



# Alder Hey Children's NHS Foundation Trust

## Quality Account 2023-24

*'A healthier, happier and fairer future where every child and young person can achieve their full potential'.*



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## A Message from our Chief Executive

### PART 1:

Hello everyone and welcome to our Quality Report for 2023/24. It hardly seems a moment since I wrote to you last year to introduce our lookback at all of the brilliant work by teams across Alder Hey, working tirelessly to continuously improve our services for children and young people. If it were possible, 2023/24 has seen even greater achievements, with a renewed focus on what our children, young people and families tell us is really important to them, articulated in our 2030 Vision.

The in-depth work we did to develop that Vision, helped us to better understand the needs of the communities we serve, using a rich array of data and crucially, through close collaboration with children and young people themselves. It is my hope that we can share our progress on delivering that with you on a regular basis over the coming years and that together we will affect real change to the lives of children, young people and families. A key feature of Vision 2030 is the work we are already doing in partnership with a whole range of local and national organisations to address some of the most challenging inequality issues facing children in our society and advocating with them for changes to improve their health and wellbeing – and ultimately their life chances.

2023/24 marked the first year of us putting our new strategy into action and I am delighted to share just some of the highlights of that work here. The full report sets out the wide range of incredible achievements of colleagues across Alder Hey; their professionalism, dedication and compassion is truly extraordinary.

The safety of our patients is the bedrock of Alder Hey and the achievements of 2023/24 were delivered in an environment of transition: nationally, the NHS moved to the new Patient Safety Incident Reporting Framework and locally we made the move to a new electronic incident and risk reporting system, InPhase. I am proud to say that we continued to deliver on our track record as one of the highest reporting organisations in the NHS, which is a testament to our safety culture. We recognise that timely access to services for children and young people plays a huge part in delivering safe care and our teams pulled out all of the stops to meet the national targets for waiting times, successfully eliminating over 65 week waits for elective care and ensuring over 81% of children and families received emergency care in our ED in less than 4 hours, which placed us among the highest performing trusts nationally. Through our work on advocating for children and young people we are also seeing improvements in access times for mental health services which have continued to see growth in demand beyond the pandemic.

The last year has also seen a significant focus on enhancing positive experiences for both our patients and families and our staff, particularly following the strictures of the pandemic and the effects of recovering from it. Now more than ever we want to create conditions in which every individual who interacts with Alder Hey feels included and valued, is able to thrive and meet their full potential. Our wellbeing programmes have been developed to support every part of the Alder Hey family, from our amazing arts for health initiative which continues to innovate and create, through to our award winning SALS team. Championing Equality, Diversity and Inclusion has been a major priority for us this year, reflecting our Values and as the glue that holds us together.

As Chief Executive, I commend our Quality Account for 2023/24 to you. I am confident that the information set out in the document is accurate and a fair reflection of the key issues and priorities that clinical teams have developed within their services. The Board is proud of all that has been achieved in a year of immense challenge for the wider service, as ever, inspired by our children and young people, who will ever remain our most significant partner and collaborator.

**Louise Shepherd CBE**  
**Chief Executive**

## **Part 2: Priorities for Improvement and Statements of Assurance from our Board**

### **2.1 Priorities for improvement in 2024/25**

#### **Introduction**

In previous Quality Accounts the Trust reported that a full strategic review had been undertaken and the Trust had developed 'Our Plan', a five-year plan spanning 2019 to 2024 in consultation with our children, young people, and our staff, 'Our Plan' was approved through our Trust Board. Central to our plan has been the continued focus for the organisation on continuing to embed the Brilliant Basics Quality Improvement programme and supporting staff across the organisation to make changes.

As this report shows the central focus has remained the same in terms of delivering the best quality, safest care to our children and young people and supporting our staff to deliver this central safety focus and associated strategic objectives.

During 2023/24 period, the Trust launched and began the mobilisation of our new 2030 vision. Developed in collaboration with children, young people, their families, and staff from across the organisation and CYP system. This strategy has deepened our understanding of the needs of those who use our services.

As we move into 2024/25 period, we will focus on continued mobilisation and practical efforts to make the 2030 vision a reality, ensuring that our strategic goals meet the evolving needs of our community using our 'Brilliant Basics' programme to drive both operational efficiency and strategic growth.

#### **Context and Environment**

2023/24 has required the NHS to continue to focus on the restoration of services with an expectation of delivering elective, outpatient and imaging services. The Trust achieved strong recovery of planned services with 108% outpatients' recovery and 100% elective recovery. The Safe Waiting List Management programme delivered improvements in access to care and reduced waiting times.

We deployed pioneering digital solutions to enable our clinical teams to maintain contact with patients

and families, embedding our 'Was Not Brought' tool into clinical practice. We have worked with clinical services to embed Patient Initiated Follow Up (PIFU) and developed our approach to a virtual ward. All these achievements, alongside the dedication of our teams has enabled us to provide care to the children and young people locally and support children and young people from across the Northwest, with mutual aid for some specialities offered to Manchester Children's Hospital.

## **The NHS Operating Environment**

Healthcare is a complex and diverse setting with many different operating environments. Our operating framework sets out "how we do things around here" – the ways of working that will enable us to deliver our purpose.

On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing. This brought together the different partner organisations within an ICS – across the NHS and local government, working with the Voluntary, Community and Social Enterprise sector and other partners – to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.

The establishment of ICSs means that NHS England is changing the way that we work (our operating framework/environment) to best empower and support local system partners to deliver on their responsibilities.

This shift to partnership working has enabled Alder Hey as a system leader the autonomy to identify the best way to deliver our agreed priorities within our local context and driven by compliance with national and local standards.

Underpinned by our 'Brilliant Basics' programme the organisation remains committed to the Trust's vision to deliver 'a healthier, fairer future for children and young people' whilst striving to be world leading in our approach to research, innovation, digital and education and achievement of the best clinical outcomes. Implementation of this programme is fully supported by the partnership and sponsored by the Board to make this the success it needs to be.

### **In 2023/24 we achieved:**

- **Outstanding Safe Care**
  - ✓ Zero category 3 and 4 pressure ulcers and a reduction in category 1 and 2 pressure ulcers.
  - ✓ Implementation of the new risk and incident management system: InPhase.
  - ✓ Transitioned from the Serious Incident Framework (SIF) to Patient Safety Incident Response Framework (PSIRF).
  - ✓ Remained one of the best performing Trusts for the number of incidents reported per 1,000 bed days.
  - ✓ Implemented the new Response Team who review deteriorating patients 24 hours a day, 7 days a week.
  - ✓ Improved compliance with sepsis screening and administration of IV antibiotics within 60 minutes for ED and the inpatient services.
  - ✓ 99% compliance rate of staff undertaking the patient safety level 1 training.

- **Access to Care**

- ✓ 1 C&YP waiting over 65 weeks for treatment in consultant led care pathway. Our patient was identified late due to data quality issue in their pathway and received treatment in April 2024.
- ✓ Provided outstanding care to over 350,000 children and young people in 2023/24
- ✓ Treated over 81% of patients within 4 hours of arrival to our Emergency Department. One of the best ranked Trusts in England. Our good performance has been driven by transformational change including:
  - Establishing a new urgent care service, providing convenient appointments for low acuity patients.
  - A consistent senior decision-making model, extended late into the evening.
  - Transforming our acute medical service through a Paediatric Assessment service that enables primary care to send referrals direct to this unit, bypassing ED.
  - Established the largest children's virtual ward in the UK.
- ✓ Increased delivery of clinical activity across all areas of community services
- ✓ Outstanding access to critical care, due to a strong and resilient workforce and supporting being cared for within the Northwest.
- ✓ Successful national contract award to provide pectus surgery.
- ✓ Launched referral portal for ASD/ADHD and Developmental Paediatrics. Streamlined approach to referrals and improved communication.

## **Great Place to Work**

- ✓ 71% of colleagues would "recommend the organisation as a place to work", making us the highest-ranked organisation in the Northwest in our group.
- ✓ Significant development of four staff networks - REACH network (Race, Ethnicity and Cultural Heritage), ACE Network (for staff with a disability or long-term condition), LGBTQIA+ Network, Armed Forces Network and we also have a well-established Menopause Support group.
- ✓ Achieved Veterans Covenant Healthcare Alliance (VCHA) accreditation with ongoing work to improve our offer to serving and veteran families and staff members.
- ✓ Awarded the Navajo Charter Mark – the LGBTQIA+ equality Charter Mark, sponsored by In-Trust Merseyside and supported by the LGBTQIA+ Community networks across Merseyside. It is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTQIA+ people in Merseyside.
- ✓ Signatory of the NHS Sexual Safety Charter.
- ✓ Launched a new Preceptorship Programme for AHP and Nurses, enhanced the preceptorship offer and updated the policy.
- ✓ Awarded Pastoral care, in recognition of our offer to internationally educated nurses.
- ✓ Nursery awarded GOOD by Ofsted.
- ✓ Staff Advice and Liaison Service (SALS) won the 2023 International Hospital Federation (IHF) award for "Excellence Award for Healthcare Workers Wellbeing".
- ✓ Awarded Armed Forces Employer Recognition Scheme (ERS) Silver Award.
- ✓ Significant and sustained reduction in organisational turnover of 5%.
- ✓ The Launch of the Thriving Leaders programme.

## **Advocate for Children and Young People**

- ✓ We continue to strengthen our role in the system in partnership with the Cheshire and Merseyside Integrated Care System (ICS), ensuring the voice of children and young people is included in a wide range of improvement work.
- ✓ Pilot site for Baby Friendly Initiative – Children's Hospital Standards
- ✓ Creation of our well-being Hub for families
- ✓ C&M ICB CYP committee
- ✓ Continued to host Beyond Transformation programme.
- ✓ Host Children's Hospital Alliance
- ✓ CEO chairs national CYP transformation board
- ✓ Various health messaging campaigns including measles.

## **The Safest Place**

- ✓ Our research and innovation teams have continued to deliver an outstanding number of clinical trials and innovations helping to solve real world problems.
- ✓ Little Hearts at home – 55 patients managed on the platform.
- ✓ Robotic Process Automation - Artificial Intelligence Work Stream-17 solutions saving over 20,00 hours of time
- ✓ Isla Care remote wound monitoring 43% decrease in surgical site infections
- ✓ Digital management of excess weight service – measuring devices at home

Key achievements against our three safety priorities for 2023/24 are noted below.

## **Medication Errors 2023/24 Key Achievements**

Due to the success of interventions made to address Medication safety throughout 2023/24, key aspects of this priority have become embed as business as usual across the Trust, reporting monthly into the Medication Safety Committee, with incidents being reviewed by the Medication Safety Officers and reporting into Patient Safety Strategy Board on progress every quarter.

The focus has been on reducing errors associated with TPN and throughout this improvement project there has been a reduction in TPN errors related to prescribing and administration.

## **Parity of Esteem for Mental and Physical Health 2023/24 Key Achievements.**

Alder Hey is part of national work to ensure that the nursing workforce is equipped to deliver holistic care to children and young people. The parity of esteem work has achieved:

- ✓ Increase in reporting of incidents relating to cases of restrictive practice in care for Community & Mental Health: 261 incidents reported in 2023/24 compared to 68 incidents reported in 2022/23
- ✓ Mental health liaison Consultant nurse and nurse specialist in post. Working together to agree the best model, forming connections with Clinical health psychology, Crisis care team, Emergency department, the Learning disability liaison team and the wards and departments.
- ✓ Alder Hey are part of the National Restrictive practice oversight group- influencing a guidance document for Children's hospitals.

- ✓ Progress continues with the roll out of de-escalation and intervention training, creating space for simulation updates and a database of competent staff to be deployed as required and reduce the use of external provider.
- ✓ Work continues to establish a Suicide Prevention Group and develop a Trust strategy.
- ✓ 69 staff trained in the principles of the procedural management and practical skills of restrictive practice i.e., CALMS physical training.
- ✓ Work continues with the digital team to find a usable solution for reporting on assessment and signposting related to Mental health and emotional wellbeing in the acute health setting.

We will further prioritise addressing restrictive practice to ensure that staff are confident and knowledgeable in the practice of safe physical restraint



## 2.2. Statements of Assurance from the Board

### 2.2.1. Review of Services

During 2023-24, Alder Hey Children’s NHS Foundation Trust provided 42 relevant health services. Alder Hey has reviewed all the data available to them on the quality of care in all these relevant health services. The income generated by the relevant health services reviewed in 2023-24 represents 100% of the total income generated from the provision of relevant health services by Alder Hey for 2023-24.

### 2.2.2. Participation in Clinical Audits and National Confidential Enquiries

Clinical Audit is a key aspect of assuring and developing effective clinical pathways and outcomes. National clinical audits are either funded by the Health Care Quality Improvement Partnership (HQIP) through the National Clinical Audit and Patient Outcomes Programme (NCAPOP) or 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 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, 12 national clinical audits and 6 national confidential enquiries covered NHS services that Alder Hey Children’s NHS Foundation Trust provided.

During that period Alder Hey Children’s NHS Foundation Trust participated in 80% (10 out of 12) national clinical audits and 100% (6 out of 6) national confidential enquiries which it was eligible to participate in during 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024. Full details are provided in the table below.

National Audit	Participation	% Cases Submitted
<b>Children</b>		
Paediatric Intensive Care ( <u>PICANet</u> ).	Yes	Submitted 874 cases which was 100% of cases available.
<b>Acute Care</b>		
Severe Trauma -Trauma Audit & Research Network – (TARN). <i>Note renamed National Major Trauma Registry (NMTR) from March 2024.</i>	No	Submitted 20/240 cases, which was 8% of cases available. Due to a cyber-attack data submission to the TARN platform was suspended by NHS England (NHSE). Trusts were unable to submit data to the TARN platform from June 2023.
<b>Cardiac</b>		
Cardiac Arrest ( <u>National Cardiac Arrest Audit</u> ) (NCAA).	Yes	Submitted 16 cases which was 100% of cases available.
National Cardiac Audit Programme ( <u>National Institute for Cardiovascular Outcomes Research</u> ) (NICOR). <u>Congenital Heart Disease Audit</u> (CHD).	Yes	Submitted 730 cases which was 100% of cases available.

National Audit	Participation	% Cases Submitted
National Cardiac Audit Programme (NCAP). <u>National Audit of Cardiac Rhythm Management (CRM).</u>	Yes	Submitted 42 cases which was 100% of cases available.
<b>Long Term Conditions</b>		
Inflammatory Bowel Disease Programme/ IBD Registry. ( <u>National IBD Audit</u> ) Biological Therapies.	Yes	Submitted 15 cases which was 100% of cases available.  Audit was closed March 2024
Paediatric Diabetes (RCPH). ( <u>Royal College of Paediatrics and Child Health</u> ) <u>National Paediatric Diabetes Audit</u> ).	Yes	Currently submitted 115/308 cases which was 37% of cases available. <b>Note:</b> Data collection runs until May 2024.
Epilepsy 12 ( <u>RCPH</u> <u>National Audit of Seizures and Epilepsies in Children and Young People</u> ).	No	Submitted 0 cases which was 0% of cases available. Despite registering to participate, the Trust were unable to submit any clinical data due to lack of clinical capacity. This has been escalated internally
Children and Young People Asthma Audit – National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme ( <u>NACAP</u> ) <b>Note:</b> Re-named). <i>National Respiratory Audit Programme (NRAP) in January 2024</i>	Yes	Submitted 72 cases which was 100% of cases available.
Serious Hazards of Transfusion (SHOT): <u>UK National Haemovigilance</u> .	Yes	Submitted 9 cases which was 100% of cases available.
UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u> .	Yes	Submitted 91 cases which was 100% of cases available.
National Acute Kidney Injury Programme. <u>UK Renal Registry</u> .	Yes	Submitted 682 cases which was 100% of cases available.

National Confidential Enquiries	Participation	% Cases Submitted
Suicide in Children and Young People (CYP) - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) - University of Manchester.	Yes	0 cases included in the study which was 100% of cases available.
Perinatal Mortality and Morbidity Confidential Enquiries (Term Intrapartum Related Neonatal Deaths) - MBRRACE-UK - National	Yes	Submitted 20 cases which was 100% of cases available.

National Confidential Enquiries	Participation	% Cases Submitted
Perinatal Epidemiology Unit (NPEU).		
Child Health Clinical Outcome Review Programme. National Confidential Enquiry into Patient Outcome and Death. Juvenile Idiopathic Arthritis.	Yes	Submitted 13 cases which was 100% of cases available.
Child Health Clinical Outcome Review Programme. National Confidential Enquiry into Patient Outcome and Death. Transition from Child to Adult Health Services Study.	No	Submitted 9/22 cases which was 41% of cases available. Data collection closed June 23 and national report findings published
Child Health Clinical Outcome Review Programme. National Confidential Enquiry into Patient Outcome and Death. Testicular Torsion.	Yes	Submitted 7 cases which was 100% of cases available.
Learning Disability Mortality Review Programme (LeDeR).	Yes	Submitted 7 cases which was 100% of cases available. Data was submitted to LeDeR up to Quarter 2 2023/24. From 01/07/2023 Trusts were no longer required to report through the LeDeR platform the deaths of young people under the age of 18 years who have a learning disability and/ or autism. All deaths for this patient group are now reviewed via the Alder Hey Hospital Mortality Review (HMRG) process.

### 2.2.3. Actions arising from National Confidential Enquiries

The reports of the National Clinical Audits were reviewed by the Trust in the reporting period 1<sup>st</sup> April 2023-31<sup>st</sup> March 2024 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/Recommendations
1	Paediatric Intensive care Audit Network ( <u>PICANet</u> )	<p>Recommendations remain the same as 2022/23.</p> <ul style="list-style-type: none"> <li>From 01/01/2024, PICANet has mandated the ongoing collection of 3 new data points in PICU. These are: <ul style="list-style-type: none"> <li>The daily incidence of delirium for each PICU patient.</li> <li>The number of episodes of Central line-associated bloodstream infection (CLABSI) during admission.</li> <li>The number of episodes of Catheter-Associated Urinary Tract Infections (CAUTI) during admission.</li> </ul> </li> <li>All new data points are part of the PICANet data collection and reported in the PICANet annual reports.</li> </ul>
2	<u>Severe Trauma -Trauma Audit &amp; Research Network – (TARN)</u>  <b>Note:</b> <u>Renamed National Major Trauma Registry (NMTR) March 24.</u>	<ul style="list-style-type: none"> <li>Due to a cyber-attack the TARN platform went down on 16/06/2023 preventing all Trusts from submitting data.</li> <li>TARN is being renamed the National Major Trauma Registry Network and they are involved in the new service development which will be developed with a greater emphasis on provider data feedback and involvement going forward.</li> <li>Development of the National Major Trauma Registry (NMTR) began in July 2023. This new data collection platform is to be functional by April 2024.</li> <li>NHS England are encouraging all providers to register their data co-ordinator and clinical users to the platform for onboarding and training in anticipation of live access.</li> <li>Alder Hey have captured data on a secure database and the hospital Meditech system and received training from NMTR in anticipation of the relaunch.</li> </ul>
3	Cardiac Arrest ( <u>National Cardiac Arrest Audit</u> )	There were no recommendations/actions noted from the published report.

	National Clinical Audit	Actions/Recommendations
4	Paediatric Cardiac Surgery ( <u>NICOR Congenital Heart Disease Audit</u> ) NCHDA	<p>Recommendations remain the same as 2022/23.</p> <ul style="list-style-type: none"> <li>Standard operating protocols have been devised for data collection, including detailed guidance on National Congenital Heart Disease Audit (NCHDA) required dataset items and responsibility for each item.</li> </ul>

		<ul style="list-style-type: none"> <li>• Regular training is provided for Auditors and all staff in the Department who may be involved with data input. This includes regular Quality Assurance and Governance training and visits to other centres who are involved in NCHDA data collection and submission. Auditors are up to date with all Governance and Data Protection Training.</li> <li>• A standard format reporting form is used for echocardiograms within our Intelispace Cardiovascular (ISCV) echo reporting software.</li> <li>• A standard discharge summary style document listing all NCHDA pertinent information to in-patient episodes and previous interventions or operations has been created for use throughout the Cardiac Department.</li> <li>• All trainees (ST6 and above) are encouraged to volunteer to participate in a NCHDA site validation visit as an external colleague to gain insights to the importance of maintaining good standards in data collection and quality management. Trainees are always encouraged to attend invited Validation visits; this is reiterated in our NICOR updates in quarterly Quality Assurance Quality Improvement meetings.</li> </ul>
6	National Cardiac Rhythm Management Audit (CRM) (NICOR)	There were no recommendations/actions noted from the published report.
7	Diabetes (Royal College of Paediatrics and Child Health (RCPCH) National Paediatric Diabetes Audit)	<ul style="list-style-type: none"> <li>• There were no recommendations/actions noted from the 2022/23 published report.</li> <li>• Pending publication of 2023/24 report – expected publication date May 2024.</li> </ul>
8	Epilepsy 12 (RCPH National Audit of Seizures and Epilepsies in Children and Young People)	<ul style="list-style-type: none"> <li>• Despite registering to participate the Trust were unable to submit any clinical data due to lack of clinical capacity. This has been escalated internally to Safety Quality Assurance Committee (SQAC) to review processes.</li> </ul>
9	<u>Children and Young People Asthma Audit – National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP).</u>  <b>Note</b> renamed National Respiratory Audit Programme (NRAP) January 24	There were no recommendations/actions noted from the published report.

	<b>National Clinical Audit</b>	<b>Actions/Recommendations</b>
10	Serious Hazards of Transfusion (SHOT): <u>UK National Haemovigilance</u>	<p>Recommendations remain the same as 2022/23.</p> <ul style="list-style-type: none"> <li>The annual SHOT report serves as an indicator for focussed learning in relation to transfusion processes.</li> <li>The annual report and gap analysis against the current recommendations has identified the following area as a focus for improvement: <ul style="list-style-type: none"> <li>Review of processes to ensure wrong blood in tube (WBIT) incidences do not occur.</li> <li>The introduction of a 2-step staff check of samples.</li> <li>Zero tolerance towards incorrect labelling of tubes.</li> <li>All actions from 2022/23 with sample labelling have been reviewed and actioned.</li> </ul> </li> <li>Following a Hospital Transfusion Committee meeting a sample labelling working group is to be set up in address any outstanding issues.</li> </ul>
11	NHS Blood & Transplant: <u>National Comparative Audit of NICE Quality Standard QS138</u>	<p>The standards for this audit were adapted from those issued in NICE QS138:</p> <ul style="list-style-type: none"> <li>Quality Statement 1: People with iron deficiency anaemia are treated with iron supplementation before surgery: No patients, during the audit period, were found to be iron deficient so no patients were included in this standard.</li> <li>Quality Statement 2: Patients who are having surgery and expected to have moderate blood loss receive tranexamic acid: All patients, during the audit period, who were expected to have moderate blood loss received Tranexamic acid (TXA) – 100% compliant.</li> <li>Quality Statement 3: People are clinically reassessed and have their haemoglobin levels checked after each unit of red blood cells they receive, unless they are bleeding or are on a chronic transfusion programme: All patients, during the audit period, who received red cells had a check Haemoglobin after their transfusion. – 100% compliant</li> <li>Quality Statement 4: People who have had a transfusion are given verbal and written information about blood transfusion: 20% of patients received verbal information with 80% receiving no information.</li> <li>The Trust has now implemented formal electronic consent for all pre-empted and routine blood product transfusions.</li> </ul>
12	UK Cystic Fibrosis Registry <u>Cystic Fibrosis Trust</u>	There were no recommendations/actions noted from the published report.
13	National Acute Kidney Injury Programme <u>UK Renal Registry</u>	There were no actions noted from the UK Renal Registry Annual report.

## 2.2.4. Actions arising from Local Clinical Audits

There was a total of 270 local audits registered in the reporting period 1<sup>st</sup> April 2023-31<sup>st</sup> March 2024. A total of 74 (27%) local audits completed, 4 (1%) audits not started, 7 (3%) audits cancelled and 185 (69%) audits that will continue in 2024/2025.

The reports of the completed local clinical audits were reviewed across the Trust and at the Clinical Effectiveness and Outcomes Group (CEOG) for the reporting period 1<sup>st</sup> April 2023-31<sup>st</sup> March 2024, with examples of the audit actions/outcomes listed below.

Audit ID	Local Audit	Actions
6843	Safety-netting on discharge letters and medical records.	<p>Audit findings presented at the Alder Hey General Paediatric Lunchtime Teaching Sessions in March 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Junior doctors and physician associates to outline the number of discharge letters and ward round documentation that did not contain safety-netting information.</li> <li>The importance of safety-netting with the medico-legal implications, and the guidance given by the General medical council was emphasized.</li> </ul>
6844	Focused Magnetic resonance Magnetic resonance imaging (MRI) brain protocol for children with headache.	<p>Audit findings presented at the Alder Hey Radiology Audit Morning / REALM (Radiology Events &amp; Learning Meetings) in June 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To reduce the imaging time of Children with headache and improve patient flow through our MRI scanners by performing a Focused (limited) protocol.</li> </ul>
6848	Management of pre-septal and orbital cellulitis in the emergency department.	<p>Audit findings presented at the Alder Hey Emergency Department Quality Improvement and audit meeting in February 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To create a user friendly, readable, up to date proforma on Meditech Expense.</li> <li>To produce a pre-septal cellulitis information leaflet on consent forms.</li> <li>To include a ten-minute teaching session for each staff rotation in the Emergency Department highlighting the significance of blocked or runny nose and red eye in diagnosing orbital cellulitis.</li> </ul>
6849	Adolescent's opinions regarding topics for a questionnaire looking at independence with medications in adolescence: a patient and public involvement audit.	<p>Audit findings presented at an Informal discussion amongst Clinical Pharmacology Clinicians to help with future studies on medications and adolescences in June 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Studies include investigation of the influence of social media and online sources of information on medications. The domains highlighted in the</li> </ul>

Audit ID	Local Audit	Actions
		questionnaires will be included in future studies looking at medications and adolescents.
6852	Effectiveness, safety and tolerability of Swift Microwave therapy for the treatment of warts and verrucas in a paediatric population.	<p>Audit findings presented at the Annual Meeting for European Academy of Dermatology and Venereology (Berlin 2023) in October 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Setting up a new research project to investigate the use of microwave therapy for molluscum.</li> </ul>
6855	Scoliosis the Alder Hey way.	<p>Audit findings presented at the Paediatric Pain Travelling club conference in April 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Reduced treatment length of oxycodone modified release from 8 doses to 6 doses.</li> <li>• Lactulose started preadmission.</li> <li>• Prescribe gabapentin capsules if possible / patient able to swallow capsules.</li> </ul>
6861	Outcomes in patients undergoing arterial switch procedure.	<p>Audit findings presented at the Alder Hey Cardiology Team Quality meeting in June 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Will discuss the new pathway, keep using at present but assess further in 18 months.</li> <li>• Will also discuss foetal detection rates, but we already have plans in place to improve those.</li> </ul>
6863	Measuring the effectiveness of the newly commissioned Occupational Therapy Sensory Service.	<p>Audit findings presented at the Alder Hey Occupational Therapy Sensory Service Meeting in September 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To ascertain whether the occupational therapy sensory service is effective in increasing parents/carers knowledge of their child's sensory needs. Provide them with strategies to minimise the impact of their child's sensory needs in everyday life. Provide this service within a timely manner.</li> <li>• To ascertain whether the Occupational Therapy sensory service is effective in increasing teaching staff and other professionals' knowledge of a child's sensory needs.</li> <li>• To measure the sensory pathway in Sefton against the National standards and ascertain the effectiveness in increasing knowledge of a child's sensory needs.</li> </ul>
6864	Is formula supplementation on the neonatal unit appropriate?	<p>Audit findings presented at the Alder Hey Neonatal Team meeting in April 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To have a visible table for staff to complete when feeding assessments are needed. This will help to ensure breast milk will continue to be maximised.</li> </ul>



Audit ID	Local Audit	Actions
		<ul style="list-style-type: none"> <li>To improve compliance around one-off bottle-feeding assessments.</li> </ul>
6867	Transition in healthcare.	<p>Audit findings presented and discussed at the monthly Alder Hey Transition Steering Group meeting in November 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To discuss with integrated care board (ICB) commissioners and the senior leadership team in the Community &amp; Mental Health division how to address service capacity issues, and commissioning issues around the age of transition for Child and Adolescent Mental Health Service Child Adolescent Mental Health Service (CAMHS) patients.</li> <li>To discuss and plan at the Transition Steering Group meeting how to address the data/reporting for the community dietetics service due to the service not using Alder Care. Medical Information Systems (EMIS) used.</li> </ul>
6870	Audit of controlled drugs (CD) to take out (TTO) not issued out upon discharge.	<p>Audit findings presented at the National planning policy framework 29th annual Professional conference &amp; exhibition in July 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Ward level destruction of items not issued upon discharge.</li> <li>An immediate review of the discharge process, so that discharge paperwork reflects that certain items have not been provided upon discharge.</li> <li>As a result of the high amount of CD waste Pharmacy are considering the practicality of ward level destructions to reduce any potential safety incidents. This is to be rolled out by December 2023.</li> </ul>
6871	An audit looking at clinical and laboratory communication systems and the notification for irradiated blood product requirements in post BMT patients.	<p>Audit findings presented at the Alder Hey Haematology department multi-disciplinary team meeting in September 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To create a new process to ensure patients are not missed out.</li> <li>Re-audit annually to cover new patients.</li> </ul>
6873	Impact of COVID on management of empyema; a single centre review.	<p>Audit findings presented at the Alder Hey Respiratory team weekly departmental teaching in August 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To streamline investigations and follow up of patients presenting with empyema.</li> <li>Liaise with surgical colleagues regards audit findings.</li> <li>Add new patients presenting with empyema to current data.</li> </ul>

