

BOARD OF DIRECTORS MEETING
Tuesday 10th January 2017 commencing at 1000

Venue: Institute in the Park Large Meeting Room, Alder Hey Children's Foundation Trust

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
		1000	PATIENT STORY			
Board Business						
1.	16/17/200	1015	Apologies	Chair	Ian Quinlan and Dame Jo Williams	--
2.	16/17/201	1016	Declarations of Interest	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	16/17/202	1017	Minutes of the Previous Meeting	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on; 6st December 2017	Read Minutes
4.	16/17/203	1020	Matters Arising	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate	Verbal
			- Out Patients Incident	M Barnaby	To update the Board.	Presentation
5.	16/17/204	1030	Key Issues/Reflections	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	16/17/205	1040	External Environment/STP Governance	L Shepherd	To update the Board with regard to ongoing processes with the local health economy	Verbal
			Progress against strategic themes		To provide an update on progress	Verbal
			- Liverpool Women's Reconfiguration Options	L Dunn		
			- Global Health	R Turnock		
			- Cardiac Services			

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Inspiring Quality – Are we safe, are we caring and are we effective?						
7.	16/17/206	1105	Serious Incidents Report	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
8.	16/17/207	1115	Hospitality Mortality Review Group process update	J Grice/ R Turnock	To update the Board with regard to the current HMRG process and related issues	Read report
9.	16/17/208	1120	Clinical Quality Assurance Committee: Chair's update	A Marsland	To receive and review the minutes from the meeting held in: December 2016	Verbal update
Great Talented Teams						
10.	16/17/209	1125	People Strategy Update - Workforce and Organisational key issues 14th December 2016 and minutes 12th October 2016.	M Swindell C Dove	To provide an update on the strategy and staff survey To receive the key issues report and approved October minutes.	Read report/ Read report
Financial Growth, Safeguarding Core Business and Governance						
11.	16/17/210	1145	Corporate Report	C Liddy/ M Barnaby/ H Gwilliams/ M Swindell	To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of November 2016	Read report
12.	16/17/211	1200	Final Operational Plan 2017-19 NHS Improvement Guidance for Operational and Activity Plans (for information)	C Liddy	To receive the final operational plan submitted to NHS Improvement on 23 rd December 2016.	Read report
13.	16/17/212	1215	Programme Assurance update • Clinical Quality Assurance	J Gibson	To receive an update on programme assurance.	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			<p>Committee</p> <p>-Our patients at the Centre</p> <ul style="list-style-type: none"> • Resource Assurance and Business Development -Developing our business -Services in the community -Supporting Frontline staff - Developing IMCT and EPR - Developing the park, Community Estate and Facilities <ul style="list-style-type: none"> • Research, Education and Innovation Committee <ul style="list-style-type: none"> • Workforce and Organisational Development 			
1230 – 1300 LUNCH						
14.	16/17/213	1300	<p>Integrated Assurance Report</p> <p>Including:</p> <ul style="list-style-type: none"> - Board Assurance Framework 	E Saunders	To receive the assurance report following the Integrated Governance Committee in November.	Read report
15.	16/17/214	1310	<p>Resources & Business Development Committee: Chair's update</p>	I Quinlan	To receive and review the minutes from the meeting held on: 30 th November 2016.	Read minutes
Patient Centred Services						

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
16.	16/17/215	1320	Alder Hey in the Park update	D Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
For ratification						
17.	16/17/216	1325	Ratification of changes to: <ul style="list-style-type: none"> Major Incident Policy Major Incident Command and Control Plan 	H Gwilliams	To ratify the changes within the summary document.	Read report
Any Other Business						
18.	16/17/217	1330	Any Other Business	All	To discuss any further business before the close of the meeting	Verbal
Date and Time of Next Meeting: Tuesday 7th February 2017 at 10:00am, Institute in the Park, Large Meeting Room						

REGISTER OF TRUST SEAL
The Trust Seal was not used during the month of December 2016 .

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 6th December 2016, at 10am**,
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr J Stephens	Director of Finance	(JS)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr R Turnock	Medical Director	(RT)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Dame J Williams	Non-Executive Director	(JW)
	Mrs M Swindell	Director of HR & OD	(MS)
In Attendance:	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Ms L Dunn	Director of Marketing and Communications	(LD)
	Mr C Duncan	CBU Director	(CD)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Mrs C McLaughlin	CBU Director	(CMcL)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator	(JT)
Observing:	Mr M Jones	Consultant Surgeon/Staff Governor	(MJ)
Agenda item:	185 Dr Richard Cooke	Director of Infection Prevention and Control	
	182 Catherine McLaughlin	Interim Director of Integrated Community Services	
	189 Joe Gibson	External Assurance	

Patient Story:

The Board welcomed patient Arley and his mum Liz to the meeting.

Liz reported on Arley's condition and advised that they lived in the Lake District, so had no family close by. Arley had been a patient in both Rheumatology and Orthopaedics. Liz went through the differences between the wards they had experienced, noting that handovers were more detailed within Rheumatology. The Board noted the key differences highlighted and queried the process for briefing parents when patients are transferred between different services.

A discussion was held regarding the separate room layout on Oncology and feedback from a number of parents on feeling isolated. Re-locating a number of Volunteers from the Atrium into wards to provide comfort and support to parents was being looked into. The Board discussed the established Parent's Forum group and whether the group is clearly advertised to new parents. Louise Dunn agreed to look into what was available for parents and feedback at the January Board.

Liz spoke of the food available and queried if further healthy options could be made available. It was agreed this would be fed back to the catering team.

Liz thanked the Patient Advice and Liaison Service for their invaluable support, in particular Anne Doyle.

Resolved:

The Board thanked Liz and Arley for sharing their experiences.

16/17/178 Declarations of Interest

None declared.

16/17/179 Minutes of the previous meetings held on 1st November 2016

The Board received and reviewed the Minutes from the meeting held on 1st November 2016.

Resolved:

The Board **APPROVED** the Minutes of the 1st November 2016 as a correct record of proceedings.

16/17/180 Matters Arising and Board Action list

Revised CBU Structure

Mags Barnaby gave a verbal update on progress with the CBU restructure. As previously reported, Dr Mary Ryan had resigned from her role as Director of the Medicine CBU and would leave this post in January 2017. Agreement had been reached to second an internal interim to this post until it was substantively filled and this was currently in progress.

An external appointment had been made to the post of Associate Chief of Operations (Medicine). Will Weston, currently Divisional General Manager at RLBUHT, will take up the position in January.

Management teams for each of the CBUs were finalising their two year Operational Plan for submission to NHS Improvement on 23rd December 2016.

16/17/181 Key Issues/Reflections:

Christmas Light Switch On

Louise Dunn reported on the successful Christmas light switch on that had taken place on 1st December 2016. The lights had been switched on by Dr Chris and Dr Xand, TV presenters from the Children's BBC programme 'Operation Ouch!' Alder Hey had hosted a national broadcast on Cbeebies and CBBC throughout the day. The Board thanked the Communications Team and all those involved for ensuring the day went well.

Research

Michael Beresford reported on the Trust and University's recently successful bid for renewal of NIHR status and £2M funding over five years for the 'NIHR Alder Hey Clinical Research Facility'. In addition, Alder Hey and the University have been shortlisted for interview following the application to become an 'NIHR

Patient Safety Translational Research Centre' which was due to take place next week.

Alder Centre

Jeannie France-Hayhurst reported on the Charity's successful grant application to the LIBOR fund for £1.4million to support the rebuilding of the Alder Centre.

NHS Providers Conference

Dame Jo Williams had attended the above event and reported on the strong message to boards to focus on risk in the current environment.

Melissa Swindell agreed to circulate the summary from the conference to the Board.

Residential Bid/Park Development

The Board discussed the recent media interest. Louise Dunn agreed to work with the Development Team to clearly communicate the proposals.

Ed Smith, Chairman, NHS Improvement

Sir David Henshaw reported on a recent email from Ed Smith thanking him and colleagues for hosting an enjoyable visit to Alder Hey.

16/17/182 External Environment/STP/Progress against Strategic Themes

STP

The draft STP plan for Cheshire and Merseyside had been published on 16th November 2016. Plans to develop the areas below were in place for the beginning of 2017:

- An Accountable Care System
- Acute models of care
- Back office plan

Louise Shepherd thanked the Board for their support of her as STP Lead.

Children's Community Services

Liverpool CCG's strategy for Children's services had been presented at the last Board meeting. Catherine McLaughlin reported on progress of the CBU's response to the strategy.

Liverpool Community Health

Bridgewater Community NHS Foundation Trust had won the bid for the Liverpool community services bundle; the Trust is in discussions with regard to the development of a strategic partnership.

Liverpool Women's Hospital

Following a response on the factual accuracy of the pre-consultation business case 'Review of Services Provided by Liverpool Women's NHS Foundation Trust' public consultation was currently on hold.

Louise Shepherd still awaited a response from the Liverpool CCG on a decision made earlier in the year to remove one of the options for Liverpool Women's services. Louise agreed to write a further letter requesting a response.

16/17/183 Serious Incidents Report

Hilda Gwilliams presented the Serious Incident report for October 2016. There had been two new SIRIs: the first incident related to 800 patients not receiving follow up outpatient appointments and the second incident was in relation to a resuscitation incident. Both investigations were in progress and would be completed within the 60 day compliance deadline.

Resolved:

The Board received the Serious Incident report for October 2016 noting: two new safeguarding incidents, three ongoing investigations and one incident closed since the last report.

16/17/184 Clinical Quality Assurance Committee: Chair's Update

The Board received the minutes from the meeting held in November 2016.

The Board received assurance on the commitment and progress made on implementation of protocols on the early identification and treatment of Sepsis. This was being closely monitored by CQAC.

Resolved:

The Board received the minutes of the meeting held in November and a verbal update from the meeting.

16/17/185 Infection Prevention and Control

Richard Cooke presented the revised exception report for Quarter 2. From the 79 actions within the action plan, 14 had been completed with three due to be completed by the end of Q2. 52 objectives were in progress and would be completed by the end of Q3 or Q4. The 10 remaining objectives were listed in an action plan with progress to date.

Resolved:

The Board approved the revised report and received assurance against the Q2 Infection, Prevention and Control delivery plan.

16/17/186 People Strategy

The Board received the People Strategy report for October 2016.

Melissa Swindell gave a presentation on the refreshed People Strategy 2016 – 2020 in support of the 'Great Talented Teams' strategic pillar. The starting point was the overall strategic aim 'to have a fully engaged workforce that is actively driving quality improvement by 2020'. The Board agreed to include this as part of the strategy session to be held in February 2017.

Resolved: The Board received:

- a) The People Strategy report
- b) The People Strategy for 2016 – 20 and agreed to include this topic for a more detailed discussion at the Board Strategy session to be arranged for February 2017.
- c) Key issues report for the Workforce and Organisational Development Committee meeting held on 12th October 2016.

16/17/187 Corporate Report

Jonathan Stephens presented the Corporate Report for Month 7.

Finance

The Trust is forecasting to deliver the year end control total of £0.2m deficit. There is circa £2.1m unresolved financial risk to achieving this target but weekly meetings are ongoing with Clinical Business Units to agree and implement plans to mitigate this risk.

Operational Issues

Activity for Month 7 had been lower than expected.

The DNA (Did Not Attend) rate had reduced from 12% to 9%. This was largely due to a text reminder process being put in place. It was expected a continued reduction of DNAs would continue going forward.

Due to the continued increase of ED activity it was unlikely ED targets would be met for month 8. Mags Barnaby agreed to update the Executive team at the meeting on Thursday on progress and actions to reduce the risk.

Readmissions to PICU had doubled compared to last year. Hilda Gwilliams agreed to provide assurance on the reasons for this at the next meeting.

Resolved:

The Board noted the Corporate Report for Month 7.

16/17/188 Draft Operation Plan 2017-19

Jonathan Stephens presented the draft Operational Plan, which had been submitted to NHS Improvement on 24th November; feedback on this document was awaited. The final plan would be presented to RABD on 21st December before submission to NHS Improvement by 23rd December 2016.

The Trust's financial plans for 2017/18 and 2018/19 set out provisional accepted control total surplus of £0.1m and £1.2m respectively. The plan achieves a Use of Resource risk score of 3 and a CIP of £8m in 2017/18 and £4.6m in 2018/19. The plans assume receipt of £4.4m STF funding in each year.

Resolved:

The Board received the draft operational plan and mandated the RABD Committee to approve the final version prior to submission to NHS Improvement on 23rd December 2016. It was agreed that all NEDs would be invited to attend the RABD meeting to participate in the discussion.

16/17/189 Programme Assurance Update

Joe Gibson gave an update on the Programme Assurance Framework. He drew particular attention to the Executive Sponsor slide that had not been completed for all of the work-streams and requested compliance from leads.

The six month review on the performance and results of the new assurance framework had been reported to the Audit Committee on 24th November where all recommendations were accepted.

Our patients at the Centre: Improving Outpatients

Mags Barnaby and Rachel Greer gave a presentation on progress of the five work streams since April 2016.

Highlights were summarised as follows:

Booking and Scheduling

Lack of leadership had been identified within the team, a senior role had now been appointed.

Environment

A number of adjustments had been made to enhance patient experience.

Medical Records

Scanning of patients records had improved such that this process is now completed by the next day.

Patient Flow, Communication and Experience

In-touch (self-service check in for appointments) had seen a vast improvement in the use of the equipment and the data being collected. 60% of patients were now being seen within 10 minutes from their arrival.

Workforce

As outpatients have a large workforce, communication across all departments had been an issue. Rachel Greer outlined the new and strengthened processes in place to improve this.

Resolved The Board noted:

- a) Programme Assurance update.
- b) Good progress within Outpatients.

16/17/190 Integrated Assurance Report – Board Assurance Framework

Erica Saunders presented the November update report. She highlighted that the new CBUs would be providing deep dive reports to the next IGC with regard to their key risks and how these were being managed.

Resolved:

The Board received and noted the Integrated Assurance Report incorporating the monthly BAF update.

16/17/191 Resources and Business Development Committee

The Board received and noted the Minutes from the RABD meeting held on 4th November. Going forward an update on performance would be the first agenda item of the meeting.

Resolved:

The Board received the approved RABD minutes held on 4th November 2016.

16/17/192 Research, Education and Innovation Committee

Resolved:

The Board received the approved REIC minutes from the meeting held on 7th July 2016.

16/17/193 Audit Committee

Resolved:

The Board received the approved Audit Committee minutes from the meeting held on 22nd September 2016 and a verbal update from the meeting held on 24th November 2016.

16/17/194 Alder Hey in the Park

DP reported on progress.

Demolition - Preparation had begun for demolition of the old hospital which would commence in March 2017. Louise Dunn agreed to arrange a farewell event for the old hospital prior to the demolition.

Residential - Stage 2 dialogue was ongoing with 3 shortlisted bidders. The preferred bidder was to be selected in January 2017. Board Members were encouraged to attend the bidder presentations on 13th December 2016.

Park – Engagement with local groups/stakeholders and exploring various funding options continues. DP described a vision for a Community Enterprise Co. Discussions were underway with the City Council regarding Heads of Terms.

Corporate Offices – Research & Education Phase II - DP briefed the Board on the residual gap on the R&E scheme.

Resolved:

The Board received and noted the update report.

16/17/195 Any Other Business

Jonathan Stephens

Jonathan Stephens was due to leave the Trust on 6th January 2017. The Board thanked Jonathan for all his support and wished him well.

Date and Time of next meeting: Tuesday 10th January, at 10:00am, Large Meeting Room, Institute in the Park.

BOARD OF DIRECTORS
Tuesday 10th January 2017

Report of:	Chief Nurse
Paper Prepared by:	Director of Nursing and Clinical Risk Advisor
Subject/Title:	Serious Incidents Requiring Investigation
Background Papers:	n/a
Purpose of Paper:	This report summarises all the open serious incidents in the Trust and identifies new serious incidents arising in the last calendar month.
Action/Decision Required:	For information regarding the notification and management of SIRI's.
Link to: ➤ Trust's Strategic Direction ➤ Strategic Objectives	<ul style="list-style-type: none"> • Patient Safety Aim – Patients will suffer no harm in our care. • Patient Experience Aim – Patients will have the best possible experience • Clinical Effectiveness – Patients will receive the most effective evidence based care.
Resource Impact	

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1. Background:

All Serious incidents requiring investigation (SIRI) are investigated using a national Root Cause Analysis (RCA) investigation methodology.

Incidents are categorised as a Serious Incident Requiring Investigation (SIRI) using the definitions in the Trust "Management of Incidents including the Management of Serious Critical Incidents Policy". All new, on-going and closed SIRI incidents are detailed in Appendix A of this report.

Safeguarding children cases reported through StEIS are included in this report. Since June 2014 NHS England have additionally requested that the Trust report all Sudden Unexpected Deaths in Infancy (SUDI) and Sudden Unexpected Deaths in Childhood (SUDC) Cases onto the StEIS Database.

SIRI incidents are closed and removed from the table of on-going SIRI incidents following internal approval of the final RCA investigation report, in addition, an external quality assurance process is completed via Liverpool CCG as lead commissioners. The SIRI incident is then transferred to the Trust SIRI Action log until all actions are completed. Progress with implementation/completion of the SIRI action plans are monitored by the Clinical Quality Assurance Committee (CQAC).

2. SIRI performance data:

SIRI (General)														
2015/16									2016/17					
Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
New	2	2	1	1	3	1	2	1	2	0	1	1	2	2
Open	3	3	3	5	6	7	6	3	2	4	2	3	3	2
Closed	1	0	2	1	0	2	2	5	2	0	2	0	1	3
Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
New	0	0	0	1	2	0	0	0	1	0	1	1	2	0
Open	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0

3. Recommendations:

The Trust Board is asked to note new and closed incidents and progress in the management of open incidents.

New SIRI Incidents reported between the period 01/11/2016 to 30/11/2016:

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Duty of Candour/ Being Open policy implemented
RCA 215 2016/17 StEIS 2016/29121	09/11/2016	Surgery	Never Event – Retained foreign object post procedure (K Wire).	Rachael Hanger, Theatre Matron	Information gathering completed, RCA panel meeting held, report in the process of being written.	Yes	Yes
RCA 216 2016/17 StEIS 2016/29666	16/11/2016	Medicine	Suboptimal care of a deteriorating patient, patient sadly died (Ward 3C).	Phil O'Connor, Deputy Director of Nursing	Information gathering completed, panel meeting held, report in the process of being written.	Yes	Yes

On-going SIRI incident investigations (including those above)

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance (or within agreed extension)	Duty of Candour/ Being Open policy implemented
RCA 208 2016/17 Internal	29/10/2016	Surgery	Patient intubated on ward during resuscitation, delay in emergency alarm being raised and in following resuscitation protocol.	Pete Murphy, Consultant Anaesthetist	Ongoing information gathering.	Internal	N/A (no patient harm).
RCA 207 2016/17 StEIS 2016/27276	19/10/2016	Surgery	Approximately 800 patients not sent follow-up appointment due to being placed on a queue that was not visible.	Tony Rigby, Deputy Director of Risk & Governance	Information gathering completed, panel meeting arranged for 03/01/2017.	Yes	N/A (no patient harm).

On-going Safeguarding investigations

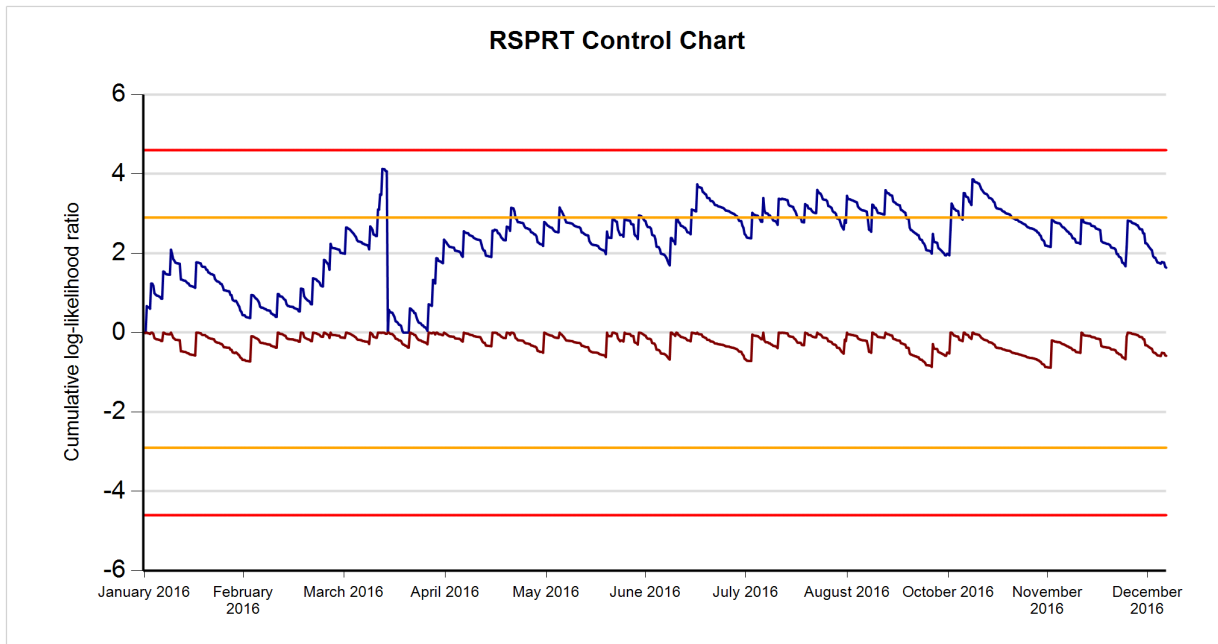
Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Being Open policy implemented
Nil							

SIRI incidents closed since last report

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Outcome	Duty of Candour/Being open policy Implemented
RCA 204 2016/17 StEIS 2016/25024	21/09/2016	Surgery	Grade 3 pressure ulcer under cannula.	Dianne Topping, Senior Nurse	Report completed and sent to CCG.	Yes
RCA 199 2016/17 Internal	18/08/2016	Surgery	Unavailability of neuro equipment for emergency procedure.	Lisa Westley, Theatre Clinical Lead	Report completed.	N/A (no patient harm).
RCA 190 2016/17 StEIS 2016/14784	31/05/2016	Community	Delayed transition of a 17.5 year old CAMHS patient.	Lindsey Marlton, Service Manager, CAMHS	Confirmation that incident does not meet SI criteria; issue to be part of case study.	N/A

Safeguarding investigations closed since last report

Nil							
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In the RSPRT (Risk-adjusted resetting probability ratio test) Plots is presented the mortality of your unit cumulatively, based on what is predicted by PIM2 score.

Between the Orange lines is a 'safe zone' with the variability you might expect day to day. Between the red lines at the top of the chart can be regarded as a 'warning zone'.

Until there is a death, the top line stays flat and the bottom line gradually drops. When a death occurs the top line moves up and the bottom line moves closer to zero. When either line touches the red line, the graph resets to zero.

For more technical explanation, please see [\(link\)](#).

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**Board of Directors
10th January 2017**

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update January 2016
Background Papers:	Employee Temperature Check for January 2016
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	The Committee is asked to note the contents of the report.
Link to: Trust's Strategic Direction Strategic Objectives	Great Talented Teams
Resource Impact:	None

Section 1 - Engagement

That we build on Alder Hey's strengths to further develop a culture that focuses on quality and the continuous improvement of the service that we provide to patients.

Development of Leaders

We successfully launched the Leadership and Management Induction in November, as part of the wider offer for leadership and management development. We are delighted to have been awarded a £2000 grant from the North West Leadership Academy to support Talent Management and Succession Planning. We have been working up the plans of how we will deploy these funds to support the newly created CBUs during December 2016 and January 2017.

Improving communication and hearing the employee voice

In the November Temperature Check, the Staff Friends and Family scores for place to work and place for treatment were 61% and 84% respectively; as a place to work this percentage is an increase on previous months. From January 2017, in line with the refreshed People Strategy, there will be a new look Temperature Check which will be aligned with the questions on the Listening into Action Pulse check – a simpler set of questions which take seconds to answer, and map to results we will be taking throughout the year as part of the LiA work.

Staff Survey

The final response rate for our 2016 staff survey was higher than last year's at 39% (up from 35% in 2015). This compares to a 44% average response rate amongst the 132 organisations who engaged Quality Health to administer their survey for them (an increase from the 42% response rate in 2016). A full report on survey outcomes is expected in January 2017; we will take a LiA approach to sharing these and understanding what actions we need to take as a Trust to continue making improvements to the workplace in support of our employees.

Section 2 - Availability of key skills

That we always have the right people, with the right skills and knowledge, in the right place, at the right time.

Junior Doctors

Work progresses with aligning rotas to the new contract, following the recent appointment to the Guardian of Safe Working role. We have already started to review rotas, in line with JDAT report recommendations.

Hotel Services

Two organisational change processes commenced on 8th September 2016 proposing that staffing levels for restaurant chefs and catering assistants are reduced at the weekend to reflect the income/cost challenges within that area directly as a result of lower footfall at the weekend. A reduced service had been proposed involving provision of hot food and other

snacks. The consultation process completed on 10th October 2016 with no amendments to the original proposals. At present further individual discussions with staff are in abeyance whilst Hotel Service Senior Management review the overall income/cost budget and resourcing implications

Consideration is being given to an independent Cleaning Review report which has assessed the current domestics operation within the Trust and proposed a number of actions to potentially be implemented, of which initial informal discussions commenced in December 2016 with both Trust staffside and union regional officials. Formal consultation on the initial phase of review, that of the domestic supervisors is to commence on 4th January 2017 for 30 days. In parallel the review of domestics' processes will continue involving trials of technology, which may potentially result in an organisational change process for this group of staff in the first quarter of 2017. A Patient Services Manager (Domestics) has been appointed and is to commence duties from January 2017.

Education, Learning and Development

The Apprenticeship strategy was presented to Workforce and OD committee in December 2016. The strategy sets out a stepped plan for the implementation of the apprenticeship standards as well as management of the levy which will be implemented in April this year. Discussions are ongoing with colleagues in finance to ensure there is a robust process for levy transactions.

A stock take of essential (mandatory) training is almost complete, with the aim of identifying risks and putting plans in place to realise improvements in the current position; this is following the Trust's commitment to the NW Streamlining project, which is driving efficiencies through the many processes supporting NHS employee's recruitment journey.

Section 3 - Structure & Systems

That we have a best in class HR processes, policies and collective bargaining arrangements that deliver on the things that are important to the Trust

Effective Policies

MASS: The MASS scheme has closed and Executive review panels took place during December 2016. Six applications have been approved in principle, three are still pending decision and 37 applications were rejected.

Employee Relations Activity

There are currently 5 formal cases ongoing (including 1 appeal). The HR Advisors are working well with Investigating Officers to ensure that investigations are concluded in a timely manner. In addition to formal cases, HR continues to advise managers on managing behaviours within their teams on an informal basis.

