agreed between Alder Hey and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation Payment Framework. During 2016/17, these commissioning bodies were Liverpool CCG and consortia North West CCG partners for non-specialist services and NHS England for specialist services.

For 2016/17 the baseline value of CQUIN was £3million which was 1.9% of the total contract value. This means that if Alder Hey did not achieve an agreed quality goal, a percentage of the total CQUIN money would be withheld. For 2016/17, Alder Hey expects to receive 96% of the CQUIN money which is reflective of failure to deliver full compliance with the Sepsis targets for Quarters 1-3, and the Learning Disabilities target for Quarter 1 only.

The tables below reflect the position as at Quarter 3, as the Quarter 4 position is not fully validated at the time of publication, although this is not expected to change in Quarter 4.

Local Commissioner CQUINs 2016/17

Indicator	Indicator Description	Target	Weighting	Financial Value	Quarter 3 Performance
Digital Maturity	Digital Maturity Assessment	Participation and Submit Reports	0.35%	£172,654	Achieved
	Communication Information Sharing	Participation and Submit Reports			Achieved
	Communication Shared Records	Participation and Submit Reports			Achieved
	ICE Order Comms Deployment	Participation and Submit Reports			Achieved
	Digital Maturity Interoperability	Participation and Submit Reports			Achieved
Transition from CAMHS to Adult Mental Health and Learning Disabilities		Submit Reports	0.5%	£246,649	Achieved
Learning Disabilities Equality and Diversity: Reasonable Adjustments		Submit Reports	0.4%	£197,319	Partially Achieved

National Commissioner CQUINs 2016/17

Indicator	Indicator Description	Target	Weighting	Financial Value	Quarter 3 Performance
Sepsis	Timely Identification and Treatment of Sepsis in Emergency Departments	Audit 50 Cases (All if Fewer) Monthly	0.25%	£123,325	Not Achieved
		Audit 30 Cases (All if Fewer) Monthly			
	Timely Identification and Treatment of Sepsis in Acute Inpatient Settings	Audit 50 Cases (All if Fewer) Monthly			Not Achieved
		Audit 30 Cases (All if Fewer) Monthly			
Antimicrobial Resistance	Reduction in Antibiotic Consumption per 1,000 Admissions	1% Reduction	0.25%	£123,325	Achieved
		1% Reduction			
		1% Reduction			
	Empiric Review of Antibiotic Prescriptions	Submit Reports			
Improving Health and Wellbeing of NHS Staff	1A: Option B Selected: Introduction of Health and Wellbeing Initiatives Covering Physical Activity, Mental Health and Improving Access to Physiotherapy for People With MSK Issues	Submit Reports	0.75%	£369,974	Achieved
	1B: Healthy Food for NHS Staff, Visitors and Patients	Submit Reports			
	1C: Improving Uptake of Flu Vaccinations for Front Line Clinical Staff	75% Front Line Clinical Staff Vaccinated			

NHSE North West Specialist Commissioner CQUINs 2016/17

Indicator	Target	Weighting	Financial Value	Quarter 3 Performance
Clinical Utilisation Review	Submit Report	1.04%	£926,399	Fully Achieved
HSS Audit: Craniofacial Surgery	Participation	0.1%	£75,000	Fully Achieved
HSS Audit: ECMO	Participation	0.1%	£75,000	Fully Achieved
Difficult to Control Asthma Assessment Within Twelve Weeks	70%	0.2%	£170,000	Fully Achieved
Univentricular Infants Home Monitoring	100%	0.2%	£170,000	Fully Achieved
Planned Transition to Adult Services for Specialised Paediatric Patients	Submit Report	0.2%	£170,000	Fully Achieved
Haemoglobinopathy Improving Pathways Through Operational Delivery Networks	Submit Report	0.2%	£188,609	Fully Achieved

Statements from the Care Quality Commission (CQC)

Alder Hey is required to register with the Care Quality Commission and its current registration is in place for the following regulated activities: diagnostic and screening procedures, surgical procedures, treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the 1983 Act. Alder Hey remains registered without conditions.

The Care Quality Commission has not taken any enforcement action against Alder Hey during 2016/17.

Alder Hey has participated in special reviews or investigations by the Care Quality Commission (CQC) relating to the following areas during 2016/17; a national data collection exercise in June 2016 relating to the Trust's mortality review process following the publication of the Mazar's report into events at Southern Healthcare NHS Trust.

Alder Hey continued to work towards full completion of the action plan developed in response to the inspection undertaken in June 2015, both in relation to the Trust's acute services and community CAMHS. All actions were completed during the year, although there are a small number of actions which can be characterised as process issues which will be rolled forward into the relevant local system.

Overall **Good**		
	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-Led	Good ●

Latest Inspection Result from CQC - June 2015

Data Quality

Alder Hey Children's NHS Foundation Trust submitted records during 2016/17 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:

- 100% for admitted patient care;
- 100% for outpatient care;
- 100% for accident and emergency care.

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

- 100% for admitted patient care;
- 100% for outpatient care;
- 100% for accident and emergency care.

Alder Hey Children's NHS Foundation Trust will be taking the following actions to maintain the excellent standard of data quality/validation:

- A suite of data quality reports will continue to be run daily and weekly to ensure data is monitored and corrected where necessary.
- Work closely with the Information Department to identify any data issues or areas of data weakness, which will be investigated and remedial action agreed.
- Fulfil a schedule of regular data audits, reporting findings to relevant managers and monthly Data Quality Steering Group.
- Develop and utilise a Data Quality Dashboard, which includes key data items from throughout the patient pathway to monitor data quality and facilitate improvement.
- Workshops and refresher training sessions arranged to ensure staff are fully aware of the importance of data quality and the integrity of the data is accurate at source.
- A review of the Trust's data quality framework will form part of a broader internal refresh of quality, resource and governance to consolidate 'best practice.

Information Governance Toolkit Attainment Levels

Alder Hey's Information Governance Assessment Report overall score for 2016/17 was 85% and was graded as satisfactory (green).

Clinical Coding Error Rate

Alder Hey was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission. However the Trust employs a qualified Auditor who undertook the audit locally for the period 2016/17. The error rates reported for that period for diagnoses and treatment coding (clinical coding) were:

- Primary diagnoses incorrect: 8%
- Secondary diagnoses incorrect: 18%
- Primary procedures incorrect: 5%
- Secondary procedures incorrect: 10%

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.

REPORTING AGAINST CORE INDICATORS

The Trust is required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

For each indicator the number, percentage, value, score or rate (as applicable) is presented in the table at Appendix 1. In addition, where the required data is made available by NHS Digital, a comparison of the numbers, percentages, values, scores or rates of each indicator is made with:

- The national average for the same.
- Those NHS trusts with the highest and lowest for the same.

QUALITY PERFORMANCE IN 2016/17

QUALITY PERFORMANCE

This section provides an update on the Trust's quality performance during 2016/17. This includes an update on performance against priorities identified in the previous Quality Report, plus an update on specific indicators under patient safety, clinical effectiveness and patient experience.

Alder Hey Children's NHS Foundation Trust has maintained a strong focus on quality improvement throughout 2016/17. The revised Quality Strategy, 'Inspiring Quality', describes the Trust's focus on quality improvement for the next five years. The first 12 months of implementing the strategy have been focussed on gathering and sharing quality improvement initiatives, establishing the Quality Strategy Steering Group and implementing a system of devolved governance to drive improvements in ward to board reporting of quality and risk and in local governance systems and processes. Having reported on the move into the new hospital building in last year's Quality Account, we are now well established in the new facility and are continuing to deliver fantastic care to our children and young people. Staff are now much more settled into the new building and we have sought to improve our staff engagement by putting 'Listening into Action' at the helm of all of our quality improvement work.

The Children and Young People's Forum continues to go from strength to strength and we have maintained a strong focus on ensuring we keep the patient at the heart of everything we do, giving a voice to our children and families wherever possible.

SIGN UP TO SAFETY

'Sign Up to Safety' is a national patient safety campaign whose vision is for the whole NHS to become the safest healthcare system in the world, aiming to deliver harmfree care for every patient every time. The campaign was launched on 24th June 2014 with an ambition of halving avoidable harm in the NHS over the next three years and saving 6,000 lives as a result.

As an organisation committed to improving patient safety, Alder Hey Children's NHS Foundation Trust joined the 'Sign Up to Safety' campaign and developed a Trust-wide Safety Improvement Plan with specific improvement outcomes as highlighted in the previous Quality Report. The aim is that by March 2018, against a 2014/15 baseline, we will:

- Achieve no never events year on year.
- Reduce all avoidable harm by 30%.
- Reduce avoidable moderate, severe harm or death by 50%.
- Achieve a 95% patient satisfaction score.

Progress against the 'Sign Up to Safety' campaign is reflected below as part of the Trust's key priorities for improvement for 2016/17, which were agreed by the Trust Board. These were derived from national and regional priorities, Trust performance against quality and safety indicators, risk trend analyses and patient and public feedback. The key priorities are reflected in the Safety Improvement Plan.

Duty of Candour

The Trust is firmly committed to maintaining an open, no blame, learning culture and in support of this operates a 'Being Open and Duty of Candour Policy'. This policy describes how the Trust implements the National Patient Safety Agency (NPSA) safety alert 'Being Open Framework 2009: Being Open - Saying Sorry When Things go Wrong' and the 'Duty of Candour CQC Regulation 20 (2015)'.

The policy provides a framework for:

- Patients and carers to receive open, accurate and timely communication, an apology as appropriate and the support they need when mistakes have been made.
- Staff to be encouraged to admit shortcomings and mistakes, learn from errors and to be supported.
- Root cause analysis, investigation and learning to occur systematically.

The Duty of Candour (DoC) flowchart below shows how the Trust implements DoC.

Duty of Candour Flowchart

1. Incident occurs
Ulysses report immediately.

↓

2. Moderate/severe harm/death; Duty of Candour applies
All other incidents causing harm apologise and explain.

↓

3. Agree how disclosure discussion will occur with urgent preliminary multi-team discussion
As soon as possible.

↓

4. Initial disclosure and apology
DO NOT DELAY - As soon as possible; must be within ten days of incident.
By Consultant/MDT/Lead Nurse/Ward/Service Manager.
Face-to-face verbal or letter (template available for Duty of Candour).
Disclosure, apology, information and support. Give outline of investigation.
If a complaint and serious incident (SI) - complaint is handled through SI process.
Identify when/if patient/parents/carers would like to meet.

↓

5. Record communication in health records
'Being open - Duty of Candour' - Date, time, names present, issues, apology, plan for further communication.

↓

6. Maintain contact, as agreed with patient/family/carers
Perhaps a second meeting, telephone call etc.
On approval of investigation report - letter and summary sent to family!

During 2016/17, the Trust implemented formal Duty of Candour on nine out of ten occasions when the DoC requirement was triggered. On the tenth occasion, the incident involved two trusts and the formal Duty of Candour letter was issued appropriately by the other Trust.

KEY PRIORITIES FOR IMPROVEMENT IN QUALITY 2016/17

Priority 1 - Medication Safety

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

1. 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.
2. 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.
3. Being involved in a medication error can be a very difficult experience for patients, their families and the staff involved.

Aim: No drug errors resulting in avoidable harm.

Targets were set in the 'Sign Up to Safety' improvement plan 2015-18.

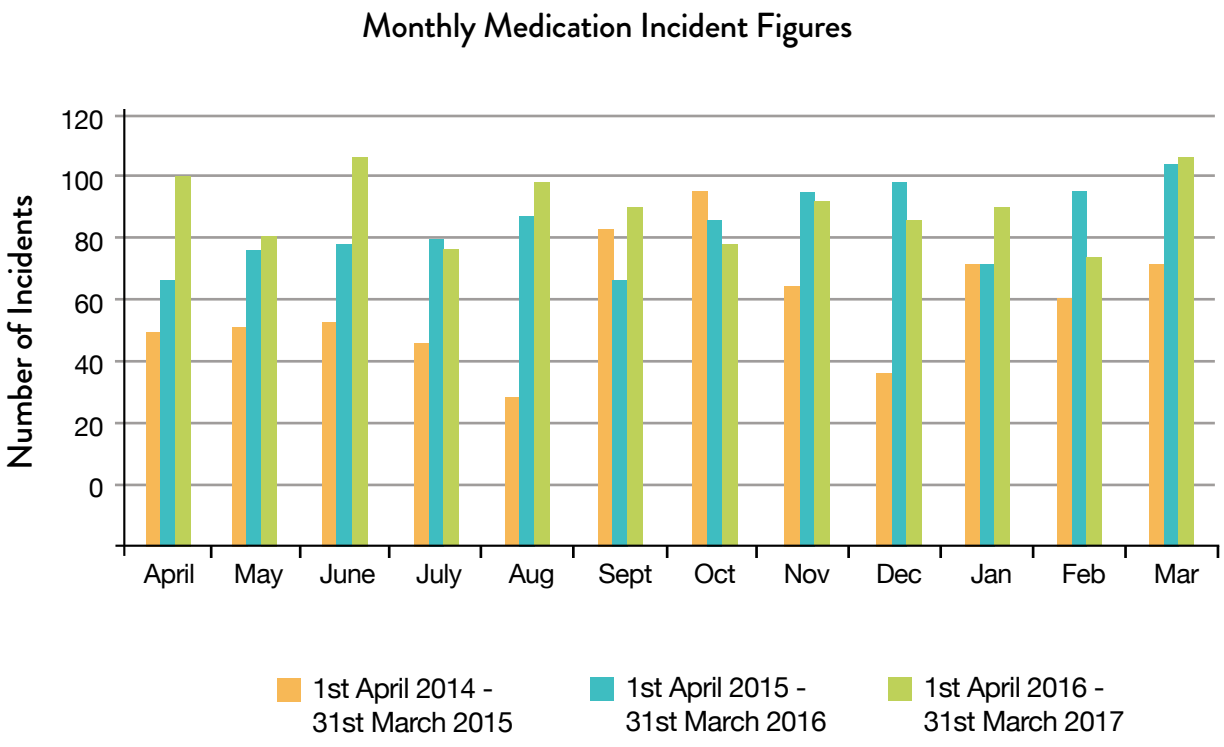
Targets:
From the 2014/15 baseline:

1. Reduce all medication errors that result in harm by 15% by March 2017; this represents baseline of 128 and target of 108.
2. Reduce medication errors that result in moderate, severe harm or death by 30% by March 2017; this represents baseline of four and target of two.