Audit ID	Local Audit	Actions
6876	Exploring the utility and feasibility of outcome measures administered to families accessing a Family Therapy approach from the Clinical Health Psychology department.	<p>Audit findings presented at the Alder Hey Clinical Health Psychology department meeting in August 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To continue to administer the outcome measures to families accessing Family Therapy-Based sessions. Data to be collected for 6 months from October 2024.</li> <li>To explore the options of online completion of all outcome measures by May 2025.</li> </ul>
6880	Reviewing the impact of multidisciplinary intervention on patient outcomes in a complex breathlessness clinic.	<p>Audit findings presented at Informal discussions with lead surgeon in June 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>MDT breathlessness clinic results in favourable outcomes for patients.</li> <li>To present findings at speciality meeting.</li> <li>Target date for implementation January 2025.</li> </ul>
6881	Sefton Child and adolescent Mental Health Services (CAMHS) Alder Hey session notes quality and standardization.	<p>Audit findings to be shared within the Alder Hey Sefton CAMHS Business Meeting and to also be discussed within the Extended Leadership Meeting in February 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Proforma of what is necessary in a session note to be created for clinical staff.</li> <li>Need to improve documentation of consent - can be highlighted in a proforma - staff may require teaching on how to obtain consent.</li> <li>To highlight the importance of electronic patient pathway forms (EPPF) to be completed within 24 hours of the appointment - to be shared at business meetings.</li> </ul>
6882	Are the prescriber overrides of dose range checking alerts appropriate?	<p>Audit findings presented at the Alder Hey Medication Safety Committee meeting in October 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To remove patient's specific parameter-based warnings for outpatient prescriptions or consider enabling a recent weight from a different visit to be transferred on Meditech.</li> <li>Introduce dose ranges dependent on indications.</li> <li>Remove low dose warnings for the medication's omeprazole, cyclizine and baclofen.</li> </ul>
6884	A quality improvement project to examine whether paediatric spirometry data can inform local clean air policies.	<p>Audit findings presented at the Alder Hey Respiratory team departmental meeting and hospital grand round in December 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To recommend further work to highlight the high levels of nitrogen oxide emissions (NOx) in the vicinity of primary schools in the Liverpool City Region to inform local public health policy and mitigation measures.</li> </ul>

Audit ID	Local Audit	Actions
6887	An audit investigating the incidence of infection and the effect of post-op antibiotics following alveolar bone grafting in cleft patients.	<p>Audit findings presented at the Alder Hey Oral and maxillofacial surgery/ cleft Department clinical governance meeting in July 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• A review and possible update of the post-op antibiotic protocol for alveolar bone grafting in cleft lip and palate patients.</li> <li>• To provide education for existing team members and during induction for new starters about what the correct protocol is.</li> <li>• To document in the patient notes if there is a clinical decision made not to follow the post-op antibiotic protocol.</li> </ul>
6889	Clinician whether following Standardised way of clinical notes documentation.	<p>Audit findings presented at the Alder Hey Community Neurodevelopmental Paediatrics department meeting in May 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Team set up for discussion with service manager.</li> <li>• Each clinician to follow standard pattern of writing clinical notes.</li> <li>• To Re-audit in 12 months.</li> </ul>
6893	A retrospective evaluation of the pinnaplasty procedures performed at Alder Hey Children's Hospital by the Plastic Surgery department between 2018 and 2022.	<p>Audit findings presented at the Alder Hey Plastic surgery clinical governance meeting in May 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To score all pinnaplasty patients pre and post for operative satisfaction.</li> </ul>
6900	Local Audit of the current follow-up procedure for Pineal Gland Cysts.	<p>Audit findings were presented at the Alder Hey Radiology audit meeting in November 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To develop a guideline for Pineal Gland Cyst follow-up magnetic resonance imaging (MRI) scans.</li> <li>• To prioritise the follow-up arrangements for at risk groups (cysts over 12mm and females).</li> <li>• Cysts under 10mm, need not be scanned before 12 months, this will release the resources for cases more prone to cystic changes.</li> <li>• To conduct a re-audit, addressing the current audit limitations: Include a larger sample size, and longer timescale.</li> </ul>
6901	Face to Face vs Virtual teaching; how this affects trainee's well-being and feelings of self-worth.	<p>Audit findings presented at the Northwest Annual leadership school evening event in May 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To continue with Face-to-face teaching, provide initiatives such as free lunch to promote increase in attendance and wellbeing.</li> </ul>

Audit ID	Local Audit	Actions
6909	Reaudit of prolonged neonatal jaundice.	<p>Audit findings presented at the General Paediatric lunchtime teaching session in November 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Health visitors and midwives to refer patients to Prolonged jaundice clinic instead of Emergency department.</li> <li>• Education with prolonged jaundice guidelines to encourage people to send a conjugated bilirubin and document stool colour.</li> <li>• Prolonged jaundice clinic seems to be working well for these patients and hence to be continued.</li> <li>• Further discussions with specialist teams. Gastroenterology to review if we need to have liver function tests to be part of the Prolonged jaundice workup.</li> </ul>
6912	Key Worker Session audit.	<p>Audit findings presented at Sunflower House for action to be sent to team members for Q4 Report in June 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To improve documentation in relation to Meditech entries when key worker session happens.</li> <li>• Key worker teaching sessions set up with practice educators.</li> <li>• Multidisciplinary Team (MDT) to support on the floor at specific times to ensure key worker sessions are facilitated and documented.</li> <li>• Training session to be delivered to refresh this and provide understanding to new starters.</li> </ul>
6911	Care Plan and Documentation audit.	<p>Audit findings presented at Team Update in September 2023 for Q4 Report in February 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To deliver training sessions to new starters.</li> <li>• Communication reminder to be sent to nursing staff around expectation of role.</li> <li>• Healthcare assistants (HCA) have been provided roles as key HCA and can review care plans with patients to obtain signatures.</li> <li>• To ensure all care plans are signed by young person/parents and documented if there are refusals.</li> </ul>
6913	Exploring the quality of choice appointments offered at Sefton Child and Adolescent Mental Health Services (CAMHS).	<p>Audit findings presented at Alder Hey Sefton Specialist CAMHS multi-disciplinary team meeting in September 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To ensure outcome measures are completed.</li> <li>• To create a checklist which encourages clinicians to tick off and ensure that as much of this information is being gathered as possible.</li> </ul>

Audit ID	Local Audit	Actions
6919	Sefton mental health support team Mental Health Support Teams (MHST) compliance with Reviewing and Documenting Risk: Risk Assessment Baseline Audit.	<p>Audit findings presented at Alder Hey Sefton mental health support team (MHST) multi-disciplinary team meeting in July 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To complete Risk Assessment for all service users, and document this.</li> <li>To use a template that has been amended and purpose-built by the clinical lead/s and wider team.</li> </ul>
6924	Blood pressure (BP) control in post kidney transplant patients - are we successfully maintaining the systolic blood pressure at the 50th centile and below?	<p>Audit findings presented at the Alder Hey Nephrology audit meeting in January 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>All children to have a 24-hour BP which should be repeated earlier if discrepancy between Echocardiogram and 24-hour BP.</li> <li>To educate parents of the need to optimise BP control to the 50th percentile with respect to cardiovascular risk.</li> </ul>
6931	Sefton mental health support team (MHST) Compliance with Care Planning: Care Plan Documentation Baseline Audit.	<p>Audit findings presented at the Alder Hey Sefton CAMHS Mental Health Support Team (MHST) multi-disciplinary team meeting in October 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To have a Care Plan template for clinicians to use and attach this document at the 'Assessment' tab on electronic patient data, as per the standard operational procedure guidelines.</li> </ul>
6930	Patient Consent, Disclosing Information to others and Consent to Treat.	<p>Audit findings presented at the Alder Hey Liverpool and Sefton Speech and Language Therapy Team meeting in September 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To have a standardised process for gaining consent from service users, parents, carers at initial assessment and at each episode of care evaluation. This will be achieved by using a new template on EMIS (Egton Medical Information Systems) specifically for consent.</li> <li>To have an agreed process for when and how consent for treatment is documented by all practitioners which can be clearly seen in the case notes and easily retrieved when completing a re-audit.</li> </ul>
6934	Audit of Broken Brace Calls.	<p>Audit findings presented at the Alder Hey Orthodontics Department Consultant and Service Manager meeting in June 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Broken brace pathway for all pathway co-ordinators (PCOs) to follow, to book patients in without having to contact consultants first. Only to contact when unable to find a suitable appointment.</li> </ul>

Audit ID	Local Audit	Actions
		<ul style="list-style-type: none"> <li>• Creation of dedicated broken brace slots for each consultant which PCOs only can book so that patients can be booked in without a large delay. This will also reduce the number of emails between PCOs and consultants.</li> </ul>
6935	Incidents audit 1C Neonatal Unit.	<p>Audit findings presented at the Alder Hey Neonatal Unit integrated governance meeting in August 2023</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To continue auditing incidents between the hours of 20:00hrs - 08:00hrs to establish trends. Staff to continue reporting incidents and document any that fall into this category on a chart in order to observe trends.</li> </ul>
6941	Managerial Supervision Compliance within the Sefton Community Occupational Therapy and Physiotherapy Service.	<p>Audit findings presented at the Sefton Community Occupational Therapists and Physiotherapy team meeting in August 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• A team leader who will oversee supervision compliance within the team and ensure that all team members receive regular supervision and that this is logged on the supervision spreadsheet.</li> </ul>
6943	A clinical audit of the quality of session note record keeping in a child and adolescent Mental Health Support Team (MHST).	<p>Audit findings presented to the Alder Hey Sefton MHST team in October 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To develop a session, note template and training for the Sefton MHST around writing in the active statements and being mindful of how language used in session notes may be open for interpretation.</li> </ul>
6955	Day case microlaryngotracheobronchoscopy (MLTB).	<p>Audit findings presented at the Alder Hey Ear Nose and Throat Departmental Meeting in November 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Present results of audit to anaesthetic department to reach consensus on safety.</li> <li>• Continue to monitor safety of MLTB on children ages 2-3 years.</li> </ul>
6957	Evaluation of Tics pathway for children and young people referred with Tics or Tic like behaviours to Sefton Specialist CAMHS.	<p>Audit findings presented at the Alder Hey Sefton Specialist CAMHS continuing professional development and Audit meeting. Also presented at the CAMHS Governance meeting in February 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Lack of a bespoke service and clinical pathway for children presenting with Tics and Tic like behaviours led to the development of the Tics pathway.</li> <li>• The audit highlighted the need for a child and adolescent mental health services wide service which has been piloted.</li> <li>• The audit also highlighted the need for developing Tics Specific work and adapting the Cathy Creswell Group for under 7's presenting with Tics and anxiety.</li> </ul>

Audit ID	Local Audit	Actions
6960	Suppression Head Impulse Test (SHIMP) in children - A re-audit.	<p>Audit findings presented at the Alder Hey Audio vestibular Medicine team meeting and published in Frontiers Neurology in September 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To update the existing vestibular testing protocol to include a Suppression Head Impulse Test (SHIMP) in all appropriate children.</li> <li>SHIMPS are safe and should be routinely adopted in children.</li> <li>SHIMPS technique must be fine-tuned.</li> </ul>
6961	Multi-Specialty Team (MST) Multi-Disciplinary Team (MDT) Referral Audit April 2022 - March 2023.	<p>Audit findings presented at the Alder Hey Health Psychology team meeting in October 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>The MST to evaluate the nature of referrals on a 12-month basis in keeping with this review.</li> <li>This report to be shared with the MST staff for their feedback and insights.</li> <li>To explore ways to reduce the burden of data collection on clinical staff and new ways to collect data before the next review is due in March 2024.</li> <li>For the MST to further develop referral pathways, specifically the group interventions and initial normalising leaflets.</li> </ul>
6973	Sefton CAMHS compliance with documenting consent of patients accessing the service and receiving treatment: Consent Re-Audit.	<p>Audit findings presented at the Alder Hey Sefton Specialist CAMHS taskforce meeting in November 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>To liaise with Crisis Care/Eating Disorder Young People Services (EDYS) and discuss with Triage/ Referral about accepting referrals from GP without consent.</li> <li>Clinical staff to be re-sent the choice proforma with consent clearly indicated.</li> <li>Create a proforma for first partnership. To be discussed in Sefton CAMHS Business Meeting.</li> <li>Consent part of clinical staff's induction. Consideration to whether this needs to be signed off by Assistant clinical lead (checklist). To be discussed in Assurance Meeting.</li> </ul>
6999	Is formula supplementation appropriately advised on the Neo natal surgical unit (NNSU) and if a baby is bottle feeding are they supported in doing this safely?	<p>Audit findings presented at the Alder Hey Neonatal Surgical Unit team meeting (NNSU) in October 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>The audit offers reassurance that we are continuing to do well with supporting appropriate supplementation with formula and that bottle feeding assessment compliance has been improved.</li> </ul>
7010	Early Breast Milk (EBM) Feeding.	<p>Audit findings presented at the Alder Hey Neonatal Ward Manager meeting and the Liverpool Neonatal Partnership in November 2023.</p>

Audit ID	Local Audit	Actions
		<p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Tupperware boxes ordered for mums to store syringes of breast milk. This means their large volumes will not be wasted.</li> <li>• The donor (EBM) policy will be updated to include infants whose mother wishes to breast feed but, due to separation, we have none of her breast milk.</li> </ul>
7013	A Health Needs Assessment approach for assessing the language needs of a paediatric population.	<p>Audit findings presented at the Alder Hey General Paediatrics meeting March 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Once expance fully embedded audit Paediatric Assessment Unit (PAU) attendances</li> <li>• Language line devices to be tracked and allocated to specific clinical areas.</li> </ul>
7014	Clinical characteristics of girls aged 12 or older using Valproate in the Trust.	<p>Audit findings published in the Archives of Disease in Childhood in November 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Paediatricians in Alder Hey have followed the Medicines and Healthcare products regulatory agency (MHRA) guidance on valproate prescribed.</li> <li>• To adapt practice to upcoming guidance.</li> </ul>
7023	Sefton Mental Health Support Teams (MHST) Compliance with Consent to Treatment: Consent Documentation Baseline Audit	<p>Audit findings presented the Alder Hey Sefton Mental Health Support Team multi-disciplinary team meeting and shared with wider CAMHS teams in December 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• To increase documentation of consent to treatment to at least 95% by next audit.</li> </ul>
7024	Compliance Audit - Wearing of radiation monitoring badges.	<p>Audit findings presented at the Alder Hey Radiology department governance meeting in January 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• The audit showed improved compliance in wearing radiation monitoring badges.</li> <li>• A Re-audit to be conducted in April 2024.</li> </ul>
7031	Breathing retraining group clinical audit.	<p>Audit findings were submitted as an abstract and accepted for a National Paediatric Respiratory conference in April 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Present as poster at conference.</li> <li>• Consider for future research.</li> </ul>
7039	A Re-Audit of Clinical Photography in Open Tibia Fractures.	<p>Audit findings presented at the Alder Hey Trauma &amp; Orthopaedic Directorate Meeting in December 2023.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>• A flow chart of the correct processes has been created and disseminated to junior doctors. This delineates what facilities are available and details all processes involved for clinicians.</li> </ul>



Audit ID	Local Audit	Actions
		<ul style="list-style-type: none"> <li>Plastics team will discuss formalising the process of the use of the Burns Unit camera in theatre for open long bone fractures.</li> </ul>
7058	Audit of sweat test performance against national guidelines.	<p>Audit findings presented at the Alder Hey Laboratory Metabolic Meeting in January 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Performance improved from previous audit and national criteria were met.</li> <li>Continue 18 monthly audit and suggest an increased frequency of individual operator failure rate checks.</li> <li>Re-audit in January 2025.</li> </ul>
7074	A retrospective audit of remote consultations on the Paediatric Dentistry Department – Cycle 2.	<p>Audit findings presented at the Alder Hey Dental department governance meeting in July 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>The audit recommended disseminating results to the Paediatric Dentistry Department at the local governance meeting in July 2024.</li> <li>To inform clinicians that during a remote consultation the following guidance should be followed: <ul style="list-style-type: none"> <li>Name of the person spoken to should be recorded.</li> <li>Relationship to the child of the person spoken to should be recorded.</li> <li>The person spoken to should always either have parental responsibility or be a Gillick Competent child patient and be documented - Alternatively the reason for speaking to someone else should be documented.</li> <li>Whether the patient was present or not should always be known and documented.</li> </ul> </li> <li>Re-audit in January 2025 to assess implementation of action points.</li> </ul>
6950	Audit of nursing and support workers knowledge and confidence in implementing therapy specific care guidance.	<p>Audit findings presented at the Alder Hey Acute Neurological rehabilitation team meeting in February 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>The Occupational Therapy team to collaborate with the ward to support them with their learning needs, knowledge, and confidence in implementing therapy specific care guidance.</li> </ul>
6964	Insulin Safety - compliance with enduring standards.	<p>Audit findings presented at the Alder Hey Medication Safety Committee Meeting in January 2024.</p> <p><u>Action/Recommendation:</u></p> <ul style="list-style-type: none"> <li>Insulin safety statement will be added to all relevant trust documents.</li> <li>Review of stock locations will be undertaken.</li> <li>Information about insulin safety will be added to Trust Mandatory Training on Medication Safety.</li> </ul>

Audit ID	Local Audit	Actions
7052	Sefton Child and Adolescent Mental Health Services compliance with documenting a Care Plan for patients accessing the service: Care Plan Re-Audit.	Audit findings presented at the Alder Hey Sefton CAMHS business meeting in March 2024. Action/Recommendation: <ul style="list-style-type: none"> <li>• To share the findings at the Extended Leadership Meeting and to feedback at Sefton CAMHS Business Meeting by April 2024.</li> <li>• Care plan documentation will continue to be monitored in 1-2-1's.</li> <li>• Care plan screens should be completed three months after the initial Choice appointment, six months after the initial Choice appointment, and at three-month intervals hereafter.</li> </ul>

### 2.2.5. Participation in Clinical Research

Alder Hey has been named as one of the top children’s healthcare providers in the world, treating children and young people with diverse needs, ranging from the common to the rare, and from the quickly remedied to the complex and chronic.

The Trust has a proud history of delivering ground-breaking research, and of devising and implementing advances in the health outcomes and healthcare experience of children, young people and families.

Alder Hey has over 70 staff dedicated to supporting research activity. Around 100 principal investigators lead a varied portfolio of almost 200 clinical research studies at any one time. These range from observational studies that observe how patients respond to treatment through to complex, interventional clinical trials that provide our patients with the latest medicines. Alder Hey recruited over 5,500 participants to research studies during 2023/24.

We host one of only two National Institute for Health and Care Research (NIHR)funded clinical research facilities dedicated to paediatric research. This provides children and young people with access to cutting-edge, early-stage clinical trials and experimental clinical research in a state-of-the-art dedicated facility within the hospital. 2023/24 also saw a successful funding application to the NIHR for a 3<sup>rd</sup> MRI scanner which will provide another boost to Alder Hey’s research infrastructure.

Some examples of the high-quality research activity taking place in 2023/24 are as follows:

<b>STEP YOUNG</b>	The STEP YOUNG study primarily compares the safety and efficacy of a sub cutaneous treatment called Semaglutide with placebo in children with obesity. This study opened to recruitment in late 23/24 and Alder Hey were successful in recruiting the <b>first UK patient</b> .
<b>GASTRIC PICU</b>	The GASTRIC PICU study was designed to determine the clinical effectiveness of standard gastric residual volume measurement in children admitted to PICU, who are exposed to this procedure without any evidence of its risk or benefits. <b>Clinical staff engagement</b> has positively influenced the recruitment of this study.
<b>ALLTOGETHER</b>	ALLTOGETHER is an <b>international standard</b> treatment program, as well as a collaborative study, recruiting patients diagnosed with acute lymphoblastic leukaemia (ALL). The study will be open over a five-year period and is recruiting

	well. The overall aim is to improve treatment and outcomes in children and young people with ALL using several different interventions.
<b>STAR JIA</b> (Juvenile Idiopathic Arthritis)	Star JIA is an NIHR funded and Alder Hey led trial that aims to provide evidence that can be used to inform corticosteroid use in the treatment of Juvenile Idiopathic Arthritis (JIA). The study compares oral versus intra-venous corticosteroid treatment for children and young people with new onset polyarticular JIA. Since opening to recruitment in February 24 the study is ahead of its recruitment schedule, having recruited its first three patients.
<b>CRESCENT</b>	CRESCENT is a phase II double blinded randomised controlled trial recruiting patients within the emergency department. The study looks at the effectiveness of using carbogen to enhance the response of conventional first-line treatment of convulsive status epilepticus. Since opening in June 2023, the study has consistently recruited well, showing potential to exceed its target.

### 2.2.6. Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of Alder Hey Children’s NHS Foundation Trust’s income in 2023/24 was conditional on achieving quality improvement and innovation (CQUIN) goals agreed in advance with Cheshire & Merseyside ICB (for non-specialist services) and NHS England (for specialist services).

For 2023-24 the baseline value of CQUIN was £3.3m, which equated to 1.25% of our NHS England and Integrated Care Board (ICB) contract. Ultimately, no performance issues were identified by commissioners and Alder Hey retained full value.

The Trust engaged in the following nine CQUINS during 2023/24, three of which were locally agreed as they initially related to adult practice however the Trust was keen to take the CQUINS forward in the care of children and young people:

ICS CQUINs		Description
01	Flu vaccinations for frontline healthcare workers	Achieving 80% uptake of flu vaccinations by frontline staff.
02	Supporting patients to drink, eat and mobilise (DrEaM) after surgery.	Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.
06	Timely communication of changes to medicines to community pharmacists via Discharge Medicines Service	Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.
15b	Routine outcome monitoring in Children and young people and perinatal mental health services	Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes recorded at least twice.
PSS2 22/23 (CQUIN11 in 23/24)	Achieving high quality Shared Decision Making (SDM) conversations in specific specialized pathways to support recovery	Achieving high quality shared decision-making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them with regard to both their clinical consequences of the current pandemic
16	Reducing the need for restrictive practice in CYPMH inpatient settings	Restrictive interventions are often a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological, to people use services and to staff. Teams are asked to focus on a component of quality improvement plans that have been successful to date – a review of blanket interventions – and to include that within quality improvement approaches.

Local CQUINs		Description
12	Assessment and documentation of pressure ulcer risk	Achieving 85% of acute and community hospital inpatients having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.
No Ref	Paediatric Intensive Care Unit (PICU) Timely discharge, adapted from Adult Critical Care Timely Discharge	In adult critical care, there is a CQUIN to reduce delayed discharges to wards, removing delays, improving patient flow, and reducing the numbers of cancelled high risk elective operations due to lack of critical care beds. The commissioners recommend something similar happens in PICU. The CQUIN aims to support removal of delays of more than 4 hours once a

		clinical decision to discharge was reached, reduce out of hours discharges and absolute delays of >24 hours and to reduce the number of high risk elective operations cancelled as a result of PICU capacity.
<b>03</b>	Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria	Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria.


NHS England has confirmed that it will pause the nationally mandated CQUIN quality incentive scheme for 2024/25.

### 2.2.7. 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 Mental Health Act.

Alder Hey received an announced Mental Health Act 1983 (MHA) monitoring visit of Sunflower House took place in September 2023 with an outcome of no action required.

No further inspections took place during 2023/24 and the Trust continues to be rated as 'Good' overall with a rating of 'Outstanding' for the caring domain. CQC made recommendations for improvement following the inspection and the Trust, which have been actioned to completion.

<b>Overall GOOD</b>	<b>Safe:</b>	Requires Improvement	
	<b>Effective:</b>	Good	
	<b>Caring:</b>	<b>Outstanding</b>	
	<b>Responsive:</b>	Good	
	<b>Well - led:</b>	Good	

## 2.2.8. Data Quality

Alder Hey Children's NHS Foundation Trust Data Quality Strategy has been in place since 2022. The vision of the strategy is “To strive to achieve the highest quality of data that is parallel to the outstanding care that we provide”. The aims focussed on in the strategy are:

- Improve patient care.
- Support population health management
- Support commissioning decisions and policy developments
- Create, support, and improve patient-centric analyses.
- Support Clinical Audit, Service Evaluation, Research, and Innovation
- Support and improve dashboard development.
- Improve analysis more generally.

The Accountable Executive Officer is the Trusts' Chief Digital and Information Officer with the Associate Director of Data & Analytics responsible for the delivery of the strategy. Governance is provided via a bi-monthly Data Quality Steering Group which reports into the Digital Oversight Collaborative, with bi-annual reporting into the Resource & Business Development Committee (RABD).

Alder Hey Children's NHS Foundation Trust submit records to Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are reported on a variety of schedules ranging from daily, weekly, and monthly. Performance is reported via DQMI (Data Quality Maturity Index) and CDS Data Quality Dashboard. For all metrics submitted and monitored via DQMI, Alder Hey demonstrates standards above or equal to national standards.

The Trust is viewed favourably when reviewing metrics from external bodies, including NHS England and Model Hospital, and has evidenced approach to updating metrics where data quality (DQ) issues have been identified. Thus, working with the development of specific training plans to ensure the area's requiring additional refresher training, to determine the reduction of errors and fixes required.

The Trust has robust safe waiting list management protocols in place, including data validation. Several dashboards are utilised within the Trust's reporting infrastructure that enables validation. This supports users to monitor current patient status on the Patient Tracking Lists (PTL) and flag up and resolve data quality issues for these patients.

Mersey Internal Audit Agency (MIAA) have recently conducted a Data Quality Review Assignment Report 2023/2024 at Alder Hey, with the objective of the review to provide assurance that systems and processes are in place to accurately report performance against the Trust's key performance indicators. Two primary indicators were focused on of DM01 compliance (Diagnostic waiters) and Elective Recovery which are reported to Trust Board via the Integrated Performance Report. This final report was released in September 2023 and declared Alder Hey as having **Substantial Assurance** for these metrics.

Alder Hey went through a significant upgrade to their electronic patient record (EPR) system (Meditech) in September 2023 with an extensive exercise to ensure timely and accurate data quality was resumed following implementation.

### 2.2.9. Data Security and Protection Toolkit (DSPT) attainment levels

The Data Security and Protection Toolkit (DSPT) baseline assessment for 2023/24 was submitted in February 2024, with the final submission to be completed in June 2024. The submission process is supported by an independent two-phase audit process by MIAA with an assurance opinion provided regarding robustness of evidence and information risk management. It is anticipated the Trust will submit a compliant return for 2023/24.

The information governance function continues to work collaboratively in partnership with Liverpool Heart and Chest Hospital across all areas of information governance and cyber security. Outputs and delivery of the information governance work programme are monitored through the Trust's governance and committee structures.

The information governance team were shortlisted as finalists for the National Health and Social Care Information Governance Annual Awards 2024.

During 2023/24, two data security incidents were reported to the Information Commissioners Office (ICO), with no further action deemed necessary by the ICO.

### 2.2.10. Clinical Coding Error Rate

Alder Hey Children's NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and accuracy rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnoses Correct 95%
- Secondary Diagnoses Correct 91.4%
- Primary Procedures Correct 96.9 %
- Secondary Procedures Correct 95.4%

Three highly experience coders left the Trust in 2023/24 and the clinical coding team will need to ensure these posts are recruited to, to ensure that the standards, quality, and accuracy that have been achieved over this past year are maintained.

We have a validation programme that we plan to extend in 2024/25 to ensure quality and that the clinical coded record truly reflect the patient care.

### 2.2.11. Learning from Deaths

During the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024, 84 inpatients died, including in the Emergency Department (ED). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 15 in the first quarter
- 22 in the second quarter
- 21 in the third quarter

- 26 in the fourth quarter

By 31<sup>st</sup> March 2024, 48 case record reviews and 4 investigations have been carried out in relation to the 84 deaths. Whilst many adult trusts only conduct mortality reviews on cases where deaths are unexpected or flagged through an incident, it is the policy of Alder Hey that all inpatient deaths are reviewed.

In 4 cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was conducted was:

- 15 in the first quarter
- 22 in the second quarter
- 11 in the third quarter
- 0 in the fourth quarter

2 (representing 2%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the hospital mortality review process established in Alder Hey Children's NHS Foundation Trust. Every child that dies in the Trust has a Hospital Mortality Group Review (a group consisting of multidisciplinary professionals from a range of specialties across the Trust) and usually at least one departmental review prior to this. The aim is for the departmental reviews to be completed within 2 months and the hospital mortality review within 4-6 months.

There are occasions when the hospital reviews are delayed whilst awaiting completion of in-depth investigations, Coroner's cases and postmortems, as it is essential that each case is discussed thoroughly and with all the relevant information available to the group.