Two Early Conciliation Claims relating to concerns of non-payment of expected income (pre-Employment Tribunal) have been received in respect of two Agency workers (joint claim against the Trust and the Agency provider) which are currently being assessed and considered in association with ACAS, the Agency Provider and the two Agency workers.

Corporate Report

The HR KPI's in the November Corporate Report are:

- 5.7% sickness, which is 0.1% up from last month
- Corporate Induction compliance has dropped to 74.1%
- PDR rates are static at 73%
- Mandatory training is 75.3%

Actions to address shortfalls are being addressed by members of the HR & L&D team.

Section 4 - Health & Wellbeing

That all Trust employees feel valued and respected by the organisation and actively contribute to the organisation's success.

Supporting Resilience

The Trust has been developing support tools in conjunction with Team Prevent to help staff cope with the demands and challenges of staying healthy and maintaining a positive work and life balance. This is a key component of the People Strategy and ensures our focus on all aspects of workforce wellbeing.

Leading in Equality & Diversity

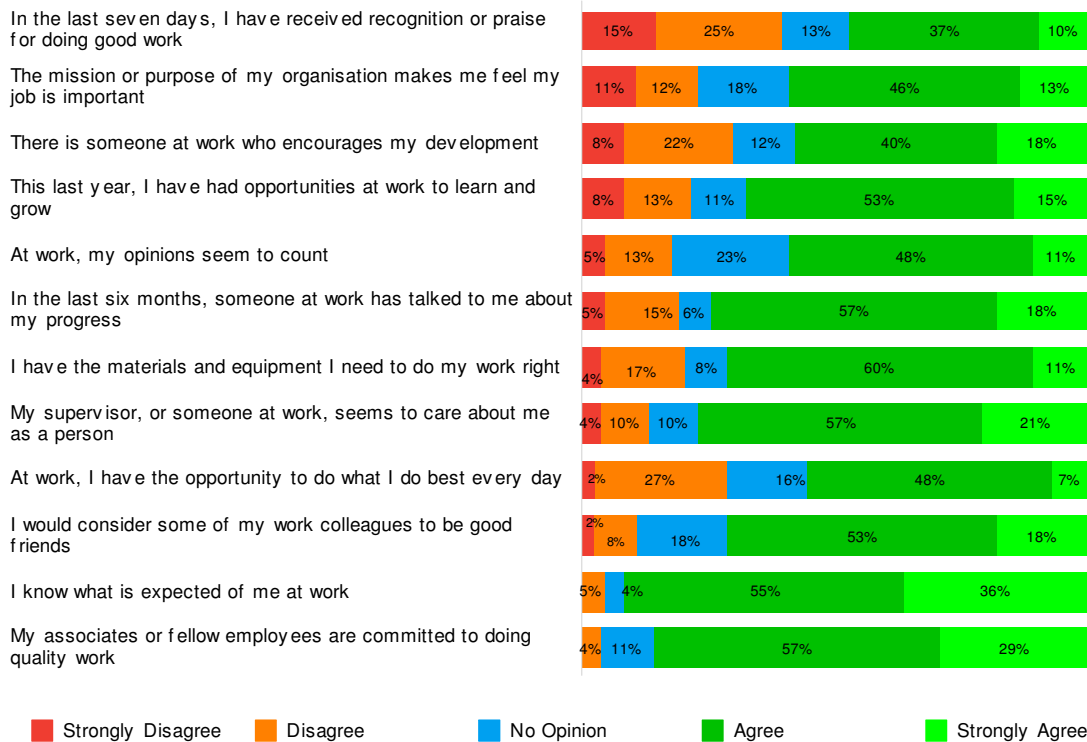
The Task and Finish Group continues to meet to develop actions to address under-representation of BME staff in the workforce, which includes a review of recruitment and selection processes, members of the group being present on interview panels to identify cases of unconscious bias in recruitment; monthly spot checks at interview panels with BME candidates; this work links with sector-wide Streamlining project and the drive for values-based recruitment and improved job description design. We are working closely with local communities to promote Alder Hey as an employer of choice, and working with our own BME staff and trade union colleagues to promote opportunities, which included a Cultural Event held on 20th September attended by number of faith and culture leaders. In addition, Alder Hey hosted the community advisory group (CAG) on behalf of Merseyside Police on 21st September. An update report on progress will be presented to the next WOD committee.

Summary of monthly Employee Temperature Check for: November

The percentage of staff who were in Overall agreement with the 12 questions for **November** was **68%**.

The area most in need of improvement was **In the last seven days, I have received recognition or praise for doing good work**. This question recorded an overall Disagreement score of **40%**.

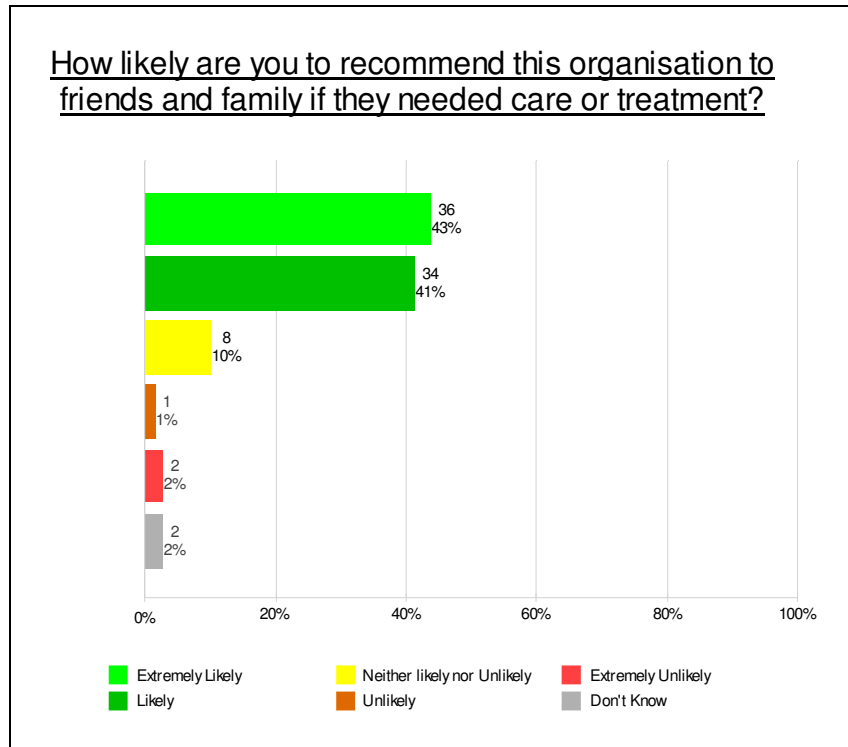
Rating Scale for 12 questions



Overall Engagement for 12 questions



How likely are you to recommend this organisation to friends and family if they needed care or treatment?



What is the main reason for the answers you have chosen?

- ____ Friendly staff committed to looking after children
- ____ Despite the issues I think staff genuinely strive to do the best for the patients
- ____ Love the specialist work.
- ____ It's a ridiculous idea that anyone would recommend a hospital?? Especially a Specialist Children's hospital, I'm hardly going to tell friends and family to take sick children to Birmingham??
- ____ I know from day to day work, that staff go above and beyond for the patients. Even when we are feeling under appreciated and driven into the ground, we still push ourselves for that patient at the end of the line because they are the priority. I believe the care and treatment is at a great standard
- ____ Because I think this hospital gives a high quality assistance to patients
- ____ I feel that even during a time where staff are feeling less engaged and have low morale, I have no doubt that the clinical teams always put their patients first and I feel that where issues are raised, it is because they want to feel able to do their jobs effectively in order to give the best possible care for patients
- ____ BECAUSE IT SPECIALISES IN PEADIATRICS AND IS THE NEAREST LOCAL CHILDREN'S HOSPITAL HOWEVER I KNOW IT IS ALSO LEFT VERY UNSAFE AT TIMES WITH REGARDS TO STAFFING RATIOS IN THE CLINICAL AREAS PREVENTING STAFF FROM PROVIDING SAFE CARE.
- ____ The staff I work with are so dedicated and Alder Hey is a great hospital.
- ____ I know the people I work with strive to achieve the best possible care for patients.

What is the main reason for the answers you have chosen?

The staff care a lot about patients and work hard

Staff are committed to patient's care

New hopsitla, bright, airy. Lots of friendly staff, most working hard to get things done, make things happen.

Generally we deliver very high quality care

I don't have any recent experience of having my child being treated at Alder Hey or know of anyone who has

Very high standard of care.

I believe that the nursing and medical staff endeavour to do their best by the patients and families.

The staff do their very best to provide a great service despite the pressures of the organisation

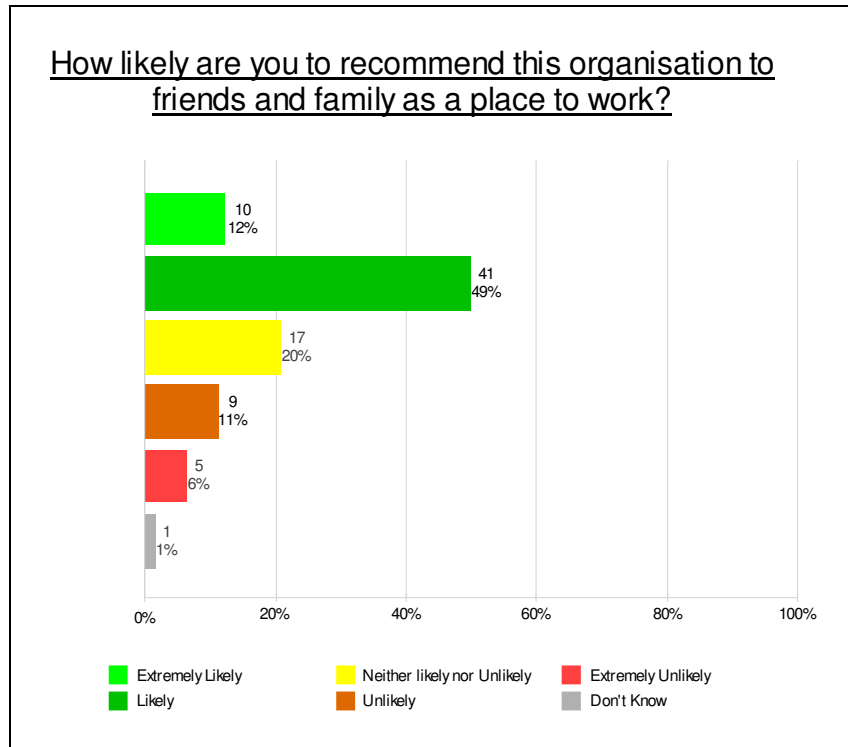
Because it is an excellent hospital with excellent staff who care about the patients and families whether it is an appointment or a hospital stay they are given 1st class service and understanding of every individual plus I know it is one of the best childrens hospital, my daughter recently had a operation and actually enjoyed her stay and commented on how the nurses really look after you and has now decided she would like to become a nurse when she grows up.

excellent specialist care

I believe that the nursing staff provide the best care that they are able to and while the doctors are busy they will prioritise the sick patients to be reviewed as priority.

Because we provide excellent service despite our poor resources - although we have no ability to plan as we fire fight on a daily basis

good medical and nursing standard.



What is the main reason for the answers you have chosen?

Having been with the organisation for less than two years I have found everyone to be very welcoming and supportive

I can't speak for other areas in the hospital but I don't feel that my specific area of work is a great place to work, I think anyone in my field of work would benefit more from another organisation in terms of development, management and safety.

Because this hospital is well organized, and people are polite as well as ready to help each other

Whilst there are a number of reasons why I feel frustrated at the moment with our systems and processes, I believe that we have a lot of genuinely excellent people at Alder Hey who care about the future of our hospital and who are working really hard to make improvements.

BECAUSE I FEEL THAT I AM NOT RESPECTED AS AN INDIVIDUAL EMPLOYEE. MY WARD IS USUALLY UNDER STAFFED, THEREFORE WE USE AGENCY STAFF WHO ARE NOT FAMILAR WITH THE HOSPITAL, SPECIALITIES OR SYSTEMS. SO ALTHOUGH THE STAFFING RATIO MAY LOOK GOOD ON PAPER WHEN IT COMES TO RUNNING A CLINICAL AREA ON AGENCY STAFF THIS IS VERY UNSFAE AND THE PATIENTS ARE NOT RECEIVING THE BEST STANDARD OF CARE DELIVERY.

That would have to depend on the job role.

Bullying/neglectful culture. Lot of focus on making alder hey right but no understanding of the basic points that make a huge difference. Difficult to get heard.

I don't know how things are in the other wards

Overall its a friendly place to work, and as hospitals go, its no better or worse than any of the others I've worked in. It a new build, which makes life a bit easier also - bright, airy, with daylight!

Staff are treated as just commodities

What is the main reason for the answers you have chosen?

Very rewarding job, however can sometimes be difficult to do the job as specified due to staffing issues and such.

I feel that we are pushed to deal with unsafe workloads due to staffing and pressures from other wards. As a staff member I feel that our concerns are not listened to and we are often over ruled.

Staff being pushed to their limits, feeling under valued, skills not being used to full potential due to pressures of having to "get patients in and out quickly", high workload, low morale and poor staff retention, unsettlement due to constant re-organisation

good support and encouragement to progress, learn and develop

It would depend what area they where going to.

I believe that this is a good organisation to work for and I have had the opportunity for progression but that the staff opinions are not always listened to or acted upon.

Too much pressure and staff are expected to do far too much as we are poorly resourced

Good environment

BOARD OF DIRECTORS
Tuesday 10th January 2017

Workforce & Organisational Development Committee
(WOD) – Chairs Note

1. Purpose of the Report

The purpose of this report is to update the Board on the key issues raised at the WOD Committee held in December 2016.

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 14th December 2016; the minutes of the meeting will be submitted to the February 2017 Board for noting.

- The Committee reviewed the content of TOR and **agreed** the content.
- The Committee received the Programme Assurance Summary for December 2016 and **noted** the content for progression.
- The Committee received the People Strategy Board Update and **noted** the content.
- The Committee received a Staff Survey Progress report and **noted** the content.
- The Committee received a Temperature Check for October & November and **noted** the content.
- The Committee received the Apprenticeship Strategy and **agreed** the content for progression.
- The Committee received the ANP Workforce Development Programme and **agreed** the content for progression.
- The Committee received a progress report on latest development of Listening into Action and **noted** the success of the scheme.
- The Committee received an update of the Workforce Leading Indicators and **noted** the content.
- The Committee received the Preventing & Managing Violence & Aggression at work Policy and **ratified** the policy.
- The Committee received the Equality Analysis for the Preventing & Managing Violence & Aggression at work policy and **approved** the content.
- The Committee received the Manual Handling of Loads & People Policy and **ratified** the policy.
- The Committee received the Equality Analysis for the Manual Handling of Loads & People Policy and **approved** the content.

3. Recommendations

It is recommended that the Board note the contents of the Chairs Update relating to the key issues from the Workforce and Organisational Development Committee held on 14th December 2016.

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**WORKFORCE & OD COMMITTEE
MINUTES FROM MEETING
12TH October 2016**

Present:	Ms C Dove	Non-Executive Director (Part Attendance)	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs M Swindell	Director of HR & OD	(MKS)
	Mr I Quinlan	Non-Executive Director	(IQ)
In Attendance:	Ms M Salcedo	HR Business Partner	(MS)
	Mr J Gibson	External Programme Assurance	(JG)
	Mr R Turnock	Medical Director (Part Attendance)	(RT)
	Mrs F Flanagan	Deputy HRD	(FF)
	Mrs S Brown	Strategic Project Manager & Decontamination Lead	(SB)
	Mr M Travis	Chair of Staff Side	(MT)
	Ms E White	Care Pathways, Policies, Guidance	(EW)
	Mr D Grimes	General Manager – Medicine	(DG)
	Mrs S Owen	HR Business Partner	(SO)
	Mr C Beaver	Head Marketing & Communications	(CB)
	Mr M Fox	Deputy Financial Controller (Part Attendance)	(MF)
	Mrs K Turner	LiA Lead (Part Attendance)	(KT)
	Apologies:	Mrs H Ainsworth	Equality & Diversity Manager (Part Attendance)
Ms J Richardson		Programme Manager	(JR)
Ms D Brannigan		Patient Governor (Parent and Carer)	(DB)
Ms S Stephenson		Quality & Governance Manager	(SS)
Mr N Davies		HR Business Partner	(ND)
	Mrs R Greer	General Manager NMSS	(RG)

Agenda Item	Key Discussion Points	Action	Owner	Timescale
16/26 Minutes of the Previous Meeting & Introduction	The Committee considered the minutes of the last meeting held on 5 th September 2016 and approved minutes as an accurate record. The Committee congratulated Melissa Swindell on her appointment to Director of HR & OD. The Committee praised Mike Travis's input to recent broadcasts around nursing.			
16/27 Matters Arising /Actions	The Committee considered the following under matters arising, any items not referred to are included in the agenda:			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	<p>15/26 Creating a Healthy Workforce Review current suitability of Junior Doctors mess. MKS confirmed that this will be further progressed at the Local Negotiating Committee and it was agreed to record as complete on the WOD action list.</p> <p>15/15, 15/30 Availability of Key Skills Pilot supported by Manchester & Warwick University for non-medical pharmacists. The Committee noted the progression made and it was agreed to record as complete on the WOD action list.</p> <p>16/11 Implementing the Apprenticeship Model MKS advised progression is going well in conjunction with Blackburn House. 19 people are now in place.</p> <p>16/12 Key Workforce Risks – Review of Top Workforce Risks CBU PDR completion – explore recording processes. MKS confirmed an action plan was put together with CBU’s – all on track for 90% completion. The Committee noted progression and it was agreed to record as complete on WOD action list.</p> <p>MT raised a number of his observation/suggestions:</p> <ul style="list-style-type: none"> • Equality & Diversity BME focus. MT suggested that more emphasis should be assigned to patient care and staff pay, with particularly attention paid to the pay protection of lower paid staff with matching panels being mindful of equality and pay. • CBU reorganisation – no consultation with Staff Side. <p>The Committee noted MT’s comments and advised that the focus on BME/diversity has brought positive results. Re concerns about pay protection, MKS advised that after discussions at JCNC, the individual staff have been spoken with positive outcomes.</p>			
<p>16/28 Programme Assurance ‘Developing our Workforce’</p>	<p>Developing Our Workforce – Programme Assurance Framework – September 2016 The Committee received a regular summary prepared by the Executive Sponsors of the Assurance Framework, External Programme Assessor and Assurance Team. The purpose of this assurance framework is to ensure the monitoring of robust processes for progression of three key projects: Developing High Quality Leadership & Management is on track with milestone plans, with the Starters & Leavers Process at the final stage with one further meeting to take place to close off outstanding</p>			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	<p>actions.</p> <p>All papers supporting Programme Assurance ‘Developing our Workforce’ are recorded as read prior to the meeting.</p> <p>The Committee further noted the challenge to address Capability and Sustainability Project. JG suggested it may be relevant to see sub ratings for the individual plans and the progress of financial information being developed (8 out of 14 plans completed). JG outlined individual plan RAG ratings to further inform the Committee on improvements made. Developments are moving in the right direction, but are not there yet. JG reiterated the requirement for teams to address outstanding plans for AHiTP, Facilities and Nursing & Quality.</p> <p>In order to address the financial challenge, cross cutting themes have been developed with CBUs/supported by HRBP’s. To support residual financial gaps, a ‘Plan On A Page’ was introduced to the Committee for the following and noted as read:</p> <p>Therapy Review Specialist Nursing Job Planning</p> <p>MKS advised that subsequently the ultimate aim is to reduce the pay bill, other services/pathways are being reviewed by CBU’s/working with HRBP’s, using the template for the ‘Plan On A Page’ (i.e. is the Trust being paid for all work completed). The Committee noted that there is a requirement to ensure quality, productivity and service is not adversely affected. MKS confirmed that QIA/QA’s will be in place to support assurance processes.</p> <p>The value of correct clinical coding processes to support proper accounting was discussed in depth. RT suggested an engagement with clinicians that had taken place in the past could be replicated across the Trust to support this process. DG noted that some information had not been captured pre Meditech and that it is not just coding that is required to support proper accounting but capture of payments/clinical variations.</p> <p>The Committee thanked JG for his input.</p> <p>The Committee agreed the content of the 3 ‘Plan On A Page’ documents.</p> <p>The Committee noted the content of Programme Assurance/progress report.</p>			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
<p>16/29 Progress Against the People Strategy</p>	<p>‘Refreshed’ People Strategy The Committee received a presentation prepared by the Director of HR & OD. The purpose of the presentation is to receive feedback and approval from the Committee on the ‘Refreshed’ People Strategy that has been designed to fully support the achievement of the Trusts Strategic aims over the next four years. MKS outlined the key considerations factored into the planning of this strategy and went on to outline the people strategy framework with an integrated approach to health and well-being being fundamental to the framework to support leadership; talent; future workforce needs; engagement and great HR services.</p> <p>A number of observations/suggestions were raised by the Committee to support the direction of the Refreshed People Strategy:</p> <ul style="list-style-type: none"> • The requirement/inclusion of smart working/time management commodity to support staff. • Staff mental health – staff counselling over applied, need to get better, what can we do about prevention to support emotional well-being. • Review external partnerships – ensure staff are aware of what is available to support well-being for staff. • Health & Safety accidents – review manual handling training for staff. • Health care worker – review future requirements of the Trust – not just what comes through universities. • Think about looking at H&W for parents caring in the home • Confirmation received that a review of the exit interview process has commenced. • Think about opportunities taking place now and in the future for Research Innovation/education to support improved working practices – will impact on the role of managers and influence finance and the care we give. • Confirmation received that existing managers can join the new manager induction processes. <p>The Committee noted that the People Strategy will be presented to the Trust Board in December 2016. A work plan will be brought back to WOD in December 2016.</p> <p>MT instigated a discussion about Trust Board members and suggested that there should be ‘worker representation’ on the Board. The Committee noted that Trust Board meetings are public meetings, however there have been regular attendance of staff governors at meetings</p> <p>The Committee approved the content for progression of the ‘Refreshed’ People Strategy.</p>	<p>Work Plan for the Refreshed People Strategy.</p>	<p>MKS</p>	<p>December</p>

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	<p>Staff Survey Update The Committee received a report from the Director of HR & OD. The report outlines procedures in place for the Staff Survey distribution this week, to all members of staff for completion. MKS advised that the closing date for return of the survey to the administrator of Quality Health is Friday 2nd December 2016. Comparison results to last year were reflected on and as detailed in the report MKS outlined the plans in place support an increase in response rates.</p> <p>The Committee noted the content.</p>			
	<p>HR Policy Update The Committee received a report from the Interim HR Director. The HR Policy Update refers to benchmarking exercises that have taken place over a number of years to identify what best practice in policy development and content might be. FF outlined some of the reasons behind the delay in progress to review policies and summarised the current position with feedback received that overall the policies are too detailed and complex. Managers often seek HR support to apply policies even in informal cases.</p> <p>FF referenced the proposed way forward for the Committee's endorsement. It is proposed to redevelop the HR policies in order that they can become more values-led and allow HR & OD to provide support to line managers to develop their skills in applying policies. Supported by NHS Employers, Health Education England and HPMA, the NW region has recently embarked upon implementing the Streamlining Project of which Alder Hey has agreed to support on roll out. There are various work streams, one of which is around Employment Terms and Conditions (which includes policy development) and it is hoped to work collectively to agree some degree of standardisation around policy approach and content, to inform best practice and improved efficiency. FF advised that it is proposed to issue the report at the end of the month and referenced the requirement of Staff Side support in this process.</p> <p>The committee endorsed the process.</p>			
	<p>Health & Safety Committee The Committee receive The Health & Safety Committee Minutes dated 10th June 2016 for information and noted the content.</p>			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	<p>Listening into Action Update The Committee received a progress report from the Trust LiA Lead. KT outlined what activity that had taken place recently with the LiA Clinical & Enabler Teams and the 'quick wins' that had been achieved at the Trust to support patients, staff and the organisation.</p> <p>Particular attention was paid to the following:</p> <p>'Creation of our Stories of Change' – templates have been sent to sponsors and the <i>triumvirate</i> asking for them to complete their stories, this will then be sent to Optimise to format the stories and posters will then be created to be used at the 'Pass It On' event.</p> <p>'Pass it on Event' has been arranged for 14th November, whereby the next 20 clinical teams will be invited to attend. The existing 10 teams have been asked to create a 3-5 minute presentation for this event.</p> <p>Pulse checks (mini surveys) will commence at the 'pass it on event', followed by further pulse checks to include those who have been directly involved in LiA and the rest of Trust staff.</p> <p>The Committee noted the success of the LiA scheme and thanked KT for her hard work.</p>			
<p>16/30 Key Workforce Risks – Review of top Workforce Risks action planning against most significant risks</p>	<p>Workforce Performance Monitoring The Committee considered a regular report prepared by the Interim Director of HR & OD concerning the key risks relating to workforce monitoring for August 2016. The purpose of the report is to update on key targets/measures and advise of actions to support improvement. Particular attention was paid to:</p> <p>Sickness absence has increased marginally and will be monitored. Preparations are underway for the 2016 Staff Survey, on reflection with the move last year it is hoped to increase and improve response rates.</p> <p>The Committee noted the content of the report.</p>			
<p>16/31 Legislation, terms & conditions, employment policies – review & ratification/approval</p>	<p>The Committee considered the following Policy and Equality Impact Assessment for ratification and approval.</p> <p>Staff Travel & Subsistence Policy The Committee received a guide to support the process to adopt sustainable travel behaviour. MF joined the Committee to outline the policy. It was noted that this</p>			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	<p>document is not required to go through a consultation process as it does not form part of staff terms and conditions. It was re-iterated that it was just a guide to support processes and follows AfC rules on travel.</p> <p>MKS referred to page 16 and noted some rates may be different for clinical staff, but that the processes are the same. RT suggested that the policy be added to the next LNC agenda for information.</p> <p>The Committee ratified the policy.</p> <p>EIA – Staff and Subsistence Policy The Committee approved the EIA for the Staff and Subsistence Policy.</p>	<p>Policy to be added to next LNC agenda for information</p>	<p>RT</p>	<p>December</p>
AOB	None.			
Review of Meeting	CD thanked everyone for their contribution to the Committee.			
Date of Next Meeting	Wednesday 14th December 2016, 2pm-4pm, Room 8 Mezzanine, CHP			

Action List

Minute Reference	Action	Who	When	Status
Programme Assurance 'Developing Our Workforce'				
	Programme Assurance/progress update			
16/22	<ul style="list-style-type: none"> Summary/matrix of development of actions PIDs to be presented for AHP/Specialist Nurse Review/Job Planning – Noted on 12/10/2016 – Agreed content of 'Plan on a Page' 	MKS CL	October 2016 October 2016	Complete
People Strategy Overview & Progress Against Strategic Aims				
	Engagement			
15/08 16/02	<ul style="list-style-type: none"> Develop Values in Procurement, values based recruitment – develop opportunities to incorporate into the Procurement processes/standards for contractors. Liaise with Deputy Director of Finance to progress to review employment opportunities. 	MKS/CL	Ongoing	
	Creating A Healthy Workforce			
15/26	<ul style="list-style-type: none"> Review current suitability of Junior Doctors mess – progressed by the Development Director. Noted on 12/10/16 – progression is to be made through local negotiating committee. 	MKS/DP		Complete
	Equality & Diversity			
15/03	<ul style="list-style-type: none"> Present data on applied/shortlisted recruitment – currently being reviewed. 	HA	September 2016	
15/03	<ul style="list-style-type: none"> Align E&D deliverables with people strategy 	DA/HA	Ongoing	Update at future meetings
	Availability of Key Skills			
15/15, 15/30	<ul style="list-style-type: none"> Pilot supported by Manchester & Warwick University – non medical pharmacists – update on developments – MKS to make enquiries re affected workforce and feedback to MT. Noted on 12/10/2016 the progression made 	SB/MT/MKS		Complete
	Leadership & Management Development Strategy			
15/31 16/03	<ul style="list-style-type: none"> Update on progress of Leadership & Management Development Strategy 	FF	Ongoing	
	Implementing The Apprenticeship Model			
16/11	<ul style="list-style-type: none"> Update on progression of work at Blackburn House & apprenticeship levy. 	PD/MKS	December 2016	
Key Workforce Risks – Review of Top Workforce Risks				

16/12	CBU PDR completion - explore outside of WOD recording processes linked to name to highlight completion/none completion/yet to be arranged.	MKS/CBU's	ASAP	Complete
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Corporate Report

Nov 2016

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Is there a Governance Issue?

Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
N	N	N	N	N	N	N	N	N	N	N	N

Highlights

Activity has significantly improved against the same period last year, RTT & diagnostic standards achieved despite pressures, volume of longest waiting patients continues to reduce, DQ group established to target key areas of concern that skew data, CAMHS waiting times reducing in line with plans. Canx ops for "no ward beds" significantly down compared to last year following implementation of winter plan. Integrated Performance Framework now being implemented across CBU's. Productivity metrics holding despite winter pressures.

Challenges

4 hour standard & cancer 2 WW standard failed. RSV peak higher than prediction; overall ED aggregate attendance within prediction; variation in attendance volumes noted. EDU unable to open from 8 to 11 beds & 3C unable to open further 4 beds required within winter plan due to staff availability. Changes to agency availability within cap should ease availability from Dec. Attendance to IP conversion rates has increased by 0.1% from M7 to M8. Decontamination issue challenging our ability to maintain Diagnostic standard plus further reducing daycase activity in 2 dependent specialties (gastro & resp) requiring further revisions to forecast. Activity behind plan; recovery actions in force.

Patient Centred Services

Slight reduction in overall achievement of metrics. Main areas to note are non-achievement of 4 hour standard and increases in number of patients with a diagnostic breach. Increase in cancelled ops noted also stemming from decontamination problem and rescheduling of emergency patients. Theatre utilisation has reduced slightly but was anticipated as winter plan actions are implemented. All other areas have improved against their core standards.

Excellence in Quality

The Trust is set to achieve all of its targets around clinical effectiveness in November. Significant reductions in the overall numbers of infections continues. There was 1 hospital acquired C Difficile infection in a very vulnerable complex patient. Although our medication errors resulting in harm are down on last year we have an increase in pressure ulcers grade 2 and above and this is in part due to improved reporting. We have plans for more training and a January summit. We also had one Never Event in November relating to a retained foreign object post surgery. We also had another serious incident requiring investigation. Clinical incidents above minor harm are significantly down on last year. Hand hygiene compliance was down this month and there is targeted work on going to ensure improvement next month

Financial, Growth & Mandatory Framework

"For the month of November the Trust is reporting a surplus of £1.1m in line with plan. Year to date the trading deficit is £2.7m which is £0.4m behind plan. The Trust is forecasting a trading deficit of £0.2m in line with plan at the end of the financial year. This forecast relates to the position as at month 6, as approved by the Board and submitted to NHS Improvement. Income is ahead of plan by £1.8 to date. Elective activity is behind plan in the month by 16% and outpatient activity is behind plan by 7%. Pay budgets are £1.4m overspent to date relating to use of agency staffing. The Trust is ahead with the CIP target to date by £0.186m. Cash in the Bank is £5.4m. Monitor Use of Resources rating of 3 in line with plan."

Great Talented Teams

In the previous month compliance with corporate induction attendance has decreased to 74.1%. Rates for medical appraisal have increased whilst PDR compliance for other staff is static at 73%. Rates of sickness absence are maintained at 5.7%, as is mandatory training compliance at 75%. Work continues to improve all KPIs.

Patient Centered Services

Metric Name	Goal	Oct 2016	Nov 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	95.0 %	92.0 %	▼	
RTT: 90% Admitted within 18 weeks		88.1 %	89.2 %	▲	
RTT: 95% Non-Admitted within 18 weeks		86.7 %	85.8 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.1 %	▼	
Diagnostics: Numbers waiting over 6 weeks		3	4	▲	
Average LoS - Elective (Days)		3.0	2.9	▼	
Average LoS - Non-Elective (Days)		1.7	2.0	▲	
Daycase Rate	0.0 %	66.7 %	68.1 %	▲	
Theatre Utilisation - % of Session Utilised	90.0 %	85.0 %	84.4 %	▼	
28 Day Breaches	0.0	4	4	—	
Clinic Session Utilisation	90.0 %	86.2 %	85.6 %	▼	
DNA Rate	12.0 %	10.0 %	8.9 %	▼	
Cancelled Operations - Non Clinical - On Same Day		22	29	▲	

Great and Talented Teams

Metric Name	Goal	Oct 2016	Nov 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	100.0 %	74.1 %	▼	
PDR	90.0 %	73.3 %	73.0 %	▼	
Medical Appraisal	100.0 %	11.0 %	16.7 %	▲	
Sickness	4.5 %	5.6 %	5.7 %	▲	
Mandatory Training	90.0 %	75.4 %	75.3 %	▼	
Staff Survey (Recommend Place to Work)		59.8 %	61.4 %	▲	
Actual vs Planned Establishment (%)		87.0 %	91.8 %	▲	
Temporary Spend ('000s)		894	800	▼	

Excellence in Quality

Metric Name	Goal	Oct 2016	Nov 2016	Trend	Last 12 Months
Never Events	0.0	0	1	▲	
IP Survey: % Received information enabling choices about their care	90.0 %	97.3 %	96.4 %	▼	
IP Survey: % Treated with respect	90.0 %	99.7 %	99.4 %	▼	
IP Survey: % Know their planned date of discharge	60.0 %	71.6 %	73.5 %	▲	
IP Survey: % Know who is in charge of their care	90.0 %	92.4 %	94.0 %	▲	
IP Survey: % Patients involved in play and learning	65.0 %	55.9 %	55.1 %	▼	
Pressure Ulcers (Grade 2 and above)	12.0	18	22	▲	
Total Infections (YTD)	74.0	60	69	—	
Medication errors resulting in harm (YTD)	52.0	35	43	▲	
Clinical Incidents resulting in harm (YTD)	450.0	371	451	▲	

Financial, Growth and Mandatory Framework

Metric Name	Oct 2016	Nov 2016	Last 12 Months
CIP In Month Variance ('000s)	157	-18	
Monitor Risk Ratings (YTD)	3	3	
Trading Surplus/(Deficit)	500	1104	
Capital Expenditure YTD % Variance	-21.0 %	-18.8 %	
Cash in Bank (£M)	6.5	5.4	

Positive (Top 5 based on % change)

Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
DNA Rate	11.8%	12.8%	11.9%	12.6%	14.5%	12.9%	12.5%	12.6%	13.0%	14.6%	10.6%	10.0%	8.9%	
IP Survey: % Received information enabling choices about their care	97.3%	90.7%	96.0%	96.1%	93.7%	95.2%	94.2%	97.4%	190.3%	99.1%	93.0%	97.3%	96.4%	
Staff Survey (Recommend Place to Work)	54.1%	38.3%	52.7%	46.9%	44.2%	27.8%	43.6%	50.5%	48.5%	45.1%	55.4%	59.8%	61.4%	
Temporary Spend ('000s)	955	1,008	953	927	1,298	1,049	1,189	1,008	1,052	1,002	969	894	800	
Total Infections (YTD)	73	89	103	111	119	6	17	25	33	41	51	60	69	

Early Warning (negative trend but not failing - Top 5 based on % change)

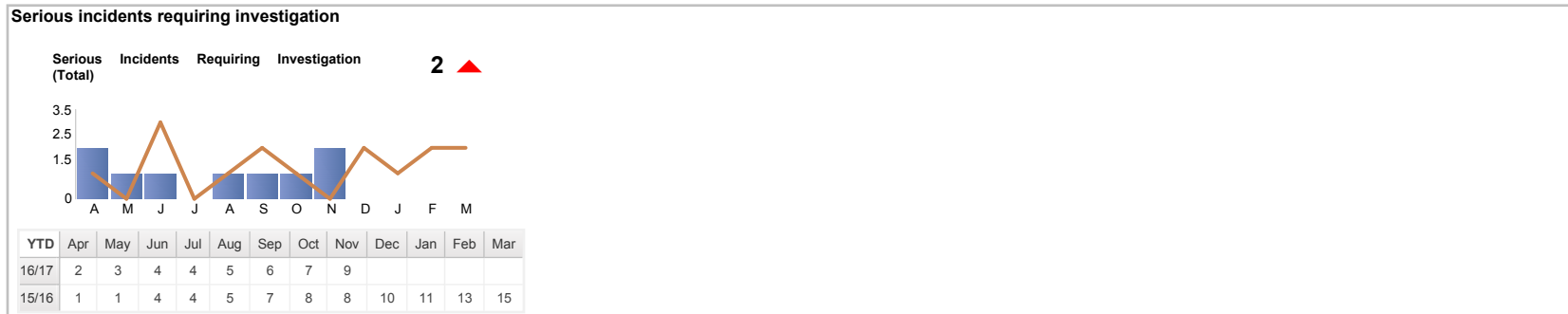
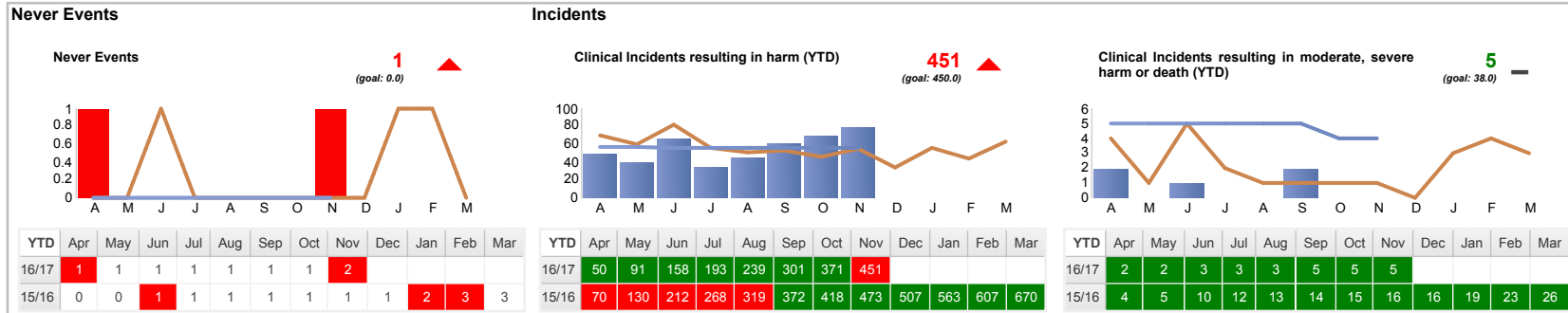
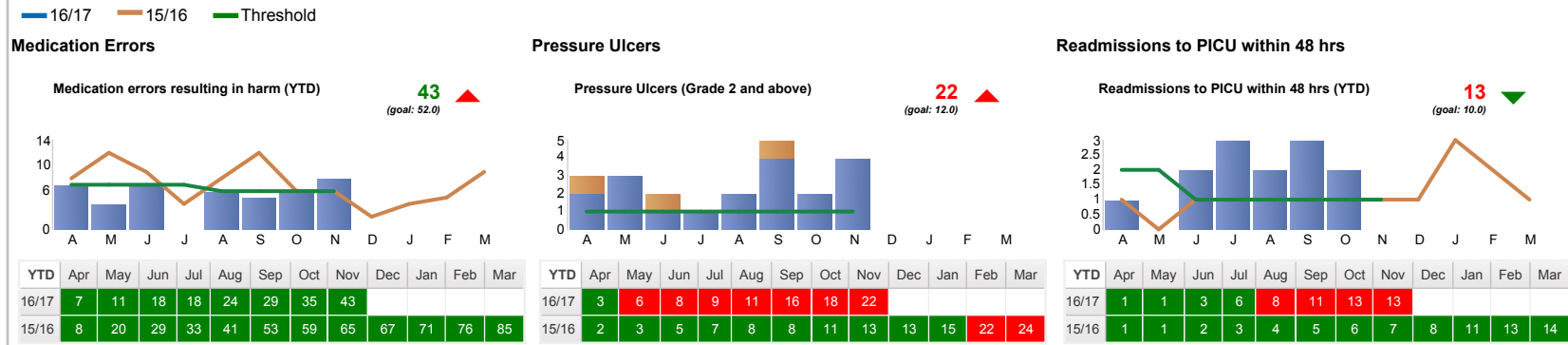
Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
RTT: 95% Non-Admitted within 18 weeks	87.9%	86.1%	86.6%	84.9%	85.7%	89.6%	87.8%	87.9%	87.3%	88.8%	87.5%	86.7%	85.8%	
Theatre Utilisation - % of Session Utilised	79.6%	74.5%	78.7%	81.4%	83.5%	84.7%	84.7%	87.4%	84.4%	85.8%	87.5%	85.0%	84.4%	
CIP In Month Variance ('000s)	-451	-465	-457	-585	-368	-179	-107	-97	191	96	42	157	-18	
IP Survey: % Treated with respect	95.2%	95.3%	99.0%	98.0%	98.4%	99.3%	98.7%	99.1%	199.0%	99.7%	100.0%	99.7%	99.4%	
Cash in Bank (£M)	16.6	18.2	17.4	17.8	10.6	6.9	7.9	7.0	4.2	2.9	4.5	6.5	5.4	

Challenge (Top 5 based on % change)

Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
Corporate Induction	91.7%	96.8%	85.7%	72.2%	87.1%	64.3%	94.2%	96.2%	97.1%	65.4%	85.5%	100.0%	74.1%	
Sickness	5.6%	5.5%	5.7%	5.8%	5.4%	5.2%	4.8%	4.5%	4.8%	4.8%	5.0%	5.6%	5.7%	
Never Events	0	0	1	1	0	1	0	0	0	0	0	0	1	
Mandatory Training	84.0%	83.7%	83.4%	82.7%	82.3%	81.2%	81.8%	81.2%	79.6%	76.6%	74.1%	75.4%	75.3%	
Clinical Incidents resulting in harm (YTD)	473	507	563	607	670	50	91	158	193	239	301	371	451	

Summary

Medication errors resulting in harm continue to be lower than last year. Pressure ulcers of a grade 2 or above are higher in comparison to last year but that is related to better reporting and the impact of our Tissue Viability Nurse. A pressure ulcer summit is planned for January where common themes will be reviewed and new and improved guidelines developed. Readmission to PICU within 48 hours is up but reflect seasonal impact of RSV. Clinical incidents resulting in moderate harm or above remains significantly lower than last year.



Summary

We have continued to see an increase in the amount of responses regarding Friends and Family Test and Inpatient surveys. The amended format for gaining feedback regarding play and learning, in place from January 2017 should provide a more accurate reflection on patient experience.

Inpatient Survey

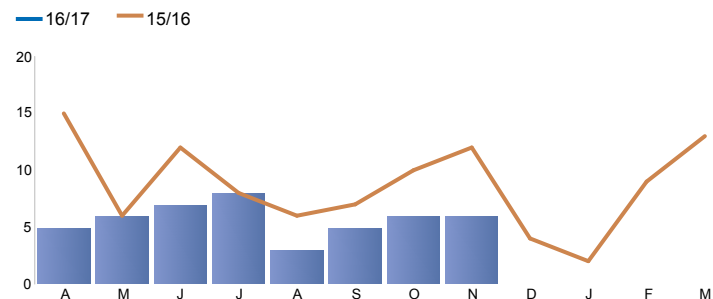
Metric Name	Goal	Oct 2016	Nov 2016	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	92.4 %	94.0 %	▲	
% Patients involved in play and learning	65.0 %	55.9 %	55.1 %	▼	
% Know their planned date of discharge	60.0 %	71.6 %	73.5 %	▲	
% Received information enabling choices about their care	90.0 %	97.3 %	96.4 %	▼	
% Treated with respect	90.0 %	99.7 %	99.4 %	▼	

Friends and Family

Metric Name	Required Responses	Number of Responses	Oct 2016	Nov 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	250	119	94.2 %	89.1 %	▼	
Community - % Recommend the Trust	29	1	100.0 %	100.0 %	▬	
Inpatients - % Recommend the Trust	300	95	96.3 %	97.9 %	▲	
Mental Health - % Recommend the Trust	27	5	80.0 %	100.0 %	▲	
Outpatients - % Recommend the Trust	400	550	90.4 %	91.8 %	▲	

Complaints

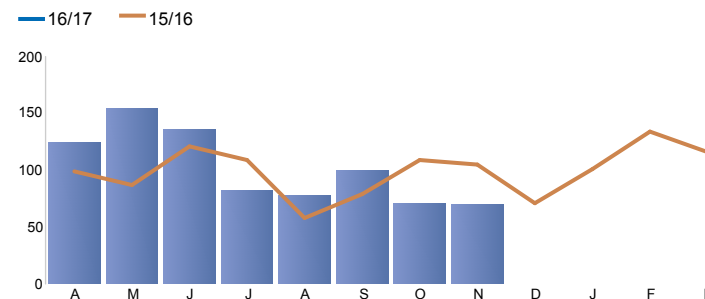
Complaints **46** ▬



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5	11	18	26	29	34	40	46				
15/16	15	21	33	41	47	54	64	76	80	82	91	104

PALS

PALS **823** ▼



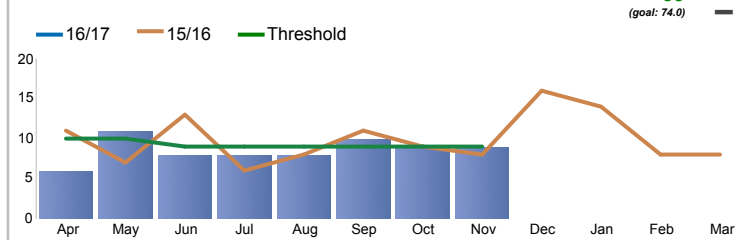
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	125	280	417	500	579	680	752	823				
15/16	99	186	307	416	474	553	662	767	838	939	1,073	1,189

Summary

Total infection numbers continue to be lower in comparison to last year. We had 1 C Difficile infection last month related to a high risk patient on HDU. Action plans are in place for both incidents. Acute readmissions of patients with long term patients with conditions has risen in line with seasonal variation. Significantly surgical patients with a discharge date discharged later than planned continues to be reduced.

Infections

Total Infections (YTD)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	6	17	25	33	41	51	60	69				
15/16	11	18	31	37	45	56	65	73	89	103	111	119

Total Infections (YTD)

69

(goal: 74.0)

Hospital Acquired Organisms - MRSA (BSI) (YTD)

1

(goal: 0.0)

Hospital Acquired Organisms - C.difficile (YTD)

1

(goal: 0.0)

Outbreak Infections (YTD)

9

Cluster Infections (YTD)

0

Legend

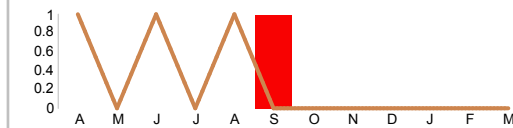
16/17

15/16

Threshold

Hospital Acquired Organisms - MRSA (BSI)

0
(goal: 0.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0	0	1	1	1				
15/16	1	1	2	2	3	3	3	3	3	3	3	3

Hospital Acquired Organisms - C.difficile

1
(goal: 0.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0	0	0	0	1				
15/16	0	0	0	2	2	2	2	2	2	2	2	2

Acute readmissions of patients with long term conditions within 28 days

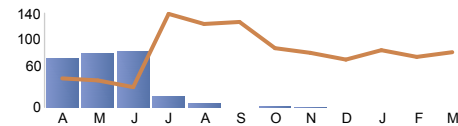
53
(Est. Baseline)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
16/17	8	17	25	29	32	38	44	53

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical) **267**
(Est. Baseline)



% of patients with an estimated discharge date discharge later than planned (only surgical) **2.3 %**
(Est. Baseline)

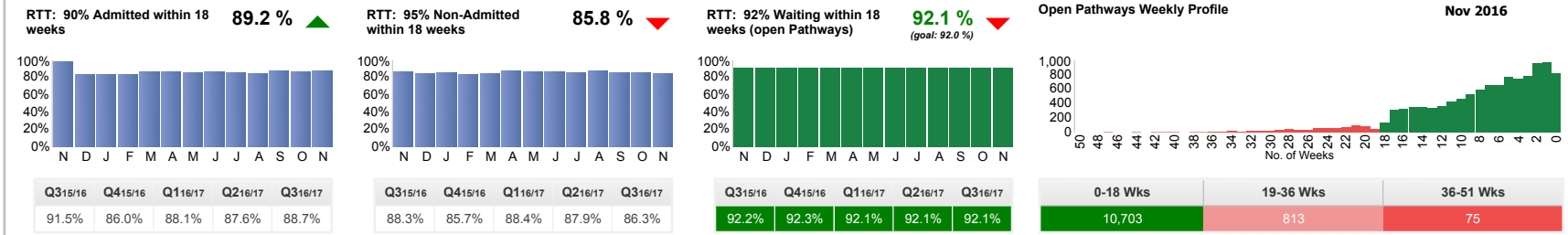
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	74	155	239	256	263	263	266	267				
15/16	43	83	113	252	376	503	591	672	743	828	903	985

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5.4%	5.6%	5.6%	4.5%	3.7%	3.1%	2.7%	2.3%				
15/16	3.2%	3.2%	2.9%	4.7%	5.6%	6.2%	6.5%	6.4%	6.4%	6.4%	6.3%	6.3%

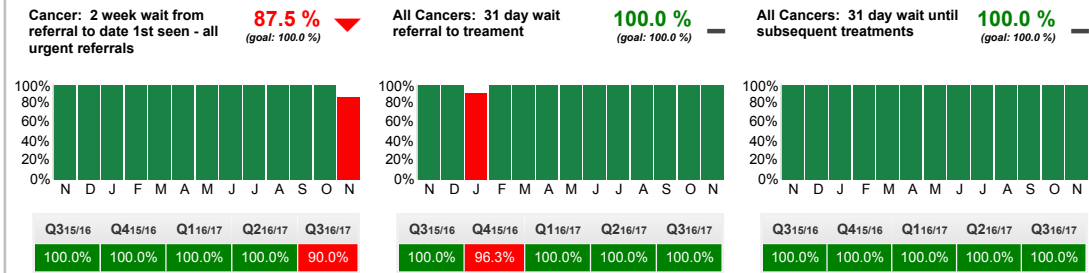
Summary

Incomplete pathway & diagnostic standard achieved despite decontamination challenges. 1 x 2 week wait cancer breach reported for November so standard failed due to low volumes. Bed occupancy increasing in line with elective activity and has increased against the same period last year. GP referrals into the hospital have increased again and Choose & Book availability has matched this as capacity becomes available. No patients have been waiting greater than 52 weeks in line with national guidance. Admissions & discharges increased from previous month. Daycase rates increasing as per plan.

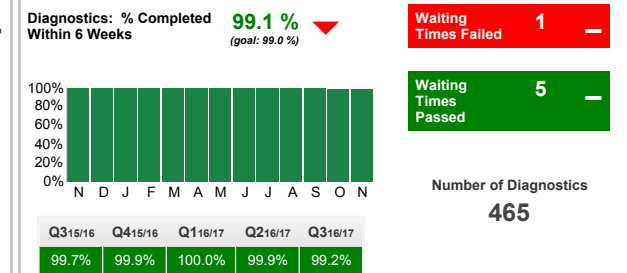
18 Weeks



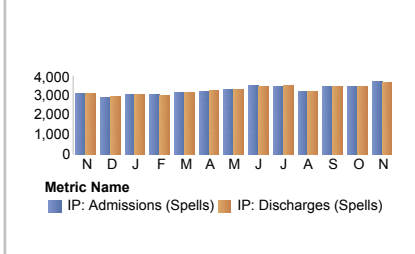
Cancer



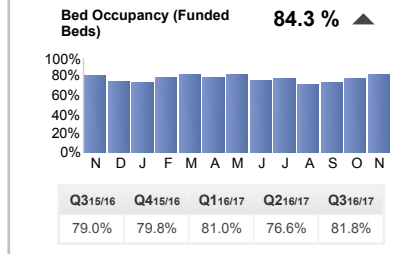
Diagnostics



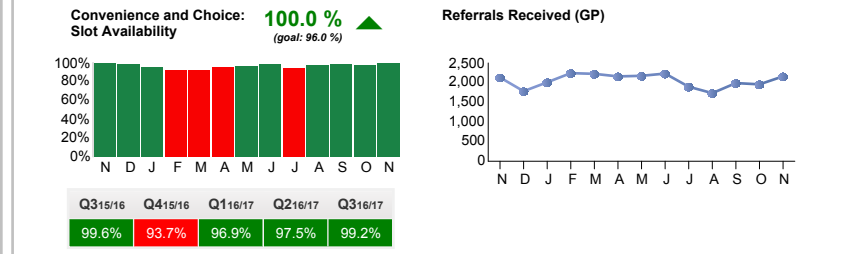
Admissions and Discharges



Bed Occupancy



Provider



Summary

The Trust achieved 92% of patients seen in less than 4 hours which falls below the target of 95% target. Attendances were around predicted levels and admissions were slightly above predictor. The Trust failed to achieve the 60 minute time to treat target but performed better than October with a median wait of 72 minutes compared to 86 minutes. Key risks to performance have been patient flow out of ED as the planned additional EDU and medical bed capacity could not be provided due to inadequate staffing. GP provision via UC24 has continued to be below planned levels.