Outcomes:

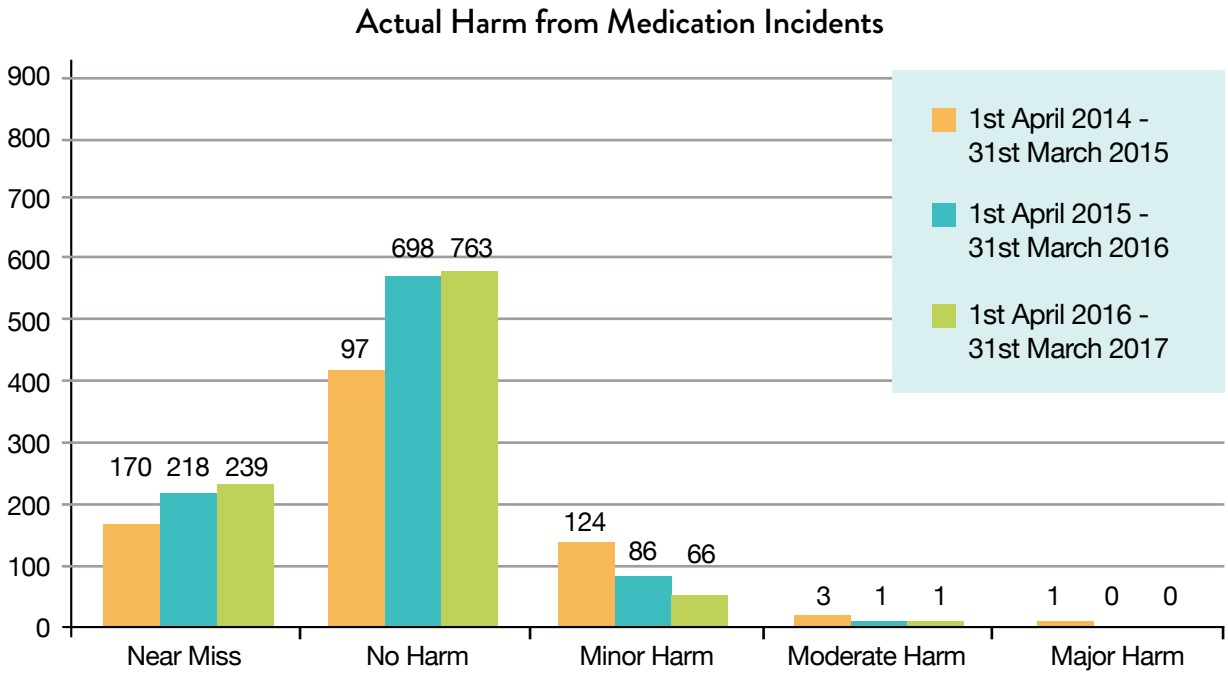
1. 47.6% reduction in all medication errors that result in harm; this represents 67.
2. 75% reduction in medication errors that result in moderate, severe harm or death; this represents one.
3. 52% increase in medication incident reporting since 2014/15. From 703 to 1,069 medication incidents reported.
4. Decrease from 18.2% to 6.3% of medication incidents reported with harm attached since 2014/15.

The table below shows ongoing increase in the reporting of medication incidents. This has increased from a baseline in 2014/15 from 703 incidents to 1,069 in 2016/17 (52% increase in reporting).



The table below shows the number of incidents that resulted in harm. This has decreased from 128 in 2014/15 to 67 in 2016/17 (48% improvement). Moderate, severe harm or death has decreased from four in 2014/15 to one in 2016/17.

This exceeds our 'Sign Up to Safety' goals ahead of the 2018 targets to reduce all harm from medication errors by 25% and to reduce moderate, severe harm and death by 50%.



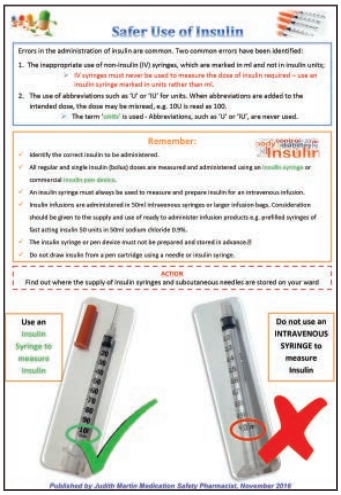
The tables above reflect an improvement in safety culture and increased support since the appointment of the medication safety officers (MSOs). The work undertaken to achieve these results is reflected below.

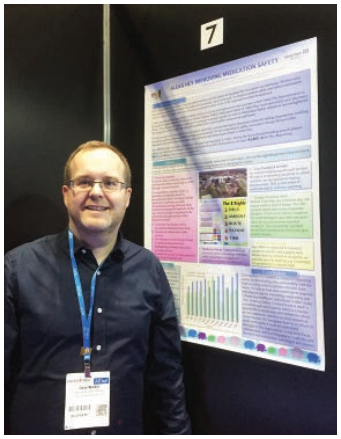
Improvements

1. Improved the quality of incident report data by implementing a more consistent approach to follow up and ensuring minimum data is completed prior to incidents being uploaded to the National Reporting and Learning System.

2. The implementation of the MERP (Medication Error Reporting Program) grading structure for harm caused by a medication error provides a much more objective method of assessment.

3. A more formal process for involving educational supervisors in follow up of prescribing errors by junior doctors has been well received. This is supported by circulation of a monthly summary of incidents caused by prescribing errors.





4. Developed a medication safety mandatory training workbook. This has been approved by the Medicines Management Committee (MMC) and implemented 1st April 2017.

5. Working with the handover co-ordinator, a monthly 'Prescribing Learning Outcome' from incidents is identified and repeated at handover. In this way the knowledge is registered in the prescriber's thought process.

6. Line managers are offered support when investigating incidents by MSOs. This has improved the response time for investigations.

7. When managers need support in completing/ reviewing incidents we set up 'medication safety surgeries' to offer advice and analyse reported incidents. This ensures the reporters know their incidents are followed up to avoid a repeat.

8. Ensuring any medication errors involving the Meditech Electronic Prescribing and Medication Administration (EPMA) system are fed back to the Meditech Team and used to shape and prioritise developments.

9. Developed links with universities which have increased the delivery of medication safety training to student nurses who are placed within Alder Hey.

10. Showcased our successes at the 'Sign Up to Safety' event held at Alder Hey to re-iterate to staff to follow the five rights and encourage reporting.

11. The Nurse MSO was a speaker at the 'Medication Safety Summit' in London in June 2016.

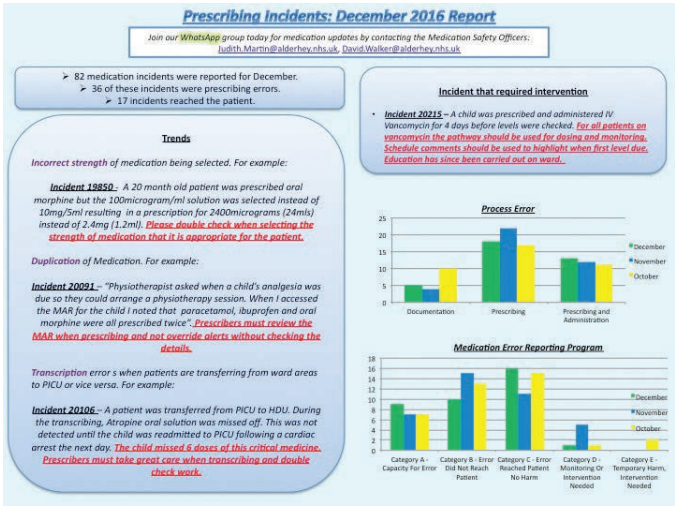
12. The MSOs poster on improving the safety culture in the Trust with regard to medication errors was shortlisted at the 'Patient Sign Up to Safety Conference' in Manchester in July 2016.

13. The MSOs presented a poster at the 'Patient Safety Congress Conference' in London in November 2016 on the role of MSO within Alder Hey.

14. Provide regular training on many aspects of prescribing, administering and dispensing medicines to medical, theatre, nursing and pharmacy staff.

15. Circulate monthly reports for nursing staff regarding medication errors and specific medication reports are provided to each CBU and also the Education Department for the medics.

16. An intranet page dedicated to medication safety has been developed which includes recent alerts and lessons learned.



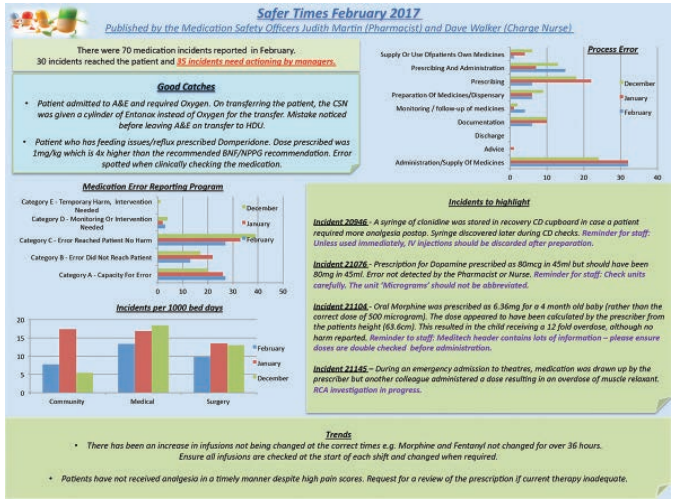
17. Publicised the need to report more adverse drug reactions within Pharmacy and the medical teams. There is currently a running competition. Since this was set up, the number of adverse drug reactions reported to the MHRA via the Yellow Card scheme has increased by 557% (seven in 2014/15 to 39 in 2016/17).

18. We set up a TPN working group and workshop which highlighted three key areas for improvement:

- Criteria for when TPN is appropriate to start.
- Develop a training package on TPN for nurses and doctors.
- Develop a new TPN prescription form.

19. Developed an MSO dashboard to monitor our progress.

20. Successful forerunner bid secured from Health Education North West to support the role of a ward based Pharmacy Technician to prepare and administer medications. A research project is underway to understand the impact of the role on patient experience, medication safety and the impact of the role on nursing time by releasing time to care.



Examples of typical monthly reports and education/ alert notices.

Future Plans

1. A WhatsApp group for junior doctors was initiated to communicate medication alerts. Currently we are not utilising this service as intended and it is to be re-evaluated for the following year.

2. To improve the process of involving prescribers in the incident by forging closer links with the medical leads. We are hoping to meet with the new Medical Director to outline the plans we have with prescribers involved in incidents.

3. Developing close working links with the Medical Device Safety Officer (MDSO).

4. Developing an app with the Innovation Team. This app will allow patients to have a better understanding of their medications. This is being driven by feedback from a children, young people and parent's workshop.

5. Decreasing the incidents that involve TPN and Heparin, to embed the work from the workshops that has been done.

6. Develop more audits with attention to TPN, controlled drugs etc. and involve more staff in undertaking these audits and taking ownership for resulting actions.

7. Introducing SN@P as an education tool for staff who struggle with numeracy.

8. Introduce 'Script' for prescribers. This safe prescribing toolkit will be available from 1st April 2017 for medical and non-medical prescribers.

9. Developing links with patient safety champions.

10. To complete and roll out the new electronic root cause analysis tool for all medication errors that result in harm, which includes identification of harm, contributory factors and financial implications.

11. Developed an independent checking process. This has to be approved by the Medicines Management Committee (MMC) and training provided on the new process to clinical staff.

12. Reviewing 'Ulysses' layout to make it easier to report (e.g. more drop down functions).

13. Review the findings from the ward-based Pharmacy Technician project to inform of potential future changes in workforce to support medication safety.

Priority 2. Reducing Harm to Patients as a Result of Developing a Pressure Ulcer

Aim: No avoidable pressure ulcers.

Targets:
From the 2014/15 baseline:

1. Reduce avoidable hospital acquired Grade 2 pressure ulcers by 20%; this represents 18.
2. Reduce avoidable hospital acquired Grade 3 pressure ulcers by 50%; this represents one.
3. Zero avoidable hospital acquired Grade 4 pressure ulcers.

Outcomes:

1. Increase of six Grade 2 hospital acquired pressure ulcers: this represents 27.
2. Increase of two hospital acquired Grade 3 pressure ulcers: this represents four.
3. Achieved zero Grade 4 hospital acquired pressure ulcers.
4. Total number of pressure ulcers of grades 2-4 is 31, compared to 23 in 2014/15.

A pressure ulcer is an injury that breaks down the skin and underlying tissue due to pressure, friction or a combination of these. They can be very painful and debilitating and are often preventable. It is recognised that immobilised and acutely ill neonates and children are at risk of developing pressure ulcers, particularly in a critical care environment. Most pressure ulcers within our organisation are associated with medical devices such as cannulas, which is reflective of national research showing that most paediatric pressure ulcers are device related.

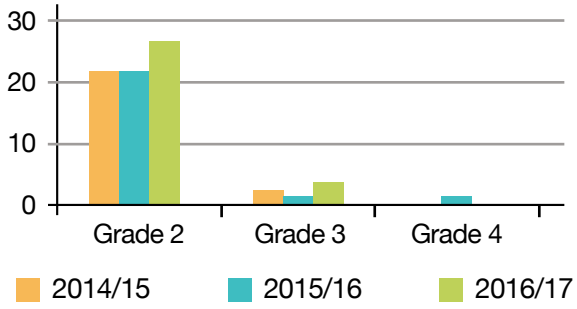
Since the appointment of a new Tissue Viability Nurse at Alder Hey, there has been a strong focus on education and training in the prevention, recognition and treatment of pressure ulcers and clarifying and simplifying the reporting procedures.

While the reported figures in the table below reflect an increase in numbers of pressure ulcers reported, these include all pressure ulcers, avoidable and unavoidable. We have now introduced an improved system of defining when pressure ulcers are avoidable and are taking specific steps to address these through undertaking root cause analysis and sharing lessons learned. The increase in numbers is reflective of a greater awareness and improved education across the Trust which has led to increased reporting. Future reports will reflect avoidable and unavoidable pressure ulcers.

Month	2014/15	2015/16	2016/17
Grade 2	21	23	27
Grade 3	2	1	4
Grade 4	0	1	0

Pressure Ulcers by Grade

Source: Ulysses



Improvements

- Developed a Trust-wide 'Pressure Ulcer Action Plan' with emphasis on education and training in prevention, recognition and treatment of pressure ulcers.
- Implemented an e-learning package on pressure ulcer prevention and management and embedded advice on recommended grading of pressure ulcers according to the European Pressure Ulcer Advisory Panel.
- Developed an improved pressure ulcer investigation tool to determine if it was avoidable/unavoidable.
- Embedded the investigation tool in the incident reporting system (Ulysses) for easy access for staff.
- Implemented Standard Operating Procedure on the reporting process when a pressure ulcer is identified or suspected.
- All avoidable hospital acquired Grade 3 and Grade 4 pressure ulcers have a comprehensive root cause analysis with action plans developed and implemented.
- Deliver monthly training sessions as part of critical care mandatory training requirements.

