Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Tuesday 5th September 2017 commencing at 1000

Venue: Large Meeting Room, Institute in the park

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
STAFF STORY						
Board Business						
1.		**1015**	**Apologies**	Chair	Sir David Henshaw, Mags Barnaby	--
2.	**17/18/101**	**1016**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**17/18/102**	**1017**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on: **4th July 2017**	Read Minutes
4.	**17/18/103**	**1020**	**Matters Arising** - Top 20 Financial Action Plan	Chair J Grinnell	To discuss any matters arising from previous meetings and provide updates and review where appropriate To provide an update against the action plan.	Verbal Verbal
5.	**17/18/104**	**1040**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	**17/18/105**	**1050**	**External Environment** - **5 Year Forward View progress** **Progress against strategic themes:** - **Liverpool Community Services** - **Liverpool Women's**	L Shepherd L Shepherd L Shepherd	To update the Board with progress on delivery of the Cheshire and Merseyside 5YFV To brief the Board on the draft bid for Liverpool Community Services	Verbal Verbal To follow

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			Reconfiguration Options/Neonatal - **CAMHS Tier 4 Bid**	L Shepherd A Williams	To update the Board on the latest position. To provide the Board details of the tender process.	Verbal Read report
Delivery of outstanding care						
7.	**17/18/106**	**1150**	**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.	**17/18/107**	**1200**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the approved minutes from the meeting held: 21st June 2017	Read report
9.	**17/18/108**	**1205**	**Complaints**	A Hyson	To receive quarter 1 report	Read report
10.	**17/18/109**	**1215**	**Infection and Control Q1 report**	J Keward	To receive quarter 1 report	Read report
12:30 – 1300 Lunch						
11.	**17/18/110**	**1300**	**Mortality report Quarter 1**	S Ryan	To receive quarter 1 report	Read report
12.	**17/18/111**	**1310**	**Alder Hey in the Park update**	D Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
Items for Approval						
13.	**17/18/112**	**1320**	- **Emergency Preparedness Annual Report and Workplan**	H Gwilliams	Items for approval following ratification at the Integrated Governance Committee.	Read reports
14.	**17/18/113**	**1330**	**People Strategy Update** - **Workforce and Development Key issues report** - **Workforce and Development Annual report 2016**	M Swindell C Dove	To provide an update on the strategy and staff survey To receive the key issues report from the meeting held on 21st June 2017 To receive the approved annual report	Read reports
15.	**17/18/114**	**1340**	**Internal Communication update**	M Flannagan	To update the Board on progress and future actions	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
1230 – 1300 LUNCH						
16.	**17/18/115**	**1350**	**Listening into Action**	David Delaney	Two Clinical teams from the current cohort to provide an update on progress to the Board	Presentation
Strong Foundations						
17.	**17/18/116**	**1405**	**Alder Hey Ventures**	D Powell/ J Grinnell	To update the Board on the current position	Verbal
18.	**17/18/117**	**1415**	**Programme Assurance update** - **Deliver Outstanding Care** - **Growing External Partnerships** - **Global Digital Exemplar** - **Park Community Estates and Facilities**	J Gibson	To receive an update on programme assurance including the 2017/18 change programme	Read Report
19.	**17/18/118**	**1425**	**Corporate Report**	J Grinnell/ 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 August 2017	Read report
20.	**17/18/119**	**1435**	**Board Assurance Framework**	E Saunders	To receive the BAF report.	Read report
21.	**17/18/120**	**1440**	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the approved minutes from the meeting held on: 28th June 2017.	Read minutes
22.	**17/18/121**	**1445**	**Integrated Governance Committee**	S Igoe	To receive and review the approved minutes from the meeting held in May 2017.	Read minutes
Game – changing research and innovation						

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
23.	**17/18/123**	**1450**	**Global Digital Exemplar (GDE)**	P Young	To update the Board on the programme	Read report
24.	**17/18/124**	**1500**	**Research Education and Innovation Committee: Chair's update**	I Quinlan	To receive and review the approved minutes from the meeting held on: 19th January 2017.	Read minutes
For Information						
25.	**17/18/125**	**1502**	**2018/19 Board and Sub Committee Dates**	E Saunders	To receive the 2018/19 Board and Committee dates	Read dates
Any Other Business						
26.	**17/18/126**	**1505**	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
Date And Time Of Next Meeting: Tuesday 3rd October 2017 At **10:00am, Institute In The Park, Large Meeting Room**						

REGISTER OF TRUST SEAL
The Trust Seal was used during **August, 2017:** - Settlement and Variation Agreement of PFI

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 4th July 2017 at 10:00am,**
Large Meeting Room, Institute in the park

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Dr S Ryan	Medical Director	(SR)
	Mrs M Swindell	Director of HR & OD	(MS)
	Dame J Williams	Non-Executive Director	(JW)
In Attendance:	Mrs M Barnaby	Interim COO	(MB)
	Ms S Falder	Director of Clinical Effectiveness and Service Transformation	(SF)
	Mrs D Herring	Director of Strategic Development & Clinical Service Partnerships	(DH)
	Mrs C McLaughlin	Director of Integrated Community Services	
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator	(JT)
Agenda item: 77.	Mr Peter Young	Chief Information officer	
80.	Mr Mark Hilton	Head Teacher, Springfield Park School	
80.	Mrs Wendy Henshaw	Head of Alder Centre for Education	
83.	Mrs Sue Brown	Associate Director for the Development Site & Decontamination Lead	
83.	Mr David Houghton	Development Team Project Manager	
84.	Mr Jason Taylor	Innovation Hub, Manager	
84.	Ms Tricia Roberts	Alder Play Application Lead	
84.	Mr Iain Hennessey	Director of Innovation	
84.	Ms Rachel Lea	Associate Director of Innovation	
85.	Dr Richard Cooke	Director of Infection, Prevention and Control	
85.	Ms Valya Weston	Associate DIPC	
87.	Mrs Kerry Turner	Listening into Action Lead	
87.	Dr Katie Piggott	Clinical Psychologist	
87.	Ms Sharon Charlton	Trauma Rehab Coordinator	
88.	Mr J Gibson	Programme Director	
Apologies:	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Mr C Duncan	Director of Surgery	(CD)
	Dr A Hughes	Director of Medicine	(AH)

Patient Story

The Board welcomed mum Laura to share both her experience at Alder Hey and that of her daughter Isabel. At two years old Isabel was diagnosed with a tumour and a rare genetic syndrome. This can cause many issues including learning difficulties. Isabel is very anxious when coming to Alder Hey for her appointments. Isabel was assigned to Play Specialist Lorna and with her support has been making progress.

Laura described some communications issues relating to the management of one of Isabel's scans which had led to Isabel becoming very distressed. Going forward Laura said she would like to see a change in the process, possibly by adding a flag to a case note cover so that medical staff can clearly see when a patient has specific needs. Hilda Gwilliams described a Trust project into which Laura would be able to feed her experiences to help make improvements.

The Board thanked Laura for taking her time to share her experience with the Board as it is extremely valuable.

17/18/75 Declarations of Interest

None declared.

17/18/76 Minutes of the previous meetings held on 25th May 2017

Resolved:

The Board received and approved the minutes from the meeting held on 25th May 2017.

17/18/77 Matters Arising and Action Log

Global Digital Exemplar (GDE)

The GDE funding had now been confirmed. The first tranche of £2.5m would be received this month with the second tranche being received in September.

A key part of the GDE Programme is to share learning and experiences with other organisations. After going through a selection process Clatterbridge Cancer Centre is to be its 'fast follower' as the same core EPR (Meditech) system is used and similar challenges face both specialist trusts.

17/18/78 Key Issues/Reflections

David Powell reported on two pieces of international design projects that were due to commence in Xi'an Fengdong, China New Town Hospital and Jersey over the next couple of months.

A small team from Alder Hey are currently in Dubai to start phase two of the partnership working with Al Jalila Children's Hospital.

17/18/79 External Environment/STP/Progress against Strategic Themes

NHS 5 Year Forward View progress

Focus remained on implementing the Five Year Forward View. To support this a number of changes to the leadership structure had been made. Andrew Gibson has been appointed and commenced as the Executive Chair for STP. Andrew is meeting with Chairs and Chief Executives tomorrow to agree a governance structure.

Louise Shepherd formally reported her decision to step down as STP Lead for Cheshire and Merseyside.

Liverpool Community Health Services
Louise Shepherd thanked the Executive team for their support in delivering the management contract for LCH to date and the difference that had been made since starting in May 2017; this included having an agreed Control Total with NHS Improvement (NHSI). Going forward, focus would remain on engaging with staff.

NHSI have confirmed that a new bidding process for LCH services will be announced shortly. Due to this it was likely that the Alder Hey Board would continue to manage the services longer than the agreed six months.

The first Liverpool Integrated Partnership System group including Chairs and Chief Executives in the region met last Monday and agreed five workstreams going forward.

Neonatal Network
The first meeting to review proposals for a single site service was due to be held this week with attendees from Alder Hey. A business case was due to be agreed and submitted by October 2017.

Liverpool Women's NHS Foundation Trust
The outcome of the North West Clinical Senate independent review was due to be received on Thursday 20th July 2017. Following this, public consultation would commence. The Board noted resource availability should be agreed before public consultation.

Tier 4 CAMHS Cheshire and Merseyside Bid
Alder Hey is attending a CAMHS Tier 4 event hosted by NHS England Specialised Commissioning on 19th July which will clarify the new service standards and specification ahead of the official procurement process. In order to meet the new standards it is expected that the Dewi Jones facility would have to be relocated on a site with access to mainstream acute or mental health services.

17/18/80 Proposed Free School Plans
The Chair welcomed Mark Hilton, Head Teacher, Springfield Park School and Wendy Henshaw, Head of Alder Centre for Education to the Board.

Currently the Alder Centre for Education (ACE) provides part time education for secondary school children with a range of mental health problems. The proposal is to build an Alder School providing full time education on Alder Hey's Children's Hospital site. Mark Hilton and Wendy Henshaw advised there is currently no School that provides education for children with mental health problems and how the need for this is growing year on year.

An application for the school is currently being developed. ACE/Sandfield School is waiting for confirmation when the application can be submitted.

As well as providing full time education, the curriculum would include also provide: health appointments, therapies and social activities. The provision would also be extended to Sefton and Knowsley.

Resolved:

a) The Board thanked Mark and Wendy for their presentation and supported the proposal.
b) Louise Shepherd and Steve Igoe agreed to be the Board representatives for the Alder School going forward.

17/18/81 Serious Incidents Report

Hilda Gwilliams presented the report for March 2017. There had been one new SIRI reported, four ongoing and two closed. Of the four ongoing two had been slightly delayed.

Resolved

The Board received the Serious Incident Report for May noting:

- One new SIRI, four ongoing and two closed. There had been no new safeguarding incident reported, one ongoing and none closed.

17/18/82 Clinical Quality Assurance Committee: Chair's Update
CQAC Minutes 17th May 2017
Resolved:

The Board received and noted the approved minutes from the CQAC meeting held on 17th May 2017.

The Board received a verbal update on progress with the implementation of the Sepsis improvement programme; all relevant staff had now received the training package and audits of practice were continuing.

17/18/83 Alder Hey in the Park
Estates Review

David Powell gave a presentation on projects agreed, projects in scope and projects on the horizon.

Eight projects are included within the community cluster and would be discussed further at the Executive Team meeting on Thursday. Plans for the community cluster originally included a corporate office building. It had now become apparent that leasing offices may be a lower financial cost and would have other benefits including less car parking on site; this was currently being evaluated. Sue Brown is starting to have discussions with those staff that this would affect.

Step had included plans to build a nursery on site. There would be enough spaces for staff as well as families in the community.

Alder Centre

The Chair welcomed Sue Brown and David Houghton to the meeting.

A competition to build a new Alder Centre for Bereavement services had been completed. David Houghton summarised the five shortlisted finalists and

reported that the winner of the bid was Alford Hall Monaghan Norris. This company had been selected as each of the consulting rooms had its own garden and there was potential to expand the building if required in the future. The building would also use some of the bricks from the old hospital. The company had also offered a 50% discount.

Resolved:
Board received the latest position on the Estates review and the Alder Centre.

17/18/84 Innovation

The Chair welcomed Jason Taylor, Tricia Roberts, Rachel Lea and Iain Hennessey (via Skype) to the Board meeting.

Jason Taylor gave a presentation on the selection process of projects within the Innovation Hub. Current projects included Acorn, a project to identify entrepreneurs, an hours app developed to support Junior Doctors with remaining within their contracted hours and Bloom to support nurses with revalidation.

An update from the recent Hackathon event was received; 22 groups pitched ideas, some of which may find applications going forward for different projects.

Iain Hennessey joined the meeting virtually and reported on the joint work in progress with Cadburys; children who are receiving chemotherapy treatments lose their taste buds during this period. Cadburys are looking to design chocolate with spices in so that children will be able to taste chocolate again. Iain noted that a lot of children receiving treatment are underweight so this will also help with increasing calorie intake.

Iain also reported that Tangle Teezer are developing a brush to dry hair without a hairdryer.

Tricia Roberts updated the Board on the Alder Hey App that has been developed between Alder Hey and the Charity to enable a personalised interaction between Alder Hey and the user/patient to enhance the experience of care.

The app is being developed by Ustwo and will be launched internally on 28th July. The full launch of the app is due to take place in October.

Resolved:
The Board received an update on Innovation and agreed a further update would be received at the October Board meeting.

17/18/85 Infection, Prevention and Control Annual Report

The Chair welcomed Dr Richard Cooke and Val Weston to present the annual report.

Richard Cooke went through areas of excellence and areas to be picked up through the action plan. To support Alder Hey in reducing infections through hand hygiene an application had been developed titled iScrub. A process to ensure sure all staff who handle lines have received the latest training is currently in progress.

The Chair noted that as Richard Cooke was retiring this would be his last Board meeting and thanked Richard for his support over the years.

Resolved Board:
a) Received 2016/17 Annual report.
b) Noted Dr Richard Cooke's retirement next month and wished him well.

17/18/86 People Strategy update

Melissa Swindell presented the May report. Discussions on ways to encourage staff to complete the annual staff survey had commenced. The Board discussed the low response rates received previously and how this can be improved. It was agreed that each team needed to have an action plan on improving responses.

Claire Dove noted low attendance of senior managers at the Workforce and Organisational Development Committee querying if senior managers regularly attended whether this would see a difference in the responses. WOD had recently been focussing on staff leadership, an update on the benefits of this was requested.
Action: MS

Joe Gibson questioned if all managers are able and comfortable communicating the need for staff to complete the staff survey. Sian Falder advised that she was uncertain that the staff survey was discussed at all team meetings across the organisation.

The Board agreed LiA needed to link in with workstreams under Programme Assurance and internal communications needed work. Melissa Swindell and Joe Gibson agreed to review internal communications mechanisms ahead of the arrival of the new Communications Director later in July.
Action: MS & JG

The Chair asked the Board to have further discussions on the staff survey and internal communications.

Resolved Board Received:
a) The May report noting actions in place to improve internal communication and response rates to the annual staff survey.
b) Workforce and Organisational Development approved minutes from the meeting held on 19th April 2017.
c) Workforce and Organisational Development Annual report 2016/17.

17/18/87 Listening into Action

The Chair welcomed Kerry Turner, Katie Piggott and Sharon Charlton to the Board meeting.

Kerry Turner presented plans and actions in place for year two of LiA. This included the revised Executive Visibility programme; blogs from the visits are available on the intranet.

The fourth Big Conversation was held yesterday. The next two Big Conversations are to take place on 12th and 19th July, the Board was asked to encourage their teams to attend and get involved.

After Trauma Day
Katie and Sharon reported on their idea to host an 'After Trauma' day for staff and patients to meet after the incident and discuss their experiences. The unique event was held on Saturday 6th May; out of the 200 hundred people invited over 60 people attended. The day included a tour of the hospital trauma pathway with clinicians in each area available to answer the participants' questions.

Whilst the first event had been really successful, further support going forward would be required from the communications team on a Saturday, further reliance on staff good will and securing funding. Jo Williams requested Non-Executive Directors are informed as if they are able to they would be willing to support future events.

To publicise the benefits from the day Katie and Sharon would be presenting at the next team brief and posters would be on display.

Resolved:
The Board received an update on year two of LiA and the After Trauma event.

17/18/88 Programme Assurance Update
Joe Gibson went through the changes to the overall Programme Assurance Framework following the review. The Global Digital Exemplar Board had met for the first time last week, chaired by the Medical Director.

A review of the steering groups to ensure they are getting through the actions required was to take place next week.

John Grinnell reported on the Top 20 action plan that had been received at the RABD meeting last week. The action plan was currently showing opportunities for £2.5m. It was agreed an update on the action plan would be received at the September Board meeting.
Resolved:
The Board received the Programme Assurance update and agreed with the approach.

17//18/89 Corporate Report
The Board received the report for May 2017.

Performance
All targets for the month had been met.

A CAMHS patient had made a choice to stay in the Section 136 Place of Safety room in A&E as there was no CAMHS bed available within the region at that time. As the patient had stayed in A&E for over 20 hours this had been recorded as a breach, although this had been challenged because it was the patient's choice to do this, rather than accept a bed within the main hospital.

Finance
For the month of May the Trust's year to date deficit of £2.35m which is still £0.3m behind plan.

Income is ahead of plan by £1.0m for the month. The main over-performing areas were non-electives by £0.4m, drugs that are rechargeable to commissioners by £0.2m, and excess bed days by £0.3m (due to the discharge of a very long stay patient). This was offset by elective under performance of £0.3m. Pay budgets are overspent for the month due to higher temporary staffing costs. John Grinnell and Melissa Swindell have set up a task and finish group to review this.

The Trust has improved on CIP this month, over performing by £0.1m to bring CIP back on target for the year. Cash in bank is £5.2m, ahead of plan. The NHSI Use of Resources Risk Rating of 3 remains in line with plan.

Patient Safety
Year to date, there have been 158 clinical incidents associated with harm reported. This is significantly higher than last year, however only four of these resulted in moderate harm or above, which is below the target of nine. This reflects the continued open culture of reporting incidents whilst evidencing a reduction in serious harm.

Patient Experiences
There has been a decrease in the number of inpatients that would recommend the Trust. Other areas that require improvement are availability of play resource and knowing planned date of discharge. This will be shared with ward managers.

Clinical Effectiveness
There were three recorded hospital acquired infections in May, giving a year to date total of nine, which is ahead of the threshold of 14 and a significant improvement on last year.

Resolved:
The Board received the Corporate Report for Month 2.

17/18/90 Board Assurance Framework
Resolved:
The Board received the content of the BAF, noting the actions taken in the previous month to manage the strategic risks identified. Executive leads would continue to keep the risk scores under review.

17/18/91 Resource and Business Development Committee
Resolved:
The Board received the approved minutes from the held on 6th June 2017.

A verbal update was given on the meeting held last week, in particular a lengthy discussion on ensuring Alder Hey is capturing all revenue. John Grinnell advised that a piece of work had been carried out after the meeting and confirmed all revenue is being captured however a further piece of work is in place to ensure the revenue is being matched to the correct codes.

17/18/92 Audit Committee Chair's update
Resolved:
The Board received the approved minutes from the meeting held on 28th April 2017.

A tender process for external auditor services was taking place on Thursday.

NHS Protect would be commencing an inspection of the Trust's counter fraud activities on 9th and 10th August 2017.

17/18/93 Integrated Governance Committee Annual Report 2016/17
Resolved:
The Board received the IGC Annual report.

17/18/94 Any Other Business
Debbie Herring
On behalf of the Board the Chair thanked Debbie Herring for her support during her role and wished her well in her new post.

Date and Time of next meeting: Tuesday 5th September 2017, at 1:30pm, Large Meeting Room, Institute in the park.

Alder Hey Children's NHS
NHS Foundation Trust

Briefing Paper – CAMHS Tier Four Services

1. Background

Tier 4 (Specialised CAMHS) services include day and inpatient services for children and young people with the most complex mental health conditions. Within the inpatient element of CAMHS Tier 4 there are several different types of service including adolescent, eating disorder, Learning disability, children's and low secure units. Alder Hey is commissioned to provide an inpatient service (7 beds) for children aged between 5-13 years at the Dewi Jones Unit (DJU).

The DJU is based in a facility away from the main hospital site and the Community Division is developing a case for change which would support the development of a purpose built facility within the Alder Hey Campus.

2. Dewi Jones Unit

Alder Hey's Dewi Jones Unit provides specialist tertiary (Tier 4) mental health assessment and treatment for children from the age of 5 to young people up to their 14th birthday. The Unit has been established in Liverpool for 35 years and is just one of five inpatient facilities in England providing expert assessment and treatment for children with complex mental health disorders. As part of a specialist paediatric trust the unit has access to all medical speciality services.

The Dewi Jones Unit (DJU) offers tailored packages of care to reflect an individual child's needs; either as an inpatient, day patient or outpatient. This includes delivering step-up and step-down care as part of a holistic bio-psychological approach.

The DJU is located at Alder Park in Waterloo. Although the unit has adequate space to deliver the service, the environment is not up to the standard required to deliver high quality care. The recent QNIC review highlighted a number of concerns about the unit from an environmental perspective:

Extract from April 2017 QNIC review of Dewi Jones Unit:

Environment and Facilities

- *The Dewi is located in a standalone building a long way from the hospital site. There are no other services (CAMHS or adult, inpatient or outpatient) located on the site. This means the unit is isolated and, in the view of the reviewing team, very vulnerable especially given the complexity and challenges posed by some of the young people that Dewi cares for*

- *The unit itself is spread over two floors meaning that higher than predictable levels of staffing are needed to guide children between areas, up and downstairs in particular*

- *Parts of the building are in need of updating and repair - one of the uncertainties is where Dewi will be in the foreseeable future, meaning that decisions whether to invest in repairs are not straightforward. When the decision is made to repair, delays in response times from facilities add to the difficulties*

- *The sensory garden and the vegetable garden really impressed the reviewers, but there was a real lack of free running around space. Dewi look after boys and girls in the younger age group often with complex neurodevelopmental problems, the need for safe space to run off steam was unmet and in the opinion of the team needed to be factored into any move*

The QNIC (Quality Network for inpatient CAPMS) standards are the basis for the annual standards-based self and peer reviews carried out by QNIC members. As over 95% of CAMHS Tier 4 units are members, the QNIC standards are widely used and understood and form the basis of the NHSE service specification standards for services.

The service at DJU is highly regarded by patients and families and by commissioners. The QNIC review specifically identified that "Staff have a special skill set and this could be nurtured and developed in the future. Policy and procedure is well thought out and child and family focussed."

3. National context

National policy context for CAMHS is set out in NHS 5 year Forward View and 'Future in Mind' strategy which sets out future direction with regards to Tier 4 services and specifically states need for improved quality of service, delivery of care closer to home and greater integration with community CAMHS services.

In line with this policy direction, NHSE are responsible for undertaking a *national review of CAMHS T4* services, overseen by the National Mental Health Review Board.

Number of national drivers behind need to review current arrangements including:

- Quality of services
- Uneven distribution of beds
- Issue of beds closed to admissions for operational reasons
- Travel distances

Within NW the NHSE are also cognisant of more local issues including:

- Impact of local authority funding reductions
- Environmental issues within units
- Variation in bed day costs
- Educational input variation
- Variation in service delivery models

The national review will include:

- Needs assessment and capacity planning
- Development of specialist MH database to support case managers in placing patients but also inform planning assumptions as will measure demand
- Review of local intelligence including local service transformation plans
- Engagement – providers/CCGs/patients and families
- Agreement regarding market intervention and subsequent tendering process

4. Tender process and business case development

Early indications from the national bed modelling suggest that the North West is a net importer of patients from other regions. This is likely to mean a reduction in some (not Alder Hey) types of Tier 4 beds within the North West. Some regions have gross under provision of certain types of beds which is being addressed in advance of any changes in bed configuration in the North West.

The tender for the ***Tier 4 children's services*** will be based on a provider's ability to meet the core standards set out in the NHSE Service Specification. Currently Alder Hey does not meet one of the core standards related to estates and facilities. This standards states that:

> *The Tier 4 CAMHS Children's Unit should be co-located with either other Tier 4 CAMHS services or other children's in-patient services or be supported by a network of mental health/ paediatric services within the vicinity or have robust adequate response plans in place to deal with any emergency requiring additional staff*
>
> https://www.england.nhs.uk/wp-content/uploads/2013/06/c07-tier4-ch-ado-mh-serv-child.pdf

An additional 15 Tier four Eating Disorder beds are also likely to be commissioned in the North West as part of the national review. These additional beds will be required to be co-located with tertiary paediatric inpatient services.

The timescale for the process to be completed, including retendering, is by the end 2021 and is likely to start in next 6-9 months after increase in capacity in other regions has taken place.

The business case to support the move of the DJU to the Alder Hey campus will include the requirement to deliver against the service specification and include capacity for additional eating disorder beds. The case will include full financial modelling of the impact of the move and any mitigation of the capital costs.

5. Considerations for Alder Hey

- T4 Children's inpatient beds are not likely to change in terms of numbers however other providers are likely to be interested in the tender opportunity due to reductions in their beds so we ***must meet*** the service specification and demonstrate innovative models, high quality and excellent outcomes.

- NHSE has indicated that eating disorder beds should be co-located with specialist paediatric services and suggested 2 sites for the 30 beds – one in Liverpool and one in Manchester. It is likely that this opportunity may be attractive to private providers but would also be something Alder hey could consider to extend its current offer.

- Synergy between T4 and T3 providers is likely to be important in the tendering process and they are advocating a place based commissioning approach (with the inclusion of local commissioners as part of process).

- There may be transformation money to support new models of care. Alder Hey was part of a group provider bid for additional money to improve assessment, admission alternatives and reduced length of stay. Although not successful we have agreed to

continue to be part of this working group going forward. The group includes North West Boroughs, Cheshire & Wirral Partnership Trusts and two independent sector providers.

- NHSE has declared the intention to commission an extra 180 T4 beds nationally to ease the current crisis. Alder Hey has indicated a willingness to open two additional paediatric beds at Dewi Jones now.

- NHSE also intends to offer interim money nationally to pump prime crisis care. There have been a number of local and national cases where it is thought that better crisis care would have led to better patient journey and outcome. We will be part of a call with our 5YFV partners shortly to look at if there is merit in a whole footprint bid for the resources.

- We continue to get significant interest from other areas and non-nhs patients about providing inpatient care. The service has been challenged to provide the capacity to support this on an ongoing basis but the Division has agreed a plan to increase capacity (2 beds) in order to satisfy this demand and demonstrate the ongoing need for additional beds in this highly specialist area.

- A move of specialist CAMHS inpatient services to the Alder Hey campus would support improvements in the management of complex mental health admissions through A&E. Currently patients are admitted into an acute paediatric ward environment which is not necessarily best suited to their needs and we do not have RMN staff on duty. A move of the DJU unit onsite would support the development of improved pathways of care and provide additional expertise when required.

6. Recommendations

Trust Board is asked to support the intention to develop a full business case for the redevelopment of the Dewi Jones Unit on the Alder Hey campus, which will enable the service to be delivered in line with national service specification requirements, and with the capacity to deliver against both current and future demand

Andrew Williams
Director of CAMHS
August 2017

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th September 2017

Report of:	Chief Nurse
Paper Prepared by:	Director of Nursing and Clinical Risk Manager
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**	• **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)														
		2016/17										2017/18			
Month	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**
New	1	2	0	1	1	2	2	1	0	1	2	3	1	2	4
Open	3	2	4	2	3	3	2	2	1	1	2	2	4	4	6
Closed	5	2	0	2	0	1	3	2	2	0	0	2	1	0	1
SIRI (Safeguarding)															
Month	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**
New	0	1	0	1	1	2	0	0	1	2	2	0	0	0	1
Open	0	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	0
Total closed	**0**	**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 01/06/2017 to 31/07/2017:								
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**72 hour review completed/ immediate actions taken and shared learning**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
StEIS 2017/ 19060	31/07/2017	Surgery	Grade 3 Pressure Ulcer - A 7 year old patient with a head injury sustained in a road traffic accident has a right sided below knee plaster of paris (POP) insitu. The patient has numerous abrasions from the accident including behind the right knee. The patient has now been confirmed as having a Grade 3 pressure ulcer behind the right knee thought to have been caused by friction from the plaster cast.	Kelly Black, Surgical Matron	72 hour review completed. Immediate actions taken: Tissue Viability Nurse reviewed patient and management plan in place.	Information gathering stage.	Yes	Yes

StEIS 2017/ 18792	26/07/2017	Medicine	Grade 3 Pressure Ulcer - Patient has nasopharyngeal airway (NPA) inserted into left nostril. Tissue Viability Nurse has reviewed and patient has a significant mucosal pressure ulcer to his left nostril.	Anne Hyson, Head of Quality	72 hour review completed. Shared learning: 1. Source information internally relating to management of NPA. 2. Braden Q assessment not completed within 6 hours of admission and pressure ulcer care plan not commenced at required frequency. 3. Pressure relieving equipment unable to be applied due to location of pressure ulcer. Immediate actions: NPA removed, if reinserted staff to assess entry site at each shift to be documented via Meditech.	Information gathering stage.	Yes	Yes
StEIS 2017/ 18783	26/07/2017	Business Support	Following a Medisec update to facilitate the switch to electronic letters, it was identified that a software bug was introduced that resulted in letters not being sent to two GP practices for a period of 3 months. Any letters associated to patients of these practices	Martin Levine, Head of Clinical Systems	72 hour review completed. Shared learning: Supplier (Medisec) testing processes to be reviewed and strengthened. Immediate actions: 1. Supplier (Medisec) took immediate action to amend software configuration to ensure there cannot be a repeat of an incident of this type. 2. All unsent letters	Information being gathered.	Yes	N/A – No harm known at this stage.

			were also not sent. During the past week, work has been ongoing to determine the level of harm that might be likely as a result of the incident. No harm is known to have been caused at this stage.		except those which we know were sent electronically were reviewed in stages. 3. A significant number of letters were identified as being CAMHS patients, mainly appointment letters – these were forwarded to CAMHS as they were identified. 4. Following discussion with Medical Director, letters signed between 1/7/17 and 15/7/17 we also re-sent on 26/7/17.			
2017/ 17986	17/07/2017	Surgery	Unexpected death of cardiac patient.	Rachael Hanger, Theatre Matron and Adam Donne, ENT Consultant	72 hour review completed. Shared learning: 1. Documentation of PEWS for cardiac patients can be difficult to interprate. 2. Nursing and medical concerns/reviews not always documented. Immediate actions taken: 1.PEW checklist developed on ward 1C.	Information being gathered.	Yes	Verbal discussions have been held with the family. Duty of Candour ongoing, letter delayed on compassionate grounds.

StEIS 2017/ 14923	12/06/2017	Surgery	Never Event – wrong site surgery. Patient admitted for elective procedures to both arms- right sided osteotomy and fixation, and left removal of plate. 2 scars present on left arm, plan was to remove plate via the scar on the underside of the arm however the scar on the topside of the arm was incised first.	Neil Herbert, Deputy Theatre Manager	72 hour review completed. Immediate actions taken: 1. Patient reviewed by Consultant and situation explained to family. 2. Incident review meeting held. 3. Reminder sent to Consultants regarding site marking. 4. ODP staff instructed to ensure that patients are not transferred into theatre without a site mark which is visible in the prepped field. 5. Safety alert has been issued. 6. Fellow involved receiving support has been placed on restricted duties, pending further investigation and discussion with divisional clinical director.	Information gathered and panel meeting held 06/07/2017. Draft report written, in quality check stage.	Yes	Yes
StEIS 2017/ 14196	02/06/2017	Surgery	A 7 year old boy on ward 4A was referred to the General Paediatric team for review by the Orthopaedic	Sue Tickle, Clinical Nurse Manager ICU and Sarah Wood, Consultant Surgeon	72 hour review completed. Immediate actions taken: 1.The ward manager discussed with staff the 'Policy for management	Information gathered. RCA panel scheduled for 29/08/17.	Yes	Yes

			team. He had undergone bilateral hip surgery 5 days prior. He was referred as he was febrile and tachycardic. He was referred to the paediatric team around 6.30pm on 24/5/2017. He had a heart rate over 200 and was hypotensive.		of PEWS' in particular the escalation process, and the importance of discussion regarding this at every safety huddle, including every shift changeover at weekend. 2. The ward manager has instructed staff to alert her of any patient who has a first time PEWS of more over the weekend, and action taken, via email. 3. Ward manager will lead spot check audits to provide assurance of compliance with policy standards and minimise risk to patient safety.			