ED

ED: 95% Treated within 4 Hours

92.0 % ▼
(goal: 95.0 %)



Quarter	Percentage
Q3 15/16	82.8%
Q4 15/16	84.5%
Q1 16/17	95.0%
Q2 16/17	96.6%
Q3 16/17	93.5%

ED: Total Time in ED (95th Percentile)

307.2 mins ▲
(goal: 240.0 mins)



Quarter	Time (mins)
Q3 15/16	1,101.4
Q4 15/16	1,046.0
Q1 16/17	754.0
Q2 16/17	705.0
Q3 16/17	547.2

ED: Longest Wait Time (Hrs)

11.8 ▲
(goal: 0.0)



Quarter	Hours
Q3 15/16	44.6
Q4 15/16	35.7
Q1 16/17	31.8
Q2 16/17	27.6
Q3 16/17	22.4

ED: Number Treated Over 4 Hours
420

ED to Inpatient Conversion Rate
17.6 %
Nov 2016

ED

ED: 15 minute 'Time to Initial Assessment' (95th Percentile)

0 —



Quarter	Value
Q3 15/16	0.0
Q4 15/16	0.0
Q1 16/17	0.0
Q2 16/17	0.0
Q3 16/17	0.0

ED: 60 minute 'Time to Treat Decision' (Median)

72.0 mins ▼
(goal: 60.0 mins)



Quarter	Time (mins)
Q3 15/16	273.0
Q4 15/16	270.0
Q1 16/17	221.0
Q2 16/17	184.0
Q3 16/17	158.0

ED: Percentage Left without being seen

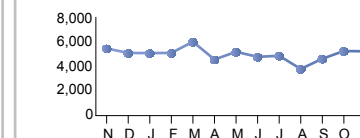
2.9 % ▲



Quarter	Percentage
Q3 15/16	6.5%
Q4 15/16	5.9%
Q1 16/17	3.1%
Q2 16/17	2.2%
Q3 16/17	2.8%

ED: Number of Attendances

5229 Nov 2016



Ambulance Services

Ambulance: Acute Compliance

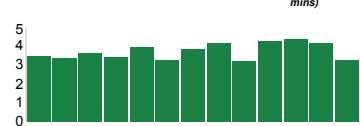
84.3 % ▲
(goal: 85.0 %)



Quarter	Compliance
Q3 15/16	82.8%
Q4 15/16	85.9%
Q1 16/17	88.9%
Q2 16/17	86.5%
Q3 16/17	82.7%

Ambulance: Average Notification to Handover Time (mins)

3.3 mins ▼
(goal: 15.0 mins)



Quarter	Time (mins)
Q3 15/16	7.0
Q4 15/16	16.0
Q1 16/17	14.0
Q2 16/17	16.0
Q3 16/17	2.0

Ambulance: Patients Waiting between 30 and 45 minutes

1 —



Quarter	Count
Q3 15/16	7.0
Q4 15/16	16.0
Q1 16/17	14.0
Q2 16/17	16.0
Q3 16/17	2.0

Ambulance: Patients Waiting between 45 and 60 minutes

0 ▼

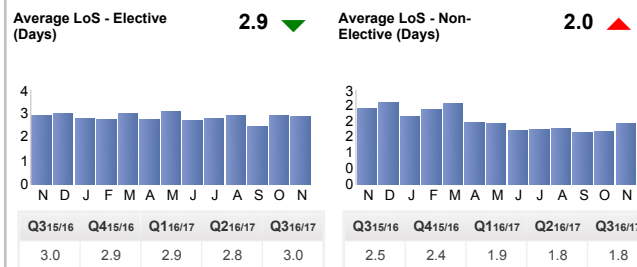


Quarter	Count
Q3 15/16	0.0
Q4 15/16	0.0
Q1 16/17	3.0
Q2 16/17	3.0
Q3 16/17	3.0

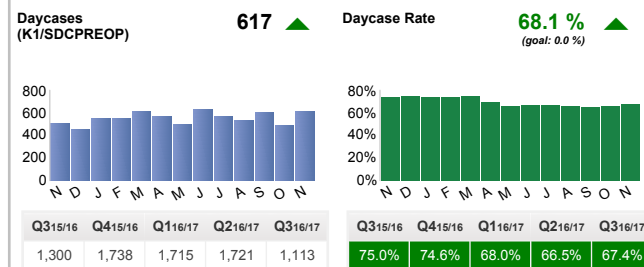
Summary

Winter plan in play. Planned increased Daycase activity affecting list utilisation. Required to offset increased NEL activity. Decontamination issue has affected availability of scopes and subsequent increase in non-clinical canx ops notably with gastro. Bed utilisation improving. OP utilisation has increased with increased bookings to available slots and DNA rates have reduced which is likely due to cashing up of clinics so CBU's are currently validating. Overall activity against the same period last year has significantly increased.

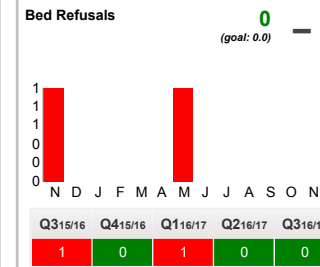
Length of Stay



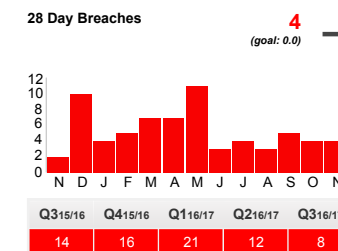
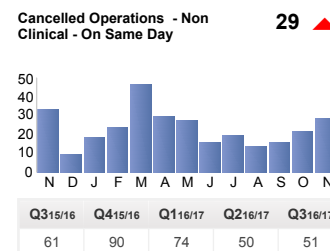
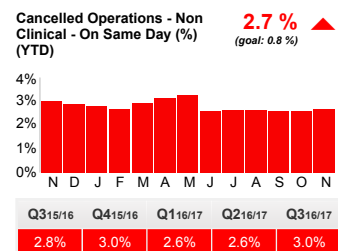
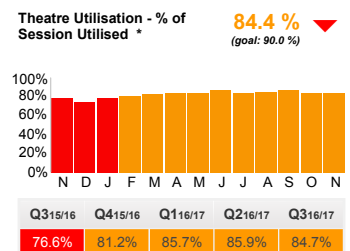
Day Case Rate



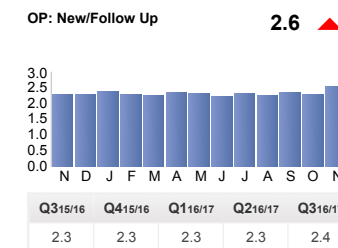
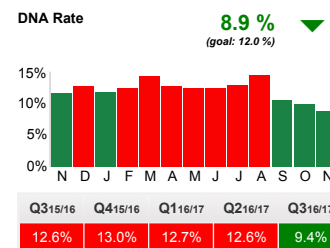
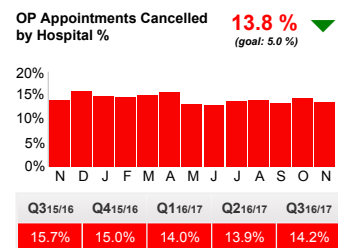
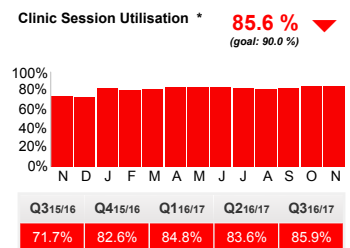
Bed Refusals



Theatres / Surgery



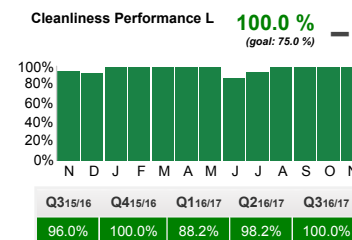
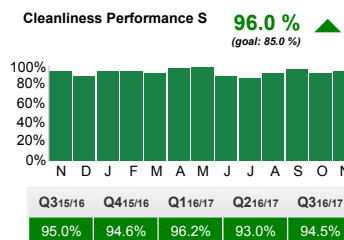
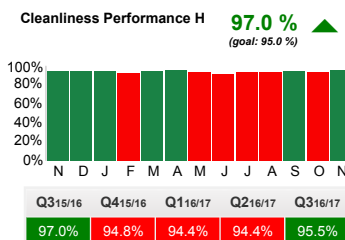
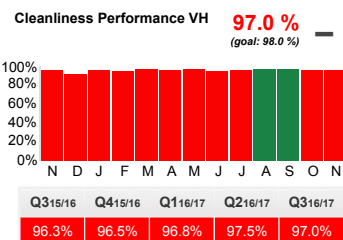
Outpatients



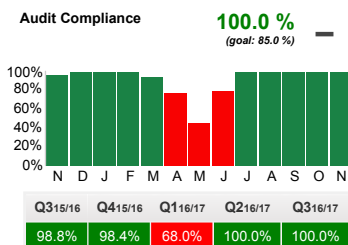
Summary

Audit compliance is 100%. Very high risks areas have scored 97% which is slightly below the National Standard's target. High risk areas are 97% which is above the National Standard of 95%. Significant areas are 96% which is above the National Standard of 85%. There were no low risk areas due for audit this month and so I have recorded the score from the previous month as a score of 100% or 0% would have been misleading.

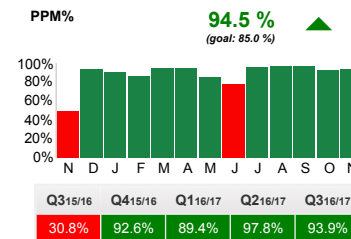
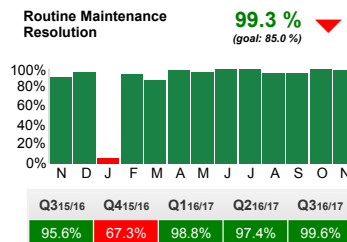
Facilities



Facilities



Facilities - Other



Summary

Waiting times to initial assessment (Choice appointment) remain within 6 weeks however waiting times from assessment to treatment are increasing due to internal capacity issues. Some additional resilience funding has been made available to address this in Liverpool, currently awaiting confirmation re: resilience funding for Sefton but confident that this additional resource will have a positive impact on internal waits from assessment to treatment.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) **0.0**



Q315/16	Q415/16	Q116/17	Q216/17	Q316/17
14.2	18.8	0.0	6.0	0.0

CAMHS: Avg Wait to Partnership Appt (Weeks) **0.0**



Q315/16	Q415/16	Q116/17	Q216/17	Q316/17
17.4	26.9	25.9	6.0	0.0

DNA Rates

CAMHS: DNA Rate - New **6.7 %** (goal: 10.0 %) ▼



Q315/16	Q415/16	Q116/17	Q216/17	Q316/17
18.6%	20.3%	15.2%	13.8%	9.3%

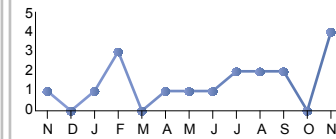
CAMHS: DNA Rate - Follow Up **10.2 %** (goal: 14.0 %) ▼



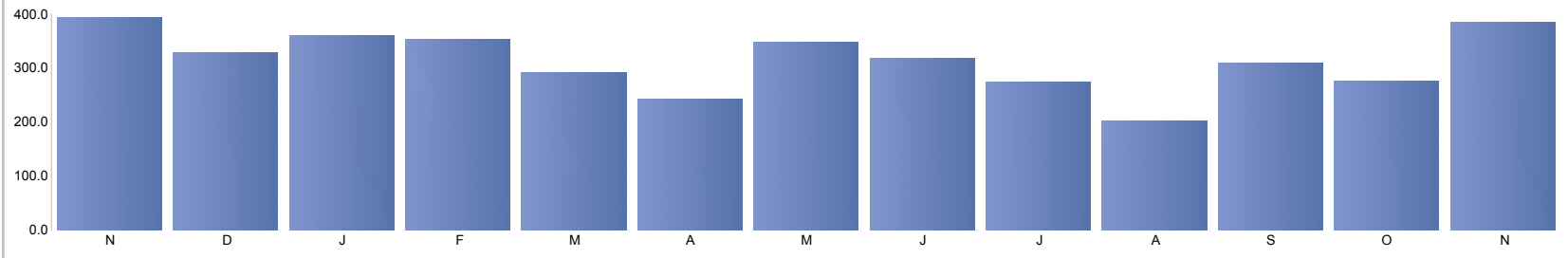
Q315/16	Q415/16	Q116/17	Q216/17	Q316/17
15.1%	14.1%	14.7%	14.4%	11.6%

Tier 4 Admissions

CAMHS: Total Admissions to DJU **4** ▲



CAMHS: Referrals Received



Summary

The Trust is currently rated as Good by CQC and remains registered without conditions. We are compliant with our Provider Licence and as at the end of October have been placed in segment 2 under the new NHS Improvement Single Oversight framework.

Monitor - Governance Concern

Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
N	N	N	N	N	N	N	N	N	N	N	N

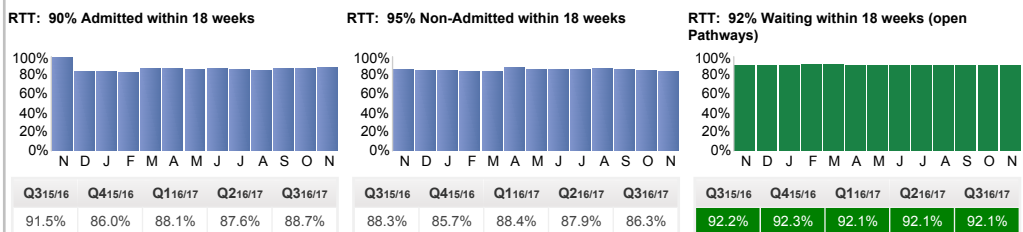
Monitor - Risk Rating

Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
2	2	2	2	1	2	2	2	2	2	3	3

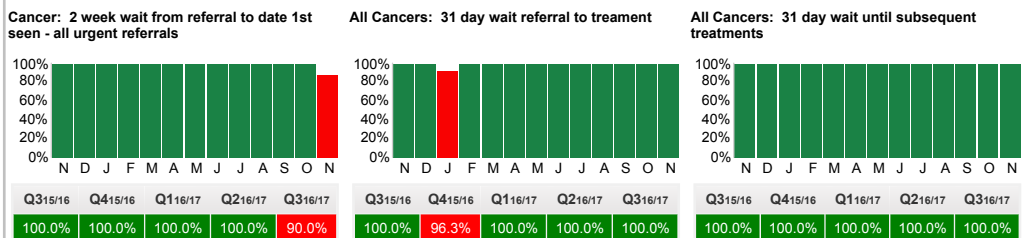
Monitor - Nov 2016

Metric Name	Goal	Oct 16	Nov 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	95.0 %	92.0 %	▼
RTT: 90% Admitted within 18 weeks		88.1 %	89.2 %	▲
RTT: 95% Non-Admitted within 18 weeks		86.7 %	85.8 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.1 %	▼
Monitor Risk Ratings (YTD)	2.0	3	3	—
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	87.5 %	▼
All Cancers: 31 day wait referral to treatment	100.0 %	100.0 %	100.0 %	—
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	—
Hospital Acquired Organisms - C.difficile	0.0	0	1	▲

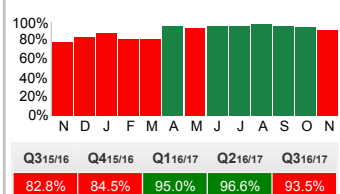
Monitor - 18 Weeks RTT



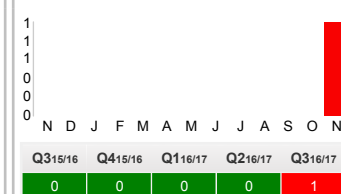
Monitor - All Cancers



Monitor - A&E 4 Hour Target



Monitor - C difficile



Monitor - Data Completeness

No Data Available

Summary

In the previous month compliance with corporate induction attendance has decreased to 74.1%. Rates for medical appraisal have increased whilst PDR compliance for other staff is static at 73%. Rates of sickness absence are maintained at 5.7%, as is mandatory training compliance at 75%. Work continues to improve all KPIs.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Last 12 Months
Add Prof Scientific and Technic	4.1%	4.5%	4.2%	2.0%	2.4%	2.9%	2.2%	4.1%	3.9%	5.5%	5.2%	6.1%	
Additional Clinical Services	7.6%	7.0%	6.7%	7.6%	7.0%	6.3%	5.8%	4.8%	5.1%	6.3%	7.5%	6.9%	
Administrative and Clerical	4.7%	4.2%	4.6%	4.0%	4.5%	4.1%	4.3%	5.0%	4.6%	5.0%	5.5%	5.1%	
Allied Health Professionals	2.4%	3.6%	2.4%	2.7%	2.6%	1.8%	3.0%	3.6%	2.2%	3.4%	3.4%	3.3%	
Estates and Ancillary	9.4%	8.6%	9.0%	7.5%	7.6%	10.0%	9.4%	10.3%	8.5%	7.4%	7.8%	8.0%	
Healthcare Scientists	2.0%	2.2%	2.2%	1.6%	2.3%	4.0%	2.2%	1.9%	1.4%	2.8%	2.6%	2.8%	
Medical and Dental	1.5%	1.8%	1.9%	2.0%	1.5%	1.4%	1.9%	2.6%	3.0%	2.7%	3.8%	3.6%	
Nursing and Midwifery Registered	6.5%	7.4%	7.6%	7.1%	6.7%	5.3%	4.7%	4.8%	5.4%	5.0%	5.7%	6.1%	
Trust	5.5%	5.7%	5.8%	5.4%	5.2%	4.8%	4.5%	4.8%	4.8%	5.0%	5.6%	5.7%	

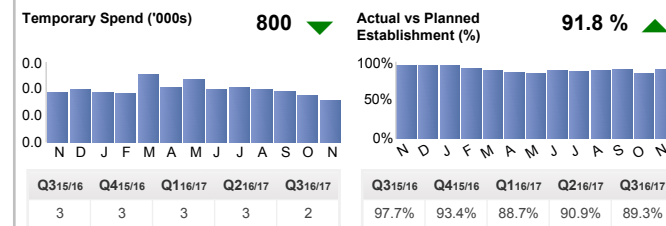
Staff in Post FTE (rolling 12 Months)

Staff Group	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Last 12 Months
Add Prof Scientific and Technic	174	177	179	180	185	189	190	191	193	196	199	198	
Additional Clinical Services	348	359	360	360	355	354	353	355	362	371	368	371	
Administrative and Clerical	531	529	531	524	535	535	542	544	548	557	565	570	
Allied Health Professionals	127	126	126	127	126	126	126	127	126	125	126	126	
Estates and Ancillary	173	172	173	172	188	190	190	191	191	192	192	190	
Healthcare Scientists	100	100	99	100	101	100	103	104	103	105	105	106	
Medical and Dental	235	237	230	235	235	237	237	234	239	248	245	246	
Nursing and Midwifery Registered	945	948	952	947	937	944	943	938	938	975	974	973	

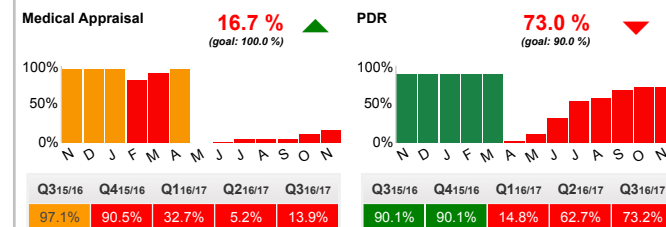
Staff in Post Headcount (rolling 12 Months)

Staff Group	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Last 12 Months
Add Prof Scientific and Technic	196	197	198	200	205	209	210	211	214	217	220	219	
Additional Clinical Services	411	422	423	425	420	420	417	417	424	433	433	434	
Administrative and Clerical	622	619	623	614	626	626	635	637	643	655	662	666	
Allied Health Professionals	156	155	155	156	155	156	155	156	155	154	155	155	
Estates and Ancillary	213	211	211	210	237	239	239	240	240	241	241	238	
Healthcare Scientists	111	111	110	111	111	110	113	114	112	114	114	116	
Medical and Dental	271	274	269	275	274	276	274	272	277	287	284	287	
Nursing and Midwifery Registered	1,070	1,073	1,077	1,070	1,060	1,066	1,067	1,063	1,063	1,100	1,101	1,100	

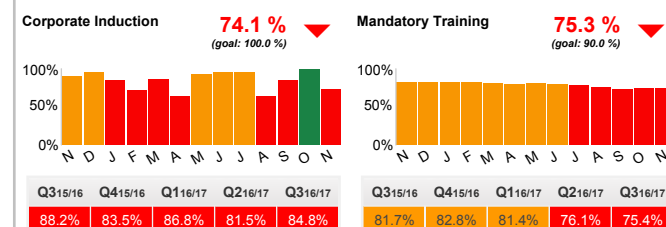
Finance



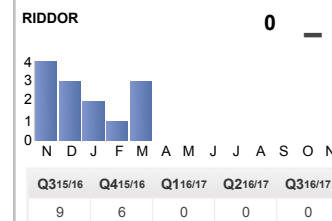
Appraisals



Training



Health and Safety



Operational			
Metric name	COMMUNITY	MEDICINE	SURGERY
Clinic Session Utilisation	75.7%	85.8%	87.3%
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%
DNA Rate (Followup Appnts)	9.8%	9.6%	7.3%
DNA Rate (New Appnts)	11.2%	10.5%	9.6%
Referrals Received (GP)	394	726	1,039
Temporary Spend ('000s)	60	229	426
Theatre Utilisation - % of Session Utilised		78.9%	85.3%
Trading Surplus/(Deficit)	341	491	2,721

Patient			
Metric name	COMMUNITY	MEDICINE	SURGERY
Average LoS - Elective (Days)	22.0	4.0	2.7
Average LoS - Non-Elective (Days)		1.5	2.8
Cancelled Operations - Non Clinical - On Same Day	0	9	20
Daycases (K1/SDCPREOP)	0	46	570
Diagnostics: % Completed Within 6 Weeks		99.1%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	29	41	72
OP Appointments Cancelled by Hospital %	12.1%	13.8%	14.4%
RTT: 90% Admitted within 18 weeks		93.1%	88.9%
RTT: 92% Waiting within 18 weeks (open Pathways)	85.9%	95.9%	91.3%
RTT: 95% Non-Admitted within 18 weeks	78.0%	83.2%	88.6%

Quality			
Metric name	COMMUNITY	MEDICINE	SURGERY
Cleanliness Scores		97.5%	97.9%
Hospital Acquired Organisms - C.difficile	0	0	1
Hospital Acquired Organisms - MRSA (BSI)	0	0	0
Medication Errors (Incidents)	27	198	342

Workforce			
Metric name	COMMUNITY	MEDICINE	SURGERY
Corporate Induction	72.7%	85.0%	65.2%
Mandatory Training	70.9%	76.3%	75.7%
PDR	81.4%	79.4%	63.3%
Sickness	8.7%	4.8%	6.4%

Key Issues

Community Paediatrics Work continues to revalidate the PTL, this has seen a significant decrease of patients waiting over 52 weeks from 30 to 2 (week commenting 14/12/16. The ASD trajectory remains on target for the 31 March 2017.
CAMHS waiting times to assessment remain within 6 weeks, however internal waits from assessment to treatment are increasing due to capacity issues. Additional resilience funding from LCCG will support us to address this in Liverpool, waiting confirmation of resilience funding for Sefton.

Support Required

Operational

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	71.6%	72.2%	75.1%	67.2%	76.8%	76.3%	75.6%	74.3%	75.6%	76.1%	73.8%	76.4%	75.7%	
DNA Rate (New Appts)	15.3%	18.0%	18.2%	17.8%	17.6%	16.1%	14.1%	15.3%	15.8%	15.9%	10.6%	15.2%	11.2%	
DNA Rate (Followup Appts)	13.6%	15.5%	13.9%	14.3%	14.8%	13.6%	16.6%	13.8%	13.3%	16.7%	13.3%	12.0%	9.8%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	98.8%	87.2%	85.3%	95.7%			92.1%	100.0%	100.0%	100.0%	
Referrals Received (GP)	378	283	305	350	313	282	344	315	261	201	312	306	394	
Temporary Spend ('000s)	126	123	92	196	106	117	116	88	85	149	144	37	60	
Trading Surplus/(Deficit)	474	631	454	626	383	233	200	317	280	371	244	356	341	

Patient

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	76.4%	79.5%	74.1%	83.0%	64.1%	77.0%	61.1%	74.2%	77.1%	80.9%	87.5%	77.4%	78.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	87.5%	91.8%	89.6%	87.3%	88.0%	87.2%	88.0%	87.1%	91.5%	89.6%	88.5%	82.5%	85.9%	
Average LoS - Elective (Days)													22.00	
Average LoS - Non-Elective (Days)														
Hospital Initiated Clinic Cancellations < 6 weeks notice	33	1	3	0	6	1	1	3	12	18	29	23	29	
Daycases (K1/SDCPREOP)	0	0	0	0	1	0	0	2	0	2	0	0	0	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	14.7%	14.6%	12.0%	12.5%	13.5%	15.1%	12.0%	13.9%	11.4%	13.1%	13.0%	14.2%	12.1%	
Diagnostics: % Completed Within 6 Weeks			100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%				

Quality

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Medication Errors (Incidents)	17	18	19	21	22	5	6	12	13	20	21	25	27	
Cleanliness Scores														
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Corporate Induction	100.0%	100.0%	93.8%	75.0%	50.0%	60.0%	88.9%	100.0%	100.0%	60.0%	86.7%	100.0%	72.7%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	0.9%	7.0%	38.3%	62.8%	68.3%	77.1%	82.1%	81.4%	
Sickness	7.6%	5.1%	4.9%	5.4%	5.0%	5.1%	4.8%	5.7%	5.9%	5.5%	6.3%	8.0%	8.7%	
Mandatory Training	79.1%	76.6%	77.3%	76.8%	75.0%	75.0%	75.8%	77.1%	76.0%	75.4%	73.2%	71.1%	70.9%	

Key Issues

Despite the challenges this month medicine achieved its Diagnostic position.

Clinic utilisation has been improving steadily, but we still need to review potential opportunities, positively the DNA rate has reduced.

Following the appointment of the Associate Chief Nurse we will be working on our risk/governance with our risk/quality managers to look at our medicine indicators and have a strategy going forward.