The Trust continues to identify learning points through the mortality review process. Some of the recent learning points have included:

- ✓ Trauma learning over this period – streamlining of radiological reports and 5 min 'hot' verbal report available immediately and visible to all teams. Transfer checklist to be used when moving between Emergency Department (ED), Paediatric Intensive Care Unit (PICU) and theatre.
- ✓ Key documents need to be visible on Expanse (new Electronic Patient Record (EPR)).
- ✓ Robust staff support when dealing with difficult legal cases.
- ✓ The difficulties of managing extreme premature babies that can arise due to the split site logistics that currently exists in Liverpool.
- ✓ Headstart is an exceptionally valuable tool when assessing headaches.
- ✓ Congenital Diaphragmatic hernias require joined up communication with a clear plan at the point of referral.
- ✓ Importance of having a policy in place and enforcing it when parents become aggressive to the staff and ensuring children and young people's interests' remains the primary focus.



- ✓ It is essential that the local (DGH's) District General Hospital keep Alder Hey Children's Hospital up to date with any changes in care /plans for the complex patients that are shared care.
- ✓ Ensure that the follow up bereavement meetings remain coordinated and with a consistent message.
- ✓ Need to remember families have different communication needs.
- ✓ Number of families commented on how well they were supported through such a challenging time by staff.

There have been a few trauma deaths and a considerable amount of learning has come out of these cases.

Last year, there was a focus on Belmont blood warming and fluid temperature regulation training due to the learning that came out of some very complex trauma deaths. This has made a significant difference in the outcome of trauma cases this year.

Recent learning points include continued overcrowding of the Computerised Tomography (CT) control room impacting on reporting and decision making. Agreed actions to address the learning include:

- Creation and agreement of a Standard Operating Procedure (SOP) for radiology reporting and membership in the CT control room.
- Discretion of the trauma team leader (TTL), who is in the control room, but numbers are to be kept to a minimum. At no point should these members interfere with the CT radiographer's ability to complete the scan and send the images through to PACS.
- 5 min and 1-hour reports will be communicated to the TTL via an agreed number and clinical discussions about 'next steps' agreed back in the resus room unless there is a specific indication to proceed immediately to theatre.
- Consideration about when and where the discussions with the family are had to enable the optimum communication for both sides.
- Need for a real emphasis on team preparation and briefing prior to traumatic cardiac arrest patient arrival due to the significant demands on the team in a short period in a very pressurised environment.

To aid dissemination of the learning from deaths, the Trust developed a mortality SharePoint and the Trauma team hold (M&M) Mortality and Morbidity monthly meetings, producing infographics which are shared in the Trust but also via local trauma network ensuring learning across a wider audience.

Over this period, there was considerable learning relating to a case where most of the care was in a DGH, but the child died in Alder Hey. This resulted in a delay to the full child death review meeting (CDRM) being held resulting in unnecessary distress to the family at an already exceedingly challenging time. The outcome being multiple meetings with the various teams involved but with a lack of a coordinated approach. In the future, the aim would be to engage with the DGH's to ensure this meeting happened at the first practical opportunity and when the family were ready to ask questions. This would be of considerable benefit to the family but in addition to the clinicians involved.

In addition, several cases have highlighted the issues relating to escalation in the high dependency Unit (HDU) environment and the failure to complete Paediatric early warning system (PEWS) scores correctly resulting in false reassurance. The actions following these has been to expand the HDU

consultant team so that a 24/7 cover will be provided, rather than the present circumstance general paediatrics providing cover, and education is on-going relating to the use and completion of PEWS.

The introduction of Martha's Law will have an impact in these circumstances and the Trust is working hard to implement a process for this resulting in an improvement in care.

36 case record reviews were completed after 1<sup>st</sup> April 2023 which related to deaths which took place before the start of the reporting period.

None (representing 0%) of these deaths in this period are judged to be more likely than not to have been due to problems in the care provided to the patient.

### **2.2.12. Freedom to Speak up**

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well-led Trust.

Alder Hey Children's NHS Foundation Trust has an established system in relation to Freedom to Speak Up (FTSU), as required by NHS England and the National Guardian's Office. Driven by the Trust Board, we seek to develop a culture that is responsive to feedback and focused on learning and continual improvement.

Since the extension of Freedom to Speak Up Guardians position, 2023/24 has seen exciting developments, with a focus on the proactive element of the role, increasing visibility and growing the numbers of Freedom to Speak Up Champions within Alder Hey. The increased capacity has also provided more opportunity for staff to seek the service of FTSU, so that it continues to support staff to speak up when they feel they are not able to do this through other routes.

Increased visibility has been achieved by the creation of the FTSU Visibility Programme, with the primary objectives being, visiting every ward/department on and off site, describing to staff what the principles of FTSU are and what they are not and to recruit into the FTSU Champion network, to date this group of staff has grown from 11 to 24.

Ensuring that our staff are clear what FTSU is and what it means to them, in August 2023, Alder Hey successfully included the National Guardians Office, Speak Up, Listen, Follow Up ESR training as part of the mandatory training programme, with a compliance rate of 82%, a great success given the short time span.

In November 2023, the MIAA reviewed the FTSU service at Alder Hey to assess its effectiveness, the final report was received in December 2023. The opinion of this review was substantial assurance, identifying, that controls were designed and operating to a good standard, with significant areas of good practice identified. There will be a follow up exercise in the next 12 months. This review is welcomed and provides considerable assurance that Alder Hey are providing the service that is required for our staff.

The FTSU Guardian (FTSUG) continues to actively support all of the staff networks within Alder Hey and part of the FTSU Champion recruitment plan is to ensure that these networks are also represented

through FTSU, so that any 'barriers' that may be present as a result of a member of staff not identifying with the FTSUG, will be reduced, as there will be a FTSU Champion they can comfortably connect with.

Working collaboratively with colleagues across the organisation allows for the triangulation of data and the imbedding of lessons learnt, this has been greatly facilitated by the creation of the Thriving Teams Multi-Disciplinary Team (MDT), of which the FTSUG is a member. This approach allows for the sharing of valuable intelligence in order that teams are supported to thrive.

The coming year 2024/25 will see the recruitment of a Deputy Freedom to Speak Up Guardian, the evolution of our Champion network, a continued use of intelligence gathered via FTSU, to assist in the growth of quality improvements and aiding the development of a Restorative, Just and Learning culture within Alder Hey.

### **2.2.13. Statement on the Junior Doctors Rota Gaps**

The specialty of paediatrics continues to face a junior doctor shortage, with gaps regularly appearing on junior (ST1-3) and middle grade (ST4+) rotas across the region. This is more sharply felt at Alder Hey because of the breadth of services and the number of rotas required to support the clinical teams, both in and out of normal working hours.

This has also been impacted by an increasing number of trainees requesting less than full time working whilst in post; trainees unable to support out of hours practice due to personal health concerns; and the Trust supporting Trainees requiring extra support (TRES). Furthermore, we have significant risks over absence through maternity and sickness.

Traditionally the Trust aims to run a minimum rota of 1:13 WTE ST1-3 and 1:24 WTE ST4+. However, for the 2023-2024 period the rota is running a 1:14 WTE ST1-3 and a 1:26 WTE ST4+. Also, the General Practitioner trainees have been incorporated into the ST1-3 rota. For March to September 2024 rota, there has been a proactive recruitment of three clinical fellows to support the ST1-3 rota and one clinical fellow to support the ST4 rotas.

The Trust has maintained the minimum safe junior doctor staffing for all but 4 shifts over the last 12 months, and we are currently reviewing our agreed escalation policy for unexpected last-minute gaps in rotas.

We are successfully meeting the RCPCH Trainee Charter recommendations on providing trainees with education development time within their work schedule. This is continuing professional development time is built into their personal rota's. Unfortunately, we do not meet GOLD compliance for our GRID trainees. We require 1:28 WTE ST4+ rota to meet GRID GOLD compliance. We regularly engage with the Medical Education Team to ensure the needs of doctors in training working on-call and out of hours are met.

To improve our Rota designs to aid trainee's training and education we have held numerous conversations with Paediatric Clinical Leads at Manchester Children's Hospital and Birmingham Children's Hospital. The aim is to create a 1:15 ST1-3 Rota and 1:30 ST4+ Rota through Clinical

Fellow recruitment within the next 12 to 18 months. We are reviewing the contributions of other allied health care professionals (ACP's, Physician associated, Clinical fellows) to out of hours activity to support our medical rota. We are also exploring numerous options from having a split General Paediatric and Speciality Rota, to allowing trainees to undertake self-rostering.

We have proactively set up a fortnightly Working Group with support from senior management, human resources, and Clinical leads to address rota issues, including developing the shape of training work within the organisation. We continue to work closely with the Guardian of safe working and our trainees through the (JDF) Junior Doctors Forum to plan for safe junior doctor staffing.

### 2.2.14. Seven Day Hospital Services

Evidence exists that lack of access to resources at weekends across the NHS can be associated with delays to care and increased risk of adverse outcomes. The 7 Day Hospital Services Programme supports Trusts to reduce this variation in the levels of care and potentially outcomes experienced by patients admitted at the weekend.

This work is built on 10 clinical standards developed by the NHS Services, Seven Days a Week Forum in 2013. With the support of the Academy of Medical Royal Colleges, four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high quality initial consultant review, access to diagnostics and interventions and ongoing Consultant directed review at any time on any day of the week.

At the onset of the COVID-19 pandemic NHSE took the decision to suspend 7-day Services audit submissions for the foreseeable future. Therefore, this audit has been suspended for the reporting period of the Quality Account. Nevertheless, during the peak of COVID-19 our service delivery model changed across all our specialty teams with far greater Consultant presence, including at weekends and evenings. Had we undergone self-assessment at this time, we would have demonstrated good level of compliance with both Standards 2 and 8. Although our 'Future Models of Care Programme' was suspended during COVID-19, we had made significant progress against many of our objectives.

- ✓ We have successfully established a team of high dependency paediatricians with five appointments now in post. Appointment of these dedicated HDU specialists will support compliance with Standards 2 and 8. A business case has been approved and recruitment is underway to provide consultants cover 24/7 and resident during daytime, weekdays and weekends. Plan is underway to appoint fellows and senior ANPs to support a middle tier rota as resident on call-24/7/365.
- ✓ We have completed our 'Pathways and Thresholds' Work Programme to define admissions and referral criteria to medical specialties (including general paediatrics). Team responsibilities are better understood, and it is clear to consultants, trainees, other clinical staff and to families, which consultant is leading the patient's care, again supporting Standards 2 and 8.
- ✓ The Trust is now working on implementing the Hospital Optimisation Programme led by the Chief Medical Officer. The aim of the process is to look at a robust and safe escalation process 24/7/365, aligning with optimum workforce to support the process.

- ✓ The above Programme will also ensure everyone is using the same system for reporting/logging/handover and patient deterioration.
- ✓ The Acute response team has been in place over the last two years and has the necessary skills and competencies (all staff HDU trained) to support acute care including but not limited to deteriorating patients.
- ✓ The Trust is in the process of appointing 8 clinical fellows who will support the out of hours on call as part of the junior doctor rota enhancing resilience.

### **Forward look**

- ✓ Virtual wards are already in place to assist patient flow and plans are in place to continue to increase the cohort of patients who can get better at home.
- ✓ The Trust is continuously focussed in improving patient care and safety for patients attending ED through the 'ED@ its Best Programme'. This programme has supported change with improvement of the ED service delivery model in a sustainable and compassionate way.
- ✓ This had led to the development of an Urgent Treatment Centre (UTC) – establishment of a standalone facility where children presenting with urgent but not emergency needs can be scheduled into bookable appointments and managed by the most appropriate clinical team. This ensures staff with the most appropriate skills see the most appropriate patients to improve effective, efficient decision making and treatment. This is one of the first paediatric models in the country.
- ✓ Establishment of the Paediatric Assessment Unit (PAU)– Direct access for clinical teams working in primary care to refer patients to General Paediatric clinicians on the same day. Improving access and experience for children, reducing the need for them to attend the emergency department. (24/7/365)

The Management team will continue to support increase access to PAU and UTC in the coming year to facilitate timely care and enhance patient experience.

## Part 3: Other Information – Quality Performance in 2023-24

### 3.1. Quality Performance

In previous Quality Accounts the Trust reported that a full strategic review had been undertaken and the Trust had developed 'Our Plan' which was a five-year plan spanning 2019 to 2024. 2023/24 saw the development and launch of our vision 2030 strategic plan which is being mobilised across the organisation. Developed in association with children, young people and their families, along with system partners our new plan is needs led and data driven.



2023/24 was a year of transition to our new 2030 vision. The strategic goals for 2023/24 were:

- **Outstanding Safe Care** – zero harm against an agreed set of metrics.
- **Access to Care** – provide outstanding care to over 350,000 children and young people in 2023/24.
- **Great place to work** – >75% of staff recommend Alder Hey as a place to work.
- **Advocate for children and young people** – improve access and advocate for children and young people in the wider system through working with partners; the Trust will measure the proportion of children who access care and the number who have received preventive/early support.
- **The safest place** – research and innovation breakthroughs support the safest and best access to care measured by the number of active research studies and innovation projects deployed in care.

The key priorities that we set out for 2023-24 are summarised in the table below. This section of the Quality Account provides examples of the outstanding work and achievements of the Trust and reflects the extraordinary dedication and commitment of our staff.

### 3.2 Priority 1. Safe Care

#### 3.2.1 Incident reporting

During the 2023/24 financial year, two significant changes were implemented across the Trust. The first involved transitioning to a new electronic risk and incident management system, InPhase, in May 2023. Whilst this was a considerable change for the Trust, there continued to be a strong reporting culture as evidenced by high reporting rates pre- and post-transition to the new system including near miss events to promote early detection and learning from patient safety and non-clinical incidents.

A key element of the procurement of the new risk and incident management system was ensuring the system was LFPSE (Learn from Patient Safety Events Service) compliant. The LFPSE service is a new national NHS service for recording and analysing patient safety events occurring in healthcare and replaces the National Reporting and Learning System (NRLS). As part of the transition, the Trust went live with the LFPSE service on the 2<sup>nd</sup> of May 2023. Automated uploads are in place directly from InPhase. The Trust continues to report to the Strategic Executive Information System (StEIS) where applicable until such time that this service is decommissioned.

The second significant change during the 2023/24 financial year comprised the Trust's transition to the Patient Safety Incident Response Framework (PSIRF), effective from the 1<sup>st</sup> of January 2024 as part of the NHS Patient Safety Strategy. The move to PSIRF represents a complete shift in our approach to patient safety underpinned by four key objectives including compassionate engagement for all involved, a considered and proportionate approach to patient safety incidents, utilisation of a range of system-based approaches to learning and revised governance and oversight processes. National and local priorities were agreed based on the Trust's patient safety profile and revised templates devised and implemented inclusive of the national patient safety incident investigation (PSII) template and patient safety responses (PSR). A weekly Patient Safety Incident Response Investigation (PSIRI) Panel was established which holds delegated responsibility for oversight and approval as part of locally agreed arrangements under PSIRF. The Trust's Board and sub-Board committees will receive regular reports and all completed PSII's for approval and sign off.

In view of the Trust's transition to PSIRF, the Trust's incident reporting and management policies and procedures were revised to ensure they reflect national and local priorities aligned to PSIRF and enable the Trust to deliver its strategic aims and objectives and national priorities.

The Trust has also, following approval by Alder Hey Education Governance Committee, mandated the completion of NHSE Patient Safety Training Level one – essentials for patient safety for all clinical and non-clinical staff within the Trust.

Furthermore, Level one – essentials of patient safety for board and senior leadership teams has been mandated to all executive members of the Trust. The overall Trust compliance is monitored through the Integrated Performance Report.

The Trust's promotion of a transparent incident reporting culture is reflected at the weekly Patient Safety Meeting led by the Chief Nursing Officer which continues to be well attended by multi-disciplinary teams. A weekly learning bulletin continues to be disseminated following each meeting highlighting good catches, themes, and key messages to promote patient safety engagement across the Trust and share findings for learning purposes.

The Patient Safety Meeting is an open forum underpinned by a 'just culture' which is supportive and psychologically safe. Those staff affected by patient safety incidents are afforded the necessary managerial support and given time to participate in learning responses. All staff will work within our Just Culture principles. Divisions have processes in place to ensure that managers work within this framework to ensure psychological safety.

In addition, the Trust is committed to embedding a culture of good risk management through processes that identify, analyse, evaluate, control and monitor risks. The design of the risk app on InPhase was built to enhance usability and interactivity throughout the organisation to support safety and sound risk management. A new approvals processes is in place ensuring risks are validated at divisional and corporate function level prior to going 'live' on the InPhase system.

Monthly risk register oversight meetings remained in place throughout 2023/24 to validate risks with divisions and corporate functions with a continued focus on the proactive management of risks including addressing overdue risk reviews, lack of / overdue actions and challenging risk scores when adequate mitigations are in place to assist divisional / corporate teams and provide assurance to the Board and its sub-committees that the Trust has effective and robust risk management systems and processes in place.

A new risk management training module was developed in 2023/24 to educate staff on the basics of risk management and how risk management can be used to support staff and the organisation to achieve both local and strategic objectives. The training is scheduled to commence in June 2024.

Training sessions on InPhase remain available to all staff, including one to one and/or team sessions on request supported by the Divisional Governance and Corporate Governance Teams.

Further work is required as the Trust continues to navigate the new PSIRF. As we move into adopting this new way of managing our patient safety incidents and learning reviews, we accept that we may not get it right at the beginning, but we will continue to monitor the impact and effectiveness of our PSIRF implementation, responding and adapting as needed if our approach is not achieving what we expect it to.

### **3.2.2. Medication Safety 2023/24**

The Medication Safety Team reviewed their visions and goals for 2023/24 in response to successes and learning from 2022/23. The vision remains to reduce medication incidents that cause harm to patients to zero.

We continue to:

- Respect medicines as agents of benefit and risk.
- Work together to improve medication safety within the Trust and with external partners.
- Engage with innovative practices to improve safety.
- Promote excellent practice.
- Support an open and proactive reporting culture to encourage ideas and challenges from staff.



Medication is part of treatment for almost every patient who is admitted to hospital. Prescribing, dispensing, and administering medicines for children can be complex processes requiring specialist knowledge and experience. Medication errors are one of the most common types of incidents reported in most hospitals in the UK and in Alder Hey.

In 2023/24 we continue to aim to reduce the number of medication errors in Alder Hey for 3 main reasons:

- **Medication errors can harm patients** - Patient safety is paramount to all care given at Alder Hey and although many errors which have happened in Alder Hey have not caused harm, a small number of medication incidents have caused minor harm. The Medication Safety Team aims for no avoidable harm to patients from medication errors.
- **Medication errors can increase the length of stay in hospital** or increase the cost of their stay because more tests, investigations or treatments are needed and have a negative impact on future care and relationships between the hospital and families.
- **Medication errors can have consequences** for patients, their families and the staff involved resulting in anxiety, fear and possible time off work.

The Medication Safety Team are now using the 'NCC-MERP' index (National Coordinating Council for Medication Error Reporting and Prevention) to standardize definitions of harm associated with medication incidents. See Figure 1 below.

Only one of five medication targets were achieved in 2023/24 (increased near-miss reporting). Four have not been achieved and will be the focus of activity for 2024/25.

**Overarching Medication Safety Team Aim:**  
**No drug errors resulting in avoidable harm.**

**Targets for 2023/24:**

**1. Increase proportion of near-miss incidents from previous year**

Baseline (2022/23): 43%  
 Target (2023/24): 45%  
**Actual (2023/24) 49%**

**2. Reduce the number of incidents causing harm by 25% from the previous year.**

Baseline (2022/23): 47 incidents  
 Target (2023/24): 38 incidents  
**Actual (2022/23): 56 incidents**  
**(19 incidents NCC MERP Category E = temporary harm)**

**3. Reduce the number of incidents causing moderate or above by 25% from previous year**

Baseline (2022/23): 1 incident  
 Target (2023/24): zero incidents  
**Actual (2023/24): 1 incident**

**4. Reduce the number of prescribing and administration incidents reaching the patient by 25% from previous year**

Baseline (2022/23): 608 incidents  
 Target (2023/24): 453 incidents  
**Actual (2023/24): 603 incidents**

**5. Reduce 10-fold medication errors by 25% from previous year**

Baseline (2022/23): 46 incidents  
 Target (2023/24): 35 incidents  
**Actual (2023/24): 48 incidents**

**NCC MERP Index for Categorizing Medication Errors**



### **Review of Medication Safety targets 2023/24**

- ✓ The number of incidents causing harm plus the number of 10-fold medication errors have both increased compared to figures in 2022/23.
- ✓ The number of incidents causing moderate harm has reduced, but not by 25%.
- ✓ The number of prescribing and administration errors has reduced, but not by 25%.

Incidents involving medication are reported on the Trust's incident reporting system (InPhase). Managers of the area where the incident occurred, and other key individuals are immediately emailed with the incident details to begin an investigation. The Medicine, Surgery and Community Divisions hold weekly incident review meetings and monthly Governance/Assurance meetings to monitor medication and other types of incidents.

Alder Hey's Medication Safety Committee (MSC) is a subgroup of the Drug and Therapeutics Committee and meets monthly to review medication errors reported, identify any learning from the types of errors occurring and develop trust-wide actions which aim to prevent similar errors happening in the future. The MSC also responds to national and regional safety alerts and other concerns regarding medication safety including shortages of critical medicines. Alder Hey is unique in having a nurse/pharmacist combination providing the role of Medication Safety Officer (MSO). The MSOs are vital assets in the promotion of safe use of medicines in the trust.

In 2023 a Medication Safety Lead Pharmacist was appointed on a temporary basis to support some specific medication projects.

**Figure 1: Total number of medication errors reported per annum**

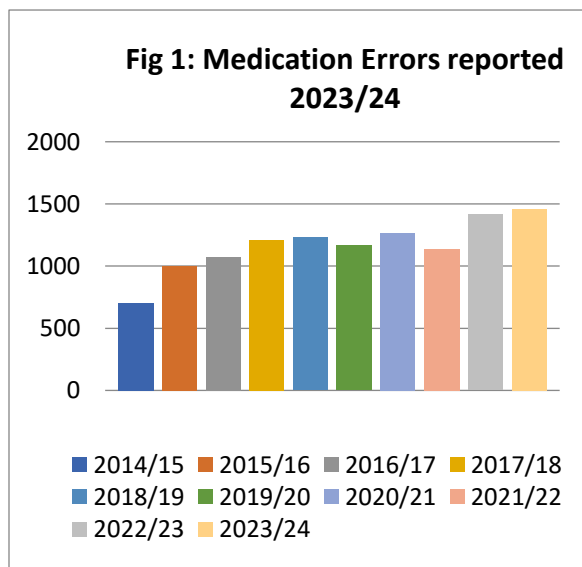
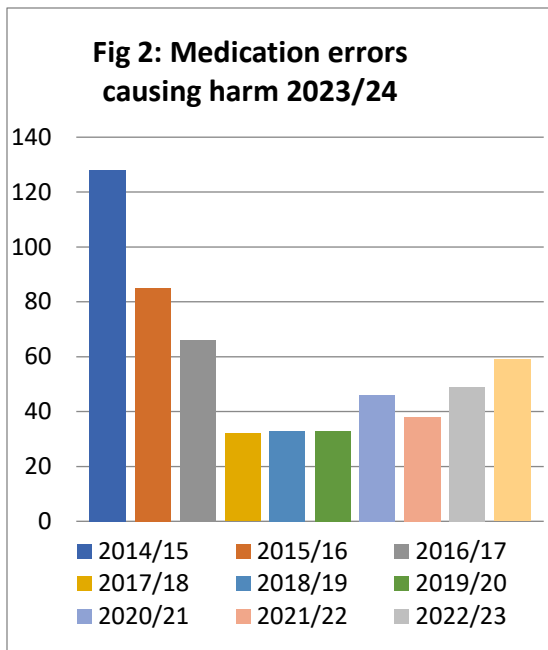


Figure 1 shows the number of medication incidents reported in Alder Hey since 2014. 1462 medication incidents were reported in 2023/24. This is a slight increase compared to 2022/23 (1416 incidents, 3.2%)

The number of incidents reported reflects a good safety culture within the Trust as staff are willing to report incidents openly, including those 'near misses' that don't reach the patient but help us to review processes. 49% of medication incidents reported were 'near misses'. This percentage has increased from 43% in 2022/23.



**Figure 2: Total number of incidents associated with harm per annum.**

The number of medication incidents reported has increased since 2014, however, the number of incidents causing physical harm to patients has reduced since then. The proportion of incidents causing harm remains stable at approximately 3%.

Following implementation of the NCC MERP index in 2023, the harm associated with medication errors will be categorised as those scored in the blue sections in Figure 1.

Of the 19 category E reports in 2023/24, 3 were adverse drug reactions, without a previous known allergy. These three incidents could not have been prevented.

The Trust continues to review a range of medication processes to reduce the risk of future medication errors causing harm to patients.

***Actions taken to improve safe use of medicines in Alder Hey***

Actions taken in 2023/24 to reduce the number of medication errors reaching patients and causing harm are described below under 4 headings:

- ✓ **Increasing medication incident awareness and reporting**
- ✓ **Education and training**
- ✓ **Regional/National Links**
- ✓ **Specific types of errors**

***Increasing medication incident reporting, awareness, and engagement***

MSOs investigate, provide feedback and support both those involved in medication errors and those investigating incidents to try to develop preventative solutions. Their consistent approach and feedback help to improve the quality of incident reports and encourage staff involvement in both reporting and suggesting how incidents can be prevented in the future in individual departments.

MSOs produce a monthly newsletter called ‘Safer Times’ including feedback from recent incidents, top tips on medication safety and updates about specific medicines. This helps staff understand some of the background to resolving incidents and improving practice based on learning from errors.

Since moving to InPhase, the Medication Safety Team has developed interactive dashboards with role-based access to help individual departments and teams monitor medication safety trends and data. This supports them to focus on specific medication safety improvements within their area. An extract is shown below.

## Medication Incidents Dashboard

Specialist areas: Use the filters below to find your department and view your live medication incident reports



The team developing the electronic prescribing and medicines administration (EPMA) system in the hospital are represented on the MSC and link directly with the MSOs. This facilitates ongoing improvements to the EPMA system and ensures learning in response to medication errors.

Reporting via the national MHRA yellow card scheme is included in all mandatory medication safety training within the trust to encourage reporting of adverse reactions (side-effects) in conjunction with one of the Consultant Clinical Pharmacologists.

## Education and Training

Since the introduction of a Medication Safety Mandatory training module in 2022, we have achieved over 90% compliance across the Trust. The contents of this training have been redesigned during 2023/24 to reflect changes in trust guidelines and emerging medication error themes. The new version will be introduced in April 2024.

In line with new national recommendations, good practice and learning from excellence is actively encouraged within this training. Medication Safety training must be completed every three years by all staff involved in any part of medication management. Our target will continue to be 90% of relevant staff successfully completing this training.

October 2023 saw the launch of the new Medication Management and Administration workbook for all new nurses. This was accompanied by an online Moodle course covering topics such as

- 5 Rights of Medication Safety
- Nurse responsibilities
- Medicines systems and processes in Alder Hey
- Interactive medication calculation tests (100% pass rate)

On completion, candidates receive a certificate to confirm their competence to administer medicines within the Trust.

MSOs provide bespoke medication safety training packages for qualified nurses, doctors, and pharmacists as well as undergraduates from both Liverpool John Moores and Edge Hill Universities. These packages are developed from themes and trends identified from medication incident reports relevant to those attending the sessions. Sessions were re-designed in 2023 to be more interactive and use story-based elements to increase participant engagement and learning. Feedback from attendees at these sessions has been very positive. MSOs support all qualified nurses undergoing intravenous medication training within the Trust both online and during face-to-face practical sessions.

Induction training for new doctors to the Trust has been reviewed and updated alongside the Lead Education and Training Pharmacist. Tutorials and training sessions are provided, and a mandatory prescribing assessment is completed before access to prescribing in our EPMA system is authorized. Weekly lunchtime sessions for junior doctors provide feedback on prescribing incidents and how they can be prevented in future.

Alder Hey Children's **NHS**  
NHS Foundation Trust

### Competency Document Medicines Management & Administration 2023

Learner/ Staff Name.....

Department.....

Date workbook provided.....

The completion of this workbook, the learner will be competent in the management and administration of medicines and will demonstrate evidence of confidence and safe practice. This booklet includes administration of both oral medication and fluids - a separate booklet covers Injectable for Paed.

**Learner's Named Supervisors**

Student 1 Name	Designation	Sample Signature
Student 2 Name	Designation	Sample Signature
Student 3 Name	Designation	Sample Signature

This competency workbook is for:

Job	Role	Site	Job	Job	Job
Undergraduate Staff (JMC/MJMS)	Associate Practitioner / Student NP	Newly qualified nurse	Nurse Assistant (with NMC registration)	Registered Nurse (all branches)	Operating Department Practitioner
					Other Registered Allied Health

### *Regional/National Links*

MSOs are actively involved with the Northwest Regional and National MSO networks. Monthly webinars, newsletters, and meetings allow good practice to be highlighted and shared. Our Nurse MSO attends a group specifically for nurses involved in medication safety. The Alder Hey team are also part of the Northwest Rapid Sharing process to quickly share relevant safety concerns to other hospitals.

The Alder Hey team also lead the national Paediatric Medication Safety Officers group.