Future Plans

- Deliver monthly classroom training sessions from June 2017 as part of mandatory clinical skills day.
- Link e-learning package with Electronic Staff Record (ESR).
- Work with the Community Nursing Team to support management of pressure ulcers in the community.
- Develop a practical competency tool, specifically for ICU staff.
- Develop a Standard Operating Procedure to support development of tissue viability skills for out of hours staff when a specialist nurse is unavailable.
- Replace the use of the Braden Q risk assessment tool, which does not provide adequate assessment of risks associated with devices such as cannulas. Most pressure ulcers in children are device related.
- Undertake pressure ulcer summit to explore how the Trust is addressing pressure ulcers and identify further opportunities for improvement.

Priority 3. Reducing Harm from Hospital Acquired Infections

Aim: No hospital acquired infection.

Targets:
From the 2014/15 baseline:

1. No hospital acquired MRSA bacteraemia.
2. No Clostridium Difficile infections due to lapses in care.
3. Reduce the number of outbreak organisms and hospital acquired organisms by 30% from the 2014/15 baseline of 147; this represents 103 infections.

Outcomes – 2016/17

1. 12x MRSA bacteraemia.
2. 1x Clostridium Difficile infection.
3. 29% decrease in the number of outbreak organisms and hospital acquired organisms: this represents 104.

Data source – Corporate Report 12.4.17

Effective infection prevention and control (IP&C) practice is essential to ensure that patients receive safe and effective care. In order to provide the best possible outcome for the children in our care, it is vitally important that we identify and manage all infections that affect our children and young people to reduce the risk of healthcare acquired infection.

Children and young people can present unique IP&C challenges, such as:

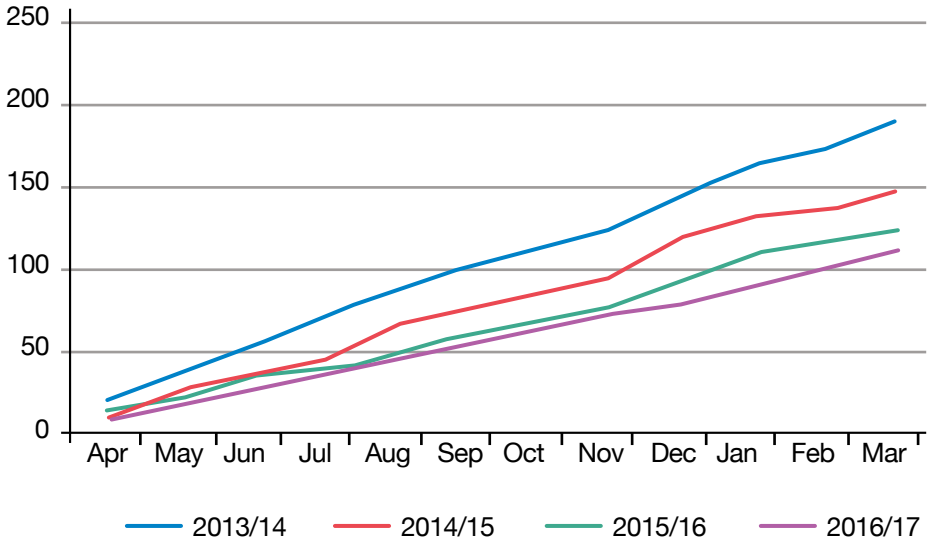
- They are susceptible to infections, which are preventable by vaccination.
- They have closer contact with other visitors such as parents and siblings.
- Their poor hygiene practices present more opportunities for infection to spread.
- They may also interact more closely with their environment, making them more likely to come into contact with contaminated surfaces and items.
- Communicable diseases affect a higher percentage of paediatric patients than adults, increasing the likelihood of cross infection.

Improvements 2016/17

- There have been post infection review (PIR) investigations conducted following the occurrence of MRSA bacteraemia and Clostridium Difficile infections, resulting in the development and implementation of improvement plans.
- Development of Hand Hygiene Improvement Group in Critical Care, adopting innovative methods of hand hygiene compliance audit using mobile phone apps. This has provided larger and greater amounts of data which has assisted in targeting staff or groups with poor hand hygiene compliance.
- Hand hygiene awareness week held in October 2016.
- The introduction of SNAP audits for isolation practice has improved data collection and feedback to clinical teams. SNAP is a bespoke electronic audit tool.
- Introduction of SSIS (surgical site infection surveillance) in plastics and agreement on methodology for k-wire (SSI) surveillance.
- Introduction of orthopaedic care bundles and reinstatement of cardiac and neurosurgery care bundle monitoring.
- Participation in the cardiac and neurosurgery SSI modules by Public Health England (PHE), allowing the Trust to benchmark against other organisations.
- Development of Theatre Safety Board chaired by a Consultant Neurosurgeon.
- All central line associated blood stream infections (CLABSI) in Critical Care are now being validated by an MDT (multi-disciplinary team meeting) on a monthly basis, as are ventilator associated pneumonias.
- In service evaluation of CUROS (70% alcohol impregnated caps for the end of lines) and the Braun needle free devices in an attempt to reduce the incidence of CLABSI within the organisation.
- Participated in PHE prevalence survey in November 2016 and local prevalence survey in March 2017. This provides a snap shot of the rate of HAI for the Trust and identifies areas and prevalence of different types of infection.
- PIR for serious infection in addition to those required for mandatory reporting, e.g. increased incidence of cardiac infections.
- The introduction of a level 1 RCA (root cause analysis) proforma on SNAP has made it easier for clinical teams to carry out reviews of blood stream infections and other reportable hospital acquired infections. This information determines the requirement for a formal RCA process.
- Introduced IPC key performance indicators (KPIs). These are reported quarterly. Associate chief nurses feedback on the KPIs to the Infection Prevention and Control Committee. The ward with the highest score on the KPI will be named Infection Control Ward of the Year.
- Maintained improvement in rapid diagnosis and appropriate patient isolation during the Bronchiolitis RSV (Respiratory Syncytial Virus) season.
- Reduced the number of hospital acquired RSV infections compared to the previous three years.

The graph below shows that continued improvements in reducing hospital acquired infections have resulted in 104 HAIs in 2016/17, which is a 46% reduction compared to 2013/14.

Total Infections (Cumulative) 2013/14 to 2016/17



Source:
KM - Corporate Report 12/4/17

The table below shows the reduction in hospital acquired RSV infection during the winter period in 2016/17.

RSV	Nov	Dec	Jan	Feb	Mar	Total
2012/2013	7	0	2	1	2	**12**
2013/2014	1	6	1	1	1	**10**
2014/2015	1	9	0	0	0	**10**
2015/2016	1	5	4	1	0	**11**
2016/2017	5	1	1	1	0	**8**

Future Plans

- Roll-out of use of hand hygiene audit app throughout the Trust.
- Develop Policy on Management of Measles for CF patients.
- Production of checklist to ensure appropriate investigation of hospital acquired diarrhoea.
- Investigation of all hospital acquired cases of Influenza and RSV during the winter season to ascertain if they could have been prevented. Reporting back to the clinical teams the hospital acquired RSV and Influenza A rates by 1000 bed days.
- Undertake a gap analysis for the new Public Health England Toolkit for reducing E. Coli Bacteraemia once this is published in 2017/18.
- Commencement of 1.5 WTE Sepsis nurses to audit compliance with Sepsis management.
- Business case for the appointment of an Immunisation Co-ordinator.
- SSI surveillance for K-wires insertion commencing in April 2017.
- Audit of compliance with NICE guideline 139 (baseline review of urinary catheter management).

Further details of improvement plans are captured in the Infection Prevention and Control Delivery Plan, which will continue to be rolled out in 2017/18.

Priority 4: Further Enhance Children, Young People and Their Parents/ Carers Involvement in Patient Safety

Aim:
To continue to improve patient safety by engaging children and young people in different methodologies for capturing the voice of the patients and designing safer systems of work.

Children and young people are key stakeholders of the NHS and their interests must be at the centre of everything we do. Alder Hey has placed a strong focus on engaging with children, young people and their parents/carers, ensuring they have their voices heard on all matters of their care with a particular emphasis on patient safety.

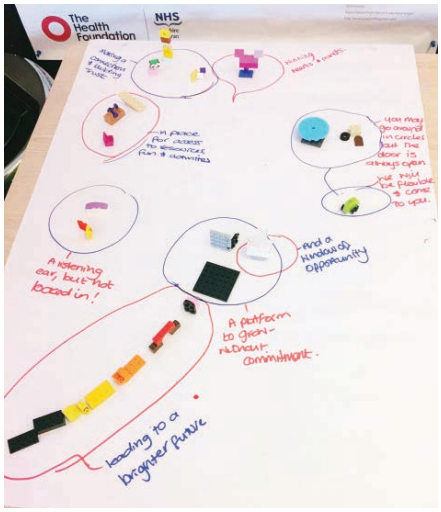
Following on from the work in 2015/16, we have explored further means of involving patients and carers through group work and through individual involvement. This is supported by our Children and Young People's Forum, who have been working closely with the Royal College of Paediatrics and Child Health (RCPCH) and other partners.

Improvements

- Continued to work with local schools on infection related issues and hand hygiene.
- A video link about the importance of handwashing was created by Prescot Primary School as part of a collaborative piece of work facilitated by the Trust's Patient Information Manager. **https://vimeo.com/162676248**

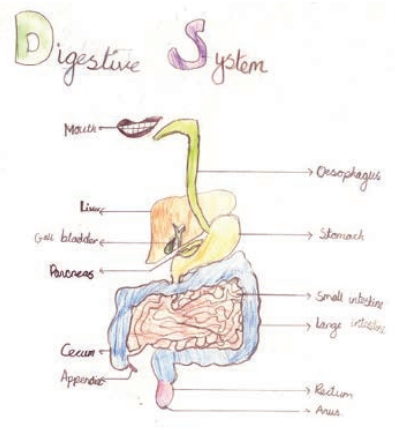
Infection control/hand washing posters designed by school children.

- Identified pros and cons of different methods of gaining views of patients, for example use of interview questionnaires, drawing, video blogs, workshops, drama, parents and carers daily blogs and apps.



- Parents and Children and Young People's Forum members supported the PLACE assessment of environment and food in wards and departments.
- Developed quality and safety video blog "I like it when..." in which the children and young people expressed their views of what quality and safety means to them. **https://youtu.be/GDQSKXSbVaQ**
- Use of patient stories in improving cardiac surgical pathway, described later in the Quality Account.
- Consulted families on the establishment of a self-referral mechanism for CAMHS services.
- Children and Young People's Forum contributed to development of transition services and materials, including the '10 steps transition' website to support safer transition to adult services.
- Members of the Children and Young People's Forum also took part in a 'peer consultation' project, working with the Royal College of Paediatric and Child Health and 'Us' Team to gain patient views and comments on their experiences. Further information later in the Quality Account.
- Children and young people continued to contribute to ongoing development of 'Safe Together and Always Right' (STAR) Ward Accreditation Programme.
- Regular patient attendance at Trust Board to deliver stories of their experiences of Alder Hey.

Work with children and young people on transition pathway presented to The Health Foundation.



Drawing of digestive system from Year 4 pupil at St Nicholas Catholic Primary School during an educational visit by one of our consultants and registrars in paediatric surgery.

Future Plans

To further maximise opportunities for children and young people's involvement in patient safety work, with a particular focus on early involvement in quality improvement initiatives.

Children and Young People's Forum

The Children and Young People's Forum continues to meet every two months and is well supported by Alder Hey staff. The Forum was established in 2009 and meets in three groups: children (7-11yrs); young people (11-18yrs); and a parents/carers group. Membership is increasing as the groups grow in confidence and esteem.

The Forum is in great demand particularly in terms of projects, research and evaluations and has been very busy during 2016/17, participating in hospital projects, sharing and representing patients' views, concerns, ideas and experiences. In particular, they have had involvement in formal consultations and opportunities to link into projects that directly affect the development of the hospital and its services.

The Forum members also link into external group participation in promoting opportunities for young people for personal self-development. This is demonstrated in recent research project work with the Royal College of Paediatrics and Child Health patient groups.

The following summary presents key aspects of Forum projects from April 2016 to present.

Working with the Royal College of Paediatrics and Child Health (RCPCH) and 'Us' 'The Voices of Children, Young People and Families'
April 2016- National Conference

The young people's group was invited to participate in a National Conference at Liverpool Convention Centre facilitated by the RCPCH and Institute of Child Health London.

Five members planned for the event, gave a presentation and remained as part of the panel for a question and answer session. Delegates gave exceptional feedback on their passion and presentation skills. This resulted in further consultation regarding collaboration on future surveys. Since then the RCPCH project lead has attended Alder Hey twice to discuss future project work with the Forum.

Quotes from feedback from the Conference:

"The group were fantastic, very articulate about their views and you could clearly see their passion during the Q&A which they managed so well and asked some great questions back!"

"They had some very strong messages which had an impact with the audience with their top tips at the end being on point."

"We've had some great feedback from attendees of that session who found me the next day to say how well the group did and how powerful their insight was. For their first public speaking event outside of Alder Hey they did amazingly and are a credit to themselves and your team."

Peer Consultation Project

In Autumn the Forum received a request to participate in a peer consultation project, with a particular aim of identifying the best ways of 'giving patients a voice' regarding who to speak to with good or bad experiences in healthcare. This is a project linked to NHS England as part of a Clinical Reference Group. Training was offered for young people to undertake peer interviews and become involved in the project.

Several young people attended a two day workshop for training and peer interviews in outpatient clinics and wards, followed by evaluation. The young people agreed a series of questions to identify if patients/ families were aware of who to communicate with in respect of their experience (positive or negative) and if patients and families felt they were 'listened' to.

The Forum members also took part in group discussions and carried out practical training in interaction and interpersonal skills and then went around the hospital to interview children and young people in outpatient clinics and wards. The research was followed up by a further session of Forum members interviewing those members who had not attended the workshop and also the children's group members, thus ensuring all members' views were facilitated.

This was an important piece of work which the Forum members enjoyed and which will influence national guidelines. Further work is ongoing externally to complete the NHS England report. The Forum will be credited with participation. The young people gained new skills and a certificate which can be used to evidence activity for the Duke of Edinburgh award scheme or National Citizens Service award.