For our CBU review we will be looking at our HR indicators to make improvements

Support Required

None

Operational

Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised	76.9%	76.3%	72.2%	74.1%	75.6%	80.0%	77.2%	78.5%	78.0%	77.0%	85.0%	80.8%	78.9%	
Clinic Session Utilisation	77.2%	77.1%	82.1%	80.3%	81.8%	81.6%	81.3%	83.7%	82.9%	81.4%	84.2%	86.3%	85.8%	
DNA Rate (New Appts)	13.2%	13.9%	11.6%	13.9%	14.2%	11.7%	12.9%	13.6%	14.5%	17.6%	13.7%	14.2%	10.5%	
DNA Rate (Followup Appts)	12.1%	14.9%	13.5%	15.4%	17.2%	16.8%	15.3%	14.6%	15.6%	18.7%	11.3%	9.2%	9.6%	
Convenience and Choice: Slot Availability	100.0%	100.0%	93.7%	89.2%	86.2%	95.5%	96.3%	99.5%	93.6%	93.7%	99.4%	98.1%	100.0%	
Referrals Received (GP)	645	626	702	761	768	731	739	757	605	565	625	652	726	
Temporary Spend ('000s)	246	246	220	201	307	243	393	231	246	272	272	230	229	
Trading Surplus/(Deficit)	204	-12	304	-195	-48	-389	-13	556	-690	-307	525	321	491	

Patient

Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	95.2%	96.7%	95.8%	100.0%	89.6%	93.1%	
RTT: 95% Non-Admitted within 18 weeks	91.0%	87.1%	88.4%	89.3%	88.5%	91.3%	88.7%	88.4%	86.8%	86.4%	85.4%	88.6%	83.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.6%	96.3%	97.1%	97.5%	98.0%	97.2%	96.6%	95.6%	94.3%	93.3%	93.2%	95.1%	95.9%	
Average LoS - Elective (Days)	3.89	3.37	4.16	3.04	3.58	2.95	3.22	2.31	2.84	3.32	2.94	3.76	4.04	
Average LoS - Non-Elective (Days)	2.05	2.24	1.99	1.82	2.22	1.39	1.47	1.25	1.28	1.28	1.29	1.27	1.51	
Hospital Initiated Clinic Cancellations < 6 weeks notice	8	3	0	3	6	4	2	0	32	14	27	22	41	
Daycases (K1/SDCPREOP)	74	77	76	76	73	78	52	89	56	68	86	52	46	
Cancelled Operations - Non Clinical - On Same Day	2	1	1	3	3	4	0	1	1	1	4	1	9	
OP Appointments Cancelled by Hospital %	12.7%	14.1%	12.0%	13.6%	13.4%	14.8%	12.9%	12.7%	15.1%	14.8%	13.6%	14.8%	13.8%	
Diagnostics: % Completed Within 6 Weeks	100.0%	99.6%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	76.9%	99.1%	

Quality

Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
Medication Errors (Incidents)	213	243	265	300	349	31	55	77	93	115	147	168	198	
Cleanliness Scores	96.8%	97.5%	94.5%	97.0%	96.0%	97.8%	98.3%	95.0%	94.2%	95.0%	96.5%	95.8%	97.5%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	1	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Last 12 Months
Corporate Induction	85.7%	91.7%	70.0%	50.0%	83.3%	83.3%	85.7%	100.0%	100.0%	69.2%	80.0%	100.0%	85.0%	
PDR	91.7%	91.7%	91.7%	91.7%	91.7%	1.7%	15.2%	37.3%	75.1%	78.9%	81.6%	79.7%	79.4%	
Sickness	4.8%	4.9%	5.4%	5.7%	5.5%	5.5%	5.0%	4.4%	4.5%	4.5%	4.8%	5.0%	4.8%	
Mandatory Training	87.1%	87.2%	87.0%	86.0%	85.9%	85.5%	86.2%	85.0%	83.1%	80.1%	76.6%	76.9%	76.3%	

Key Issues

Need to investigate the issues around emergency pathology testing/ED Imaging/reporting given the challenges around early discharges and A&E waiting times.
Working on opportunities to do increased GA MRI's to support waiting times and diagnostic targets.

Support Required

None

Patient

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	96.0%	97.9%	91.6%	98.0%	95.0%	85.0%	93.0%	89.0%	99.0%	91.0%	89.0%	96.0%	95.0%	
Imaging - % Reporting Turnaround Times - ED	72.0%	100.0%	91.0%	92.0%	91.0%	83.0%	85.0%	88.0%	93.0%	89.0%	89.0%	88.0%	87.0%	
Imaging - % Reporting Turnaround Times - Inpatients	81.0%	83.0%	93.0%	89.0%	83.0%	83.0%	75.0%	85.0%	90.0%	84.0%	85.0%	87.0%	76.0%	
Imaging - % Reporting Turnaround Times - Outpatients	97.0%	98.0%	98.0%	96.0%	97.0%	93.0%	89.0%	97.0%	97.0%	97.0%	89.0%	93.0%	93.0%	
Imaging - Waiting Times - MRI % under 6 weeks	95.0%	96.0%	85.0%	91.0%	90.0%	90.0%	92.0%	90.0%	95.0%	94.0%	90.0%	88.0%	90.0%	
Imaging - Waiting Times - CT % under 1 week	88.0%	96.0%	88.0%	88.0%	86.0%	94.0%	88.0%	85.0%	90.0%	92.0%	90.0%	86.0%	84.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	95.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	90.0%	94.0%	95.0%	95.0%	94.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	92.0%	85.0%	85.0%	85.0%	91.0%	92.0%	89.0%	87.0%	90.0%	89.0%	88.0%	86.0%	85.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	88.0%	91.0%	86.0%	95.0%	76.0%	96.0%	100.0%	89.0%	95.0%	81.0%	91.0%	85.0%	100.0%	
BME - High Risk Equipment PPM Compliance	89.0%	87.0%	89.0%	90.0%	88.0%	89.0%	90.0%	90.0%	89.7%	90.0%	90.0%	90.4%	89.7%	
BME - Low Risk Equipment PPM Compliance	76.0%	78.0%	78.0%	78.0%	78.0%	80.0%	80.0%	79.0%	77.0%	80.0%	78.0%	77.0%	79.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	59.0%	87.0%	84.0%	85.0%	76.0%	74.0%	64.0%	56.0%	66.0%	64.0%	44.0%	45.0%	50.0%	
Pharmacy - Dispensing for Out Patients - Complex	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Pathology - % Turnaround times for urgent requests < 1 hr	75.1%	79.6%	79.2%	82.9%	87.0%	84.3%	86.6%	86.6%	90.5%	90.0%	91.3%	90.2%	89.0%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	98.8%	98.5%	95.1%	98.0%	99.0%	98.7%	99.3%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	100.0%	81.0%	68.8%	81.0%	88.9%	84.6%	90.0%	100.0%	82.0%	83.0%	100.0%	94.7%	100.0%	

Key Issues

In November the key issues relate to the management of winter pressures. In terms of cancelled operations, the % remains higher than target with cancellations caused by no available PICU bed due to high emergency admissions. Within this data though is a big year-on-year reduction in November of cancellations due to no ward bed. 4 cancellations (all ENT cases) in Nov 16 due to compared to 17 in Nov 2015. We believe this improvement is derived from the conscious shift to increase daycase activity and have a control plan for the number of inpatient cases that can be booked each day.

Support Required

The biggest benefit to performance would come from higher throughput in theatres which would be supported by a reduction in the number of medical outliers in surgery. If a staffing plan to open additional beds on Ward 3C and EDU was safely executed this would enable more surgery capacity to be available for surgery patients with associated benefits to patients in the form of shorter waiting times for surgery. There would also be financial benefits from increased elective activity and income.

Operational

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	79.7%	74.1%	79.9%	82.8%	84.9%	85.7%	85.8%	89.0%	85.3%	87.2%	88.0%	85.8%	85.3%	
Clinic Session Utilisation	74.0%	73.0%	85.4%	84.9%	84.4%	87.5%	88.4%	87.4%	85.7%	85.1%	85.0%	87.6%	87.3%	
DNA Rate (New Appts)	12.0%	12.4%	11.2%	10.4%	12.7%	10.8%	10.3%	10.9%	11.0%	12.1%	9.5%	9.5%	9.6%	
DNA Rate (Followup Appts)	9.8%	9.3%	9.1%	10.1%	13.1%	11.0%	9.9%	11.2%	11.7%	12.0%	8.9%	8.2%	7.3%	
Convenience and Choice: Slot Availability	99.5%	99.0%	96.9%	93.2%	95.3%	97.4%	96.7%	98.3%	95.4%	99.6%	99.1%	97.4%	100.0%	
Referrals Received (GP)	1,107	872	1,001	1,130	1,142	1,145	1,090	1,158	1,029	966	1,051	998	1,039	
Temporary Spend ('000s)	405	405	450	419	625	502	520	474	529	436	453	529	426	
Trading Surplus/(Deficit)	1,434	1,558	1,506	1,527	2,351	1,252	1,888	2,106	2,704	1,992	1,921	1,806	2,721	

Patient

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	82.3%	84.5%	82.6%	87.6%	87.5%	85.5%	87.0%	86.2%	85.4%	87.7%	87.9%	88.9%	
RTT: 95% Non-Admitted within 18 weeks	87.1%	86.5%	87.9%	82.6%	85.7%	90.1%	90.3%	89.5%	88.8%	90.8%	88.7%	87.0%	88.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.1%	91.0%	90.9%	91.4%	90.7%	90.7%	90.9%	91.3%	91.2%	91.9%	92.0%	92.1%	91.3%	
Average LoS - Elective (Days)	2.47	2.71	2.49	2.64	2.75	2.72	3.04	2.91	2.88	2.86	2.36	2.71	2.66	
Average LoS - Non-Elective (Days)	3.02	3.10	2.34	3.30	3.10	2.91	2.81	2.85	2.85	2.58	2.37	2.68	2.84	
Hospital Initiated Clinic Cancellations < 6 weeks notice	52	40	39	65	25	30	11	27	24	45	56	34	72	
Daycases (K1/SDCPREOP)	435	386	473	483	532	494	445	540	518	463	515	442	570	
Cancelled Operations - Non Clinical - On Same Day	32	9	18	21	21	26	28	15	19	13	12	16	20	
OP Appointments Cancelled by Hospital %	14.8%	18.1%	18.1%	16.4%	17.2%	16.8%	14.0%	13.0%	14.1%	14.3%	13.8%	14.8%	14.4%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Medication Errors (Incidents)	250	289	314	354	396	54	94	151	188	237	269	300	342	
Cleanliness Scores	98.0%	94.2%	95.8%	93.1%	96.3%	96.6%	95.6%	93.7%	95.1%	96.6%	96.6%	95.1%	97.9%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	1	

Workforce

Metric Name	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Last 12 Months
Corporate Induction	88.9%	100.0%	92.9%	57.1%	100.0%	60.0%	100.0%	88.9%	100.0%	64.0%	85.7%	100.0%	65.2%	
PDR	87.9%	87.9%	87.9%	87.9%	87.9%	5.6%	16.1%	38.4%	48.4%	51.4%	64.2%	63.4%	63.3%	
Sickness	6.4%	6.3%	6.5%	6.0%	5.8%	5.2%	4.3%	3.9%	4.5%	5.1%	5.6%	6.1%	6.4%	
Mandatory Training	88.4%	87.9%	87.2%	86.5%	86.3%	86.4%	87.5%	87.3%	83.7%	78.5%	75.0%	75.3%	75.7%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended November 2016

	In Month			Year to Date			Full Year		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Forecast £'000	Variance £'000
Clinical Income									
Elective	4,156	3,522	(634)	28,988	27,614	(1,374)	42,982	42,398	(583)
Non Elective	2,031	2,691	660	17,893	17,811	(82)	26,512	25,750	(762)
Outpatients	2,775	2,644	(131)	18,974	18,920	(55)	28,190	27,658	(531)
A&E	437	469	33	3,550	3,336	(214)	5,310	5,356	46
Critical Care	2,021	2,163	141	15,590	16,448	859	23,739	24,179	440
Non PbR Drugs & Devices	1,553	1,767	214	12,447	13,124	677	18,665	19,897	1,232
Excess Bed Days	393	617	224	3,186	3,420	235	4,765	4,619	(146)
CQUIN	245	232	(13)	1,962	1,996	34	2,942	3,079	137
Contract Sanctions	0	(25)	(25)	0	(135)	(135)	0	(153)	(153)
Private Patients	15	29	14	117	200	82	176	244	68
Other Clinical Income	3,039	990	(2,049)	21,669	24,226	2,557	33,824	40,963	7,139
Non Clinical Income									
Other Non Clinical Income	2,198	4,093	1,895	16,329	15,496	(833)	25,361	22,378	(2,983)
Total Income	18,863	19,192	329	140,705	142,456	1,752	212,465	216,367	3,903
Expenditure									
Pay Costs	(11,332)	(11,374)	(42)	(90,575)	(91,999)	(1,424)	(134,774)	(137,896)	(3,122)
Drugs	(1,286)	(1,702)	(416)	(10,981)	(13,000)	(2,020)	(16,396)	(18,820)	(2,424)
Clinical Supplies	(1,353)	(1,415)	(62)	(11,096)	(11,474)	(377)	(16,612)	(17,279)	(667)
Other Non Pay	(2,069)	(2,029)	40	(17,025)	(16,049)	976	(24,880)	(23,003)	1,878
PFI service costs	(290)	(170)	120	(2,357)	(1,955)	402	(3,526)	(3,439)	87
Total Expenditure	(16,329)	(16,689)	(360)	(132,035)	(134,477)	(2,442)	(196,188)	(200,437)	(4,249)
EBITDA	2,533	2,502	(31)	8,670	7,979	(691)	16,277	15,930	(347)
PDC Dividend	(97)	(156)	(60)	(774)	(725)	49	(1,161)	(1,087)	75
Depreciation	(531)	(458)	72	(4,202)	(3,710)	492	(6,333)	(5,698)	635
Finance Income	2	1	1	8	21	14	15	22	7
Interest Expense (non-PFI/LIFT)	(89)	(97)	(8)	(674)	(707)	(32)	(1,042)	(1,114)	(72)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(5,330)	(5,499)	(169)	(7,995)	(8,249)	(254)
MASS/Restructuring	0	0	0	0	(48)	(48)	0	(48)	(48)
Trading Surplus / (Deficit)	1,152	1,104	(48)	(2,303)	(2,688)	(385)	(240)	(243)	(4)
One-off normalising items									
Government Grants/Donated Income	73	(4)	(77)	1,783	1,703	(80)	2,352	2,895	543
Depreciation on Donated Assets	(173)	(166)	7	(1,301)	(1,187)	114	(1,990)	(1,826)	164
Normalised Surplus/(Deficit)	1,053	935	(118)	(1,821)	(2,172)	(351)	122	826	704
Fixed Asset Impairment	0	0	0	0	0	0	(1,920)	(2,097)	(177)
Gains/(Losses) on asset disposals	0	0	0	0	431	431	0	431	431
Reported Surplus/(Deficit)	1,053	935	(118)	(1,821)	(1,741)	80	(1,798)	(840)	958
Key Metrics									
Income £000	18,863	19,192	329	140,705	142,456	1,752	212,465	216,367	3,903
Expenditure £000	(17,711)	(18,088)	(377)	(143,008)	(145,096)	(2,089)	(196,188)	(200,437)	(3,858)
Normalised Surplus/(Deficit) £000	1,053	935	(118)	(1,821)	(2,172)	(351)	122	826	704
Trading Surplus/(Deficit) £000**	1,152	1,104	(48)	(2,303)	(2,688)	(385)	(240)	(243)	(4)
** Control Total									
WTE	2,963	2,929	34	2,963	2,929	34			
CIP £000	699	682	(18)	3,426	3,613	187	7,200	6,538	(662)
Cash £000	2,990	5,411	2,421	2,990	5,411	2,421			
CAPEX FCT £000	547	557	(10)	5,715	4,641	1,074	10,689	9,005	1,684
Use of Resources Risk Rating	3	3	0	3	3	0	3	3	0
Activity Volumes									
Elective	2,680	2,250	(430)	18,151	16,595	(1,556)	26,950	24,907	(2,043)
Non Elective	1,312	1,356	44	10,750	10,359	(391)	16,071	14,657	(1,414)
Outpatients	19,767	18,442	(1,325)	134,293	131,299	(2,994)	199,463	187,056	(12,407)
A&E	4,595	5,226	631	37,363	38,240	877	55,899	59,152	3,253

Alder Hey Children's NHS Foundation Trust

CAPITAL PROGRAMME 2016/17

POTENTIAL

	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	190	115	75	1,509	564	944	2,270	2,792	2,091	701
RESEARCH & EDUCATION	0	4	(4)	0	271	(271)	0	0	271	(271)
ESTATES TOTAL CAPITAL	190	120	71	1,509	836	673	2,270	2,792	2,362	430
NETWORKING, INFRASTRUCTURE & OTHER IT	31	1	31	440	157	283	440	440	409	31
ELECTRONIC PATIENT RECORD	58	285	(227)	467	467	(0)	700	700	691	9
IM & T TOTAL CAPITAL	90	286	(196)	907	624	282	1,140	1,140	1,100	40
MEDICAL EQUIPMENT	129	(1)	131	1,948	1,564	384	2,761	2,761	2,660	101
NON-MEDICAL EQUIPMENT	0	71	(71)	0	1,124	(1,124)	0	0	1,400	(1,400)
CHILDRENS HEALTH PARK	98	81	17	1,030	398	632	3,514	3,514	1,013	2,501
ALDER HEY IN THE PARK TOTAL	227	150	77	2,978	3,086	(108)	6,275	6,275	5,072	1,203
OTHER	40	2	39	321	95	226	482	482	470	12
OTHER	40	2	39	321	95	226	482	482	470	12
CAPITAL PROGRAMME 16/17	547	557	(10)	5,715	4,641	1,074	10,167	10,689	9,005	1,684

CAPITAL EXPENDITURE SUMMARY

Nov 16

In-Month

Rheumatology	Non Elective	1	2	1	£1,481	£3,394	£1,913	£1,385	£528	
	Excess Bed Days	11	5	-6	£4,185	£2,117	£2,068	£198	£2,266	
	Outpatient New	67	79	12	£10,107	£11,881	£1,774	£13	£1,787	
	Outpatient Follow-up	203	201	-2	£30,614	£30,228	£386	£33	£353	
	Ward Attender	31	25	-6	£4,599	£3,609	£990	£150	£839	
	Ward Based Outpatient	15	16	1	£2,243	£2,406	£163	£0	£163	
	OP Procedure	0	3	3	£18	£515	£497	£157	£340	
	Rheumatology Total	561	527	-34	£252,416	£206,843	£45,573	£10,373	£35,200	
	Sleep Studies	30	17	-13	£54,487	£27,285	£27,202	£3,746	£23,456	
	Sleep Studies Total	30	17	-13	£54,487	£27,285	£27,202	£3,746	£23,456	
Medicine CBU Total	13,953	13,774	-182	£4,153,207	£4,135,617	£17,590	£94,605	£112,195	Note that physio income is within T&O (Surgery)	
Community CBU	CAMHS	0	0	0	£290	£0	£290	£0	£290	
	Outpatient New	235	210	-25	£0	£0	£0	£0	£0	
	Outpatient Follow-up	1,169	1,553	384	£16,320	£3,670	£12,650	£18,007	£5,357	
	CAMHS Total	1,404	1,763	359	£16,610	£3,670	£12,940	£18,007	£5,067	
	Community Medicine	445	314	-131	£35,929	£12,811	£23,119	£12,545	£10,574	
	Outpatient New	875	523	-352	£5,344	£4,879	£465	£1,686	£2,151	
	Outpatient Follow-up	0	1	1	£0	£0	£0	£0	£0	
	Ward Attender	1	0	-1	£0	£0	£0	£0	£0	
	Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0	
	OP Procedure	0	0	0	£17	£0	£17	£0	£17	
Community Medicine Total	1,322	838	-484	£41,290	£17,690	£23,600	£10,858	£12,742		
Community CBU Total	2,726	2,601	-125	£57,900	£21,360	£36,540	£28,865	£7,675		
Grand Total	30,876	29,976	-900	£11,685,175	£11,268,774	£416,401	£290,524	£706,926		

Year-to-date											
Medicine CBU											
Respiratory Medicine	Elective	41	26	-15	£96,443	£46,758	-£49,685	-£15,051	-£34,635		
	Non Elective	524	675	151	£492,683	£794,907	£302,224	£160,457	£141,766		
	Excess Bed Days	406	877	471	£128,747	£304,061	£175,314	£25,922	£149,392	Includes £26k long stay patient accrual	
	Outpatient New	618	484	-134	£184,049	£143,673	-£40,376	-£368	-£40,009		
	Outpatient Follow-up	2,086	1,819	-267	£313,363	£289,230	-£24,133	£16,039	-£40,172		
	Ward Attender	7	34	27	£1,059	£5,182	£4,123	£83	£4,039		
	Ward Based Outpatient	1,122	976	-146	£168,220	£153,252	-£14,969	£6,899	-£21,868		
	OP Procedure	1,136	760	-376	£164,317	£130,428	-£33,889	£20,450	-£54,338		
	Respiratory Medicine Total	6,021	5,844	-177	£1,629,194	£2,054,202	£425,009	£210,174	£214,835		
	Rheumatology	Daycase	1,408	1,472	64	£1,180,253	£1,156,529	-£23,725	-£77,034	£53,309	
		Elective	164	36	-128	£166,679	£85,315	-£81,364	£48,727	-£130,091	
		Non Elective	12	9	-3	£12,045	£13,540	£1,494	£4,499	-£3,005	
		Excess Bed Days	89	150	61	£34,030	£55,369	£21,339	-£2,203	£23,542	
		Outpatient New	454	458	4	£68,353	£68,728	£375	-£226	£601	
		Outpatient Follow-up	1,375	1,322	-53	£207,038	£198,665	-£8,373	-£369	-£8,004	
		Ward Attender	207	129	-78	£31,103	£19,250	-£11,853	-£150	-£11,702	
		Ward Based Outpatient	101	123	22	£15,172	£18,498	£3,326	£0	£3,326	
		OP Procedure	1	8	7	£120	£1,137	£1,016	£181	£835	
	Rheumatology Total	3,811	3,707	-104	£1,714,795	£1,617,030	-£97,765	-£26,575	-£71,190		
Sleep Studies	Elective	202	135	-67	£368,484	£211,500	-£156,984	-£34,922	-£122,061		
	Non Elective	0	4	4	£0	£13,288	£13,288	£0	£13,288		
	Excess Bed Days	0	40	40	£0	£12,229	£12,229	£0	£12,229		
Sleep Studies Total	202	179	-23	£368,484	£237,017	-£131,467	-£34,922	-£96,545			
Medicine CBU Total											
Community CBU											
CAMHS	Elective	2	0	-2	£1,962	£0	-£1,962	£0	-£1,962		
	Outpatient New	1,587	1,940	353	£0	£427	£427	£427	£0		
	Outpatient Follow-up	7,907	12,144	4,237	£110,369	£82,942	-£27,427	-£86,568	£59,142		
CAMHS Total	9,496	14,084	4,588	£112,331	£83,369	-£28,962	-£86,141	£57,179			
Community Medicine	Daycase	0	1	1	£0	£862	£862	£0	£862		
	Outpatient New	3,009	2,279	-730	£242,982	£108,463	-£134,519	-£75,563	-£58,956		
	Outpatient Follow-up	5,920	4,473	-1,447	£36,138	£35,014	-£1,124	£7,709	-£8,833		
	Ward Attender	0	15	15	£0	£0	£0	£0	£0		
	Ward Based Outpatient	7	0	-7	£0	£0	£0	£0	£0		
OP Procedure	1	0	-1	£115	£0	-£115	£0	-£115			
Community Medicine Total	8,937	6,768	-2,169	£279,235	£144,339	-£134,896	-£67,855	-£67,041			
Community CBU Total											
Grand Total											
		220,706	218,318	-2,388	£87,152,297	£85,704,340	-£1,447,957	£833,522	-£2,281,479		

Note that physio income is within T&O (Surgery)

Programme Assurance Summary

Change Programme (work stream reports attached for reference)

Programme Summary (to be completed by **Executive Sponsor** of the assurance framework)

1. The assurance dashboard shows that keeping programmes and projects delivering to the planned milestones is a persistent challenge with many red and amber ratings across the majority of work streams. **The role of Executive Sponsors being to assure the Board of project delivery, it is critical that they now exploit the assurance evidence on a frequent basis to unblock issues and supporting project teams to deliver .**
2. The Internal Recovery Programme, integrated with the change programme, continues to provide a disciplined weekly forum where the achievement of goals is robustly managed and teams supported; however, it is important to recognise that there remains a significant degree of risk critical to note that **we still have a £2m - £2.4m gap in our revised, stretch, target.**

J Stephens 5 Jan 17

Programme Summary (to be completed by **External Programme Assessment**)

1. This Board reports integrates the assurance reporting received (from the work streams) by CQAC on 13 Dec 17, WOD on 14 Dec 17 and R&BD on 21 Dec 17. The relevant report from the most recent RE&I sub-Committee has previously been reported to Board.
2. The Trust Assurance managers are due to update the Integrated Governance Committee, on 26 January 2017, on the actions to expedite the recommendations of the recent of the performance and results of the new assurance framework (as reported to the Audit Committee of 24 Nov 16).
3. The shortfall in the planned level of CIP attributed to the work streams in the programme continues to be actively managed, on a weekly basis, through the Internal Financial Recovery mechanism (as well as the programme assurance framework).
4. **The planning process for FY17/18 is underway and Executive Sponsors of all programmes need to focus on how they will exploit the assurance evidence to drive the challenging programme in FY 2017/18.**

J Gibson 5 Jan 17

CIP Summary (to be completed by **Programme Assurance Framework**)

The Month 8 CIP performance across the Trust showed an overachievement of £0.2m. The largest variances to date are in surgery (NMSS £0.6 ahead of target) and Medicine (Clinical Support Services £0.2m ahead of target). The full year forecast is £6.5m a gap of £0.7m. The Trust needs to plan to £7.2m recurrently. There is currently a recurrent gap of £1.3m which needs to be closed in the last four months of the year.

Programme Assurance Summary

Our Patients at the Centre

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

The forecast for the workstream this month remains the same as last month at £978,984 in year which is slightly less than the financial target of £1,046,875 at £67,891. However, the gap for the full year target is £394,777.

As there have been changes to anticipated delivery dates of some workstreams within each of the projects, teams should prepare an Exception Report to detail revised timescales for initiatives expected to deliver this financial year and present to the next CQAC meeting. This will facilitate prompt escalation of issues and align project plans and reporting.

Any initiatives which are due for delivery next financial year should be detailed in PIDs in line with 17/18 planning arrangements which are currently underway.

Jonathan Stephens – 6 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The presentation to CQAC on 16 Nov 16 of the benefits realised to date on the long-running project to **Improve Outpatients** was extremely useful in terms of bringing the project assurance to life and animating the work being done; however, as mentioned by the Executive Sponsor of the assurance framework, any necessary exception reports – to re-calibrate the project milestones – should be done without delay so that the project ratings properly reflect the status of the task completion.

Turning to the planning for FY 17/18 all projects projecting to deliver benefits through the year ahead should now be developing robust milestone plans, with associated numbers on realisable benefits, to underpin the financial planning. The related review of EA/QIA assessments should also be closely managed and sign-off completed before the start of the new project phase.