### *Reducing errors associated with Parenteral Nutrition (PN)*

PN administration incidents are one of the focusses of the Trust Patient Safety Board. Regular reports are provided on the work being undertaken:

- ✓ Implementation of standard bags of PN for as many patients as possible in Alder Hey
- ✓ Improving processes for prescribing, dispensing, and administering PN
- ✓ Ensure compliance with best practice guidelines (eg NICE)
- ✓ Increasing the availability of training and information regarding PN
- ✓ Improving administration techniques and practice

Quarterly audits are led by the Lead TPN Pharmacist and MDSO (Medical Device Safety Officer).

### *Goals and plans for 2024/25 (carried over from 2023/24)*

- Complete the review of which medicines can be single-checked or independently double-checked before administration.
- Complete the amalgamation of the Trust's IV guidelines into one document rather than separate ones for wards and critical care areas.
- Re-launch the Parent Administration of Medicines (PAM) scheme to facilitate the safe administration of medicines by patients and parents within the Trust.

## **3.2.3 Infection prevention and Control (IPC)**

### **IPC Workplan and Structure**

The IPC committee was re launched in June 2023 with a new IPC Policy, Terms of Reference, and development of key working groups. The committee meets bimonthly and provides assurance to the Safety, Quality and Assurance Committee (SQAC) and Trust Board.

A significant number of IPC policies have been developed, reviewed, or updated within an ongoing policy workplan to ensure safe and effective IPC practices post COVID-19 pandemic.

There has been continuing review of internal IPC processes supported by new standard operating procedures (SOPs) and guidelines.

There will be substantial strides forward in the delivery of IPC and Antimicrobial Stewardship (AMS) with the implementation of ICNET, (a surveillance software), interfaced to the Trusts Laboratory Information System and the Patient Electronic Medical Record.

This will launch a revolution in the management of microbiology laboratory results, critical to ensure patient safety and prevent healthcare associated infections and antimicrobial

resistance. Which will allow the IPC and AMS team to operate in a proactive, efficient manner, replacing the retrospective system for HAIs alerts, tracking and audit with a real time system that uses inbuilt and internally configurable automated algorithm alerts.

### **Healthcare -acquired Infection (HAIs) metrics**

In response to the increased number of HAIs cases subject to mandatory reporting to UKHSA (except MRSA blood stream infections), the IPC department implemented an SOP on HAIs surveillance to ensure all HAIs cases were recorded and performed post-infection (PIR) review on blood-stream infections, healthcare-acquired viral infections and multi-drug resistant organisms' colonisation or infections. Further review of our PIR is ongoing to better align with NHSE Patient Safety Incident Response Framework (PSIRF).

The IPC and AMS teams participated in the point prevalence survey on healthcare associated infections, antimicrobial use, and antimicrobial stewardship to allow benchmarking on IPC and AMS interventions in England and identify opportunities for improvement.

### **Achievements and challenges**

In April 2023 the IPC team held an 'away day' with Brilliant Basics which led to several quality improvement projects:

- ✓ IPC Parent Educational Information –Currently being piloted in Oncology.
- ✓ Daily isolation walk-rounds – improving visibility and educational opportunities from the IPC team to ward-based staff, contributing to the safe care of patients under infection precautions.
- ✓ Post Infection Reviews (PIR) – the process has been refined over 2023/24 to align with the implementation of PSIRF and now includes all major HAIs in paediatrics, not just those subject to mandatory UKHSA reporting.
- ✓ IPC Dashboards- an initial change saw the introduction of separating compliance with IPC procedures from surveillance of HCAI's. Iterations of the dashboards continue to evolve with a new system preparing to go live in quarter 1 of 2024 / 25 which will provide meaningful up to date data to teams and divisions. A weekly report for each area of the HCAs and other infections will be produced and linked with the associated PIR.
- ✓ Development of a *Pseudomonas* Standard Operating Procedure following several incidents in 2022/23 ensuring a timelier response and actions to a positive *Pseudomonas aeruginosa* colonisation or infection report.

The response to the measles outbreak has seen a manual track and trace process move rapidly to an automated system meaning those exposed to a possible infection can be contacted quickly and prophylaxis administered within the specific time frame. The IPC and BI team are looking to roll this out for other infections such as chicken pox and whooping cough.

The IPC team has worked with PICU Quality Improvement and Green project Director to launch the Gloves Smart camping to stop unnecessary gloves use across the Trust.

An external review across Infectious Diseases, IPC and the Laboratory was undertaken in Quarter 3 2023 to address the challenges and opportunities. The review made several recommendations for the IPC Service which will be implemented through 2024/25.

The successful changes seen through the IPCC, IPC processes and the multi professional team were reflected in the external review and will be the catalyst to drive further improvements.

### 3.2.4 Zero Preventable Deaths in Hospital

Refer to section 2.2.10 of this report for detail supporting stats below.

**Aim:** To eliminate preventable deaths from Alder Hey

**Targets:**

Zero preventable in hospital deaths during 2023/24.

**Outcomes:**

(2) preventable deaths during 2023/24.

*(Source; Output from Review of Inpatients Deaths by Hospital Mortality Review Group)*



### 3.2.5 Reduction in Preventable Pressure Ulcers

**Aim:** Prevent/Minimise Pressure ulcers while patients are in our caseload.

**Targets:** 2023-2024

1. Zero % Preventable Category 4 Pressure ulcers while patients are in our Caseload.
2. Zero % Preventable Category 3 pressure ulcers while patients are in our caseload.
3. 25% Reduce Category 2 Preventable Device related Pressure Ulcers while patients in our Caseload.
4. To achieve 100% compliance in Tissue Viability documentation.
5. Submit Quarterly CQUIN reports.
6. Rollout Wound care workshop with competency wound care assessment.

**Outcomes:**

1. There were 0 category 4 pressure ulcer reported in 2023-24
2. There were 0 category 3 pressure ulcer reported in 2023-24
3. More than 50% reduction in Category 2 orthotic Device related pressure ulcer.
4. Overall, 96.24% Achieved in Tissue Viability documentation audit.
5. Quarterly submitted CQUIN 12 reports
6. Commenced ongoing wound care workshop with wound care competency assessment.

*Data source: Internal Clinical Incident System*

A pressure ulcer is a localised damage to the skin and /or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear).

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 cannula and endo-tracheal tubes which are reflective of national research showing that most paediatric pressure ulcers are device related.

Alder Hey Children's NHS Foundation Trust continues to have focus on reduction in Medical Device Related Pressure Ulcer

#### Medical Device Related Pressure Ulcer (MDRPU)

The NPUAP (2015) definition of a medical device related pressure ulcer should be used:

“Pressure ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes” (NHSI, 2018a).

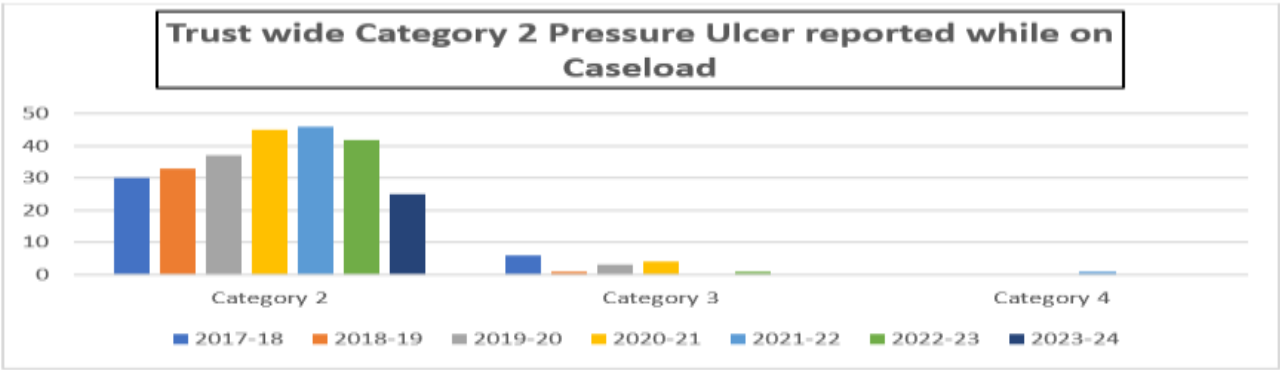
Device related pressure ulcers should be reported and identified as “device related” within the Patient Safety Reporting system.

Medical device related pressure ulcers are now recognised nationally by NHSI (National Health Service Improvement 2018) and are now reportable.

Alder Hey Children's NHS Foundation Trust continues to have a strong focus on education and training in the prevention, recognition and treatment of pressure ulcers and clarifying reporting procedures.

**Table 1** - shows Pressure Ulcers identified while patient is on our caseload.

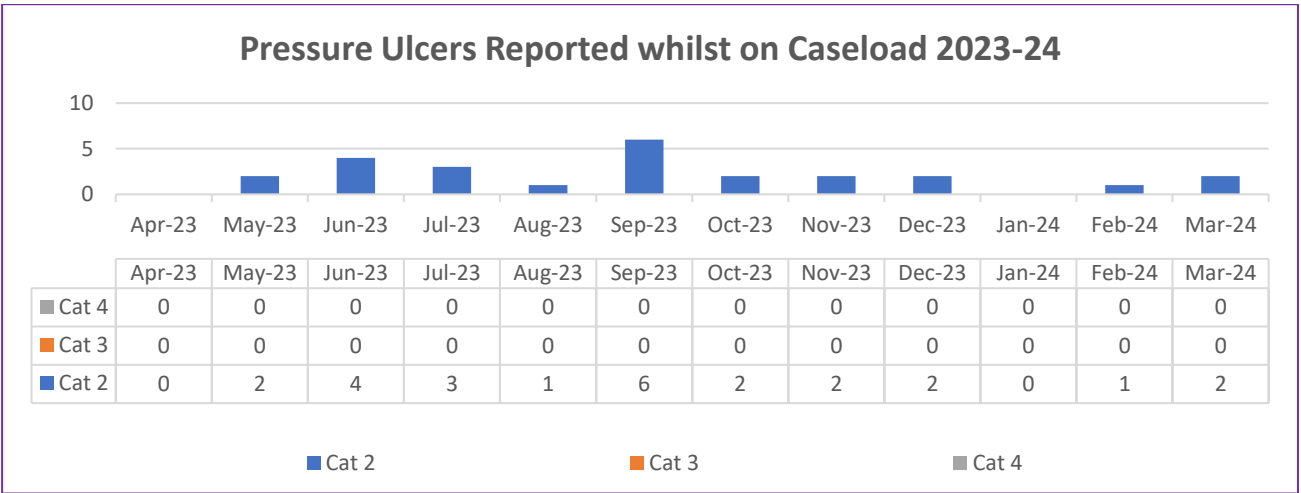
Incident reports shows that previous years increased number of incidents under medical device, this indicates that staff are reporting more incidents through our local reporting system. As data shows incident reports have started to reduce.



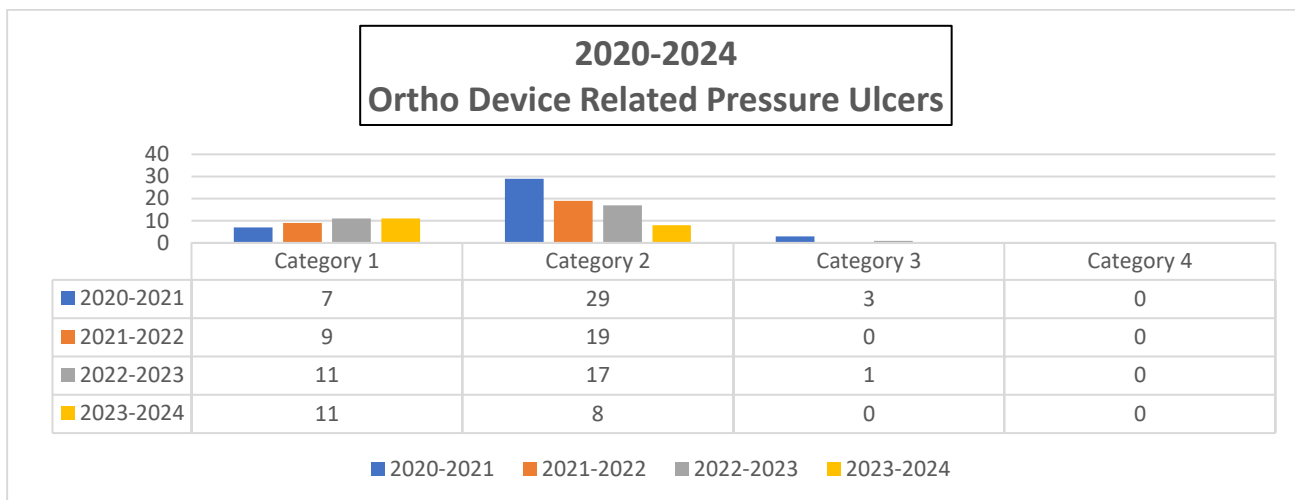
**Table 2** Shows number of Pressure Ulcers per year from 2017-2024

Year	Category 2	Category 3	Category 4	Total
2017-18	30	6	0	36
2018-19	33	1	0	34
2019-20	37	3	0	40
2020-21	45	4	0	49
2021-22	46	0	1	47
2022-23	42	1	0	43
2023-24	25	0	0	25

**Table 3** Shows number of monthly Pressure Ulcers Reported on 2023-2024

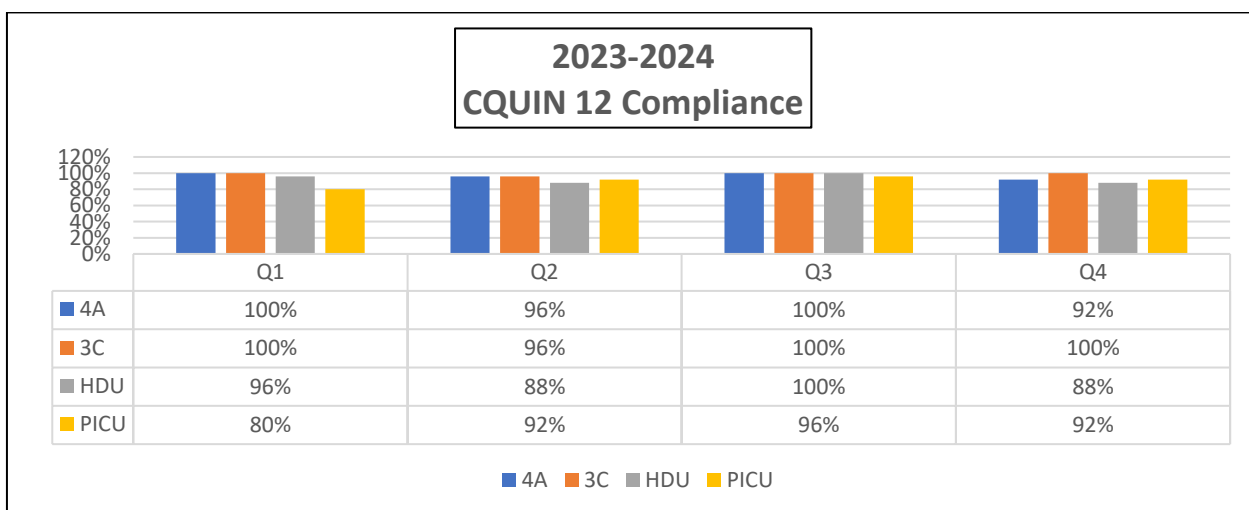


**Table 4** Graph shows the last four years (ORTHO) Orthopaedic Medical Device Related Pressure Ulcer incident reports. There is clear evidence in reduced Category 2 pressure ulcer in year 2023-24



**Table 5** Data shows Trust Wide CQUIN 12 Compliance for 2023-2024. (CQUIN 12 Assessment and Documentation of Pressure Ulcer Risk).

Data reporting and performance- All-age samples (25 patients per quarter) to be taken across PICU, HDU, and wards 3C and 4A. Report submitted directly to ICB (Liverpool) Quality Lead.



**Table 6** – Graph shows 12-month Tissue Viability audit scores Trust wide, including community setting.

2023/24 Trust documentation moved from Meditech-to-Meditech Expanse. During this transition wards were using paper copy for Risk assessment and ASSKING skin bundle.

Also noted within the new Meditech Expanse system, risk assessment was not automatically added to the worklist and staff had to manually add. These changes made a huge impact on tissue viability audit score.

There is a Trust expectation for Braden Q Risk assessment and ASSKING skin bundle to be completed within 6 hours of admission, this is captured via the tissue viability audit. Due to this Meditech change, many wards failed to achieve to complete the Braden Q risk assessment and skin bundle documentation within 6 hours.

This was identified through the tissue viability audit and discussed with Meditech Expanse team and ward managers. This issue was resolved, and tissue viability team will be monitoring this documentation through our audit.

**Table 6 – 12-month Tissue Viability audit scores Trust wide April 2023 – March 2024**

Column1	Tissue Viability Documentaion audit- Overall 96.24%						ICU	HDU	Burns	Plaster	1C - C	Neo	Comm
	4A	4B	4C	3A	3B	3C							
April	100%	100%	93.80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%
May	100%	100%	100%	96.75	100%	100%	100%	100%	75.50%	100%	100%	100%	100%
June	100%	92.50%	100%	100%	100%	100%	94.30%	100%	100%	100%	92.80%	100%	100%
July	60%	100%	100%	80%	88.80%	100%	100%	100%	100%	100%	100%	100%	100%
August	70%	100%	100%	83.80%	100%	80.00%	100%	96.50%	100%	100%	96.70%	100%	100%
September	85%	100%	86.70%	100%	96.70%	100%	100%	100%	100%	100%	100%	100%	100%
October	80%	100%	70.00%	100%	90.00%	80.00%	96.70%	100%	100%	100%	80.00%	100%	100%
November	100%	100%	65.50%	95.50%	91.70%	80.00%	100%	80.00%	81.25	100%	100%	100%	100%
December	90%	100%	100%	100%	100%	100%	96.70%	100%	66.70%	100%	100%	100%	100%
January	90%	100%	100%	90%	100%	100%	100%	100%	100%	100%	87.50%	100%	100%
February	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92.50%	100%	100%
March	100%	100%	100%	82.50%	93.35	100%	100%	100%	91.10%	100%	100%	100%	100%
Total	89%	99.38%	93%	92.38%	96.71%	95%	98.98%	98.04%	92.88%	100%	96%	100%	100%
Overall	96.24												

**Improvements & Achievements**

- ✓ The figures show the sustained rate of 0 in our category 3 and 4 pressure ulcers.
- ✓ More than a 50% reduction in number of category 2 pressure ulcer noted 2023-24
- ✓ Greater awareness and improved education across the Trust which has led to an increase in reporting.
- ✓ All category 2 pressure ulcers have been performed with ASSKING Rapid assessment and this form has been reviewed by Lead Tissue Viability and report was sent on divisional level for improvement.
- ✓ Implemented three sets of ASSKING Rapid Review forms for Outpatient, inpatient & community service for all category 2 pressure ulcer /Deep Tissue Damage to identify any lapse(s) in care and to identify general themes. Through this process we can define whether the reported incident was preventable or not preventable.
- ✓ Updated patient information leaflet QR code regarding early identification in pressure ulcer and reporting, especially Ortho device related pressure injury to make sure parents are getting right information about skin damage under device and what action to be taken to minimise the skin damage.
- ✓ Tissue Viability Daily ward round in PICU and high-risk area, to help prevent any wound deterioration and reduce deep Tissue Damage and Category 2 pressure ulcers while they are in high-risk unit; plus, help with early identification of any skin damage and appropriate action can be taken to prevent further deterioration.
- ✓ Commenced a Tissue Viability Clinic twice a week to provide appropriate wound care in an appropriate time frame. This clinic facility will support all surgeons in many ways; if a patient is clinically fit for discharge, they can be discharged in a timely manner and be referred to Tissue Viability for wound review. To review wounds regularly and any concerns will be reported directly to the surgical team to organise an appointment with surgeons on their next clinical visit. This will enhance the discharge process as patients will not be required to be an inpatient for wound review. There should be a decrease in wound infections, wound dehiscence, and a reduction in cost due to reduced hospital stay and early treatment reducing the chances of complications therefore requiring less wound care overall.

- ✓ Implemented prophylactic dressing under medical device to minimise skin damage under medical device.
- ✓ Achieved 96.26% compliance in Pressure Ulcer Prevention & Management training.
- ✓ Tissue Viability services providing on going wound care workshop throughout the year, during this wound care workshop performing staff competency assessment as well.
- ✓ Tissue Viability service proudly provided Paediatric wound care study/conference for internal and external staff; more than 100 attendees attended these training from all over the UK.
- ✓ Tissue Viability service involved with surgical site surveillance pathway and providing wound care/wound review for surgical patients in timely manner to prevent surgical site infection.

### **Future goals and plans**

Tissue Viability Service in Alder Hey continuously work with other clinicians to prevent and minimise any preventable pressure ulcers while patients in our caseload.

- Continue with the aim of Reduction in category 2 Medical Device Related Pressure ulcer while on caseload.
- To adhere with 0% tolerance with category 3 & 4 pressure ulcers while on caseload.
- Continue to aim for 90% and above compliance with Tissue Viability audit.
- To achieve 100% compliance in Tissue Viability documentation
- To expand the Tissue Viability service to provide daily ward round in all department/wards to minimise or early identify skin damages/pressure injury.
- To increase the Tissue Viability clinic facility

### **3.2.6 Priority 2 Access to Care**

The data presented at Appendix 1 shows that Alder Hey is performing above target for some indicators, for example all cancers and our Emergency Department (<4hours total time in A&E) achieved national target.

However, the 18-week RTT and 6week diagnostics targets have not been met this year. This can be attributed to the impact in several areas with sickness absence, vacancies, and the impact of industrial action. For 18-week RTT the Trust is committed to continue to achieve the national requirement to meet zero 65+ week waits for treatment.

A new improvement plan is in development for 2023/24. This will include ongoing reduction of was not brought (WNB) rate, continuing improvements in our methods for prioritising children and young people requiring a follow up appointment and the planned adoption of our new EPR Alderc@re to further improve digital ways of working and the service provided in the outpatient department.

### **3.2.7. Priority 3: Great Place to Work – Staff Survey**

**Focus:** 71% of staff recommend Alder Hey as a place to work.

The National Staff Survey (2023) feedback for the Trust was made available prior to this report publication and detailed analysis has been shared with staff across the Trust to inform divisional and service level 'Big Conversations'. All teams are encouraged to hold Big Conversations to agree actions which they can work on together to make their services great places to work. Based on feedback there is also support available for leaders who require it on how to hold effective Big

Conversations.

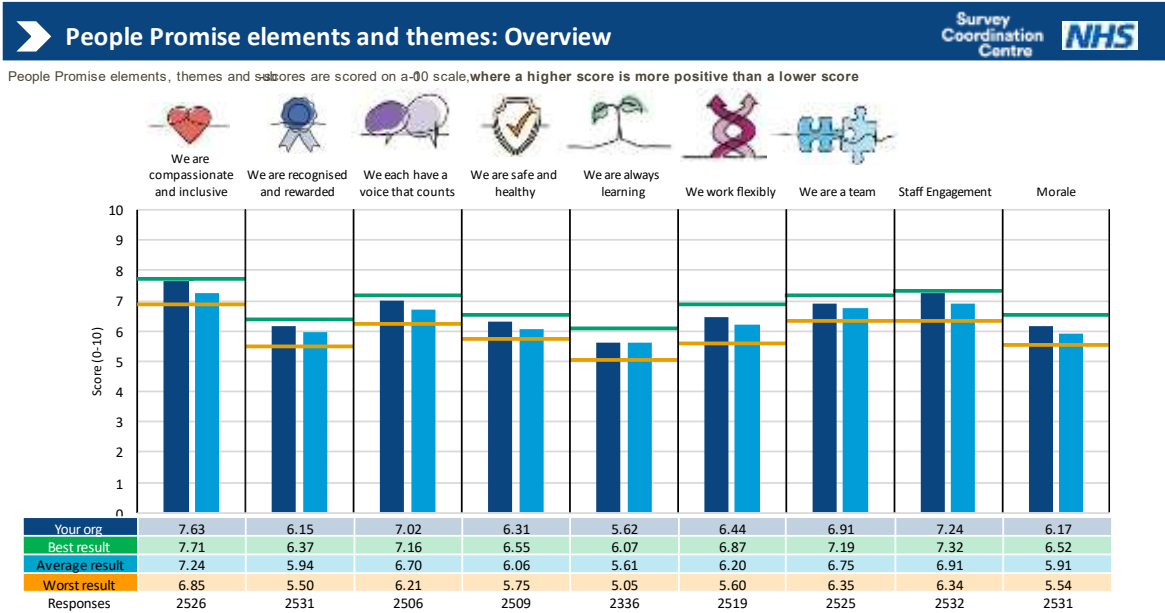
The Trust achieved a 60% response rate with 71.15% of staff recommending Alder Hey as a place to work and 88.82% as a place for friends and family to receive care. Both results have improved since last year and both are significantly above the average of our comparator group with the latter being “best-in-class” for our comparator group of 122 Acute and Acute & Community Trusts.

This year has seen some excellence results for Alder Hey as we have seen improvements across all the People Promises and Themes compared to last year’s results and scored higher than average across each of them in our comparator group. In addition to this we have also seen improvements in all 21 of the staff survey sub-scores and scored above average for 20 out of 21, scoring just below average for appraisals despite some significant improvements this year.

The Trust is particularly proud of being ranked top in our comparator group for the below questions:

- Care of patients / service users is my organisation’s top priority.
- My organisation acts on concerns raised by patients / service users.
- My organisation encourages us to report errors, near misses or incidents.
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

The table below provides an analysis of our results across the seven key NHS People Promises and the additional themes of Staff Engagement and Morale.



The Trust survey responses reflect a national picture of overall improvement as the NHS recovers from the exceptional challenges faced over the past few years due to the Covid-19 pandemic and its many impacts as well as the resolution to some of the pay disputes that were ongoing during the last year.

Our focus over the coming year will continue to be on all aspects of organisational health and wellbeing with a particular focus on continuous improvement at both department level via Big Conversations and Trust level improvements based on overarching Themes across departments.

One of our key goals is to improve the consistency in positive responses throughout the Trust to ensure that all staff are having the same positive experience of working at Alder Hey, regardless of Division, staff group or background.

### 3.2.8. Priority 4: Advocate for Children and Young People

**Focus:** Improve access and advocate for children and young people (CYP) in the wider system through working with partners.

At Alder Hey, we recognise and act on our role as an advocate for the wellbeing and health of our children and young people (CYP). It is our ambition to positively impact social value and lead others to do so, to enhance the well-being and life chances of CYP and make a positive contribution to our local economy and community. The Trust's continued commitment to advocate for CYP is outlined below with some recent examples.

#### Locally

- ✓ Achievement of Alder Hey's Vision 2030 - healthier, happier, and fairer futures for children and young people (CYP) - is dependent on working with our partners in the communities we serve, in a collaborative health and social care system that has a shared focus on the needs of CYP. Whilst health inequalities and prevention cuts across everything we do at Alder Hey, the 2030 strategic initiative "4.1 Collaborating in communities" formally houses the "Health inequalities and prevention" workstream. This also harnesses the development of targeted programs and activities to improve education and employment opportunities for CYP and commitment to delivering social value.
- ✓ The Trust's Health Inequalities and Prevention Steering Group (HIPSG) - a multi-professional group with both internal and external stakeholders from our clinical divisions, and local authority public health colleagues – has refreshed its leadership and expertise from our newly appointed Public Health Consultant (Professor of Children and Young People's Health at Lancaster Medical School and Trustee of the Royal Society for Public Health). This appointment will increase capacity and leadership around our health inequalities and prevention work, enabling more rapid delivery of key elements of Vision 2030.
- ✓ The One Liverpool Strategy - Healthy Children and Families population segment, jointly led by Alder Hey's Chief Strategy and Partnerships Officer and Liverpool City Council's Consultant in Public Health CYP lead (joint SROs). The segment ambition through its system leadership and membership, is to drive a better future for CYP and Families in Liverpool, working together to deliver the Liverpool City Plan / One Liverpool ambition of a 'healthier, happier, fairer Liverpool for all'.
- ✓ Sustained commitment as a member of the UNICEF Child Friendly City collaborative – ensuring CYP voices and their leadership are driving the local 'place' activities in Liverpool.
- ✓ Creation of an Alder Hey 'Wellbeing Hub' that will co-locate health and wellbeing services to support and assist CYP, parents, and carers in promoting equality in access to health care and tackling health inequalities in services across the Trust. The proposal links directly to Vision 2030 and will have up-to-the-minute understanding and access to poverty proofing and wellbeing offers for our CYP, carers and their families.

## Regionally

- ✓ Establishment of the Cheshire & Merseyside (C&M) Integrated Care Board (ICB) CYP Committee aiming to develop a system wide approach to improving outcomes for CYP, focusing on addressing major health and wellbeing issues for CYP such as neurodiversity, oral health, mental health & emotional wellbeing, and CYP edging towards care.
- ✓ Establishment of a CYP Alliance of all acute and specialist hospital providers in C&M as a system delivery mechanism to ensure CYP with health needs receive the right care in the right place.
- ✓ Continued hosting of the “Beyond” C&M CYP Transformation Programme, on behalf of the C&M ICS. Embedding and ensuring CYP voice and transformation is prioritised in our system.
- ✓ Sustained collaborative working across the Northwest to ensure CYP are prioritised in accessing quality care through elective recovery plans and clinical networks.