Further the group has learnt of a potential new award scheme the Forum members may benefit from for the future. We are currently looking into this opportunity.

The group is also developing a poster to publicise the outcomes of the work.

Pictured here is the Young People's Group receiving their certificates for attending the National Paediatric College Conference and the Peer Clinical Referencing Project.

Staff Recruitment

- The young people's group has participated in focus groups for several senior staff recruitment, including the appointment to a Non-Executive Director in the summer. The young people now offer feedback to the selection panel themselves with staff support.

Council of Governors

- Two members of the Forum attended a Council of Governors meeting to discuss the role of the Forum. They gave an account of the Forum's activity and key aspects of achievements outlining what they do and what their aims are. They also spoke of the difficulties in getting the children and young people out of school for projects/focus groups for recruitment and other activities.
- The governors also shared information with the young people about the role of governors and one of the young people from the forum has now been appointed as a new Patient Governor.

PLACE Inspection

- Several parents and members of the young people's group supported PLACE inspection of food and wards and departments. (Further report provided on page 108).

Other Areas of Engagement With Children and Young People's Forum

- Two of the Trust innovation leads attended the Forum to discuss digital apps/technology. This discussion included digital technology for play and distraction, décor in waiting areas and treatment areas, use of apps for appointments and patient information. The Forum indicated interest in further involvement in apps and technology distraction ideas.
- The Forum worked with a BBC producer and artist to devise a vinyl mural now on display in the teenage area of surgical day care.

- Members of the Forum also visited an operating theatre and commented that the theatres are bland and there is a need for more décor/distraction technology. The Trust has an ongoing piece of work to improve the environment in theatres.

- The Forum recently participated in group activity for a research project from JMU and Public Health regarding views on health and health resources.
- Representatives from outpatients attended the Forum in January to discuss clinic and waiting areas improvements and gain patient views on décor, colour schemes, design of the environment and they also considered themes for the naming of the clinics.

Schools Parliament

Jeff Dunn, Director of Liverpool Schools Parliament, continues to attend Forum meetings and several members of the Forum attend School Parliament participating in debates and projects linking in with local developments and various projects.

Janani Murageshi was recently elected to represent the patient Forum as Young Lord Mayor for the Liverpool Schools Parliament and Ava Wood has been elected as Junior Lord Mayor. They will each hold office for a month of attending events with the Lord Mayor.

Here is Janani at the inauguration ceremony having taken her oath and is pictured signing the register.

Quality and Safety

- Trust quality and safety leads visited the young people's group and the parents group to discuss engagement opportunities in improving quality and safety, including the ongoing development of the ward accreditation programme, 'Journey to the Stars'.
- The Communications Team worked with the children and young people, plus patients and created a video blog for the Alder Hey intranet to promote the new Quality Strategy, 'Inspiring Quality'. The children and young people expressed their views of what a great experience in the hospital means to them, using the phrase "I like it when...". The video was shared widely across the Trust, including with Trust Board members, executives, governors and through Team Brief and other means and is regularly shown on the TV screens in the Atrium. https://youtu.be/GDQSKXSbVaQ
- The Communications Team are also working with the Forum to develop the new Trust extranet which will have important Children and Young People's Forum website links.

Transition

- The Trust Lead Transition Nurse attended the Forum to discuss transition which is a subject close to several members of the Forum as they approach adulthood.
- The young people expressed their views on how the Trust prepares people for transition and highlighted the '10 Steps to Transition' model created by the Trust and a limerick which young people going through the transition process can engage with.

Future Projects

- We have maintained our contact with RCPCH '& Us' association who would like to discuss new projects for all three Forum groups. In particular they are keen to involve the parents and carers group in developing an assessment process about how medics communicate with patients. RCPCH will provide training for this activity for parents in developing this work.
- There are also plans to undertake bigger projects linking up with other paediatric hospitals.
- We are also looking into gaining external accreditation for long term Forum members for their support and participation in hospital projects.
- The Forum will continue working towards promoting positive patient experiences and quality standards linking more closely with the new clinical business units.

PLACE Assessment – Patient Led Assessment of the Care Environment

Aim:
To undertake a voluntary self-assessment of the care environment from the patient and public point of view and benchmark nationally to support the Trust in identifying areas for improvement.

Outcomes:
Assessment was undertaken by ten staff members and 27 independent assessors over four sessions.

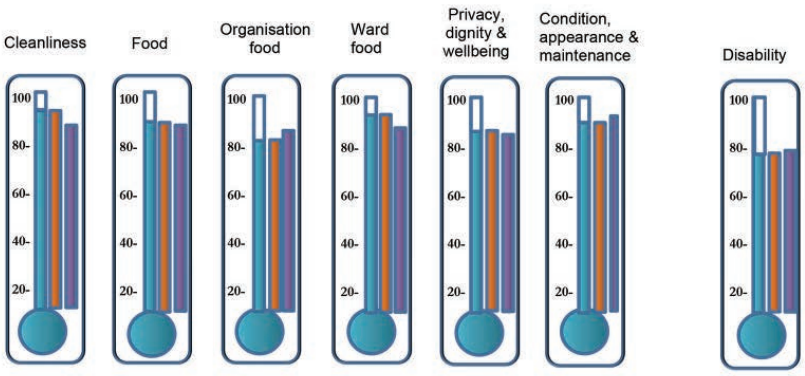
1. Food and ward food - above national average.
2. Organisation food - below national average.
3. Cleanliness and condition/appearance - below national average.
4. Privacy, dignity, wellbeing and disability - equivalent to national average.

The PLACE assessment is designed to focus on the areas which patients say matter by encouraging and facilitating the involvement of patients, the public and other bodies with an interest in healthcare (e.g. local Healthwatch) in assessing providers in equal partnership with NHS staff to both identify how they are currently performing against a range of criteria and to identify how services may be improved for the future.

Participation is voluntary and the assessment provides a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care; cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy and dignity; and the quality and availability of food and drink. The 2016 assessment included an additional measure of disability. The disability assessment focusses on issues of access including wheelchair, mobility (e.g. handrails), signage and provision of such things as visual/audible appointment alert systems, hearing loops and aspects relating to food and food service.

The assessment was undertaken by ten staff members and 27 independent assessors, including patients, parents, Children and Young People's Forum members, volunteers, Healthwatch members and a Trust Governor. The results of the assessment are produced by NHS Digital (formerly Health and Social Care Information Centre) and are summarised here.

ALDER HEY HOSPITAL – Collection: 2016



	Cleanliness	Food	Organisation food	Ward food	Privacy, dignity & wellbeing	Condition, appearance & maintenance	Disability
Achieved score	1968.0000	246.6132	92.3443	154.2689	256.0000	993.0000	157.0756
Available score	2114.0000	275.9661	110.8065	165.1596	302.0000	1132.0000	200.5882
Site score	94.04%	89.36%	83.34%	93.41%	84.77%	87.72%	78.31%
Organisation average	94.04%	89.36%	83.34%	93.41%	84.77%	87.72%	78.31%
National average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	78.84%

Improvements

The Trust recognises the value of feedback from patients and users of the services at Alder Hey. The outputs of the PLACE assessment include a mix of positive feedback and areas for improvement. The assessment outputs, including individual and specific comments have been shared with ward and department leads and a number of improvements have already been implemented, both corporately and locally:

- Commissioned an external facilities management services review and started implementation of recommendations.
- Appointed to a new role of Domestic Operations Manager to provide a consistent approach and oversight of domestic services.
- Developed cleanliness action plan through infection prevention and control.
- Worked with children and young people to improve environment in Theatres and designed a vinyl mural for teenage area of surgical daycare.
- Improved healthy options offer in restaurant, removed fizzy drinks and high fat high salt snacks.
- Introduced 'free fruit' lunch offer.
- Improved freshly cooked offer; fresh cooked soups and produce (not frozen) daily.
- Rapeseed oil now used which is the best oil on the market for cooking with unsaturated fats.

Future Plans

- Create a dedicated helpdesk for logging domestic service calls and agree Key Performance Indicators.
- Review equipment and processes and introduce improved technology to improve effectiveness and consistency of cleaning processes.
- Introduce quarterly cleanliness audits to validate cleanliness standards.
- Continue to work with children and young people on environmental improvement through involvement in app development.
- Recognised improvement is required in engagement of children in play and identified as a key priority for 2017/18.

The Trust will continue to work with patients, the public and external organisations such as Healthwatch and will again undertake a PLACE assessment in 2017 to identify further opportunities for improvement.

Promoting a Safety Culture

Aim:
To promote incident reporting and reduce incidents of harm.

Targets:
From the 2014/15 baseline:

1. No 'never events'.
2. Reduce incidents resulting in harm by 20%; this represents baseline of 842 and a target of 674.
3. Reduce incidents resulting in moderate, severe harm or death by 20%; this represents 37.

Outcomes:

1. Two 'never events'.
2. 10% reduction in all incidents of harm; this represents 758.
3. 81% reduction in moderate, severe or death incidents; this represents ten.

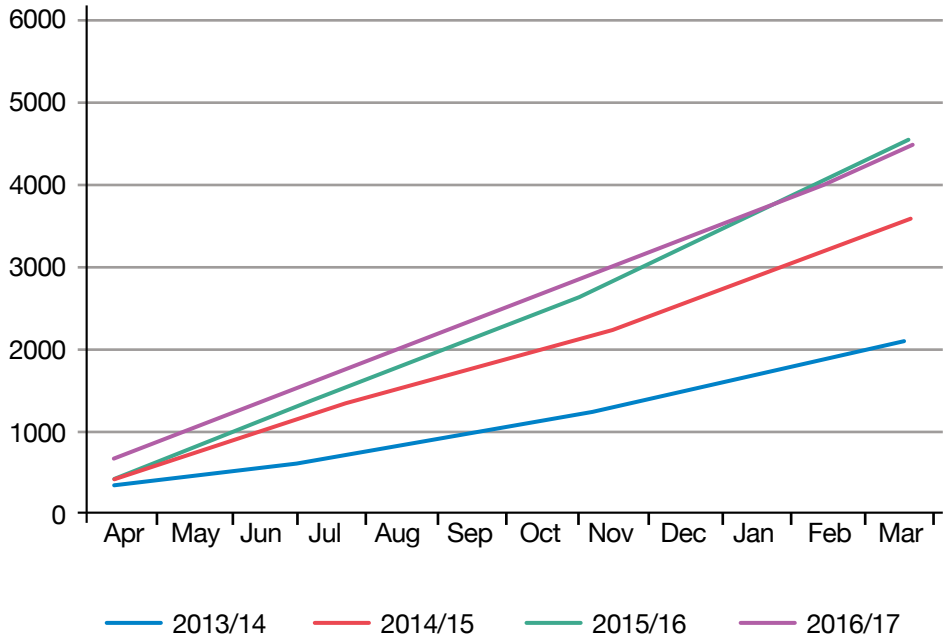
Source data – Corporate Report 12.4.17

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.

All organisations continue to upload their incident data into the National Reporting and Learning System (NRLS) and receive comparative reports on their culture of reporting. It is recognised that organisations that report more incidents usually have a better safety culture. In last year's Quality Account, the Trust reported how it had made great strides in improving the safety culture and had moved from being in the lowest 25% of NRLS reporters to being in the top 25%. The most recent report for the time period of 1st April 2016 to 30th September 2016 confirms that the Trust remains in the top 25% of reporters and is ranked 3rd highest reporter out of 19 acute specialist organisations.

The Trust continues to promote all incident reporting, including near miss and no harm incidents. This graph shows that the Trust has maintained a high level of incident reporting compared to previous years, equating to 122% increase in reporting compared with 2013/14.

Clinical Incidents 2013/14 to 2016/17



Data Source:
Ulysses 12/4/17

In 2016/17 there were two 'never event' incidents reported, which have undergone comprehensive investigations. Improvement plans have been developed and implemented to prevent reoccurrence.

While the target of reducing incidents of harm by 20% has not been achieved this year, there is evidence of a significant reduction in the incidents of moderate or higher harm which have reduced from 46 in 2014/15 to 10 in 2016/17.

Improvements

- The Trust places a strong emphasis on learning from errors and incidents and has a number of different mechanisms for ensuring lessons learned are shared widely.
- Weekly Meeting of Harm; an open invite meeting that is well attended by clinical and non-clinical staff where specific incidents from the previous week are discussed in detail, with specific actions appointed and lessons learned shared widely.

  The output from the meeting includes a poster summarising the key lessons learned and providing recognition for staff that have intervened before an error has reached the patient ('Good Catch' award).

  This meeting has recently adopted a 'deep dive' approach to common themes or rising trends, with a view to exploring issues more widely and developing appropriate action plans.
- Implemented model of devolved governance, newly appointed Heads of Quality have been appointed to each CBU with a view to implementing a system of local risk management and governance and continuous quality improvement, thereby improving the ward to board reporting of risk and quality.
- Medication safety officers work closely with clinical and non-clinical Trust staff to share information and provide education regarding medication prescribing and administration and provide monthly medication incident reports to each CBU and medication safety alerts.
- Action plans from serious incidents and 'never events' are monitored at CBU risk and governance meetings and via the Trust Clinical Quality Steering Group. Action plans are also monitored at the monthly serious incident review meeting with commissioners. Progress has been made in the completion of completed action plans.

Peri-operative Care

The previous Quality Report for the Theatre Department outlined the creation and development of the Theatre Quality Assurance Team and the overarching plan in relation to risk and governance within the Theatre Department. This set out nine key aims for the year ahead, alongside a strategy for achieving those aims. On reflection, at the close of 2016/17 all but one of these aims has been achieved or work has commenced. The remaining aim is to create and implement a 'never event' task force, although within the past year there was only one never event within Theatres in comparison to three the previous year.

Aims and Objectives 2016/2017	Achieved
Review and relaunch WHO 5 steps to safer surgery.	Embedded teaching into theatre induction.
Transfer ownership of weekly governance and risk meetings to speciality teams.	Local meetings now held monthly and risks reviewed weekly by band 7's.
Comply with National Safety Standards for Invasive Procedures (NatSSIPs).	NatSSIPs now launched, audit underway.
Establish focus groups to prevent all surgical and anaesthetic never events.	Not yet achieved.
Develop and implement a theatre specific infection control policy.	Policy complete, to be ratified via IPCC next month.
Improve MDT attendance at the weekly meeting of harm.	Matron and Risk and Governance Practitioner attend weekly, clinical leads and medical staff attend ad hoc.
Implement actions from the internal AfPP audit.	Work has started but not complete.
Improve compliance with all medicines regulations.	Regular audit underway, work being undertaken in relation to storage in theatre.

