Witness Name: Lisa Cooper
Exhibits: 1 - 9
Dated: 28th November 2025

THE SOUTHPORT INQUIRY

WITNESS STATEMENT OF LISA COOPER

I, Lisa Cooper, will say as follows: -

INTRODUCTION

1. I am currently employed as Director of Community and Mental Health Services by Alder Hey Children's NHS Foundation Trust (the Trust), Eaton Road, Liverpool, L12 2AP.

2. I am a qualified Dietitian HCPC registered (DT05539). I received a BSc in Nutrition and Dietetics from Queen Margaret College, Edinburgh in 1992.

3. I obtained a Diploma in Health Sciences from the University of Liverpool in 1999, Diploma from the Institute of Health Care Management in 2002, Diploma in Advanced Dietetic Practice in 2006, Masters in Business Administration (Distinction) in 2010 and the Nye Bevan Healthcare Leadership Award in 2015.

4. I have held Director level roles within NHS Community Services providers since 2011. Prior to joining Alder Hey Children's NHS Foundation Trust I was employed by NHS England as the Deputy Director Quality and Safeguarding/Regional Lead Safeguarding (North Region) from 2013.

5. I commenced employment with Alder Hey Children's NHS Foundation Trust on 1st

September 2018, as the Director of Community and Mental Health Services. Within this role I am accountable for the delivery of community and mental health services including Alder Hey's Community Mental Health Services, Neurodevelopmental Assessment Service (ASD & ADHD), Community Nursing and Therapies, Crisis Care Service, Eating Disorder Service, Community Paediatrics, Safeguarding & Statutory Services.

6. This witness statement is made to assist the Inquiry ("the Inquiry") in response to the letter dated 22nd October 2025, from the Solicitor to the Inquiry to Lynsey Boggan, Clinical Lead for Neurodevelopmental Services, requesting information relating to the improvements made with the Alder Hey Neurodevelopmental Service, which were touched upon in her evidence. I have agreed with Lynsey that it is more appropriate for me to respond to the Inquiry's request as I have full oversight and accountability for the service.

7. I have no objection to all of the information contained within this letter and all the content of the Exhibits being shared publicly and with Core Participants.

BACKGROUND

8. In 2018, when I joined Alder Hey there was no dedicated ASD assessment and diagnostic pathway within Sefton Locality. Therefore, ASD assessment and diagnosis was undertaken within the Alder Hey Community Paediatrics Service. Within Liverpool and Sefton, there was no separate pathway for ADHD assessment and diagnosis, this was also assessed through a referral to Alder Hey Community Paediatrics Services.

9. In 2019, following discussions with Sefton and Southport Clinical Commissioning Groups they agreed to invest in the Alder Hey ASD pathway. A robust internal review of the then ASD and ADHD assessment and diagnostic pathways was undertaken.

10. In April 2020, new NICE compliant Alder Hey ASD and ADHD assessment and diagnostic pathways were implemented for Liverpool and Sefton children and young people. These services were separate to Alder Hey Community Paediatrics to ensure robust oversight of all children and young people waiting for an ASD and/or ADHD assessment and diagnosis. Community Paediatricians and Psychiatrists worked into both pathways to ensure those children and young people who required medical

assessment received the appropriate medical support.

11. The introduction of the new pathways in April 2020 was intended to establish a single Neurodevelopmental Service by 2022/2023. However, a substantial rise in ASD and ADHD pathway referrals (a 190% increase) and nationwide shortages of ADHD medication delayed this progress.

12. In May 2024, I initiated a transformation programme to commence the development of a single Alder Hey Neurodevelopmental Service. The aim of this transformation programme was to integrate the ASD and ADHD Services into a single Alder Hey Neurodevelopmental Service supporting children, young people and families to access coordinated assessments for ASD and ADHD within a single, efficient process when clinically appropriate, thereby reducing unnecessary repetition and duplication, particularly in instances where both conditions are suspected or identified during triage or assessment.

13. The transformation programme included the establishment of a Transformation Board chaired by me as the Director responsible, with membership designed to ensure co-production, involving Alder Hey clinical and operational staff, NHS commissioners and children, young people and families' representatives.