New Safeguarding investigations reported 01/06/2017 to 31/07/2017: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
2017/18861	27/07/2017	Community	Patient was transferred from Blackburn Royal to PICU at AHH 26/07/2017 following an out of hospital cardiac arrest. Patient had been put down to	Safeguarding Team	For information only	Yes	Yes

			sleep for his nap at 10am 26/07/2017 and parents found him face down unresponsive approx. 12:45 midday. CPR was commenced and he was taken to Royal Blackburn and transferred approx. 6pm 26/07/2017 to AHH PICU. Sadly the patient was pronounced dead at 03:41 hours 27/07/2017				

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**
StEIS 2017/ 12813	17/05/2017	Surgery	Grade 3 Pressure Ulcer -Acutely unwell patient stepped down from PICU to surgical ward. Patient was found to have a grade 2 pressure ulcer on left ear due to patient acuity and chest drain on right side. Limited options for re-positioning, impacting on deterioration of pressure ulcer to grade 3. Parents fully	Kelly Black, Surgical Matron	RCA panel meeting held. Draft report in the process of being written.	Yes	Yes

			informed of pressure ulcer and acknowledge seriousness of patient acuity.				
StEIS 2017/9937	12/04/2017	Surgery	Sudden unexpected death – patient had adenotonsillectomy with subsequent deterioration, admitted to HDU, subsequent cardiac arrest and sadly died.	Christine Murray, Sister, HDU	Draft report written. Divisional Medical Director reviewed report and was not satisfied with some conclusions from the investigation and has asked for further review of the findings and conclusions.	Yes	Yes
RCA 333 2016/17 **Internal**	28/03/2017	Community	The patient was brought to ED in November 2016 as an emergency with seizures and hypertension. Despite resuscitation and intensive care she died 2 days later. Subsequent post-mortem has revealed previously undiagnosed structural kidney disease which is the likely cause of the malignant hypertension. The child had presented to ED in June 2013 and October 2015 with a diagnosis of Bell's Palsy. Blood pressure should have been recorded on each of these occasions but was not recorded.	Amanda Turton, ED Manager	Draft report written and in final quality check stage.	Internal	Being open completed, level of harm unknown.
RCA 332 2016/17	28/03/2017	Community	During a complaint investigation it became	Dianne Topping, Senior Nurse	Draft RCA report completed and in final	Yes	Being open completed, level

Internal			apparent that some elements of the child's inpatient stay had not been managed as robustly as they should have been. During the 4 days of the child's stay there were a number of times where his clinical condition and monitoring of vital signs triggered his PEWS score and required a review by a doctor - all required reviews do not appear to have taken place.		quality stage.		of harm unknown.

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**
StEIS 2017/9948	12/04/2017	Surgery	Sudden unexpected death – Patient had PDA stent inserted, deteriorated unexpectedly and cardiac arrest. Patient subsequently died.	Dianne Topping, Senior Nurse & Colin Dryden, Consultant Anaesthetist	Report completed and sent to CCG.	Yes

Safeguarding investigations closed since last report
Nil

Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 21st June 2017
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland	(Chair), Non-Executive Director	AM
	Jeannie France-Hayhurst	Non-Executive Director	JFH
	Mags Barnaby	Interim Chief Operating Officer	MB
	Adam Bateman	General Manager, Surgery	AB
	Pauline Brown	Director of Nursing	PB
	John Grinnell	Director of Finance	JG
	Tony Rigby	General Manager, Quality Strategy	TR
	Erica Saunders	Director of Corporate Affairs	ES
	Glenna Smith	General Manager, Medicine CBU	GS
	Lachlan Stark	Head of Planning & Performance	LS
	Melissa Swindell	Interim Director of HR	MS
	Mark Peers	Governor	MP
	Simon Hooker	Governor	SH
	Catherine McLaughlin	Director of Community Services	CM
	Cathy Umbers	Associate Director of Nursing & Governance	CU
	Valya Weston	Associate Director Infection Prevention Control	VW
	Jo Williams	Non-Executive Director	JW
In Attendance:-	Joe Gibson	External Programme	JG
	Julie Creevy	EA, Executive Team	JC

Agenda item:

17/18/13 Apologies:	Christian Duncan	Director of Surgery CBU	CD
	Hilda Gwilliams	Chief Nurse	HG
	Steve Igoe	Non-Executive Director	SI
	Steve Ryan	Medical Director	SR

17/18/14 Declarations of Interest
None declared.

17/18/15 Minutes of the previous meeting held on 17th May 2017
Resolved:
CQAC approved the minutes of the last meeting held on 17th May 2017.

17/18/16 Matters Arising and Action list
17/18/05- ES indicated that the Trust is awaiting the CQC report, with no definitive timeline for receipt of the report , ES indicated that she envisaged receipt approximately during late summer.

Outpatient Walkabout – ES conveyed apologies for the delay in formulating the Visibility walkabout process. ES indicated that the walkabout meeting process would commence at the end of July, once appropriate staff had been given a minimum 6 Weeks' notice. ES confirmed that the intention would be to commence with the Division of Surgery. ES stated that the scoping of availability would commence. Chair Highlighted the importance of progressing this issue asap once 6 weeks' notice had been given.

16/17/131 SIRI (referral issue) – MB indicated that she hadn't yet reviewed the final outcome of the recent RCA. Task and Finish work had been completed and had

addressed most actions. E Morgan and M Burns continue to track actions.

Action: MG to write to CQAC with position statement with an update by Monday 26th June.

16/17/133 Water Safety Tracker – MB confirmed that the Water Safety Group had been revised and a sub group had been set up, with the first meeting already taken place, which had resulted in an updated action plan. MB indicated that she envisaged a notable improvement with compliance given the improved clarity. Discussion took place on PLACE basement with regards to flushing of baths, - MB agreed that she would convey to the Water Safety committee that CQAC need to be cited on issues, and would require a report detailing a position statement.

16/17/171 Review of action log – this item had been completed and would be removed from the action log.

Equality Discussions – JFF had been in dialogue with H Ainsworth, L Stark is also in discussions with HA.

Action: MS to follow up Equality issues with H Ainsworth in order to address any equality gaps.

Review of clinical investigation notices – currently awaiting position statement from Nik Barnes, agenda item will be on CQAC agenda, once NB is in a position to update.

Quality Impact Assessments – following discussion CQAC agreed that they require an position statement detailing outstanding Quality Impact Assessments.

Action: Quality Impact Assessment position statement to be shared with CQAC – to be shared at next CQAC meeting on 19th July 2017.

17/18/17 Trauma Update

Bimal Mehta and Mike Wafer presented the Trauma Update, key issues as follows:-

Major Trauma activity for 16/17 is detailed below, compared to 2015/16.
2015/16 – Moderate Major Trauma patients - 81, Severe Major Trauma 55, totalling 136
2016/17 – Moderate Major Trauma patients – 62, Severe Major Trauma 55, totalling 117
BM reported that through the Trauma network, the network monitor whether this is a true reduction in trauma cases. Data on other outcomes is lacking in children with a lack of appropriate measures. Alder Hey is working within NHS North Children's Rehabilitation Board and the Children's Major Trauma National Network, together with the Trauma and Audit Research Network, to develop appropriate outcome measures, including patient/carer reported outcomes.

The Trust had seen an improvement in quality of patients transferred.

The number of deaths following admission to Alder Hey with Major Trauma in 2016/17 was 6 (5%). In 2016/17 of note is the increasing number of children arriving at Alder Hey by Air Ambulance – an increase of 100% compared to 2015/16 (22 arriving by helicopter compared to 10 in 2015/16).

Outcomes had improved since the implementation of recognised trauma networks in 2012. Alder Hey performs well in comparison with peer units for outcome measures such as survival,

Risk: Management of Pelvic Injuries – following the move to new site of major trauma services to one site in Cheshire and Mersey to Aintree University Hospital, there has been a lack of clarity as to the provider of the pelvic service for children who have experienced major trauma. The service was previously provided by Royal Liverpool University Hospital Trust. The Children's Major Trauma Service at Alder Hey is seeking support for a formal service level agreement for the needs of children with pelvic injuries. BM reported that the Orthopaedic team had approached Wigan to request support from Wigan, and team are currently awaiting a meeting date with Wigan to discuss this issue further.

Alder Hey Clinical lead with the Children's Major Trauma Network Manager supported the Cheshire and Mersey Review of Major Trauma and Critical Care on 18/19 May 2017. The senior team for children at Nobles Hospital is seeking to establish stronger links with Alder Hey to enhance the skills of their staff caring for critically injured children.

CQAC noted the extremely positive After Trauma Day which was held in May 2017, which resulted in children and their families who were involved in major trauma and required the services of Alder Hey in 2015/16 being invited back to the Trust where they had a tour of the pathway from Resuscitation to Theatre, with an opportunity to ask questions from the teams involved in their care. The children were then able to view an Air Ambulance Helicopter up close and hear about the work of the Air Ambulance. CQAC noted the inspiring talks from patients and young people about their experience of major trauma. The feedback following the day had been extremely positive and it hoped that this would become an annual event.

CQAC highlighted that communication regarding the positive event should be shared widely across the Trust.

Chair thanked BM & MW for the update, and looked forward to receiving a further update in 6 months' time.

17/18/18 Car Parking update

Natalie Deakin presented Car Parking update. CQAC noted that the new car parking system is due to be installed in the Trust week commencing 19th June 2017, and installation would be completed by 30th June 2017. CQAC also noted that alongside the installation of the new system, an increase in the car parking charges for our patients and visitors would also apply:- Tariff as follows:-

- 0-30 minutes – Free
- 30 minutes – 2 hours - £2.50
- 2-6 hours - £3.50
- 6-8 hours - £4.50
- 8-24 hours - £6.00
- A payment of £5.00 would be charged for lost chip coins in addition to any parking charges.
- Communications with regards to the new tariff would be published in a letter to patients and families and would be on the Trust website on Monday19th June, staff would be made aware through the normal channels – Team brief/intranet etc.
- The Trust would continue to offer long stay patients a discounted rate for parking. Currently priced at £25.00 for one month unlimited access or £10 for 10 consecutive days.

Car parking environment

- Car park sweeper had been recently purchased which would significantly improve the cleanliness of the car park. As part of the proposed model for the Facilities

Department, the car park will benefit from a domestic from Monday to Friday between the hours of 7pm and 10pm, as well as a dedicated car parking attendant, Monday – Friday between the hours of 8.30 am and 5.00 pm. The car parking attendant is a completely new post and his/her duties will include issuing warning notices and PCNs to staff and visitors who are not parked correctly. This will also extend to other surface car parks across the site.

- Replacement and additional signage had been ordered and is due for installation at the end of June, - signs will include Car park terms and conditions, signs to direct patients and visitors to the pay stations as well as additional signed to deter patients and visitors from smoking in the car park.

Discussion took place regarding changing patient/carers behaviour with regards to litter and increasing the amount of bins within the car park to ensure that litter is kept to a minimum.

The Chair thanked ND for her update.

17/18/19 Programme Assurance Report

J Gibson provided a programme assurance update as follows:-

CQAC noted that this year's change programme remained at least a quarter behind schedule. Executive review of the programme is underway and arrangement should be made for these recently identified financial and quality improvements to be incorporated within the PIDS and project documentation at the earliest opportunity.

- Best in Operative Care, 7 day services and Reduce infections project within this work stream progress completion of all project documentation to provide assurance to delivery of the required financial and quality benefits.
- The latest forecast is savings of £0.2M, which is extremely low, and not sufficient to meet the financial objectives of the programme, with the only project currently forecasting a saving is Best in Operative Care. There is an additional £0.1M of opportunity identified in Experience in Outpatients, with Exec sponsor requested to review the saving potential as a matter of urgency to ensure the opportunities into savings and increasing the value of the overall forecast.
- Only one of the five projects had a PID fully completed to the required standard, awaiting further details of the 7 Day services project which is the subject of a merger with another project. 'High Quality Acute and emergency care' of the projects that are rated, the 'Outpatients', 'Deteriorating Patient' and ' Best in Operative Care' projects are all making and maintaining good progress with regards to the assurance evidence. However, all milestone plans are currently showing as 'off track' which is a risk to timely delivery of the benefits being pursued.
- The focus should be placed upon accelerating the work to fully define the '7 days services' and 'reduce infection' projects and reach the assurance standards for both. The additional requirement for further efficiencies should also be the subject of rapid amendment to scope and plans of the project wherever appropriate.

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17/18/19 Sepsis Update

G Smith provided key issues update regarding Sepsis:-

- Roll out – All wards had now gone live with the NICE Sepsis screening pathway, with the exception of the Neonatal Ward (which is scheduled to go live 20th June – delay due to build in BadgerNet.)
- Nurse Training – target for go live was 70% of available wards staff to 'go live' with sepsis screening. Currently at 90% overall, but pushing for all nurses to be trained by middle of July, level of engagement by nursing team had been exceptional.
- Sepsis Team – last post to start fully on the 3rd July 2017.

- Toolkit – Development of Toolkit in both Meditech 6 and BadgerNetg EPRS.
- Medical training being delivered via induction/resuscitation Mandatory Training and sepsis pathway documentation during Meditech training.
- Engagement, - establishing close links with clinical teams to support greater focus on sepsis
- Incidents – introduction of a highlighted field for Sepsis, so that the sepsis team can support clinical teams to improve their recognition and response to suspected sepsis.

IT/Informatics

- Sepsis team are working with Meditech and informatics to address key challenges in retrieving information from the system. Most recent audit from ED showed:-
- Feb 2017 – 2hrs 6 minutes time to IV antibiotics (Target is 1 hour)
- May 2017 – 52.7 minutes time to IV antibiotics

Next Steps

- Benchmarking against other centres – Birmingham and GOSH.
- Improving access to informatics reports for auditing and CQUIN reporting.
- Work with Meditech to enable key improvements to streamline processes.
- Work with Resus Team (work stream) to ensure medical training is fully rolled out and regularly refreshed.
- Increase venepuncture/capillary sampling training for registered nurses.
- Improved sepsis pathway documentation.

JW queried whether the Trust should engage with General Practices with regards to learning/training for GPs; VW confirmed that this is a national issue and that this is being discussed at national group meetings.

Action: MB to speak to Jim Cuthbert to address issue.
MS to explore jointly with Board at LCH whether there are any opportunities for enhancing discussions regarding primary care for mutual benefit, and update at future Trust Board meeting.

17/18/20 Corporate Report – Quality Metrics

Patient Experience – PB provided a verbal update as follows:-
Metrics for patient experience are within target, with the exception of knowing the planned date of discharge, however there is a significant improvement in the score. There is an increase of 29% in formal complaints from the same month last year.
PALS contacts had seen a reduction this month of 31% - 88 contacts compared to 127 in April 2016. Community Paediatrics had received the highest number of concerns specifically relating to appointment delays. Further work to do with regards to increasing the number of responders for the Family and Friends test and improving completion uptake.

Clinical Effectiveness
All clinical effectiveness measures were within target for Month 1. There were 6 total infections which equated to the same as April 2016. There were zero MRSA bacteraemia and zero Clostridium difficile infections. There is also an apparent reduction in patients discharged later than planned from 77 (5.4%) in April 2016 to 44 (3.4%) in April 2017. However this data is still under validation.

PB indicated that the clinical incident relating to harm trend line appeared to look like an increase, however PB stated that this is a reporting issue, with all cases being involved in a 'deep dive' and all cases had been validated to understand the level of harm.

PB confirmed that safety screens would be insitu on wards w/c 26th June 2017 and that ward dashboards are being updated to reflect any changes.

PB highlighted the demonstrable impact/improvement of the role of the medication safety officer, resulting in a reduction of medication errors resulting in harm.

Lachlan Stark had undertaken a review of a number of comparable Trusts corporate reports, and that he was in the process of improving the content of Alder Hey's corporate report, to ensure future corporate report would be better aligned to the key lines of enquiry, and would include metrics, ongoing actions and would link into division's benchmarks/targets. The proposed improved corporate report would be presented to CQAC once complete.

Action: Lachlan Stark to present Corporate Report

Patient Safety
There were 6 medication errors resulting in harm versus a target of 5 for month 1. This equates to the same number as April 2016. There were 2 pressure ulcers of grade 2 and above, compared with 3 in April last year, following RCA both cases were deemed unavoidable. There were zero never events during April, however 77 clinical incidents resulting in harm were recorded against a target of 49. Only 2 of these were classed as causing moderate harm or higher, ahead of a target of 3.

The Chair thanked PB for her update.

17/18/21 Board Assurance Framework

CQAC received and noted the BAF. ES confirmed that a Key line of enquiry consultation document has been issued, and that this would be included on the July CQAC agenda for Further discussion.

Action: ES/HG/PB to meet to discuss strategic risk within BAF
Key Lines of enquiry consultation report - Agenda item for July meeting

17/18/22 Clinical Quality Steering Group key issues report

PB presented Clinical Quality Key issues report:-

Consent audit report – Audit had shown that for complex procedures consent is being documented fully in the case notes and letters, however need to find out what is missing from paper.

CQAC noted that the following policies had received approval, Medical Devices, Nasogastric Tube Placement, Lone Worker policy, Diagnostic Testing policy.

CQAC noted that a report on NICE Guidelines compliance highlighted that improvements are required in meeting the Trust internal target to complete baseline assessment and development of any action plans for Clinical Guidelines and quality standards within 6 months. Head of Quality and Governance Co-ordinators will address this issue at Divisional risk and governance level. Nominated leads for each standard will be reviewed. Report back on programme and timescales to July 2017 CQSG.

Discussion took place regarding violence and aggression from a patient in Dewi Jones, which had been escalated to NHS England. During w/c 19th June staff had noted an improvement in the child's behaviour.

Discussion took place regarding Domestic abuse and whether staff could access support and services at Alder Hey should they need to. MS stated that support could be further

strengthened with further proactive work, and referred to a colleague on site 1 day a week from team prevent – who could work with managers to assist managers in identifying staff who may require additional support.

Action: MS to liaise with Team Prevent to explore potential options for further improvement to support staff.

CQAC noted the CQSG report. Chair thanked PB for her update.

17/18/23 Any other business

None

Date and Time of next meeting: - Wednesday 19th July at 10am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

Report of	Director of Nursing
Paper prepared by	Complaints & PALS Manager
Subject/Title	Quarter 1 2017 – 2018 Complaints & PALS report
Background papers	n/a
Purpose of Paper	To receive the Current Complaints Performance report and update regarding previous concerns.
Action/Decision required	The Board / Group are asked to note the report.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Deliver **Clinical Excellence** in all of our services
Resource Impact	None

Quarter 1; April 2017 – June 2017

Complaints & PALS (Patient Advice & Liaison Service) report

Complaints summary

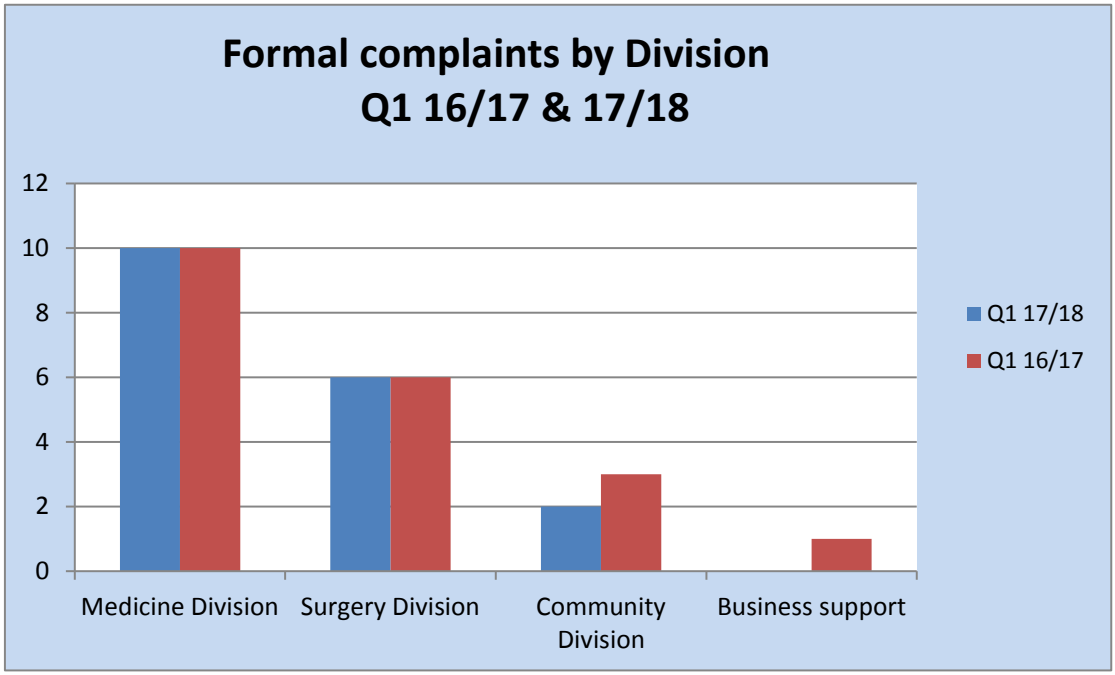
The Trust received 18 formal complaints during this period. Two complaints from this quarter where subsequently withdrawn from the process at the complainants request and 2 complaints also started as an informal concern (PALS) however due to dissatisfaction with informal outcome the complainant requested this progress to the formal complaint route. As a result of the recent Divisional restructure we are unable to provide internal benchmarking data by Division to demonstrate improvements or decline in numbers of negative feedback being received. Comparison will be presented for the Trusts position.

In 2016/17 Q4 the Trust received 19 formal complaints – this is therefore a decrease of 5%. The main category of complaints received continues to be "Treatment/procedure" (50%). This relates to parents questioning whether the care their child has received is appropriate. The second category of complaints received is "Communication/consent" (33%) – parents leave the hospital and remain unclear regarding what treatment pathway their child is receiving or indeed what care has been delivered to them whilst they have been in the hospital. Whilst there is no actual evidence to align these two categories of feedback there is some indirect correlation between effective communications at the time of the care we are providing.

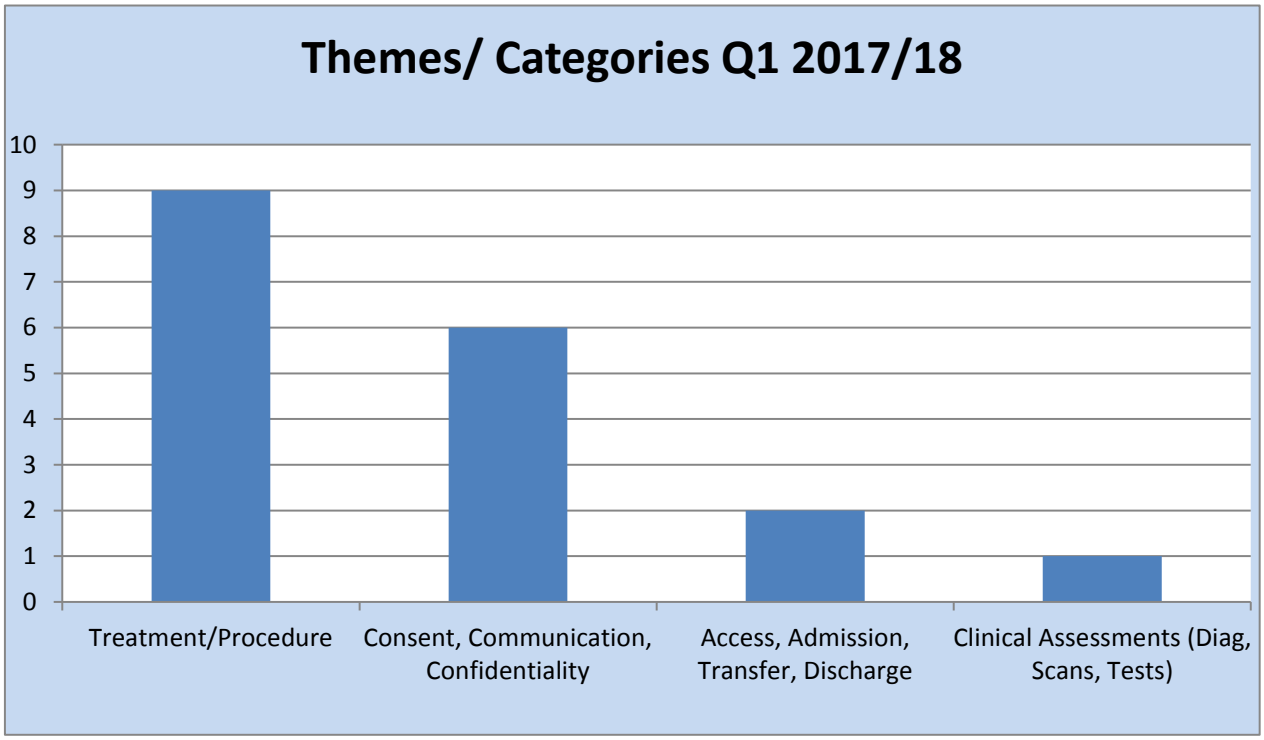
Complaints by Division in Quarter 1

The following graph demonstrates the amount of complaints received within each Division during Quarter 2017 – 18. Due to the devolved Governance model and Divisional restructure it is difficult to display comparison data for the Divisions from this time period last year however a manual extraction has been undertaken to attempt to display a graph.

Medicine Division continue to experience higher numbers of formal complaints – there is no theme for these complaints, they appear to relate to a variety of speciality/departmental areas within the Division.



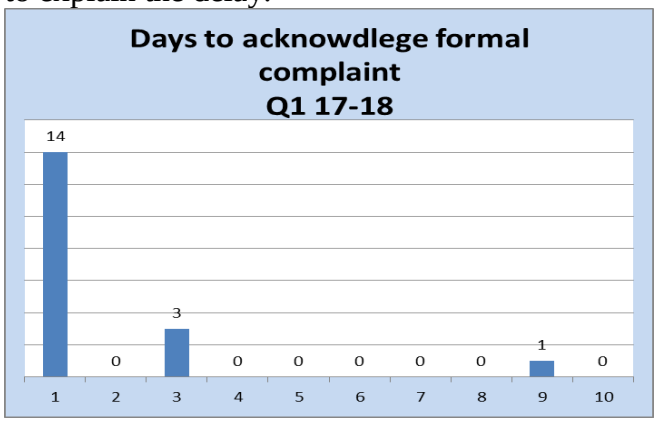
Q1 themes and categories



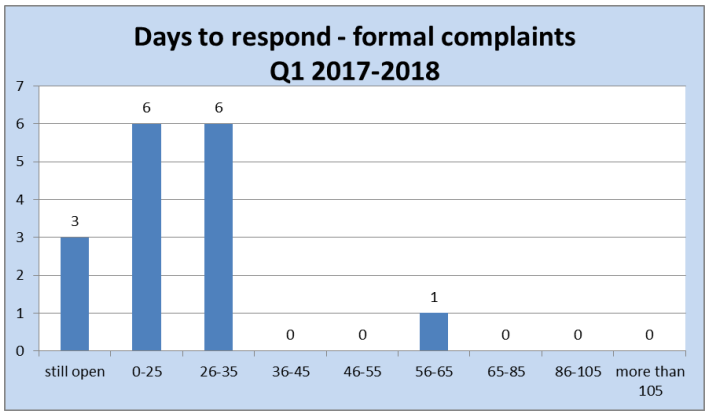
The table above demonstrates the continued challenge faced regarding the diagnosis and treatment pathway made for children yet queried by parents/carers. This quarter we can also see concerns raised relating to communication/consent and issues relating to access/admission arrangements and one that relates to a missing blood sample.

Report against three day acknowledgement

The Trust has three working days to formally acknowledge a complaint; this can be in an email or by phone. The Trust has a generic formal complaint acknowledgement letter that is sent out to the complainant; this includes a named contact for the complainant to contact should they require to do so (including the direct phone number) and the date the response is expected to be with them. The letter also includes information relating to the services offered by Healthwwatch Advocacy.
In Q1 one complaint was not acknowledged until day 9. There is no information documented to explain the delay.



The Trusts internal timeframe for responding to complaint is 25 working days, however if the complaint is complex and multi organisational we can discuss this with the complainant and negotiate an extended timeframe with them and agree a new date for response.
Mersey Internal audit agency (MIAA) has requested in their latest review that we make alterations to the timeframes graph as depicted below.



Withdrawn complaints – include details
SO02568 & SO02584 where withdrawn after the process had started. Associated reasons for withdrawing the complaints where, the surgery date was re-instated (SO02584) as additional theatre sessions where sourced and therefore the complaint was satisfied and requested the complaint be withdrawn.
SO02568 Mum raised concern re a tooth that was knocked out when the child was being woken up after surgery and the endotracheal tube was being removed. Mum has been in touch with a Solicitor and has now requested that the Trust does not make contact with her again directly regarding this matter.

**UPDATE ** 31 July 2017 – a further complaint has since been withdrawn (23 days into the process) after the parents received a very through explanation from one of the Operation Managers over the telephone with assurance that this would be thoroughly investigated and actions would be fed back to the parents.

Complaint outcome
6 complaints where upheld within this quarter and 5 where not upheld. 4 complaints are still ongoing as 6 received in June and two surgical complaints are extremely complex in nature and response.
All complainants are fully up dated regarding any delays in response timeframes.

Upheld complaints from July 2016 are now uploaded onto the Trusts external facing web page- this is the link to access the web page. http://www.alderhey.nhs.uk/your-visit/

This information is taken from complaints that have been responded to within the previous calendar month. These are complaint upheld with actions required as part of the response. All complaints are logged onto the Trust action plan that is taken to the Clinical Quality Steering group for discussion and dissemination to the Clinical Business Units.

Referrals to Parliamentary & Health Service Ombudsman

One case has been investigated and closed from the PHSO in Q1 – this case was partially upheld (CAMHS)

We have been notified that the PHSO are planning to investigate a case from 2014 – all records have been submitted as requested and additional information has recently been submitted (Cardiac surgery and Childrens Community Nursing Team)

PALS summary

Q4 reported enquires to PALS at a significant increase of 391. Further investigation looking at enquiries linked to activity show a correlation between the two data sets.