The year closes on an established Quality Team, with a focus on all areas of improvement; encompassing infection prevention and control strategies, as well as key areas for development in relation to risk, governance, medical device management, health and safety, training and staff wellbeing and development. The appointment of the new Theatre Matron in September and Chief of Operative Care in November completes the collective and will support the continual driving forward of standards and change.

A new structure (pictured below) for the management of risk and governance within the Department has been implemented to maintain oversight and governance of all risks within theatre:

Key Quality Improvements Made in 2016/2017

- Development of the theatre Infection Prevention and Control (IPC) Policy and supplementary theatre cleaning procedure.
- Well established robust environmental audits undertaken which are consistently demonstrating high standards of cleanliness.
- Development of the theatre 'top 10' key performance indicators and dashboard.
- Launch of the theatre national safety standards for invasive procedures (NatSSIPs).
- Band 7 clinical lead in post to support and develop improved efficiency in the running of the emergency theatre.

Infection Prevention and Control

One of the biggest achievements for 2016/2017 is consistent compliance above 98% in environmental cleanliness audits across the Department. The appointment of an Advanced Practitioner for Infection Control within the Department has driven a focussed approach to IPC and enabled the formation of the theatre IPC policy and cleaning policy. Supporting the weekly environmental audits will be the twice-yearly overarching review of the Department using the Opp-Gen care audit which is a care setting process improvement tool, in partnership with the Trust Infection, Prevention and Control Team.

The top aims for 2017/18 within IPC will be to look at creating surgical site surveillance and a standardised theatre care bundle for all specialities. The IPC practitioner will also work with the whole Quality Assurance Team to develop a peer review audit tool to support in undertaking benchmarking within the region.

Improving the Quality of Care Provided

The NatSSIPs have now been launched within the Theatre Department and an audit is underway to assess the standards of care provided. There will be teaching delivered, based around the results of audit and safety observations within the Department. NatSSIPs will be added to the induction training for all new theatre staff, as well as the yearly update for existing staff.

The 'top 10' key performance indicators have been defined for Theatres and will be reported via the new departmental dashboard. This will allow the clinical leaders and management team within the Department to have oversight of the quality of care provided and support a structured approach to further improvement.

Improving Care for Patients Requiring Emergency Surgery

Last year brought the introduction of a Band 7 clinical lead into the emergency theatre to improve access and quality of care for patients requiring emergency procedures. This has seen improvement in efficiency not only in the emergency list, but in supporting patients to receive surgery within other available free slots within the Department. This not only provides more timely treatment for patients, but ensures improved utilisation across the floor.

The team in the emergency theatre has also worked alongside the IM&T Department to create a bespoke system for the booking and management of the emergency list. This system will allow clear visibility of patients booked onto the emergency list, provide an estimated time to theatre, highlight any patients who have been starved longer than necessary and support prioritisation of patients.

2017/2018 will see the role extend later into the day and over six days to improve the emergency service for even more patients. The bespoke IT system is planned to 'go live' within the next three months and the efficacy will be audited and reviewed, with feedback to the Theatre Safety Board three months following implementation.

Key Points of Focus for the Year Ahead

- Creation of Theatre/Anaesthetics quality dashboard.
- Development of 'in-department' mandatory training package for all theatre staff to access.
- Plan for human factors training development and implementation.
- Review of all standard operating procedures and policies to update and ensure relevance in line with NatSSIPs.
- Development of peer review strategy with other regional trusts to support benchmarking and consistency of care within the region.
- Creation of clear development plans for staff, encompassing clinical skills training, human factors and access to leadership courses.

The Quality Assurance Team will continue to support and involve staff from across the department in delivering the above goals for the year ahead. Staff are currently engaged in continual audit within the Department and link roles will be defined and developed across the year, ensuring shared learning and further improvement in the quality of care provided throughout the Department.

Best in Operative Care

The Best in Operative Care (BIOC) Group aimed to maintain a consistent focus on quality in theatre throughout the year 2016/17. Key aims in relation to safety, excellence and wellbeing were mapped out at the start of the year and the below score card shows the achievements within these key aims.

	Performance Scorecard	Actual
Safety	25% reduction in patient harm.	8% reduction in patient harm YTD.
	25% reduction in rate of surgical site infection.	17/18 target to develop measures for SSI.
	95% staff recommend for treatment.	89% of staff recommend for treatment (as of January 2017).
	5% reduction in unplanned readmission to critical care.	1% increase, no current data set just for surgery.
Excellence	We will increase the number of children we provide operative care to, treating 8,230 children in our Surgical Daycare Unit.	8,234 children treated in the SDC Unit for calendar year 2016.
	90% theatre utilisation.	Overall utilisation 85.6% (financial YTD) 90.6% adjusted to regional standard.
	50% reduction in short-notice cancellation of patients.	30% reduction YTD (87 less patients).
	50% reduction in short-notice cancellation of theatre lists.	Achieved and now delivering 124 sessions per week.
	95% patients and families recommend for treatment.	97.8% December 2016.
	5% reduction in conversion rate from daycase to inpatients.	1.14% increase YTD.
Wellbeing	95% theatre staff recommend Alder Hey as a place to work.	67% as of latest survey (January 2017).
	Less than 5% of theatre sessions overrun by more than 30 minutes.	11.4% YTD, downward trend, 9.1% January 2017.

There are clear areas of improvement within the score card, as well as areas which still require input and improvement to reach planned targets. The BIOC steering group reflected on both the goals and approach used over the last twelve months and have put in place the following recommendations and changes for 2017/18:

- Triumvirate approach to each workstream (manager, clinical lead and clinician).
- Project initiation document, aims, objectives, finances and milestones to be developed and tracked by each individual team.
- Information and Technology Management identified as key enablers within most workstreams, to be invited to each meeting.
- Theatre utilisation and performance will be monitored via the Theatre Utilisation Group and reported to BIOC.
- Each workstream will be reviewed monthly against milestones and benefits by BIOC steering group.

The BIOC steering group has formed below plans for the year ahead, with a clearly defined triumvirate leading each initiative.

Comprehensive Pre-Operative Assessment Service

- Develop comprehensive pre-assessment service for all patients undergoing a general anaesthetic
- Review processes at other centres to provide a benchmark of pre-assessment service nationally

Improving Patient Access and Flow

- Simple, accurate single process booking system
- Good communication throughout all phases of patient journey from clinic to theatre
- Reduce inpatient bed requirements
- Theatre staff involved in list planning for all specialities
- Formula 1 theatre teams
- Private practice

Patient Safety First

- Recognition and accreditation
- Completion of overarching policy and risk assessment
- Electronic dashboard development to provide oversight and assurance
- Surgical site surveillance for all specialities
- Updated approach to paediatric life support/resus training
- Embed and audit use of NatSSIPs

Staff Development and Well Being

- 95% compliance with mandatory training and CPD requirements
- Plan in place for all staff to have a qualification for the role they perform
- Human factors training in place
- Development of a Band 6 leadership programme and first cohert trained
- Clear development plan for all staff
- Improved staff survey results
- Communication strategy
- Staff recognition
- Reduction in sickness

Emergency Surgery

- Senior leadership across six days
- Electronic booking system
- Development of a set of Emergency Surgery standards
- Robust training and development plan in place for all emergency staff
- Review of early bird pathway
- Coordinate the line list

Materials Management

- Enhanced Materials Management Team
- New contract for decontamination of surgical instruments
- Theatre non-pay spend in line with budget
- Capital replacement programme with budget
- STP and HTE procurement projects

The BIOC Group will maintain momentum with ongoing projects above, while beginning new initiatives to continually improve standards of care within the Department.

Quality within the Department will be continually reviewed throughout the year via the departmental risk and governance structure, with a supportive escalation pathway for any issues requiring further support. The BIOC Group will oversee the progression of plans within the strategy and provide necessary support to ensure that initiatives can progress. The new dashboard will be a key tool in facilitating oversight of results across the Department and will provide assurance to management teams throughout the surgical division, as well as the wider organisation.

Equality and Diversity

We are able to monitor our performance in meeting our public sector equality duties (PSED) as required by the Equality Act 2010, the NHS Constitution, CQC inspection questions and NHS commissioners as follows.

Equality Delivery System (EDS2) that has eighteen outcomes and four goals:

1. Better Health Outcomes
2. Improved Patient Access and Experience
3. A Representative and Supported Workforce
4. Inclusive Leadership

Aim:
For Alder Hey to be an inclusive and accessible place for all to visit and work, to meet our duties and in so doing to provide the best patient care possible.

Targets:
From the 2015/16 Equality Objectives Plan:

1. To increase the representation of black and minority (BME) ethnic staff.
2. To improve the experience of families with learning disability/Autism that visit Alder Hey.
3. To improve the involvement of patient and staff stakeholders in decision making.
4. To improve the quality of staff data.
5. To improve the quality of patient data.
6. To ensure equality is embedded through the quality strategy.
7. To broaden equality training opportunities for staff.

Workforce Race Equality Standard (WRES) has nine indicators comparing the data for white and black and minority ethnic (BME) staff. Four are based on workforce profile data, four on data from the NHS staff survey questions and one on BME representation at Board level.

Engagement

We can also monitor our performance by how well we listen to staff and patient groups to influence the decisions we make. We recognise the importance of engagement with diverse stakeholders to represent the views of those who belong to minority groups. This will ensure that Alder Hey provides innovative and effective services that consider the needs of all of our children, young people and families and a workforce that feels supported and valued.

Impact Assessment

Timely consideration of the impact of decisions on minority groups and assurance by relevant committees will ensure that the outcome of decisions is less likely to be unlawful.

Improvements

1. There have been interventions in the recruitment process and we hosted a pre-employment programme to attract people belonging to black and minority ethnic groups. Steps have been taken to improve monitoring the appointment, progression and experiences of BME staff.

2. Progress has been made following the appointment of a Consultant Learning Disability (LD) Liaison Nurse in October 2016. The Trust has employed three LD nurses to support our strategy to ultimately have an LD trained nurse on every ward.

3. There has been greater community engagement this year with the organisation of a cultural event in September 2016 and involvement in the community advisory group (CAG).

4. Supported by the Trust 'Listening into Action' programme, a 'big conversation event' was arranged to support the development of a black and minority ethnic (BME) network. The lead presented the priorities for this group of staff to Trust Board in March 2017.

5. There has been progress in identifying the gaps, process and IM&T requirements in improving the quality of patient data resulting in a patient profile data action plan for 2017/18.

6. The quality metrics for 2017/18 reflects progress made in the past twelve months.

7. Cultural competency training has been extended from CAMHS to Trust-wide. Unconscious bias training is underway for BME staff and the Recruitment Manager. Relevant equality and diversity training is incorporated in a new line management training programme including student nurse induction.

8. Non-executive directors attended specific training on 'responsibilities from the Mental Health Act'.

9. Agreed a local objective of 1% increase in BME staff in the workforce per year for the next five years.

10. Delivered on specific project to improve the experience of children with a learning disability and/or autistic spectrum condition (ASC) (further details provided later in the document).

Future Plans

To continue to make progress relating to the equality objectives updated to commissioners on a quarterly basis.

Arts for Health

Alder Hey has had an 'Arts for Health' programme since 2002, which has become increasingly active in enhancing the physical environment, improving the patient experience and supporting clinical objectives using knowledge of proven research into the benefits of arts participation.

The Trust Arts Co-ordinator along with the Arts Strategy Team and children and young people were instrumental in the development of arts in the new hospital, inspired by the theme of nature, the outdoors and connecting with the environment.

The Arts Co-ordinator has continued to develop an interactive arts programme through consultation with patients and families. Together they have developed participatory programmes that are patient-centered and patient-led and involve patients in a wide range of art forms including music, dance, animation, digital development, sound art and craft making.

We have also established a number of strategic arts partnerships through a 'Cultural Champions' programme including: Tate Liverpool, FACT, Merseyside Dance Initiative, Live Music Now, Royal Liverpool Philharmonic, DadaFest, Bluecoat Display Centre, Manchester Metropolitan University, Small Things Dance Collective and Twin Vision.

Achievements

General

- Work directly with over 3,000 patients each year.
- Delivered over 250 workshops in all art forms.
- Worked across many areas of the Trust including the Emergency Department, waiting room, wards, clinics and community sites and regularly support the Dewi Jones Unit and the Fresh CAMHS Group.
- Developed projects with a specific focus on supporting long term patients and their families.

Music Mentoring Project

- Funded by Youth Music, producing a documentary film on the Trust website.
- The musicians on this scheme are now fully trained and confident to deliver music with patients.
- 76% of patients who took part in the project said that it enabled them to forget about their illness or condition.
- 85% of patients felt that their hospital experience had been significantly improved due to music making.

Live Performance

- Delivering live music and dance in the performance space in the Atrium every two to three weeks.

Dance

'From Where We Are' Project

- A research project developed with 'Small Things Dance Collective'.
- Uses improvised somatic dance practice to support long term patients on Neuro-rehabilitation and Cardiac wards.
- Used established pain assessment tools to determine improved outcomes.
- We found that participation in dance and movement significantly improved patients experience of pain; 92% saw improvement and for 80% of patients, improvement was by over 50%.

'From There to Here' Project

- Further project with 'Small Things Dance Collective'.
- Used the outdoor environment to support dance and movement in the new hospital.
- During 2016, the Project developed a performance piece in collaboration with patients. This was called 'Taking Flight', a response to the move from the old hospital to the new.

'Breathe'

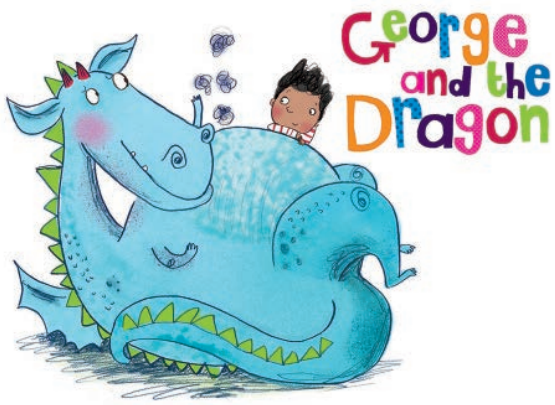
- Continued the delivery of a Dance Programme supporting patients with chronic Asthma.
- Patients are assessed throughout a six week programme for lung function.
- Significant improvement seen in some patients.
- The Project supports social interaction with children and families and gives confidence to participate in physical activity.
- The Trust's Dance Programme was reviewed in the Journal of Nursing Children and Young People in November 2016.