## Nationally

- ✓ Alder Hey’s Chief Executive Officer is Chair of the NHSE National Children and Young People Transformation Programme.
- ✓ Alder Hey hosts the National Children’s Hospital Alliance (CHA), comprised of the 11 largest CYP Trusts. The CHA advocates for the needs of CYP and is implementing national changes to address health inequalities such as the ‘was not brought’ initiative which utilises Artificial Intelligence to risk stratify children at risk of missing appointments and reach out to them early.

### 3.2.9. Priority 5: The Safest Place

#### Promoting Safety and Quality at Alder Hey Children's Hospital

Alder Hey Innovation is at the forefront of healthcare innovation, boasting a team of highly skilled professionals and access to a purpose-built, state-of-the-art health technology development facility spanning 1000m<sup>2</sup>. As pioneers in the field, we continually strive to enhance the safety and quality of care provided to children and young people at Alder Hey through the development, identification, and implementation of cutting-edge health technologies.



Our commitment to innovation manifests in various projects aimed at revolutionizing patient care. Below are highlights of some initiatives currently underway:



## Innovation Pipeline

Our innovation service has tackled 119 challenges in 2023/24 submitted by clinical teams and services, resulting in the advancement of 7 projects to an active build stage and the piloting of 1 project within the same year as submission. This exemplar process within the NHS enables us to swiftly identify and address issues within our Trust.

## Little Hearts at Home - Digital Platforms Work Stream

In collaboration with our community nursing teams, Alder Hey Innovation is dedicated to enhancing patient safety and care quality across the Congenital Heart Network. A groundbreaking digital platform has been developed and currently undergoing successful piloting. This innovative platform empowers community nurses to record patient observations in real-time from the comfort of their homes, triggering alert emails to Alder Hey clinicians if patients breach red flag indicators. A dashboard has been designed for tracking patient information, facilitating the monitoring of improvements and deteriorations over time.

Implemented this year for 55 patients, the project has notably reduced unplanned admissions, calls to specialist advice lines, and enhanced patient experience. Our aim is to extend this model of care to other hospitals and conditions.



## Robotic Process Automation - Artificial Intelligence Work Stream

Recognizing the significance of leveraging technological advancements, our team has implemented various automated workflows. By automating routine administrative tasks such as referral management, HR processes, and patient record updates, it has liberated valuable staff time for higher-level responsibilities.



This success continues with the creation of 17 new automations, updating 134,000 patient records and saving over 20,000 hours of manual time. These automations not only enhance efficiency and productivity but also minimize errors, ensuring swift and accurate data processing.

## Isla Care Remote Wound Monitoring

Through collaborative efforts, a novel remote patient management platform has been developed utilising photos, videos, sound recordings, and digital forms to support wound monitoring securely. This platform has led to a 58% reduction in Emergency Department admissions and a 43% decrease in surgical site infections, underscoring its efficacy in improving patient outcomes.

## Digital Management of Complications of Excess Weight Service

Alder Hey's Complications from Excess Weight (CEW) service faces high demand, resulting in patient backlogs and infrequent face-to-face clinics. To address this, Evira, a digital solution linked to measuring devices used by patients at home has been introduced. This platform facilitates progress monitoring, clinician interaction, and alerts/reminders, with plans for nationwide adoption across CEW clinics following a successful pilot at Alder Hey.

## Training Booking App

To streamline training processes, a Training Booking app was developed, enabling staff to easily schedule training sessions while providing trainers with attendance data for comprehensive reporting. This initiative promotes staff engagement, facilitates targeted training efforts, and enables detailed reporting on training completion rates across various staff groups and departments.

These initiatives exemplify our commitment to promoting safety and quality at Alder Hey Children's Hospital, showcasing our dedication to pioneering healthcare innovation for the betterment of our patients and their families.

## 3.3 Additional Areas of Quality Improvement

This section provides additional examples of quality improvement relative to improving safety, patient experience, and clinical effectiveness, as well as focus on engaging the workforce.

### 3.3.1. Championing Health, Wellbeing and Engagement

#### Health and Wellbeing



Our organisational approach to supporting health and wellbeing within the workplace has been recognised for their excellence and innovation with global and national awards. Initiatives have organically developed within the Alder Hey community, and responsively adapted to the operational context of the organisation. This includes, rapidly adapting and responding to the changing context of COVID-19 and working to support staff to thrive in the post pandemic recovery phase. More recently, we have widened our offer to consider the wider socioeconomic context and the stress experienced by the rising costs of living.

Effective delivery of NHS services relies on a safe and well workforce. Data published by NHS Digital reveal a steady increase in sickness absence rates which surged during the pandemic and have remained elevated compared to pre-pandemic levels (Majeed, 2024). Evidence from previous disasters suggest that the psychological recovery from societal trauma can take 4-6 years and suggests we are still working through the 'disillusionment phase', into the 'reconstruction phase', whilst facing a complex and volatile global context.

We continue to support a workforce affected by complex and acute mental health difficulties. In line with a national picture in the NHS, we are seeing NHS staff presenting with high rates of post-traumatic stress disorder (PTSD), burn out and compassion fatigue. Mental illness accounts for 8%–12% of

sickness absence each year in the UK labour force, compared with around 25% per year in the NHS workforce (Majeed, 2024).

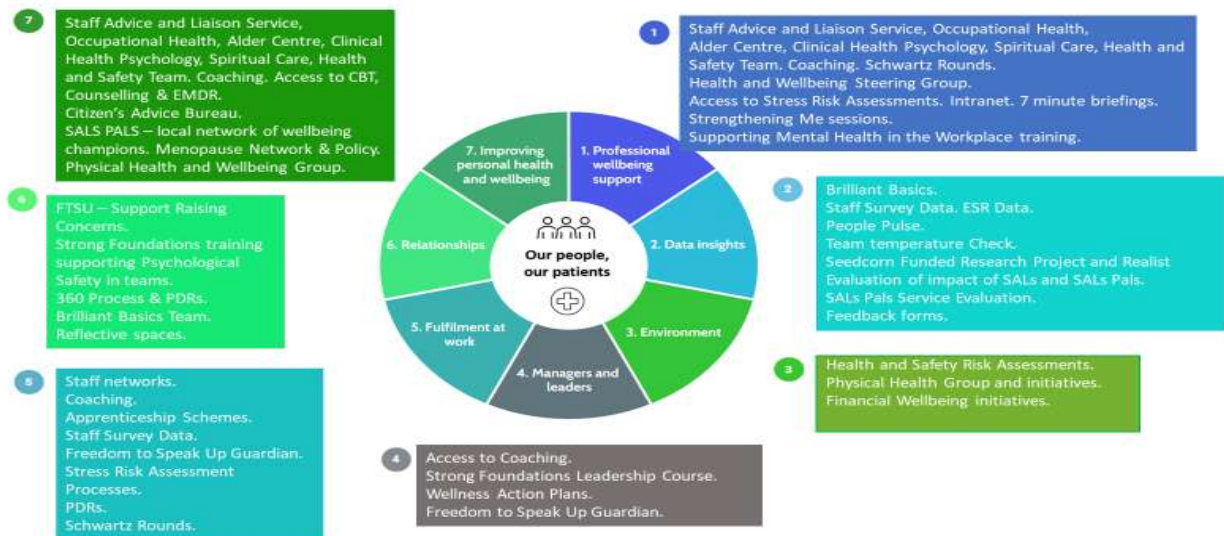
This likely relates to working conditions in the NHS, with over one-third of staff surveyed in the 2022 NHS staff survey in England reporting they often or always felt burnt out because of their work. We are also witnessing the impact of the pandemic on interpersonal relationships as staff present with relational strain affecting working relationships within work with a rise in incivility between colleagues.

### An organisational health and wellbeing approach

Our approach to staff support at Alder Hey has been and continues to be closely informed by the developing evidence base around what works, for whom, and in what context. Whilst incorporating evidence into our practice, we also share learning with other organisations and continue to develop as a Centre of Excellence.

What we know clearly, and what our staff routinely tell us, is that initiatives need to integrate the dual responsibility of individuals and their employing organisations to stay well. A recent review of employee wellbeing found that individual-level interventions that do not engage with working conditions are less effective (Fleming, 2024). Rapid access to support within an organisational context is more effective, and offer a clear return on investment (LSE, 2022).

The Staff Advice & Liaison Service (SALS) and other support mechanisms in the organisation, therefore, take an organisational health and wellbeing approach. NHS England have developed an Organisational Health and Wellbeing framework based on the evidence and insights gathered about staff health and wellbeing, and those actions and factors that are likely to have the most impact when staff are working under pressure. The diagram below summarises our organisational offers in line with the Health and Wellbeing Framework, which will be expanded on in the sections below:



## Improving personal health & wellbeing

### Staff Advice and Liaison Service



The Staff Advice and Liaison Service celebrates its fourth year at Alder Hey and continues to provide support within the organisation as a one door 'listening service'. The service acts as a hub within the organisation and has had over 12,000 contacts to date. These contacts represent over 1900 individuals who have been through our doors to date, representing approximately 38% of the workforce.

Feedback from staff accessing the service remains very positive with 100% of a sample surveyed saying they would recommend the service to friends or colleagues in the organisation.

SALS does not carry a waiting list for support and staff do not have to meet any criteria to access support, only that they are part of the Alder Hey community. Our data tells us that SALS see staff on average 4.5 times indicating that a little can go a long way when it is tailored to an individual and provided at the right time. Providing a responsive and person-centred service is key. Underpinning the model is the message that 'It's OK not to be OK' and SALS aims to normalise distress, provide a positive experience of help seeking, and liaise with appropriate individuals and services to develop a network of support around an individual.

There is also a focus in SALS on systemic intervention. Considerable focus is also given to supporting staff to both transition to and navigate through services, providing a "safety net" of support during what can be extremely difficult journeys and processes.

### *Working in unity*

Building relationships and developing pathways are crucial to the emotional health and wellbeing of our staff. We, therefore, connect with others in the Trust to support individuals to navigate systems on their help seeking journey, and to ensure that offers feel coordinated and cohesive.

At Alder Hey, staff have access to a range of support for their health and wellbeing including Staff Advice & Liaison Service (SALS), Occupational Health services, and the Alder Centre staff counselling service. Staff in medical specialties and Critical Care can also access support from Clinical Health Psychology services via Clinical Psychologists embedded in teams.

The Trust has also developed an active group of Professional Nurse Advocates who work closely with SALS and have all received SALS Pals Training. SALS also work closely with our Lead for Nurse Retention and our Freedom to Speak up Guardian (FTSU) and have a pathway in place for signposting staff to both areas. SALS, also work closely with our Staff Side Colleagues when needed.

SALS have also developed a pathway with community colleagues for staff with neurodiverse children

who may be struggling to navigate and understand the service pathways or the implications. This new pathway has enabled staff to be able to quickly speak to an identified professional to gain insight and education around the next steps for their child, which will support our own staff saying happy and healthy in work. Similarly, a new pathway is being developed with our colleagues in the Alder Centre to offer education and guidance to support their own children at difficult times of bereavement.

### ***Menopause***

The work of the menopause group continues to grow, with a vibrant community meeting once per month which not only offers a place of support for colleagues, but also provides an active group of informal champions who help and support each other. Our first Menopause Policy is in the final stages of development and the group are now developing training videos which will be used concurrently with the Menopause Policy to support leaders and staff throughout the Trust.

### ***Financial Pressures***

In response to the rising costs of living, we have continued with our efforts to support our staff during what has been a challenging time financially, and measures that we put into place last year have continued, including our partnership with the Citizens Advice Bureau which continues to offer a bespoke clinic to our Alder Hey Colleagues – providing expertise on money and debt management. We have been able to offer some reduced-cost meals for both staff and families in addition to developing a ‘Pay it Forward’ scheme which helps our staff in need but also gives the opportunity to develop a community of support within the Trust. We have also continued with our ‘Sway’ leaflet with up-to-date financial offers externally to support staff to access and benefit from local offers of financial support.

The Trust has also introduced ‘Wage Stream’ giving staff the ability to draw down on their wages to alleviate staff from financial pressure and offer an alternative Pay Day Loan. Staff have also further benefitted from the introduction of a pilot project which offering both staff and visitors complimentary sanitary products to address period poverty and to support staff who are experiencing menopause. The Trust also has a local connection with Barclays Bank who attend site once a month to offer financial guidance/information to staff.

### ***Physical Health***

Outputs from our growing physical health group include fresh fruit and vegetables available once a week via a community project called Queen of the Greens; development of physical exercise groups; and sign up for the third year in succession to the NHS Games. The group has also developed a ‘SWAY’ leaflet which can signpost staff to national, local, and community-based activity to support with their physical and holistic health and wellbeing.

### ***Arts Initiatives***

Working in Partnership with the Arts for Health Team who are also supported by our Charity we can signpost staff to a range of activities through their ‘Create, Revive and Thrive’ programme which include: photography classes; art classes; pottery classes; a staff choir; and a staff orchestra. This programme is designed to support the health and wellbeing of our staff whilst offering new skills and opportunities to connect.

### *Professional wellbeing support*

The Staff Advice and Liaison Service work as part of a wider community of stakeholders supporting professional wellbeing support. This includes, our HR colleagues, the Organisational Development team, FTSU Champions, Occupational Health, and Clinical Health Psychology colleagues. The SALS team also work closely with our communication team to share relevant information and have provided a revised and updated intranet as a base to signpost colleagues. SALS also contributes to a 'Thriving Teams' MDT to support team functioning and offer bespoke sessions to teams to support the development of professional wellbeing.

In terms of professional health and wellbeing and development, staff have also been able to access a growing internal coaching and mentoring. We have enhanced our coaching offer with coaches across specialities and disciplines offering a mixture of wellbeing and more general coaching to colleagues. Our Strong Foundations Leadership course is going from strength to strength and is now booked into cohort 33. Our next planned cohort is September 2024. To date 608 staff have accessed our Strong Foundations course and we currently have over 100 staff waiting to access the programme.

We continue to provide '7 in 7' briefings based on a model of disseminating information where seven key points are covered in seven minutes. Themes for these videos include 'Kindness' to target and support civility at work, as well as 'Moral Injury' which has become pertinent as staff face challenges in recovering services alongside their team's recovery, and in the context of the waves of strike action in 2023. Other trainings developed include a session focused on civility and a 'Strengthening Me' session focused on psychological models and ideas that can support health care professionals. This draws on evidence and understandings from biology, psychology, and neuroscience to support staff in staying well and feeling strong and has been designed to support the recovery of staff, alongside the recovery of services during the global pandemic. This has been delivered to over 150 staff.

Induction processes have been renewed and enhanced with a new policy waiting to be ratified which includes Health and Wellbeing conversations at Induction. This is alongside the training which supports Health and Wellbeing conversations as part of their routine PDR. A newly formed group is looking at enhanced offers to staff for their induction, with the aim that staff are well informed and clear of the Trust Strategy and priorities and how they can seek support and help in their first 100 days. Some of these initiatives include tours around the hospital, market stalls as part of the extended induction process.

We have also supported an increase in trained facilitators to run Schwartz Rounds, providing staff with safe spaces to process and reflect on the emotional impact of work. Alder Hey has run 6 rounds in the last 18 months and now has 24 trained facilitators and has secured funding to train another 10 people to run Rounds, building capacity for whole organisation sessions and bespoke sessions for teams using Team Time. Themes have been developed within the Schwartz Steering Group in line with themes that resonate at the time including, 'When your Best isn't good enough?' to reflect moral distress, or 'I can see clearly now the fog has gone' featuring staff stories of menopause.

In line with new NICE Guidelines on Employee mental health (NG212, 2022), SALS has also developed 'Supporting Mental Health in the Workplace' Training available to all staff. This is online training involves two modules: 1) Strengthening Me – to support individual mental health awareness, 2) Strengthening Me – to support a proactive and preventative approach to managing mental health at work in line with the principles of psychological first aid.

### **Data Insights**

To support the evaluation of our interventions within teams, we have also developed a 'Team Temperature Check', which is a tool to assess how 'Safe and Well' teams are working together. This tool assesses levels of engagement, burnout, wellbeing, psychological safety, and patient safety culture. The tool is being used by the Organisational Development team to evaluate changes in team culture and has been shared with our Brilliant Basics colleagues.

The Clinical Research Division, supported by the Alder Hey Charity, launched a Seedcorn fund to help develop new projects, ideas, and initiatives across Alder Hey's clinical research which can be achieved within 12 months. SALS were successful in their bid to undertake research focused on what works for staff within an organisational context.

The Primary Objectives of this study are:

- To analyse existing data to understand how the SALS service is being used and explore the evidence of impact that it is having.
- To integrate this evidence with emerging evidence to develop a model of staff support to guide organisations to improve staff wellbeing and quality of care.

SALS is thus supporting a development of the evidence base where research should focus on the key ingredients of change in effective interventions (What works wellbeing, 2022).

### **Relationships**

There are several networks now available to staff to help form relationships and foster belonging. These include: the Race Ethnicity and Cultural Heritage (REACH) Staff Network; Lesbian, Gay, Bisexual, Transgender, Transsexuals, Queer, Questioning, Intersex, Asexual, Agender and (LGBTQIA+) Staff Network; Ability Celebrate Educate (ACE) Network, and the Armed forces network.

SALS are coming to the end of a two-year project funded by NHS England/Improvement to pilot a model of paid wellbeing champions called SALS Pals. SALS Pals work with the SALS team and are recruited to provide a listening ear in their department and are trained to offer compassionate conversations. This hub and spoke model (Figure 1) support an organisation wide approach focusing on improving connection & communication, with aim of minimizing distress & maximizing trust.



The project has funded over 1110 hours of SALS Pals time within the organisation to provide a listening ear, compassionate support, help, and guidance to colleagues in their local areas. SALS Pals were recruited and targeted in teams with high levels of stress including the Emergency Department (ED), Theatres, on the Wards, Radiology, Speech, and Language Therapy (SALT). SALS created, developed, and delivered in house training to support SALS Pals to have compassionate conversations with an understanding of the principles of Psychological First Aid. This training was extended to staff working in a pastoral role to enhance their offer and support a cohesive wellbeing offer. These staff were not paid additional hours but were supported in their substantive posts. This included our Professional Nurse Advocates (PNAs), the Practice Education Facilitators (PEFs), and the peer support group for doctors in training known as 'SPRINT'. Through this project, we have been able to join up networks of support and create a sense of belonging among the wellbeing community.

SALS Pals fed back the following positives from implementing this model:

- *"People are now talking"* – SALS Pals had supported a culture of openness, helped to reduce stigma, promote help seeking and a spread of the message "it is ok not to be ok".
- The training was helpful and helped staff identify those that might be struggling.
- There is improved connection in the team because individuals got to know each other better and strengthened their connectedness and togetherness.
- Being paid for additional hours enabled staff to know that someone would have the time to stay and discuss their needs with their full attention without managing competing demands.
- "Being part of the SALS team was a wonderful experience."

We now have over 100 SALS Pals in the Trust who are also able to access SALS for ongoing support and supervision. Findings from the pilot evaluation suggest SALS Pals had a positive impact on reducing sickness absence. Data from ESR indicates that the sickness absence rates were lower in the areas where SALS Pals was implemented than the same period the following year. Many staff members were supported effectively by their SALS Pal without any further signposting to other services: 55% of staff were signposted on and 45% were not. Of those who were signposted on, 14% were referred on to SALS, and other staff were signposted to support from their manager or other support offers internally and externally. 100% of SALS Pals surveyed said they thought the initiative



should continue and 100% of staff said they found it helpful speaking to a SALS Pal with 95% of them feeling better afterwards.

Based on the feedback, we will continue with the project and are in the process of developing a model to support its sustainability. In response to the pilot, we are rolling out SALS Pals across the organisation from April 2024. SALS will continue to evaluate the SALS Pals project over the next 12 months.

### ***Outcomes and Impacts***

Since 2020, the year of SALS introduction, the proportion of staff absent from work due to Mental Health reasons has dipped significantly from 43.49% in 2020 to 29.62% in 2022. Figures from April 2023 until March 2024 indicate that staff who have been absent from work due to Mental Health reasons are at 1.93%.

The coherence of our whole approach to staff engagement, including our commitment to staff wellbeing and to the development of compassionate and inclusive culture, has been recognised externally through our success in being awarded two funded projects to develop our service from NHS England/Improvement. SALS were shortlisted and named Gold Winners of the International Hospital Federation (IHF) Excellence Award for Healthcare Workers' Wellbeing the 26<sup>th</sup> October 2023, with their submission showcasing the work undertaken by our SALS and OD teams.



### ***3.3.2. Strong Foundations Leadership Programme***

Strong Foundations is an award-winning, compassionate leadership training programme developed at Alder Hey for all current and aspiring clinical and non-clinical leaders and managers across the organisation. Launched in 2019, it has the aim of building a compassionate culture through developing, sustaining and supporting all staff in those positions, whatever profession, or service, at whatever level of leadership. Crossing disciplines and service boundaries, the programme helps to develop connections between leaders so that they can form a circle of safety around the organisation. It's focus on support, psychological safety, compassion, and connection made it a critical part of the organisational response to the Covid 19 pandemic crisis and a core part of our recovery plans in supporting our leaders during these exceptionally difficult and challenging times.

## Programme Objectives

Strong Foundations draws on the most recent research evidence and local feedback regarding effective leadership and its impact on outcomes for staff, children, and families. It aims to build emotional intelligence and equip leaders and managers to create safe and trusting working environments, in which people can grow, learn, make changes, and feel free to speak up and challenge with both courage and kindness.

## Programme Summary

The course is broken into three modules:

- Module 1 is about *Leading Me* with a focus on self-awareness, self-management, inclusive leadership, and self-compassion.
- Module 2 shifts the focus to *Leading Others* with training in building trust and psychological safety, giving and receiving feedback, improvement and quality.
- Module 3 is about *Developing Others* with a focus on coaching conversations.

Course content comprises a mixture of recorded presentation, information sheets, activities and video material (accessible via Moodle) with new learning and new connections supported and sustained through attendance at group sessions, at the end of each module. Approximate time commitment is 15 hours of independent learning via Moodle and 9.5 hours of group sessions delivered via Teams or face to face (24.5 hours in total).

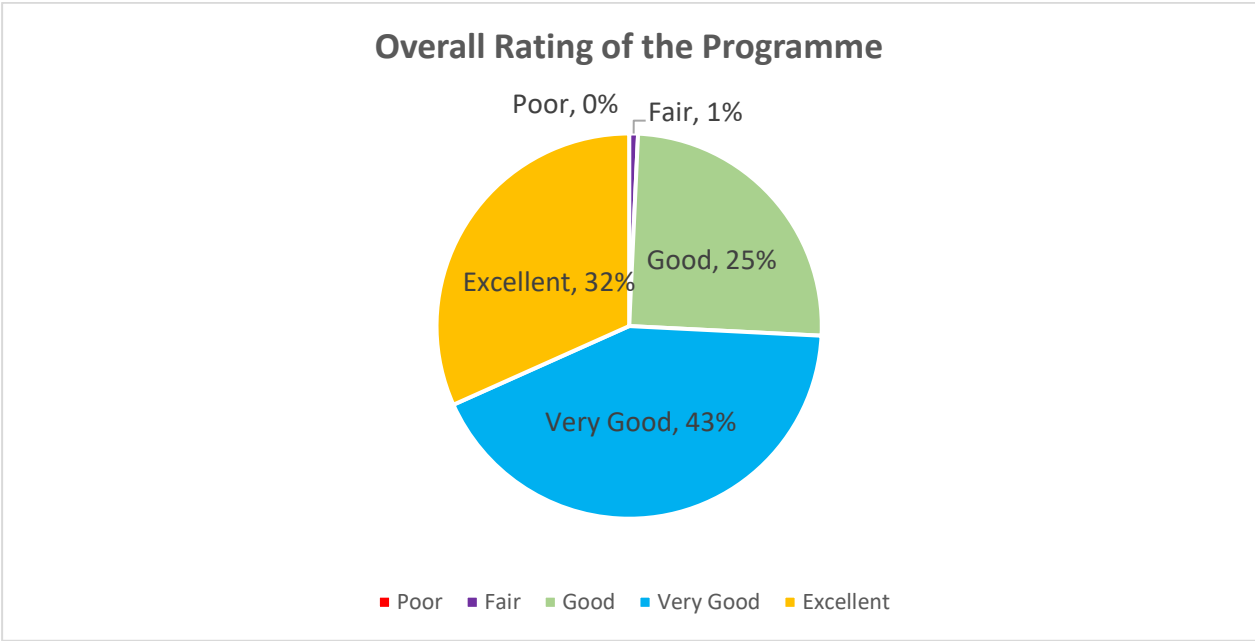
## Attendance

Since the launch of the Programme in August 2019, over 600 leaders and aspiring leaders (in 33 separate cohorts) have attended the programme, which is fully booked until September 2024, with a growing list of leaders awaiting the launch of the next cohorts based on its success.

## Programme Feedback

The feedback gathered from participants in Strong Foundations demonstrates the value of the Programme to our leaders and highlights the significance of this Programme in creating a compassionate culture at Alder Hey. Indeed, our highest people promise score in staff survey results from 2023 and for the 3<sup>rd</sup> year running was in “we are compassionate and inclusive” with significant improvements in ‘Compassionate Leadership’ and ‘Line Management’ scores year on year since its implementation.

Our leaders consistently report feeling psychologically safe during sessions, suggesting facilitators create a safe space for healthy challenge and expression of different opinions. They also continue to benefit from more connection with each other and support often continuing their new relationships after the programme finishes. The chart below shows feedback about the overall quality of training as well as some comments from attendees.



**Impact**

As well as the extremely positive feedback from attendees, we are beginning to see some impressive correlation between staff who attend the programme and retention rates with staff who complete the programme far less likely to leave the Trust within 12 months of completion, and also progression rates following attendance which are highlighted below.

Year	# of Attendees	Turnover rate of attendees	Trust Turnover Rate	% Promoted at least 1 band within 12 months of attendance
19/20	61	3.28%	10.49%	8.20%
20/21	112	6.25%	8.61%	10.71%
21/22	124	7.26%	12.71%	8.06%
22/23	89	4.49%	15.22%	10.11%

*\*222 attendees in 23/24 – no promotion / turnover data available yet due to recency.*

**Launch of Strong Foundations - Management Essentials**

In addition to the Strong Foundations Compassionate Leadership Programme, Alder Hey identified a need for additional leadership development to provide more transactional skills and knowledge for our leaders, particularly those new into leadership or looking to take their first steps.

In February 2024 we launched phase one of our Management Essentials programme consisting of 8 courses below, designed and delivered by subject matter experts across the Trust:

- Stepping into Management
- Crucial Conversations
- PDR / Appraisals
- Coaching Conversations
- Quality Improvement
- Introduction to Finance
- Introduction to Procurement
- Introduction to Risk Management

### Future Plans 2024/25

- Continue to offer to all current, new, and aspiring leaders and managers across the Organisation.
- Continue to refine and adapt programme in response to participant feedback.
- Embed the Management Essentials programme into the Trust and roll out phase 2 of this programme further expanding our leadership development offer.
- Design and embed a clear Leadership Induction process.
- Develop a Leadership Faculty.

### 3.3.3. Equality, Diversity and Inclusion

Alder Hey is committed to promoting equality, diversity, and inclusion in all that we do, continually reviewing and adopting services to further reduce health inequalities. Our workforce is provided access to equal opportunities and is encouraged to reach their full potential, feeling, valued with a sense of belonging.

The Trust will continue to grow its equality, diversity, and inclusion agenda, improving our systems and processes, and building on the foundations, already in place. Alder Hey is extremely proud of the work completed so far but recognises that this is a journey and there will be many changes and challenges ahead and we will work together to implement change and overcome the challenges, embedding Equality, Diversity, and Inclusion (EDI) across the organisation, and embracing a culture of inclusivity.

### Progress 2023/24

The Trust continues to work in collaboration with partner organisations sharing best practise and developing access to opportunity for all. The Trust has a clear vision of developing strong partnerships with local communities.

### Northwest BAME Assembly Anti-Racist Framework

Racism and discrimination are major drivers behind health inequalities and Alder Hey is focused on tackling those inequalities we see across the communities we serve. The Northwest BAME Assembly's Anti-Racist Framework was introduced in 2023 and is a tool to support the journey to becoming intentionally and unapologetically anti-racist. The framework encourages the tackling of structural racism and discrimination through collaboration, reflective practice, accountability, and action. Through the embedding of the recommended themes, deliverables and actions into our structures, processes, policies, and culture, we will implement important change within our workforce and service delivery.

### Staff Networks

Our staff networks continue to grow and develop, offering staff groups a place to come together in a psychologically safe space, creating connections, and having a shared purpose, interests, and sense of belonging. The networks provide staff with the opportunity to share problems, ideas, knowledge, and solutions. Our widening staff networks continue to flourish and have been a welcomed support amongst our workforce:

- ✓ **LGBTQIA+** staff network has:
  - Developed an Ally ship training programme, encouraging staff to actively support the network, and become allies.