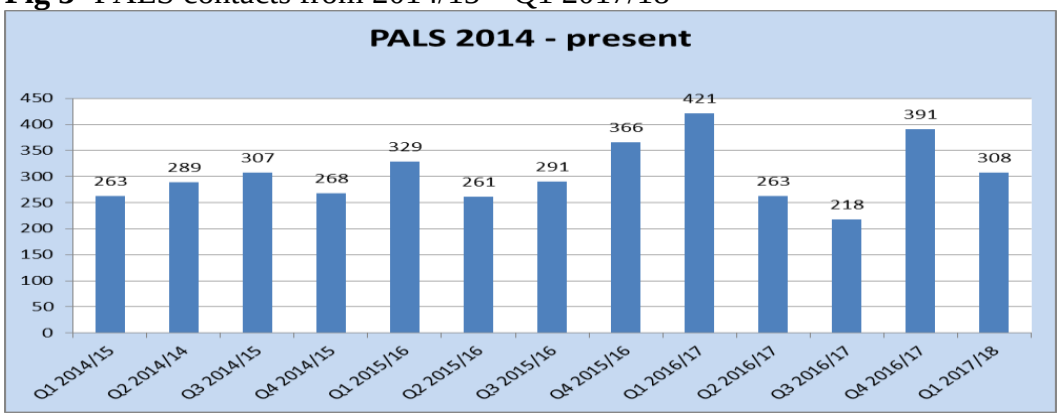
	Q3 PALS	Q4 PALS	INCREASE	ACTIVITY Q3	ACTIVITY Q4	INCREASE
	218	391	173 – 44% ↑	57020	60094	3074 – 5%↑
Community Paeds	39	68	29 - 43% ↑	3325	3942	617 - 16% ↑
General paeds	10	27	17 – 170% ↑	3356	3299	-57 – 2% ↓
Ophthalmology	22	35	13 – 37% ↑	4070	5097	127 – 20% ↑
Orthopaedic	10	23	13 – 130%	4054	4253	199 - 5% ↑
Phlebotomy	3	17	No activity data available			

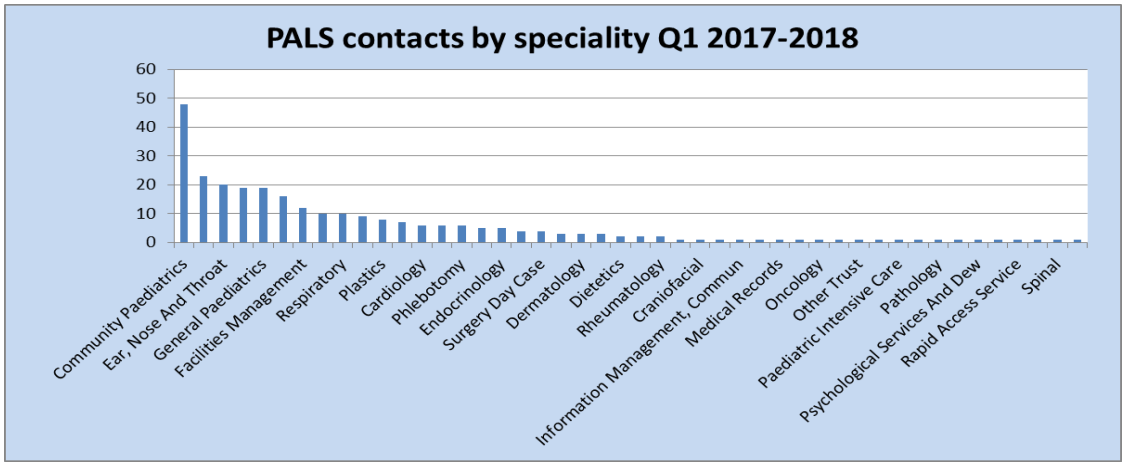
The table above is to demonstrate the increase in contacts/enquiries to the PALS team for certain specialities and the increase from Q3 to Q4. Activity data has been included to show increase in activity that may explain the correlation between the stark increase in PALS contacts seen in Q4; but not in all specialties.

In Q1 2017 -2018 PALS contacts received have dropped to 308 contacts.

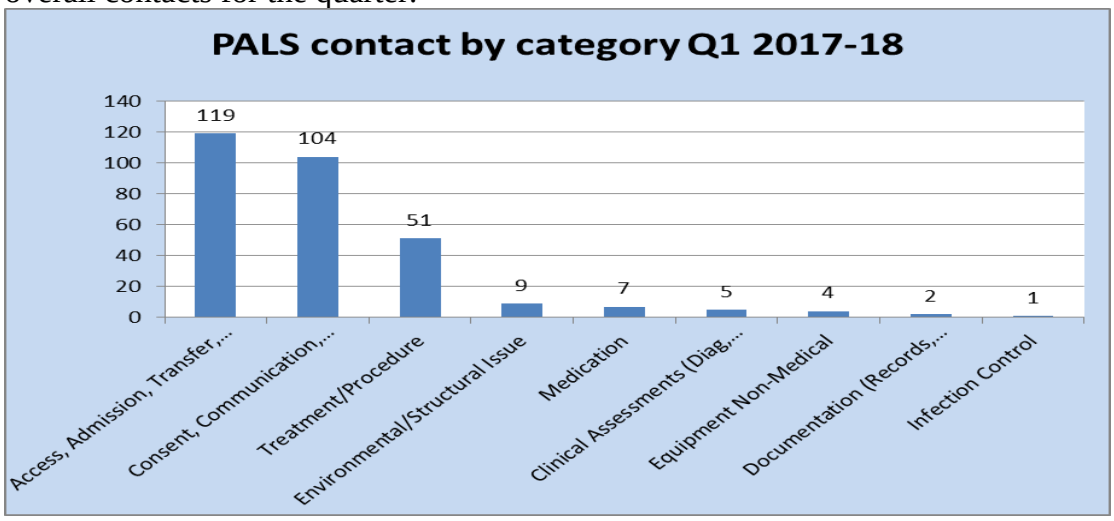
Business Support Unit	14
Community	65
Medicine	116
Surgery	101
(blank)	12
Grand Total	**308**

Fig 3- PALS contacts from 2014/15 – Q1 2017/18





The table below shows a change in the top three this quarter as compared to previous quarters.
Concerns about access/admission/transfer/discharge has increased to 119. This is **39%** of the overall contacts for the quarter.



Key actions & lessons learnt from PALS during Quarter 1

The main issues identified within Q1 relate to parents contacting the PALS office chasing appointments, or they have received a letter asking them to ring for an appointment only to be told when they do ring that there are none available.

PALS and complaints are communicated and fed back to senior staff at the three Divisional Risk & Governance meetings /Quality meetings to ensure appreciation of current trends are fully disseminated and actions can be taken to look at specific areas of concern.

Compliments

Compliments are now recorded on the Ulysses system and shared with the relevant team**s.**
Recent email compliment
My daughter has been in Alder Hey now on 4 occasions on 3 of these occasions we seen the same consultant in a&e called Eileen Burns, she has looked after my daughter with so much care and passion, she's made us feel at ease, looked after us as a family also, explained every situation properly and step by step. I can't thank her enough if it wasn't for her and her

fantastic team at a&e things could have been a lot different for us. Eileen is an absolute credit to Alder Hey not just the Emergency Department.

Alder Hey Children's NHS
NHS Foundation Trust

IPC REPORT

QUARTER 1 2017-18

(April – June)

KEY MESSAGES – Exception Reporting

This report provides the Board with the challenges for delivery of the Infection Prevention & Control Work Plan 2017-18.

At the end of Q1 53% (40/76) of the total of deliverables had been completed. 39% (30/76) of the total deliverables were in progress (amber). 8% (6/76) classified as red. Please see table 1 for RAG rating.

Progress has been made during Q2 with 54% (41/76) of the total number of deliverables completed, 30% (23/76) of the total deliverables in progress (amber), 3% (2/76) classified as red (please see table 2 below). There are 10 deliverables (13%) that we are unable to classify until the end of Q2.

Table 1: Deliverables RAG rating

Reporting Period	No. of deliverables	Red	Amber	Green	Outstanding
Q1	76	8% (6)	39% (30)	53% (40)	
Progress so far for Q2	76	3% (2)	30% (23)	54% (41)	13% (10)

Table 2: Current Red Objectives

Deliverable	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Comments
IPC Staffing	*IPC Doctor – Consultant Microbiologist*	Dr Richard Cooke (RC)	RC to retire July 2017, appoint new DIPC			***Q1*** *- Current IPC Dr to retire in July 17, position advertised but not filled.* ***Q2*** *- Current IPC Dr has retired, no IPC Dr in place (on risk register). Post to be revised and re advertised in September.*
IPC Staffing	*PA/Admin assistant (band 4)*	Post Vacant				***Q1****- Associate DIPC in discussion with finance and Chief Nurse with regards to this post.* ***Q2*** *- Admin hours have been sourced to assist with the flu campaign. Discussion ongoing with regard to permanent post.*

Alder Hey Children's NHS
NHS Foundation Trust

Infection Prevention & Control Annual Work Plan 2017-2018

The table below is the 'Code of Practice' for all providers of healthcare and adult social care on the prevention of infections under The Health and Social Care Act 2008 (revised 2015). This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. This work programme below has been linked to these codes and to the Trust's Objectives 2017-2018.

Compliance criterion	What the registered provider will need to demonstrate
1.	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3.	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4.	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.
5.	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of passing on the infection to other people.
6.	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7.	Provide or secure adequate isolation facilities.
8.	Secure adequate access to laboratory support as appropriate.
9.	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10.	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Alder Hey Children's NHS
NHS Foundation Trust

Infection Prevention & Control Annual Work Plan 2017/18

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
1. IPC Staffing								
IPC Code: 1,3,4,8,9 **Trust Values:** Excellence Togetherness	DIPC – Consultant Microbiologist	Dr Richard Cooke (RC)	RC to retire July 2017, appoint new DIPC					***Q1*** *- Current DIPC to retire in July 17, position advertised but not filled.* **Q2** *- Current DIPC has now retired Dr Steve Ryan to take on post of Interim DIPC. Post to be revised and re advertised in September.* **Q3** **Q4**
	Interim DIPC	Dr Steve Ryan						
	IPC Doctor – Consultant Microbiologist	Dr Richard Cooke (RC)	RC to retire July 2017, appoint new DIPC					***Q1*** *- Current IPC Dr to retire in July 17, position advertised but not filled.* **Q2** *- Current IPC Dr has retired, no IPC Dr in place (on risk register). Post to be revised and re advertised in September.* **Q3** **Q4**
	Associate DIPC	Val Weston (VW)						
	Lead Nurse IPC	Jo Keward (JK)						
	IPC Specialist Nurse (Band 7)	Claire Oliver (CO)						
	0.4 Surgical site Specialist nurse(Band 7)	Lisa Moore (LM)						
	0.6 IPC Data Analyst (band 5)	Carly Quirk (CQ)						
	Clinical assistant (band 3)	Vickie Lam (VL)						
	PA/Admin assistant (band 4)	Post Vacant						***Q1*** *- Associate DIPC in discussion with finance and Chief Nurse with regards to this post.*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								Q2 - *Admin hours have been sourced to assist with the flu campaign. Discussion ongoing with regard to permanent post.* **Q3** **Q4**
	Infection Prevention & Control Committee (IPCC) The IPC reports to the Board via the IPCC. The IPCC meets 6 times per year and is chaired by the DIPC. The Terms of Reference were reviewed and amended in December 2016.	DIPC						
2. *Surveillance*								
IPC Code: 1,4,5,6,7,8 & 9 **Trust Values:** Excellence Openness Respect Together	**Alert organisms** To maintain and alert staff to any potential risks from pathogenic organisms	Microbiology and IPC Team	To provide IPC advice and support in order to minimise the risks to patients, staff and visitors.					
	Mandatory Reporting It is mandatory requirement for the Trust to report a variety of pathogenic							

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	organisms/ infections to PHE for monitoring purposes							
	MRSA/ MSSA/VRE/E Coli Bacteraemia	Microbiology, IPC Team and a review panel	To identify, communicate and instigate investigations by the clinical teams for all Trust apportioned cases. All cases to be reviewed under the Post Infection Review (PIR) and Root Cause Analysis (RCA) processes, through a Review Panel and to disseminate lessons learned from the process and actions required and monitored.					***Q2** - Meeting to be arranged to review RCA documentation and process for ECOLI bacteraemia. Ongoing whole health economy meetings, following new guidance from NHS England, continue to discuss actions and way forward for ECOLI strategy – associate DIPC attending relevant meetings.*
	Clostridium difficile/PTP	Microbiology and IPC Team	To identify, communicate and instigate investigations by the clinical teams for all cases. All cases to be reviewed under the Post Infect Review (PIR) and Root Cause Analysis (RCA) processes, through a Review Panel and to disseminate lessons learned for the process and actions required and monitored. To instigate an incident meeting with clinical team for all hospital acquired cases. Disseminate lessons learned for					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
			the process and actions required and monitored.					
	CPE	Microbiology and IPC Team	To instigate an incident meeting with clinical team for all hospital acquired cases. Disseminate lessons learned for the process and actions required and monitored.					***Q2** – Business case in development for rapid PCR testing, to improve identification of cases and speed up screening results, to be presented at the next IRG Meeting. Rapid testing will facilitate appropriate cubicle utilisation, improve patient flow and the winter planning process.*
	Surgical Site Infection (SSI) for Orthopaedics (spinal, elective implants and k wires), Cardiac Surgery, Neurosurgery and plastics.	Microbiology, LM, Theatre safety board & clinical Review Panel	To assist in the collection and submitting of data for SSIs. To disseminate reports to the relevant clinical staff. To include data and reporting in the DIPC IPC report on a quarterly basis.					
			To support the clinical teams to take more ownership of their SSI data – through attendance at the SSI teaching sessions at Colindale London. To support the investigation and presentation of incidences of SSI through the RCA process at the Review Panel meetings and to support the dissemination of lessons learned to the relevant staff and actions required and monitored.					**Q1 –** To encourage greater ownership of surgical site infection data by specific teams. **Q2 –** *First SSI action plan meeting scheduled for 21st August 2017.* **Q3** **Q4**
	Viruses	Microbiology & IPC Team	To provide data on HAI Influenza & RSV rates per 1000 bed days.					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
			To support investigations into HAI Influenza and RSV cases and investigations into outbreaks with other respiratory viruses.					
			To provide predictions and provide commentary during the winter season on Respiratory viruses (in collaboration with the PHE) to assist in planning elective activity and patient flow.					
3. Hand Decontamination								
IPC Code: 1,2,4,5,6,7,8 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	Development of new hand hygiene posters for all clinical areas to update the hand hygiene process by incorporating the washing of the wrist area.	Lead Infection Prevention & Control Nurse, IPC Team& link nurses	Development of new hand hygiene poster incorporating further steps of hand hygiene					**Q1** – *The need has been identified to update hand hygiene posters and work has begun on exploring how this can be done with hand hygiene company.* **Q2** **Q3** **Q4**
	Introduction and dissemination of new hand hygiene posters for all clinical areas.	IPC Team & link nurses	New Hand Hygiene Posters to be distributed and displayed					**Q1** – *The need has been identified to update hand hygiene posters and work has begun on exploring how this can be done with hand hygiene company.* **Q2** **Q3** **Q4**
	Piloting and introduction of new hand hygiene audit technology incorporating PPE	Lead Infection Prevention & Control Nurse, IPC Team& link	Pilot commenced on PICU/HDU feedback positive.					**Q1** – *Regular feedback to ward staff and medics with current results and highlighting areas of improvement. Certificates for staff identified.* **Q2** – *Plan to roll out successful pilot into other areas within the hospital*.

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
		nurses						**Q3** **Q4**
		CO	Capturing PPE usage and education to staff re usage on PICU/HDU.					**Q1** – *Pilot capturing of PPE use to commence July 2017.* **Q2** **Q3** **Q4**
	Introduction of non-compliance proforma	CO/AF/ST	Management of non-compliance with hand hygiene.					**Q1** – *Pilot commenced on PICU* **Q2** **Q3** **Q4**
	Introduction of new hand hygiene audit technology as part of monthly audit indicators	Lead Infection Prevention & Control Nurse, IPC Team& link nurses	Dissemination of new hand hygiene audit technology to link personnel through meetings and training					**Q1** – *Dissemination to link personnel.* **Q2** **Q3** **Q4**
	Introduction of hand hygiene technique assessment on an annual basis for all clinical staff.	IPC Team& link nurses IPC Team & IPC link nurses & ward managers	IPC Team to train link nurses, link nurses to assess staff. Ward manager responsible for ensuring that staff are trained and records are kept.					**Q1** – *Training sessions have commenced further sessions planned for Q2.* **Q2** **Q3** **Q4**
	Hand hygiene awareness week	JK	Develop PID					**Q1** – *Development commenced.* **Q2** **Q3** **Q4**
4. Policies								
IPC code 1,2,3,4,5,6,7,8,9 & 10	Review and update IPC policies as required.	IPC Team	Monitored reviewed and updated as part of the IPCT meetings on a bi-weekly basis.					**Q1** – *To review policies for the year and develop policy programme.* **Q2-** *Policies reviewed and updated as necessary via IPC team meetings. During August IPCC meeting the following policies were approved ;Data & Surveillance*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
Trust Values Respect Excellence Innovation Togetherness Openness								*Policy, Control of Aspergillus Policy and Urinary Catheter Policy.* **Q3** **Q4**
	To provide advice and support on IPC policies.	IPC Team						
	Participation in updating where IPC is an integral component of relevant policies.	EW	Provide an update of policy review dates					
5. ANTT								
IPC Code: 1,2,3,4,5,6 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	Monitor Trust wide compliance and increase compliance rates.	Sara Melville(SM) (IV team lead)	Provide updated compliance figures to the relevant care groups and for IPCC.					
			Include ANTT compliance scores in IV Newsletter and IPCC Report.					**Q1** – *To develop a system for monthly IV Newsletter for ANTT compliance.* **Q2** – *Compliance scores now included.* **Q3** **Q4**
	Update current ANTT Policy	SM/Associate DIPC/ CO/ ZB	Review new guidelines and update policy and procedures to reflect this.					**Q1** – *All new evidence based standards reviewed.* **Q2** – *Policy update in progress* **Q3** **Q4**
	Review role and responsibilities of Link Nurses.	SM/IV team	To review role and responsibilities of Link Nurses.					**Q1** – *To await review and update of current ANTT policy.* **Q2** – *Discussions have been commenced on the role and responsibilities of the link nurses in line with new ANTT policy.* **Q3** **Q4**
	Provide Key Trainer training.	SM	Key trainer training days are provided are provided 4 times per year.					**Q1** – *To develop key trainer programme. To await review and update of current ANTT policy.*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								Q2 – *Key trainer programme developed. ICU key trainer sessions August 2017, further key trainer days scheduled for October 2017.* **Q3** **Q4**
	ANTT stickers for yearly compliance.	SM	ANTT stickers to be provided for all staff following ANTT training and compliance.					**Q1** – *Discussions have taken place with B Braun to provide ANTT stickers.* **Q2** – *Stickers now available will be distributed as key trainer programme advances.* **Q3** **Q4**
	Liaise with ANTT experts to review and refine existing processes.	Associate DIPC/SM	Attend annual ANTT conference and to attend North West IV forum meetings.					**Q1** – *To attend ANTT conference and IV forum updates* **Q2** – *North West IV Forum meeting to be held at Alder Hey 26th September 2017.* **Q3** **Q4**
6. Training								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10 **Trust Values:** Excellence Openness Respect Together Innovation	To ensure that IPC staff and kept updated with IPC evidence based practice.	Lead IPC Nurse	To ensure that a member IPC Team the North West Infection Prevention Society (IPS) meetings at least once per year.					**Q1** – *To ensure that a member of the IPC team attends IPS meetings at least once per year.* **Q2** – *Lead nurse to attend next IPS North West meeting at Whiston Hospital in September.* **Q3** **Q4**
		Associate DIPC	To regularly attend local HCAI whole health economy meetings.					**Q1** – *Explore area in whole health economy where Alder Hey can participate.* **Q2** – *Associate DIPC has attended ECOLI bacteraemia meeting held at Liverpool CCG.* **Q3** **Q4**
		Associate DIPC/Lead IPC Nurse	To attend local and national IPC/relevant conferences as the service will allow					**Q1** **VW** has attended; *3M IV Global Leadership summit, EWMA and the 3M North West IV Forum – Speaker.*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								***JK** has attended HIS Spring Meeting and Don't panic conference.* ***CO** has attended the 3M North West IV Forum* **Q2 –** *Members of IPCT to attend IPS National conference. 3M North West IV Forum meeting to be held at Alder Hey September 2017.* *VW to attend CLABSI's National Round Table 22nd August 2017.* *VW is to present at All Wales Advancing Vascular Access and OPAT Conference.* *JK to attend Paediatric Infectious Diseases study Day, Manchester, September 2017.* *CO attending H&S Executive Mask fit testing course July 2017.* **Q3** **Q4**
		Lead IPC Nurse	To attend Vaccinator training or undertake on line update					
	To ensure that Trust staff are kept updated with IPC evidence based practice: Please see plan below.							
	Induction	Lead Nurse IPC/CO	At least once per month					
	Mandatory	Lead Nurse IPC/CO	For all clinical staff yearly (monthly sessions) & work book Non-clinical 3 yearly – work book					***Q2**- Lead nurse has updated both clinical and non-clinical workbooks- August 2017.*
	ANTT Key Trainers	SM						**Q1 –** *To develop key trainer programme. To await review and update of current ANTT policy.* **Q2 –** *First key trainer days organised and*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								to commence October/November 2017. **Q3** **Q4**
	Volunteer IPC Training	CO/VL	Quarterly					
	Hotels Services IPC training	VL	At least once per quarter					**Q1** – *Meetings have taken place with hotel services and a programme is to be developed for IPC training for all hotel services staff.* **Q2** – *Presentation developed and awaiting dates from Hotel Services Leads for delivery.* **Q3** **Q4**
	Link Personnel	IPCT	Bi-monthly					
	Fit Testing Key Trainers	CO	Annually					**Q1** – *New IPC lead appointed attending training June 17.* **Q2** – *Fit testing training programme commenced.* **Q3** **Q4**
	Flu vaccinator Training	Lead Nurse IPC	Annual (4 sessions per year)					**Q2** – *Vaccinator update sessions commenced and will be completed end of September 2017.*
	Ad hoc training	IPCT	As required					
7. Audit								
IPC Code: 1,2,3,4,5,6,7,8 & 9 **Trust Values:** Excellence Openness Respect	To provide assurance to the board and relevant committees of adherence to high quality IPC practices. IPC Audit programme Medical Divison 2017	Lead IPC Nurse/ IPC Specialist Nurse/IPC clinical assistant follow the audit plan The Audit	All findings are communicated to the relevant clinical staff and reported via the IPC monthly report and the IPCC. All lessons learnt are disseminated To the relevant staff and other agencies as Appropriate in a timely manner.					**Q1** – *Due to appointment of Associate DIPC (commenced May 17) audit programme temporarily delayed.* **Q2** – *New monthly spot check audits developed and trialled. Roll out to commence September 2017.* *IPC Leads for each division to attend risk and governance meetings to discuss results.* **Q3** **Q4**

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
Together Innovation	Surgical divison audit programme Aug revis	programme is revised on a yearly basis. Further audits are undertaken by the IPC Team as set out in the work plan and as the service requires.						
8. Antimicrobial Prescribing								
IPC Code: 1,3,4,5,6,7 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	Antimicrobial Stewardship (AMS) ward rounds	Antimicrobial Pharmacist	Appointment of replacement Antimicrobial Pharmacist					**Q1 –** *Interviews for the post taking place June 2017.* **Q2 –** *New Antimicrobial Pharmacist to commence September 2017.* **Q3** **Q4**
			AMS ward rounds (x3/week)					
	AMS Committee meetings		AMS Committee (meet at least quarterly)					
			Introduce mandatory AMS training package					**Q1 –** *Need for AMS training package to be developed.* **Q2** **Q3** **Q4**
9. Communication								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10	IPC bi-monthly report	JK	IPC bi-monthly report disseminated to medical and nursing staff.					
	Communication with the Whole Health	VW	To attend HCAI/IPC meetings across the local area.					**Q1 –** *Explore area in whole health economy where Alder Hey can participate.* **Q2**

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
Trust Values: Excellence Openness Respect Together Innovation	Economy							**Q3** **Q4**
	Communication with other Trusts and agencies such as Public Health England (PHE)	IPCT	To attend local meetings. Communication and information gathering with other Trusts and agencies to assist in IPC investigations.					
	Update IPC intranet page	CQ/VL	To attend Trust Intranet training. VW to identify a lead to update intranet. This is a restriction presently due to the admin vacancy.					**Q1 –** *Not attended intranet training due to capacity in IPC (admin vacancy).* **Q2 –** *Lead established. Training completed intranet page currently being updated.* **Q3** **Q4**
10.Information Technology								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10 **Trust Values:** Excellence Openness Innovation Together	Enhance use of Meditech	JK/IPCT	Exploration of Meditech system with PA. Develop a plan of where we are now with our process uses Meditech and a plan of where we would like to be.					**Q1 –** *First meeting has taken place in May 17. IPC Lead nurse and Team to map out requirements.* **Q2** **Q3** **Q4**
11.Interface with Relevant Groups								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10	IPC to attend and provide expert opinion for topics related to IPC.	IPCT						**Q1 –** *Due to appointment of Associate DIPC (commenced May 17) audit programme temporarily delayed.* **Q2** **Q3** **Q4**

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
Trust Values: Excellence Openness Respect Together Innovation	Escalate issues to DIPC as necessary.	Associate DIPC	Regular meetings with DIPC					**Q1** – *Weekly meetings with current DIPC. Further meetings going forward on a 2 weekly basis with new DIPC.* **Q2** – *2 weekly meeting continue between DIPC and Associate DIPC.* **Q3** **Q4**
	To review new equipment /environmental utilisation	IPCT	Ad hoc meetings as required.					**Q1** – *Meetings are attended as requested however at times IPC are not informed.* **Q2** – *IPCT now invited to new procurement meetings, building services and Interserve meetings.* **Q3** **Q4**
	Decontamination	Lead Nurse IPC Associate DIPC to attend as required.	To attend scheduled meetings. To provide expert advice and support as required.					
	Water Safety	Associate DIPC	To attend scheduled meetings. To provide expert advice and support as required.					
	Health & Safety/IPC/Interserve & Building services	Associate DIPC/ Lead Nurse IPC	To attend scheduled meetings. To provide expert advice and support as required.					**Q1** – *Request to attend these meetings has been made awaiting date of first meeting.* **Q2** **Q3** **Q4**
	Hotel services	Lead Nurse IPC Associate DIPC to attend when required.	To attend scheduled meetings. To provide expert advice and support as required.					
	Ward managers/matrons	Lead Nurse IPC Associate DIPC or	To attend scheduled meetings. To provide expert advice and support					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
		IPCT to attend when required.	as required.					
	Health and safety	Lead Nurse IPC	To attend scheduled meetings. To provide expert advice and support as required.					**Q1** – *Due to appointment of Associate DIPC (commenced May 17) Lead Nurse has been unable to attend recently.* **Q2** **Q3** **Q4**
	Integrated Governance Committee	DIPC/ Associate DIPC	To attend scheduled meetings. To provide expert advice and support as required.					
	Medical Devices Committee	DIPC/ CO	To attend scheduled meetings. To provide expert advice and support as required.					**Q1** **Q2** – CO to attend meetings from July onwards in place of DIPC. **Q3** **Q4**
	Trust quality meetings • ***CQAC*** • ***CQSG*** • ***CQPG***	Associate DIPC Lead Nurse IPC to deputise. IPCT to attend ad hoc for training purposes.	To attend scheduled meetings. To provide expert advice and support as required.					
	Theatre Safety Board	LM/CO	To attend scheduled meetings. To provide expert advice and support as required.					
		Associate DIPC/ LM/CO	To assist in the introduction of the OneTogether programme.					**Q1** – *To speak to relevant clinicians with regards to introduction of the OneTogether programme for surgery.* **Q2** – *To be included in SSI action plan.* **Q3**

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								Q4
	Trust board	DIPC/ Associate DIPC	To attend scheduled meetings. To provide expert advice and support as required.					

Alder Hey Children's NHS
NHS Foundation Trust

Trust Wide Infection Prevention and Control Action Plans

Drawing from the evidence presented in the IPC Annual Report 2016/17, key themes have been identified to target for 2017/18. Trust wide Action Plans will be developed with other key stakeholders from the Trust to implement and progress these actions.

Key Themes	Infection Prevention and Control Lead	Other Specialist Nurses from the Service	Initial Meetings
Methicillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia	Claire Oliver	Sara Melville (Lead Nurse –IV)	23rd August 2017
Surgical Site Infections (SSI)	Lisa Moore	Ellen Buckley (Tissue Viability Nurse)	21st August 2017
Environmental Cleanliness	Jo Keward	Vickie Lam (IPC Clinical assistant)	24th August 2017
Prevention of pressure ulcers	Val Weston	Ellen Buckley (Tissue Viability Nurse)	TBD

These Actions Plans will be reviewed and monitored via the IPCC and the governance structures in each relevant division and progress communicated to the Trust Board.

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD REPORT

MORTALITY ASSESSMENT AT ALDER HEY
Medical Director's Mortality Report

The report is split into two sections. Section one is a review of the Hospital Mortality Review Group (HMRG) including the number and types of death at Alder Hey during the calendar year to date and how the HMRG is meeting its aims.

Section two is the Quarter 1 Mortality report which includes a review of statistical analysis in PICU and Cardiac Surgery, followed by more detailed analysis of the place of death, teams involved and specifics about expected v observed deaths.

Section 1: Report from the Hospital Mortality Review Group (HMRG) Jan-Dec 2016

Summary table 2016:

Number of deaths (Jan. 2016 – Dec. 2016)	82
Number of deaths reviewed	79
Departmental/Service Group mortality reviews within 2 months (standard)	89% (73/82)
HMRG Primary Reviews within 4 months (standard)	5% (4/82)

Summary table 2017:

Number of deaths (Jan .2017-Jun. 2017)	36
Number of deaths reviewed	5
Departmental /service group mortality review within 2 months (standard)	26/29 (90%)
HMRG Primary Reviews within 4 months (standard)	4/9 (44%)

The 4-month review period is the standard that was set and this is still the standard that the group is aiming for, but 65% of the deaths have been reviewed within 6 months.
It is clearly disappointing that we are not achieving the standard that we set ourselves. However, we have been working hard to reduce the backlog and

this year's figures are already much better. We are holding two extended meetings in September and October and the HMRG members are attempting to complete as many reviews as possible so we can be completely up to date by the end of October.
Many of you, will be aware, that it is a time of change for mortality reviews nationally, following a number of documents including Learning from Deaths Guidance (March 2017) and the CQC report 'Learning, candour and accountability :review of the way NHS Trusts review and investigate death.

Currently, paediatrics is exempt from the majority of the requirements and the paediatric guidance is expected to be released towards the end of this year. However, there are a few changes that need to be implemented immediately:

1) The identification of children with learning disabilities who have died and to notify a centre in Bristol if this should occur. We have altered our forms accordingly and are capturing this data to the best of our abilities. The lead for Learning Disabilities in the Trust will be joining the hospital mortality group.

2) Collect and publish, on quarterly basis, specified information on deaths – through a paper and agenda item to a public board meeting.

3) As a Trust we need to have an updated mortality process available by September this year. This is currently being re-written with the improvements that we have made by using the above documents to improve our existing process. This is being done in a number of ways:

a) Improved communication between all the groups involved when a child dies. e.g. Child protection, CDOP

b) Discussion with the family at the appropriate time for them, informing them of the HMRG process and giving them the opportunity to raise any issues about the care that their child received, and anything that could have improved their time in the hospital.

c) Availability of RCA's for the reviewer and all related reviews e.g. trauma, ensuring the group can provide the most informed assessment possible

d) Above all, we need to ensure that any learning from any child that dies is disseminated throughout the Trust to benefit everyone and improve the care that we provide. This should happen through governance meetings, departmental M&M's, HMRG members, webpage (not created yet) and perhaps a newsletter.

e) Potential for linking with other paediatric hospitals to have an external peer review to further validate the process.

Background for change nationally

Over the last 10 year, the UK has gone from one of the lowest paediatric mortality rates in Europe to one of the highest. It is thought that 24% of these deaths were preventable and 54% of deaths in hospital were identified as having modifiable factors.
The Wood review 2016 stated that national responsibility should move from the Department of Education to the Department of Health – Children and Social Work Bill 2017 and a child mortality database should be established.

Outputs of the mortality review process for 2016:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	6	6	6	1	0	
Feb	7	7	6	0	3	1
March	10	10	10	0	3	
April	7	7	6	0	2	
May	8	8	7	0	2	
June	6	6	6	0	2	
July	6	6	4	0	2	
August	8	8	6	0	2	2
Sept	2	2	2	0	1	
Oct	8	8	7	2	2	
Nov	6	5	4	1	1	2
Dec	8	6	7	0	4	

Outputs of mortality process for 2017:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	4	1	4	0		1
Feb	5	4	5	4	1	
March	9		7			
April	7		6			
May	4		4			
June	7					
July						
August						
Sept						
Oct						
Nov						
Dec						

Discordant conclusions of the HMRG vs. Departmental/Service Group reviews:

Since the previous Trust Mortality Report there have been 9 cases where the HMRG mortality review conclusion was discordant with the Service Group/Departmental Reviews' conclusions.

In 4 cases the HMRG rated that the care given was better than on the departmental review. For 2 of the cases 'adequate care' was improved to 'good practice' by the group. In the other 2 cases, the department recorded 'aspects of clinical care could have been better 'but HMRG reviewed them as 'adequate'.

In 1 case the service group review graded the care provided as good practice HMRG changed it to 'adequate/standard care'

In 2 of the cases the service group reviews found that clinical care was 'adequate' whereas HMRG felt 'aspects of the care provided were less than adequate but different management would not have reasonably been expected to alter the outcome'. In one of these cases HMRG found that 'aspects of clinical care could have been better' and in the other 'aspects of organisational care could have been better'.