Animation

- Completed 8th major animation project. Film projects include:
  - Radiotherapy treatment - 'Our Special X-Rays'
  - Infection control - 'Don't Be A Bug Rug'
  - Healthy teeth for cardiac patients - 'The Lonely Toothbrush'
  - Introducing children to the Oncology Unit - 'Welcome'
- Worked with young people transitioning into adult Epilepsy services.
- Film premiere events for all participants and award of an 'Oscar' for their hard work and creativity.

Digital Development

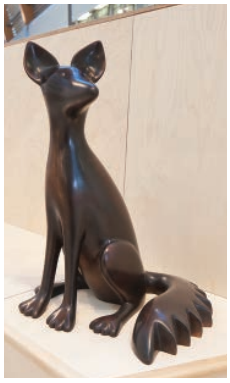
- In November 2016, we launched an app called 'Little George and the Dragon' which supports patients with Sickle Cell Disease and offers advice and information to manage pain through a series of interactive games. It's based on a patient booklet of the same name and was developed by a storyteller working with patients, one of whom was George and his mum who feature in the app.



Drawing by Kate Pankhurst

Future Plans

- Deliver next stage of Music Mentoring Project by training new musicians through a buddy system and produce a film resource to support other musicians wishing to work in paediatric music in health.
- Collaboration with Tate Liverpool and Twin Vision on the Tate Exchange Programme. Work with patients to create an animated short film exploring ideas about beds. This will link to an exhibition at Tate Liverpool and patients will explore aspects of the Tate's collection, as well as learn new skills in animation production. Final work will be exhibited at Tate Liverpool.
- Develop a dance app, offering parents, carers and staff simple techniques in supporting their child with dance, movement and relaxation. The app will feature filmed demonstrations with patients, insight from dancers and clinicians and a step by step guide.
- Work with Australian sound artist and composer Vic McEwan exploring sound within the hospital. He will be launching an EP of compositions based on sounds within the hospital throughout 2017.



Improving the Transition from Children and Young People Services to Adult Services 2016/2017

Aim:
To establish a good quality, safe, effective and seamless transition to adult services, for children with complex long term conditions.

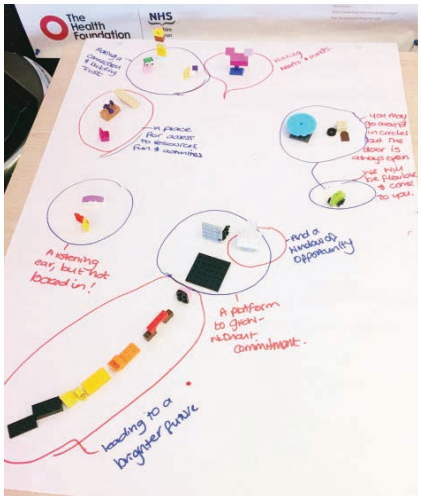
Transition to adult services (transition) is defined as "a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young people with (long term) conditions as they move from child-centred to adult-oriented health care systems" (DfES 2006).

Transition to adult services ensures that young people are able to access the most appropriate services according to their age, developmental needs and the nature of their long term condition. If young people are not adequately supported through transition, they may not engage with adult health care providers and this increases the risk of deterioration of their long term condition. Transition to adult services can be a traumatic period for young people, who commonly fall between services or 'disappear' during transition, disengaging from services and becoming lost to follow up only to present later in life with potentially avoidable complications. Additionally, if young people remain inappropriately in children's services there is less capacity within the Trust for younger children and babies.

Achievements in 2016/17

- Developed a brand new transition service to Broadgreen Orthopaedic Surgeon for Cerebral Palsy patients who were previously discharged to their GP's. First joint transition clinic held on 2nd December 2016.
- Created a transition website at **www.10stepstransition.org.uk** to provide easily accessible and user friendly information for professionals, young people and families. Further development of the website is in progress.
- Won an award of £75K from The Health Foundation to continue to develop the Carer Skills Passport which is a key enabler for transition of complex neurodisability patients **(www.carerskillspassport.org.uk)**.
- Secured a CQUIN to implement transition into four identified subspecialties within Orthopaedics, Diabetes, Cystic Fibrosis and Rheumatology and completed baseline audits in all four subspecialties.
- Built strength and numbers within the Transition steering group, increasing membership from about 15 to 40.
- Ratified the 'Transition to Adult Services' policy.
- Finalised and ratified core transition training and delivered twelve sessions over a two day period, plus delivered bespoke training to individuals.
- Gained regular input from the Trust's Children and Young People's Forum in the development of transition services and materials.
- Presented Trust transition work to a number of national centres including Leeds and Manchester.
- Planned and delivered a national transition conference at Alder Hey in May 2016 attended by over 100 delegates. Excellent evaluations.
- National engagement and attendance at Alder Hey from other trusts interested in improving transition developments.
- '10 Steps Transition' pathway poster presentation at National Conference 2016.
- Developed a pull up 'roller banner' display to promote '10 Steps Transition' pathway locally and at national events.
- Developed and distributed 'banner pens' with '10 Steps Transition' pathway information incorporated into pen.
- National publication of a transition article in the ENT and Audiology 25th anniversary journal.

Front page of transition website at **www.10stepstransition.org.uk**



Work with children and young people on transition pathway presented to the Health Foundation.

Future Plans for 2017/18

- Met with specialist commissioners and discussed the complex patient business case, discussing potential to further develop this work as a CQUIN for 2017/18.
- Identify markers of complexity and set up relevant data fields within Meditech 6 (patient care information system) to capture and create an audit process to ensure these fields are reliably and consistently completed.
- Developed a transition story book/poem. Planning to develop an audio version as requested by the young people as being more engaging and share on the transition website.
- Finalise development of a '10 Steps Transition' folder for children with a long term condition, to hold all their transition specific information in and their personal transition plan.
- Planning a second national Transition Conference, to be delivered in partnership with Lancashire, Manchester, NW Coast SCN and Alder Hey as a North West approach to transition, to be held in June 2017.

- Continue to work with the Information Technology Team towards identifying a sensitive, reliable and reproducible method for identifying the cohort of young people of transition age with complex neurodisability.
- Continue to work with the Information Technology Team towards identifying a sensitive, reliable and reproducible method for identifying any patients of transitional age.
- Continue to work with the Information Technology Team towards identifying basic demographic and diagnostic data on the above cohorts and all patients with a long term condition through application of the above process.
- Embed the generic Trust transition pathway supported by the Trust Transition to Adult Services Policy and supporting material into the four identified sub specialties.
- Work has begun with the Trust Innovation Team to develop a Trust app, supported by the children and young people and incorporate transition into this.
- Continue to develop and monitor the Trust transition map and the Trust special transition 'register' of young people where transition to the adult sector is delayed. This could be either for appropriate clinical reasons, because of a lack of appropriate services in the adult sector or because previously agreed commissioning arrangements mean patients remain within the Trust past their 18th birthday.
- Continue to work with the adult sector to develop their business case and set up the multi-specialty multi-disciplinary service in the adult sector for young people with complex neurodisability.
- Continue to work with the adult sector to develop links and pathways where these are not confirmed or are currently fragmented.
- Continue to share the Trust's nationally recognised transition tool kit.
- Deliver universal and core transition training internally.
- Repeat baseline assessment to identify classification of transition status of all young people of transition age who have accessed Alder Hey Children's Hospital in the last two years.
- Implement the Transition Policy within the Trust in a phased way including active monitoring of critical incidents.
- Finalise the design and deliver specialist 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, including carer skills training.
- Finalise and publish the transition engagement report.
- Develop patient and parent information leaflet on consent and the law.
- Develop delegated responsibility and accountability information for parents and carers.

Learning Disability Strategy

Aims:

- **To improve the experience of children with a learning disability (LD) and/or autistic spectrum condition (ASC).**
- **Improve the Trust's ability to identify children with a learning disability on Trust's electronic patient record.**
- **Raise awareness of learning disabilities amongst staff through bespoke training.**

Approximately 1.5 million people in the UK have a learning disability, including approximately 286,000 children. Research shows that men with a learning disability die 13 years sooner and women die 20 years sooner than their peers.

In partnership with Edge Hill University and supported by commissioners, Alder Hey has made significant improvements to the learning disability pathway.

Reasons for Change

Children and young people with a learning disability can present to any service or specialty in the hospital and community. The Trust recognises the need to identify these children as early as possible, to ensure the necessary adjustments and support are put in place to give these patients the best experience possible.

The Trust agreed a CQUIN (Commissioning for Quality and Innovation) to improve several aspects of the learning disability pathway including; ensuring parent and carer feedback is included in any proposed changes; working within the Liverpool Learning Disabilities Liaison Network; undertaking risk assessments and making reasonable adjustments where necessary; and delivering training in learning disability awareness and other key skills to support delivery of care to children with a learning disability.

Improvements

- Appointed to two secondments:
  1. Consultant LD Nurse
  2. Acute liaison LD nurse
- Appointed to 3x LD nurses (commencing in May 2017).
- Established Learning Disability and Autistic Spectrum Condition Steering Group.
- Participated in CCG acute liaison network.
- Approximately 120 staff and volunteers received LD/risk assessment/ mental health first aid and/or Positive Behaviour Support (PBS) training across the Trust (rolling programme available to all areas).
- Provided mandatory training; LD awareness e-learning pack rolled out.
- Developed LD indicator for easy LD identification on Meditech (Trust-wide computer system).
- Developed 'LD champions' training and new champions identified.
- Developed LD resource pack and pilot in clinical areas.
- Pilot of hospital passport/risk assessment and reasonable adjustment tools as per Liverpool acute liaison network strategy.
- Worked with Mencap to develop a pan-Liverpool health training pack.
- Developed academic and practice links across Edge Hill University and Alder Hey.

Future Plans

- Development of five day acute liaison service across site (LD nurse workload model and supervision).
- Trust strategy to have an LD trained nurse on every ward. Further recruitment planned.
- Development of LD parents reference group.
- Development of Alder Hey information pack for children and families with LD/ASC.
- Roll out of hospital passport, one page profile, communication passport (following agreement across Liverpool acute liaison network).
- Continued attendance and benchmarking across Liverpool acute network and nationally regarding best practice.
- Further implementation of risk assessment and reasonable adjustment tools.
- Continued rolling programme of training across all clinical areas May-October 17.
- Implementation of toy library proposals; across site access to sensory and specialist toys for all children with LD and additional sensory needs.
- Roll out of resource boxes to all clinical areas.
- Continue programme of developing LD champions.
- Identify pilot areas for specific pathways for children with LD.
- Improve communication with families e.g. through electronic/media etc.
- Develop communication tools across areas; staff awareness.
- Identification of research streams and dissemination of best practice across professional networks e.g. LD Consultant Nurse Network, Learning Disability Research Network.

Positive and Proactive Care

Positive and Proactive Care has been adopted by the Trust as a compliance measure within the Quality Contract. This entails ensuring the appropriate leadership, workforce, plans to use effective restrictive intervention reduction tools and service user empowerment methodologies are in place, plus a commitment to effective models of post incident review.

The Trust has provided regular updates to commissioners in respect of progress against the relevant compliance standards throughout the year 2016/17. This includes our approach to adopting positive behavioural support and providing appropriate training for staff, including 'Approach' training and our local in-house training programme. The Trust has committed to producing a separate annual report which will be made available in the public domain.

Improvements in Cardiac Surgical Pathway

Aims:

- **To improve the experience of patients and families as they attend for cardiac surgery.**
- **To reduce the numbers of cancelled operations (currently equivalent to 2.25 sessions per week).**
- **To revise the cardiac surgical pathway to provide an equitable service for all patients.**

When a child requires cardiac surgery, there is already a high degree of stress placed on parents and carers and it is the responsibility of the hospital staff to ensure the journey is as comfortable and successful as it could possibly be.

Our Cardiac Team had received feedback from children in the form of patient stories and were prompted to make changes to the pathway to improve the experience of the children and their parents/carers.

"I came into pre admission clinic and then admitted for my operation on Monday, I waited 8 days to go to theatre. Each day I thought it would happen but there were no beds. I had to have my bloods repeated 3 times." **Patient**

Reasons for Change

Upon reviewing the data, there had been 111 cancelled theatre sessions in almost twelve months and 209 planned cardiac operations had been cancelled and rearranged. This was not providing a good experience for our children and families.

The pathway was plotted and was found to have:

- Inequitable service.
- Late planning of theatre list, leading to cancellations and often meaning re-bleeding of the child.
- No continuity of planning for the patient prior to discussion.
- Pressure on beds on Cardiac Ward/ICU.
- Poor availability of doctors/surgeons in pre admission clinics.
- Clinics under-utilised as poor list planning.

Future Plans

- Further improve pre-operative Echocardiogram provision.
- Follow up audit and seek further opportunity for improvement.

Improvements

The pathway was reviewed and streamlined so that it best suited the needs of the children and families:

- Equitable service for all patients; consistent information.
- Reduction in risk of re-bleeding.
- Improved flow for the patient from discussion to discharge.
- Reduce pressure on ward, beds, nursing, doctors, help flow through Critical Care.
- Free up junior doctors on ward with no pre admissions to do.
- Less time on waiting list.
- Improve management of theatre list.
- Minimise cancellations of patients.
- Better structure of all members of Cardiac Team.
- Informed consent nurse specialist then by surgeon.
- Family settled in the day before operation and not rushed in the morning.

Introduction of CAMHS Self-Referrals

The Child and Adolescent Mental Health Service (CAMHs) provided by Alder Hey Children's NHS Foundation Trust has made great improvements in the past few years. One of the outstanding issues, which forms part of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) commitments is the ability for children and families to self-refer to the service. The team is already receiving email contacts for young people seeking help for mental health matters they are struggling with, but the referral system makes it difficult for some children to access the service.

Aims:

- **To improve access to CAMHS services for children, young people and their families.**
- **Comply with national service specification for self-referrals for CAMHS service.**
- **Address the needs of young people already making enquiries who are finding difficulty accessing the service.**

Listening into Action

The CAMHs Team adopted a *'Listening into Action'* approach to addressing this issue, beginning with defining their mission... *'to adapt the referral systems into CAMHs so that young people and their families can self-refer into Single Point of Access by October 2016'.*

EXTRACTS FROM A PATIENT EMAIL.

"I am a 16 yr old school student"….
"I also have severe mood swings……..it has led to me having some self harm."
"Recently I have been struggling with eating issues. This week I have lost 2lbs."
"I find it hard to talk about such a sensitive area with my parents….when I am around people I try to put a brave face on it, but it has of course been noticed by my partner."
"It has taken a lot of courage to write this email so I hope you can help me."