14. The Transformation Board meets monthly and reports to the Alder Hey Operational Delivery Committee and an update was provided to Alder Hey Trust Board in February 2025. **(EXHIBIT 1)** AHCH000337

15. Several working groups have been formed to support the Transformation Board, including Digital Workstream, Workforce & Education, Clinical Model and Capacity & Demand. Steering groups have also been set up with key stakeholders. Membership across these groups includes divisional leadership (HR and finance), clinical leadership, digital representatives, parent and carer forums, and project support staff.

16. The new Alder Hey Neurodevelopmental Service went live on 1st September 2025, with children, young people and families now receiving support from two specialised teams:

the Assessment Team, responsible for diagnostic evaluations, and the Treatment Team, which oversees ADHD medication management as well as post-diagnostic support for ASD.

17. The service now aims to provide a more streamlined and equitable service, decrease waiting times, enhance the experience for children, young people and families, and reduce duplication across neurodevelopmental pathways. An example of this is given by way of a case study (not real names) **(EXHIBIT 2)**. AHCH000329

18. Implementation of a pilot holistic neurodevelopmental assessment model demonstrated that an integrated approach can substantially streamline the process for children, young people, and their families. By coordinating multidisciplinary expertise within a unified structure, the number of professionals involved in each assessment was reduced from 15 to 9, and appointments from 5 to 3.

CHANGES/IMPROVEMENTS

19. To date the improvements set out below have been implemented.

20. A joint referral form for neurodevelopmental assessment brings together all relevant information about a child or young person's needs, enabling a holistic approach from the outset. Coordinating referrals helps professionals choose the right pathway, reduces duplication and delays, and makes the process clearer for families. It also supports multidisciplinary decision-making, resulting in more accurate and integrated outcomes. AHCH000330 **(EXHIBIT 3)** and **(EXHIBIT 4)** AHCH000331

21. An electronic referral platform allows professionals to submit referrals, upload documents, and track progress in real time. They are notified as assessments proceed and can quickly respond to requests for more information. Parents also have secure access to monitor their child's assessment status, improving transparency and coordination with services. **(EXHIBIT 5)** AHCH000332

22. The neurodevelopmental team have completed extensive training to effectively support

children and young people through the new Neurodevelopmental Service. The training includes operational tasks, such as using the triage and risk-assessment tool, alongside clinical subjects like evaluating autism and ADHD. It also emphasises comprehensive, evidence-based methods for risk assessment and safety planning. To unify practices across the service, the team has participated in regular development days designed to improve processes and address staff questions immediately. Regular monthly meetings are also held to review procedures, update pathways, and reinforce ongoing learning. Looking forward, the team will continue to focus on service quality and professional growth by organising quarterly development days, helping maintain best practices in line with the latest research and evidence.

23. The team is proficient in assessing both ASD and ADHD providing substantial benefits in terms of quality, efficiency, and diagnostic accuracy. Clinicians with dual-specialist expertise are well positioned to recognise areas of overlap between these conditions, discern their varied presentations across individuals, and differentiate them from other developmental, cognitive, emotional, or medical factors that may account for presenting needs. This integrated skill set facilitates more accurate clinical formulations, minimises the likelihood of incomplete or fragmented assessments, and reduces the necessity for families to undergo multiple separate evaluation processes. Furthermore, it fosters greater consistency in clinical decision-making, enhances early identification of differential or co-occurring conditions, and supports the development of more comprehensive support plans tailored to each child or young person's unique neurodevelopmental profile.

24. A neurodevelopmental risk assessment and safety planning tool has been introduced which brings a systematic and consistent method for recognising, documenting, and addressing risk factors in every case. By thoroughly assessing areas like emotional wellbeing, behaviours, vulnerabilities, environmental pressures, and safeguarding issues, the tool helps identify potential risks early so they can be managed proactively. Creating a detailed safety plan allows clinicians to define specific interventions, collaborate with families on strategies, and arrange timely support. Additionally, it improves communication with outside organisations including education, social care, and mental health services. This facilitates a coordinated management of risk and ensuring comprehensive support for the child or young person. This process promotes greater safety, continuity of care, and shared responsibility in risk management. **(EXHIBIT 6)**. AHCH000333

25. A new Lead Clinician Duty System has been introduced, featuring dedicated email inboxes. This setup provides both administrative staff and clinicians with a straightforward way to escalate cases that need urgent senior review. The duty clinician offers immediate clinical advice, oversight, and supervision, and can contact parents or professionals directly to quickly and effectively address concerns, including those related to risk management.