In 1 case the initial review found the care 'adequate' whereas HMRG decided that 'aspects of organisational care could have been better'.

In 1 of the cases the initial review found adequate practice but HMRG found that 'aspects of care provided were less than adequate and different management may have altered the outcome'. This will be discussed in more detail below.

Potentially modifiable factors and actions:

Since the previous Trust Mortality Report, there have been 4 in-hospital deaths where there are factors which may have played a role in the child's death, 2 with lessons for the Trust itself:

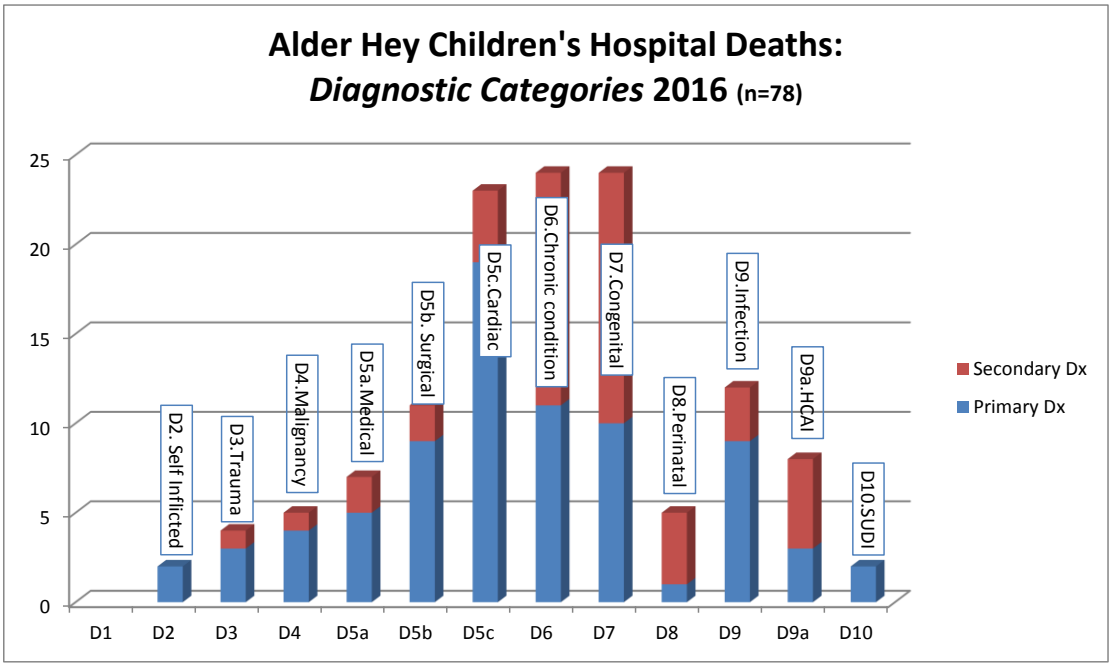
1) Potentially avoidable death due to drowning due to lack of floatation aids.

2) Ensuring more serious conditions are considered as part of a differential diagnosis and that all relevant clinical information is considered in producing a treatment plan. This case was subject to a full Root Cause Analysis

3) Ensuring during medical presentations that blood pressure is always recorded

4) The Coroner highlighted co-sleeping as an avoidable risk factor for sudden death in infancy. Currently, there is an ongoing Safe Sleep campaign in Merseyside.

Primary Diagnostic Categories:
The chart below shows the deaths by primary diagnostic/disease category.

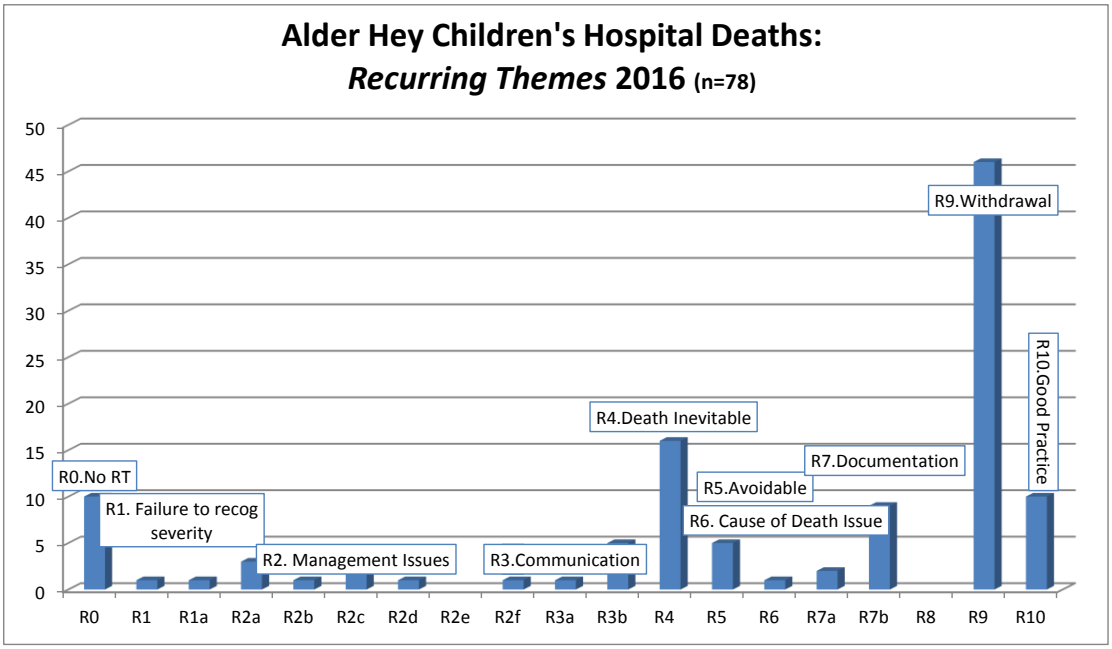


Diagnostic/Disease Categories (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

D1.	Deliberately inflicted injury, abuse or neglect
D2.	Suicide or deliberate self-inflicted harm
D3.	Trauma & other external factors – *excludes deliberate self-inflicted harm (D2)*
D4.	Malignancy
D5.	Acute Medical or Surgical condition – subcategory D5a. Medical D5b. Surgical D5c. Cardiac
D6.	Chronic medical condition
D7.	Chromosomal, genetic and congenital anomalies
D8.	Perinatal / Neonatal event
D9.	Infection / Sepsis (proven or clinical) – subcategory D9a. Healthcare-associated infection (home or away)
D10.	Sudden unexplained, unexpected death / SUDI / SUDC – *excludes SUDE (D5*

The commonest causes for deaths so far in 2016 with only 3 cases outstanding are cardiac conditions (24%), with chronic disease (14%) and congenital conditions 13%. These are as expected as I will explain with the recurrent themes.

The chart below shows the Recurring Themes identified in 2016 HMRG Reviews.



Recurring Themes

R0.	No RT
R1.	Failure to recognise severity of illness – subcategories: R1a. Failure to ask for Senior/Consultant review
R2.	Possible management issues – subcategories: R2a. before Arrival R2b. Delay in Transfer R2c. in Alder Hey R2d. Delay in supporting services or accessing supporting service R2e. Difference of opinion re: Rx – Patients & families R2f. Difference of opinion re: Rx – Clinical teams
R3.	Communication issues – R3a. Patients & families R3b. Clinical teams
R4.	Death inevitable before admission
R5.	Potentially avoidable death – subcategories: R5a. Alder Hey R5b. Medical R5c. External
R6.	Cause(s) of death issue – subcategories: R6a. Incomplete or inaccurate Death Certificate R6b. Should have had a post-mortem R6c. Not agreed R6d. Failure to discuss with the HM Coroner
R7.	Documentation – subcategories R7a. Recording R7b. Filing
R8.	Failure of follow-up
R9.	Withdrawal
R10.	Example of Good Practice

Looking at the figures for the recurring themes the most frequent is withdrawal in 59% of cases. The next highest theme is that death is inevitable prior to admission to AHCH (21%). These are vital to record as despite all possible care being provided there was nothing that could be done for these children and it is a significant number of the deaths. This explains why the cardiac cases are the highest in the primary diagnosis as there are a number of patients that are transferred here as the cardiothoracic centre. They undergo

a detailed assessment and some children are found to have conditions which are inoperable but then stay in AHCH for palliative care.

Documentation which was a recurring theme in previous reports has now decreased due to the changes which have been made enabling the reviewers to access the notes more easily.

I have not shown the diagnostic and recurrent codes in graph form for 2017 so far since there are only 5 cases meaning that there is no significance with such low numbers.

Section 2: Quarter 1 Mortality Report: April 2017 – June 2017

1) Statistical analysis of mortality:

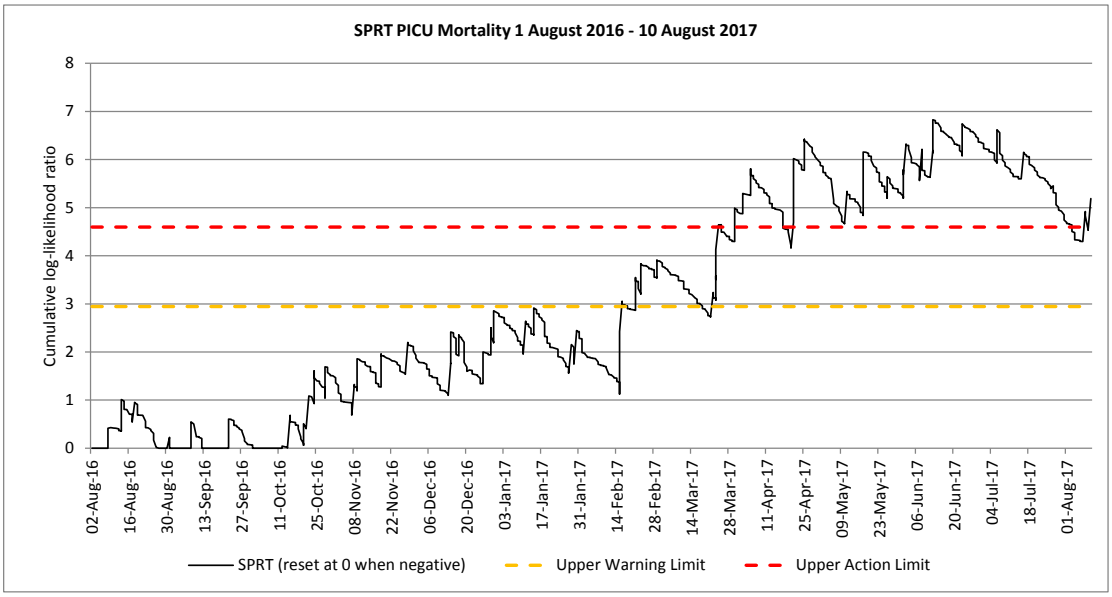
a) Close to real time statistical analysis of mortality in PICU: CUSUM and SPRT

We use two methodologies for monitoring mortality in PICU – Cumulative Sum Chart (CUSUM) and Sequential Probability Ratio Test (SPRT) Charts. This report will show the SPRT charts as this shows an upper warning limit and an upper action limit to help identify whether mortality is occurring at a higher level than expected.

Sequential Probability Ratio Test (SPRT)

SPRT tests the hypothesis that the odds of death in PICU has doubled against the alternate hypothesis that the odds of death has not doubled. The predicted mortality for PICU is given by the risk adjustment model the Paediatric Index of Mortality 3 (PIM3). Control limits are set to determine whether the hypothesis should be accepted or rejected.

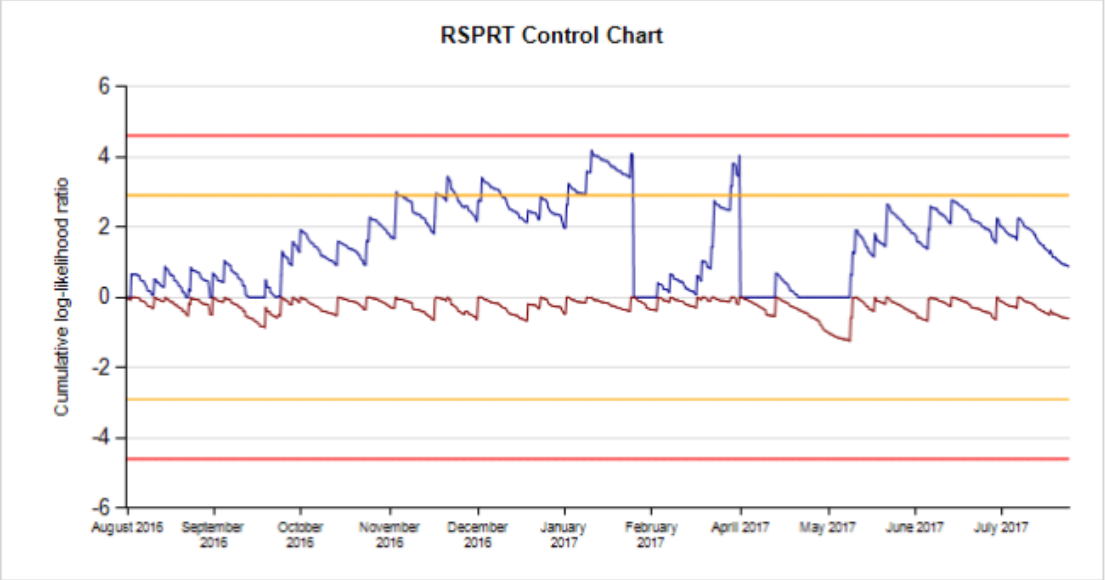
Below is the SPRT chart for PICU for the period 1 August 2016 – 10 August 2017:



The SPRT chart is designed to test the two alternate hypotheses that the odds of death as doubled, and the odds of death as halved.
The x-axis plots each patient in sequence of discharge/death date; the y-axis plots the cumulative log likelihood ratio for doubling odds of death.

The line moves up for a death, and down for a survival, the extent of the shift up or down depends on the extent to which the outcome was unexpected. E.g. the death of a patient with a low probability of death has a larger shift upward than a death of a patient with a high probability of death. The graph resets at zero, ensuring that a period of good performance will not delay the recognition of a period of higher mortality. A warning limit and an action limit are added to the chart to help the user determine whether the mortality is deemed 'in control' or 'out of control'. Mortality is deemed 'out of control' if the odds of death have exceeded twice the odds of dying.

The SPRT chart above shows that mortality exceeded the upper action limit in March 2017 and again in April and August 2017. This suggests that mortality is occurring higher than expected, and the deaths should be investigated to determine whether they could have been prevented. PICU monitor the SPRT charts on a regular basis.

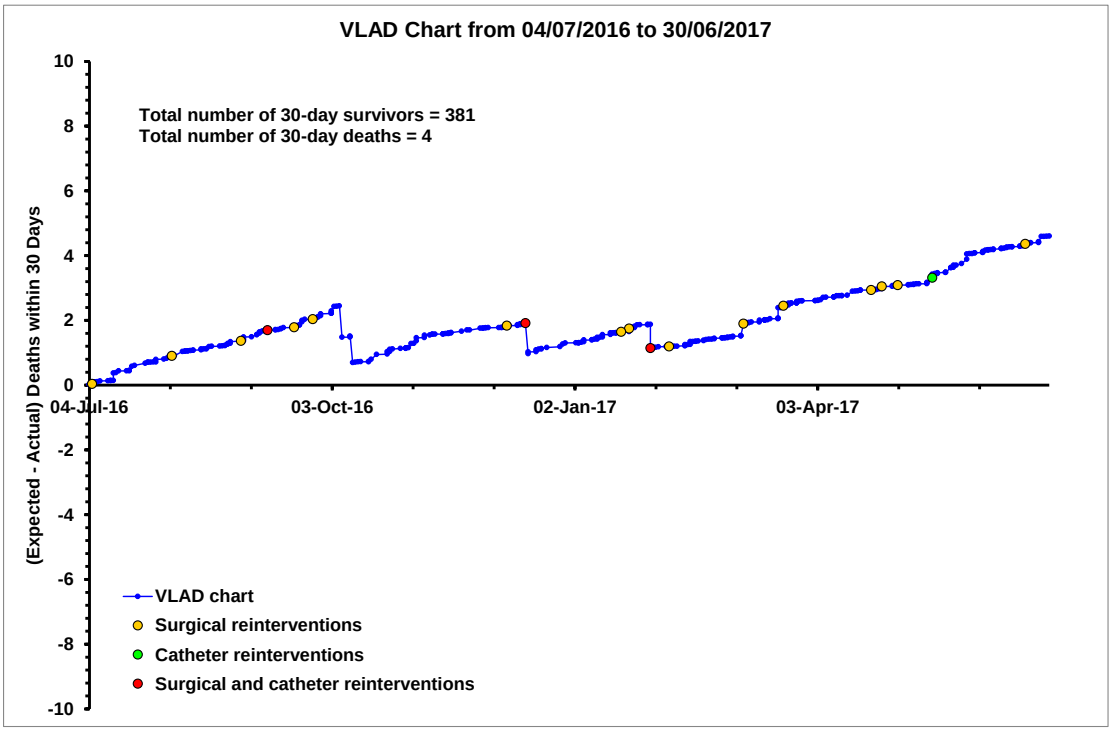


In the RSPRT (Risk-adjusted resetting probability ratio test) Plots present the mortality of your unit cumulatively, based on what is predicted by PIM2 score.
Between the orange lines is a 'safe zone' with the variability you might expect day to day. Between the red lines at the top of the chart can 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.
This data is nationally validated because generated by PICANet.
In the above RSPRT chart for Aug 2016 to July 2017- RSPRT resets in mid Jan + March 2017 but since April 2017 has remained in the 'safe zone'. All PICU deaths + RSPRT are discussed in the following month.

b) Statistical analysis of mortality in Cardiac Surgery: PRAiS and VLAD charts

A risk adjustment model Partial Risk Adjustment in Surgery (PRAiS) has been developed to calculate the estimated risk of death within 30 days of a primary paediatric cardiac procedure in children under 16. The PRAiS model uses the risk factors including specific procedure, age, weight, diagnoses and comorbidities. The National Institute for Cardiovascular Outcomes Research (NICOR) will use this information to produce funnel charts comparing the Standardised Mortality Ratio (SMR) across centres.

The PRAiS risk model has also been used to develop variable life-adjusted display (VLAD) charts for each centre. VLAD charts display the cumulative difference between expected and observed mortality over time. The plotted line goes up for a survival and down for a death; for higher risk patients who survive the line is steeper than low risk survivals; for low risk deaths the line is steeper than deaths for high risk patients. If the outcomes are as expected the line will be close to zero. The line will rise less steeply for a run of survivals than it will decrease for a run of deaths. Re-interventions are displayed as circles on the plotted line. Monitoring of VLAD charts provides additional quality assurance.

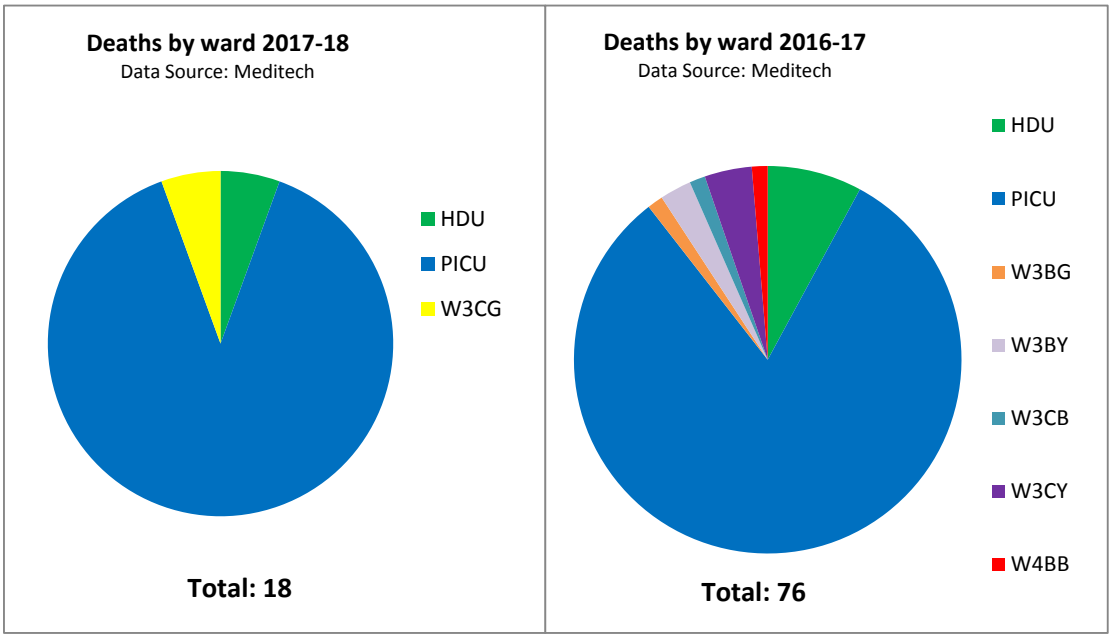


The VLAD chart above shows mortality is occurring lower than expected for the twelve months from July 2016 to June 2017. The survival rate at 30 days was 99.0% against an expected rate of 97.8%.

2) Real time monitoring of mortality

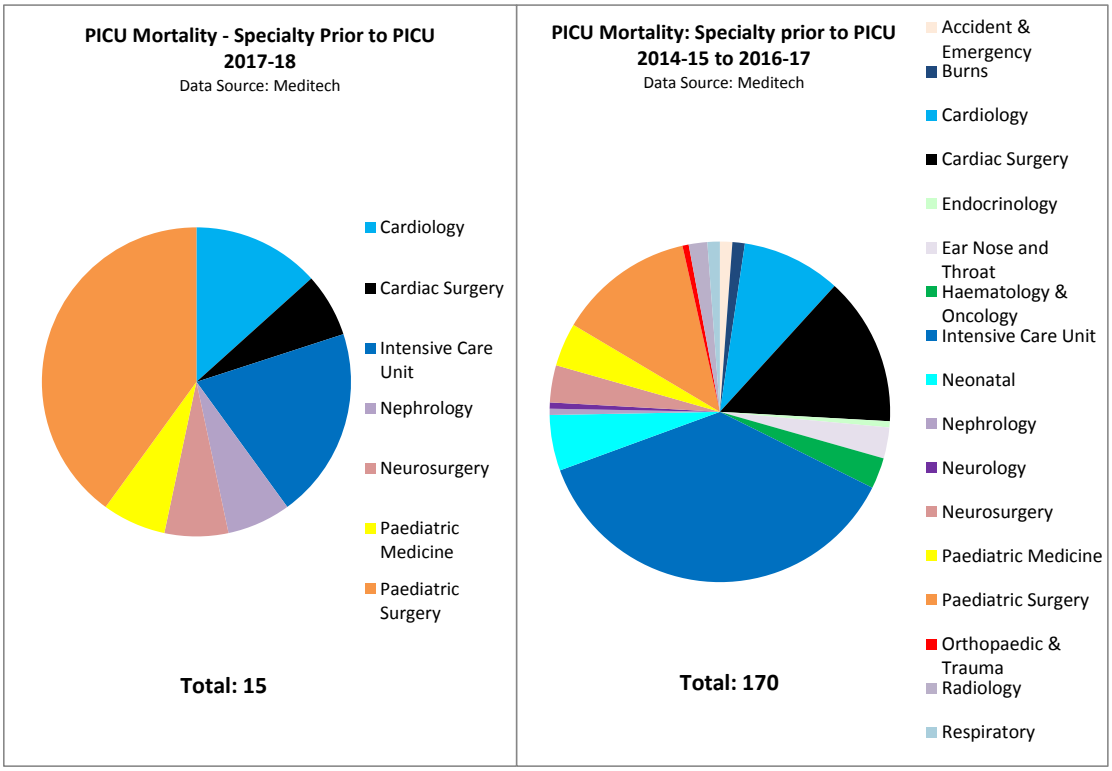
Mortality is now being monitored in real time and analysed by year, ward, specialty, deaths within 30 days from admission and over 30 days from admission.

i) Below are the charts showing mortality by ward for 2017-18, and the previous year 2016-17.



The charts show the highest number of deaths occur in the PICU department. This enables observations of deaths in specific ward areas over time and thus identifies any potential unusual patterns, particularly in non PICU wards.

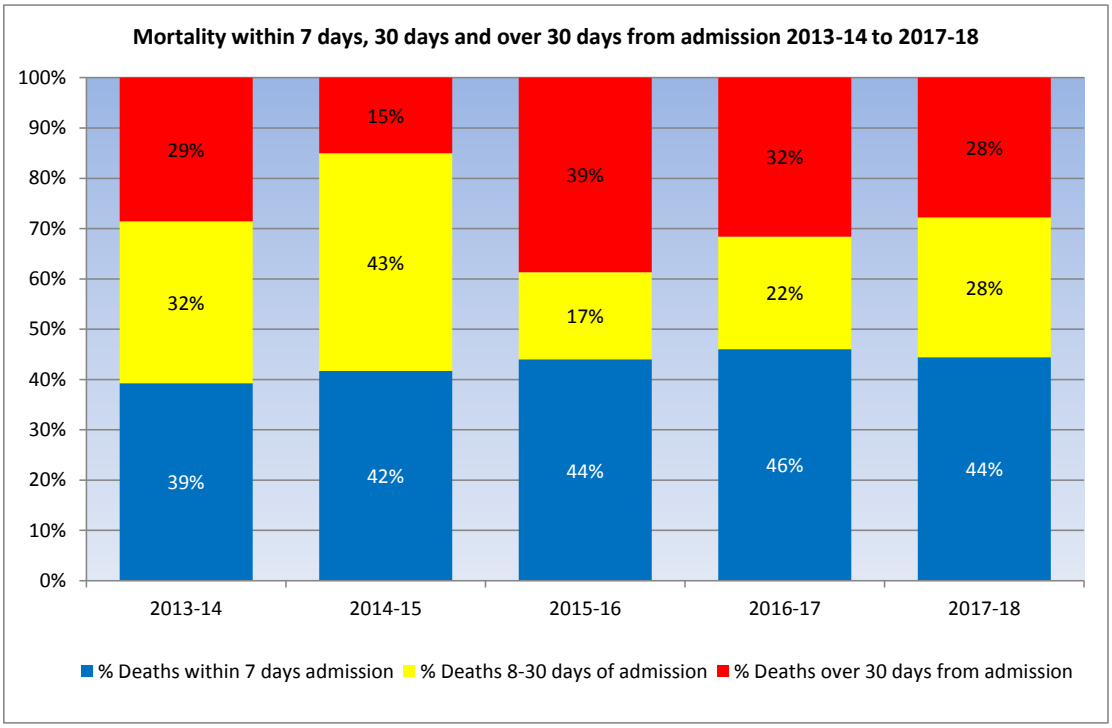
ii) Below are the charts showing mortality by specialty prior to PICU for 2017-18, and the previous 3 years 2014-15 to 2016-17.



These charts show the breakdown of PICU deaths by the specialty the patient was under during their episode before admission onto PICU. A large number of patients were under PICU on their first episode.

For those whose first episode was not PICU, the largest number of patients had been under the specialties Paediatric Surgery, Cardiac Surgery and Cardiology. This provides an opportunity for looking at unusual trends within specialties.

iii) Below the chart shows mortality broken down by the time from admission to death, mortality within 7 days, 30 days and over 30 days from admission.



The chart shows that usually the highest percentage of deaths occurs within 7 days of admission, around 40-44% of deaths occur within this time frame. In the current year 44% occurred within 7 days of admission, 28% occurred within 8-30 days from admission, and 28% deaths occurred over 30 days from admission.

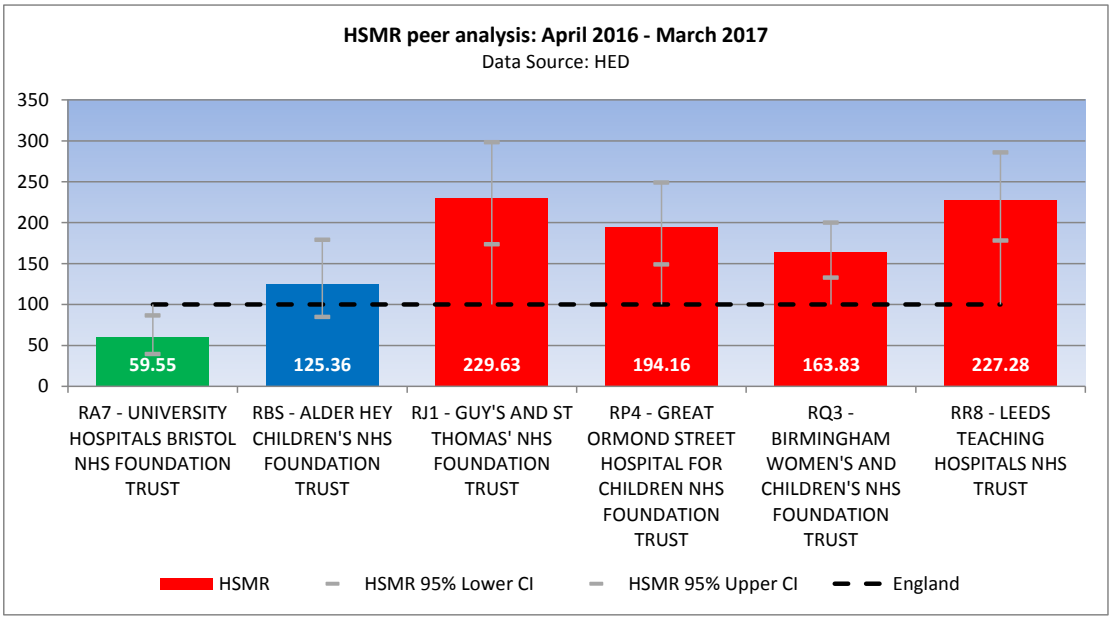
3. External Benchmarking

a) Hospital Standardised Mortality Ratio (HSMR) – HED

HED allows the Trust to monitor and benchmark a number of hospital performance indicators including mortality. The HSMR is the ratio of the observed number of in-hospital deaths divided by the number that is expected, and is based on 56 diagnoses. Although the scores are based on a basket of diagnoses that are more commonly found in adults, it allows a comparison of the performance of Alder Hey against other Trusts.

The peer group Alder Hey will be assessed against are Trust's with a similar patient case mix. This is still a work in progress. On this occasion we have included Trusts with comprehensive children's services including cardiac surgery. Patients aged 0-17 years have been selected to ensure adults are excluded from the HSMR. All specialties are included; therefore those Trusts with Neonatal Units may have a higher relative risk of mortality than expected. The Trust with the closest profile to Alder Hey is Birmingham Children's Hospital. Guys and Leeds both have neonatal units. It is not clear what Bristol include in their submitted data.

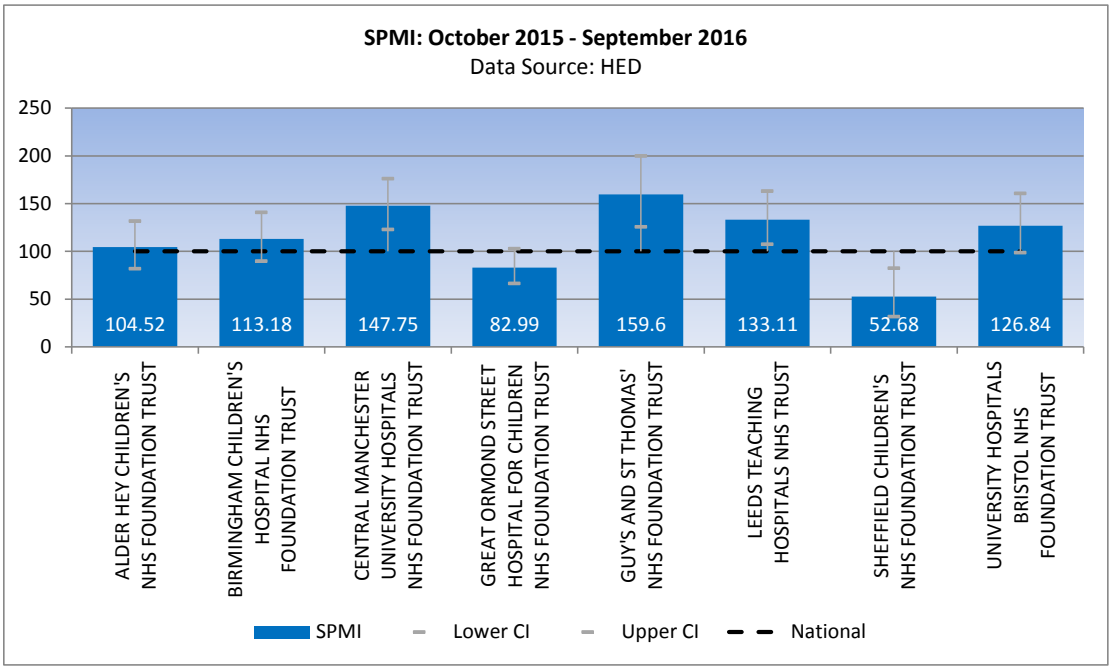
The chart below compares HSMR for Alder Hey against its peers for the period April 2016 to March 2017.