Joe Gibson – 7 December 2016

Programme Assurance Framework

Our Patients at the Centre (Completed by Assurance Team)

Sub-Committee	CQAC	Report Date	
Workstream Name	Our Patients at the Centre	Executive Sponsor	Mags Barnaby/ Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
				RAG status									
CQA 3.2	Best Operative Care	The "Best in Operative Care" strategy aims to deliver the best paediatric operative care in the world, as measured by low rates of mortality and harm, and high staff satisfaction	Mags Barnaby		●	●	●	●	●	●	●	●	SG notes available. Detailed tracking available for benefits starting 04/16 showing areas for focus. Milestone Plan requires fully updating and shows delays (revised dates to be confirmed). Comms /Engagement plan developed. Risk log requires evidence of review. Last updated 18 November 2016
CQA 3.3	Improving Outpatients	The project will improve patient & staff experience; understand demand and capacity; review processes & communication; & improve the flow & environment	Mags Barnaby/ Hilda Gwilliams		●	●	●	●	●	●	●	●	PID/scope & team confirmed. Targets/benefits tracker created, showing areas for focus. Milestone Plans available for each workstream which are under review by team - delays evidenced, some tasks on hold linking to risks identified. Evidence of comms activities required for each workstream. Risk log reviewed. Last updated 6 December 2016
CQA 3.4	Complex Care Made Simple	The aim of this project is to improve the quality of care at Alder Hey to Children and Young People with complex health needs	Mags Barnaby		●	●	●	●	●	●	●	●	Steering Group notes available. Benefits tracker has been created and is updated regularly. Detailed plan is available, delays evidenced and NSW/Rehab position to be clarified. Comms tracker available, shows delays with activities. Risk Log reviewed. Last updated 2 December 2016

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Best Operative Care	G/A	505,304	572,872	67,568	
Improving Outpatients	G/A	156,250	136,744	(19,506)	
Complex Care Made Simple	A	291,571	194,368	(97,203)	
Clinical Support Services	G/A	93,750	75,000	(18,750)	
Total		1,046,875	978,984	(67,891)	

Programme Assurance Summary

Developing Our Business

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

The forecast for International Clinical Business remains ahead of plan, £201k against the target of £112k; this over-performance of £89k may in part mitigate the overall work stream which remains below the annual target by £783k due to under-performance in Strategic Partnerships and CBU Business Development.

Arrangements should be made to close down the existing Strategic Partnerships project, with identification of any outstanding actions and confirmation of where these will be taken forward for the next financial year. This is being picked up as part of 2017/18 business planning and delivery of this years financial target.

Jonathan Stephens – 15 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The Committee will wish to receive assurance, in particular, that any CBU business development planning forecasts for FY17/18 have greater accuracy – underpinned by detailed and robust business cases – to ensure the contribution to CIP has a greater level of confidence attached.

The closure of the Strategic Partnerships project should include the 'Sustain and Review' protocols described in the Trusts Guide to Programme Management.

Joe Gibson 16 Dec 16

Programme Assurance Framework

Developing Our Business Workstream Update

Work Stream Summary:

The above workstream accommodates the following projects:

- Strategic Partnerships – Andy McColl
- International Clinical Business and Non NHS Patients – Angie May

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Strategic Partnerships	Exec to Exec discussion with UHNM and continued progress within the 3 key specialty sub groups. ENT activity at Warrington deferred with revised plan to commence in January.	
International/Non NHS	International Business Partnership with Dubai Al Jalila Hospital has commenced, following a formal contract signing event in Dubai held on 9 th November 2016.	Yes
	International patients continue to be monitored and dealt with on a case by case basis by the business development team.	Yes

Milestones for Next Month:

Project	Key tasks to be delivered in month
Strategic Partnerships	UHNB sub group meetings for Cardiac and Paediatric Surgery. Plan to commence ENT theatre lists at Warrington.
International/Non NHS	Expect to obtain patient referrals from Al Jalila Hospital, Dubai.
	Arrangements in place for further international visitors to attend Alder Hey in the New Year in partnership with Valette's Business School, Manchester.

Issues for Escalation to Sub-Committee:

The partnership with UHNM (Stoke) is increasingly dependant on Patient Transport services and a multi party meeting has been arranged for mid December to take forward this issue.

Programme Assurance Framework

Developing Our Business 16/17 (Completed by Assurance Team)

Sub-Committee	RABD	Report Date	13 December 2016
Workstream Name	Developing Our Business	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
				RAG status									
R&BD 2.1	Strategic Partnerships	To grow and strengthen existing partnerships, as well as to look for new opportunities as a means to improve the quality of care across the region	Jonathan Stephens	R	●	●	●	●	●	●	●	●	Last M&BD Group meeting October. Benefits to be confirmed (WHH) and tracking established for non-financial benefits. Plan shows some gaps, delays and some milestones need revised dates. Evidence required of stakeholder engagement. Risk log requires review. QIA/EA complete. Last updated 13 October 2016
R&BD 2.2	International Clinical Business and Non-NHS Patient Services	The aim of the project is to grow existing operations and brand name beyond the domestic region by increasing our international footprint	Jonathan Stephens	G	●	●	●	●	●	●	●	●	M&BD Group actions available to October. Benefits defined, tracking process to be developed. Milestone Plan shows some delays. Comms/Engagement evidence available. Risk Log reviewed. EA/QIA complete. Last updated 6 December 2016
R&BD 2.3	Other Business Development	CBU Business Development Plans	Jonathan Stephens	G	●	●	●	●	●	●	●	●	Financial tracking information now available. Programme Assurance information/details to be reviewed end of June 2016.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Strategic Partnerships	R	114,600	39,019	(75,581)	
International Clinical Business	G/A	112,000	201,868	89,868	
CBU Business Development	R	1,273,400	475,594	(261,742)	
Total		1,500,000	716,481	(783,518)	

Programme Assurance Summary

New Services in Communities

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

'Existing Community Services – Quality Improvement' is the only project in this work stream with a financial target and overall the deterioration reported in September has remained static at £53,333.

Arrangements should be confirmed to facilitate project closure and confirmation of delivery of the financial target. In addition, the position should be confirmed with the Developing a Partnership Model – as it is envisaged this will form part of the 17/18 programme.

Jonathan Stephens – 15 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The closure of the 'Existing Community Services – Quality Improvement' project should include the 'Sustain and Review' protocols described in the Trusts Guide to Programme Management.

Joe Gibson 16 Dec 16

Programme Assurance Framework
(Name of Work Stream) Update (to be completed by Executive Sponsor)

Work Stream Summary:

Existing Community Services

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Neuro –Developmental Paediatrics	Recurrent funding of £800k per year secured form LCCG and signed off in contract plus £100k non-recurrent funding for April – Dec 2017.	Y
	Implement new referral process for Neurodevelopmental Pathway	Y
Project	Key tasks to be delivered in month	
CAMHS	Secured recurrent £476k funding post March 2017 for specialist eating Disorder Service	Y

Issues for Escalation to Sub-Committee:

CAMHS extended hours and out of hours on –call: CAMHS Director liaising with HR re: potential org change process

Programme Assurance Framework

New Services in Communities 16/17 (Completed by Assurance Team)

Sub-Committee	RABD	Report Date	13 December 2016
Workstream Name	New Services in Communities	Executive Sponsor	Therese Patten/Mags Barnaby

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 4.1	Developing a Partnership Model for Community Services	The aim of the project is to work with partners to work out what an integrated model for childrens services in Liverpool will look like	Therese Patten	●	●	●	●	●	●	●	●	●	Project Board meeting notes available, PID complete and contains details of deliverables and benefits for 17/18. Plan available on Sharepoint, shows some delays and some tasks outstanding (to be marked as complete or missed). Risk Log to be reviewed. EA/QIA complete. Last updated 29 September 2016 - plan currently checked out.
R&BD 4.2	Existing Community Services - Quality Improvement	To deliver quality improvement of existing services within the ICS CBU, specifically in the following services: Child & Adolescent Mental Health Services (CAMHS), Neurodisability and General Paediatrics'	Mags Barnaby	●	●	●	●	●	●	●	●	●	Project closure to commence with details of benefits realisation.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Existing Community Services	A	200,000	146,667	(53,333)	
Total		200,000	146,667	(53,333)	

Programme Assurance Summary

Supporting Front Line Staff

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

The overall performance trend for the work stream continues as last month, with the financial forecast at £970k above target, largely driven by Coding/Capture.

Planning for 17/18 programme has commenced.

Jonathan Stephens – 15 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The Committee will wish to address, in particular, the limited assurance available on the 'Pathfinders' project and also the relationship between the assurance ratings and the financial performance of the 'Facilities' project.

The closure of any projects at year end should include the 'Sustain and Review' protocols described in the Trusts Guide to Programme Management.

Joe Gibson 16 Dec 16

Programme Assurance Framework

Supporting Front Line

Work Stream Summary:

Overall work stream doing well significant over performance. The over performance is largely driven by coding and capture which is now over performing by £1.5m, which relates to many successes jointly delivered between corporate and clinical teams. The project leads are still working on further ideas, especially in the area of coding engagement which will ensure best practice depth of coding and also to agree the medicines optimisation recovery plan.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Facilities	Car parking pricing strategy agreed, postage changes made	Y
Procurement	Procurement initiative of month started	Y
Coding and Capture	additional £1.5m actioned	Y
Medicines Optimisation	review of discharge prescribing	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Facilities	Car parking implementation to be brought back on track
Procurement	'Give me 10' project has commenced
Coding and Capture	Bespoke CBU coding engagement plan finalised meetings with all specialities are being scheduled
Medicines Optimisation	Recovery plan including Drugs stock losses and Omnicell benefits realisation

Issues for Escalation to Sub-Committee:

nil

Programme Assurance Framework

Supporting Front Line Staff 16/17 (Completed by Assurance Team)

Sub-Committee	RABD	Report Date	13 December 2016
Workstream Name	Supporting Front Line Staff	Executive Sponsor	Jonathan Stephens/Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor <i>Assures the project</i>	OVERALL PROJECT	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
				RAG status									
R&BD 7.1	Procurement	Deliver best in class purchasing. Action the team 10 point plan to ensure service delivered to CBUs is high standard, with great customer service and releases £1m	Jonathan Stephens	Green	Green	Green	Green	Green	Green	Green	Green	Green	Steering Group meeting notes available. Benefits tracked via Financial Tracker. Detailed workplan is available on Sharepoint - updated recently. Stakeholder Engagement plan/information regularly updated. Risk log up-to-date. QIA/EA signed off by Execs. Last updated 10 October 2016
R&BD 7.2	Coding & Data Capture	To deliver best in class coding service that improves the depth of doing. To ensure the trust is getting paid for activity it delivers; to educate and train end users and clinicians to capture all activity	Jonathan Stephens	Yellow	Yellow	Green	Yellow	Green	Yellow	Red	Green	Green	Project Team notes available for July, Steering Group notes available. Targets & benefits detailed in PID, tracking/visibility required of non-financial benefits. Detailed Milestone Plan available which is broadly on track (delay with Play Specialists). Engagement matrix available, requires updating. Risk Log needs to be reviewed. EA/QIA complete. Last updated 17 October 2016
R&BD 7.3	Medicines Optimisation	Medicines optimisation is a patient-focused approach to getting the best from investment in and use of medicines. It requires a holistic approach, an enhanced level of patient centred professionalism	Rick Turnock	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Steering Group meeting notes available. PID complete. Tracking of non-financial benefits available. Workplan is updated regularly. Evidence of Comms/Engagement activities available on SharePoint. Risk Log reviewed. QIA/EA signed off by Execs. Last updated: 23 November 2016
R&BD 7.4	Facilities	The project aims to review all Facilities Services to ensure that all services are maximising quality at the lowest cost resulting in a CIP contribution of £500k	Hilda Gwilliams	Yellow	Green	Yellow	Red	Yellow	Red	Green	Green	Green	Steering Group meeting notes available. Milestone plan shows some tasks outstanding/with significant delays. Risk Log currently checked out (last update visible March/June). QIA/EA signed off by Execs. Last updated: 9 November 2016
R&BD 7.5	Pathfinders	To embed SLR costing information and introduce Pathfinders to improve Trust financial health and clinical engagement	Jonathan Stephens	Red	Yellow	Green	Yellow	Red	Yellow	Red	Green	Green	No evidence of Project Team meetings, or recent SG updates. PID complete, contains details of benefits; evidence required. Milestone Plan requires updating. Evidence of Comms/engagement activities required. Risk Log requires review. EA/QIA complete. Last updated 12 July 2016

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Procurement	G/A	1,018,000	881,070	(136,929)	
Coding & Data Capture	G	900,000	2,440,006	1,540,006	
Medicines Optimisation	A	500,004	327,856	(172,148)	
Facilities	R	500,000	239,186	(260,814)	
Total		2,918,004	3,888,118	970,114	

Programme Assurance Summary

Developing IM&CT and EPR

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

It should be noted that the dashboard ratings have not been reviewed recently however, there is limited assurance evidence available against the projects within this workstream, as the last updates to project documentation on SharePoint are as follows:

- EPR Development Milestone Plan – 27 July 2016
- Imaging Milestone Plan - 19 October 2016
- Community Infrastructure Milestone Plan - 24 October 2016
- EPR Development & Community Risk Log – 8 June 2016
- Imaging Risk Log – 19 October 2016

As the Imaging Project is now live, the team should present a Closure Report to the next meeting and detail any outstanding actions which are required. It is suggested that the Community Infrastructure project future actions form part of the next phase of EPR, Global Digital Excellence, and the team should confirm outstanding actions .

Jonathan Stephens 13 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The Committee will wish to address, in particular, the limited assurance available on the EPR Development Milestone Plan and the EPR Development and Community Risk Log.

The closure of the Imaging project should include the 'Sustain and Review' protocols described in the Trusts Guide to Programme Management.

Joe Gibson 16 Dec 16

Programme Assurance Framework Developing IM&CT and EPR Update

Work Stream Summary:

Development of the MEDITECH 6 system is ongoing with the ED department implementing paperless documentation and some further enhancements to the ordering process live.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
EPR	ED "soft" go live using electronic documentation (approx 50% of pathways) Improvements to ordering process live. Work ongoing to support Scheduling optimisation workstream. Fast user switching roll out ongoing	Y
Imaging	Medical Photography live on PACS. Testing of Clinical Collaboration tool underway for ECG. Work has started for the integration of PACs to the eSaturnus Theatre Integration system.	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
EPR	Detailed planning for next phase of project deliverables. CUR system accessible and interface testing underway. Continue Fast user switching roll out.
Imaging	Go live of ECG (date tbc) using PACS Progression of PACS and eSaturnus integration

Issues for Escalation to Sub-Committee:

None

Programme Assurance Framework Developing IM&CT and EPR Update

Work Stream Summary:

This project aims to complete an options appraisal of viable solutions that will improve connectivity to Alder Hey's network from community sites, including clinics and other Trusts by use of remote desktop sessions and mobile devices. This project will also link into the Agile working project to provide a suite of technical solutions that meet the requirements of the defined 'types' of agile worker. The projects key objective is to deliver solutions to improve connectivity, post options appraisal, should they be agreed and funded, and it will be ensured that the options are fully sustainable.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Community Connectivity	Citrix environment upgraded and live	Y
Community Connectivity	Pilot of "clientless" access to Citrix underway	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Community Connectivity	Review outcome of Citrix "Clientless" access
Community Connectivity	Continue work on Agile Working to further progress and assess IT Requirements.
Community Connectivity	Begin Remote access solution option appraisal based on the above.

Issues for Escalation to Sub-Committee:

None

Programme Assurance Framework

Developing IM&CT and EPR 16/17 (Completed by Assurance Team)

Sub-Committee	RABD	Report Date	13 December 2016
Work stream Name	Developing IM& CT and EPR	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 6.2	EPR Development	O/S issues from P1& 2 (technical & process related) as well as deferred work from P1 & the list of potential projects for P3: need prioritisation & wider discussion to ensure org ownership	Jonathan Stephens	Red	Green	Green	Yellow	Red	Yellow	Red	Red	Red	PID available. Details and evidence required for benefits. Milestone plan to be fully developed and updated. Evidence required of comms/engagement activities. Risks identified in Programme Risk Log, however these need full details (ie target scores) and review. EA/QIA to be completed. Last updated 27 July 2016
R&BD 6.1	Imaging	Project aims to digitise all existing paper records, implement a full electronic patient record solution and provide a repository for all clinical images	Jonathan Stephens	Yellow	Green	Green	Yellow	Yellow	Yellow	Green	Green	Green	PID available on SharePoint. More details required of benefits, including baseline data and start date. Plan shows some delays. Comms/Engagement to be evidenced. Risk log up-to-date. EA/QIA complete. Last updated 19 October 2016
R&BD 6.3	Other Clinical Systems	To implement full electronic patient record in PICU, allowing recording, maintenance & reporting, in addition to interface with relevant systems including PAS, pathology & key medical devices	Jonathan Stephens	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Confirmed at RABD June 2016 that progress will be monitored via other IT projects.
R&BD 6.4	Community Infrastructure	This workstream will cover IT connectivity at off site locations and interoperability and projects that it is hoped to implement as part of the iLinks programme	Jonathan Stephens	Yellow	Green	Green	Yellow	Green	Yellow	Red	Red	Red	PID available. More details required for benefits, including metrics and start date. Milestone plan shows actions on track to date. Evidence required of comms/engagement activities. Risks identified in Programme Risk Log, however these need full details (ie target scores) and review. EA/QIA to be fully completed and signed. Last updated 17 October 2016

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
N/A	N/A				Non-financial projects

Programme Assurance Summary

Developing The Park, Community Estate and Facilities

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

It should be noted that the dashboard ratings have not been reviewed recently however, the sub-committee should note the following observations regarding the projects within this work stream, as the team will be required to submit Exception Reports to confirm future dates for some slipped milestones.

- Decommission & Demolition – slippage with milestones (removal of network/isolation of services)
- Park – slippage with milestones (Land transfer date/Governance Framework/Management Model/LCC sign off on development)
- Agile Working – confirmation required of date for final PID/plans
- Corporate/Clinical On-site – the plan requires updating as there are outstanding milestones
- Residential Development – note slippage with dates for planning, bidder and sign contract (all pushed back by one month)

The team are undertaking a review of their plans and will confirm future milestones, where necessary, at the next meeting.

Jonathan Stephens 14 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The Committee will wish to address, in particular, the issue of milestones slipping across multiple plans and task the work stream steering Group with completing and endorsing the necessary **exception reports** so that the assurance rigour is maintained; these exception report should be available to the Committee.

The impact of these slippages should be made transparent to the committee in a separate report.

Joe Gibson 16 Dec 16

Programme Assurance Framework December 2016

Site Development Update - Park, Community Estate and facilities

Work Stream Summary:

This work stream consists of a number of projects which focus on development of the park, land, additional campus buildings and relocation of existing services including the community services. Demolition, decommissioning, temporary departmental moves, residential and the corporate /clinical block have all commenced and are at varied stages of their specific project programme. **Due to demolition works having slipped, the whole programme key milestone plan has been reset.**

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Community Estate	Although this plan is untrack, lots of changes are playing into the and will effect any long term development. A useful meeting has been held with CBU leads and a workshop is planned for January 2017	Y
Residential/land project	Dialogue discussions continued and final bid presentations received. Decisions will be made in January and Board approval sought. Preferred bidder notification planned for following outline planning permission granted 13 th February.	Y
Decommission/demolition	Phasing of demolition has slightly changed to support the release of land for site developers. The works being undertaken for the network configuration was slightly delayed, internal actions have been completed, some further administration is ongoing between UoL and AH. Asbestos assessment works are on track.	Y on revised plan
Corporate/clinical block	Decision taken to reduce the overall size to accommodate C. 250 desks and allocate some funding and desk allocation to the R&E II building. Realigned plans to go out to RIBA completion on design, design brief and OJUE documents ready to process. OJUE to be released by the 10 th January.	Y
Park development	Liaison with local community groups and schools continues. Options for grants and funding avenues continue to be explored. Head Terms of reference remain under discussion with the local Authority. Events plan for next year making progress.	Y
Alder centre	LIBOR bid was successful on achieving the full amount required for the Alder centre build. Draft design brief and supporting OJEU documentation developed.	Y
Agile working	A meeting with Greater Manchester police held and learning from their project shared. Project group to have a follow up discussion on renaming this project and clarify the approach to be taken, key milestone and PID under review.	Y
R & E II	Discussion on going with Morgan Sindell as to price, plan to commence build following demolition of old A&E block.	Y

Project	Key tasks to be delivered in Quarter
Community Estate	Output specification delivery and workshop to confirm model and possible locations for the service.
Residential/land project	Evaluate, gain board approval and award the bid in January 2017.
Alder centre & Corporate Builds	Go out with separate adverts with OJEU process/RIBA for design of buildings
Park development	Submit outline plan for the park for the committee date of the 13 th Feb in conjunction with residential development.

Issues for Escalation to Sub-Committee:

- Currently No budget identified for residual estate
- Whole Programme slippage
- Staff and department lead engagement on agile working project.
- Communications with Local residents and the media on the park development

Programme Assurance Framework

Developing The Park, Our Community Estate and Facilities 16/17 (Completed by Assurance Team)

Sub-Committee	RABD	Report Date	13 December 2016
Work stream Name	Developing The Park, Our Community Estate and Facilities	Executive Sponsor	David Powell & Melissa Swindell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 8.1	Decommission & Demolition	The aim of the project is to move out from and make safe the old hospital ready for demolition	David Powell	Yellow	Green	Green	Yellow	Yellow	Yellow	Red	Green	Green	Steering Group notes available. PID complete and contains details of expected benefits, tracking to be confirmed. Plan on Sharepoint requires fully populating with actions, currently shows delays of 3 months (removal of data/phone network & isolation of services. Evidence of risk review required. Last updated 30 September 2016
R&BD 8.2	Park	To set up a JV with LCC & the local community to create a world class Springfield Park that complements & adds value to the New Alder Hey in the Park & the local area	David Powell	Yellow	Green	Green	Yellow	Yellow	Yellow	Green	Green	Green	Steering Group notes available. PID complete and contains details of expected benefits, tracking/evidence to be confirmed. Plan has been updated but shows some delays. Evidence of recent comms/stakeholder engagement to be provided. Risk Log available. EA/QIA complete. Last updated 14 October 2016
R&BD 8.3	Temporary Moves	Project aims to survey and establish departments to be retained on-site, not already incorporated in new build, and provide the office estate to achieve this	David Powell	Green	Green	Green	Green	Green	Green	Green	Green	Green	Actions in plan complete.
R&BD 8.4	Agile Working	The aim of the project is to deliver an agile working solution for the Trust that complements the on site and off-site developments	Melissa Swindell	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Draft PID available - to be finalised end of October 2016. Other project documentation is under development. Risk Log available. EA/QIA complete. Last updated 30 September 2016
R&BD 8.5	Research & Education	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard	David Powell	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Design work may continue - subject to approval - in advance of funding being secured
R&BD 8.6	Community Services	The aim of the project is to create a suitable home for our network of community services	David Powell	Green	Green	Green	Yellow	Yellow	Yellow	Green	Green	Green	Project Team meeting notes available for September. PID complete, which contains details of benefits. Milestone Plan to be fully developed, shows actions so far on track. Evidence of comms/engagement required. Risks Log up-to-date. EA/QIA complete. Last updated 14 October 2016
R&BD 8.7	Corporate Offices and On-site clinical Services	The aim of the project is to create a suitable home for the corporate clinical and associated staff/services on the Alder Hey campus	David Powell	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Red	Green	Green	Steering Group notes available. PID complete which contains details of benefits. Milestone Plan to be updated. Evidence required of comms/engagement. Risks to be fully detailed and evidence required of review. EA/QIA complete. Last updated 30 September 2016
R&BD 8.8	On Site Residual Services	The aim of the project is to create a suitable home for the residual services on the Alder Hey campus	David Powell	Green	Yellow	Green	Green	Yellow	Yellow	Green	Green	Green	PID complete which contains details of benefits. Milestone Plan available, showing actions to commence at end of October. Evidence required of comms/engagement. Risk log available. EA/QIA complete. Last updated 30 September 2016
R&BD 8.9	Residential Development	To create a high quality residential scheme that co-ordinates with the themes and activities within the wider park site	David Powell	Green	Yellow	Green	Green	Yellow	Yellow	Green	Green	Green	Steering Group notes available. PID complete, which contains details of benefits. Milestone plan up-to-date. Comms/Engagement details to be evidenced. Risks available. EA/QIA complete. Last updated 30 September 2016
R&BD 8.10	Alder Centre	To plan, develop and construct the new Alder Centre within the park setting	David Powell	Green	Yellow	Green	Green	Yellow	Yellow	Green	Green	Green	Steering group notes available. PID complete which contains details of benefits. Milestone Plan available, showing actions on track so far. Evidence required of comms/engagement activities. Risk Log up-to-date. EA/QIA complete. Last updated 14 October 2016
R&BD 8.11	Commercial	TBC	David Powell	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Not stand-alone, to be included in Residential Project.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
N/A	N/A				Non-financial projects

Programme Assurance Summary

Developing Our Workforce

Work Stream Summary (to be completed by Executive Sponsor of the assurance framework)

The pace within this Workstream should be increased, as the current gap remains at £220,918 in year.

As the full year gap is £1,028,150, focus should continue on the cross cutting projects to enable the financial opportunity to be confirmed, so that implementation can commence as soon as possible.

The AHP Review plan still requires full development with timescales for delivery. Proposals have been approved by the Workforce Steering Group for Specialist Nurse Review and Job Planning and a decision has been made that the Other Corporate project will form part of future STP work.

Plans are still outstanding for AHiTP, Facilities and Nursing & Quality. EA/QIAs require completion for most projects within this Workstream and teams should give attention to addressing this at the earliest opportunity.

Jonathan Stephens 6 December 2016

Work Stream Summary (to be completed by External Programme Assessment)

The work stream is showing a forecast recurrent gap of £2.9m recurrent benefit (**was £2.6m in October**). The cross-cutting projects now being initiated will need to demonstrate considerable potential, quickly, if the original targets are to retain any validity.

The WOD Committee will want to address the following: only 8/14 (was 8/14 in October) of individual plans are available on SharePoint; the Risk Log is available and evidence of reviewing that Risk Log is required; still only 5 (was 2 in October) of the plans are certified as having a EA/QIA completed and signed off.

The Committee will wish to consider the current financial ratings and moreover consider the whole approach to this work stream which continues to show **significant weaknesses in too many of the constituent projects.**

Joe Gibson 8 Dec 16

Programme Assurance Framework

Developing Our Workforce Update (to be completed by Executive Sponsor)

Work Stream Summary:

Capability and Sustainability work stream:
 Cross-cutting projects continue; Consultant Job Planning and Specialist Nursing Review. AHP review will need to be revisited in light of lead leaving the Trust.
 Agreement reached at weekly turnaround meeting to extend the review to looking at all staff groups cross-CBU with a view to identifying the £2.5m recurrent gap. Work on this continues.
 The Workforce Steering Group continues to meet fortnightly to track progress, however the previous two meetings have been postponed due to prioritising the NHS Operational Planning.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Capability & Sustainability	MASS closed. Applications being reviewed.	N
Developing High Quality Leadership & Mgt	3 rd cohort of Leadership by Values Action Learning Set on track.	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Capability & Sustainability	Re-focus on the gap
Developing High Quality Leadership & Mgt	Leadership & Management interventions to continue

Issues for Escalation to Sub-Committee:

The sub-Committee is requested to:

- Note gap in recurrent CIP, and plans being taken to address.