26. The service also employs neurodevelopmental peer support workers who draw upon their personal experiences with autism, ADHD, or other forms of neurodivergence to deliver empathetic, practical, and accessible support to children, young people, and families navigating neurodevelopmental assessment pathways. Their responsibilities include reducing barriers to attendance, providing emotional reassurance, encouraging self-advocacy, facilitating understanding of appointments and processes, and assisting with reasonable adjustments to enhance engagement. They advocate as liaisons between families and clinical teams, offer guidance, resource development, and community signposting, thereby contributing to the efficient operation of services and ensuring families can participate fully in their care journeys. **(EXHIBIT 7)**. **AHCH000334**

27. The introduction of the CLEO Electronic Prescribing Service (EPS) in September 2025, now enables clinicians to create and send prescriptions digitally, integrating directly with patient records and the NHS Spine to ensure accurate, secure transmission to the patient's nominated pharmacy. This removes the need for paper prescriptions, reduces errors linked to illegibility or lost forms, and provides a full audit trail for governance and safety monitoring. The system streamlines workflows by allowing prescribers to select medicines from approved formularies, supports remote and out-of-hours prescribing, and offers real-time traceability for both clinicians and pharmacies. Overall, CLEO EPS improves efficiency, enhances family experience, and strengthens clinical safety by creating a seamless, fully electronic prescribing pathway.

28. The implementation of safeguarding indicators Trust-wide on a child or young person's records enables clear identification of potential risks. This special indicator system establishes a consistent and transparent method for highlighting cases in which safeguarding concerns may arise, ensuring all professionals involved are promptly aware of and able to address these risks appropriately. The inclusion of a Prevent flag

further enhances this framework by identifying children and young people engaged with the Prevent service, facilitating effective monitoring, coordination, and support where there may be concerns relating to exploitation, radicalisation, or vulnerability. Collectively, these measures promote safety through early detection of concerns, improved information-sharing with partner agencies, and the establishment of robust protective actions throughout assessment and intervention processes.

29. The enhanced electronic patient record front screen now presents key clinical information by prominently displaying the problem list, which includes confirmed diagnoses such as ASD or ADHD. It also indicates the completion status of risk assessments conducted by the neurodevelopmental service or CAMHS, identifies the designated CAMHS case manager, and notes whether the CNEST tool has been completed. The CNEST tool is a structured clinical screening instrument designed to detect emotional, behavioural, or situational risks that may require further support or intervention. Making this information immediately accessible is vital for delivering safe and effective care, as it allows clinicians to rapidly review a child or young person's diagnostic history, risk factors, and involvement from partner services. This streamlined approach facilitates informed clinical decision-making, minimises unnecessary duplication, and promotes seamless coordination across multidisciplinary teams.

30. Within both Liverpool and Sefton Community Mental Health Services there is a weekly complex cases meeting (Locality safety huddles) which brings together Mental Health Services, Neurodevelopmental Service, Crisis Care, and the Safeguarding Team to review children and young people presenting high or escalating risk. This internal services forum ensures coordinated care planning, early identification of unmet needs, and timely intervention when risks cannot be safely managed within existing resources. Where concerns remain unresolved, an internal escalation process enables the team to refer cases directly to the Director of Community and Mental Health Services for senior oversight and escalation externally as required. This structure strengthens safety, enhances accountability, and ensures that complex or high-risk cases receive rapid, collaborative support across the whole system. **(Exhibit 8)**. AHCH000335

31. The Community and Mental Health Division now conduct a monthly audit of all children and young people known to, or newly referred to, the Prevent teams to maintain comprehensive oversight of this vulnerable group and ensure robust safeguarding

measures are established. Routine audits enable the service to systematically monitor changes in risk, verify the implementation of actions by Prevent or internal teams, and identify gaps in multi-agency support. This process also facilitates timely escalation when concerns arise and strengthens collaborative efforts among schools, social care, police, and Prevent practitioners. By utilising this structured review approach, safety is enhanced, accountability is improved, coordinated, appropriate, and proactive support is ensured for every child or young person associated with Prevent. **(EXHIBIT 9)**. AHCH000336