A figure of 100 means that the outcome is completely expected compared to England. A figure greater than 100 indicates the risk of the outcome is greater than expected. A figure less than 100 indicates the risk of the outcome is less than expected.

The above chart shows that the relative risk of mortality for Alder Hey was higher than expected compared to England, as were the peer group with the exception of University Hospitals Bristol NHS Foundation Trust.

HED has developed a Standardised Paediatric Mortality Index (SPMI); this is a paediatric specific ratio of the observed to expected in-hospital deaths (multiplied by 100). A value of greater than 100 indicates higher mortality level than the average NHS performance, and a value of less than 100 indicates lower mortality level. The expected deaths are calculated from logistic regression models with a case-mix of: age, sex, ethnicity, trust type, emergency surgery flag, chronic condition flag, paediatric risk category, paediatric life-limiting conditions flag and diagnosis group. Diagnosis groups where there are less than 10 death events are excluded from the model. Children up to and including the age of 15 are included. The model is available in pre-release and the most recent data available is for the period 1 October 2015 to 30 September 2016.



The chart shows that Alder Hey has a higher mortality level than the average NHS performance with 72 deaths against 68.9 expected deaths.

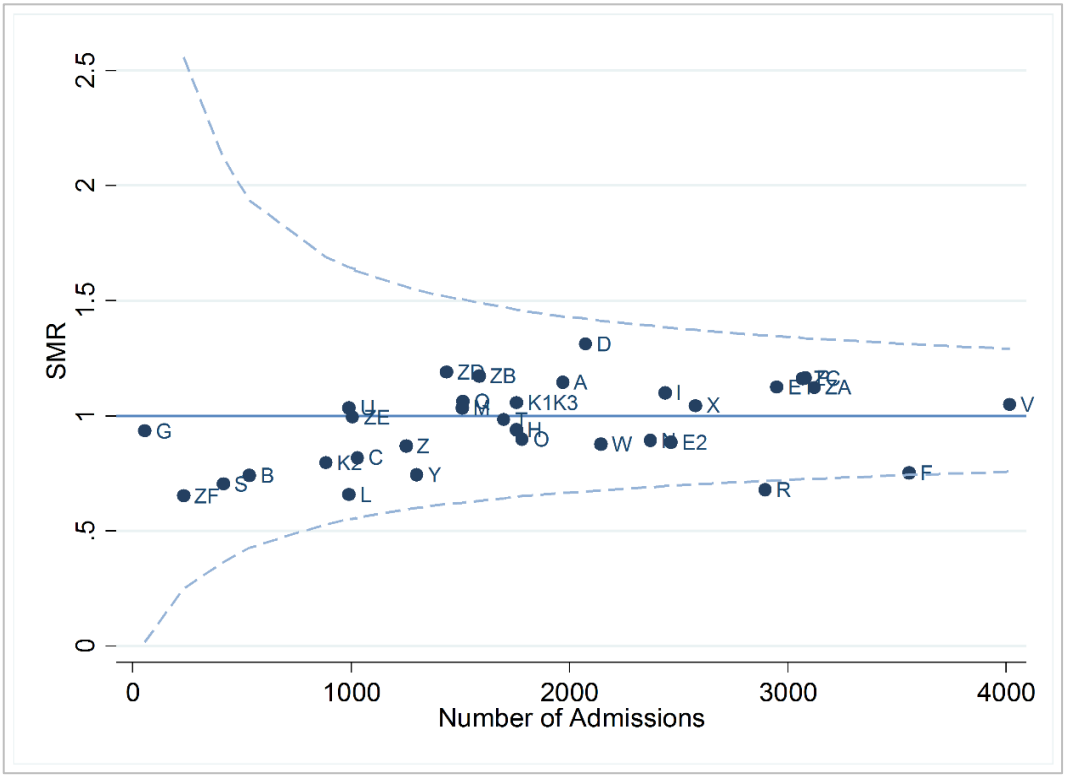
b) External benchmarking against comparator organisations for specific patient groups in addition to HED.

As previously reported Alder Hey benchmarks externally for PICU (http://www.picanet.org.uk/documentation.html), congenital cardiac disease http://nicor4.nicor.org.uk and oncology.

PICU

It is important to recognise that 85-90% of our deaths occur in PICU as in other children's trusts. In the most recent PICANet report (2016 Annual Report of the Paediatric Intensive Care Audit Network January 2013-December 2015), mortality is displayed in funnel plots. The Standardised Mortality Ratios (SMRs) for each organisation are plotted against the number of admissions. The risk adjusted SMR is the ratio of the observed number of deaths in the population against the expected number of deaths predicted by a recalibrated version of PIM2. Control limits are displayed on the funnel plots; variation within these limits is termed common-cause variation; variation outside of these limits is special-cause variation. Points above the upper control limit indicate higher than normal mortality; highlighting the need for further investigation into the mortality rate.

The chart below is taken from PICANet's most recent report, and shows the PICU SMRs by organisation with 99.9% control limits, 2013-2015: PIM2r adjusted.



The funnel plot above shows Alder Hey at point 'P'. The SMR for Alder Hey is within the control limits of the funnel plot, suggesting mortality is under control.

Conclusions

This is a time of change for HMRG and we are trying to be proactive and improve the process and ensure that it is as robust as possible. The backlog of reviews will hopefully be completed in the near future with the support and hard work of the group.
There are 4 deaths that we identified as potentially avoidable of which 2 were factors outside the Trust and 2 within the organisation. There has been learning from the 2 deaths as both had RCA's and organisational changes have been made a result to try and prevent a reoccurrence.

It will be interesting to see the changes on the child mortality process that are going to be implemented nationally and then adapt our process further to meet the recommendations.

Statistical analysis of mortality using CUSUM and SPRT continue to be monitored, the action limit was exceeded in May and again in August suggesting mortality is higher than expected. This is monitored by the PICU team.

Alder Hey uses VLAD charts to monitor the trend in mortality in cardiac surgery; the latest chart shows observed mortality is lower than expected mortality. All cardiac surgery patient deaths will be reviewed in the Cardiac M&M meetings and also the HMRG.

Reports have been produced to allow real time monitoring of mortality. Deaths will be analysed by year, ward, and specialty, deaths within 7 days, 30 days and over 30 days from admission. There are no current indications of patterns of concern.

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT **Site & Park Development**	**Date: 04/07/17**													**Period: June 2017**												**SRO: David Powell**
	Report Number:													**11**												**Author: Sue Brown**
Programme 2017/18	**Apr-17**				**May-17**					**Jun-17**					**Jul-17**					**Aug-17**					**Sep-17**			
Week Commencing	**3**	**10**	**17**	**24**	**1**	**8**	**15**	**22**	**29**	**5**	**12**	**19**	**26**	**3**	**10**	**17**	**24**	**31**	**7**	**14**	**21**	**28**	**4**	**11**	**18**	**25**	
Decommissioning & Demolition (Phase 1 & 2)																											Programme progressing on track and advance to demolish to M/N block now agreed as part of phase one. Top uppermost visiter ands staff car parking space has been reduced to allow handover of the space for demolition. No issues with dust have arisen , monitoring continues as per plan. The management plan is in place covering both : 1. demolition of retained estate; 2. R&E II construction, levels have remained safe todate.
Residential																											Community Engagment continues to progress in realtion to the scale of the scheme. once resolved the appointment of the prefferred bidder (Elect) will follow. Sir David henshaw has met with the prefferred bidder and subsequently met the local member of the council, number of dweeling under duicussion. Bidder working with LCC planners to ensure all consultation material is acceptable within the rules of the planning process to ensure that the final scheme has a high level of acceptance to all parties.Preffered bidder (elect) has submitted a planning pre-application.
Research & Education Phase II																											Research and Education phase ll build remains on track, contract with Morgan Sindell for signiture. Space allocations and internal design of areas with Universities agreed. University have agreed to the commercials. EdgeHill have agreed payment mechanisms /installments and have requested a 60 year as opposed to the original 50 year lease, actual sign off of financial agreements expected to be complete by end of August.
Alder Centre																											On Track. Notification of the successful Bidder occurred at the July. LIBOR funding now recieved by the charity and agreement between and Trust and the charity has been signed off by J Grinnell. Dicussions in progress with the Appointed Architect and users to refine the design. Plan to go to tender for the contruction in September.
Park																											First forest school area built with school participation during June andJjuly , which was extremley successful. New partnership with Woodland Trust forged and acquisition of newly commissioned national monument for Springfield secured for Nov 17. Corporate sponsorship pitch to B&Q successful on provision of materials and equipment but now major sponsorship of 2018 Chelsea flower. The Trust has registered for the Chelsea flower show 2018, now urgently seeking major sponsors.
International Design & Build Consultancy																											Contract prepared and exchanged with XI'AN, contract documents and drawings being translated via china centre prior to commencment of the design review and agreement on a timeline. Jersey review, they have agreed on a £60k design review exercise with DP, discussions and weekly input over 3/4 months to the Jersey team, agreed.
Community/CAMHS (Estates Strategy)																											Currently exploring and conducting a financial analysis of proposed developments and locations for Community services; Onsite Neurodevelopmental new build for Community Paediatrics and an offsite potential lease for CAMHS.
Corporate Offices/Clinical on-site																											**Project now wrapped up in the whole estate strategy for the site. Strategy timeline agreed with the exectuive team, please see below.**
On-site Residual																											**Project now wrapped up in the whole estate strategy for the site.**

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Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th September 2017

Report of:	Chief Nurse
Paper Prepared by:	Emergency Preparedness & Business Continuity Manager
Subject/Title:	Emergency Preparedness Annual Report 2016/17
Background Papers:	Appendix A – Emergency Preparedness Annual Report
Purpose of Paper:	The attached Emergency Preparedness annual report was approved at the Integrated Governance Committee on 24th September 2017. The Trust Board is asked to ratify the document.
Action/Decision Required:	The Board of Director is asked to ratify the Emergency Preparedness Annual Report
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Trust Strategic objectives
Resource Impact:	Not applicable

APPENDIX A

Alder Hey Children's NHS
NHS Foundation Trust

Emergency Preparedness, Resilience and Response (EPRR) Annual Report

2016/17

1. Introduction:

As a provider organisation and Category 1 Emergency Responder, the Trust is required to fulfil relevant legal and contractual EPRR requirements including the Civil Contingencies Act (CCA) statutory requirements placed upon Category 1 responders and ensure a robust and sustainable 24/7 response to emergencies and disruptions.

This report identifies the work undertaken to ensure that the Trust is complaint with its legal and statutory requirements to meet the new EPRR framework and the CCA 2004. It outlines the Trust's state of readiness in responding to any emergency or disruptive event which may impact on service delivery.

It also sets the planning, training and exercising which have taken place during 2016/17 as well as Emergency Preparedness and Business Continuity priorities for 2017/18

A number of key areas of focus are contained within the report as follows:

- Responsibility and Accountability
- Planning
- Training and Exercising during 2016/17
- Response (events/incidents the Trust has responded to during 2016/17)
- Priorities for 2017/18

2. Background:

Training and exercising initiatives relating to major incident planning and business continuity have taken place throughout 2016/17, identifying lessons learnt, areas of good practice and key actions. Training exercises have also provided the opportunity to work with partner organisations and provide assurance of the Trust's resilience and ability to respond in the face of risks that may threaten the delivery of services.

The Trust has an Emergency Preparedness Group (EPG) providing assurance to the Integrated Governance Committee on behalf of Trust Board. The EPG monitors the measures that are in place to ensure the continued delivery of Trust services.

Under the EPRR framework, the Trust is represented at the Local Health Resilience Partnership (LHRP) Strategic Group. In addition, the Trust is represented at the LHRP Practitioners Meeting, and other sub groups as and when requested.

The Trust has reviewed its major incident and business continuity Trust plans and continues to test these internally. Lessons learned from live incidents and exercises, self-assessment outcomes and external inspections will form priority plans for 2017/18.

3. Responsibility and Accountability:

The Trust has an Accountable Emergency Officer (AEO) which is the Chief Nurse and the Emergency Preparedness Group EPG, has been chaired by senior managers from the risk management team. Since May 2017; the chair of the group is the Director of Nursing, who reports to the Chief Nurse.

The Trust Integrated Governance Committee receives an updated EPRR assurance report at each meeting.

4. Assurance and Obligations Under the Civil Contingencies Act 2004:

In order to respond to the obligations under the Civil Contingencies Act 2004, the Trust has undertaken a number of emergency preparedness activities during 2016/17:

- Internal and External Exercises (please refer to **Appendix A**).
- The Trust completed the required self-assessment of the EPRR core standards to provide assurance of its resilience.
- Risks relating to emergency preparedness are included on the Trust Risk Register.
- Partnership working has taken place to ensure planning, exercising and responding is undertaken across organisations within the wider economy for example, local Trust attendance at internal desk top exercises, attendance at other local Trust exercises, and attendance at LHRP sub groups etc. On 23rd May 2018, the Trust will be taking part in a joint exercise with Whiston Hospital named 'Exercise Gemini'. The aim being to test the response to a major incident involving a large number of paediatric casualties including burn injured and trauma patients. The first planning meeting is scheduled for 27th July 2017.

5. Emergency Preparedness Risks on the Risk Register:

A snapshot of these risks is included in **Appendix E**. The risks included are also linked to the Local Health Resilience Partnership Register, which in turn links to the Merseyside Resilience Forum Risk Register. These risks are monitored via the Emergency Preparedness Group and escalated to Integrated Governance Committee where required.

6. Emergency Preparedness, Response and Resilience (EPRR):

The EPRR Core standards have been instigated since April 2013. These standards are underpinning requirements for NHS funded organisations and there is an expectation that as an NHS funded organisation, the Trust can demonstrate that plans are in place to manage and respond to a wide range of incidents and emergencies that could impact on service provision or patient care.

As part of the assurance process the Trust undertook a self-assessment against the EPRR Core Standards. Actions from the self-assessment have formed part of the emergency planning ongoing work programme.

For 2017/18, the Trust will be required to complete a self-assessment audit, for which the deep dive topic will relate to governance. The date for completion of the self-assessment will be early September 2017. This years self assessment will also involve peer review and NHS England visits to Major Trauma Centres, High Secure Mental Health facilities, High Level Insolation Units and Burns Centres. Further detail on this is awaited from NHS England.

7. Planning:

The following plans and procedures have been updated and ratified and issued during 2016/17:

- **Trust Major Incident Policy and Major Incident Command and Control Plan:**

  The Trust Major Incident Policy and Major Incident Command and Control Plan was updated and ratified on December 2016 with a review date of November 2017.

- **Trust Business Continuity Policy and Business Continuity Plan:**

  The Business Continuity Plan and Policy was updated and ratified on 4th October 2016 and is due for renewal in September 2017.

- **Ward and Department Local Business Continuity Plans:**

  A series of Business Continuity Scrutiny Group meetings were held during 2016/17 to produce to approve ward and department local business continuity plans. There now needs to be a programme of planned updates which will be developed and tested during 17/18 via the senior manager on call meetings. The Business Continuity Plan for Research Institute and the Nursery still requires approval and will be monitored via the Emergency Preparedness Group. The expected approval date will be 31/12/2017

- **Heatwave Escalation Plan:**

  The Heatwave Plan is updated annually in line with information from Public Health England's national plans. Key learning for 2017/18 is ensuring plans are communicated out to staff, so they are briefed on the action they can take.

- **Cold Weather Plan:**

  The Heatwave Plan is updated annually in line with information from Public Health England's national plans.

- **Winter Plan:**

  The Trust Winter Plan was successfully produced ready for the start of winter on 1st October 2016, via a series of planning meetings. A 'learning from winter' meeting is scheduled for 17th July to review what went well and identify the lessons learned which can be taken forward into planning for 2017/18 winter.

- **Mortuary Contingency Plan:**

  Work is underway to assess the requirements needed to set up an emergency mortuary in the event of an ongoing situation resulting in a large number of deaths e.g. pandemic flu. The Innovation Centre has been identified as the location to house an additional mortuary, however, further review is required to identify costings and write a plan to manage such an event. This is being taken forward by a mortuary working group.

8. Training and Exercising:

- **Major Incident/Business Continuity Training for all staff:**

  All staff are expected to complete a mandatory training workbook to receive an overview of emergency preparedness in the Trust. This occurs every 3 years. Action will be taken for 2017/18 to ensure major incident training is included on junior doctor induction.

- **Major Incident and Business Continuity Training for 1st and 2nd On Call Managers:**

  Refresher training was offered to 1st and 2nd On Call Managers in August and September 2016 and targeted update training is being provided for these staff along

with 304 Bleep Holders and 306 Bleep Holders during May to July 2017. This is referenced in the Emergency Preparedness work plan.

- **Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) One Day Training:**

- Due to responding to winter pressures and then the retirement of the ED Consultant emergency planning lead, the one day CBRNE training day was not provided in 2016/`7 In June 2017, an Emergency Department Clinical Lead for Emergency Preparedness was appointed and this will be a priority action to provide this training.

- **Tests/Exercises:**

  The Trust has undertaken exercises to test plans and to build on lessons learnt during 2016/17. These are set out in Appendix A. Lessons learnt from these exercises have been built into the further development of plans, changes to action cards and updated business continuity plans.

9. Response to Live Incidents:

The events/incidents the Trust has responded to during 2016/17 are described in **Appendix B**.

10. Action Plan for 2017/18:

Based on the information and activities described in this annual report, the key emergency planning and business continuity priorities for the Trust in 2017/18 are outlined in **Appendix C**.

The EPRR workplan will reflect priorities identified for 2017/18, which will be monitored via the Emergency Preparedness Group (quarterly), the Integrated Governance Committee (every two months) and the Trust Board annually via this annual report.

11. EPRR Timetable for 2017/18:

This year an annual EPPR timetable has been developed to monitor and achieve the key emergency preparedness actions for the whole year. This is included as **Appendix D.**

Appendix A

EXERCISES/BRIEFINGS UNDERTAKEN IN 2016/17

Exercise Date	Exercise Name/Details	Type	Description	Lessons Learned	Action Required (referenced in work plan)
05/07/16	Major Incident Cascade Test	Live	To ensure those listed on the major incident cascade list answered.	Despite having some of the people on the cascade system on an emergency bleep group, it can still take up to 15 minutes to cascade the message to everyone.	Investigate costings for automated cascade system separate to the Trust systems
07/07/16	Loggist Refresher Training provided by Head of Emergency Preparedness, NHS England	Presentation	To brief the Trust loggists on the principles of logging	Loggists need to take part in more exercises to keep their skills up to date.	On 28th and 29th June 2017, the Trust Emergency Preparedness Manager attended a 2 day loggist 'Train the Trainer' session in Leeds, provided by Public Health England (PHE) and can now provide a 1 day loggist training session. This will be an action taken forward for 2017/18.
09/09/16	Emergency Preparedness JCC Awareness Meeting	Seminar	To brief local organisations on the emergency preparedness arrangements in place	Not applicable – refresher information only	Not applicable
28/09/17	Nurse Induction Major Incident and Business Continuity Briefing	Presentation	To brief the nurses on major incident and business continuity arrangements in place	Not applicable	Not applicable

Exercise Date	Exercise Name/Details	Type	Description	Lessons Learned	Action Required (referenced in work plan)
03/10/17	Exercise Responder including major incident cascade test	Live and Desktop Exercise	For this exercise, everyone on the major incident cascade was contacted and asked to collect their tabard. Strategic and Tactical Commanders conducted a desktop exercise to consider how their command rooms would be activated and the associated action they would need to take.	• Major Incident Declarations to be approved by Chief Operating Officer • Updated major incident cascade contact numbers • All tabards now stored in the Emergency Department, rather than Strategic command keeping their own • Agreed to have one tactical command room (ED Seminar Room) for any type of major incident, rather than two, to avoid any confusion. For a business continuity incident, an alternative room can be used if more appropriate	Major Incident & Business Continuity SOP developed for Strategic Commander and Tactical Commander A plan to manage parents and carers in the event of a mass casualty incident needs to be developed further. A group of staff have been identified to take this forward.

Exercise Date	Exercise Name/Details	Type	Description	Lessons Learned	Action Required (referenced in work plan)
12/10/17	Decontamination Train the Trainer Session	Desktop and Practical	The Emergency Department nurse lead for emergency preparedness who is trained to train staff on decontamination and CBRNE principles, attended this session, along with the Trust Emergency Preparedness Manager who attended for information.	• The 1 day CBRNE training day needs to be reinstated.	• The ED Nurse Lead is now the appointed clinical lead for Emergency Preparedness and will take forward the learning from this training when conducting the CBRNE staff training sessions.
20/10/17	On Call Desktop Exercise: Worst Case Escalation Scenario	Desktop	On Call staff, along with some of the 304 and 306 Bleep holders attended this desktop session to consider the action they would take when responding to a worst case capacity/ escalation situation in the hospital.	• It allowed staff to consider areas where patients could be located whilst maintaining patient safety in line with Trust escalation plan and winter plan.	• This information was reflected in the Trust escalation plan

Exercise Date	Exercise Name/Details	Type	Description	Lessons Learned	Action Required (referenced in work plan)
16/12/17	Exercise Leo, Critical Care Fire Evacuation Exercise	Live Exercise using mannikins	The Critical Care Ward took part in a fire evacuation exercise using 2 mannikins to evacuate out of the ward area.	• The Fire Team Leader acting in the exercise reported they were not clear on their role • At the debrief, it was confirmed that a fire drill programme was required • During the exercise, one of the patients was moved into the same fire zone and it was identified that patients should be evacuated out of the zone • Critical care identified that additional equipment was needed to support evacuation e.g. ambu bags, sealed emergency boxes, helipad arrangements, management of oxygen and ventilation and this would be reflected in the evacuation plan	• Fire Team Leader action card and Fire Team Leader training was developed to ensure Fire Team Leaders understood their role • A scheduled programme of fire drills was developed by the Fire Safety Advisor, however, the Fire Safety Advisor left the Trust and this programme of drills did stall, however, has been restarted in July 2017, • Critical Care Fire Evacuation plan was updated, based on learning
18/01/17	Trauma Conference – Major Trauma Network and Response to Mass Casualty Event	Seminar	The Emergency Preparedness Manager attended this Seminar which was led by Dr Chris Moran, National Clinical Director for Trauma	It was agreed a list of critical supplies that would run out quickly in the event of a mass casualty incident would be developed by each Trust and sent through to Dr Chris Moran.	Development of this list is progressing. Next step is to liaise with the national supply chain coordinator for further advice.

Exercise Date	Exercise Name/Details	Type	Description	Lessons Learned	Action Required (referenced in work plan)
31/01/17	Fire Team Leader Desktop Training Exercise	Desktop Exercise	At the on call meeting, the Fire Safety Advisor conducted a desktop exercise for the Fire Team Leaders to respond to, using the newly introduced Fire Team Leader action card	The Fire Team Leaders found the session helpful in being able to respond with the Fire Team in a fire call situation. There were still issues regarding ensuring the fire team attend the concierge desk to move as a team in a timely manner and learning from each incident is being monitored by the Acting Fire Safety Manager via incident form reporting.	Short debrief meetings are held immediately after each debrief meeting to identify what went well and any key learning points

Appendix B

RESPONSE TO MAJOR INCIDENT DECLARATIONS OR BUSINESS CONTINUITY INCIDENTS IN THE TRUST DURING 2016/17

Event/Incident	Description	Lessons Learned	Action Required/Completed (Referenced in Work Plan)
Feb 13th and April 2016	Renal Unit Power Failure	Renal Unit identified that their business continuity plan required further update	Renal Unit updated their business continuity plan
19th March 2016 11th June 2016 19th March 2017	Lift Failure	There has been a series of lift failures in the Trust which continue to occur, due to either a gap in power, causing the lifts to fail or due to a part being required by Schindler, the lift supplier. Events have also occurred since April 2017 where a lift car was trapped between floors (in this case, 2 metres). Interserve were able to open the internal door slightly to insert oxygen tubing to the patient trapped in the lift. Interserve had to wait for Schindler to attend site as the lift doors couldn't be released due to a significant mechanical failure. If emergency care needed to provided to the patient, there is a lift hatch situated on the roof of the lift, behind the ceiling. However, if there is a bed in the lift, the ceiling cannot be brought down because there wouldn't be enough room.	The Health and Safety Team are reviewing the lift specifications to identify current position and action required to ensure safety is maintained. There is also a lift entrapment procedure/contingency plan which will be reviewed to consider action that can be taken if all the lifts fail in the car park, which has also occurred recently.
6th April 2016 and 26-27th April 2016	Junior doctor strike action	Contingency planning meetings were held and a contingency document was produced containing key contact numbers for staff covering bleeps. This worked effectively.	Not applicable

Event/Incident	Description	Lessons Learned	Action Required/Completed (Referenced in Work Plan)
29th April 2016 and 30th November into December 2016	Fridge Failures affecting Pathology or Pharmacy	On 29th April, the fridge freezers failed for Pathology and Catering and Pharmacy fridges continued to work. This was due to a power pack failure which supports the compressors for the fridges and walk in freezers in lower ground catering, and Pathology. The systems have been built with no resilience behind them and therefore. Pathology were of the understanding that the walk in fridges would be on a separate system and this hasn't been the case. Pharmacy experienced a fridge failure on 30th November. On Wednesday 7th and 8th December, Pathology's fridges were also affected.	The response times for fridge faults require review along with reviewing contingency arrangements for Pharmacy and Pathology fridges. A report is now available confirming action that can be taken to improve resilience on the pharmacy fridges as a further incident occurred on 18th May when the Pharmacy cold store reduced in temperature past its minimum set point. This also requires review for the Pathology fridges.
6th June 2016	Air Conditioning Unit Failure	There have been two incidents affecting the air conditioning unit/chillers in the hospital. The latest incident was on 21st June 2017 and also 22nd June 2017. The cause of both incidents still needs to be confirmed.	A Business Continuity Action card will be developed to ensure it is clear on the impact to the hospital when the chillers fail and the action that needs to be taken, particularly in Pharmacy, Pathology, Theatres and IM&T
22nd June 2016	Official Opening of Alder Hey Hospital	The hospital was officially opened by the Queen and Prince Philip. Strategic and Tactical Command was set up on the day and a planning group was established well in advance of the event and the day ran very smoothly.	A fire procedure for the Atrium was also developed for use when managing large events happening in the hospital.
26th June 2016	Telephone and bleep system failure	Telephone and bleep system failure occurred, however, there are business continuity action cards in place to respond to this.	Not applicable
21st August 2016	Power failure in the main server building on the interim estate (NADRA Building)	The cause of the power failure was due to a failed UPS. It tripped the breaker which caused power disruption to the IT services provided from this location.	The IT services from this location have since been moved.

Event/Incident	Description	Lessons Learned	Action Required/Completed (Referenced in Work Plan)
September 2016	CT Scanner Failure	A business continuity action card was required.	A CT Scanner Failure business continuity action card has since been developed by the Radiology Manager and needs to be reflected in the Radiology Business Continuity Plan.
7th October 2016	Generator Switchover Failure	The DMC unit failed to respond, which could be considered freezing in computer terms. The switching by the DMC unit was tried again without success. This led to the system being left running in generator mode from 4.00pm on 7th October until 7.30am the following day.	Interserve and Building Services have investigated the situation and there have been no further incidents reported. No further action taken.
18th November 2016	Research Institute Fire	At 11:45 a.m. on Friday 18th November, there was a small fire in the Research Institute. Staff evacuated the building to the designated assembly point and the Fire Team responded. An electrical isolator, fed by direct current had not been supplied with a breaker device. It was connected to cabling run from ceiling height to isolator switch vi an electrical cable encased in Copex type conduit. The coped conduit had been contaminated with rainwaiter and over time, the water penetrated and built up in the Copex. The water and live electrical feed was the probable cause for the fire.	A report was produced by the Acting Fire Safety Advisor who recommended a full inspection of electrical installations in plant rooms should be carried out; ensuring required IP65 is maintained. Also ensuring access to plant room keys are always accessible to the interim estate fire team as the reactive maintenance engineer is not always on site. This will be monitored by the Fire Working Group.
23rd November 2016	Incorrect Fire Location Displayed on Switchboard Room Panel	• 18:00 hrs, fire alarm activated • Bleep message sent out from switchboard “WC Patient AM Second Floor” • The actual incident was in Outpatient Department, Second Floor It was confirmed that the switchboard fire panel does not always display the correct information. The Hercules Fire Panel in security displays accurate information. It is the role of the Security Guard to meet the fire team at the concierge desk and direct the fire team to the location of the Fire.	It was considered whether or not to move the Hercules fire panel to switchboard or provide them with a Hercules system in addition to the one based in security. This has suggestion has not been finalised and will be taken forward by the Fire Team working group.

Event/Incident	Description	Lessons Learned	Action Required/Completed (Referenced in Work Plan)
1st December 2016	Christmas Light Switch On including CBeebies and CBBC on site	This event was managed by a planning group with strategic and tactical command set up. The event ran smoothly and a debrief meeting was held following the event. It was identified that volunteers who were placed on the balconies mightn't have needed to stay there as long as they did, during quiet period. It was agreed that the group would plan for the worst, but stand down volunteers during the events if areas weren't busy.	Continue with planning group meetings for future events
26th January 2017	Fire alarm activation 3 times in Pharmacy	A root cause analysis report was produced by the Acting Fire Safety Manager and the learning from this is being reviewed by the Fire Safety Working Group.	Fire Safety Group to review learning and recommendations from the root cause analysis report
3rd February 2017	Neonatal Unit Light Failure	The light failure affected the Neonatal Unit cubicles 21,22,23 and 24. A business continuity action card requires development to confirm how temporary lighting will be provided and how this can be made readily available.	Produce a Trust business continuity action card for ward/department light failure
23rd February 2017	Storm Doris	The very strong winds on this day, resulted in part of the roof on the interim estate blowing away on the ground below. The Health and Safety Team responded and ensured staff were not able to walk near the unstable roof. It was identified that when very strong winds are predicted, it would be useful to set up a command team during the high risk weather period, where incidents can be reported to, monitored and managed.	Set up a command team when extreme weather is expected
16th March 2017	Endoscopy AER Failure	The AER compressor failed. A new compressor was installed on 15th March 2017. However, the compressor was not installed correctly with filters on it and the compressor was not a medical grade. Therefore, the AER could not be used. The single biggest impact was the need to cancel up to 27 elective cases on 16th March and subsequent cancellations up to and including 22nd March.	The unit is to develop a business continuity action card in the event of a loss of this nature.