At the first team conversation they identified a number of pros and cons in relation to introducing self-referrals, which included a degree of concern about the amount of unsolicited referrals that would be received.

It was agreed to pilot a self-referral service over the summer but without publicising it, as there were already some young people contacting the service directly. These would be encouraged as self-referrals and it was felt the self-referral option would spread by word of mouth.

Number of current families that said they would have benefitted from a self referral service to CAMHs had it been available

90%

A survey was undertaken of the current families as to whether or not they would have found it useful to be able to self-refer, with a resounding 90% of families saying "YES".

Improvements

- Actively taking self-referrals for Liverpool and Sefton CAMHs and the Specialist Eating Disorder Service.
- Triaging referrals as routine/urgent initial assessment as appropriate.
- Signposting referrals to partner agencies as appropriate.
- Taken 106 self-referrals between August 2016 and February 2017.
- Majority of referrals by telephone to CAMHs Duty Team by parents/carers.
- Some of the main presenting problems include:
  - Anxiety
  - Self-harm
  - OCD, ADHD, Autism related concerns
  - Poor school attendance
  - Suspected eating disorders
- Shared improvement with other CAMHs service providers through presentation at North West CAMHs transformation event.

Future Plans

- Capacity and demand predictions as service becomes widely publicised.
- Continue to improve service and data collection as self- referral route continues to grow.
- Control growth in publicity and in service to avoid service becoming overwhelmed.

Nurse Staffing

Aims:

- **To have no nursing vacancies.**
- **To establish a nurse pool to cover maternity leave and long term sick cover and fill ward/ department vacancies.**
- **To have a proactive recruitment campaign.**

Changes or deficiencies in the nursing workforce can have a detrimental impact on the quality of care. Patient outcomes and particularly safety are improved when organisations have the right people, with the right skills, in the right place at the right time (RPRSRPRT). This has been highlighted as lessons learnt from inquiries such as the Mid Staffordshire NHS Foundation Trust Public Inquiry.

In November 2013, the NHS Quality Board published the new guide to nursing, midwifery and care staffing capacity and capability (RPRSRPRT) setting out its position for greater transparency in the way in which trusts set and deliver nursing, midwifery and care staffing levels. All trusts are mandated to provide nurse staffing information on a monthly return via the National Reporting and Learning System and publish this data at ward level. The information is to be made available to the public.

The Trust has continued to seek to recruit to vacancies through improved working with our education providers, national recruitment days and bespoke recruitment in specialty areas. Additionally there has been a key focus on reducing the use of agency staff, which in addition to reducing expenditure also provides safer nursing care with staff employed directly by the Trust.

Safe Staffing Levels and Compliance with RCN Guidelines

To continue to improve staffing levels, an audit against the RCN standards has been undertaken involving the ward managers and associate chief nurses for all inpatient and daycase wards. A previous audit against the core standards conducted in July 2013 showed overall Trust compliance with nine out of 16 standards as shown in the thermometer below:

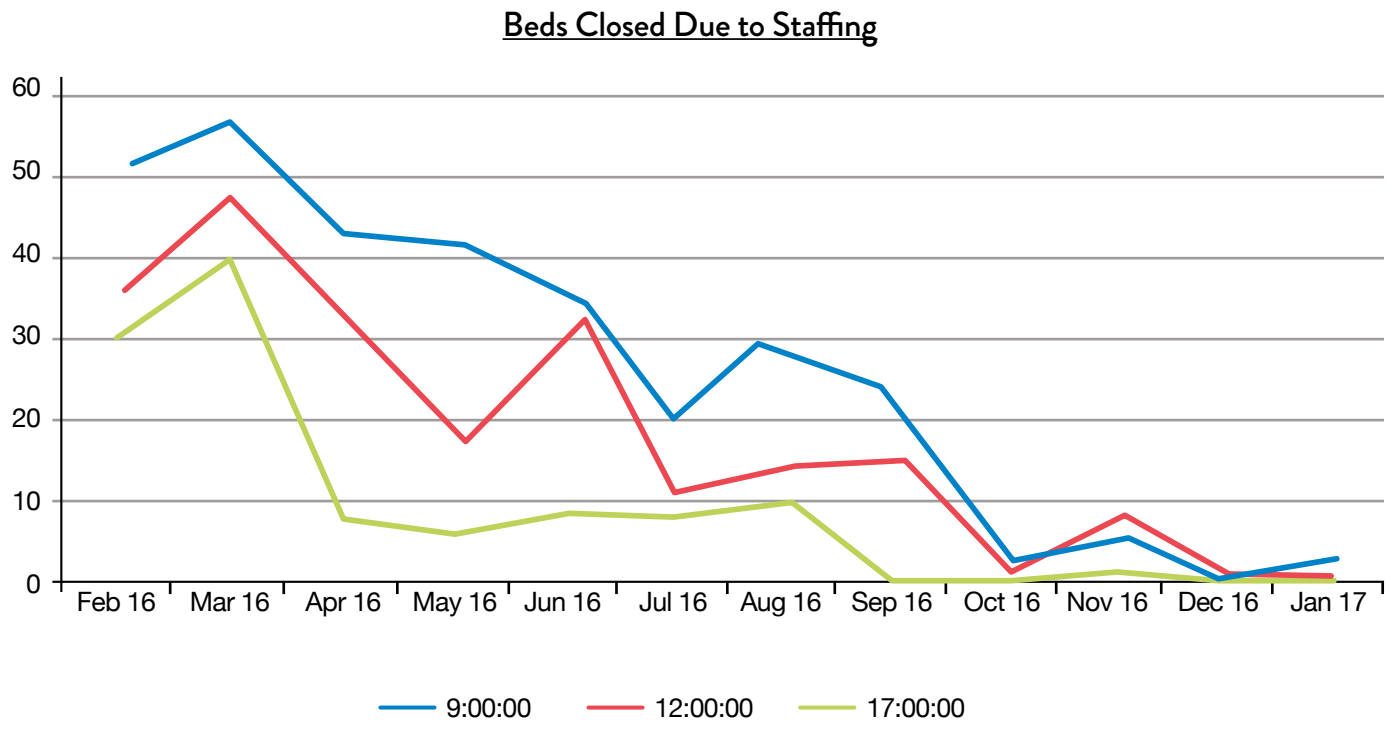
The audit of compliance against the core standards in February 2017 demonstrated overall Trust compliance with 12 standards, partial compliance with three standards and none compliance with one standard as shown in the thermometer below:

The areas for improvement rated amber and red above relate to:

- All clinical areas are required to have a supernumerary Shift Supervisor. Not all wards have an establishment fund for a supernumerary Shift Supervisor. This is being explored further to seek a resolution.
- There should be at least one nurse per shift on every ward trained in APLS/EPLS. There are currently insufficient numbers of nurses trained in APLS to meet this standard. Ward managers of areas that are partially compliant or non-compliant have identified in their local training needs analysis that all Band 6 staff will be trained in the first instance, followed by senior Band 5 nurses to improve/achieve compliance.
- There should be a 25% increase in nursing establishment to cover annual leave, sickness and study leave. Alder Hey has operated at 23% uplift since 2013/14. We will continue to monitor and evaluate the impact of this.
- There should be access to a senior (Band 8a) children's nurse for advice at all times. An experienced Band 6 or 7 currently provides to the Nursing Team. This support is currently provided through the Patient Flow, Night Matron and Senior Nurse bleep holder.

Improvements

- 104.4 WTE front line nursing staff recruited in the last twelve months.
- Nurse pool of 20 nurses established to cover maternity leave, sickness and vacancies.
- Significant reduction month on month in the closure of beds to admissions due to nurse staffing levels as shown in the graph below:



- Reduction in cancelled operations for 'staffing unavailable'.
- Extended the recruitment engagement processes with Higher Education Institutions (HEI) so we now attend recruitment events at Manchester, Edge Hill, LJMU, UCLAN, Salford and Lancaster.
- Held two national recruitment days where over 100 nurses have been recruited from all parts of the country.
- Migrated agency staff across to our own nurse bank, thereby reducing agency costs and improving nursing workforce resilience.
- Partnership working with HEI to run the first national non-commissioned cohort of student nurses ahead of the changes requiring student nurses to pay tuition fees from August 2017. Cohort of five students commenced in the Trust in September 2016.
- Bespoke recruitment continues in speciality areas such as Critical Care and Cardiac.
- Partnership working with HEI to run a new training programme for individuals educated to Masters level to undertake a shortened course to become a registered children's nurse.
- The implementation of a Matron role in the Theatre Department with CBU support to establish the Matron role more widely within CBUs.
- Worked with commissioners to fund some specific acuity challenges, particularly our complex orthopaedic/spinal patients on 4A and on 3C so staffing levels increased in both areas.
- Realigned resources from general HDU to maintain eight cardiac HDU beds with appropriate staffing.
- Review of nurse staffing in Outpatients Department undertaken (concludes March 2017).

Future Plans

- Continue proactive recruitment of student nurses.
- Developing an offer of nursing rotational posts.
- Seek to create a HCA pool to help support areas with increased dependency (further commissioner discussions ongoing).
- Undertake audit of impact of the implementation of Meditech 6 on nursing capacity.
- Continue monitoring vacancies, turnover rates and daily staffing levels.

Patient Feedback and Friends and Family Test

During 2016/17, the Trust has modernised the way it collects feedback from patients and families in an attempt to capture real time information from as wide a population as possible in the Trust. Since June 2016, we have been entering data into a new database called 'SNAP'. This provides analytical software that enables us to break down and analyse patient feedback in several different ways and present it in graphical and tabular form, thereby highlighting priority areas that require action or intervention.

With the support of volunteers, we have been able to take tablet computers to individual patients and families across the Trust and leave them to enter the data. This is without the feeling of being pressured with a member of staff sat next to them while they responded.

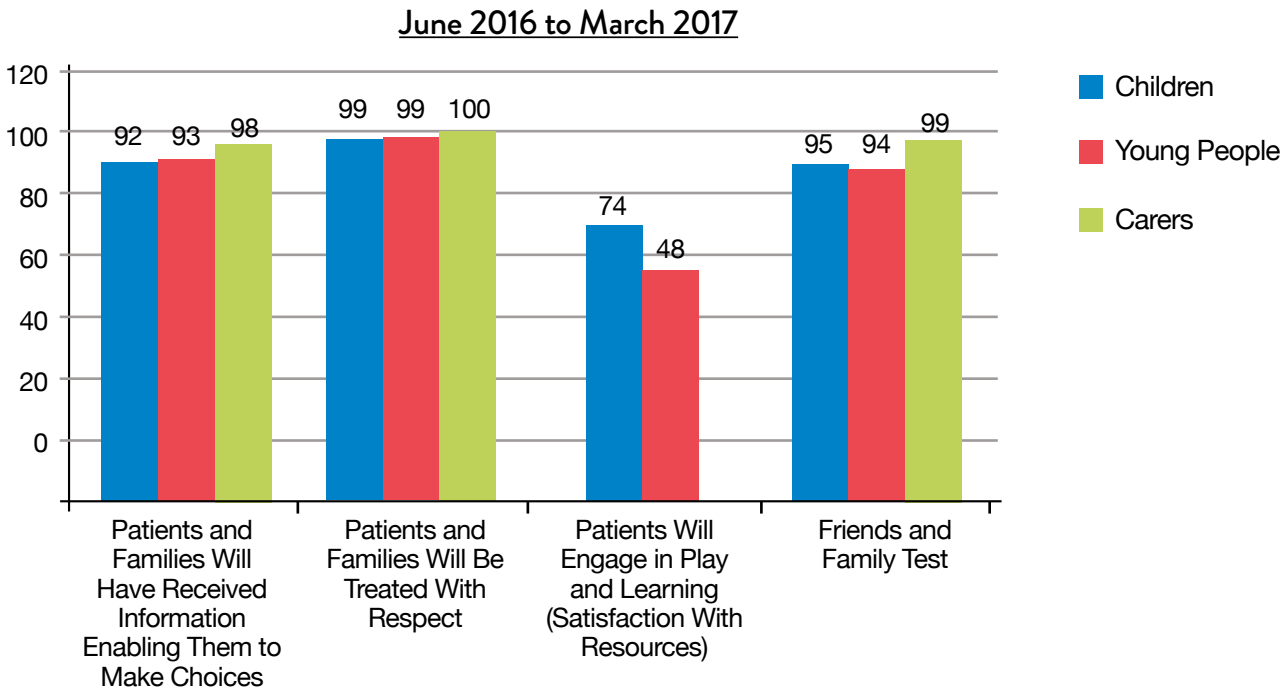
Patients and families are still able to access the Friends and Family Test via our website/NHS Choices. We continue to encourage patients to use the specific Friends and Family feedback cards, which we then manually enter onto the SNAP system.

We recognise that there is still work to be done to gather feedback from all patient populations, in particular our community based services. However we are now able to identify the gaps and put appropriate mechanisms in place to improve information capture.

The following table shows the response from patients and families to the Friends and Family Test.

Patient Feedback Questions	Total Responses	Total Responding Positively
Friends and Family Test (How likely are you to recommend our hospital to friends and family if they needed similar care?)	2,083	2,040 (98.0%)

The graph below shows feedback from children (up to 11 years old), young people (12-18 years old) and parents/ carers to four key questions around patient experience. The Trust recognises the opportunity for improvement in how we communicate with children and young people, in particular in the area of 'engagement in play and learning'. This has been adopted as a key priority for the Trust for 2017/18 and will be reported in next year's Quality Account.



Management of Complaints and Concerns

The model of devolved governance implemented through the Quality Strategy is intended to drive early supportive intervention by the relevant clinical teams/clinical business units. This enables children, young people and their families/carers to have the best experience, with any issues raised locally being dealt with immediately and appropriately.

	2013/14	2014/15	2015/16	2016/17	Comments
Formal Complaints	166	134	70	66	Formal complaints have decreased again for the third consecutive year. This is a 6% decrease from 2015/16 and a 60% decrease from 2013/14. Feedback continues to be sourced from a variety of methods. However, much earlier and proactive engagement at ward and department level by clinical staff has been welcomed when responding to parental concerns. This results in a more positive patient experience and safer care.
PALS	1248	1133	1246	1294	A 4% increase in PALS is noted this year. Despite the increase, the Trust is aware of local resolution taking place within teams and departments that may not be captured on the reporting system. This again is a positive experience for parents, having concerns listened to and resolved on the spot and helping to avoid issues being taken further to a formal complaint.

Improvements

- Implemented model of devolved governance to drive early supportive intervention by the relevant clinical teams/ clinical business units.
- Further reduction in formal complaints.