- Supported the Trust in obtaining the Navajo Charter Mark in October 2023. The Charter Mark is an equality mark sponsored by In-Trust Merseyside and supported by the LGBTIQ+ Community networks across Merseyside– a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQ+ people in Merseyside.
- ✓ **REACH (Race, Equality and Cultural Heritage)** staff network continues to make positive changes and impact and is growing in numbers. The REACH staff network is:
  - exploring opportunities to develop a Leadership programme specifically for ethnic minority staff working in collaboration with the Organisational Development team and Learning and Development team.
  - supported the delivery of a programme of events to support Black History Month in October 2023 celebrating inspirational Black individuals who have impacted Alder Hey staff. The Trust also held a Liverpool Black History exhibition: The Black History & Heritage Exhibition: Iceberg Month, which is part of World Museums History visited the Trust. The exhibition was well received by both staff, our children and young people and their relatives.
  - Held a Diwali celebration which took part in the Intensive Care Unit and staff came together to share food and mark the Hindu festival of light.
- ✓ **Armed Forces** staff network is making some exciting plans which will help provide support to armed Forces staff as well as children and young people from armed forces families. They are engaging with the local Armed Forces community and are working with local cadets to seek opportunities to work together and support our children and young people. Planning the Remembrance service and other events throughout the year to celebrate the armed forces community. The network will support Alder Hey with the application for the Armed Forces Covenant Gold Award.
- ✓ **ACE (Ability, Celebrate and Educate)** Disabilities and Long-Term Conditions staff network held an engagement event in the Atrium to celebrate Disability History Month, which was a huge success with lots of staff making pledges to support the ACE staff network. The network also discussed their ideas and plans for 2024, developing actions to support the key deliverables set out in the Workforce Disability Equality Standard action plan.

### Equality, Diversity, and Inclusion Steering Group

Launched in Spring 2022 the Trust Board continue to support the work of the Equality, Diversity, and Inclusion Steering Group. Chaired by a Non-Executive Director, and EDI champion, the Steering Group plays a crucial governance role in providing strategic coherence and oversight across all matters related to equality, diversity, and inclusion.

The steering group meet bi-monthly to review progress against the work plan, strengthening its role and responsibility and establishing a clear reporting structure. The membership of the Equality, Diversity, and Inclusion Steering Group includes Executive members, Managers and staff network chairs, and deputy chairs who provide regular network updates and assurance to the group.

The EDI Steering Group has been a forum for overseeing the development of action plans related to the EDI frameworks, supporting, and driving initiatives to meet identified objectives.

### National NHS Equality, Diversity, and Inclusion Improvement Plan

The National NHS Equality, Diversity, and Inclusion Improvement Plan was published in June 2023. The plan identifies six targeted actions to address direct and indirect prejudice and

discrimination through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The plan aims to improve the outcomes, experience, and culture of those with protected characteristics under the Equality Act 2010 (although not limited to these groups) and links to the NHS People Plan. The plan prioritises six high-impact actions aligning with our People Plan:

1. Measurable objectives on EDI for Chairs, Chief Executives, and Board members: there is a commitment from our senior leadership team, all of whom have EDI objectives set as part of their appraisal.
2. Overhaul recruitment processes and embed talent management processes.
3. Eliminate total pay gaps for race, disability, and gender.
4. Address Health Inequalities within their workforce.
5. Comprehensive Induction and onboarding programme for internationally recruited staff.
6. Eliminate conditions and environments in which bullying, harassment and physical harassment occur.

The Trust will embed the improvement plan into the Trust-wide EDI action plan, identifying targeted actions aligned with the People Strategy. Working alongside our key stakeholders and staff networks to improve and enhance staff experiences and establish an equitable and inclusive working environment.

### **EDI Priorities for 2024/2025**

The Trust will focus on the equality data to understand how we can further improve as an organisation and concentrate our efforts on clear objectives which align with the actions from the National NHS Equality, Diversity, and Inclusion Improvement Plan.

Excellent progress has been made over the last 12 months, with valuable changes that will have a positive impact on our staff as well as our children and young people, recognising that there is more that can be achieved.

### **3.3.4. Arts for Health Programme**

Arts For Health service delivers health benefits on the ward, high profile activities in public spaces, and productive relationships with external arts, educational and health partners.

The programme comprises of participatory programme for patients and families, an environmental arts programme to enhance the buildings, and a live arts programme in clinical and public spaces. The service works regularly with the Alder Hey Youth Forum and Camhelions Young People's Group.

The service operates an open-door policy on the main site, working with any patient referred by the Play/nursing/teaching staff on the in-patient wards. With Child Adolescent Mental Health Service (CAMHS) and Eating Disorders Youth Service (EDYS), the service take referrals from clinical teams and individual sessions are set up. Children and young people take the creative lead in all interactions and sessions are individually tailored to meet patient needs.

The programme is managed by Arts for Health Manager and supported by the part time Arts Project Coordinator, was appointed in May 2023.

All posts and programmes are funded charitably by Alder Hey Children’s Charity and external Trusts and Foundations.

Alder Hey is an active member of the National Arts in Health Network, a professional body aimed at standardising arts for health practice across the UK.

**Outputs**

The service delivers on average 150 participatory workshops every month and set to achieve working with 8,000 patients annually by the end of March 2024. This contrasts from 5,800 patients in 2022 and represents a 38% increase.



Arts for Health deliver events and performances in the Trusts performance space, this year, the service took part in the city’s Eurovision festival, The Big Draw and National Creativity and Wellbeing week.

There are partnerships with many leading arts organisations in the Northwest and UK through our Cultural Champions programme: these include Tate Liverpool, Everyman and Playhouse Theatres, National Museums Liverpool, Shakespeare North, Live Music Now, DadaFest, Bluecoat Display Centre, Read for Good as well as many smaller arts organisations and charities. The programme encompasses music, dance, animation, visual arts, performance and theatre, comics, animation, and film making, contemporary crafts, storytelling, and photography.

The Arts for Health service is one of several health and arts organisations to partner with Edgehill University, in a major £2.5 million research programme called Arts4Us. This three-year programme, starting March 2024, will assess the impact of place based arts initiatives on children’s mental health.

**Outcomes**

Our patient evaluation and feedback on our participatory programme consistently demonstrates:

- ✓ Significantly improves confidence and emotional resilience.
- ✓ Significantly reduces anxiety and depression.
- ✓ Significantly reduces isolation.
- ✓ Improve communication and social skills.
- ✓ Teaches children and young people new skills.
- ✓ Provides new cultural and creative experiences.



## Highlights of 2023 - 2024

### THE Oncology Podcast

Thanks to the support of The Isle of Man Anti-Cancer Association the service have been able to target children and young people who have been struggling with their treatment journeys on our Oncology Unit. Our weekly Music Matters sessions have not only boosted the mental wellbeing of our participants but also provided opportunities to develop new skills and interests. The Music Matters project incorporates a new podcast element showcasing the huge impact of music, comprising of a collection of thoughts, feelings and musical creations of our children and young people.

### Tate Painting

In June 2023, Tate Galleries presented a painting to Alder Hey Children's Hospital ahead of the NHS 75th anniversary celebrations. The painting, *Team Time Storytelling, Alder Hey Children's Hospital Emergency Department, Covid Pandemic, 2020* shows a group of staff members who had been using online reflective practices, focused on the mental health and well-being of medical teams working in traumatic situations as a means of sharing emotional responses to situations at work. The group portrait was created by New York-based artist Aliza Nisenbaum (b. 1977, Mexico) to celebrate NHS key workers' achievements during this difficult period. The painting was originally one of 20 portraits commissioned by Tate Liverpool and shown at the gallery in 2021.

It is extremely rare for the Tate to make long term loans to non-gallery organisations and represents the culmination of a highly successful partnership between Alder Hey and the Tate for over twenty years.

### Framing Our Futures Sunflower House Animation

Arts For health have delivered an innovative animation programme, funded by Children in Need, and working with children from Sunflower House Mental Health in-patient unit, and young people from the Alder Hey Youth Forum and Camhelions Group.

Led by Twin Vision, the young people created an animation which would introduce other patients to the new mental health facility, Sunflower House. They wanted to present what was important to them, as residents on the unit and what a young person might expect when coming to the unit for the first time. They generated the story, characters and visuals, worked on storyboarding and editing, and provided the voice overs. The film is available on the Alder Hey website and available for all young people who might be staying in Sunflower House.

### The Lullaby Project

The Arts for Health service received funding from Wallace & Gromit's Children's Charity, and Alder Hey delivered The Lullaby Project on the Neonatal Unit delivering 32 half day music sessions.

Working closely with two professional musicians, cellist and guitarist, our neonatal families were empowered to create a series of bespoke lullabies for their babies which celebrated the unique characteristics of each family unit.



Many of the lullabies created were professionally recorded by the musician and singer and distributed to the participating families as a lasting memento of the project.

### **The Dreamers Programme**

The Dreamers Programme was designed to offer bespoke support to children and young people aged 8 to 18 years who are receiving support through our CAMHS service across Liverpool and Sefton. Children and young people are referred to The Dreamers Programme using an innovative 'social prescribing' model whereby they are matched with relevant creative activities based on their own unique needs, interests and experiences.

The programme offers children and young people access to a series of one-to-one creative sessions facilitated by professional arts practitioners. This team of creative 'buddies' act as positive role models for our young participants, inspiring them to explore the relevance of creativity to their own lives and experiences.

In terms of mental health and wellbeing, a sample of fifteen children and young people who have completed their 10 'buddy' sessions, 100% have indicated that they felt more confident and less anxious than they had previously. Comments from some of our participants and families have included:

*"The session changed my mood and I feel positive afterwards."* **Louisa, aged 14 years**

### **Creative Pathways**

Creative Pathways is a two year programme with our cultural partners, Tate Liverpool, National Museums Liverpool and DadaFest, a national deaf and disability arts organisation. Creative Pathways has been delivered in two phases:

#### **Residencies**

Delivered a series of 12 residencies across our hospital community. Using a 'taster session' format to showcase the diverse 'offers' of our cultural partners to our patients.

1-2-1 Sessions: Based on the interests of our patients expressed in the residency stage, the service introduced them to 'buddies' from our three cultural partners. Children and young people are then given the opportunity to take part in ten 1-2-1 sessions with their buddies to explore their own creative 'pathways' in more depth and lead on their own personal projects.

### **Create, Revive, Thrive: Staff Wellbeing Programme**

In October 2023, the service launched a new programme for staff: Create, Revive, Thrive, which aims to give all staff the opportunity to experience some new and creative, socialise with new colleagues and take time out for themselves to support their wellbeing. Led by a team of different creative specialists, activities include: visual arts, photography, dance, DJing, furniture upcycling, crafts and the staff orchestra. Other activities for later this year include Capoeira, pottery, and shared reading. Sessions have taken place at the main hospital site, in Sefton and in the city centre.

Early evaluation has shown that these programmes are having a significant impact on those who attend, and places for all sessions have become booked up very quickly. 100% said that they would recommend the sessions to their colleagues.

*“I enjoyed being able to socialise with colleagues from across the hospital, as well as the satisfaction of being able to make something and take it home at the end of the day, it was such a fun experience. It has had such an impact on my wellbeing, as the nature of my job is very reactionary and filled with decisions to make, and so the opportunity to spend the day relaxing and doing something creative has been so beneficial.”* Staff member.

### **Key Priorities 2024 – 25**

The key priorities for the Arts for Health programme 2024/5 are:

- To increase the number children and young people participating in the arts programme.
- To increase support for mental wellbeing in children and young people, particularly those in long term care.
- To increase our social prescribing offer to support more children and young people accessing CAMHS.
- To support clinical objectives through creative programmes.
- To expand our partnership base to work with new cultural providers.
- To increase the diversity of our Arts practitioners and programmes.
- To evaluate impact on children and young people through greater research.

### **Future plans 2024 – 2025**

The service have received funding from Alder Hey Children’s Charity to enable us to expand our programme, delivery partners and diversity of the programme. These include:

#### **Partnership with Royal Liverpool Philharmonic Orchestra**

A 12 month programme which brings musicians onto the wards and into the atrium, through a series of workshops and performances. There will also be two residencies on Sunflower House, access to free concerts for families and staff at the Philharmonic Hall and a staff wellbeing programme.

#### **Partnership with Everyman and Playhouse Theatres**

This is an innovative programme, partnering Alder Hey with a nationally renowned theatre and award-winning youth theatre programme to create a bespoke Youth Theatre programme for our patients and targeted at those struggling with mental health and accessing our CAMHS service.

#### **Partnership with Bamboo Collective and the Image Bamboo Festival**

The Bamboo Collective will create and deliver a festival of bamboo making workshops, which will be held both indoors and outdoors at Alder Hey and patients will contribute to the creation of a large bamboo structure which will take up permanent residence in the grounds of Alder Hey.

#### **Partnership with Shakespeare**

This six-week project will introduce patients to four elements of Hip Hop (Rap, DJ, Graffiti art, Beatboxing) and share the fascinating similarities between this modern genre and Shakespearean Prose.

### **Summary**

The Arts for Health Programme is well established for children, young people and their families at Alder Hey. The Arts offer a unique vision of how the hospital experience can be vastly improved. Art defines the look and feel of the Trust’s main building and the expanding cultural campus. The creative programmes bring in energy, sense of purpose and personalised care to the journeys our patients make during their time with Alder Hey. Due to significant increased funding from the Alder

Hey Children's Charity in March 2024, Arts For Health are planning to deliver more programmes throughout 2024 – 25.

### 3.3.5. Nurse Staffing

Changes or deficiencies in the nursing workforce can have a detrimental effect on the quality of care provided. Sub-optimal registered nurse staffing levels are associated with poorer quality interactions between patients and staff. In addition to the well-known patient safety risks, reports indicate a wider negative effect from low staffing, with adverse consequences for patient experiences and quality of care more generally. Patient outcomes, particularly safety and patient experience, are improved when organisations have the right people, with the right skills, in the right place at the right time.

The importance and guidance surrounding safe and sustainable staffing levels are enshrined in evidence based national professional nursing and regulatory standards.

The recruitment of band 5 registered nurses is co-ordinated at specific points each year, to align with graduation of local nursing students.

We continue to engage with all our locally graduating students within their final year training by providing a recruitment discussion to share our recruitment process, and identify our support frameworks, in addition to answering any questions.

We continue to operate our 'one stop' recruitment events, when all shortlisted candidates attend the trust, undertake the required recruitment elements (interview and medications test), and are informed on the day if they have been successful. This approach has a number of benefits and allows candidates to leave the event having already commenced all recruitment checks, ordered uniforms, and secured a job.

From May 2023 to date, we have successfully recruited 97 band 5 nurses through the process above, including our first cohort of Registered Nurse Degree Apprenticeship (RNDA) graduates.

We operate a rotational recruitment pathway for all newly qualified nurse which enables them to be supported in their first job but has the flexibility for a range of skills to be consolidated across the medical and surgical divisions within the organisation throughout the first two years.

All new nurses to the organisation are supported by undertaking a 1-week induction programme, which ensures they are not only welcomed to the organisation, but that they also receive all the training and education required to equip them to undertake their role. They are then supported through a 4-week supervisory period with further fundamental training provided and additional pastoral support.

Our preceptorship framework was internally reviewed and updated in 2023 and awarded the interim quality mark (IQM) from NHS England. The framework enables regular engagement with a professional nurse advocate (PNA), group and individual restorative clinical supervision.

#### **Aims:**

- To have zero nursing vacancies.
- To sustain a resilient, registered nursing workforce, with up to 40 WTE over the baseline frontline nursing establishment to cover maternity leave, long term sick cover and fill ward/department vacancies.
- To have a proactive recruitment campaign, reflective of the local population.
- To deliver our 5- year nursing workforce strategy.
- To have a nursing workforce that have the right skills and receive the right training to deliver the highest quality nursing care.
- To retain our nurses via a clear retention framework.
- To proactively plan for future workforce requirements.
- To enable all nurses to reach their full potential, to succession plan and to have a clear development plan for nurse career trajectory.
- To promote and herald the nursing contribution to research.
- To support and develop our international nurse colleagues.

We have invested further in our nursing workforce this year, by appointing Lead for Nurse Retention. This strategic role has enabled further development of our preceptorship framework and the embedding of the PNA role, both fundamental factors to ensure improvement in the retention of our new and existing nurses.

An additional area of focus for this role has been reviewing retention data specific to Alder Hey, which is now tracked and benchmarked against regional and national data. This supports targeted intervention with us able to demonstrate clear improvements.

The Trust has been successfully delivering its International Nurse Recruitment Programme since 2019. From May 2023 to April 2024, we have successfully recruited 38 internationally educated nurses. This year has seen the completion of our current programme, with in total 188 international nurses being recruited in collaboration with our recruitment partner NHS Professionals (NHSP). There is some potential to resume the programme in 2024/25 to address some staffing challenges within our Theatres Department.

The NHS Pastoral Care Quality Award (PCQA) was achieved last year, and we have been continuing to develop our pastoral programme and our networks to help support and develop our international nurses.

The Trust had continued in the early part of the Spring 2023 to be challenged with industrial action being taken by members of the Royal College of Nursing (RCN) and by our medical colleagues. Nursing teams have worked in collaboration with our staff side colleagues to acknowledge the right of staff to act, whilst also ensuring the safety of our children and young people. The Trust has worked with the RCN to meet derogated staffing levels to allow staff across all areas of the Trust to show support for the action if they wished, whilst also meeting safe staffing levels.

In line with Department of Health Hard Truths Commitments (2013), all trusts are mandated to provide nurse staffing information on a monthly return via the Learn from Patient Safety Events service (LFPSE) and publish this data at ward level and make the information available to the public. The Trust is compliant with submitting data to the public through both the NHS and Alder Hey websites, and at ward level. A monthly ward fill rate of 90% and over is considered acceptable nationally.

Fill rates for 2023/24 demonstrated that the overall staffing level for registered nurses was 85% and above throughout the year. The staffing levels reported are the head count on each shift, so does not analyse skill mix or the impact of temporary staff on a shift.

The Trust submits monthly workforce data to the commissioners via our workforce return portal (PWR) that shows we have consistently achieved zero vacancies, and, on some occasions, we are over our established nursing number. It is acknowledged that we still recruit into other gaps such as maternity leave, secondments, and long-term sickness and continue to work towards ensuring all our nursing gaps are covered.

The Trust has continued to successfully recruit into vacancies through collaborative working with our education providers, national recruitment days and bespoke recruitment in specialty areas.

From May 2023 the Trust has successfully recruited 97 band 5 and 38 internationally educated registered nurses, so 135 nurses in total. The total number of RNs that we have recruited in year is 181. However, we have seen 135 RN's leave the organisation in the last year. In terms of our non-registered workforce, we have seen 43 new starters and 25 leave the organisation. Significant

work is ongoing around retention, linking in with our People Plan, Preceptorship work and our well-being programme.

We have recently celebrated the graduation of our first nurse apprentice cohort, with all eligible candidates being recruited to positions within the organisation. We continue to support 8 RNDA; 4 learners have progressed into their third year and are progressing well. These are all overseen by a designated PEF who links with our HEI partner organisation and ensures all elements of the academic and apprenticeship requirements are met.

Work has been undertaken to create a developmental framework for all band 5 nurses within the organisation. This is inclusive of the preceptorship period and details the opportunities available to staff in addition to the expectations of the organisation at designated points being clear. We are currently participating in a pilot of new national nursing competencies for band 5 nurses and following the evaluation of these will consider how best they can be implemented within the organisation.

We continue to work to develop clear career opportunities for all groups within the nursing workforce which will be finalised later this year and will be inclusive of our support of internationally recruited nurses.

There has been initial work undertaken to create a development programme for our band 6 nurses, both those aspiring to undertake this role and those already in it. The programme will encourage the development of key skills and knowledge and provide assurance of the appropriate skillset of each candidate for the band 6 role, providing consistency across the organisation. We have also recently participated in a regional pilot exploring a new toolkit for band 6 nurses that has been developed and plan to continue to use this when further strengthening our band 6 development programme.

The Professional Nurse Advocate (PNA) role was launched in 2021 by Ruth May (Chief Nursing Officer for England) to ensure support for the nursing workforce following the covid pandemic. Our successful PNA programme is overseen by our Lead for Nurse Retention who continues to work towards the national, regional, and organisational requirements.

As a Trust we have developed a PNA strategy and action plan that is reviewed regularly.

Currently our 14 PNA's are all active in their local area, and support all recruited newly qualified nurses via our induction and preceptorship frameworks. There are several quality improvement projects being supported by PNA's and an establishment of PNA support via organisational well-being processes.

We continue to run our successful Care Support Worker Direct Programme, with all trainees successfully completing and taking up permanent or bank healthcare support worker positions at the Trust. This programme has been developed via initial funding from NHSE and allows recruitment of a local workforce that otherwise would not have routinely accessed a career in healthcare. The trainees normally take around three months to achieve the Care Certificate with many already having successfully completed their band 3 competencies. In the last year we have accommodated 3 Cohorts totalling 27 candidates, approximately 9 have gone into substantive contracts with the rest taking up flexible posts on the bank. This programme continues to be an integral part of our workforce strategy, and we are looking to link it in with our apprentice pathway.

We are currently facilitating a delivery programme of the Care Certificate to our existing health care support workers. This will be completed by September 2024, with an ongoing delivery plan in place to support any new recruits. This has been used as an opportunity to explore further developmental needs and career aspirations of this staff group, to ensure support for career progression can be implemented through the related career pathway information.

All nurses are supported to complete the organisational Standards for Student Supervision and Assessment (SSSA) training enabling them to meet the Nursing and Midwifery Council (NMC) requirements to support and assess student nurses. As part of SSSA training we now also provide education in relation to the preceptor role and the introduction to coaching.

In terms of pre-registration and our aspiring nursing workforce, we have recently commenced an annual study day for regional child field nursing students, (Year 1 – introduction to practice, Year 2 – consolidation of practice and Year 3 - transition). These days are facilitated by the PEF team, with support from the CPE's, and have workbooks aligned to the professional proficiencies, to support achievement. These study days also enable students to engage with the PEF team at regular points throughout their training programme ensuring those requiring support can be identified and any requirements implemented. We also facilitate quarterly learner forums, for a range of learners within the organisation, to participate in shared learning, and for us to utilise some dedicated time to understand learner experiences within the organisation currently.

The Practice Experience Recognition Certificate (PERC) is a relatively new project which enables us to identify students who demonstrate consistently exceptional skills in clinical practice. The PERC process enables assessors/ward managers/PEF's the opportunity to nominate a student at each point of their training, providing evidence for the nomination which is then considered by the awarding board. Any student who is awarded a PERC in all years of their programme is then able to access an adjusted recruitment pathway, which provides more choices in relation to their area of preference. There is also the opportunity for ward managers to award a 'lightening PERC,' which is only applicable to students in year 3. This enables them immediate access to the adjusted recruitment pathway for the area the Ward Manager is linked to.

Additional Practice Learning Activities (APLA) is a resource that has been created to enable practice learning that takes place outside of the clinical environment to be recognised. We have developed an extensive data base of resources to aid students in their learning and offer guidance in relation to proficiency-based activities, to enhance their practice knowledge. This data base is available to all students and has been created in partnership with multidisciplinary teams within Alder Hey and our local university partners.

Learners are supported to be empowered to take control of, and responsibility for their own learning and via APLA are provided with opportunities to develop their own practice. This enables them to further work towards becoming independent, reflective, and professional practitioners. All our pre-registration innovations were recognised when we were the winners of the 'celebrating achievements and practice excellence award' from University of Chester.

The Senior Nursing Team has continued to deliver on all elements of the five-year nursing workforce strategy and associated implementation plan. A considerable amount of progress has been made in the areas of compliance with regulatory guidance, safe staffing, education and training, apprenticeships, development pathways and clinical academic careers, with many actions completed. Our implementation plan has now been updated to reflect newer priorities, including

establishment reviews and sustainable models of care, mental health and learning disabilities and equality, diversity and inclusion and extended scope of practice. Progress is monitored via the Nursing Workforce Steering Group.

### **Safe Staffing Levels and Compliance with RCN Guidelines**

To continue to monitor and improve staffing levels, a review against the RCN standards has been repeated in 2023/24 for all inpatient and day case wards. The review has demonstrated improved compliance in all standards.

The Trust undertakes an annual review of all ward establishments in line with national guidance, service need, patient acuity and professional judgement and reports this to the Board. The Trust is now compliant with all the national workforce standards following further investment in the nursing workforce by the Trust Board.

In further progressing the work towards the aims of having zero nurse vacancies, sustaining a resilient nursing workforce, recruiting proactively, and ensuring the provision of a nursing workforce who have the right skills and receive the right training for the job, retaining our nurses, planning for future workforce requirements, enabling all nurses to reach their full potential, and promoting the nursing contribution to research, the Trust has made the following improvements.

### **Improvements 2023/2024**

#### **Recruitment and Retention:**

- ✓ 135 WTE front line registered nursing staff recruited in 2023/24, 181 RN's in total.
- ✓ Vacancy rates consistency less than 2%, often reported via PWR as 0%.
- ✓ A responsive recruitment culture with evidence of strong partnership between senior nurses and human resource staff, notably working together on successful national recruitment days, plus a comprehensive induction and preceptorship programme for new nursing staff.
- ✓ Consolidation of our 'one stop' recruitment event, with all candidates being interviewed on the same day and if successful their recruitment team/admin appointment confirmed at the same time.
- ✓ Recruitment strategy partnership working with higher education institutes to attract potential student nurses from diverse backgrounds.
- ✓ Completion of our International Recruitment Programme with a total of 188 nurses recruited by the Trust.
- ✓ The successful ongoing support of 8 Registered Nurse Degree Apprentices (RNDA).
- ✓ Implementation of a Nursing Retention Lead post to support a reduction in attrition rates and development of the retention offer.
- ✓ Further investment in the PEF workforce team to support delivery of our workforce and education programmes.
- ✓ Achievement of IQM for our preceptorship programme.

#### **Safe Staffing Levels**

- ✓ Staffing levels consistently higher than 85% throughout the year for open beds and the continued Daily Safer Staffing Huddle embedded as an integral part of our safer staffing plan. We have also started to become involved in the Safer nursing care tool national work, monitoring our staffing against the set dependency criteria.
- ✓ Carried out an annual staffing review against the RCN and local and national workforce drivers, with the results reported to Trust Board and any requirements addressed via business cases to IRG.



## Strong and Effective Leadership Structure

Comprehensive 5-year workforce strategy devised with clear vision to:

- Continue to be a national leading centre in the training, education, and recruitment of paediatric nurses and HCSW's.
- Diversify recruitment strategies to be more representative of the population we serve.
- Ensure that staff have clear opportunities to develop, grow and progress in the organisation.
- Develop to embrace new roles and transition to a sustainable model for the future.
- Develop a clear structure for advanced and specialist roles; services will continue to be developed around the needs of children, young people, and their families, and will clearly align to the service needed to provide their care.
- Continued safe staffing levels of over 85%
- Continue to meet the RCN safe staffing standards.
- Internal and external recruitment to senior nurse/ward managers positions.
- Internal promotion to Band 6 Ward Sister/Charge Nurse positions.
- Safer Staffing Huddle continues to be chaired by a senior nurse.
- Involvement in the regional pilot to develop a band 6 Developmental toolkit.
- Developmental framework for our Band 5 workforce
- Further development of our PNA programme, with more PNA's trained, delivering a greater number of supervision sessions.

## Educational Developments

- Full implementation of the Supportive Coaching in Practice (SCIP) model across the organisation- encouraging empowerment of learners and peer support.
- Continued to support senior nurses and aspiring nurse leaders to undertake the MSc programme in Leadership enabling staff to gain the necessary skills and competencies to successfully fulfil senior nurse roles. Maintained and supported three senior nurses per year to participate.
- Support of 15 nursing staff to undertake the professional nurse advocate training with 8 now successfully completed.
- Practice education facilitators and clinical practice educators continue to address organisational education requirements and provide a streamlined approach to a wide variety of staff development opportunities. A workforce development flow chart has been devised to outline the workforce programmes available and the access criteria.
- Ward major trauma competencies continue being implemented across the organisation.
- Implementation of a band 5 nurse development framework to clearly evidence the learning available has been undertaken to be utilised in conjunction with the new career pathway information for nursing.
- Development of practice-based learning packages, to support increasing numbers of learners and explore diversity of learning opportunities the organisation can offer has been undertaken.
- A full three-year annual development day has been implemented for pre-registration nurses facilitated by the PEF Team, to strengthen the application of theoretical learning to practice, and to enable specific organisational learning opportunities to be undertaken.
- The facilitation of a quarterly learner forum to allow learners from all specialities to receive education from organisational experts and facilitate student engagement via a 'listening hour'.
- Parity of esteem quality workstream to ensure staff are trained to care for children and young people to address all their physical and mental health needs, holistically.

## Quality Metrics

- Continued utilisation of the Tendable quality audit tool across all wards.
- Continued assurance for the Trust around standards and quality via the Ward Accreditation Programme with all areas now silver and above.
- Development of a new scoring matrix for the Ward Accreditation programme that maps across the current CQC self-assessment framework.
- Collaborative working with the Research Team, IT, and ward teams to continue to deliver the deteriorating patient DETECT study.
- E-roster system continues to be rolled out and monitored across wards, with KPI's reviewed, updated and performance monitored.
- Local challenge boards continue to monitor staffing at divisional level providing information for recruitment events.
- Patient safety meetings continue to provide assurance around our safety culture.
- Continued development of our quality rounds and associated action plans, monitored via divisional governance committees, with more involvement from our children and young people.