Appendix C

EMERGENCY PREPAREDNESS KEY WORKPLAN FOR 2017/18

Action	Action Lead	Expected completion date
Update and approve the Trust Hospital Escalation Plan (management of patient flow and capacity in the hospital)	Head of Performance and Planning/Emergency Preparedness Manager	21/07/17
Ratify Bomb Threat Plan	Security Manager/Emergency Preparedness Manager	24/07/17
Review lift specifications in relation to responding to patients trapped in the lift	Health & Safety Manager	August 2017
Attend Junior Doctor mandatory training to provide presentation on major incident arrangements. Attendance is monitored by the training and development team	ED Clinical Lead for Emergency Preparedness/ Emergency Preparedness Manager	August 2017
Update Flu Plan	Emergency Preparedness Manager/DIPC	09/08/17 Infection control meeting
Complete mass casualty (terrorism) exercise	Emergency Preparedness Manager/ED Clinical Lead for emergency planning/ED Consultant – Trauma Lead	21/08/17
Finalise mass casualty stocks list to support mass casualty arrangements. Next step is to liaise with national supply chain coordinator for further advice	Trauma Lead/Emergency Preparedness Manager/ Purchasing Manager	31/08/17
Re-establish CBRNE Decontamination training for staff (carried over from last year)	ED Clinical Lead for Emergency Preparedness	31/08/17
Set up programme for refreshing local ward and department Business Continuity Plans	Emergency Preparedness Manager supported by Local Business Continuity Plan Leads	31/08/17
Update Evacuation Plan to include whole hospital evacuation patient collection points and method for communicating/ coordinating whole hospital evacuation (carried over from last year)	Evacuation Plan Working Group led by Emergency Preparedness Manager	Update at September EPG, ratify at December EPG
Update/approve the following business continuity action cards: a) Pharmacy and Pathology Fridge/Freezer Contingency Action Card (action lead Chief Pharmacist/Pathology Clinical Director) b) Trust Chiller Failure Action Card (action lead Interserve, Building Services, Emergency Preparedness Manager) c) Lighting Failure Action card (action lead Interserve, Building Services, Emergency Preparedness Manager) d) AER Scope Unit Action Card (action lead: Theatre Clinical Lead(s)	Chief Pharmacist and Pathology Clinical Director and Paul Newland	31/10/17

Action	Action Lead	Expected completion date
Produce plan for managing parents and carers whose children have been involved in a mass casualty major incident. This will be approved by the Emergency Preparedness Group. Where will this be approved	Emergency Preparedness Manager supported by Parents and Carers Working Group	31/10/17
Provide 1 day loggist training sessions, monitor attendance etc	Emergency Preparedness Manager	31/10/17
Investigate costings for automated cascade system separate to the Trust systems	Emergency Preparedness Manager	31/10/17
Update Large Scale Major Burns Plan	Burns Consultant Lead, Burns Ward Manager, Emergency Preparedness Manager	31/10/17
Set up arrangements and produce plan for a contingency mortuary in the event of an ongoing situation resulting in a large number of deaths e.g. Pandemic flu (NHS England directive – carried over from last year)	Mortuary Manager with support from working group	31/12/17
Fire Safety Group to review root cause analysis reports produced from recent fire related incidents	Acting Fire Safety Manager/Building Services Lead	30/09/17
Review risks on the Emergency Preparedness Risk Register	Emergency Preparedness Manager	30/09/17
Complete 3 stage ‘Exercise in the Dark’ electricity contingency testing	Interserve/Building Services/Emergency Preparedness Manager	31/03/18

Appendix D

EMERGENCY PREPAREDNESS TIMETABLE FOR 2017/18

Key:

	Plan/Process
	Exercise/Training
	Liverpool City or Hospital Major Event

Preparation Deadline 2017/18	Action 2017/18	Action Lead
Friday 7th April 17	Publish Easter Bank Holiday Plan (Friday 14th – Monday 17th April)	Head of Performance & Planning/EP&BC Manager
Monday 24th April 17	Publish May Bank Holiday Plan (Monday 1st May)	Head of Performance & Planning/EP&BC Manager
Monday 22nd May 17	Publish May Bank Holiday Plan (Monday 29th May)	Head of Performance & Planning/EP&BC Manager
May – July 17	1st/2nd/304/306 Major Incident/Business Continuity Update Training	EP&BC Manager
6th June 17	Approve Heatwave Plan at Emergency Preparedness Group	EP & BC Manager
Saturday 24th and Sunday 25th June 17	Liverpool River Festival and Armed Forces Day	N/A
Monday 17th July 17	**Major Incident Cascade Test**	**EP&BC Manager**
Monday 17th July 17	1st Winter Planning Meeting takes place	COO/Head of Performance and Planning
Friday 21st July 17	**1st/2nd On Call Meeting – business continuity desktop exercise**	**COO/BC Lead/EP&BC Manager**
Monday 24th July 17	Submit Bomb Threat Plan to IGC for ratification	EP&BC Manager/LSMS
Monday 24th July 17	Submit EPRR Annual Report and Work plan to IGC	EP&BC Manager
August 17	Attend Junior Doctors Induction (once confirmed)	ED EPRR Clinical Lead and EP&BC Manager

Preparation Deadline 2017/18	Action 2017/18	Action Lead
Wednesday 9th August 17	Ratify Pandemic Flu Plan at Infection Control Committee	EP&BC Manager/DIPC
Monday 21st August 17	**Mass Casualty Major Incident Desktop Exercise**	**EP&BC Manager**
Monday 21st August 17	Publish August Bank Holiday Plan (Monday 28th August)	Head of Performance & Planning/EP&BC Manager
Saturday 2nd and Sunday 3rd September 17	Liverpool Fusion Festival	N/A
Tuesday 5th September 17	Approve Updated Business Continuity Policy & Plan and Major Incident Policy and Plan at Emergency Preparedness Group	EP & BC Manager
Tuesday 5th September 17	Approve Cold Weather Plan at Emergency Preparedness Group	EP & BC Manager
Wednesday 13th September 17	Ratify Updated Business Continuity Policy & Plan and Major Incident Policy and Plan at Integrated Governance Committee	EP&BC Manager
Friday 15th September 17	Publish Winter Plan	COO/Head of Performance and Planning
September 17	NHS England Core Standards Self-Assessment Audit	EP&BC Manager
September 17	Approve Hospital Capacity and Demand Escalation Plan	Head of Performance & Planning/EP & BC Manager
Friday 22nd September 17	**1st/2nd On Call Meeting – business continuity desktop exercise**	**COO/BC Lead/EPM**
October date (tbc) 17	**Major Incident Live Exercise (mass casualty related)**	**LSMS/EP&BC Manager/ ED EPRR Clinical Lead**
31st October 17	Ratify Large Scale Burns Plan	Burns Consultant Lead/ Burns Ward Manager
Friday 17th November	**1st/2nd On Call Meeting – business continuity desktop exercise**	**COO/BC Lead/EPM**
Wednesday 29th or Thursday 30th November 17	Alder Hey Christmas Light Switch On	Communications/Planning Team
Thursday 30th November 17	Set up for TV Performance at Alder Hey	Communications/Planning Team
Friday 1st December 17	TV Performance Day at Alder Hey	Communications/Planning Team

Preparation Deadline 2017/18	Action 2017/18	Action Lead
Saturday 2nd December 17	TV ticketed event at Alder Hey	Communications/Planning Team
Monday 18th December 17	Publish December (Monday and Tuesday 25th/26th) and January (Monday 1st) Bank Holiday rotas to go with the already published winter plan	EP & BC Manage/EP&BC administrator
December (date tbc)	**Major Incident Cascade Test**	**EP&BC Manager**
Friday 19th January 18	**1st/2nd On Call Meeting – business continuity desktop exercise**	**COO/BC Lead/EPM**
February 18	Attend Junior doctors induction	ED EPRR Clinical Lead/ EP & BC Manager
Wednesday 28th February 18	Produce Emergency Preparedness Timetable 2018/19 for approval at EPG	EP&BC Manager
Friday 23rd March 18	Publish Easter Bank Holiday Plan (Friday 30th – Monday 2nd April)	Head of Performance & Planning/EP&BC Manager
Friday 23rd March 18	**1st/2nd On Call Meeting – business continuity desktop exercise**	**COO/BC Lead/EPM**

Appendix E

Emergency Preparedness Risk Register

Alder Hey Children's NHS Foundation Trust

Risk Register
Summary of open risks for @ 14/07/2017, in order of current risk rating

Title	Owner	Risk Rating Current	Risk Rating Target	Key controls in place	O/s actions to reach target	Progress Since Last Review	Last Review / Next Review
Influenza type disease (LHRP Risk ID H23) is past its review date with aim to submit it to Infection Control Committee on 9th August 2017	Elaine Menarry	5 x 3	5 x 2	Pandemic Flu Plan is available, however it is past its review date and requires review and re-approval.	Updated pandemic flu plan in liaison with Infection Control Team to include actin cards.	Meeting scheduled with DIPC for 07/07/17 to review the plan and confirm updates required. Aim is for plan to be submitted to the August 2017 Infection Control Committee.	14/07/2017 21/07/2017
Mass casualty response requires testing including confirming the Trust has systems in place for adequate stock/supply arrangements in a mass casualty situation (LHRP Risk Register Ref 1)	Elaine Menarry	4 x 3	3 x 2	Major Incident Policy and Major Incident Command & Control Plan which references arrangements for mass casualty incidents.	Continue to request critical areas consider resources and supplies that will run out quickly in a mass casualty incident and liaise with NHS Supplies to review arrangements	National Director for trauma response received. Next step to liaise with Trust Head of Procurement and NHS Supplies to review arrangements	14/07/2017 13/08/2017
				Mass casualty staff briefing with scenario for consideration. was held on 29/03/16.	Finalise exercise scenario for mass casualty exercise on 21/08/17	Exercise scenario reviewed with NHS England, next step to obtain sign off from ED Trauma Lead and Chief Operating Officer	
				Mass casualty stock list currently being compiled. Latest list submitted to National Clinical Director for Trauma on 13th June 2017. Response awaited with recommendation to liaise with NHS Supplies.			
				Formal, signed off mass casualty desktop exercise, involving terrorism, which is currently being planned for 21/08/17	Mass casualty desktop exercise, involving terrorism, being organised for 21/08/17. Attendance list to be reviewed.	Invite request sent out - review who has responded week commencing 17th July 2017	
Short term or long term (> 72 hours) loss of mains electrical power to hospital site (LHRP Risk Register 8 and 9). Exercise 'Black start' testing is overdue.	Elaine Menarry	5 x 2	4 x 2	Local Business Continuity Plans including action card for power failure.	Update fuel plan to reference fuel stock levels and back up generator arrangements including testing arrangements and submit to EPG in September 2017		14/07/2017 13/08/2017
				Electrical standards for NHS healthcare electrical installations is detailed in HTM 06 01 and HTM 06 02	Complete 'Exercise in the Dark' testing (3 stage process testing UPS, one primary mains supply failure and then both mains supply failure to test generator provision)	The Trust is still at Stage 1. Remaining areas for testing are the Emergency Department and EDU(provisional testing date of 18/07/17), IM&T and Critical Care. Chaser email will be sent to identify date for testing.	
				2 electrical mains supply, if one fails, the other mains takes the load. If both mains fail, the generator will activate, while the Uninterruptable Power Supply (UPS) will support the 17 second break in power. If the generators did not activate, the UPS would support critical equipment for a limited period of time. Following this, critical equipment battery back up would be available, again for a limited period of time.	Flag risk to IGC - July 2017		
				UPS stage 1 testing taken place in Pathology and Theatres. Ward 1C to be tested on 18/07/17			

Alder Hey Children's NHS
NHS Foundation Trust

Risk Register
Summary of open risks for @ 14/07/2017, in order of current risk rating

Title	Owner	Risk Rating Current	Risk Rating Target	Key controls in place	O/s actions to reach target	Progress Since Last Review	Last Review / Next Review
Provision of strategic emergency response training (LHRP Risk Register 1)	Elaine Menarry	3 x 3	2 x 1	1st and 2nd On Call Staff receiving update major incident and business continuity training from Emergency Preparedness Manager June - August 2017. Strategic Commander SOP and Tactical Commander SOP in place for major incidents and business continuity. NHS England to attend On Call Meeting on 21st July to present on differences between major incident & BC Incident along with action they will take once hospital declare a major incident. Major Incident Desktop exercise being scheduled for 21/08/17 On Call rota in place for 2nd On Call (Strategic Commander) and 1st on Call (tactical commander) who will respond to incidents in the Trust. Limited number of staff attend the strategic response training held on 26th February 2016 - additional staff need this training Major Incident/Business Continuity Update training currently being provided during May to July 2017	Costings for training obtained from the Cabinet Office Emergency Planning College and submitted to Director of Nursing and Associate Director of Nursing and Governance on 03/07/17 for consideration		14/07/2017 13/08/2017
Ensuring compliance with the NHS England Core Standards for Emergency Preparedness annual audit (LHRP Risk Ref 2)	Elaine Menarry	3 x 3	4 x 1	Major incident Policy, Major incident command and control plan, major incident action cards, business continuity plan, business continuity policy, bomb threat plan. EPRR assurance compliance for 2016	Await guidance from NHS England re Governance Deep dive arrangements Update Pandemic Flu Plan and ratify at Infection Control Committee Update large scale major burns plan		14/07/2017 13/08/2017
Large Scale Burns Plan requires update	Sian Falder	3 x 3	4 x 1	Expert burns knowledge via Consultant and Ward Manager National Burns Network	Update large scale burns plan		14/07/2017 13/08/2017

Alder Hey Children's NHS
NHS Foundation Trust

Risk Register
Summary of open risks for @ 14/07/2017, in order of current risk rating

Title	Owner	Risk Rating Current	Risk Rating Target	Key controls in place	O/s actions to reach target	Progress Since Last Review	Last Review / Next Review
The Trust bomb threat Plan requires refresh and ratification	Elaine Menarry	3 x 3	2 x 3	Draft Bomb Threat Plan submitted to EPG members and to be submitted to IGC for ratification in July 2017	Ratify updated bomb threat and suspicious packages plan at July 2017 Integrated Governance Committee		N/A N/A
				Project Argus training to staff on 24/02/16	Provide training, with the Local Security Management Specialist, regarding bomb threat plan response arrangements and test it		
					Produce information for team brief regarding Bomb Threat/Suspicious Packages Plan once ratified		
Risk of delay in response to a whole hospital evacuation if operational arrangements aren't identified and practiced. (LRHP Risk Register 7)	Elaine Menarry	4 x 2	3 x 2	Strategic Evacuation Plan. First meeting of hospital evacuation working group held on 22/06/17 to consider possible patient collection points Chief Operating Officer updated on progress	Liaise with Broadgreen Hospital to consider mutual aid arrangements and process for achieving this	Updated Bomb Threat Plan developed in liaison with Police Counter Terrorism Lead for Merseyside and the Trust LSMS. Plan has been sent out for comment virtually to EPG members and key responders and final version will be submitted to IGC meeting being held on 11th July 2017	14/07/2017 13/08/2017
					Set up Evacuation Plan Working Group	Evacuation Plan Working Group meeting held on 22/65/17 to start looking at options for whole hospital evacuation. Options to be considered and reflected in a plan for submission to the next EPG meeting in September 2017	
Additional Mortuary capacity contingency arrangements (LHRP Risk Register H23 and H24)	Elaine Menarry	4 x 2	3 x 1	Emergency overflow is currently dealt with in accordance with the Merseyside NHS Mortuary Capacity and Escalation Policy supports the Merseyside Resilience Forum's Extra Deaths Plan.	working group established to review	Costings have arrived from the potential provider of temporary storage - to be submitted to COO for consideration once reviewed with Mortuary Manager. Location identified for emergency mortuary in the Innovation Centre.	03/07/2017 01/10/2017

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
5th September 2017

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update for July 2017
Background Papers:	n/a
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**	The Best People Doing their Best Work
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.

Reward & Recognition

In response to staff feedback, the new monthly 'Star Awards' were launched 1st August 2017, a Trust wide employee/team of the month award. The first winner will be announced mid-September, and are both nominated by, and voted for, by colleagues from across the organisation.

An LiA 'Reward and Recognition' group has been established with various staff representatives in attendance, in which a number of incentives have been discussed and agreed, specifically a quick fix in producing "thank you" cards which management can distribute to staff members as required. Other options are continuing to be reviewed by the members such as the implementation of an "Appreciation Week" for staff in October 17.

Staff Survey

Preparation is underway for the launch of the 2017 Staff Survey in late September 2017. A Strategy Group has been set up to maximise response rates, and ensure a robust communication and engagement plan to acting upon the survey results when they are returned in the new year. Local conversations about the most recent survey results are continuing across the organisation.

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.

Trust Nursery

The recent Nursery consultation has concluded with one facilities post at risk. The post holder has been found a redeployment post and is currently undertaking a 4 week trial.

Hotel Services

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 commenced on 4 January 2017 for 30 days and concluded on 3 February 2017. As a result, a selection process was undertaken to new domestic supervisory roles of which 4 existing staff were successful and the remaining 4 staff who were unsuccessful were placed at risk of redundancy with notice provided up to 12 May 2017 and options of redeployment considered. Three of the unsuccessful staff were made redundant and the fourth member has been engaged in a lower banded role with pay protection. Two former domestic supervisors subsequently appealed against the outcome and Executive Appeal panels were arranged during August 2017, although one individual has now withdrawn her appeal.

Domestics and Portering staff (Portering and Portering Supervisors) organisational change programmes were initiated on 9 June 2017 which consisted of proposed reductions of staff (portering Supervisors) and review of shift patterns/rotas in the other groups. The three consultations were due to conclude on 24 July 2017. A number of issues were raised by staff and staffside during the consultation in each of the staffing groups and further investigation is being undertaken by management requiring an extension to each of the consultations until 25th August 2017.

Pathology (Phlebotomy) contract with Liverpool Women's NHS Foundation Trust

An organisational change process commenced in May 2017 as discussions had concluded in relation to the cessation of arrangements at Liverpool Women's Hospital (LWH) for phlebotomy services provided by Alder Hey. The impact of the potential change affected 4 Alder Hey staff who were to potentially 'TUPE' to LWH. A management proposal paper which set out the changes has been shared with staff side and staff. There was sufficient budget and vacancies within the service to enable this move back into Outpatients dept. The impact to staff affected would result in changes to base and reductions in weekend shifts, which would result in short term pay protections. The staff affected have now chosen to transfer back to Alder Hey into the roles available from 1 June 2017 with pay protection (as applicable). One member of staff has subsequently appealed against the outcome directly related to pay protection. This appeal has been initially considered by line management and declined and is scheduled for a final appeal meeting during September 2017 with senior Divisional Management.

Home Care Service – Community Division

An Organisational Change is in progress within the Home Care team for the following reasons: natural expiry of packages, progression of packages into adult services and having no further expansion of packages within the service since Nov 2016 commissioned by the CCG. This has resulted in seven band 3 HCA staff being effected as displaced, four of whom area already displaced and are working temporarily within the Trust covering for agency, bank etc. These staff have been placed on the Trust's redeployment register and it is hoped that suitable alternative positions can be sort. A briefing paper has been submitted to Staff Side and signed off by Senior Management and formal consultations are in progress.

Formal consultation has been concluded with no additional comments from either staff or staff side, the final consultation paper is pending official sign off. In the duration, all staff affected have been allocated alternatives roles and are either currently undertaking trails or have completed and been accepted.

Community Nursing Review – Community Division

Community Division has assigned Michelle Smith, external consultant to review nursing services within the Community with a view to assemble a remodelled Children's Community Nursing Service creating a more streamlined pathway, which takes account of staff and services, including those recently transferred from LCH. The Community Management team have approved the briefing paper and staff side/unions have been informed. Duties have been realigned to the new model are to be reviewed via AFC panel but it is not anticipated that bandings will change. Consultation commences in July and expected to end early September.

Education, Learning and Development

Apprenticeships

An external quality inspection of the vocational / apprenticeship qualification centre was undertaken on 22nd June 2017. We received the highest rating of grade 1 across all areas. The first cohort of internally delivered apprenticeship qualifications for our existing staff will commence in October 2017 with Healthcare support and Team Leading. Work is still ongoing to develop this qualification portfolio further with Blackburn House to ensure the apprenticeship strategy remains on track. A discussion paper on apprenticeship pay in the NHS has been prepared as there is no national or regional policy. This will be presented to JCNC. The recruitment to vacancies, where appropriate to do so with apprentices, can commence once this has been agreed.

Alder Hey have commenced discussions with other C&M specialist trusts regarding commissioning education programmes for our apprentices as this will no longer be the function of HEE at local level. This will give the C&M region the ability to identify common themes for each sector and/or geography and enable effective procurement at scale against workforce demands. Together, we will then be in a position to negotiate a placement tariff should this no longer come to us via the Learning and Development Agreement.

CPD

The Trust has now been informed that we will receive a flexible cash allocation of £49K to support post registration learning activity in quarter 2. As the PDR window has now closed, all professional leads and managers have been asked to submit their requirements in order to prioritise allocation of funding.

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

Employee Relations Activity

By the end of May the Trust has experienced a significant increase in ER activity across the whole business (from 3 cases to 18 cases) These were 5 formal disciplinary cases, 4 formal Bullying and Harassment cases (1 case has moved to informal mediation stage at the staff requests), 5 formal grievances, and 4 Employment Tribunal (ET) cases. In addition there are 4 final absence dismissal cases and 3 formal capability cases.

Employment Tribunal Cases

- An ET Claim relating to unfair dismissal and unlawful deductions of wages is to be heard on 30 and 31 August.

- An ET Claim relating to unlawful deduction of wages and breaches of the Agency Workers Regulations was received and the hearing was due to be heard on 7 and 8 June 2017, but has been postponed to allow for inclusion of an additional respondent.

- A ET claim following a failed ACAS resolution has been received for a 4 day hearing in February 2018 claiming disability discrimination. The Trust disputes all claims in full.

- The Trust has had three ACAS conciliation approaches in relation to three separate cases. The HR team have discussed the cases with ACAS who have confirmed that the Trust appear to have concluded the issues within normal standards and therefore were closing the cases, although the individuals do have the right to make application to Employment Tribunals. No such applications have been received at this stage which relate to contractual changes that took place on 12th May 2017.

Corporate Report

The HR KPIs in the July Corporate Report are:

- Sickness has increased slightly to 5%
- Corporate Induction has increased to 100% compliance
- PDR compliance has increased to 79%
- Mandatory training compliance has remained the same at 76%

Actions to address shortfalls are being addressed by members of the HR & L&D team with the CBU management teams. Ongoing ESR training and support has been provided to managers by the HR Team to ensure accuracy in recording.

Enhancements to ESR

The HR team have been continuing to work on developments in ESR the roll out of the ESR portal is progressing well- 1734 paper payslips will go electronic by August payday.

The training on the ESR app has been well received and bespoke sessions have also been held across depts. Step by step guides have also been provided to managers and staff with many opting to follow the guides as opposed to full training, as they have found it very easy to access and use. To date the app and process has been well received amongst managers and staff.

Further roll out of the portal and Manager Self Service will provide managers with a more user friendly platform for accessing their workforce data.

The Trust has also been undertaking a comprehensive data cleanse of position based competences and their alignment to job roles.

As a result of this a full training matrix was revised to ensure that that the appropriate competences are aligned to positions correctly, which has now been captured in ESR . This has enabled the HR &OD team to run more accurate reports through BI.

Regional Programmes

Alder Hey is involved in a number of regional workforce projects, such as the North West Streamlining programme (ensuring processes and systems around recruitment, training, employment are maximised) and the Collaborative Bank project (to create a flexible workforce which could be deployed across the region).

Streamlining Mandatory Training

A piece of work has recently been undertaken to align clinical and non-clinical mandatory classroom training to make it easier for staff to schedule attendance. This will roll out in September 2017.

Section 4 - Health & Wellbeing

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

Team Prevent

A Health Trainer is now working with the Trust providing stress management and relaxation/mindfulness training. These sessions have proved popular and will be scheduled and promoted accordingly. A session is being planned for management training in respect of how to recognise signs of stress with strategies on how to manage it.

Nursery Benefits

From September 2017, the Trust nursery will be implementing the new government offer of 30 hours free childcare per week. This initiative has been welcomed by all of our nursery users, and it will financially benefit a significant number of our staff who currently use the nursery.

Leading in Equality & Diversity

The second Listening into Action 'Big Conversation' for BME staff was a great success, the group continue with their actions to progress the BME network. A further Disability Network has been launched utilising the LIA methodology. A progress report on actions to date has been reported to WOD Committee.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

5th September 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 June 2017.

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 21st June 2017; the minutes of the meeting will be submitted to the September 2017 Board for noting.

- The Committee received the draft Workforce & Organisational Development Committee Annual Report 2016-17 and **approved** the content.
- The Committee noted the recommendations for The Best People Doing Their Best Work – Programme Assurance.
- The Committee received the Equality & Diversity Metrics report dated May 2017 and **noted** the content.
- The Committee received an update on progress for the BME Task & Finish Group actions and **noted** the progress.
- The Committee received the Corporate Objectives for the Trust and **noted** the content.
- The Committee received an update of the Workforce Leading Indicators and **noted** the content.
- The Committee **ratified** the Recruitment & Selection Policy and **approved** the EIA.
- The Committee **ratified** the Maternity & Adoption Leave Policy and **approved** the EIA.
- The Committee ratified the Grievance Policy and approved the EIA.
- The Committee ratified the Provision of Use of Work Equipment Policy and approved the EIA.

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 21st June 2017.

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Alder Hey Children's NHS
NHS Foundation Trust

Workforce and Organisational Development Committee Annual Report 2016-17

The Workforce and Organisational Development Committee

The Workforce and Organisational Development Committee (WOD) was established by the Board of Directors to be responsible for overseeing the implementation of the Trust's People Strategy and Equality Agenda and ensuring the organisational development culture of the organisation is maintained.

The principal devolution of the Board's responsibilities to the Committee is as follows:

Oversee the development of the Trust's People Strategy to assure the Trust Board that the Strategy is implemented effectively by receiving progress reports against the Plan and Workforce Key Performance Indicators.

Ratify/approve workforce policies as necessary.

Monitor workforce risks contained in the Trust's Corporate Risk Register and Board Assurance Framework, and risks arising from transformation projects and report these to the Trust Board as required.

Monitor the overall resilience of the organisation and staff through appropriate measurement of engagement and health and wellbeing, and provide reports to the Trust Board as required.

Oversee the development of the workforce elements of the Equality Delivery Scheme (EDS2) action plan and ensure the effective implementation of the EDS2 by receiving regular reports against the action plans. Also, oversee the development and reporting requirements for the Workforce Race Equality Standards (WRES)

Obtain assurance that the organisational values and behaviour framework continue to be embedded and championed across the Trust.

Obtain assurance that partnership arrangements with the Trust's Trade Unions are effective to support organisational change. More specifically, the Committee will oversee the development of the Partnership Agreement.

The conduct of this remit was achieved firstly, through the Committee being appropriately constituted, and secondly by the Committee being effective in ensuring internal accountability and the delivery of assurance on specific issues.

This report outlines how the Committee has complied with the duties delegated by the Board through its terms of reference and identifies key actions to address developments in the Committee's role.

Constitution

In accordance with the terms of reference, the membership comprises:

- 1 Non-Executive Director [Chair]
- 2 x Non-Executive Directors
- Director of Human Resources & Organisational Development [Deputy Chair]
- Chief Operating Officer
- Chief Nurse (or Deputy)
- Medical Director (or Deputy)

- Head of HR
- Head of OD
- Equality and Diversity Manager
- Staff Side Chair
- Divisional Associate Chief Operating Officer

Minutes of the Committee are presented to the Board and are supported by a summary report from the Committee Chair. Terms of Reference are revised annually and were last approved in December 2016.

Achievements

In discharging its duties the Committee met its responsibilities through self assessment and review, requesting assurances from Trust officers and directing and receiving reports from relevant individuals.

The following areas were the main focus of the Committee's attention:

- Governance and Programme Assurance for all workforce projects relating to the 'Change Programme'
- Monitoring of the Listening into Action journey
- Approval of the Staff Survey action planning process
- Scrutiny of progress against the targets and measures contained within the People Strategy
- Ratification of all relevant workforce policies
- Monitoring of key workforce risks and assurance that strategic plans and operational policies exist to mitigate all significant risks
- Approval of the Trust Apprenticeship Strategy and review of progress
- Approval of the Library and Knowledge Management Strategy
- Approval of the Workforce Equality and Diversity Objectives and review of progress against those objectives
- Monitoring of the Management and Leadership Development Strategy

Self Assessment

During the year the Committee has complied with 'good practice' recommended through:-

- Agreement and monitoring of an annual work programme.
- Prepared an Annual Report of its activities

Assurance Statement

Through the various mechanisms set out above, the Committee has gained assurance that the delivery of the Trust People Strategy was on track and all key workforce risks were being managed. It has clearly expressed its expectations in relation to areas where controls need to be strengthened and these will be addressed in the coming year.

Committee Developments

Whilst the Committee has performed its duties as delegated by the Board it has identified a number of areas to focus on during 2017/18:

- Focus on progressing the development of a refreshed People Strategy.
- In line with the revised governance arrangements of holding Board sub-committees accountable for the assurance and monitoring of the 'Change programme' across the organisation, WOD will continue to have devolved responsibility for all projects relating to workforce issues. The committee meeting time will continue to be split into Strategic and Operational issues to ensure focus on both priorities.
- Agree the key areas which would receive increased focus from the Committee in 2017/18 which would enable the Trust to deliver its people related targets.
- Ensure that particular attention is given to maintenance of engagement of people in the change programme and to ensuring appropriate support is given throughout the change.
- Enhance the monitoring and reporting of follow-up actions taken in respect of its areas of responsibility.

Claire Dove
Committee Chair April 17

WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE
2016-17 AGENDA TIMETABLE

Agenda Item	13th April	8th June	5th September	12th October	14th December	15th February
Review and agree WOD TOR					✓	
Discuss and identify key workforce themes	✓				✓	
Review/amend and approve People Strategy				✓		
Monitor progress against People Strategy	✓	✓	✓	✓	✓	✓
Ratify employment policies	✓	✓	✓	✓	✓	✓
Review workforce risks for inclusion in Board Assurance Framework	✓	✓	✓	✓	✓	✓
Sign-off Annual Report to the Trust Board						✓
Change Programme Assurance	✓	✓	✓	✓	✓	✓
Annual Report	✓					

WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE MEMBERSHIP ATTENDANCE 2016/17

	13th April	8th June	5th September	12th October	14th December	15th February	Attendance
Mrs C Dove - Chair (Non-Executive Director)	✓	✓	✓	✓	✓	X	5/6
Mr I Quinlan (Non-Executive Director)	✓	X	X	✓	X	✓	3/6
Mrs J France-Hayhurst (Non-Executive Director)	X	✓	✓	✓	✓	✓	5/6
Mrs M Swindell (Director of Human Resources & Organisational Development)	✓	✓	✓	✓	✓	✓	6/6
Mrs Mags Barnaby (Chief Operating Officer)	✓	✓	X	X	✓	X	3/6
Mrs H Gwilliams or Deputy (Director of Nursing)	X	X	✓	X	✓	X	2/6
Mr R Turnock or Deputy (Medical Director)	X	✓	X	✓	X	X	2/6

Board of Directors

Tuesday 5th September 2017

Paper prepared by	Director of Marketing and Communications
Subject/Title	INTERNAL COMMUNICATIONS AT ALDER HEY
Purpose of Paper	To inform the Board of actions arising out the meeting of XXX
Action/Decision required	For information/discussion
Resource Impact	None

Alder Hey Children's NHS
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Alder Hey Children's NHS
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TRUST BOARD REPORT – 5 September 2017

INTERNAL COMMUNICATIONS AT ALDER HEY
- an initial view

Mark Flannagan
Director of Marketing and Communications

1. PURPOSE OF THE REPORT

To provide my initial overview of the Trust's Internal Communications, together with some initial recommendations for improvement.

2. RECOMMENDATIONS

2.1. Reform the Team Brief

- Fix as a half hour meeting.
- The Chief Executive to lead (only changes in very exceptional circumstances).
- Slides limited to one per item and a standard infographic format produced.
- Items limited to no more than three per meeting.
- Have regular Team Brief "show case" of services/departments – which are the only item on agenda when this is done.
- After Team Brief the Chief Executive to record a short video blog (a "Vlog"), speaking to the highlights which is placed on the staff Intranet.
- Other ways of disseminating this Vlog, including via a dedicated You Tube channel, to be examined.

2.2. Track usage of staff Intranet (soon to be an Extranet)

- Monitor use of the new Extranet with weekly tracking of usage.
- Explore development of an Alder Hey staff app.
- Focus information presented as immediate must-know information – from pay to policy to people.
- Hand over areas of population of the Extranet to staff across the Trust who are good communicators, not just relevant staff with responsibility.

2.3. Review Leadership approach

- Chief Executive to be used as a key illustrator of our approach to Internal Communications.
- Executive Team to review their role in replicating Chief Executive's approach and timetable of actions and commitments produced, building upon the Executive Shadowing process already successfully under way.

- Further work to be done on how to open up the Internal Communications leadership further down the Trust hierarchy.