32. A rapid-assessment initiative developed through the Complex Needs Neurodevelopmental Pathway offers expedited, trauma-informed ASD and ADHD evaluations for highly vulnerable children and young people, facilitating timely and comprehensive formulation while mitigating the extended wait times associated with the standard pathway. Implemented in close multidisciplinary collaboration with Enhanced Support Teams, CAMHS, social care, and Youth Justice, this model adapts appointments, customises engagement strategies, and monitors each young person's progress to ensure assessments proceed effectively despite complex circumstances. Evaluation feedback indicates substantial improvements in access: families report that they feel heard, supported, and provided with solutions to longstanding concerns, with many noting marked enhancements in safety, behaviour, educational participation, and overall wellbeing.

33. An initial audit, scheduled by the Associate Chief Nurse of the Community and Mental Health Division for November 2025, will assess whether systems and processes within the new pathway are functioning properly. This audit will review current open cases known to Prevent, CAMHS, and the Neurodevelopmental Service, examining what information is available and visible, how easily users can navigate between sections of a child or young person's electronic record, and identifying any missing, duplicated, or improvable elements. The results of this audit will guide the development of a more comprehensive audit programme in early 2026.

34. A new audit tool is being developed to compare children's progress through the previous ASD/ADHD diagnostic process with the new Neurodevelopmental Service. The audit will be completed in February 2026, using the first six months of data from the new service to evaluate outcomes and identify areas for improvement. All audits will be reported to the Community and Mental Health Divisional Governance Committee.

35. The Community and Mental Health Division has invested in an additional Band 7 Safeguarding Specialist Practitioner (2.0wte in total) to provide safeguarding supervision, training and support to Community Mental Health Services.

36. Before April 2025, all employees at Alder Hey were assigned Level 3 Prevent WRAP Training, the highest available level of Prevent training, which was delivered through an interactive eLearning module.

37. After NHS England's national training review in April 2025, all staff must complete 'Preventing Radicalisation – Basic Prevent Awareness' (Level 1&2). Staff who require Level 3 safeguarding for children or adults are also assigned 'Preventing Radicalisation - Awareness of Prevent' alongside the basic training, as per NHS Prevent training and competencies framework.

38. Alder Hey's Prevent training compliance is reviewed monthly, and data submitted to NHS England and Commissioners at Cheshire and Merseyside Integrated Care Board as part of the Trust's key safeguarding performance indicators.

39. In March 2025, additional Prevent training was commissioned for all safeguarding staff and staff working within Community Mental Health Services.

40. As a result of Alder Hey's internal learning review, a revised safeguarding supervision template has been developed. Safeguarding supervisors have been assigned the responsibility to document supervision details. This new template will be integrated into the Trust's electronic patient record system, enabling the Safeguarding Team to collect relevant business intelligence regarding safeguarding supervision.

41. A new Trust Wide Safeguarding Supervision Policy has been developed and is currently being consulted on.

42. The Trust is completing a safeguarding supervision review across the organisation to determine the frequency, level of safeguarding supervision required by services and the safeguarding resources required to deliver it. It is expected that this will be completed by the end of February 2026.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: **Signature**

Date: 28th November 2025

Annex 1

Index to the Witness Statement of Lisa Cooper:

Exhibit No.	Inquiry reference No.	Document description
1	AHCH000337	Alder Hey ASD & ADHD Trust Board Update – February 2025
2	AHCH000329	Alder Hey Case Study – ASD
3	AHCH000330	Alder Hey Neurodevelopmental Assessment Referral Triage Standard Operating Procedure
4	AHCH000331	Alder Hey Neurodevelopmental Assessment Referral Form
5	AHCH000332	Alder Hey Referral Platform via https://developmentalpaediatrics.alderhey.nhs.uk/make-referral
6	AHCH000333	Cheshire and Merseyside Children and Young People Neurodevelopmental (Autism and Attention Deficit Hyperactivity Disorder) assessment pathways Referral stratification criteria for Prioritisation, Expedite and assessment complexity
7	AHCH000334	Alder Hey Neurodevelopmental Service Peer Support Worker Guidance Document
8	AHCH000335	Alder Hey Terms of Reference Locality Safety Huddles – November 2025
9	AHCH000336	Alder Hey Point prevalence audit Prevent referrals in Community Mental Health Services – March 2025