Programme Assurance Framework

Developing Our Workforce 16/17 (Completed by Assurance Team)

Sub-Committee	WOD	Report Date	6 December 2016
Workstream Name	Developing Our Workforce	Executive Sponsor	Melissa Swindell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Finance Tracker RAG status	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
WOD 1.1	Workforce Capability & Sustainability	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Red	Red	Yellow	Yellow	Red	Red	Red	Red			Steering Group meetings arranged. Overarching PID is complete, however detailed plans and financial information to be fully developed (only 8/15 of individual plans available on Sharepoint). Risk Log is available to be fully completed and evidence of review required. EA/QIA to be completed and signed off for each individual plan. Last updated 4 May 2016
WOD 1.1a	CSS	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green			Yellow		Yellow			Red	Red	Milestone Plan and Finance Feeder Form uploaded to SharePoint - detail to be confirmed. EA/QIA to be completed. Last updated 28 April 2016
WOD 1.1b	ICS	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green			Yellow		Yellow			Green	Green	Milestone Plan and Finance Feeder Form uploaded to SharePoint - detail to be confirmed. EA/QIA complete. Last updated 9 September 2016 (Plan 28 April 2016)
WOD 1.1c	Medical Specialities	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green			Green		Yellow			Red	Red	Milestone Plan and Finance Feeder Form uploaded to SharePoint - plan to be updated/detail to be confirmed. EA/QIA to be completed. Last updated 28 April 2016
WOD 1.1d	NMSS	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Red			Yellow		Yellow			Red	Red	Milestone Plan and Finance Feeder Form uploaded to SharePoint - detail to be confirmed. EA/QIA to be completed. Last updated 17 May 2016
WOD 1.1e	SCACC	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green			Yellow		Red			Green	Green	Milestone Plan template and Finance Feeder Form uploaded to SharePoint - detail to be confirmed and plan to be populated. EA/QIA complete. Last updated 1 November 2016 (Plan 28 April 2016)
WOD 1.1f	Estates	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green			Yellow		Yellow			Red	Red	Milestone Plan and Finance Feeder form uploaded to Sharepoint. EA/QIA to be completed. Last updated 8 July 2016
WOD 1.1g	Facilities	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Black			Red		Red			Red	Red	Milestone Plan and Finance Feeder Form to be uploaded to SharePoint. EA/QIA to be completed.

Programme Assurance Framework

Developing Our Workforce 16/17 (Completed by Assurance Team)

Sub-Committee	WOD	Report Date	6 December 2016
Workstream Name	Developing Our Workforce	Executive Sponsor	Melissa Swindell

Current Dashboard Rating:

WOD ID	Area	Description	Overall Rating	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Category 7	Category 8	Category 9	Category 10	Comments
WOD 1.1h	AHiTP	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green											Milestone Plan and Finance Feeder Form to be uploaded to SharePoint. EA/QIA to be completed.
WOD 1.1i	HR	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green											Milestone Plan and Finance Feeder Form uploaded to SharePoint and validated by Finance Lead. Milestone Plan available, actions to be updated. EA/QIA to be completed. Last updated 15 June 2016
WOD 1.1j	Finance & Information	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Green											Milestone Plan and Finance Feeder Form uploaded to SharePoint and validated by Finance Lead. Milestone plan available, shows some delays in May. EA/QIA to be signed by Execs. Last updated 10 November 2016 (Plan 4 July 2016)
WOD 1.1k	Nursing & Quality	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Black											Paper presented to Execs/Internal Recovery Group (included on Other Corporate document). Details to be confirmed, project to be initiated and documentation prepared with full detail of actions, timescales and benefits.
WOD 1.1l	Other Corporate	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Black											No information on Sharepoint regarding this project and position is unclear ? NIL return or part of future STP.
WOD 1.1m	AHP Review	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Black											Scope/approach approved by Steering Group. Plan to be developed and updated with full details of actions, timescales and benefits. Last updated 25 November 2016
WOD 1.1n	Specialist Nurse Review	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Black											Scope/approach approved by Steering Group. Plan available on SharePoint, shows some initial delays. EA/QIA complete. Last updated 1 November 2016
WOD 1.1o	Job Planning	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Black											Scope/approach approved by Steering Group. Plan available on SharePoint, which has been updated. EA/QIA complete. Last updated 1 December 2016

Figures as at Month 7 (October 2016):

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Developing Our Workforce	R	1,135,121	914,204	(220,918)	Red Rag rating due to recurrent gap of (£2,928,067)

Board of Directors
Tuesday, 10 January 2017

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, and Quality Assurance Officer
Subject/Title	2016/17 BAF- December position
Background papers	Monthly BAF updates/reports
Purpose of Paper	To provide the Board with the BAF update report
Action/Decision required	The Board is asked to note the December position relating to the Board Assurance Framework.
Link to: ➤ Trust's Strategic Direction ➤ Strategic Objectives	By 2020, we will: <ul style="list-style-type: none"> ➤ be internationally recognised for the quality of our care (<i>Excellence in Quality</i>) ➤ be recognised for the exceptional care we provide to our children, that is technologically enabled and matched by exceptional facilities (<i>Patient Centred Services</i>) ➤ have a fully engaged workforce that is actively driving quality improvement (<i>Great Talented Teams</i>) ➤ be a world class, child focussed centre of research & innovation expertise to improve the health and wellbeing outcomes for babies, children & young people (<i>International Research, Innovation & Education</i>) ➤ have secured sustainable long term financial and service growth supported by a strong international business (<i>Growing our Services and Safeguarding Core Business</i>)
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

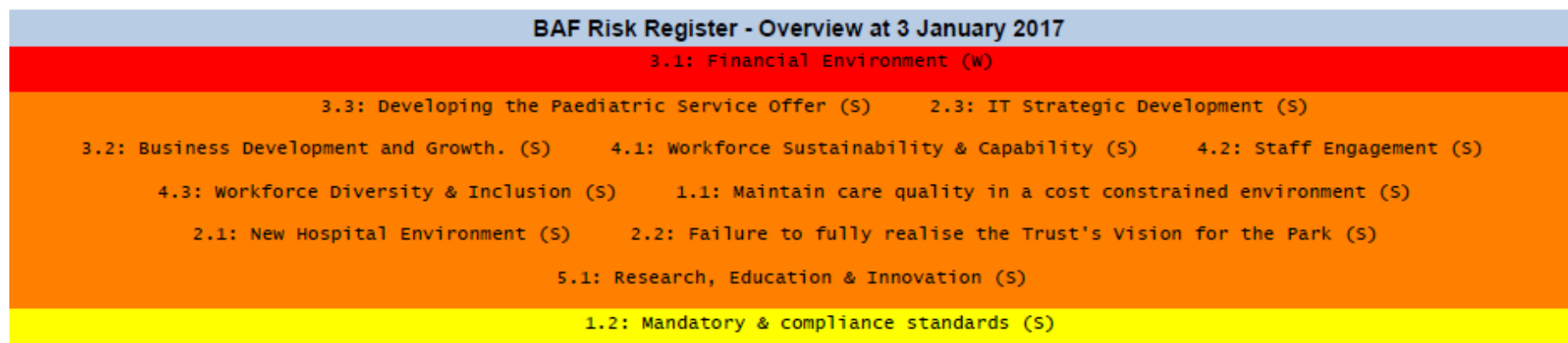
Board Assurance Framework 2016/17

1. Purpose

This report is a summary of the current Board Assurance Framework (BAF) for review and discussion.

2. Review of the BAF

The diagram below gives a high level view of the current version, followed by a summary and a brief on the changes since the last Board meeting. The full document is included as Appendix A.



Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
(15-16 references given in brackets where different)					
STRATEGIC PILLAR: Excellence in Quality					
1.1 HG	Maintain care quality in a cost constrained environment	4-2	4-2	STATIC	STATIC
1.2 MB	Mandatory & Compliance Standards	5-1	3-2	WORSE	STATIC
STRATEGIC PILLAR: Patient Centred Services					
2.1 (1.3) DP	New Hospital Environment	4-2	4-1	STATIC	STATIC
2.2 (2.1) DP	Failure to fully realise the Trust's Vision for the Park	4-2	4-1	BETTER	STATIC
2.3 (6.2) JS	IT Strategic Development	3-4	3-2	STATIC	STATIC
STRATEGIC PILLAR: Growing our Services & Safeguarding Core Business					
3.1 (5.1) JS	Financial Environment	5-4	4-2	STATIC	WORSE
3.2 (6.1) JS	Business Development & Growth	4-3	4-2	STATIC	STATIC
3.3 (6.3) RT	Developing the Paediatric Service Offer	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: Great Talented Teams					
4.1 MS	Workforce Sustainability & Capability	4-3	4-1	STATIC	STATIC
4.2 MS	Staff Engagement	3-3	3-2	STATIC	STATIC
4.3 MS	Workforce Diversity & Inclusion	3-3	3-1	STATIC	STATIC
STRATEGIC PILLAR: International Innovation, Research & Education					
5.1 DP	Research, Education & Innovation	4-2	4-1	BETTER	STATIC

Changes since December 2016 Board meeting

The diagram above shows that the majority of the risks on the BAF remained broadly static, in line with the expected month 9 position.

External risks

- **Business development and growth (JS)**

No material changes - but note that 2017/18 and 2018/19 contracts with CCGs and Specialist commissioners have been signed off and agreed. All contracts reflect forecast outturn and consolidate current over performance trends. New Director of Strategy starts early January will help accelerate relationship with Stoke and other network opportunities. CBU's finalising local business development plans as part of the 1718 business planning round.

- **Mandatory and compliance standards (MB)**

ED performance will fail quarter 3 (predicted 92.5%). Year to date 94.5%. Recovery Trajectory being finalised for quarter 4, in order to deliver year to date 95%. High level of confidence.

- **Developing the Paediatric Service Offer (RT)**

Neonatal T & T Group scheduled to report back by end March 2017.

Internal risks:

- **Maintain care quality in a cost constrained environment (HG)**

Additional staff taken on to enable EDU winter beds to fully open.

- **New Hospital Environment (DP)**

Still awaiting initial results from water temperature review. Plan agreed for theatre floors. Review of performance planned with Project Co. for February 2017.

- **Financial Environment (JS)**

Month 8 (November) results in line with plan but residual risk to delivery of year end control circa £2m. CBUs required to deliver against notified control totals to support achievement of financial plan and progress monitored weekly. As previously reported, review of forecast post Q3 actual results. To - date £0.4m behind plan (net of STF funding). No change to Risk Rating.

- **Failure to fully realise the Trust's Vision for the Park (DP)**
Outline planning for houses submitted - negative response on social media etc. Outline planning for Park to be submitted. Comms plan agreed with comms team. Shortlist interviews with developers completed.
- **IT Strategic Development (JS)**
Trust formally approved as GDE centre and pending due diligence and funding agreement will be awarded £10m funding to deliver proposal over next 3 ½ years. Formal approval of funding due January 2017 - first phase funding to be received Q4 2016/17. Risk score in future to reflect progress against agreed GDE business case milestones.
- **Workforce Sustainability & Capability (MS)**
No change in-month.
- **Staff Engagement (MS)**
Staff Survey closed on the 2/12/16. Final response rate 39%, just below national average. Awaiting data from the survey.
- **Workforce Diversity & Inclusion (MS)**
Apprenticeship Strategy approved at WOD, outlining the actions to engage with the local community to support inclusive recruitment.
- **Research, Education & Innovation (DP)**
First cut review paper of academy. Digital Global Exemplar focus agreed in principle. Approach to development of exemplar funds on Digital App. agreed with Charity.

Erica Saunders
Director of Corporate Affairs
January 2017

BAF 1.1	Strategic Objective: Excellence In Quality		Risk Title: Maintain care quality in a cost constrained environment		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Hilda Gwilliams		Type: Internal, Known	Current IxL: 4-2	Target IxL: 4-2	Trend: STATIC
Risk Description					
Failure to maintain appropriate levels of care quality in a cost constrained environment					
Existing Control Measures					
<ul style="list-style-type: none"> Quality impact assessment of all planned changes Quality Report performance against quality aims scrutinised at CQAC and Board. Weekly Meeting of Harm 			<ul style="list-style-type: none"> Risk assessment and utilisation of risk registers in responding to incidents and other drivers. CBU and Corporate Dashboards in place and are part of updated Performance Framework. Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMOH quarterly report. 		
<ul style="list-style-type: none"> Refresh of CQAC to provide a more performance focussed approach 			<ul style="list-style-type: none"> Changes to ESR to underpin workforce information - 		
<ul style="list-style-type: none"> New Change Programme established - associated workstreams subject to sub-committee assurance reporting Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC) 			<ul style="list-style-type: none"> Robust risk & governance processes from Ward to Board, linked to NHSI Single Oversight Framework External review on IPCC issues to eradicate reportable HAIs Quarterly 'themes' report from Weekly Meeting of Harm to CQSG 		
Assurance Evidence			Gaps in Controls/Assurance		
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Improved reporting - in the top 20% of NRLS nationally 45 new nurses recruited, commenced in September 2016 Further national open recruitment exercise in September 2016			Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ended in July 2016 (new CQC style ward accreditation (Journey to the Stars) has remained static. Roll out of support structure for Sepsis 6 yet to be fully implemented		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Successfully implement all Change Programme workstreams to improve efficiency and flow			Alder Hey Board Assurance Committees operating to revised Terms of Reference		
Roll out PFCC model for all appropriate services			Co-director of transformation and patient experience now appointed - will embed PFCC in all projects.		
Continue to maintain nurse staffing pool			Ongoing		
Support structure for Sepsis 6 to be fully implemented			Full time Senior Nurse identified for secondment		
Executive Lead's Assessment					
OCT 2016: Five places for ANP development - process for recruitment completed. NOV 2016: On-going recruitment in place & confirmation from CCG funding for complex patient requiring 1:1 care approved resulting in additional 5.2WTE registered nurses. Sepsis 6 to be key focus in the next month to ensure full roll out completed. DEC 2016: Additional staff taken on to enable EDU winter beds to fully open.					

BAF 1.2	Strategic Objective: Excellence In Quality		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Margaret Barnaby		Type: Internal, Known	Current IxL: 5-1	Target IxL: 3-2	Trend: STATIC
Risk Description					
Failure to deliver on all mandatory and compliance standards due to lack of engagement with internal throughput plans and targets					
Existing Control Measures					
<ul style="list-style-type: none"> • New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD • CBU Performance Meetings - now strengthened as of May 2016 and meeting regularly each month • Compliance tracked through the corporate report and CBU Dashboards. 		<ul style="list-style-type: none"> • Performance Review Group meeting monthly with CBU Dashboards under development for implementation in Sept • Regulatory status with: Monitor, CQC, NHSLA, ICO, HSE, CPA, HTA, MHRA etc. • Risks to delivery addressed through RBD, CQAC, WOD & CQSG and then through to Board • Early Warning indicators now in place 			
<ul style="list-style-type: none"> • Run Rate Task & Finish Group completed. Actions resulted in improved productivity in July and August, the closure of 4 IP beds that were not needed to support activity and improved staffing planned for PICU/HDU • Due to sickness absence of a consultant in Gastroenterology and the recent resignation of another consultant in the same specialty, maintenance of the RTT waiting times standard is at increased risk 					
Assurance Evidence			Gaps in Controls/Assurance		
Regular reporting of delivery against compliance targets through CQSG, CQAC & Board. Monthly reporting to the Board via the Corporate Report. Monitor / NHSI governance risk rating Operational effectiveness measures (key risks with early warning measures) to RABD CQC Action plan reviewed at Execs and Operational Delivery Group Compliance assessment against Monitor Provider Licence to go to Board A&E Target Recovery Plan			Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances - discussions on-going with commissioners. Quarter 1 Performance delivered, Quarter 2 Performance on track. Winter Planning to support elective and emergency activity advanced. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance relating to learning disabilities declaration Assurance required to underpin CBU reporting on CQC standards 'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting Work with CCG to manage demand & develop / fully utilise existing capacity across PC		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Review bed capacity and staffing model for seasonal variation			2017/18 Winter Plan now approved and in place		
Implement devolved governance structure (quality governance teams within CBUs)			1 December 2016 implementation		
Executive Lead's Assessment					
OCT 2016: Forecast activity and performance plan in place, subject to any unforeseen issues. Endoscopy equipment sterilisation equipment/process has failed on Friday 21st October, and business recovery plans in place which may adversely affect endoscopic activity and performance for up to 12 weeks. NOV 2016: Trust sustained stronger performance and compliance whilst financial risks continue to be a challenge; close monitoring continues to ensure delivery of financial plan. Endoscopy equipment decontamination service temporarily provided by the Countess of Chester Hospital; short term adverse impact on elective activity and performance. DEC 2016. ED performance will fail quarter 3 (predicted 92.5%). Year to date 94.5%. Recovery Trajectory being finalised for quarter 4, in order to deliver year to date 95%. High level of confidence.					

BAF 2.1	Strategic Objective: Patient Centred Services		Risk Title: New Hospital Environment		
Related CQC Themes: Safe, Effective, Well Led					
Exec Lead: David Powell		Type: Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC
Risk Description					
Failure to deliver world class healthcare due to constraints of new environment					
Existing Control Measures					
<ul style="list-style-type: none"> Regular Fix-It Team reports to Execs, CQAC & IGC 			<ul style="list-style-type: none"> Interserve Reports & representation at Health & Safety Committee 		
<ul style="list-style-type: none"> Monitoring & Fix-It Team in place responsible for day to day management of PFI Contractor ensuring services are delivering the required standards 			<ul style="list-style-type: none"> Fix-It Team governed by a Steering Group (meets monthly) 		
<ul style="list-style-type: none"> Joint Energy Committee to monitor performance & compliance 			<ul style="list-style-type: none"> Joint Water Committee to monitor performance & compliance 		
Assurance Evidence			Gaps in Controls/Assurance		
Tracker in place. Reporting compliance of PFI Services against contract to Trust Board. Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure). Number of reported faults is falling. The items on the 'red list' i.e. main snags have reduced significantly. Further meeting arranged to review energy performance			Delay in commissioning external Health & Safety Review. Gap in reporting from Project Co. and inconsistencies in description of faults		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues			Action being taken forward following BIG conversations		
Finalisation of external (wider) review			Report now expected Jan 2017		
Closure of legacy commissioning issues			Monitoring of progress through monthly liaison meetings		
Executive Lead's Assessment					
OCT 2016: Aim is to clear rump of residual commissioning issues through deal with Proj. Co.; to be confirmed in November 2016. NOV 2016: Deal with Project Co. confirmed. Action Plans for water temperatures and theatre floors tbc. DEC 2016: Still awaiting initial results from water temperature review. Plan agreed for theatre floors. Review of performance planned with Project Co. for February 2017.					

BAF 2.2	Strategic Objective: Patient Centred Services		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		Type: Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC
Risk Description					
Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations					
Existing Control Measures					
• Business Cases developed for various elements of the Park & Campus			• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions		
• Heads of Terms agreed with LCC for joint venture approved			• Redeveloped Steering Group		
• Monthly reports to Board & RABD					
Assurance Evidence			Gaps in Controls/Assurance		
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group			Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Broaden stakeholder engagement			Produced & circulated newsletter. Held 3 meetings of Shadow Board		
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC			Meeting held with LCC Team. Heads of Terms under review		
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available			Review of income opportunities under way		
Executive Lead's Assessment					
OCT 2016: Risk improved: meeting held with LCC - updated Business Case presented & discussed. NOV 2016: Business Case with LCC for consideration. £1.3 received as government grant for Alder Centre. DEC 2016: Outline planning for houses submitted - negative response on social media etc. Outline planning for Park to be submitted. Comms plan agreed with comms team. Shortlist interviews with developers completed.					

BAF 2.3	Strategic Objective: Patient Centred Services		Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Jonathan Stephens		Type: Internal, Known	Current IxL: 3-4	Target IxL: 3-2	Trend: STATIC
Risk Description					
Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare					
Existing Control Measures					
<ul style="list-style-type: none"> • Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee • Forward Communications plan agreed and tracked at steering group. 			<ul style="list-style-type: none"> • Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed • Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development 		
<ul style="list-style-type: none"> • Improvement scheduled training provision including refresher training and workshops to address data quality issues • Executive level CIO in place 			<ul style="list-style-type: none"> • Formal change control processes now in place • Investment in IM&T Team (2016/17 budget) 		
Assurance Evidence			Gaps in Controls/Assurance		
Regular progress reports presented to RABD and Operational Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews			IM&T Strategy out of date - update work in progress Internal Programme Assurance Reports Resources required to deliver Strategy proposed and aspirations of Trust - review Oct 2016 - Strategy update deferred pending consultation with new restructure CBU leadership teams and outcome of Global Digital Excellence bid.		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
IM&T Strategy development & approval			Trust GDE bid submitted and approved by Board and NHSE Nov / Dec 2016. NHSE undertaking due diligence review pre sign off and approval of funding agreement. Full I&MT strategy to be updated Q4 2016/17		
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group			changes to software tracked by and reported to the Clinical Informatics Steering Group		
Engage with iLinks programme to progress interoperability					
Link to innovation partnerships in paediatric healthcare					
MEDITECH 6 update planned July 2016 to resolve a number of current operational user issues			Completed - note rolling programme of updates		
Conclude the review of IM&T Infrastructure			currently being reviewed in relation to GDE bid and business case		
Executive Lead's Assessment					
<p>OCT 2016: Trust met financial control total for Q2 so awaiting update re next steps for progressing Global Digital Excellence proposal. Meeting in London 21 October - verbal update for Board 1 November. I&MT strategy refresh will be finalised once next steps confirmed.</p> <p>NOV 2016: Trust shortlisted and joining due diligence process. Invited to attend presentation to GDE panel on 21 December 2017. Will become regular board update one formally approved by NHSE/ DH. IM&T Strategy will be finalised thereafter.</p> <p>DEC 2016: Trust formally approved as GDE centre and pending due diligence and funding agreement will be awarded £10m funding to deliver proposal over next 3 1/2 years. Formal approval of funding due January 2017 - first phase funding to be received Q4 2016/17. Risk score in future to reflect progress against agreed GDE business case milestones.</p>					

BAF 3.1	Strategic Objective: Growing Our Services & Safeguarding Core Business	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	Type: Internal, Known	Current IxL: 5-4	Target IxL: 4-2	Trend: WORSE
Risk Description				
Failure to deliver 2016/17 Income and Expenditure plan and planned Continuity of Service Risk Rating				
Existing Control Measures				
• Organisation-wide financial plan.		• Monitor financial regime and financial risk ratings.		
• Financial systems, budgetary control and financial reporting processes.		• Capital Planning Review Group		
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive		• Financial Position (subject to regular monitoring).		
• Weekly meeting with CBUs to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation		• COO Task & Finish Group targeted at increasing activity in line with planned levels		
• CIP subject to programme assessment and sub-committee performance management				
Assurance Evidence		Gaps in Controls/Assurance		
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & speciality performance results		Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP Based on month 7 run rate performance (£0.3m adrift in month overall from recovery profile) and update projections and risks reported by Clinical Business Units, heightened risk of failure to deliver target control. In order to address emerging risk CBU control targets issued to address risk profile gap of circa £2.7m. (£3.7m gross but £1m mitigation identified).		
Actions Required to Reduce Risk to Target Rating		Latest Progress on Actions		
Focus on activity delivery		Recovery plans under development and review		
Improve delivery of clinical business developments to meet local CCG outcome needs, e.g. as part of Healthy Liverpool, to achieve and exceed financial targets		COO task & finish group established; targeted at increasing activity in line with planned levels		
Plans to address CIP shortfall - scheme PIDs to be complete by end of May - progressing against milestones agreed		Trust in discussions with NHSI re. formal approval of required £8m interim cash support		
Executive Lead's Assessment				
OCT 2016: control total revised £0.2m deficit - no net impact from that agreed by Board in September. Trust achieved revised plan for Q2 which means it will qualify for 6/12ths of £3.7m stf. This funding is reflected in the Q2 results. Plan = £4m deficit, actual = £4m deficit. Trust forecasting achievement of year end control target of £0.2m deficit (excluding impairments and grants). Current financial risk to address over the second half of the year to ensure delivery = £2.6m. Mitigation part of weekly internal recovery programme and the actions to address this risk focused on reducing overspending in facilities, nurse pay, energy and activity run rate improvement. At this stage risk rating unchanged. Stock take of forecast to be tracked monthly with update Q3. NOV 2016: risk profile increased from 16 to 20 based on actual results for October (M7) where performance and run rate £0.3m off track overall. In addition further financial risks to achieving year end control target raised by CBUs including a deterioration in forecast performance on both activity delivery and cost control. Risk gap now £3.7m with circa £1m mitigation identified. All tactical savings schemes initiated and achievement of control total essential. Therefore CBUs issued with individual financial control totals with the requirement to present plans to mitigate full £3.7m risk and provide assurance on activity delivery over the remaining 4 months of the year. 1st update feedback from CBUs due Monday 5th December. Review fcast based on Q3. DEC 2016: Month 8 (November) results in line with plan but residual risk to delivery of year end control circa £2m. CBUs required to deliver against notified control totals to support achievement of financial plan and progress monitored weekly. As previously reported, review of forecast post Q3 actual results. To - date £0.4m behind plan (net of STF funding). No change to risk rating.				

BAF 3.2	Strategic Objective: Growing Our Services & Safeguarding Core Business	Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Jonathan Stephens	Type: External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC
Risk Description				
Risk to business development/growth due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities				
Existing Control Measures				
• CBU Performance Management Framework.		• Clear trajectories for challenged specialities to deliver.		
• Business Development Plan		• 2016 Change Programme Projects (Strategic Partnerships & International Clinical Business and non NHS Patient Services)		
• Five year plan agreed by Board and Governors in 2014		• Capacity Plan identifies beds and theatres required to deliver BD Plan.		
• Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off.		• Capacity Plan identifies beds and theatres required to deliver BD plan		
• Jan 2016 :- Weekly meeting with CBUs established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements				
Assurance Evidence		Gaps in Controls/Assurance		
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity. CIPs in new Change Programme subject to assurance and sub-committee performance management		Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Potential delay to cardiac growth - current gap c. £0.8m forecast against 16/17 CIP target		
Actions Required to Reduce Risk to Target Rating		Latest Progress on Actions		
Workshop held in June to identify options for bridging business development gap		Alternative schemes being developed. Report to RABD		
Identify models and services to provide to non NHS patients / commercial offers		Trust currently progressing tender application for LCH paediatric community services. Timeframe: June - end Aug 2016. Financial assessment will be part of due diligence. Report to RABD and through to Board. Discussions with surgical teams and Stoke to accelerate increase in cardiac cases		
Executive Lead's Assessment				
OCT 2016: no major change as at September - key actions: to establish regular flow of international patients to identified beds, progress relationship in Dubai and accelerate arrangements with Stoke. NOV 2016: Contract signed with Al Jalila for first phase of consultancy support - working on more long term arrangement for phase 2. Team mobilising delivery of phase 1. Stock cardiac - meeting to sort transport arrangements prior to change in patient referrals - unlikely to result in increase in activity in 2016/17 but opportunity for 1718. DEC 2016: No material changes - but note that 2017/18 and 2018/19 contracts with CCGs and Specialist commissioners have been signed off and agreed. All contracts reflect forecast outturn and consolidate current over performance trends. New Director of Strategy starts early January will help accelerate relationship with Stoke and other network opportunities. CBU's finalising local business development plans as part of the 1718 business planning round.				