2.4. **Support Staff capacity to communicate**

- Agree a Statement of Principle about Internal Communications.
- Accept and communicate the right of staff to post to Facebook, Twitter, Instagram and all new and emerging forms of social networking as a positive opportunity to speak about Alder Hey, within clear Guidelines and support.

2.5. **Further work to be done**

- *Alder Hey Life to* be reintroduced, along with an e-newsletter.
- Routine team meetings, formal and informal to be mapped to identify communications points.
- Internal Communications work to be jointly led and consistent with Communications, HR and OD, and Operations Directors. Future resource will be investigated.
- A Core Message Framework to be developed.
- Clinical Divisions to have a member of the Communications team allocated as a key link back to Communications.
- Presentations/speaking skills training for staff to be introduced.

3. BACKGROUND

On my arrival as Director of Marketing and Communications on 17th July I was asked to consider the strength of Team Brief (a monthly briefing for any staff to attend and then cascade information received across the Trust) as a priority. In so doing, I also began to consider the different existing elements of Internal Communications leading to proposals for some immediate changes and identification of longer term work that may need to be done. This paper outlines some steps already being taken (many of which were underway before my arrival), and suggests additional items that will be addressed in future. I deal here only with Internal Communications, although, in the case of social media for example, there is a clear cross over with External Communications. In so doing, I am recognising that there is much existing very good activity, but there is always an opportunity to improve and move forward.

The Staff Survey indicated that we are not performing as well as we should when it comes to good communication between Senior Management and staff. The Board requires us to do better and, as Sir David has said, we need to address the "plumbing" of internal communications.

It seems to me that we need a challenging rethink about: what internal communications is; the principles behind it; and how our workforce demographic affects our future approach. To do this we need to consider best practice and audience responsiveness (different approaches are required for different people and generations). We also need to learn from other Trusts who have experienced and dealt with similar problems. Finally, we need to go to back and look to existing and past practices which will still be relevant and effective. In so doing we should recognise the work the Chief executive and Executive Team already do to communicate and listen across the Trust.

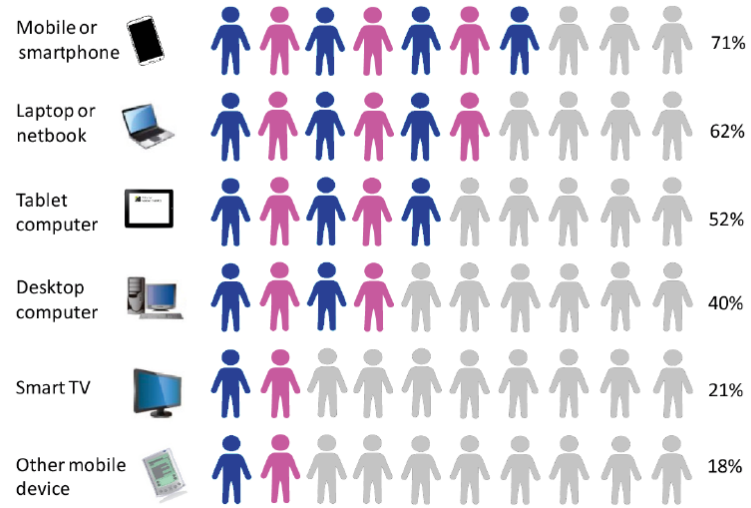
3.1. **Team Brief**

As a first observation, strengthened by repeated conversations, it is clear that the Team Brief as it stands is not working as a vehicle for communicating, despite our reliance on it as a core means of getting our message out to staff. The input into the meeting and the content is often not passed on to other members of staff. The Team Brief is too long (it should last no more than half an hour) and it contains too much information to be remembered (much of which does not appear to be "must have" information). In addition, the over reliance on Team Brief and then staff to subsequently cascade the information afterwards prevents us from addressing a more fundamental problem. Staff may not be willing both listen to and then pass on information. Staff who want Alder Hey to be a great place to work should see recognise their role in this includes communicating well to each other.

3.2. **Intranet**

The Intranet is not a useful or user-friendly tool, even if you do have a determination to use it to search for information. Delivery will change soon with the introduction of an Extranet, which will make access user-friendly. However, I have a concern that the requirement to access even an Extranet via a browser and click through to find information is contrary to modern methods of communication. Users want on the go convenience. Users, predominantly use smart phones to access either the internet or, where available, an app that delivers what they need in a format that is portable (see diagram below). It is a reasonable assumption that our staff will mirror this device usage. Most will rarely or never access their email or the intranet via a PC, but most will carry with them their own smart phone. Producing communication that is designed for the technology on hand is critical to participation.

Figure 2: Devices used to access the internet, 2016, Great Britain



ONS Statistical bulletin: Internet access – households and individuals: 2016

3.3. Leadership

Good communication starts at the top. It is clear that the Chief Executive has a well-established programme to be routinely visible. Similarly, successful implementation of the Executive Shadowing plan (in which the Executive Team "get out" to visit different parts of the Trust on a planned basis) is beginning to provide valuable feedback and clear points of two-way communication with staff at all levels.

To help further, in conversation with her, I have drafted an updated visibility plan for Louise based around her extensive actions already undertaken and committed to. A similar list could be adapted and implemented by the rest of the Executive Team based on experience and our shared ambition to communicate even more effectively.

3.4. Staff

Staff at all levels, not just at the top of an organisation, have their own responsibility to communicate with each other. Good communication lies at the heart of good healthcare. While the importance of communications is already embedded in the professional life of colleagues, there may be an issue around willingness to pass on communication from the "top". Lack of attendance at the Team Brief and subsequent cascade of information supplied may illustrate a lack of corporate buy-in and understanding of the value of passing information on to staff at all levels. It is not surprising that that there seems to be a "permafrost layer" in the Trust where information and is not being passed down through middle-management to the rest of staff.

4. A refreshed approach

As a start point we can consider adopting a Statement of Principle about Alder Hey Internal Communications that drives our shared approach. For example:

> *We recognise the importance of open, honest and free communication about all areas of our work. Sharing information lies at the very heart of what we do. Just as it is important to listen to the opinions of children it is equally important that we listen to each other as staff.*
>
> *One of our Values is Openness and we should demonstrate this daily. Every member of the Alder Hey team has a responsibility to pass on information about all aspects of our work to colleagues.*

There is no need for a new Programme or initiative to address the core of our internal communications issues. Listening into Action is already a key vehicle with important activities already underway. However, in addition, we can begin to make other improvements by addressing the issues outlined above. However, this is a start, and we should develop a clear plan for longer term action and report back to the Board on progress. What follows are my initial suggestions about where we can make some change. Some of these are already being implemented or explored.

4.1. **Team Brief**

This meeting should be fixed as a half hour meeting, no longer.

4.1.1. Where possible the Chief Executive should routinely lead this and she should call upon staff to briefly contribute as required.

4.1.2. The Team Brief needs to consider its scheduling to open access to as many staff as possible, including lunchtimes, rather than the current alternating morning/afternoon schedule

4.1.3. Slides should be limited to one per item and a standard, infographic format is used.

4.1.4. Any "presentations" or items should be limited to no more than three per meeting. No-one takes away more than three messages from any meeting and we need to accept this.

4.1.5. Eventually we should put in place a process that "teaches" people to present – many staff will have never had any training. Giving them this will allow us to iron out issues of timings, etc.

4.1.6. Immediately after the meeting the Chief Executive should record a short – 2 to 5 minutes – video blog, speaking to the highlights she wishes to convey. This will then be then placed on the Intranet. We should look at other ways of disseminating, including a dedicated You Tube channel.

4.2. **Extranet**

4.2.1. We should monitor use of the new extranet with weekly tracking of usage and then act on the results.

4.2.2. We should explore the development of an Alder Hey staff app – the focus of this should be on simplicity and user led needs.

4.2.3. We should focus the information presented on the Extranet as immediate must-know information (from pay to policy) and friendlier first person information (including staff news of the personal kind – retirements, babies and birthdays, etc.).

4.2.4. Eventually we should hand over some areas of the Intranet to staff across the Trust who are good communicators, not just relevant staff with responsibility. Colleagues' providing relevant information for colleagues is a more powerful approach than "official" information downloads.

4.3. **Leadership**

4.3.1. The central role of the Chief Executive and her open and honest style should be used as a key illustrator of our approach to Internal Communications.

4.3.2. The ambition of the Executive Team in replicating the Chief Executive's approach should be recognised with a timetable of actions and commitments be produced to mirror the Chief Executive's.

4.3.3. Each approach should building upon the implementation already taking place of the Executive Shadowing in the Trust, which is delivering dividends.

4.3.4. Further work should be done on how to open up the Internal Communications leadership further down the hierarchy.

4.4. **Staff**

4.4.1. A final agreed Statement of Principle should drive our attitude and approach to how and when and where we want staff to communicate. Internal Communications will not be seen as a corporate function, but as a cultural approach in Alder Hey.

4.4.2. We will begin to enhance staff ability to communicate both internally and externally by developing official departmental and team Twitter accounts where requested and judged helpful to their work. This is not just a signal that good communications is open and continuous, but also that we do recognise the strength of direct, immediate conversations with all audiences.

4.4.3. Staff will be supported in this Twitter activity through clear guidance, training and monitoring underpinned by strong governance, just as they are in every other aspect of their professional life.

4.4.4. The power of Facebook and other forms of social networking to create online communities, to provide instant communications and to develop a powerful repository for information has to be embraced. We should accept the existence of so-called "un-official" groups as an opportunity for staff to communicate and seek to ensure that information is provided that enhances these media. We should look at how we manage our approach to Facebook in due course.

4.4.5. The Alder Hey corporate Twitter account needs to be used much more than it is. The approach has to be an 'always on, always tweeting' one.

5. Further work to do

What is outlined above is a start and is a focused approach. It is recognised that there is already a great deal of activity that will continue to drive and improve Internal Communications. Immediately, we have taken the following steps to signal a shared culture of Internal Communication and shared values.

5.1. The Alder Hey "newspaper", *Alder Hey Life*, is being reintroduced, with the first edition published October 2017, along with the re-introduction of regular fortnightly e-newsletter *My Alder Hey*.

5.2. In response to demand, new lanyards Alder Hey have been designed and are being produced to be issued to all staff that will help reinforce our One Alder Hey approach. The process of handing out these lanyards should be led by the Chief Executive and members of the Executive Team. The infection control issues are being addressed.

Further work need to be done around the following, as a start:

5.3. Routine team meetings, formal and informal, will be mapped in order to understand where the opportunity points are to communicate. This has begun with the medical Division's production of its meetings.

5.4. Our future approach has to be all about "Engagement" not just messages and communication from the top. To this end, Internal Communications should be led by not just the Communications team, but also the HR and OD, and Operations Directors.

5.5. We need to integrate our social media streams into our website and extranet, allowing a seamless and continuous link back and forth.

5.6. We need to connect better with the things that we do – the hospital and wider, children, community health care, etc. A Core Message Framework needs to be developed that assists this.

5.7. It has been suggested that , and I will implement, specifically identified members of the Communications team more formally "shadowing" the Clinical Divisions and acting as the named link person to the clinical teams.

5.8. For staff we should introduce presentations/speaking skills training. This will allow us to create a cadre of experienced speakers/star presenters who communicate on behalf of the Trust right across the Trust.

6. CONCLUSIONS

Much of our Internal Communication is subtle, delivered by parts of the Trust other than Corporate and already takes place in unknown and unseen channels. Good Internal Communications is no more than a form of social networking and there is already a great deal of this. The above approach is the first step to introducing a clear culture of high quality, shared communication across the trust, backed up by processes and methods that allow everyone to both receive and transmit their necessary information against our Values and our Plan. Our aim is to get it right for Alder Hey, producing the best Internal Communications we can, acting as an example to other Trusts.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Change Programme

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

This months board programme assurance is in a bespoke format (in the absence of sub-Committee reports in August). In summary, and by work stream, the assurance findings – based as ever upon the documentary evidence uploaded onto our SharePoint site – are as follows:

1. **Deliver Outstanding Care.** Two of the live project ratings have slipped to 'amber' due the milestone plans not being regularly updated on SharePoint. It was agreed at the Programme Board (PB), 31 Aug, that sponsors will fix these issues. The 'red' rated projects are just commencing, so the ratings reflect that reality; however, it was agreed at PB that the work needs to accelerate.
2. **Growing Through External Partnerships.** The evidence base and ratings are improving and it was agreed at Programme Board that this should be expedited by the time of the next PB in September. The status of the 'Stoke Partnership' was discussed and action is in hand.
3. **The Best People Doing Their Best Work**. This work stream has suffered from long term absence of a key project manager, the executive sponsor will speak to the assurance team to find workaround. Projects for e-rostering and Temporary staffing will commence in Sep 17.
4. **Global Digital Exemplar.** This work stream is achieving a high standard of governance and assurance, the programme team take full ownership for the ratings and are pro-active in dealings with the assurance team; this praiseworthy performance was noted by the PB.
5. **Park, Community Estate & Facilities.** This work stream takes the accolade for most improved ratings since the previous assurance report and the team should take credit for a new level of engagement with the assurance process. The red rated projects are commencing and so would expected to be red/amber at this stage; again, it was agreed at PB to accelerate the set-up work.
6. **Game Changing Research & Innovation.** The evidence base here has improved to the extent that no projects remain on red and there is a clear understating of the next steps required to move from amber to green.
7. **Strong Foundations.** The red ratings here are a reflection of the fact that the extensive evidence base has yet to be uploaded to SharePoint and this will have been expedited by the time of the September Programme Board.

J Gibson 31 Aug 17

Change Programme
30 August 2017_v12

Trust Board

Alder Hey Children's NHS
NHS Foundation Trust

CQAC | R&BD | WOD | R&BD | R&BD

Internal Delivery Group (CiP) ⟷ **Programme Assurance Framework** ⟷ **Programme Delivery Board**

27/40 = £ indicated projects

Deliver Outstanding Care
Hilda / Steve

1. **Deteriorating Patient**
2. **Experience in Outpatients £** SG
3. **Best in Operative Care £** SG
4. **GP Streaming**
5. **Best in Acute Care £**

Growing Through External Partnerships
John SG

1. **Establish Alder Hey as Leader of Children's Health across C & M**
   a) Single Service, 2 Site, Neonatal Service **£**
   b) Expand Mental Health Offering **£**
   c) Step Down Model for Patients with Complex Needs **£**
2. **Strengthen the Stoke Partnership £**
3. **International Health & Non-NHS Patients £**
4. **Transformation of New Community Services (SALT) £**
5. **CHD Liverpool Partnership £**
6. **Aseptics £**

The Best People Doing Their Best Work
Melissa/Hilda SG

1. **Staff Engagement & Development**
   a) Apprenticeships **£**
   b) Engagement & Communication
2. **Workforce Reviews**
   a) Specialist Nurse Review **£**
   b) AHP Review **£**
   c) Portering **£**
   d) Domestics **£**
3. **Agile Working**
4. **Temporary Staffing £**
5. **e-Rostering £**

Global Digital Exemplar
John/Steve

1. **Speciality Packages £** SG
2. **Voice Recognition £**

Strong Foundations
John

1. **Inventory Management £**
2. **Collaborative Procurement £**
3. **Energy £**
4. **Post-mobilisation Review**

Park, Community Estate & Facilities
David

1. **Decommission & Demolition** SG
2. **R&E 2**
3. **Alder Centre**
4. **Park**
5. **Residential Development**
6. **International Design & Build Consultancy £**
7. **Reprovision of Retained Estates**
8. **Neuro-Developmental Hub (TBC)**

RE&I

Game Changing Research & Innovation
David

1. **The Academy £**
2. **The Innovation Co £**
3. **Implement New Apps for Alder Hey**
4. **Expand Commercial Research £**

Listening into Action - *A staff-led process for the changes we need*

Change Programme Dashboard - Assurance

Alder Hey Children's NHS Foundation Trust

Project Ref	Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	CBU/ Corporate Lead Delivers the project	Clinical Lead Quality Assures the project	Project Manager Planning the project	Finance/ Business Lead	Information Lead	External Program Assurance	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
1.0 Deliver Outstanding Care 17/18 £TBC																				
CQAC 1.1	CQAC	Deteriorating Patient (Sepsis)	This project will ensure prompt recognition and management of the deteriorating patient and implementation of the Sepsis Pathway	Hilda Gwilliams	Glenna Smith	David Porter	Glenna Smith (Teresa Guy)	Sandra Davies	Helen Almond	Joe Gibson										Project implementation meeting notes available but last record early June. PID complete. Benefits defined, tracking/reporting to commence. Milestone Plan is not being updated - actions from 26 June onwards to be updated. Comms/ Engagement Plan available, evidence to be provided where possible. Risks on Ulysses. EA/QIA complete. **Last updated 6 July 2017**
CQAC 1.2	CQAC	Experience in Outpatients	The project will improve patient & staff experience; understand demand and capacity; improve flow and environment	Hilda Gwilliams	Cheryl Brindley	Rob Johnson	Gail Hewitt/ Ellie Johnson	Sandra Davies	Elaine Morgan	Joe Gibson										SG meeting notes available to July. PID completed. Benefits defined - tracking/dashboard uploaded 29 Aug 17. Milestone Plans (Booking and Scheduling in particular) show some 'OM' tasks and requires populating with new actions. Comms/ engagement activities to be updated and evidence provided where possible. Risks available on Ulysses. **Last updated 29 August 2017**
CQAC 1.3	CQAC	Best in 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 rates	Steve Ryan	Rob Griffiths	Benedetta Pettorini	Kate Holian	Andy McColl	Karl Edwardson	Joe Gibson										Steering Group notes available on SharePoint. PID available. Targets/benefits defined in PID, tracking/reporting to commence. Milestone Plan to be fully defined/populated and updated (some updates now date back to June/July). Comms tracker available. Risks available on Ulysses. EA/QIA complete. **Last updated 16 August 2017**
CQAC 1.6	CQAC	GP Streaming		Mags Barnaby	Will Weston	Bimal Mehta	Nicola Lyons	Rachel Lea	Elaine Morgan	Joe Gibson										**PID to be available at end of July.** **No documentation available on SharePoint.**
CQAC 1.7	CQAC	Best in Acute Care		Steve Ryan (Hilda Gwilliams)	Will Weston	Adrian Hughes	TBC			Joe Gibson										Draft PID uploaded and incorporates the following projects/workstreams: Resuscitation; Deteriorating Patient/Sepsis; 7 Day Services - inclusive of Out of Hours; PEWs/Deterioration; Outreach; Medical Management of Complex Surgical Patients). The PID includes the scope with benefits yet to be defined. Minutes/notes of meetings are present, as is identification of high level stakeholders. **Last updated 29 August 2017.**
2.0 Growing Through External Partnerships 17/18 £TBC																				
R&BD 2.1c	R&BD	Single Service, 2 Site, Neonatal Service	Lead services to review options to collaborate and maximise joint working across the NM LDS and C&M Footprint including a single Neonatal Service with LWH	Steve Ryan	Adam Bateman	Jo Minford	Chloe Lee	Andy McColl	Phil Johnston	Joe Gibson										Now in implementation planning phase. Outline PID available. Milestone plan in development with further definition required. Definition of benefits in 'working draft' fromat with further work needed to establish SMART metrics. Comprehensive evidence of wide stakeholder engagement. Risk Register commenced and QIA/EA to be uploaded when signed off. **Last updated 25 August 2017.**
R&BD 2.1di	R&BD	STP AH @ C&M Strong Community Services Offer - Transition of New Community Services	To ensure safe and efficient transfer of selection of Specialist Paediatric Community Services from LCH	John Grinnell	Rachel Greer	Cath McLaughlin	Justine McGlynn	Rachel Lea	Phil Johnston	Joe Gibson										Team have requested closure of this project. Closure Report to be presented to July RABD meeting was not submitted, Executive Sponsor is requested to ensure closure at September R&BD meeting . **Last updated 5 May 2017**
R&BD 2.1d	R&BD	STP AH @ C&M Expand Mental Health Offering	Lead services to review options to collaborate & maximise joint working across the NM LDS & C&M Footprint; including Community CAMHS, Tier 4 CAMHS & Neuro Developmental Service	John Grinnell	Rachel Greer	Cath McLaughlin/ Andrew Williams	Kate Brizell	Rachel Lea	Phil Johnston	Joe Gibson										PID to be presented to Steering Group meeting in **September 2017.** **Last updated 25 August 2017**
R&BD 2.1e	R&BD	Step Down Model for Patients with Complex Needs	Implement Alder Hey Rehab offer to enhance patient pathway	John Grinnell	Rachel Greer	Brigid Doyle	Rachel Greer/ Lindsay Marlton	Andy McColl	Phil Johnston	Joe Gibson										PID to be presented to Steering Group meeting in **September 2017.** **No documents yet on SharePoint.**
R&BD 2.2	R&BD	Strengthen the Stoke Partnership	Lead services to review options to collaborate and maximise joint working with Stoke partners	John Grinnell	Adam Bateman	Simon Kenny	Phil Raymond	Andy McColl	Karl Edwardson	Joe Gibson										Draft/outline PID on SharePoint - all project documentation to be fully developed. **Last updated 11 May 2017**
R&BD 2.3	R&BD	International Health & Non-NHS Patients	Establish International service offer including: International Health Partnerships and non-NHS patients	John Grinnell	CBU ACOOs/ Angie May	Steve Ryan	Angie May	Esme Evans	Kerry Morgan	Joe Gibson										Steering Group meeting notes available. PID complete. Milestone Plan is defined and on SharePoint shows slippage with Dubai workstream and PP privileges. Details/evidence of comms/engagement to be provided where possible. Risks now on Ulysses. EA/QIA complete. **Last updated 17 July 2017**
R&BD 2.4	R&BD	Transformation of New Community Services (SALT)								Joe Gibson										Draft PID in evideince with more work required, particularly on benefits and measures. Some evidence of team working but attendees at meetings, as well as action logs, need to be documented. A detailed action plan is in place and would benefit from a 'red line' showing the date of the latest amnedments/changes. Evidence of stakeholder engagement, confirmation of risks registred and EA/QIA are all outstanding. **Last updated 18 August 2017.**
R&BD 2.5	R&BD	CHD Liverpool Partnership		Steve Ryan						Joe Gibson										**PID to be available at end of July.** **No documentation available on SharePoint.**
RABD 2.6	R&BD	Aseptics		John Grinnell						Joe Gibson										Proposal for commissioning, validation and licensing of the Pharmacy Aseptic Services Unit (Business Case format) has been lodged on SharePoint. **Programme Board to decide if other project documents are required in evidence.** Current issues include no evidence of live tracking of milestones / risks / benefits and no documented evidence of meetings.
3.0 The Best People Doing Their Best Work 17/18 £TBC																				**Business Case Form**
WOD 3.1a	WOD	Staff Engagement & Development - Apprenticeships	To operationalise the Apprenticeship Strategy and realise the benefits of apprentiseship qualitifcations following introduction of the Apprenticeship Levy.	Melissa Swindell	Paula Davies	N/A	Paula Davies	Esme Evans Page 1 of 3	Kerry Morgan	Joe Gibson										Reports to Workstream Steering Group. PID available, financial benefits to be completed. Milestone Plan available - shows some slippage (Operational Plan and Financial Levy mapping) and not updated since early June. Comms/Engagement activities detailed in PID and Delivery Plan - evidence required where possible. Risks up-to-date on Ulysses. EA/QIA complete. **Last updated 26 June 2017**

Change Programme Dashboard - Assurance

Alder Hey Children's NHS Foundation Trust

Project Ref	Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	CBU/ Corporate Lead Delivers the project	Clinical Lead Quality Assures the project	Project Manager Planning the project	Finance/ Business Lead	Information Lead	External Program Assurance	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
					PROJECT TEAM						PROJECT RAG RATING (Idea: Gate 1 Idea Explored; Initiate: Gate 2 Project Established; Develop: Gate 3 Project Designed; Implement: Gate 4 Project Delivered; Sustain & Review: Gate 5 Benefits Sustained)									
WOD 3.1b	WOD	Staff Engagement & Development - Engagement & Communication		Melissa Swindell	Fleur Flanagan	N/A	Fleur Flanagan	Esme Evans	Kerry Morgan	Joe Gibson										Reports to Workstream Steering Group. Draft PID on SharePoint, to be finalised. Details of benefits, metrics and tracking to be finalised. Last updates to Milestone Plan end May 2017. Comms Plan within PID, activities to be tracked. Risks identified, to be entered onto Ulysses. EA/QIA to be finalised and signed in accordance with process. **Last updated 2 June 2017**
WOD 3.2a	WOD	Workforce Reviews - 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	Hilda Gwilliams	Pauline Brown	Lead Nurses	Pauline Brown	Andy McColl	Elaine Morgan	Joe Gibson										Reports to Workstream Steering Group not continuing, need uploading. PID on SharePoint. Benefits contained within PID, however financial benefits to be confirmed. Milestone Plan not updated since 26 Jun 17. Comms/engagement activities limited at present. Risks up-to-date on Ulysses. EA/QIA complete. **Last updated 21 June 2017**
WOD 3.2b	WOD	Workforce Reviews 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	Hilda Gwilliams	Cath Wardell/ Brigid Doyle	Heads of Services	TBC	Sandra Davies	Phil Johnston	Joe Gibson										**Position to be reviewed September 2017**. (Agreed at IDG meeting on 10.7.17 plan to be worked up - financial benefits expected 18/19). **Last updated 14 July 2017**
WOD 3.2c	WOD	Workforce Reviews Portering	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams	Mark Devereaux	N/A	Natalie Deakin	Cristina Puccini	Karl Edwardson	Joe Gibson										Some team meeting actions available. PID available which contains benefits and metrics. Milestone Plan available, shows slippage of 7 weeks. Some evidence available of Comms/ Engagement activities. Risks captured on Risk Log and these require review. EA/QIA complete. **Last updated 25 July 2017**
WOD 3.2d	WOD	Workforce Reviews Domestics	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams	Lesley Cooper	Pauline Brown	Natalie Deakin	Cristina Puccini	Karl Edwardson	Joe Gibson										Some team meeting actions available. PID available which contains benefits and metrics. Milestone Plan available - some slippage with milestones. Evidence required of Comms/Engagement activities, where possible. Risks captured on Risk Log and these require review. EA/QIA complete. **Last updated 25 July2017**
WOD 3.3	WOD	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	Sue Brown	N/A	Tony Johnson	Cristina Puccini	N/A	Joe Gibson										Revised PID presented at recent Steering Group meeting. Scope/approach to be confirmed, milestone plan to be fully developed/defined along with details of benefits and start date. Comms/engagement evidence to be provided. Risk log requires review. EA/QIA complete. **Last updated 11 April 2017**
WOD 3.4	WOD	Temporary Staffing		Melissa Swindell	Alison Chew/ Sharon Owen	Pauline Brown	Alison Chew/ Sharon Owen			Joe Gibson										**PID to be available at end of July.**
WOD 3.5	WOD	e-Rostering		Hilda Gwilliams						Joe Gibson										**Review position at end of July.**
4.0 Global Digital Exemplar 17/18 £TBC																				
R&BD 4.1	R&BD	GDE	Create exemplars that can inspire others by really showing how information technology can deliver both improved patient outcomes and enhanced business effectiveness	Steve Ryan/ John Grinnell	Peter Young	Nik Barnes	Jenny Wood	Claire Liddy (with Neil Morris)	Elaine Morgan	Joe Gibson										Overall benefits profile and schedule still to be finalised. Further stakeholder evidence to be uploaded and register maintained. Risk protocols vis-à-vis national and Trust sytsems have been harmonised and are in the process of being finalised. **Last updated 23 August 2017**
R&BD 4.1a	R&BD	Speciality Packages	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Steve Ryan/ John Grinnell	Peter Young/ ACOOs	Lead from each Division/ Speciality	Lead from each Division/ Speciality & IT Lead	Andy McColl (with Bus Acc)	Elaine Morgan	Joe Gibson										Overall benefits profile and schedule still to be finalised. Risk protocols vis-à-vis national and Trust sytsems to be harmonised and finalised. **Last updated 21 August 2017.** QIA/EA will be assured and assessed at project level.
R&BD 4.10	R&BD	Voice Recognition	Deploy voice recognition solution in Medisec and Meditech	Steve Ryan/ John Grinnell	Will Weston	Nik Barnes	Hannah Thompson/ Mandy Burns	Sandra Davies	Elaine Morgan	Joe Gibson										PID and detailed project workbook on SharePoint. Details of financial benefits on separate document. Detailed milestone plan available, shows actions on track. Comms/engagement activities detailed in PID, evidence required where possible. Risks detailed in workbook. EA/QIA to be signed by Project Team and uploaded. **Last updated 21 August 2017.**
5.0 Park, Community Estate & Facilities 17/18 £TBC																				
R&BD 5.1	R&BD	Decommission & Demolition	The aim of the project is to move out from and make safe the old hospital ready for demolition	David Powell	Sue Brown	N/A	John Williams	Neil Morris	Elaine Morgan	Joe Gibson										PID available, however details of benefits requires review in line with revised/ updated dates. Milestone plan shows slippage (car park demolition). Details of communication/engagement activities to be confirmed and evidence provided where possible. Risks now on Ulysses, some require review. **Last updated 2 August 2017**
R&BD 5.2	R&BD	R&E 2	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard	David Powell	Sue Brown	Michael Beresford	David Houghton	Neil Morris	Elaine Morgan	Joe Gibson										Team action notes available to May. PID available, benefits to be confirmed. Milestone Plan shows some delays (space allocation & design). Details of comms/engagement activities to be confirmed and evidence provided where possible. Issues Log uploaded, risks to be entered on Ulysses. EA/QIA to be prepared and signed. **Last updated 24 August 2017**
R&BD 5.3	R&BD	Alder Centre	To plan, develop and construct the new Alder Centre within the park setting	David Powell	Sue Brown	N/A	Sue Brown	Neil Morris	Elaine Morgan	Joe Gibson										Steering Group meeting notes available. Scope/approach defined in PID (revised recently). Benefits defined in PID. Milestone Plan has been revised recently - shows initial actions on track. Evidence of Comms/ Engagement activities. Risks to be confirmed on Ulysses. EA/QIA complete. **Last updated 30 August 2017**
R&BD 5.4	R&BD	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	Sue Brown	Jane Ratcliffe	Laura Naylor	Neil Morris	Elaine Morgan	Joe Gibson										Updated PID on SharePoint - confirmation of updates required/approval at Steering Group. Benefits defined in PID, tracking/reporting of delivery required. Milestone plan shows actions on track, however clarification required eg re LCC sign-off/financial contribution which shows as missed (August 2017). Risks on Ulysses - need confirmation these are up to date. EA/QIA complete. **Last updated 26 August 2017**
R&BD 5.5	R&BD	Residential Development	To create a high quality residential scheme that co-ordinates with the themes and activities within the wider park site	David Powell	Sue Brown	N/A	David Houghton	Neil Morris	Elaine Morgan	Joe Gibson										Scope/approach and benefits defined in PID. Plan shows delays - consultation pushed back to September. Evidence required of comms/engagement activities. Risks on Ulysses and require review (last review May 2017). EA/QIA complete. **Last updated 8 August 2017**

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Change Programme Dashboard - Assurance

Alder Hey Children's NHS Foundation Trust

Project Ref	Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	CBU/ Corporate Lead Delivers the project	Clinical Lead Quality Assures the project	Project Manager Planning the project	Finance/ Business Lead	Information Lead	External Program Assurance	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 5.6	R&BD	International Design & Build Consultancy		David Powell			David Houghton	Rachel Lea	Elaine Morgan	Joe Gibson										Work stream reports need to be augmented with evidence of notes/minutes of project meetings. Draft/outline PID on SharePoint. All project documentation to be fully developed. **Last updated 24 August 2017**
R&BD 5.7	R&BD	Reprovision of Retained Estates		David Powell						Joe Gibson										Some statistics available on numbers for whom estate/space is needed. A high level critical path has been uploaded as well as an option for external provision of space. All project documentation to be fully developed. **Last updated 24 August 2017**
R&BD 5.8	R&BD	Neuro-Developmental Hub (TBC)		David Powell						Joe Gibson										SOA' available. All project documentation to be fully developed. **Last updated 24 August 2017**
6.0 Game Changing Research & Innovation 17/18 £TBC																				
RE&I 6.1	RE&I	The Academy	To set up the Alder Hey Academy to establish/consolidate Alder Hey as a leading international provider of Education	David Powell	Cath Kilcoyne	Graeme Lamont	Cath Kilcoyne	Rachel Lea	Helen Almond	Joe Gibson										Draft PID available. Benefits defined in PID, tracking to commence. Milestone Plan shows multiple delays,(recruitment/venue/capacity) . Comms/ Engagement activities to be tracked with evidence provided where possible. Risks transferred to Ulysses and have been reviewed. EA/QIA signed by Execs. **Last updated 30 August 2017**
RE&I 6.2	RE&I	The Innovation Co	To set up Innovate Co. a subsidiary of the Trust charged with running the Trust's Innovation Machine	David Powell	Jason Taylor	Iain Hennessey	Jason Taylor	Rachel Lea	Helen Almond	Joe Gibson										Need to check where/if draft POD has been approved. Project team meeting minutes/notes to be uploaded. Outline milestone plan and risk log available. All project documentation to be fully developed in line with Programme Management standards. Risks now on Ulysses, to be reviewed regularly. EA/QIA to be completed and signed. **Last updated 21 August 2017**
RE&I 6.3	RE&I	Implement New Apps for Alder Hey	To set up the Acorn Partnership charged with creating a pipeline for developing the Innovation Machine's Apps	David Powell	Jason Taylor	Iain Hennessey	Jason Taylor	Rachel Lea	Helen Almond	Joe Gibson										Draft PID on SharePoint. Benefits defined in PID, tracking to commence. Milestones in PID and plan on Sharepoint require clarification for both actions and dates. Comms/Engagement activitied to be detailed/evidenced. Risks on Ulysses, to be reviewed regularly. EA/QIA to be completed and signed. **Last updated 25 August 2017**
RE&I 6.4	RE&I	Expand Commercial Research	To establish an increased portfolio of Commercial Research	David Powell/ Michael Beresford	Matthew Peak	Michael Beresford	Charlie Orton	Rachel Lea	Helen Almond	Joe Gibson										**Assurance requirements to be confirmed by the Programme Board. Last updated 22 May 2017**
7.0 Strong Foundations 17/18 £TBC																				
RABD 7.1	R&BD	Inventory Management		John Grinnell						Joe Gibson										**PID to be available at end of July. No documentation available on SharePoint.**
RABD 7.2	R&BD	Collaborative Procurement		John Grinnell						Joe Gibson										**PID to be available at end of July. No documentation available on SharePoint.**
RABD 7.3	R&BD	Energy		John Grinnell						Joe Gibson										**PID to be available at end of July. No documentation available on SharePoint.**
RABD 7.5	R&BD	Post-mobilisation Review		John Grinnell						Joe Gibson										**PID to be available at end of July. No documentation available on SharePoint.**

Project	
	Black - Failed/ Gap **Red** - Project team/workbook requiring significant assistance/management **Amber** - Project team/workbook have issues and these are resolvable at the project level **Green** - Project team in place with workbook overall in good order and proceeding to plan

Finance	**Overall Financial RAG status definition**
	Black - Unidentified or Not Viable **Red -** High risk, >50% risk of delivery to financial values **Amber -** Medium risk **Green/Amber -** Low risk, <20% risk to delivery, fully developed **Green -** No risk, delivered and posted in General Ledger

pmo-intranet/ProgrammeAssuranceFramework/Planning&Progress

Corporate Report

Jul 2017

Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

Table of Contents

Executive Summary

Jul 2017

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
N	N	N	N	N	N	N	N	N	N	N	N

Highlights

The Trust is compliant with all NHSI standards with the exception of the ED 4hr standard. Diagnostics, incomplete pathway & cancer all achieved despite the high number of NEL & ED attendances. 28 day breaches have reduced to 1. Activity has increased within the hospital against the same period last year. Backlog remained static, no patients waiting >52 weeks and clearance rates reduced. Corporate induction hit 100% for July

Challenges

4hr standard failed for July (only standard linked to STF funding). High attendances noted for July over plan (n+333) combined with availability of junior Dr's presented a key challenge to manage. Cancelled Ops on same day has increased and will require specific management actions from surgery to balance increased theatres to bed stock. OP actual utilisation remains a challenge. Med/Surg consistent at circa 86%; community challenged at 78%. Ongoing work required to manage DNA's which are Surg 10%, Med/Comm 14%. DQ issues persist notably with cashing up clinics which skews above data. 28 day relists has reduced but remains a challenge in capacity constrained specialties. Backlog stable.