## Future Plans 2024/25

- Continued implementation of the Workforce Strategy and implementation plan.
- Continue proactive recruitment of student nurses and delivery of the RNDA Programme.
- Increase the equality, diversity, and inclusion of the nursing workforce reflective of the local population.
- Continue monitoring vacancies, turnover rates and daily staffing levels with work feeding into the regional retention committee and local workforce group.
- A real focus on retention with our Lead Nurse for retention looking to reduce attrition through a retention offer that incorporates preceptorship, well-being, engagement, flexible working opportunities, development, and restorative supervision.
- Continued implementation of the Safer Nursing Care Tool and enhanced acuity and dependency scoring and monitoring to inform establishment reviews.
- Continue to monitor use of temporary staff and maximise substantive staff via E roster to reduce temporary staff reliance.
- Continue to build on the education strategy; Continue to work closely with Human Resources Team, SALS, PNA's and wellbeing teams to support staff.
- Continue to work with HEI's to train and recruit a workforce that is diverse, inclusive, and reflective of our community.
- Facilitate, enhance, and maximise the full potential of the nursing workforce who have a wealth of ideas, innovative solutions and experience to further shape and develop evidence-based practice.
- Continue to develop the organisational establishment of the professional nurse advocate role and deliver the strategy.
- Delivery of our Band 5 development plan.
- Development and implementation of our Band 6 Development Programme and associated competencies to strengthen our senior nurse's knowledge, skill, and competence in clinical areas.
- Clinical skills review and development of a TNA to address any gaps.
- Advancement to an organisational model of delivery of the Care Certificate for our healthcare support workforce.
- Creation of a preceptorship framework and standardised induction for all newly recruited

healthcare support workers.

- Implementation of the career pathway for the nursing workforce to clearly demonstrate the progression routes available.
- Development of our nursing workforce retention strategy and associated KPI's.
- Support the development of a Paediatric Early Warning Tool training programme to ensure staff are supported to recognise and manage the deteriorating patient effectively.
- Roll out of our IV Therapy passport.

### 3.3.6. Management of Complaints and Concerns

The Trust is committed to ensuring all our children, young people (CYP) and their families receive the highest quality of care. Alder Hey places enormous value on the views and feedback from patients, parents and carers including when they raise concerns or submit formal complaints. In putting children and young people at the centre of all we do, we recognise this as an opportunity for them to contribute to improving services, patient experience, and patient safety.

The Trust will always try to resolve any concerns at a local ward or departmental level, and through our Patient Advice and Liaison Service (PALS) and will try to avoid escalation to a formal complaint, this of course always remains the right of the family, should their initial concerns not be resolved satisfactorily. Parents and carers who raise a formal complaint are offered the opportunity to attend a meeting to resolve their concerns in addition to receiving a written response.

The table below shows the number of formal complaints received and comparable to the previous two years. The number of informal PALS concerns has significantly increased; this is largely associated with an increase in contacts in relation to appointment and treatment waiting times affected by the pandemic recovery and an increase in demand for services such as mental health.

	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021/ 2022	2022/ 2023	2023/ 2024
<b>Formal complaints</b>	134	70	66	83	121	114	159	158	154	142
<b>PALS</b>	1133	1246	1294	1349	1371	1279	915	1524	1904	1987

The Trust aims to respond to concerns in a timely manner as we understand how important it is to families that their concerns are taken seriously, and that they are fully supported, and appropriate action is taken as quickly as possible to resolve any issues.

A continued key quality improvement driver for 2023/24 was to improve compliance with the Trust policy to resolve informal PALS concerns within 5 working days, and formal complaints within 25 working days. The Trust made highly significant improvements with an average of 82% of informal PALS concerns responded to within 5 working days and an average of 71% of formal complaints responded to within 25 working days.

Staff from several teams and areas, work together collaboratively to ensure patients and families have received a timely, compassionate, and supportive resolution to their concerns and are committed to improving this further still. The Trust understands that timely management enables earlier identification of actions, lessons learned and potential improvements to benefit all our patients and families.

## Learning from complaints and PALS

Alder Hey is a learning organisation and uses complaints as a mechanism for taking forward improvements and changes in practice. Lessons learned and actions taken, because of formal complaints and informal PALS concerns during the year include the following:

### Lessons Learned

- ✓ The importance of having robust systems in place and an action plan following reviews to ensure awareness through the team of requirements for improvement. This will ensure any agreed actions are appropriately completed.
- ✓ Team to consider the number of professionals in a meeting with parents and their families, to ensure they do not feel overwhelmed.
- ✓ Appropriate examinations must be undertaken, and parents have all interactions explained to them fully so they can feel reassured by the care received.
- ✓ MDT discussion not always documented thoroughly enough to provide rationale for decisions.
- ✓ When multiple referrals or assessments have been completed discuss waiting time experience with family to guide next steps.
- ✓ Incomplete Achenbach questionnaire should be identified at the point of entry onto the electronic scoring system and returned to be completed in its entirety.
- ✓ Timely communication with patients/carers when queries are raised in between clinic appointments.
- ✓ New staff must be introduced to all processes and adequate training/supervision should be provided.
- ✓ More information should be given to families when provisional theatre dates are shared including the risk of this date changing.
- ✓ Complexities of patients and planning should be considered when reviewing any potential Theatre list changes.
- ✓ Best practice for use of Ethyl Chloride spray.
- ✓ Importance of clear and unambiguous communication and planning especially when managing a child with complex behavioural needs requiring a bespoke induction plan
- ✓ Care and attention is needed when dictating letters/reports to ensure the correct patient is identified and the content of the letter relates to that patient only.
- ✓ Ensure only one patient's record is open when dictating letters/reports to minimise the risk of incorporating a different patients' information into letters/reports in error.
- ✓ When a PALS and Complaints Officer is on leave, to ensure the email out of office / answerphone message gives the generic complaints email address, in order that any queries can still be responded to.
- ✓ All assessment letters should include a full report of significant life events that families have shared.

### Actions

- ✓ An additional phone line for Developmental Paediatrics was purchased and designed due to the number of complaints received and incidents reported about how difficult it was to get through or how long family members said they had to wait, and statements that our staff were rude or unhelpful. The new system records calls so they can be reviewed, monitors how many calls are made, how long the caller waited before being answered, and how many dropped / disconnected calls there were.
- ✓ Improvements were undertaken in the Emergency Department waiting room following feedback via FFT, complaints, PALS and incidents. There was a consistent theme of poor communication

as families not being kept informed of the waiting time, and poor patient experience during the wait as no refreshments available and no toys to play with. Improvements made included provision of a refreshment trolley, purchase of a tannoy system, update of the screens to ensure they display current waiting times, provision of toys in the waiting room and accessibility of sensory toys.

- ✓ The '5 Rights of Appointments' was established due to PALS concerns, appointment errors and data protection errors. The improvement work action plan developed includes training, creation of 'how to' guides, and amendments to Meditech and Medisec systems.
- ✓ An induction pack has been developed by the Division of Community and Mental Health including guidance points for staff on expectations regarding communication, values and behaviours.
- ✓ Improved links between ADHD and CAMHS so that young people at greatest risk to themselves and others are fast tracked via consultation between the psychiatrist and the ADHD nurse led service.
- ✓ Where possible when a parent has made a complaint we involve them in the improvement action- either by meeting with them to agree how we should move forward or ask them to consult on the change idea or review the final draft/action.
- ✓ Neurology Pharmacist Business Case devised.
- ✓ Standard Operating Procedure for supply of intrathecal baclofen under development.
- ✓ Review of journey across time for access to CAMHS, considering wait for other services and share learning across CAMHS.
- ✓ New Achenbach forms sent for updated information to inform neurodevelopmental assessment.
- ✓ Review of availability of play team staff in the community.
- ✓ Ongoing work to address wait times for follow up appointments.
- ✓ Inclusion of medication safety as part of the study days on HDU.
- ✓ Ensure all patients are wearing wristbands.
- ✓ Utilisation of the digital technology to help aid in the checking process of medication safety.
- ✓ Process review undertaken by the Theatre department to request theatre time for a long day/3 session case.
- ✓ Clinicians reminded to thoroughly proofread letters before sending to minimise the chance of naming errors.
- ✓ Administrators asked to check whether clinicians are in work when taking messages, and to inform families when there may be a delay in responding.

The Trust is proud of the achievements made this year to support children, young people and families to raise concerns and to help resolve any issues and are committed to further improving in the coming year by further improving the feedback mechanisms for children and young people.

### 3.3.7 Family & Friends Test (FFT)

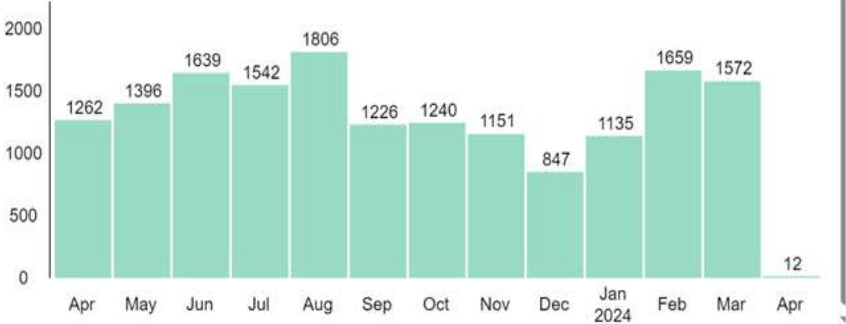
**Background:**

Alder Hey collects information from children, young people, and families/carers through the Family & Friends Test (FFT), a national tool which provides consistent information that is comparable to other organisations and is published externally on the NHS England website. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is pivotal in providing families with an opportunity to voice their views and share their experience and therefore help the Trust to identify areas for improvement.

**Results**

There have been 16,487 completed FFT responses in 2023/24 which is an increase of 902 compared to 2022/23. 92% (15,264) of families shared that they had a very good or good experience which is a 3% increase compared to the previous year. The overall number of responses and the number and percentage of how families rated their experience, ranging from very good to very poor, can be seen in the graphs below.

Number of surveys completed each month  
(Total Trust From 1 Apr 2023 to 1 Apr 2024)  
16487 Surveys



Percentages of Very good/good and poor/very poor  
(Total Trust, 1 Apr 2023 to 1 Apr 2024)



FFT response breakdown  
(Total Trust, 1 Apr 2023 to 1 Apr 2024)

Response	Percentage	Number of times response selected
Very good	80.85%	13329
Good	11.74%	1935
Neither good nor poor	2.34%	386
Poor	2.03%	334
Very poor	2.81%	463
Don't know	0.24%	40

### FFT Response Rate:

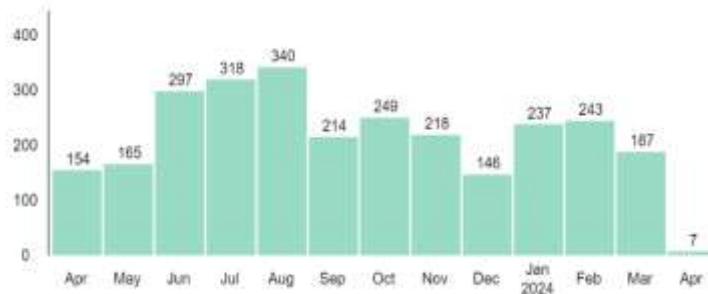
Comparison of FFT response rates between different Trusts and the national average is not encouraged by NHS England; this is because variable factors all impact a Trust's ability to collect FFT feedback. However, it is important to measure our own and identify themes, trends, and opportunities to improve the experience of children, young people and families. The Trust encourages feedback from all inpatients, outpatients and attenders at the Emergency Department.

There was opportunity for 427,000 potential FFT responses during 2023/24 therefore the overall Trust response rate was 3.9%. SMS text remains the most popular method of collection. The data is available to be analysed at Trust, Divisional, Service and Team level to enable local action.

- Inpatients**

2775 completed FFT responses of which 95% of children, young people and families shared that they had a very good or good experience which can be seen in the graphs below.

Number of surveys completed each month (Inpatient From 1 Apr 2023 to 1 Apr 2024)  
2775 Surveys



Percentages of Very good/good and poor/very poor (Inpatient, 1 Apr 2023 to 1 Apr 2024)



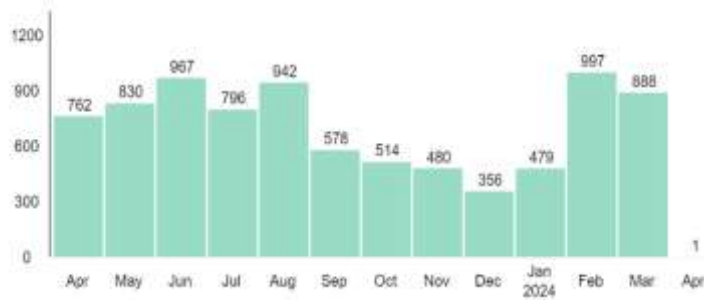
FFT response breakdown (Inpatient, 1 Apr 2023 to 1 Apr 2024)

Response	Percentage	Number of times response selected
Very good	83.71%	2323
Good	11.71%	325
Neither good nor poor	2.38%	66
Poor	1.01%	28
Very poor	0.94%	26
Don't know	0.25%	7

- Outpatients**

8590 completed FFT responses of which 95% of children, young people and families shared that they had a very good or good experience which can be seen in the graphs below.

Number of surveys completed each month (Outpatient From 1 Apr 2023 to 1 Apr 2024)  
8590 Surveys



Percentages of Very good/good and poor/very poor (Outpatient, 1 Apr 2023 to 1 Apr 2024)



FFT response breakdown (Outpatient, 1 Apr 2023 to 1 Apr 2024)

Response	Percentage	Number of times response selected
Very good	84.40%	7250
Good	10.77%	925
Neither good nor poor	1.50%	129
Poor	1.46%	125
Very poor	1.69%	145
Don't know	0.19%	16

• **Emergency Department**

3183 completed FFT responses of which 82% of children, young people and families shared that they had a very good or good experience which can be seen in the graphs below.

Number of surveys completed each month (Total Trust From 1 Apr 2023 to 1 Apr 2024)  
3183 Surveys



Percentages of Very good/good and poor/very poor (Total Trust, 1 Apr 2023 to 1 Apr 2024)



FFT response breakdown (Total Trust, 1 Apr 2023 to 1 Apr 2024)

Response	Percentage	Number of times response selected
Very good	67.51%	2149
Good	14.73%	469
Neither good nor poor	4.81%	153
Poor	4.78%	152
Very poor	7.85%	250
Don't know	0.31%	10



## Next steps

The Patient Experience Strategy group is undertaking a comprehensive review of how the Trust collects meaningful feedback from children, young people and families to ensure that the Trust focuses on what matters to our families and can continue to engage, listen, learn and improve in the future.

### 3.3.8. STAR (Safe Together & Always Right) – Ward Accreditation Scheme and TENDABLE (formerly Perfect Ward) audits

Ward accreditation schemes have been shown to promote safer patient care by motivating staff and sharing best practice between ward areas (Coward et al, 2009; Central Manchester University Hospitals NHS Foundation Trust).

Developed in 2016, the Journey to the STARS – Ward Accreditation Scheme: a quality and safety audit tool designed to give assurance of standards of practice by measuring the quality of care delivered by wards and department teams was designed in partnership with children and young people.



The inspection team comprises both clinical and non-clinical staff, including welcoming some of the volunteer team, our young volunteers and members of the Children and Young Peoples forum joining the teams. Each member of the inspection team will undertake an aspect of the assessment which includes the following:

- Interviewing the ward / department manager
- Questions for patients, parents and carers
- Questions for staff
- An observational audit looking at the environment as well as observing interactions and behaviours.
- Record keeping and documentation.

Accreditation results are considered and discussed through divisional governance/performance review meetings and reported up to the Clinical Effectiveness and Outcomes Group on a quarterly basis and to the Safety Quality Assurance Committee six monthly.

During 2023/24 the Trust has been working with managers and governance leads in other departments/ services that are not currently part of the accreditation scheme to consider how they may be included in the scheme going forward. This includes sharing a background to the scheme and describing the process.

27 assessments have taken place in wards and departments throughout the Trust in 2023/24. 24 assessments were unannounced, and 3 assessments were announced with the Renal Unit, Dental Outpatients department and Childrens Community Nursing Team included in the accreditation scheme, with their first assessments taking place between April and May 2023.

On the day of the assessment:

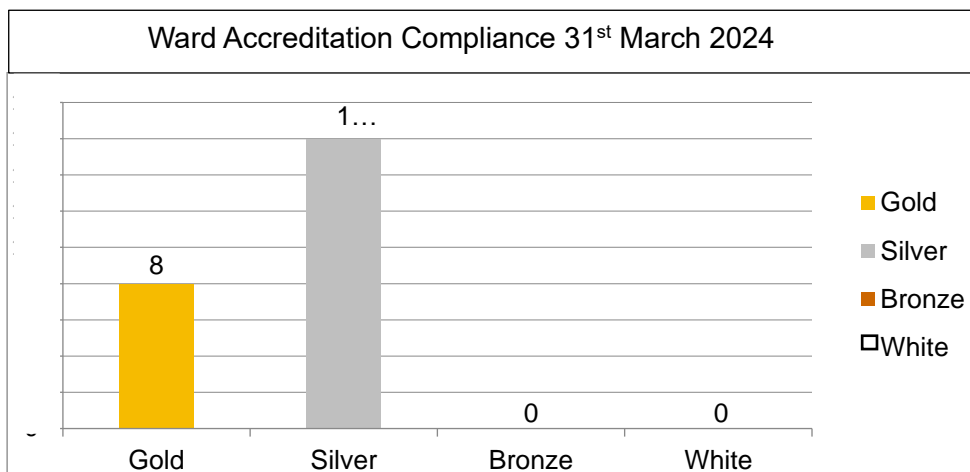
- 4 wards/departments were initially given a WHITE award due to non-compliance in one or more categories of the mandatory safety checklist.
- In 3 of the wards/departments there was evidence of significant improvements when members of the assessment team returned, and those areas received the award indicated by the overall

scores of the assessment.

- There was no evidence of significant improvements in one ward/department when the assessment team returned. Therefore, the ward / department remained on a WHITE award and a full accreditation assessment was scheduled. The accreditation assessment in that ward / department took place 12 weeks later, there were significant improvements noted by the inspection team and the ward achieved a SILVER award.

The Emergency Department (ED) and the Emergency Decisions Unit (EDU) were assessed on the same day by two separate teams and as previously the outcome is presented as an overall award. It has been agreed to separate the findings for both areas and score them separately as going forward they will be two departments and the senior management team felt that it would be helpful to have a specific baseline assessment for EDU now that (Paediatric Assessment Unit) PAU is incorporated within the unit. The plan will be to assess them as two separate departments in the future.

As a result of separating ED from EDU/PAU there are now 24 wards / departments included in the accreditation scheme. The overall Trust position is shown in the table below; it indicates that 8 wards/departments have achieved a GOLD award, and 16 wards/departments have achieved a SILVER award.



Based on the outcome of the previous assessments; 4 wards/departments have maintained a GOLD award and a further 4 wards/departments has achieved a GOLD award for their latest assessment.

The wards/departments currently with a GOLD award are as follows:

- Surgical Day Unit
- Burns Unit
- Clinical Research Facility
- Neo-natal Surgical Unit
- Renal Unit
- Childrens Community Nursing Team
- Sunflower House (formerly Dewi-Jones Unit)
- Medical Day Unit

## Tendable Audits

In 2019, the Trust developed a quality and safety audit in collaboration with an external company Tendable (formerly called Perfect Ward) to enable regular audits to be undertaken in wards and clinical areas.

Tendable is an App-based real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing inspection results directly onto electronic devices and provides automated reporting.

This tool is fundamental in enabling senior nurses within the organisation to undertake quick and timely audits in their areas of responsibility to assure themselves of the standards and quality of care being delivered, and to identify where improvements are required. The results and actions also assist in providing ward to Board assurance.

The Trust has four specific audit types within the App:

- Matrons/Ward Managers' Quality and Safety Audit
- Infection Prevention & Control and Personal Protective Equipment (PPE) Compliance Audit
- Tissue Viability Audit
- Building Services Audit

Each Audit consists of a range of observations within the clinical area looking at the environment and clinical practice and there are questions for staff. The Matrons/ Ward Managers' Audit also has questions for patients and their families. The Tissue Viability Audit includes a review of patient records.

The reports are available in real time following the Audit once the findings have been submitted. The report will show an initial summary highlighting the number of issues that have been resolved from the previous Audit; any new issues identified during the current Audit and repeat issues that have not yet been resolved.

The key findings from the regular audits will be used to inform the more detailed ward accreditation process; reviewing ward/ department performance to include as part of the briefing for the team ahead of the accreditation assessment.

A review of the audits currently used within the Tendable App has been undertaken with the relevant teams in the organisation and the following changes have been or will be actioned:

- ✓ The Tissue Viability Audit – some questions were no longer applicable, and the Tissue Viability Team felt that some new questions needed to be included. Sunflower House had previously not been included in the audit. The changes have been made and the new audit has been updated and in use in Sunflower House as well as the rest of the Trust.
- ✓ The Infection Prevention & Control Audit and the PPE Compliance Audit has been reviewed with the IPC team and several changes have been agreed. The audit will be updated to reflect the changes needed.
- ✓ The Matrons/Ward Managers Quality & Safety Audit will have additional questions added related to Shared Decision Making.

The Standard Operating Procedure relating to quality and safety audits using the Tendable App, will be updated to reflect the changes to the audit schedule and will include roles and responsibilities in relation to completion of actions or escalation if actions remain unresolved.

### 3.3.9. The Alder Hey Academy

The Alder Hey Academy focuses on all things Learning, Education and Opportunity related, ensuring that both current and future staff have the knowledge, skills and confidence to undertake their roles effectively. Since 2021, the Academy has included Medical Education; Clinical Education; Learning and Development; Apprenticeships as well as Events and our Vocational Programmes and Schools & Colleges Out-Reach.

As a major provider of education and training for doctors, nurses, and allied health professionals we partner with several universities and other education providers to offer a range of learning opportunities for pre and post registration students as well as offering placements, work experience and shadowing opportunities to those at different stages in their career.

In 2023/24 we welcomed over 600 medical students to Alder Hey on placement, and for the first time these included medical students from Edge Hill University and the University of Central Lancashire as well as students from our long-standing partner, the University of Liverpool. We also provided clinical placements to more than 900 nursing and allied health students as well as offering placement weeks for over 60 BTEC students and 185 students seeking work experience.

In addition, Alder Hey delivers several postgraduate modules and courses to support wider workforce development. Our academic partnership with Edge Hill University enables us to offer modules / awards in High Dependency Care and Paediatric Critical Care (with over 90 participants undertaking these during 23/24) and a new partnership with Great Ormond Street Hospital and Middlesex University has enabled us to offer modules in the Physical Examination and Assessment of Children and Young People as part of a new Advanced Clinical Practice programme.

As a large employer with an ethical and social responsibility within the Liverpool City Region (LCR), expanding our apprenticeship offer is a key priority for us. In 2023/24, a further 37 staff started an apprenticeship, with 14 of these being new staff joining the Trust as an apprentice - an increase of 42% from the previous year.

To date, we have over 250 staff undertaking an apprenticeship across 43 different subjects, ranging from Level 2 up to Level 7 (Masters). New subjects being studied in 2023/24 include Clinical Associate in Psychology Level 7 (Masters), Artificial Intelligence Data Specialist Level 7 (Masters), Senior People Professional Level 7 (Masters), Operating Department Practitioner Level 6 (Degree), Dietician Level 6, and Safety, Health and Environment Technician Level 3.

To maximise the opportunities available through apprenticeships, we currently work with 35 apprenticeship training providers across the Northwest Region and beyond (including 11 Universities, 10 Colleges and 14 Independent Training Providers) and we are also now working with new stakeholders for apprenticeship provision which include: Cambridge Spark Limited, MBKB, RHG Consult Limited, the University of Bolton and the University of Exeter. Alder Hey remains one of the first NHS Trusts to be awarded Matrix accreditation for our Information, Advice and Guidance (IAG) service, and this quality mark ensures that colleagues and managers receive high quality support and impartial IAG about career-related apprenticeship decisions.

We were delighted by the successes of our apprentices during 2023/24 – from one of our apprentices being awarded the prize as the highest achieving student on the Level 6 Social Worker Degree Apprenticeship (through Manchester Metropolitan University) to our cohort of Registered

Nurse Degree Apprentices (through UCLAN) who successfully achieved their apprenticeship and started their new roles as Band 5 staff nurses within the Trust in February 2024.

Ensuring we provide high quality learning opportunities is a major focus for us, and during the year we implemented several actions to enhance students/trainees experience whilst at Alder Hey. Many of these focused on student wellbeing, managing the changes brought about by new curricula, enhancing student / trainee 'voice', supporting supervisors and mentors, and realising the benefits of technology and technology enhanced learning. Managing the quality of students' learning experience during periods of industrial action brought some significant challenges, and it is testament to our collaborative approach and partnership working that we were able to navigate these periods with minimum cancellations.

Some highlights from our enhancement work include:

- **Timetabling of student activities**

Work to implement the University of Liverpool's automated timetabling system was completed in-year, enabling UoL medical students to receive full details of their placement activities in advance of their placement. This has aided placement planning and supported good communications between all parties, which was particularly relevant considering the significant changes introduced by the University to their Year 4 curricula in September 2023.

- **Refreshed Induction/s**

Receiving a good induction is critical to ensuring that all students, trainees, and staff feel welcome and orientated to Alder Hey. Our undergraduate medical student inductions were refreshed under the direction of our new Clinical Sub-Dean and the induction for trainees was reviewed and revised under the guidance of a Postgraduate Tutor and Director of Medical Education with support from the medical education team. Alder Hey's corporate induction has also undergone a major refresh, with a new framework being introduced from April 2024.



*Our Registered Nurse Degree Apprentices*

- **Student Engagement & Support**

Reflective of the need to ensure timely and accessible support for all students, our medical education team have changed their approach to student registration to ensure daily face to face contact with students, which complements our open-door policy. In addition, we have introduced an annual study day for regional child field nursing students, (Year 1 introduction to practice, Year 2 consolidation of practice and Year 3 transition) which aligns to student's professional proficiencies. These events have also been designed to enable students to engage with the practice education team at regular points throughout their programme - ensuring those requiring support can be identified and any specific requirements implemented. We also facilitate quarterly learner forums for a range of learners within the organisation, to participate in shared learning, and for us to utilise some dedicated time to understand learner experiences within the organisation currently.

- ***Supportive Coaching in Practice (SCiP)***

We have now fully implemented our SCiP model across the organisation. The principles of the SCiP model are to empower students to lead their own learning under the support of a coach and this model enables learners to develop multiple skills including workload prioritisation, leadership, teamworking and communication. The principles of SCiP are now implemented in all areas of the Trust and feedback from learners is very positive as to the benefits of this approach. SCiP has been identified in recent recruits' application forms as fundamental to their professional confidence at the point of registration in addition to all the skills developments identified above.

- ***The Practice Experience Recognition Certificate (PERC)***

PERC is a relatively new project which enables us to identify child nursing students who consistently demonstrate exceptional skills whilst in clinical practice. Any student who is awarded a PERC in all years of their programme is then able to access an adjusted recruitment pathway, which provides more choices in relation to their area preference. There is also the opportunity for ward managers to award a 'lightning PERC' to students in year 3, which enables the student to access to the adjusted recruitment pathway for the designated area.

- ***Additional Practice Learning Activities (APLA)***

APLA is a resource that has been created to enable practice learning that takes place outside of the clinical environment to be recognised. We have developed an extensive data base of resources to aid students in their learning and to offer guidance in relation to proficiency-based activities to enhance their practice knowledge. This is available to all students and has been created in partnership with multidisciplinary teams within Alder Hey and our local university partners. Learners are supported to take control of and be responsible for their own learning and via APLA are provided with multiple opportunities to develop their own practice, which enables them to further work towards becoming independent, reflective, and professional practitioners. The value of this, along with our wider child nursing pre-registration innovations, was recognised when we were the winners of the 'Celebrating Achievements And Practice Excellence Award' from the University of Chester.

Wider work during 2023/24 has included the roll out of the Professional Nurse Advocate (PNA) framework overseen by the new Lead for Nurse Retention; a new preceptorship policy and framework approved (February 24); a refresh of the Band 5 development pathway and piloting of the new national nursing competencies for Band 5 nurses; the creation of a Band 6 nurse development programme; delivery of the Care Certificate to healthcare support workers and a review of the design of trainee's paediatric programme in light of new national curricula.

Our in-house leadership development programme 'Strong Foundations', rooted in psychology around understanding self and others, continues to be both popular and impactful across all levels of the organisation and Insights Discovery is also offered to individuals and teams to support team dynamics and compassionate leadership. Wider development opportunities include coaching, mentoring and 360 feedback, all of which are co-ordinated by the Organisational Development team to ensure personalised support and development is available when/where it is needed most.

The Academy Learning and Development (L&D) team, under the guidance of the new Head of L&D, have spent time ensuring that courses and events are more visible to staff across the Trust and the L&D team are integrated more fully within team discussions and workforce planning activities. They have also worked tirelessly with divisional leads, HR colleagues and subject matter experts to deliver on our requirement to ensure staff are compliant with mandatory training, and

notwithstanding new topics being added, the operational challenges of industrial action, embedding different ways of working and managing the demands on our services this year, we have consistently exceeded our 90% target. During the latter part of 2023/24, the L&D team introduced a refreshed approach to training needs analysis (TNA), with the intention of creating a more personalised experience at team, service and divisional level. Feedback has been positive, and this will now feed forward into 24/25 priorities.