BAF 3.3	Strategic Objective: Growing Our Services & Safeguarding Core Business	Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Richard Turnock	Type: External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC
Risk Description				
Failure to maximise opportunities with regard to service reconfiguration				
Existing Control Measures				
<ul style="list-style-type: none"> Internal review of service specifications as part of Specialist Commissioning review. Gap/risk analysis against all draft national service specification undertaken and action plans developed. Compliance with Neonatal Standards Post implementation review of Trauma Business Case. 		<ul style="list-style-type: none"> Analysis of compliance and actions agreed where not fully met. Accreditations confirmed through national review processes. Compliance with All Age ACHD Standard Derogations secured in relation to specialist service specs. 		
Assurance Evidence		Gaps in Controls/Assurance		
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RABD & Board Compliance with final national specifications		Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date. Potential elective underperformance due to cancelled sessions. Awaiting final results re. CHD service at national level. Working with partners including CMFT to progress transfer of adult CHD services and to support partners during transition		
Actions Required to Reduce Risk to Target Rating		Latest Progress on Actions		
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)				
Pursue the community tender incorporating the public health offer				
Pro-active recruitment in identified areas.		Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service		
Monitoring of action plans.		Now working with NHS England to secure a resolution for the North		
progress neonatal T&F group under Spec Comm leadership		T & F group scheduled to report recommendations by end March 2017		
Executive Lead's Assessment				
OCT 2016: no significant change in risk NOV 2016: Neonatal T& F output should improve risk rating DEC 2016: Neonatal T & T Group scheduled to report back by end March 2017				

BAF 4.1	Strategic Objective: Great Talented Teams		Risk Title: Workforce Sustainability & Capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led					
Exec Lead: Melissa Swindell		Type: Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC
Risk Description					
Failure to always have the right people, with the right skills and knowledge, in the right place, at the right time					
Existing Control Measures					
• Compliance tracked through the corporate report and CBU dashboards		• Workforce Group			
• Performance Review Group		• CBU Performance Meetings.			
• Mandatory training reviewed and updated in summer 2014		• OLM restructured to include key competencies			
• All training records available online and mapped to competency framework		• E-learning updated in January 2015 with one click access			
• Permanent nurse staffing pool		• 'Developing our Workforce' workstream implemented			
• Attendance management process to reduce short & long term absence		• Positive Attendance Policy			
Assurance Evidence			Gaps in Controls/Assurance		
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board			Low compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas No proactive assessment of impact on clinical practice Education Strategy Small number of issues remain re. the interface with ESR which has slowed the progress of the action plan and reducing assurance		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges			Education Governance group to support implementation, setting up in September, reporting through WOD		
Build and sustain leadership capacity and capability			Leadership and management project has commenced, but has experienced slippage due to competing priorities		
Sickness Policy refreshed			Implemented 1 July 2016		
Develop our Education Strategy					
Task & Finish Group to review prior action failures and identify solution			Action Plan signed off at WOD		
Review mandatory training programme - July 2016			Review still underway, to conclude by end Sept 2016		
Recruitment & Retention Strategy to focus on specific groups			Currently being refreshed with action plan to support		
Executive Lead's Assessment					
OCT 2016: nurse agency spend has seen a significant reduction across October- no breaches in 3 weeks over October. Initial discussion taken place with workforce group reps exploring opportunities for efficiencies across each work group. NOV 2016: Nurse Agency spend remains low. Working with NHSP to reduce further the other areas of concern. Apprenticeship Strategy in development. Talent Management £2k grant secured from NW Leadership Academy. DEC 2016: No Change					

BAF 4.2	Strategic Objective: Great Talented Teams		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell		Type: Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC
Risk Description					
Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims					
Existing Control Measures					
• Internal Communications Strategy.			• Refine Trust Values.		
• Roll out of Leadership Development and Leadership Framework			• Action Plans for Engagement, Values and Communications.		
• Medical Leadership development programme			• Staff Temperature Check Reports to Board (monthly)		
• Values based PDR process			• People Starategy Reports to Board (monthly)		
• Listening into Action methodology			• Staff surveys analysed and followed up (shows improvement)		
Assurance Evidence			Gaps in Controls/Assurance		
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Monthly Engagement Temperature Check reported to the Board. Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board			Overarching Engagement Strategy Reward & Recognition		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Communications Strategy published					
Analysis of Staff Survey			Survey outcomes are being actioned as evidenced via a plan to support CQUINS requirements		
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology			Change programme monitors Listening into Action deliverables		
Listening into Action methodology to provide the framework for organisational engagement			Remains in progress		
Executive Lead's Assessment					
OCT 2016: Staff survey distributed to all staff; 20% response rate as of 26/10/16. LiA continues with increasing stories of change and quick wins being shared with staff. NOV 2016: Staff Survey 37% response rate (29/11/16). LiA pass it on event successful. Review of formal staff recognition scheme underway. DEC 2016: Staff Survey closed on the 2/12/16. Final response rate 39%, just below national average. Awaiting data from the survey.					

BAF 4.3	Strategic Objective: Great Talented Teams		Risk Title: Workforce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell		Type: Internal, Known	Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC
Risk Description					
Failure to proactively develop a future workforce that reflects the diversity of the local population					
Existing Control Measures					
<ul style="list-style-type: none"> Equality, Diversity & Human Rights Group Workforce Plan established Workforce Planning Policy signed off at WOD June 2015 Equality, Diversity & Human Rights Policy 			<ul style="list-style-type: none"> Workforce Committee re-enforced and includes recruitment and education Staff Survey results Equality Analysis Policy 		
Assurance Evidence			Gaps in Controls/Assurance		
Monthly recruitment reports provided by HR/Payroll provider Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for Lia - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards			Proactive working with partners to promote our commitment to diversity and inclusion Recruitment Strategy to focus on specific groups		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Increase declaration rates with Equality Act 2010			Actioned, with all organisation reports reporting on protected characteristics where required		
Work with partner organisations to develop effective BME recruitment strategy			Underway, and plan to be produced		
Workforce Planning Policy			Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position		
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community			Currently being drafted with action plan to support		
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement			Currently being refreshed with action plan to support		
Executive Lead's Assessment					
OCT 2016: the 6 individuals have commenced their work placements with Skills for Health. The Trust has been given accreditation to deliver apprenticeships, so we will be exploring how we can use this to support the workforce diversity agenda. NOV 2016: Task and Finish Group continue to progress actions DEC 2016: Apprenticeship Strategy approved at WOD, outlining the actions to engage with the local community to support inclusive recruitment.					

BAF 5.1	Strategic Objective: International Innovation, Research & Education		Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		Type: Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC
Risk Description					
Failure to develop a cohesive approach to research, innovation & education.					
Existing Control Measures					
• Establishment of RIEC Steering Board			• Steering Board reporting through to Trust Board		
• RABD review of contractual arrangements			• Programme assurance via regular Programme Board scrutiny		
Assurance Evidence			Gaps in Controls/Assurance		
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team			Lack of integration with other academic partners Commercial research offer not quantified Education Strategy needs to be refreshed		
Actions Required to Reduce Risk to Target Rating			Latest Progress on Actions		
Educational Partnerships to be cemented			Academy proposals to be discussed Feb 2017		
Work with our charity colleagues to raise the profile of our research and innovation capability.			Presentation to Board of Charity Trustees		
Develop a robust commercial Education Business Model			First cut academy model completed		
Appointment of commercial post to support implementation			Interim now appointed		
Executive Lead's Assessment					
OCT 2016: risk improved: contract agreed for innovation 'apps hopper'. Meetings with Edge Hill, LJMU & UoL to explore offering. NOV 2016: Interim Commercial Post appointed to explore issues. DEC 2016: First cut review paper of academy. Digital Global Exemplar focus agreed in principle. Approach to development of exemplar funds on Digital App. agreed with Charity.					

Resource and Business Development Committee
Minutes of the meeting held on **Friday 4th November 2016, at 9:30am,**
Room 5, Level 1

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Claire Dove	Non-Executive Director	CD
	Claire Liddy	Deputy Director of Finance	CL
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Joe Gibson	External Programme	JG
	Hilda Gwilliams	Chief Nurse	HG
	Andy McColl	Business Development	AMc
	Laurence Murphy	Head of contracting	LM
	Phil O'Connor	Deputy Director of Nursing	POC
	Erica Saunders	Director of Corporate Affairs	ES
	Melissa Swindell	Interim Director of HR	MS
	Rick Turnock	Medical Director	RT
	Julie Tsao	Committee Administrator	JT
Apologies:	Graham Dixon	Head of Building	GD
	Jonathan Stephens	Director of Finance	JS
	Janette Richardson	Programme Manager	JR
	Lachlan Stark	Head of Planning and Performance	LS
	Louise Shepherd	Chief Executive	LS
	Peter Young	External IM&T Consultant	PY
	Christian Duncan	Director of Surgery	CD
	Mary Ryan	Director of Medicine	MR

16/17/148 Minutes of the previous meeting held on 4th November 2016

Resolved: RABD received and approved the minutes of the previous meeting.

16/17/149 Matters Arising and Action log

The actions for this meeting had been included as an item on the agenda. The action log was updated accordingly.

16/17/150 Finance report

For the month of October the Trust is reporting a trading surplus of £0.5m which is £0.3m behind plan. The main reason for this is elective and non-elective income is behind plan by £0.4m offset by an underspend of £0.1m. The year to date deficit is £3.8m which is £0.3m behind plan.

The Use of Resources risk rating is 3 in line with plan and cash in the bank of £6.5m.

The Trust forecast for the year is to achieve the annual budget (control total). (excluding technical items such as impairments and disposals). The figures reported are as at quarter two. NHSI have advised that forecasts should be revised only at each quarter end and, should Trusts report a position worse than control, prior approval is to be sought from NHSI using their standard protocol. Work is continuing on the internal recovery process supported by the executive team.

A discussion was held on the Trust's performance (behind plan). To provide assurance to RABD it was agreed going forward a report on performance forecast, actual performance and narrative would be submitted on a monthly basis.

CQUIN

CQUIN is ahead of YTD plan by £48k. This is due to over performance on the Trust's main contracts with NHS England and the CCGs, worth £140k, which is then off-set by a loss of £92k in respect of non-achievement of CQUIN targets. Quarter 1 missed targets were in the Learning Disabilities and Sepsis CQUINs; quarter 2 failed targets are still being discussed but are likely to be in the same areas.

Sustainability & Transformation Funding (STF)

There are a number of conditions attached to the Sustainability & Transformation Funding (STF); of the £3.7m allocated to the Trust for 2016/17 30% is dependent on our achieving 4 specific performance targets (aka trajectories). In the year-to-date these are on track (see table above), though Diagnostic performance in Oct was at the limit of the permitted tolerance.

Agency Compliance Report

CBU Temporary spend 12 month forecast – CBU required to provide recurring trajectory. This is being reviewed and monitored by the fortnightly workforce steering group.

The finance report included a table on non clinical agency expenditure. Whilst RABD noted the downward trend an update on continued focus for further reductions on agency spend was given.

NHS Professionals had communicated intentions of agencies to increase the cost of each shift by 50p per hour. NHS P was working with the Trust to encourage agencies not to implement the increase.

Difficult areas for the Trust to recruit and retain staff included: Audiology, Cardiology and Pharmacy. An update on processes in place and to be introduced to improve this was given.

CIP

Month 7 CIP performance across the Trust showed an overachievement of £0.02m (8%). The largest variances to date are in NMSS (£0.616m ahead of target) and facilities (£0.219m behind target). The full year forecast is £6.8m a gap of £0.4m. The Trust needs to plan to £7.2m recurrently and in year to allow for slippage and failed schemes (i.e. contingency of 25%), there is £1.5m that is still to be resolved recurrently before the end of the financial year.

Year End Forecast report

At the start of the year (and at month 2) the Trust had a planned deficit of £6.3m, which was changed to a deficit of £0.2m when the Trust agreed to accept the Control Total (CT) from NHSI. This included an additional savings requirement of £1.0m, which was effectively added to the target for financial recovery.

In addition to the remaining gap of £1.0m against the recovery target, new risks have emerged throughout the year.

A discussion was held on the importance to meet the target set as part of the (CT). Section 5.2 and 6 of the report provided a methodology and actions to achieve the (CT):

- Maximise Activity, with additional patients booked into Outpatient clinics and ensure Theatres achieve 124 (average) sessions per week.

- Stop interim posts / external consultancy.
- Temporary “freeze” on all non clinical vacancies for 3 months (posts can be advertised again in March 2017, with new starters commencing from April 2017).
- Pause non-core / strategic business activity until April 2017, to defer expenditure.
- Disinvest costs in areas where activity / income has reduced.
- Expedite actions in targeted service areas:
 - Gastroenterology
 - General Paediatrics
 - Aseptic Unit (to be supported by completion of Building Works)
 - Ensure Nursery break-even against budget
 - Ensure Catering / Restaurant achieves break-even against budget

Resolved:

- a) RABD received and noted the content of the Finance report for month 7.
- b) RABD received an update and noted the content of the internal financial recovery plans.
- c) A report on performance forecast, actual performance and narrative would be submitted on a monthly basis.
- d) RABD supported the methodology and actions within the paper and agreed to receive a further update on progress in December 2016.
- e) Claire Liddy, Louise Dunn and Mags Barnaby agreed to circulate communications on achieving CT.

NHS Improvement guidance on the Capital regime, investment and property business case approvals

Resolved:

RABD received the 2017/18 and 2018/19 NHS Improvement revised guidance in respect of capital regime, investment and property business case approvals for all NHS Trusts and Foundation Trusts.

Corporate report

Activity compared to 2015 had improved however it was down compared to the 2016 forecast plan.

All clinical effectiveness targets for October have been achieved. Targets met under Patient Centred Services targets met included 'Did Not Arrive' appointments. Corporate Induction attendance for this month was at 100%.

Joe Gibson queried if the DNA rate was sustainable. Mags Barnaby reported on the new processes in place including the increase use of technology i.e. reminding patients of appointments through texting had been introduced and would continue.

Grade 2 and above pressure ulcers are up slightly on last year however improved reporting and heightened awareness since the recruitment of a Tissue Viability Nurse Specialist may account for this. Hilda Gwilliams reported on cushioning devices being used to reduce pressure ulcers.

Resolved:

The report for October Month 7 was received.

16/17/152 2016/17 Post-Occupation Review of Hospital Ward Staffing Establishments

Hilda Gwilliams, Phil O'Connor and Andy McColl presented the findings highlighting the revised model for the new hospital agreed prior to the move in October 2015 and the current position.

During the month of September, each Ward Manager along with their associated Lead Nurse and a Senior Business Accountant met to gain a greater understanding of the key drivers behind the current financial position.

The outcome of the meetings identified 4 main issues:

Actual staffing vs approved funded establishments

Ward Managers for 1C, 3A, 3C, 4A, 4C and the Burns Unit, utilising their professional judgement, identified the 'lift and shift' model did not provide sufficient numbers required to appropriately staff wards based upon the layout of the departments in the new hospital. The total increase in the ward staffing establishment requirements across all wards (excluding Critical Care¹) proposed by the Ward Managers was 34.65 WTE (an increase from 906.53 to 941.18 WTE), at a cost of approximately £950,000 FYE.

Maternity leave cover

It is felt by the Senior Nursing Team that a number of around 40 WTE represents a "normal" level of maternity leave at any one time across the ward nursing teams. Normally 60% of costs are recovered from central government across the duration of a period of maternity leave absence; the remaining 40% is the Trust's internal challenge, which is valued in the region of £480,000 per annum.

Sickness leave across ward staff

The Trust has an agreed 4% uplift built into each ward establishment to cover sickness. Analysis of actual sickness levels across the ward areas for the year to date demonstrates an average of 6.5%. It is estimated that the cost of covering the additional 2.5% of sickness absence over and above funded levels is approximately £400,000.

Specialling 1:1 care

Based upon the volume of "specialling" shifts used so far this year, the annual cost would be in the region of £250,000.

Laurence Murphy queried if this data is captured in Meditech as other Trust's receive commissioning support for this service. Hilda Gwilliams agreed to discuss this further with Laurence outside of the meeting.

An update on actions implemented to reduce continued overspend was given. This included a revised process for booking additional temporary staff and the removal of non-rate capped agencies from the cascade.

RABD went through 6 financial concerns and recommendations of section 5 titled: Further Improvements and mitigations to improve financial forecast across the wider organisation. If these recommendations were approved it was assumed the remaining challenge would be less than £500K. Hilda noted a number of these concerns had now been resolved.

Recommendations

- a) Fund agreed nursing "pool" by aligning the 60% maternity cover received from central government and invest the residual 40% shortfall of **£240,000**.
RABD APPROVED the above recommendation.
- b) Provide funding to create a HCA "pool" (5.2 WTE) to support provision of 1:1 care for those patients who meet the criteria, cost **£110,000**.

An option for the Trust to provide HCA apprenticeship schemes was being looked into, if this goes ahead there would be an option to reduce the cost in this proposal. RABD queried if it would be possible for the CBUs to financially support this and asked for final budget update at the December meeting.

- c) Agree support from wider organisation and negotiate with commissioners where necessary, to deliver the actions outlined in section 4.0.

RABD APPROVED the above recommendation.

Resolved:

RABD thanked Hilda Gwilliams and those involved for the detailed review.

16/17/153 Programme Assurance 'developing our business'

Developing our business Work-stream

The forecast for International Clinical Business remains ahead of plan at £201k against the target of £112k relating to the Al Jalila Partnership; this over-performance of £89k may in part mitigate the overall work stream which remains below the annual target by £783k due to under-performance in Strategic Partnerships and CBU Business Development slippage. The slippage was due to a number of assumptions including contracts with Stoke that are unlikely to materialise this financial year. RABD requested the sight of a dashboard highlighting assumptions and whether they are likely to be met.

Resolved:

- a) An update on developing our business work-stream was received.
- b) Claire Liddy agreed to provide a dashboard for the next meeting in December as detailed above.

Services in Communities Work-stream

As the dashboard had not been updated since September 2016 Mags Barnaby agreed to look into this outside of the meeting. Mags assured RABD on progress being made within this work-stream.

Bridgewater had recently been announced as the awarded bidders for Liverpool Community Services. As part of their bid Alder Hey had been included as a sub contractor for paediatrics.

Resolved:

An update on Services in Communities Work-stream was received.

Supporting Frontline Staff Work-stream

The overall performance trend for the work stream continues as last month, with the financial forecast at £1,099k above target, largely driven by Coding/Capture.

Resolved:

RABD received an update on supporting Frontline Staff work-stream.

16/17/154 Monthly Debt Write Off

Resolved:

RABD APPROVED the monthly debt write offs for October's total of £896.34.

16/17/156 Contract Income Monitoring

Laurence Murphy presented the Contract report for September 2016, and went through the 2016/17 main contract concerns as follows:

NHSE had rejected an Individual Funding Request for £185k for a high-cost burns patient based on 'exceptionality'. Following the Board to Board with NHSE on 21st October a

compromise offer of £120k covering the additional high-cost dressings has been received which has been accepted.

The Trust did not achieve the CQUIN targets for both Sepsis & Learning Disabilities for either qtr1 or qtr2 incurring a penalty of £100k. In addition a CQUIN Query notice was issued by Liverpool CCG on the 10th November stating insufficient evidence regarding the achievement of the targeted milestones for Digital Maturity & CAMHS Transition. The Trust's quality lead has formally responded & feedback expected by 2nd December.

Contract discussions for the next 2 years are underway & the Trust continues to meet weekly with both NHSE & Consortia CCG's colleagues. The Trust has rejected initial offers and responded with detailed counter proposals which have now been resolved.

Resolved:

RABD are asked to note the report, indicating an income overperformance of £1,817k (1.8%) for the 1st 6 months of the year, significant contract issues & a progress on the contract discussions with Commissioners for 2017-19.

16/17/156 PFI Contract Monitoring report

RABD received the PFI report for October 2016.

The Trust's energy bill continued to increase it was predicted the cost equates to £700k per annum.

Mags Barnaby reported on the improvement required on the relationship between the Trust and Interserve if they are to work together successfully going forward. At the next Senior Leaders Timeout in January 2017, it was agreed this would be a focus.

Resolved:

- a) RABD received an update on the PFI monitoring report.
- b) RABD noted the contents of the Energy Usage Position Statement October 2016.

16/17/157 Weekly waiting times update

Resolved:

RABD received the content of the weekly waiting times report.

16/17/158 Board Assurance Framework

Erica Saunders presented the BAF update and confirmed all risks were on track and no issue were to report.

Resolved:

RABD received and noted the content of the BAF update.

16/17/159 Marketing and Communication Activity report

The Matalan Pyjama campaign had been successful, all stores had now sold out.

The Christmas light switch on would be held tomorrow with live coverage on cbbies. Interserve had donated the Christmas tree to the Trust. RABD noted the additional pressures on the communications team this time of year and thanked them for their continued support.

Resolved:

RABD received and noted the contents of the September report.

16/17/160 Any Other Business

No further business was reported.

16/17/146 Date and Time of the next meeting: Wednesday 21st December 2016 at 9:30am,
Level 1, Room 5.

APPROVED

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT Site & Park Development	Date: 03/1/17		Period: December 2016		SRO: David Powell																				
	Report Number: 7		7		Author: Chris McCall																				
Programme 2016/17	Nov-16				Dec-16				Jan-17				Feb-17				Mar-17				Apr-17				
Week Commencing	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	6	13	20	27	3	10	17	24
Temporary Moves																									Project completed
Decommissioning & Demolition (Phase 1 & 2)																									Network design completed and plans in place to proceed with RMCD House transfer in the new year - this will not delay the project. Asbestos survey progressing on track, to be completed end January 17. Phase 1 demolition to commence beginning of February.
Residential																									Progressing on programme, evaluation of final bids completed. Interrogation and assessment of final bids ongoing. Outline Planning Application submitted - decision expected mid February 2017.
Park																									Outline Planning Application submitted. Currently developing Woodland Walk management plan in collaboration with Lancashire Wildlife Trust. Funding secured via LWT for Forest Schools.
Corporate Offices/Clinical on-site																									Issue of OJEU deferred pending review of potential office development with residential bidders
Research & Education Phase II																									Further discussions have taken place with Morgan Sindall regarding the increase in the initial 2014 bid price which has resulted in a reduction of the inflation increase. The Trust is hoping to agree a final price shortly.
Community																									Discussions with LCC ongoing to identify any capacity within their estates. Service specification templates have been issued to service leads to be completed in readiness for the planned workshop in January.
Agile Working																									PID updated. Identifying areas to pilot agile working within the next month, with a view to implementing agile working plan July 17.
On-site Residual																									Whole process and requirements to be reviewed in line with potential for new office block to be developed within the residential bidder offers
Alder Centre																									OJEU documents have been drafted, to be reviewed by the project group early January, particularly the design brief. OJEU expected to be issued end January 2017.

BOARD OF DIRECTORS REPORT

Report of	Chief Nurse/Emergency Preparedness Accountable Officer
Paper prepared by	Emergency Preparedness & Business Continuity Manager
Date:	30 th December 2016
Subject/Title	Ratification of changes to: <ul style="list-style-type: none"> • Major Incident Policy • Major Incident Command and Control Plan
Background papers	Appendix A – Summary of changes
Purpose of Paper	For the Board of Directors to ratify changes to the major incident Policy and plan
Background:	<p>The Major Incident Policy and Major Incident Command & Control Plan were ratified by the Board. A major incident exercise took place on Monday 3rd October 2016 which meant some operational changes to the plans were made. The Trust Board agreed to receive a summary of these changes rather than the full plans submitted again.</p> <p>Attached as Appendix A is a summary of these changes for ratification.</p>
Action/Decision required	a) The Board is asked to ratify the summary of changes to the Major Incident Policy, Major Incident Command & Control Plan and Major Incident Action Cards.
Link to:	<ol style="list-style-type: none"> 1. Be the provider of 1st choice for children, young people and their families 2. Ensure all our patients and their families have a positive experience while in our care 3. Deliver clinical excellence in all of our services 4. Ensure our staff have the right skills, competence, motivation and leadership to deliver our vision 7. Deliver our Hospital in the Park vision
Resource Impact	Not applicable

SUMMARY OF CHANGES

Change	Documents Updated
Any major incident declaration should be approved first by the Chief Operating Officer or 2 nd On Call Manager in absence of COO or out of hours	<ul style="list-style-type: none"> • Major Incident Policy • Major Incident Command & Control Plan • Strategic Commander Major Incident Action Card
Chief Operating Officer will request switchboard activate the major incident cascade	<ul style="list-style-type: none"> • Major Incident Command & Control Plan • Strategic Commander Major Incident action card
To avoid any confusion, all tabards are now in the Emergency Department Major Incident Store Room rather than the Strategic Command Team being stored separately (to avoid any confusion)	<ul style="list-style-type: none"> • Major Incident Command and Control Plan • Major Incident action cards
To avoid any confusion, the Emergency Department Training Room will be used as the Tactical Command Room for all major incidents (rather than there having separate tactical command rooms for an internal incident and an external major incident).	<ul style="list-style-type: none"> • Major Incident Command and Control Plan • Major Incident Policy • Major Incident action cards
The Emergency Department Coordinator will now call in the loggists when a major incident is declared, rather than waiting for the Tactical Command to do it when they arrive. This will allow decisions to be logged as quickly as possible.	<ul style="list-style-type: none"> • Emergency Department Nurse Coordinator
The Associate Patient Flow Manager will complete a situation report (SITREP) on behalf of all the wards apart from Critical Care and submit it to the tactical command room email address. The Critical Care Nurse in Charge will complete their own.	<ul style="list-style-type: none"> • Major Incident Command and Control Plan • Associate Patient Flow Manager Major Incident Action Card • PICU Lead Action Card
The receipt of parents and carers for a large scale/mass casualty will be the Atrium. This process will be developed further.	<ul style="list-style-type: none"> • Major Incident Command and Control Plan