APPENDIX 1: REPORTING AGAINST CORE INDICATORS

The report provides historical data and benchmarked data where available and includes the prescribed indicators based on Appendix A of the Risk Assessment Framework (for 1st April to 30th September) and the Single Oversight Framework (for 1st October to 31st March).

Target or Indicator	Threshold	National Performance	Qtr1	Qtr2	Qtr3	Qtr4
Summary Hospital level Mortality Indicator (SHMI) [1]	n/a	n/a	n/a	n/a	n/a	n/a
C. Difficile Numbers - Due to Lapses in Care	0	n/a	0	0	1	0
C. Difficile - Rates per 100,000 Bed Days	0	6.9	0	0	5.8	0
18 Week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%	90%[2]	92.1%	92.1%	92.2%	92.1%
All Cancers: Two Week GP Referrals	100%	95.1%[3]	100%	100%	94.4%	100%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	100%	97.5%[3]	100%	100%	100%	100%
All Cancers: 31 Day Wait Until Subsequent Treatments	100%	97.5%[3]	100%	100%	100%	100%
A&E - Total Time in A&E (95th Percentile) <4 Hours (This Data Has Been Subjected to a Cleansing Exercise and Therefore May Differ from Data Previously Submitted to the Trust Board)	95%	89%[4]	95%	96.55%	93.11%	96.71%
Readmission Rate Within 28 Days of Discharge [5]	National Data Collection Methodology Currently Under Review	0-15 Years: 16 Years and over	8.3% 2.4%	8.2% 7.3%	9.3% 8.4%	8.3% 6.3%
% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family Or Friends		80%[6]	85%	88%	Not Required	Not Available

	Threshold	National Performance	Qtr1	Qtr2	Qtr3	Qtr4
Staff Survey Results: % Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months [7]		24%		26%		
Staff Survey Results: % Believing That Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard [7]		85%		81%		
Financial and Service Performance Ratings [8]			2	2	3	3
Rate of Patient Safety Incidents per 1000 Bed Days [9]			79	67	63	69
Patient Safety Incidents and the Percentage That Result in Severe Harm or Death [9]			0 0%	0 0%	1 0.08%	1 0.08%

NOTE: Unless otherwise indicated, the data in the table above has been obtained from the local Patient Administration Service to enable the Trust to provide the most recent available data. Most of this data is accessible through the NHS England website.

[1] Specialist trusts are excluded from SHMI reporting.
[2] National performance based on most recent published data for February 2017, NHSE website.
[3] National performance is based on most recent published Quarter 3 data for 2016/17, NHSE website.
[4] A&E national performance based on most recent published data for April 2016 to February 2017, NHSE website.
[5] Data source: Trust Patient Administration System - not published nationally.
[6] National performance is based on most recent published Quarter 2 data for 2016/17, NHSE website.
[7] Data source: 2016 Staff Survey **http://www.nhsstaffsurveyresults.com**
[8] Performance was the same throughout the year. The ratings differ due to changes in the rating criteria introduced in October 2016, Trust Corporate Report.
[9] Data source: Trust Incident Reporting System (Ulysses) - national data only available for first six months of the year.

Alder Hey Children's NHS Foundation 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 via the Data Quality Steering Group.

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

- Placing further focus on implementation of the Infection Control Delivery Plan.
- Changing the referral pathway for all suspect cancer referrals so that they all go initially to Oncology and are then allocated to the individual specialty as appropriate, with a clear flag if it is relevant to the two week Cancer wait target.

For all other indicators the Trust is maintaining and improving current performance where possible.

APPENDIX 2: ALDER HEY STRATEGIC VISION AND AIMS 'PLAN ON A PAGE'

Our Vision: A Healthier Future for Children and Young People
Our Aspiration: To be World-Leading
Our Inspiration: We are Inspired by Children

Do the Basics Brilliantly

Delivery of Outstanding Care

- Alder Hey gets it right for every child first time, every time using consistent clinical pathways.
- Learning is embedded when things don' t go to plan.
- Hospital acquired infections are eliminated.
- Sepsis is recognised early and prevented.
- Zero medication errors.
- A named responsible consultant for every child.
- Every child and family's experience is positive.
- We listen and respond to what children and families tell us.
- We create, maintain and operate world-class facilities.

The Best People Doing Their Best Work

- Staff understand and support the Trust priorities.
- Great work in support of Alder Hey is recognised and celebrated.
- Managers bring the best out in their people.
- All staff realise their full potential through performance and development opportunities.
- Empowered and engaged employees who own and implement change.
- Proactive workforce and succession planning.
- A healthy workplace that supports employee wellbeing.
- Our diverse workforce reflects our local community.

Grow the Future

Sustainability Through External Partnerships

- Lead the development of integrated services for children and young people across Cheshire & Merseyside and beyond.
- Grow community services to better meet the needs of local children.
- Make specialist services available to more children, and develop new services.
- Develop and implement a business plan for International partner countries.
- Establish the Alder Hey Academy as the best place to train in paediatric healthcare.

Game-Changing Research and Innovation

- Every child has an opportunity to participate in research to benefit themselves and others.
- Develop more new medicines and treatments through research partnerships.
- Discover new ways to apply the latest technology to transform children's healthcare.
- Active input from many Alder Hey healthcare professionals into research and innovation projects.

Strong Foundations

- **Living our values: Respect, Excellence, Innovation, Openness, Together**
- **Children and families are involved in everything we do**
- **Deliver business plans and achieve financial targets**
- **Work productively, spend wisely and reduce waste**
- **Reliable infrastructure, slick systems and processes, used consistently, supported by training**
- **A digitally enabled way of working that effectively uses information technology**

STATEMENT ON THE QUALITY REPORT BY PARTNER ORGANISATIONS

Commentary from Governors

"These accounts reflect what I know to have been another very busy, engaged year of activity at Alder Hey. All credit to all staff involved."

Pippa Hunter-Jones, Parent and Carer Governor

"Thank you for sharing this with us. I generally find myself struggling to comprehend such documents due to the complex ways in which information is shared. However, it was a pleasure reading the draft version of the report. It's logical, clear and thorough. The fact that the Trust is generally doing so well is the 'icing on the cake.

"The section on participation in audits and actions arising from them is particularly good as a lot for reflection has been used in order to propose actions."

Dr Rabia Aftab, Public - Rest of England Governor

Commentary from Healthwatch Organisations

"Healthwatch Liverpool welcomes this opportunity to comment on the Quality Account of Alder Hey Children's NHS Foundation Trust. We base these comments both on the content of this Quality Account and on our long established engagement with the Trust. Throughout the period covered in this Quality Account, Alder Hey held quarterly meetings with Healthwatch to discuss quality, equality and patient experience at the Trust. Furthermore, on Monday 27th March 2017 Healthwatch Liverpool and Healthwatch Knowsley visited Alder Hey Children's NHS Foundation Trust to gather feedback from patients and visitors. We spoke to patients and family members in a number of areas of the hospital. Healthwatch spoke with 40 people overall. Healthwatch was pleased to receive generally positive feedback from patients and their families about the quality of the services provided by Alder Hey. Most patients and families were extremely positive about the care they received although there were some suggestions made that might improve the comfort of parents of long term patients and so their ability to support their child's care and wellbeing.

"Words can't express how fantastic the staff here are. They've made a really tough experience a lot easier. All of them have been so friendly and reassuring… Absolutely second to none."
Parent

"We were particularly encouraged by the feedback received from children about the extent to which hospital staff successfully aim their communication and explanations to their young patients and the impact that this has on their confidence and active participation in their care.

"The staff talked to me so I can understand and talked to me first rather than my parents."
Patient, aged 9.

"Parents of even some of the youngest children reported similarly.

"They talk to my son. Even at 16 months they addressed their questions to him and then I can fill in if he can't answer... He loves coming here now, it all makes so much difference." **Parent**

"Healthwatch Liverpool is therefore most pleased that this commitment to communication with and listening to children is embedded in this Quality Account in the following ways:

- The priorities set in this Quality Account have been discussed and agreed with the Children and Young People's Forum as well as with Healthwatch.
- Information on the work of the Forum and where comments from Forum members and other young patients has lead to changes and improvements.
- This link between patient experience and clinical effectiveness being explicitly recognised as a key area of focus for 2017/18 as Priority 2; 'Increase engagement of children, young people and families in improving quality and developing services'. This linkage can only be of benefit. Healthwatch Liverpool views the monitoring proposals around this priority as particularly positive; 'Service development and quality improvement proposals will be required to include a section on how they have engaged children, young people and families in developing proposals, including completion of an Equality Analysis'.

"We are aware from our regular meetings with the Trust that steady progress is being made through its Equality Delivery System 2. We are happy with the level of evidence that the Trust has provided to us and we agree with the grading that the Trust has given itself this year. We also welcome the inclusion of equality considerations in this Quality Account (for example, feedback on the work to improve the experience of patients with Autism and learning difficulties). The clear intention of the Trust to include even more of this type of information in future quality accounts is to be applauded.

"Quality accounts in general do not easily lend themselves to being both comprehensive in their reporting to regulators and commissioners and to being easily accessible to children and young people, so Healthwatch Liverpool looks forward to also viewing the more child accessible version of this document, as the Trust has produced in previous years."

Andrew Lynch, Healthwatch Liverpool

Commentary from Clinical Commissioning Groups

NHS Liverpool Clinical Commissioning Group

"South Sefton, Southport and Formby, Liverpool and Knowsley CCGs welcome the opportunity to jointly comment on the Alder Hey Children's NHS Foundation Trust draft Quality Account for 2016/17. We have worked closely with the Trust throughout 2016/17 to gain assurances that the services delivered were safe, effective and personalised to service users. The CCGs share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care. The Account reflects good progress on most indicators. This Account indicates the Trust's commitment to improving the quality of the services it provides with commissioners supporting the key priorities for the improvement of quality during 2016/17.

Priority 1: Reduce harm to patients from a medication error.

Priority 2: Reduce harm to patients as a result of the development of a pressure ulcer.

Priority 3: Reduce harm from hospital acquired infections.

Priority 4: Enhance 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, in line with their Quality Strategy.

"We have reviewed the information provided within the Quality Account and checked the accuracy of data within the Account against the latest nationally published data where possible.

"Through this Quality Account and ongoing quality assurance process, the Trust clearly demonstrates their commitment to improving the quality of care and services delivered. Alder Hey Children's NHS Foundation Trust continues to develop innovative ways to capture the experience of patients and their families in order to drive improvements in the quality of care delivered.

"The Trust places significant emphasis on its safety agenda, with an open and transparent culture and this is reflected with the work the Trust has undertaken under the 'Sign Up to Safety' agenda.

"Of particular note is the work the Trust has undertaken to improve outcomes on the following work streams:

- The Trust has been able to retain their position as third overall nationally in reporting incidents. The Trust has reported a 122% increase in incident reporting since 2013/14.
- The Trust has exceeded their 2018 ' Sign Up to Safety' target to reduce all harm from medication errors by 25%. The Trust has had a 48% improvement (128 incidents in 2014/15 compared to 67 in 2016/17).
- A medication safety officers poster on improving safety culture in the Trust with regard to medication errors was shortlisted at the 'Patients Sign Up to Safety Conference' in Manchester in July 2016.
- Parents and Children and Young People's (C&YP) Forum members supported the PLACE assessment of environment and food in wards and departments.
- Children and Young People's Forum members worked with the Health Foundation and contributed to development of transition services and materials, including the '10stepstransition' website to support safer transition to adult services.

"Commissioners also note the challenges regarding the minimising of health care acquired infections (HCAI's) within the Trust. Commissioners also welcome the plans on both workforce education and prevention measures to reduce future infection risks to patients.

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

"It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. This transition of paediatric community services presents a particular challenge to the Trust in this year.

"Commissioners will continue to work closely with Alder Hey to ensure quality and safety of services provided are maintained. 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."

Liverpool CCG
Signed

Katherine Sheerin

KATHERINE SHEERIN
Chief Officer
22nd May 2017

SOUTH SEFTON & SOUTHPORT AND FORMBY CCGS
Signed

Fiona Taylor

FIONA TAYLOR
Chief Officer
16th May 2017

KNOWSLEY CCG
Signed

Dianne Johnson

DIANNE JOHNSON
Accountable Officer
16th May 2017

Commentary from Overview and Scrutiny Committee

The Overview and Scrutiny Committee were invited to comment on the Quality Account. However no statement had been received at the time of publication.

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.

NHS Improvement 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 2016/17 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 2016 to March 2017;
  - papers relating to quality reported to the board over the period April 2016 to March 2017;
  - feedback from commissioners dated 22/5/17;
  - feedback from governors dated 24/04/17 to 16/05/17;
  - feedback from local Healthwatch organisations dated 15/05/17 and 22/05/17;
  - feedback from Overview and Scrutiny Committee dated – none received at the time of publication;
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28/07/16, 04/11/16, 17/02/17 and 22/04/17 (four quarterly reports);
  - the 2015 national patient survey;
  - the 2016 national staff survey dated March 2017;
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated April 2017;
  - CQC inspection report dated December 2015.
- 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 NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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
25th May 2017

Louise Shepherd

LOUISE SHEPHERD
Chief Executive
25th May 2017

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ALDER HEY CHILDREN'S NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Alder Hey Children's NHS Foundation Trust to perform an independent assurance engagement in respect of Alder Hey Children's NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

SCOPE AND SUBJECT MATTER

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.
- A&E: maximum waiting time of four hours from arrival to admission.

We refer to these national priority indicators collectively as the 'indicators'.

RESPECTIVE RESPONSIBILITIES OF THE DIRECTORS AND AUDITORS

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the detailed requirements for quality reports for foundation trusts 2016/17 ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the detailed requirements for external assurance for quality reports for foundation trusts 2016/17.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from commissioners, dated 22nd May 2017;
- feedback from governors, dated 24 April 2017 to 16 May 2017;
- feedback from local Healthwatch organisations, dated 15 May 2017 and 22 May 2017;
- feedback from Overview and Scrutiny Committee requested on 24 April 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 28 July 2016, 4 November 2016, 17 February 2017 and 22 April 2017;
- the 2015 national patient survey;
- the 2016 national staff survey, dated March 2017;
- Care Quality Commission Inspection, dated 23 December 2015;
- the 2016/17 Head of Internal Audit's annual opinion over the Trust's control environment, dated April 2017; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Alder Hey Children's NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Alder Hey Children's NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

ASSURANCE WORK PERFORMED

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

LIMITATIONS

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Alder Hey Children's NHS Foundation Trust.

CONCLUSION

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

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30th May 2017

Alder Hey Children's NHS
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If you would like any more information about any of the details in this report, please contact:

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