Across Alder Hey we use a range of technologies to support learning and our Simulation Special Interest Group (SIM-SIG) has gone from strength to strength in 2023/24, bringing together those with experience of and/or an interest in simulation. Part way through the year, and reflective of the growth in simulation activity, a new approach to capturing and reporting simulation was introduced. During Quarter 3 and Quarter 4, 72 formal simulation sessions were run, covering topics such as sepsis, cardiac arrest, burns, anaesthetic emergencies and deterioration. Pre and post evaluations highlight the value of simulation in supporting staffs' confidence, with participants typically recording a usefulness of between 9 and 10 (10 being the maximum) and an increase in confidence of between 3 to 5 points (on a 10-point scale).

As a leading provider of paediatric care, we are keen to maximise opportunities for sharing our knowledge and expertise and to learn from others. Hundreds of learning events run throughout the year, but some highlights include the 5<sup>th</sup> Annual Vestibular Conference in October 2023, which attracted delegates from as far afield as Mumbai, Bucharest, Nice and Barcelona. In addition, ENT colleagues hosted the prestigious European Society of Otorhinolaryngology 2023 Congress in the M&S Bank Arena, supported by the Academy Events team. This reflects a shift in our ways of working, as logistically not all events are able to be accommodated on-site.

Other highlights include two practical paediatric radiology study days within our state-of-the-art Radiology Teaching Suite (provided in conjunction with the North West School of Radiology); our collaboration with Liverpool Medical Institute to offer an Aspiring Medics programme (designed to enthuse, inspire, and support the next generation of doctors) and our work with Manchester Metropolitan University and the Alder Centre for Education which ensures that all trainee teachers at MMU hear first-hand from young people about their experiences of mental health and how teachers / schools can best support them.

Reflecting our role as an anchor organisation within the city and given the need to attract talent from across a wide range of communities, we continue to work with internal and external partners to deliver our Inspiring Futures programmes. As part of this we:

- Offer supported internships in partnership with Liverpool City Council, DfN Project Search and the Royal Liverpool University Foundation NHS Trust. 12 young people are currently on the programme, which sees them develop skills across a range of placement areas during the year, with the aim of securing employment at the end of the programme.
- Develop new partnerships to maximise the value of our placements and work experience opportunities for local young people with specific support needs.



*Simulation Exercise*

- Support a range of local careers related events for both primary and secondary schools.
- Run our Aspiring Medics programme for those interested in medicine as a career.
- Partner with The Prince's Trust to offer employment support for young people aged 16-29
- Collaborate with other Trusts across Cheshire and Merseyside in terms of career-related support for care experienced young people.
- Deliver sessions for The Children's University, which is an education programme working with children aged 5 - 14 to ignite a passion for learning, to raise aspirations and build self-confidence. A recent Alder Hey broadcast saw over 2,000 children join online to explore all things 'teeth' related!



Children's University Mini Mouth Matters Zoom Broadcast by Alder Hey's Dental Team

### 3.3.10. NHS Volunteering England

#### Alder Hey Volunteers

- Volunteers are crucial to the NHS's vision for the future of health and social care.
- Volunteering is a key enabler in transforming the way the NHS works with local people and communities.
- We have ensured through our robust and established recruitment and training process that the programme is accessible and inclusive; we have opportunities for a diverse range of volunteers.
- We are proud and privileged to have more than 135 active volunteers at Alder Hey with 65 in recruitment and 15 waiting to start.
- With the introduction of our young volunteer's programme, which we now have 10 active young volunteers and hoping to recruit more in September.



### Benefits to the Trust

- Volunteers have continued to provide a vital front of house function, ensuring that visitors are reminded of the safety precautions they need to take whilst moving about the hospital.
- Our volunteers dedicated over 20,150 hours to the Trust providing companionship, play activities, and staff support which enabled an improved patient experience.
- Results of the “Helpforce” evaluation as part of the “Volunteer to Career” programme identified each volunteer interaction as saving 25 minutes of clinical time – allowing staff to concentrate on delivering clinical care.



### Winter Pressure Volunteer Programme ED

- NHS England awarded Alder Hey financial support in 2023 to increase resilience in our volunteering service to contribute to reducing pressure on our staff and the Trust services.
- This has continued as an essential role for the volunteers as this year’s winter pressures resulted in the highest attendance to the Emergency Department due to Strep A, and RSV; volunteers helped improve our patient experience and safety and supported our staff including their wellbeing.

### Ronald MacDonald House

- Families can use the Ronald MacDonald House (RMH) and are welcome to use the Day Centre at the House, where there is a television, toys, refreshments, a bath, and shower.
- Daily passes for RMH are available for families who are experiencing day long appointments or have a long wait for patient transport.
- Concierge and ward departments contact volunteers who advise of this service and can also accompany families to the RMH for further support.

### Smoking Advisors

- Volunteers participate daily in a smoke patrol to try and encourage individuals not to smoke on sight.
- Training is provided to our volunteers to support our “Smoke Free” policy.

### Concierge Service

- Volunteers are trained to support our concierge team by answering enquiries, giving information regarding the car parking, and providing an enhanced patient experience.

### **Volunteer Mentors**

- Volunteers are identified and trained to assist volunteers who require additional support due to physical or learning requirements and support.
- Volunteering along with the academy have helped a volunteer with additional needs to gain employment within the team to help support and mentor new volunteers with addition or physical needs.

### **Mealtime Facilitator**

- Volunteers support breakfast, lunch, and dinner times – assisting the housekeeper/HCA/chef and ward staff to ensure the smooth running of mealtimes.
- They also provide company and support for any children and young people on their own.
- These volunteers spend time getting to know families who can be reassured to leave their child to have meals themselves if needed.

### **Baby Cuddling**

Launched on national television, volunteers are available to go to the ward to hold babies and engage with children and young people when families are not available. For many years the positive effect of human touch on infants has been clearly demonstrated. Volunteers as well as cuddling babies, sing and tell stories to provide stimulation.

### **Play Support**

- Support the delivery of play activities to ensure all children and young people have the opportunity for play.
- Volunteers have attended bespoke Storytelling training to learn new methods and develop their skills.
- Volunteers offer atrium activities such as facepainting and games activity throughout the day.

### **Clinical Psychology Referral**

- Occasionally families and children and young people require extra non-clinical support on the wards for various reasons.
- Identified by a clinical psychologist and then referred to the Volunteer Services Team a plan is then put in place depending on requirements.
- This may be someone to stay with a child and play or read stories or a volunteer providing company and support for a carer/parent, going for a cup of tea, or familiarising themselves with the local area.

### **Spiritual care volunteers**

There is a total of 12 volunteers in the spiritual care team.

## **Achievements in 2023/24**

### **Family support**

- This role was started in September 2023 and has been a huge support to our families, children and young people.
- Family support is offered daily for the new admissions on each ward and the families are given information that makes their stay in the hospital that bit easier.
- This service familiarises our families with local surroundings, car park, Ronald Macdonald House, ward information booklets emergency toiletries and the PALS office and its function.

### **Care Packages**

Volunteers provide support to the Patient Experience Team in providing the resources to assemble the care packages that are provided to all wards and families who need extra support during their stay with us in the Trust. These packs include pjs, toothpaste, toothbrush, comb, shower gel and body spray. They can also be provided with nappies and sanitary products.

### **Digital Innovation**

Volunteers have moved to a digital sign in system to allow for a real time volunteer rota. This has also allowed for accurate data and reporting for volunteer activity – such as number of hours and location of provision.

### **National Volunteering Certificate**

- Alder Hey Volunteers are now able to sign up to complete the recognised National Volunteering Certificate.
- This requires completion of the e-learning modules by Health Education England which offers standardised basic mandatory training, designed to be portable for volunteers in health and social care.
- The second element is completion of 60 hours volunteering.

### **Young Volunteers**

- Becoming patient safety partners.
- Becoming Learning disability champions.
- Taking part in quality ward rounds.
- Helping select Alder Hey NHS Foundation Trust charity champions.
- Taking part in staff interviews.
- Shadowing in different departments i.e
  - Helping distribute toys at Christmas and chocolate eggs at Easter.
  - Meeting the executives and asking questions regarding the Trust.
  - Having sessions with the youth forum to discuss how to improve patient engagement.

### **Palliative Care Role**

A role has been developed to provide support for CYP and families/carers under the care of Alder Hey Palliative Care Team. Referrals for support come directly from the palliative team who have identified those who would benefit from play and companionship from our volunteers. The Trust volunteer coordinators matches volunteer skills and experience to this sensitive role and extra emotional support is also provided for the volunteer.

### **Family and Friends Test**

Volunteers play a key role in supporting the functionality of collecting and inputting all our feedback from family and friend's test.

### **PLACE Inspections**

Volunteers take part in all our (Patient Led Assessment of the Care Environment) PLACE Lite and PLACE inspections and follow up the inspection ensuring highlighted concerns have been resolved.

### **A Big Thank You**

- Volunteers continue to be an integral part of our "Alder Hey Family".
- Often the first person to meet all our visitors, children, and young people to the Trust – they set that first impression impeccably encouraging a trusted caring environment and positive patient experience.
- Those volunteers within in our wards and community provide both a helping hand to our staff colleagues and a shoulder of support and a listening ear to our families.

### **3.3.11. Quality Improvement – Brilliant Basics**

Brilliant Basics is our approach to improving quality, safety, effectiveness, and experience. It's not an initiative, it is our vehicle for improvement, it's a way of working 'how we do things at Alder Hey'. During 2022/23 there was a step change in establishment of the improvement system. 2023/24 has been focused on refinement.

There are three elements to our improvement system, each with a key focus that contributes to the whole.

#### **Leading**

Developing a style of leadership, at all levels of the organisation, which enables a consistent and systematically applied way to support problem solving and improvement to thrive.

The Executive team developed and implemented their own set of standards to enable a more specific focus on priority areas, a better grasp on daily safety of the organisation, improved meeting effectiveness and a focus on the voice of children, young people, and families.

Developing our leaders to be 'leaders of improvement' is now built into our professional development offer and supported by bringing together leaders for tailored coaching, all focussed on continuous improvement.

#### **Delivering**

Brilliant Basics is the architecture for all sizes of change, small every day local changes right through to organisational priorities and strategic objectives.

We have built a shared vision through our updated strategy; Vision 2030. A single integrated plan for the organisation is aiding focus on what matters most.

Data driven decision making and assurance is central to our new way of working to ensure we are on the right track to meet the needs of our CYP&F and organisational priorities.

A multidisciplinary team of services support Brilliant Basics. They include Improvement, Human Resources and Organisational Development, Freedom to Speak up, and Staff Wellbeing. These services wrap around teams to support them to make change happen and to make it stick.

Our principles for delivery are focussed on listening to the voice of children, young people and their families and our staff to identify problems and codesigning change that is tested and measured for impact. Our children, young people and their families said, “it’s just about making it normal to improve.” We work together with our Youth Forum to engage on broad ideas and have a robust co-design process that enables us to design new models of care around the needs of our children and young people.

### Learning

All staff are provided with an understanding of Brilliant Basics as soon as they join the organisation, so everyone is clear that this is the way we work.

We have a suite of resources supported by a knowledge matrix, so all our staff know what they need to know and do for improvement as part of their role in the Brilliant Basics system.

This is all delivered in a bespoke, flexible approach utilising our online resources, designed specifically to fit in the everyday working life.

This, in conjunction with improvement coaching, helps to embed new tools, routines and behaviours. *“It’s great to see when teams make small and simple changes that have a massive impact on their everyday work.”*

We also have a group of ‘improvement connectors;’ frontline colleagues from various staff groups across the organisation with enhanced improvement knowledge and skills. They bridge between their frontline team and the central Brilliant Basics team growing and spreading improvement capability and capacity directly to the frontline.

Staff quotes *“I became a connector because I want to be able to make a difference to children, young people, families, and staff at Alder Hey. I can do that by using the skills and knowledge I have and will learn as a connector to support my team and the organisation to identify opportunities for improvement, develop and implement these and then evaluate them.”*

Nathan Askew, Chief Nursing, AHP and Experience Officer said *“Brilliant Basics as an improvement system gives our staff the knowledge, tools, and permission to make change. At its most basic level, it recognises that we all need to develop curiosity of how we can do things better for the benefit of children, young people, and their families. It has been fantastic to see so many teams making changes that directly improve care and experience. Our USP is that our improvement approach is embedded into all aspects of the organisation, including how our board and subcommittees work.”*

### Key achievements during 2023/24:

- ✓ Online learning utilised in blended, flexible approach to capability building.
- ✓ Quarterly Improvement Leaders collaborative in place, co-designed approach, evaluated highly.
- ✓ Leading through Change Session developed and schedule to become part of Strong Foundations from next cohort.
- ✓ Managers Essentials offer live; offering new managers the basics to get their improvement journey started.
- ✓ Teams learning improvement (target = 16, actual 24).
- ✓ SharePoint site developed for shared learning and resources.
- ✓ Health Inequalities embedded into learning.
- ✓ 22 improvement connectors trained in facilitating improvement across the organisation.
- ✓ Improvement now within ward accreditation process and contributing to teams scores overall.
- ✓ Staff survey improvement now utilising BB approach.
- ✓ Dedicated coaching from Youth Engagement lead to embed the voice of CYP&F in all improvement work.

Better never stops; the improvement system is continuously reviewed and improved, utilising the same consistent methodology, to ensure that it's fit for the current priorities and needs and to ensure we are maximising the benefits desired. We have developed the 2024/25 priorities and approach, taking into consideration learning to date, stakeholder feedback, new NHS IMPACT standards and the international evidence base.

The focus for 2024/25 will be on:

- Bringing what matters most to life at all levels of the organisation so you can see and feel it, collectively and accumulatively delivering the outcomes desired in a systematic and consistent way.
- Leaders developing problem solving using A3 thinking and coaching conversations during 'go, see' with frontline teams.
- Effective and productive meetings using standardised meeting hygiene for all sub-board committees.
- Supporting priority teams / services to deliver productivity improvements using the Brilliant Basics tools, routines, and behaviours.

### 3.3.12. Delivering Outstanding Care

- Alder Hey is committed to being a safe place for children and young people to receive healthcare. This year we embedded our Patient Safety Board with ongoing work to deliver the Trust's Patient Safety Strategy. This brings together all our safety workstreams and has demonstrated data driven quality improvements across those areas.
- We launched our e-consent system and expanded this to blood transfusion, further increasing our commitment to ensuring our children, young people and families are fully informed as part of the consent process.
- Recovery of services following on from the pandemic has continued in the last year. The Trust has achieved the national target of no children waiting 65 weeks for surgery and has supported access to care for children across the Northwest.

- Alder Hey has continued to see a rise in non-elective demand through our Emergency Department. This year the team have opened a Paediatric Assessment Unit (PAU) ensuring rapid assessment, observation and intervention for children and young people who may not need a full admission to an acute bed.
- This year we commenced work on delivering our 2030 vision by working in partnership with our children and young people to revise our approach to ensuring that every child, young person and family have the best experience of our care. This has started with the development of 'Our Promises' to children, young people and families and ensuring we provide access to 3 meals a day for all resident parents.
- In January 2024 the Trust transitioned from the Serious Incident Framework to the Patient Safety Investigation Response Framework (PSIRF) which included the deployment of our new incident and risk management system InPhase. This enhances the trust focus on learning from when things go wrong and embedding that learning across the organisation.
- Other achievements that have had a positive impact on our children and young people this year include:
  - ✓ No grade 3 or 4 pressure ulcers and a reduction in device related pressure ulcers in critical care.
  - ✓ 99% of staff have completed level 1 patient safety learning.
  - ✓ Launch of the Oliver McGowen learning disability and autism training.

## B. Appendix 1. Report Against Core Indicators

The report provides historical data and benchmarked data were available and includes the prescribed indicators based on the NHS Improvement Single Oversight Framework.

	2022 - 23				2023 - 24				
Indicator	Thresh old	QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
C. Difficile Numbers – Due to Lapses in Care	0	0	0	0	0	0	0	0	0
C. Difficile – Rates Per 100,000 Bed Days	n/a	0	0	0	0	0	0	0	0
18-week RTT Target Open Pathways (Patients Still Waiting for Treatment)	92%								
All Cancers: Two Week GP Referrals	93%	100%	100%	100%	92%	100%	100%	100%	98%
All Cancers: One Month Diagnosis (Decision to Treat) to Treatment	70%	100%	100%	100%	100%	100%	100%	100%	100%
All Cancers: 31 Days Until Subsequent Treatments	98%	100%	100%	100%	100%	100%	100%	100%	100%
A&E – Total Time in A&E (95th Percentile) <4hours	76%								
Readmission Rate Within 28 days of Discharge	0-15	5%	4.8%	5%	4.7%				
	16+	1.9%	2%	2.8%	2%				
Staff Survey Results :% of Staff Who Would Recommend the Trust as a Provider of Care to Their Family or Friends		86.38%				88.82%			
Staff Survey Results: % of Staff Experiencing Harassment, Bullying or Abuse from Staff in Last 12 Months		18.62%				17.18%			
Staff Survey Results: % Believing that Trust Provides Equal Opportunities for Career Progression or Promotion for the Workforce Race Equality Standard		59.99%				62.04%			
Rate of Patient Safety Incidents Per 1000 Bed Days	n/a	101	94	84	91	87	101	83	79
Total Patient Safety	n/a	1680	1586	1523	1581	1483	1685	1673	1617
Incidents and the Percentage that Result in Severe Harm or Death	n/a								
Diagnostics % Waiting Under 6 Weeks	99%	58.5%	63.9%	68.2%	76.6%	89.5%	89.1%	87.0%	83.8%



## ANNEX 1: STATEMENT ON THE QUALITY REPORT BY PARTNER ORGANISATIONS

### Alder Hey Children's Foundation Trust. Commentary for the Quality Account 2023/2024

#### Commentary from Governor

From reading the draft Quality Account 2023/24 it is great to see what has been highlighted by the participation groups, specifically the Camhelions, in relation to transition have also been emphasised by the different audits and reviews. The improvements highlighted for Sefton CAMHS specifically would be helpful for children and young people who will be accessing the service as I have accessed this service in the past. Overall, I think that it does clearly identify how children and young people are at the heart of the Trust practices and the way in which they deliver care to service users.

**Emily Carragher-Leigh**  
Governor

#### Commentary from Governor

From reading the Quality Accounts 2023/24 there are no specific comments. All looks like the Trust is heading in the right direction.

**Ana Samuel**  
Lead Governor



#### Commentary from Healthwatch Liverpool

Healthwatch Liverpool welcomes the opportunity to comment on this 2023-24 Quality Account for Alder Hey. We base our commentary on the quality account report, Patient Experience & Engagement Group (PEEG) meetings and enquiries received throughout the year. At Healthwatch we recognise the challenges faced by Alder Hey due to the continuation of industrial actions and increased levels of demand for services following the end of coronavirus restrictions.

Alder Hey have remained pro-active providing opportunities for collaborative working and we appreciate the effort put into joint working. The director of nursing has made sure that patient voice is prioritised and has kept the impact of patient experience at the forefront of every meeting. We have had members of the Alder Hey youth forum co-chairing PEEG meetings and asking staff challenging insightful questions. Including young people on some ward rounds is admirable allowing for patients to feedback to peers with similar lived experience. At Healthwatch we are excited to see the changes these young people make and hope the adults rise to the challenge to help deliver them.

There has been no recent inspection by the CQC and Alder Hey remains rated as 'Good' overall improving its 'Safe' category from 'requiring improvement' to 'Good' compared to last year. It is positive to see the target to improve this rating set last year was successful. The trust has unfortunately not met the strategic goals they set for 2023/24 and there were some disappointing outcomes reported.

For the goal of 'Great place to work' the continued success of the nursing retention and recruitment programme continues with vacancies kept under the 2% level and routinely hitting 0%. This is a fantastic outcome as is the reduction in staff turnover by 5% over the year. These results combined with the score of 71% of 'colleagues that would recommend the organisation as a place to work' which is the highest in the Northwest group shows Alder Hey values and is valued by its staff.

For the goal of 'Access to care' the treatment of over 81% of patients within 4 hours of arrival to the Emergency Department makes Alder Hey one of the best performing trusts in England and should be applauded. Similarly, only one child waited over the 65-week national target, and this was reported as due to a data quality issue which was identified. Unfortunately, Alder Hey report that their 18-week referral to treatment and 6-week diagnostics targets have not been met. This has been attributed to the impact of sickness, vacancies, and the impact of industrial action.

For 'outstanding safe care', the continued excellence of the tissue viability team in reducing pressure ulcers remains a major positive with zero category 1 and 2 pressure ulcers and a reduction in category 3 and 4 ulcers. The success of this team in not only matching their success from last year but improving upon them is making a fantastic impact on patient care at Alder Hey.

The increase in medication errors causing harm and the failure to meet targets set for medication error reduction will be a concern for families. Alder Hey advise that they are one of the best performing trusts for incidents reported so it is worrying that these medication errors are still increasing. It is sincerely hoped that all the work in this area will result in much reduced errors causing harm in the years to come.

Alder Hey report that there were 4 shifts with unsafe levels of junior doctor staffing which is concerning considering the high levels of staff satisfaction reported at Alder Hey. The trust notes the challenges posed by a shortage of paediatric junior doctors which has necessitated a lowering of the staffing rota. Despite this there have still been four occasions when even these lower levels were not able to be maintained

The report of 2 patient deaths which were judged to be more likely than not due to the care provided at Alder Hey are a tragedy especially as the year previous there was none. It is good that Alder Hey has identified multiple key learning points to prevent any more incidences in the future. These events are clearly distressing to both staff and families and mean a zero-harm outcome for the year cannot be justified.

Alder Hey have again reported increases in concerns raised to the Patient Advice and Liaison Team (PALS). The key reasons for these concerns raised (pandemic recovery and demand for mental health services) are the same as last year. There is a reduction in the number of formal complaints raised which seems to show the PALS process is addressing patients concerns effectively. A proactive approach to families who fall into categories likely to raise concerns with PALS may prove beneficial, with support provided in the interim period before treatment. Families should not feel they need to raise a PALS request to have their concerns listened to.

We look forward to continuing collaborating with Alder Hey to share the views of patients. It will be exciting to see the results of Alder Hey's multiple improvement plans and how it benefits patients. Healthwatch Liverpool will continue to monitor the feedback we receive from clients and make sure the trust hears their concerns and praise.

**Terry Ferguson**

Information and Project Officer  
Healthwatch Liverpool

## Commentary from Healthwatch Sefton

Healthwatch Sefton would like to thank the trust for providing an overview of key areas within the account at the presentation day held, 17th May. We are commenting on version six (6) of the draft document, which had sections of information missing, for example the message from the Chief Executive was not included. Explanations of acronyms throughout the report varies and it would be good to make this consistent throughout the document. There were not many images/pictures within this version, but we hope they will be included in the final version.

It is good that the Staff Advice and Liaison (SALS) Service continues to receive support and is celebrating its fourth year. From the information provided, it looks like the service is supporting those staff who really need it with staff accessing the service on several occasions. In reviewing the national staff survey results, it was good to see the improvements in both response rates and in recommendations as a place to work and as a place for friends and family to receive care. One of the trusts aims is to have zero nursing vacancies. It was interesting to read about the wide-ranging work to recruit nursing staff and we know that the fill rate for this period was 85% and above. It would have been good to have had this information noted at the start of this chapter as we found it difficult to find.

Last year we asked why information had not been included in the account about the percentage of staff experiencing harassment, bullying or abuse from other staff in the last twelve (12) months. We can see that there has been a slight reduction (17.18%) and it is great to see that eliminating conditions and environments in which bullying, harassment and physical harassment occur is part of the national 'NHS Equality, Diversity, and Inclusion Improvement Plan' and that this will be aligned to the trusts 'People plan'. It was great to see that the Trust has achieved the Navajo Chartermark too.

During the past twelve (12) months, we have continued to be a member of the Trusts Patient Experience Group and are able to contribute to the agenda and provide updates. Similar to last year's account, there is no mention of the trust's 'Patient Experience and Engagement Group' (PEEG) within the account or work with local Healthwatch organisations.

During this period, we have shared a report with the trust which we produced in partnership with Sefton Parent Carer Forum about issues with the prescription service. The key themes related to access to repeat prescriptions, problems during transition to adult services and parents/carers purchasing medication from other sources/lending medication to others whilst they wait for theirs to become available. We received a response from the trust and have recently met with the Chief Pharmacist and the Associate Chief Nurse for the Community and Mental Health division and agreed next steps. We look forward to our continued discussions and partnership work in this area and how we can improve experience.

We note that the number of Patient Advice and Liaison Service (PALS) concerns has significantly increased over the past 2 years with 83 additional contacts/enquiries this year. We are aware that key themes relate to access to treatment and care and waiting times. The establishment of the new urgent care service which provides appointments for patients with low acuity will support access issues and it's important to note the work undertaken with the emergency department, with 81% of patients being seen within 4 hours of arrival.

Formal complaints have decreased by twelve (12). It is good to read that this means concerns are responded to in a timely manner, but we would welcome a conversation about how our Healthwatch Sefton Independent NHS Complaints Advocacy Service is promoted to those who do decide to use this route to share their concerns. It is good that lessons learnt from enquiries and formal complaints are included within the report and we note the additional phone line purchased for Developmental Paediatrics which will help to review contacts.

We have identified a couple of recurrent themes from feedback, which if implemented, would enhance experience. An in-depth initial family assessment would be useful as clinicians appear to only be asking about the patient and not the wider family circumstances. For example, parents with learning difficulties need to be supported to understand information and in their interactions with staff, so that they can fully participate. A household financial situation can impact attendance at appointments or access to food and drinks to be supplied for family members when a child is receiving inpatient care. Siblings with their own health or behavioural needs may impact a child's recovery period or the need for additional support at outpatient appointments. In addition, a greater move towards a holistic "all aspects of the child" approach would also be useful. Families have reported feeling overwhelmed that they are expected to interact with several different departments with little coordination between the different specialities. It would be useful if the trust could employ family support workers like other children's hospitals, who would play a role in helping schedule multiple appointments into one trip, or support in obtaining information/updates. Families are often under the mistaken belief that because their child is receiving care under a number of departments, staff members are aware of their situation and their recent interactions with others across the trust.

Finally, we note the improvement work to have zero category 3 and 4 pressure ulcers as we know there had been one category 3 recorded in the previous year. Healthwatch Sefton would like to thank the Trust for their supportive and collaborative approach to working with us as a critical friend and in listening and responding to the stories and feedback from patients, carers, and families.

**Diane Blair**  
Manager  
Healthwatch Sefton



**Cheshire and Merseyside**

### Commentary from Liverpool PLACE

I am writing on behalf of NHS Cheshire and Merseyside, who, along with NHSE/I Specialist Commissioning had the opportunity to comment on the Alder Hey Children's NHS Foundation Trust (AHCH) draft Quality Account for 2023-24. Partners express their thanks for the Quality account presentation that was delivered to Cheshire and Merseyside commissioners for 2023-2024 on Friday 17th May 2024.

NHS Cheshire and Merseyside recognise the pressures and challenges for the organisation and the local health economy in the last year.

We note the priorities, key achievements and progress made in 2023-2024:

1. Some positive highlights for 2023/24 included reference to InPhase and PSIRF, as well as acknowledgement that the Trust had been selected as a phase 1 pilot site for Martha's Rule.
2. Positive achievements and fundamental changes via priorities; safe care, access to care, great place to work, advocate for Children and Young Person.
3. Staff Survey – has shown excellent results whilst acknowledging some work still to do. The presentation showed Trust commitment to a real staff culture.
4. The Quality account identifies evidence of some good collaborative/system and partnership working.
5. Good use of virtual wards for positive impact on bed base. Having the largest virtual ward in the UK is an outstanding achievement.

6. Nurse staffing – some excellent achievements and real focus on preceptorship and retention alongside focus on medical and AHP staffing. The panel would suggest incorporating a quality focus on the community division as well. NHS Cheshire and Merseyside No 1 Lakeside, 920 Centre Park Square, Warrington, WA1 1QY Enquiries@cheshireandmerseyside.nhs.uk Cheshireandmerseyside.nhs.uk

7. Honest in terms of complaints and PALS, acknowledging areas of admissions, discharge, transfer, communication, and diagnosis remaining as main themes with future focus.

8. Real achievements and improvement regarding pressure ulcers and the work of the Tissue viability teams.

9. 71 % of staff wanting to work at AHCH is a testament to the staff culture the Trust has.

NHS Cheshire and Merseyside recognises the challenges for providers in the coming year. We look forward to continuing to work with Alder Hey Children's NHS Foundation Trust during 2024–2025 as you continue to deliver improvement in service quality, safety, and patient experience, as well as continuing to strengthen integrated partnership working to deliver the greatest and fastest possible improvement in children's and young people's health and wellbeing within a strong, safe, and sustainable health and care system.

NHS Cheshire and Merseyside would like to take this opportunity to say thank you to Alder Hey Children's NHS Foundation Trust staff for their care, courage, and commitment to ensuring the paediatric population of Cheshire and Merseyside receive high quality, safe and effective care and for your on-going commitment locally to system partnership working.

**Amanda Williams**

Associate Director of Quality & Safety Improvement, NHS Cheshire and Merseyside  
Liverpool Place