Patient Centred Services

Modest deterioration in metrics noted despite achievement of 3 of the 4 NHSI standards. Key deterioration is the ED 4hr standard following high levels of NEL/ED attendance. Theatre & OP utilisation has also deteriorated and EL activity underperformed against plan; despite this backlog has remained static and no patients waiting >52 weeks noted. 28 day breaches reduced from 5 to 1 however a further increase in cancellation on the day identified for July; these patients will need to be rebooked within 28 days.

Excellence in Quality

This month has seen excellent performance in maintaining low levels of hospital infections (15 year to date vs 33 last year), including zero MRSA and C. difficile. The number of clinical incidents causing harm, remains high (352 cumulatively compared to 188 last year) as does the proportion of reported incidents associated with harm (from 12% last year to 25% this year). There were 4 SIRI's in month, which is 10 year to date. Eight pressure ulcers (grade 2 and higher) were reported in July (two of which were Grade 3), increasing the cumulative number from 12 to 20, compared to 9 last year.
There were 4 formal complaints in July, the lowest in one month since January. PALS attendances dropped slightly in month but are maintaining an increasing trend since April. Family & Friends responses in outpatients have shown a slight reduction in the percentage that would recommend Alder Hey. However there is a need to improve the number of responses in A&E and Community.

Financial, Growth & Mandatory Framework

For the month of July the Trust is reporting a trading deficit of £0.3m which is £0.1m behind plan.

Income is behind plan by £0.4m mainly due to income relating elective and outpatient activity. Elective activity is behind plan by 12% and outpatient activity is behind plan by 7%. These are offset by an overachievement on non elective activity of 12%.

Pay budgets are 0.2m overspent for the month relating to use of temporary staffing which has increased. The Trust is ahead with the CIP target to date by £0.1m. Cash in the Bank is £11.2m. Monitor Use of Resources rating of 3 in line with plan.

Great Talented Teams

The Trust position on sickness absence increased slightly in the month of July to 5.08%. The number of PDR's completed rose from 48.3% to 69.69% at the end of July. The PDR window closed 31/07/17. Medical Appraisals increased to 79.21%. Mandatory Training compliance dipped slightly to 75.31%, work is continuing on the OLM data cleanse and the roll out of the ESR portal.

Leading Metrics

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Jun 2017	Jul 2017	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	96.0 %	93.1 %	▼	
RTT: 90% Admitted within 18 weeks		88.8 %	89.1 %	▲	
RTT: 95% Non-Admitted within 18 weeks		88.7 %	88.6 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.0 %	▼	
Diagnostics: Numbers waiting over 6 weeks		0	0	–	
Average LoS - Elective (Days)		2.7	3.2	▲	
Average LoS - Non-Elective (Days)		2.0	2.1	▲	
Daycase Rate	0.0 %	72.6 %	70.9 %	▼	
Theatre Utilisation - % of Session Utilised	90.0 %	88.2 %	86.1 %	▼	
28 Day Breaches	0.0	5	1	▼	
Clinic Session Utilisation	90.0 %	84.9 %	84.9 %	▼	
DNA Rate	12.0 %	10.3 %	10.1 %	▼	
Cancelled Operations - Non Clinical - On Same Day		19	30	▲	

Excellence in Quality

Metric Name	Goal	Jun 2017	Jul 2017	Trend	Last 12 Months
Never Events	0.0	1	0	▼	
IP Survey: % Received information enabling choices about their care	90.0 %	94.7 %	95.7 %	▲	
IP Survey: % Treated with respect	100.0 %	98.8 %	99.4 %	▲	
IP Survey: % Know their planned date of discharge	80.0 %	65.5 %	64.0 %	▼	
IP Survey: % Know who is in charge of their care	95.0 %	90.9 %	92.9 %	▲	
IP Survey: % Patients involved in play and learning	80.0 %	71.3 %	74.0 %	▲	
Pressure Ulcers (Grade 2 and above) YTD		12	20	▲	
Total Infections (YTD)	28.0	13	15	▼	
Medication errors resulting in harm (YTD)	20.0	8	13	▲	
Clinical Incidents resulting in harm (YTD)	196.0	243	352	▲	

Great and Talented Teams

Metric Name	Goal	Jun 2017	Jul 2017	Trend	Last 12 Months
Corporate Induction	100.0 %	79.3 %	100.0 %	▲	
PDR	90.0 %	48.3 %	78.7 %	▲	
Medical Appraisal	100.0 %	33.3 %	79.2 %	▲	
Sickness	4.5 %	4.7 %	5.0 %	▲	
Mandatory Training	90.0 %	76.2 %	78.2 %	▲	
Staff Survey (Recommend Place to Work)		39.6 %	39.6 %	–	
Actual vs Planned Establishment (%)		94.8 %	97.4 %	▲	
Temporary Spend ('000s)		883	1092	▲	

Financial, Growth and Mandatory Framework

Metric Name	Jun 2017	Jul 2017	Last 12 Months
CIP In Month Variance ('000s)	161	-72	
Monitor Risk Ratings (YTD)	3	3	
Trading Surplus/(Deficit)	-127	-270	
Capital Expenditure YTD % Variance	-78.8 %	22.4 %	
Cash in Bank (£M)	3.7	11.3	

Exceptions

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
DNA Rate	13.1%	14.6%	12.9%	11.5%	11.9%	14.6%	12.9%	12.6%	10.6%	12.7%	11.8%	10.3%	10.1%	
Corporate Induction	97.1%	65.4%	85.5%	100.0%	74.1%	81.5%	77.8%	77.8%	82.4%	82.9%	85.7%	79.3%	100.0%	
Cancelled Operations - Non Clinical - On Same Day	20	14	16	22	28	12	17	29	31	7	57	19	30	
Total Infections (YTD)	33	41	51	60	69	75	84	93	104	6	9	13	15	
Cash in Bank (£M)	4.2	2.9	4.5	6.5	5.4	6.2	5.2	7.2	6.5	6.2	5.2	3.7	11.3	

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

Metric Name	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
RTT: 90% Admitted within 18 weeks	87.5%	86.3%	88.9%	88.1%	89.2%	88.0%	87.5%	88.9%	87.9%	89.6%	90.3%	88.8%	89.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.1%	92.1%	92.0%	92.1%	92.1%	92.1%	92.4%	92.1%	92.1%	92.1%	92.1%	92.1%	92.0%	
Daycase Rate	68.1%	66.2%	65.9%	66.9%	68.4%	70.7%	70.8%	72.4%	70.7%	71.0%	71.9%	72.6%	70.9%	
Theatre Utilisation - % of Session Utilised	84.8%	85.9%	87.8%	85.1%	85.1%	84.1%	86.6%	87.0%	86.8%	87.2%	87.3%	88.2%	86.1%	
CIP In Month Variance ('000s)	191	96	42	157	-18	78	-373	-464	-183	-52	69	161	-72	

Challenge (Top 5 based on % change)

Metric Name	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
Sickness	4.9%	4.8%	5.1%	5.4%	5.4%	5.5%	5.4%	5.2%	4.6%	4.5%	4.6%	4.7%	5.0%	
IP Survey: % Know their planned date of discharge	53.9%	69.0%	71.2%	71.6%	73.5%	73.1%	78.7%	72.0%	75.7%	79.4%	69.1%	65.5%	64.0%	
IP Survey: % Know who is in charge of their care	91.3%	94.9%	92.7%	92.4%	94.0%	93.2%	93.0%	90.9%	91.9%	91.2%	96.1%	90.9%	92.9%	
Pressure Ulcers (Grade 2 and above) YTD	9	11	16	18	22	26	28	29	32	2	7	12	20	
Clinical Incidents resulting in harm (YTD)	188	234	295	364	443	504	566	635	739	68	154	243	352	

Patient Safety

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

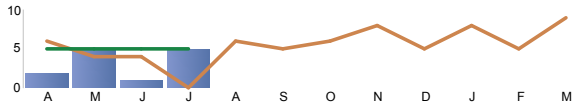
Summary

Clinical incident reporting remains high (352 year to date compared to 188 last year) with an increase in the proportion of incidents resulting in harm (25% compared to 12% last year. There has also been a cumulative rise in incidents associated with moderate or higher harm from 3 last year to 8 this year, and there were 4 Serious Incidents Requiring Investigation in month, resulting in 10 year to date. Medication errors resulting in harm remain similar to last year with 13 reported year to date. Pressure ulcers (grade 2 and above) have shown a rise with 8 reported in July (two of these were Grade 3), i.e. 20 year to date, compared to 9 at this point last year.

17/18 16/17 Threshold

Medication Errors

Medication errors resulting in harm (YTD) — 13 (goal: 20.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	7	8	13								
16/17	6	10	14	14	20	25	31	39	44	52	57	66

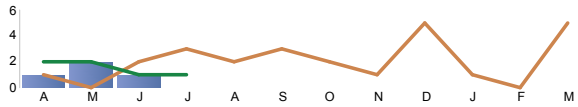
Pressure Ulcers

Pressure Ulcers (Grade 2 and above) YTD — 20 (Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	7	12	20								
16/17	3	6	8	9	11	16	18	22	26	28	29	32

Readmissions to PICU within 48 hrs

Readmissions to PICU within 48 hrs (YTD) — 4 (goal: 6.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1	3	4	4								
16/17	1	1	3	6	8	11	13	14	19	20	20	25

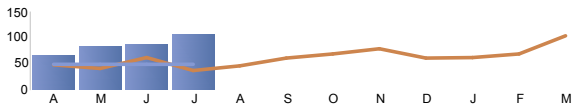
Never Events

Never Events — 0 (goal: 0.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	0	1	1								
16/17	1	1	1	1	1	1	1	2	2	2	2	2

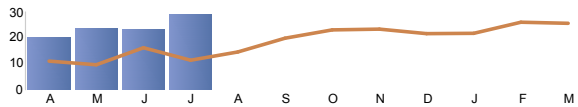
Incidents

Clinical Incidents resulting in harm (YTD) — 352 (goal: 196.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	68	154	243	352								
16/17	48	89	151	188	234	295	364	443	504	566	635	739

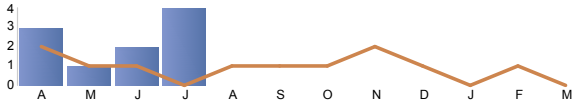
% of Total Clinical Incidents that resulted in Harm — 29.5 %



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	21	22	23	25								
16/17	11	10	12	12	12	13	15	16	16	17	17	18

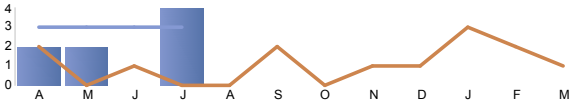
Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) — 4



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3	4	6	10								
16/17	2	3	4	4	5	6	7	9	10	10	11	11

Clinical Incidents resulting in moderate, severe harm or death (YTD) — 8 (goal: 12.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	4	4	8								
16/17	2	2	3	3	3	5	5	6	7	10	12	13

Patient Experience

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Summary

There were 4 formal complaints in July, this is the lowest in one month since January. PALS attendances are slightly lower than the previous month but are maintaining an increasing trend since April. Family & Friends responses have improved except in outpatients where there is a slight reduction in the percentage of families that would recommend Alder Hey. However there is a need to improve the number of responses in A&E and in Community. Inpatient survey metrics have all moved closer to their goal except 'patients knowing their planned date of discharge' which has deteriorated slightly.

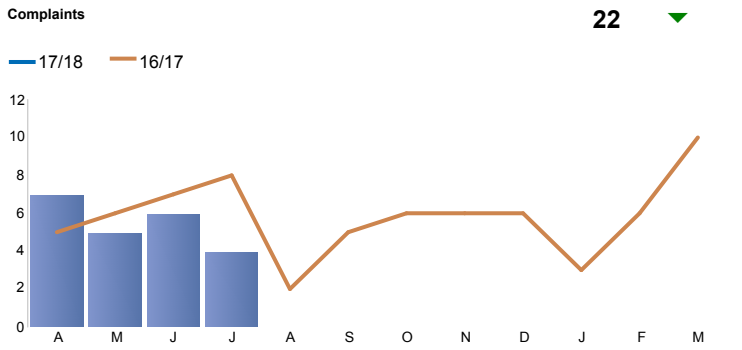
Inpatient Survey

Metric Name	Goal	Jun 2017	Jul 2017	Trend	Last 12 Months
% Know who is in charge of their care	95.0 %	90.9 %	92.9 %	▲	
% Patients involved in play and learning	80.0 %	71.3 %	74.0 %	▲	
% Know their planned date of discharge	80.0 %	65.5 %	64.0 %	▼	
% Received information enabling choices about their care	90.0 %	94.7 %	95.7 %	▲	
% Treated with respect	100.0 %	98.8 %	99.4 %	▲	

Friends and Family

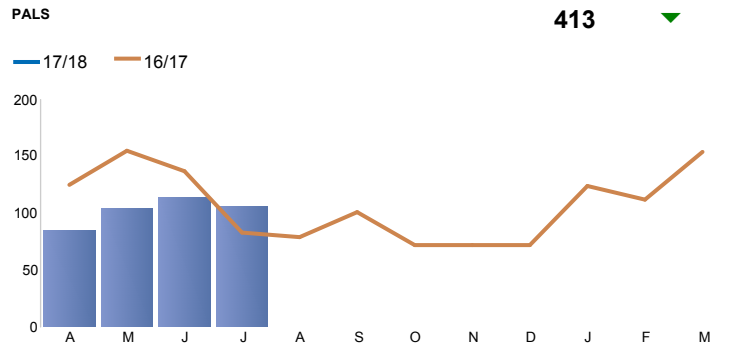
Metric Name	Required Responses	Number of Responses	Jun 2017	Jul 2017	Trend	Last 12 Months
A&E - % Recommend the Trust	250	15	95.7 %	100.0 %	▲	
Community - % Recommend the Trust	29	2	TBC	100.0 %		
Inpatients - % Recommend the Trust	300	413	90.8 %	97.6 %	▲	
Mental Health - % Recommend the Trust	27	45	82.1 %	93.3 %	▲	
Outpatients - % Recommend the Trust	400	610	94.8 %	92.8 %	▼	

Complaints



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	7	12	18	22								
16/17	5	11	18	26	28	33	39	45	51	54	60	70

PALS



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86	191	306	413								
16/17	125	280	417	500	579	680	752	824	896	1,020	1,132	1,286

Clinical Effectiveness

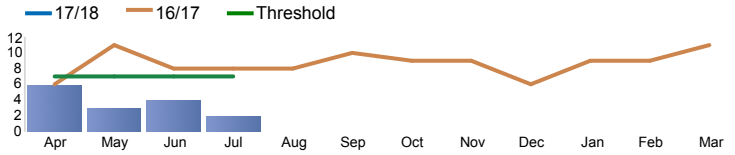
Jul 2017

Alder Hey Children's NHS Foundation Trust

Summary

The marked reduction in hospital acquired infections has been maintained this month, with a cumulative 15 HAIs compared with 33 HAIs at this point last year. MRSA and C. difficile remain at zero for the year. Year to date there have been 3.8% (235) of surgical patients discharged later then their plan, compared to 5.4% at this point last year. The number of deaths in hospital has improved slightly at 23 cumulatively, compared to 27 last year

Infections



Total Infections (YTD)

15 (goal: 28.0)

Hospital Acquired Organisms - MRSA (BSI) (YTD)

0 (goal: 0.0)

Hospital Acquired Organisms - C.difficile (YTD)

0 (goal: 0.0)

Outbreak Infections (YTD)

2

Cluster Infections (YTD)

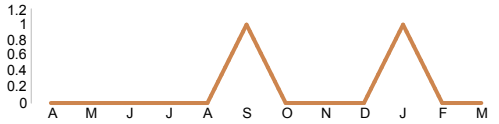
0

Legend

17/18
16/17
Threshold

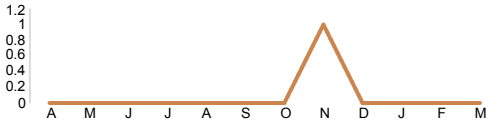
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6	9	13	15								
16/17	6	17	25	33	41	51	60	69	75	84	93	104

Hospital Acquired Organisms - MRSA (BSI) 0 (goal: 0.0)



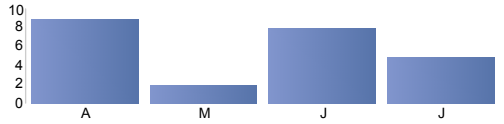
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	0	0	0								
16/17	0	0	0	0	0	1	1	1	1	2	2	2

Hospital Acquired Organisms - C.difficile 0 (goal: 0.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	0	0	0								
16/17	0	0	0	0	0	0	0	1	1	1	1	1

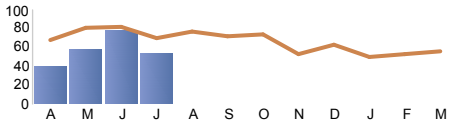
Acute readmissions of patients with long term conditions within 28 days 24 (Est. Baseline)



YTD	Apr	May	Jun	Jul
17/18	9	11	19	24

Admissions & Discharges

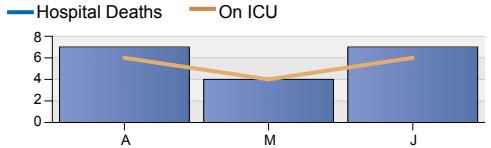
Patients with an estimated discharge date discharge later than planned (only surgical) 234 (Est. Baseline)



% of patients with an estimated discharge date discharge later than planned (only surgical) 3.8 % (Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3.2%	3.6%	4.0%	3.8%								
16/17	5.1%	5.4%	5.5%	5.4%	5.4%	5.3%	5.3%	5.1%	5.1%	4.9%	4.8%	4.7%

Mortality in Hospital



Deaths in Hospital

Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	7	4	7	5								
16/17	7	8	6	6	8	2	7	6	8	4	5	9

Access

Jul 2017

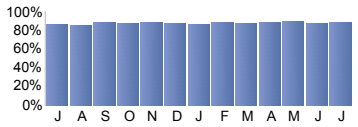
Alder Hey Children's NHS Foundation Trust

Summary

Incomplete pathway, diagnostic & cancer standards achieved. 4 hour access standard failed and deterioration noted with quality metrics. Challenges with Dr availability and maintaining rotas. Activity (spells) has increased against same period last year. GP referrals have increased above 2016 levels and in line with seasonal trends with C&B available to meet current demand. Capacity continues to be monitored via Divisions & daily bed meetings. No patients waiting greater than 52 weeks plus backlog of patients waiting >18 weeks remains stable.

18 Weeks

RTT: 90% Admitted within 18 weeks 89.1 % ▲



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
87.6%	88.5%	88.0%	89.5%	89.1%

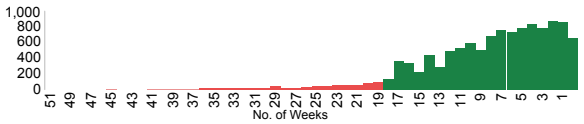
RTT: 95% Non-Admitted within 18 weeks 88.6 % ▼

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
87.9%	86.6%	88.9%	89.1%	88.6%

RTT: 92% Waiting within 18 weeks (open Pathways) 92.0 % ▼ *(goal: 92.0 %)*

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
92.1%	92.1%	92.2%	92.1%	92.0%

Open Pathways Weekly Profile Jul 2017



0-18 Wks	19-36 Wks	36-51 Wks
11,048	784	96

Cancer

Cancer: 2 week wait from referral to date 1st seen - all urgent referrals 100.0 % *(goal: 100.0 %)* –

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	94.4%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament 100.0 % *(goal: 100.0 %)* –

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	100.0%	100.0%	96.4%	100.0%

All Cancers: 31 day wait until subsequent treatments 100.0 % *(goal: 100.0 %)* –

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

Diagnostics: % Completed Within 6 Weeks 100.0 % *(goal: 99.0 %)* –

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
99.9%	99.3%	99.8%	100.0%	100.0%

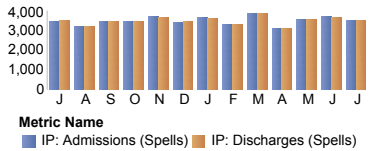
Waiting Times Failed 0 –

Waiting Times Passed 8 ▲

Number of Diagnostics

442

Admissions and Discharges



Bed Occupancy

Bed Occupancy (Funded Beds) 83.3 % ▲

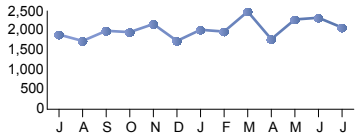
Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
76.6%	80.2%	83.9%	80.5%	83.3%

Provider

Convenience and Choice: Slot Availability 99.4 % ▲ *(goal: 96.0 %)*

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
97.5%	99.2%	97.0%	98.0%	99.4%

Referrals Received (GP)



Emergency Department

Jul 2017

Alder Hey Children's NHS Foundation Trust

Summary

July was a challenging month due to above predicted numbers of attendances and conversions to admission. Flow into the hospital was compromised due to high bed occupancy levels. Gaps in medical staffing continued to impact on efficiency and an increased number of vacant GP shifts due to lack of availability at UC24 compounded decision to treat time and overall waiting times.

ED

ED: 95% Treated within 4 Hours

93.1 % (goal: 95.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
96.7%	93.1%	96.7%	96.0%	93.1%

ED: Total Time in ED (95th Percentile)

281.0 mins (goal: 240.0 mins)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
705.0	838.8	714.0	717.0	281.0

ED: Longest Wait Time (Hrs)

10.9 (goal: 0.0)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
27.6	36.0	30.6	61.3	10.9

ED: Number Treated Over 4 Hours

347

ED to Inpatient Conversion Rate

16.0 %

Jul 2017

ED

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

0

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
0.0	0.0	0.0	0.0	0.0

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

86.0 mins (goal: 60.0 mins)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
184.0	239.0	227.0	247.5	86.0

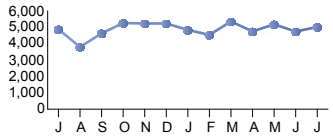
ED: Percentage Left without being seen

4.1 %

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
2.2%	3.1%	2.3%	3.0%	4.1%

ED: Number of Attendances

5016 Jul 2017



Ambulance Services

Ambulance: Acute Compliance

87.1 % (goal: 85.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
86.5%	83.3%	90.1%	88.4%	87.1%

Ambulance: Average Notification to Handover Time (mins)

3.2 mins (goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes

1

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
16.0	5.0	11.0	9.0	1.0

Ambulance: Patients Waiting between 45 and 60 minutes

0

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
3.0	4.0	2.0	2.0	0.0

Productivity & Efficiency

Jul 2017

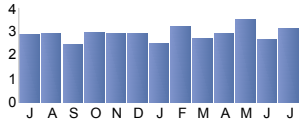
Alder Hey Children's NHS Foundation Trust

Summary

Planned activity levels have increased against the same period last year with increased length of stay noted driving up occupancy to 83%. On the day cancellations have increased with notable changes due to accommodating emergencies. 28 day relist figures have also reduced for M4. Theatre utilisation has reduced predominantly due to impact of Medical specialties and Out Patient utilisation has also decreased slightly spread across a number of specialties and despite lower DNA rates that will require further analysis and action to address.

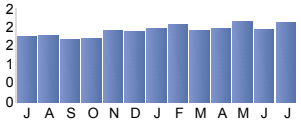
Length of Stay

Average LoS - Elective (Days) 3.2 ▲



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
2.8	3.0	2.9	3.1	3.2

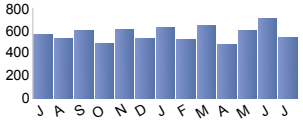
Average LoS - Non-Elective (Days) 2.1 ▲



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
1.8	1.9	2.0	2.1	2.1

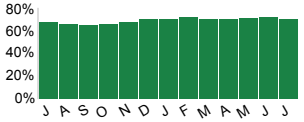
Day Case Rate

Daycases (K1/SDCPREOP) 549 ▼



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
1,721	1,653	1,820	1,819	549

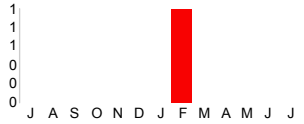
Daycase Rate 70.9 % ▼ (goal: 0.0 %)



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
66.7%	68.6%	71.2%	71.9%	70.9%

Bed Refusals

Bed Refusals 0 – (goal: 0.0)



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
0	0	1	0	0

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 86.1 % ▼ (goal: 90.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
86.2%	84.8%	86.8%	87.6%	86.1%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 1.2 % ▲ (goal: 0.8 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
0.8%	0.9%	1.1%	1.2%	1.3%

Cancelled Operations - Non Clinical - On Same Day 30 ▲

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
50	62	77	83	30

28 Day Breaches 1 ▼ (goal: 0.0)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
12	11	8	11	1

Outpatients

Clinic Session Utilisation * 84.9 % ▼ (goal: 90.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
83.0%	85.5%	85.9%	85.8%	84.9%

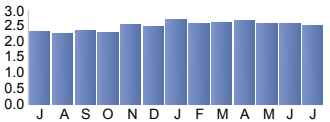
OP Appointments Cancelled by Hospital % 13.1 % ▼ (goal: 5.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
14.7%	14.6%	14.5%	13.3%	13.1%

DNA Rate 10.1 % ▼ (goal: 12.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
13.5%	12.6%	12.0%	11.5%	10.1%

OP: New/Follow Up 2.5 ▼



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
2.4	2.5	2.7	2.6	2.5

Facilities

Jul 2017

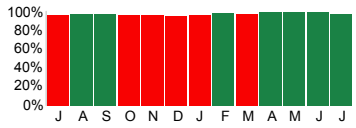
Alder Hey Children's NHS Foundation Trust

Summary

The on going organisational change along with peak holiday weeks has resulted in staff shortages. This has meant Supervisors are having to undertake Domestic tasks and that has prevented full audits taking place. The standards reported are from the small number of audits that has been undertaken, with greater emphasis on the very high risk areas.

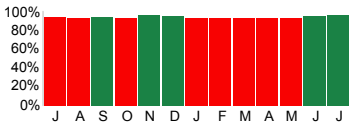
Facilities

Cleanliness Performance VH 98.2 % (goal: 98.0 %)



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
97.5%	96.7%	97.7%	99.7%	98.2%

Cleanliness Performance H 96.8 % (goal: 95.0 %)

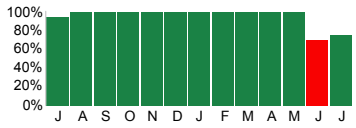


Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
94.4%	95.7%	94.0%	94.6%	96.8%

Cleanliness Performance S 84.0 % (goal: 85.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
93.0%	96.3%	96.5%	90.3%	84.0%

Cleanliness Performance L 75.2 % (goal: 75.0 %)



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
98.2%	100.0%	100.0%	90.0%	75.2%

Facilities

Audit Compliance 20.0 % (goal: 85.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	77.0%	40.0%	6.7%	20.0%

Facilities - Other

Routine Maintenance Resolution 96.8 % (goal: 85.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
97.4%	99.7%	96.6%	92.6%	96.8%

PPM% 98.4 % (goal: 85.0 %)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
97.8%	94.4%	96.1%	94.8%	98.4%

CAMHS

Jul 2017

Alder Hey Children's NHS Foundation Trust

Summary

Waits for choice have increased to 10 weeks over during July. A remedial action plan has been produced to manage the waits. This wait has increased due to longterm sickness and maternity leave.

Waiting Times

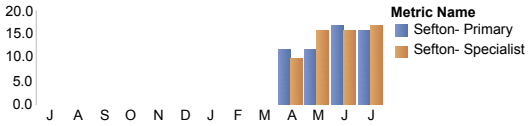
CAMHS: Avg Wait to Choice Appt (Weeks) 0.0

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
6.0	0.0	0.0	0.0	0.0

CAMHS: Avg Wait to Partnership Appt (Weeks)- Liverpool Specialist 13.0

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
0.0	0.0	0.0	43.0	13.0

CAHMS: Avg Wait to Partnership Appt (Weeks)- Sefton Primary and Specialist



DNA Rates

CAMHS: DNA Rate - New 16.2 % ▲ *(goal: 10.0 %)*

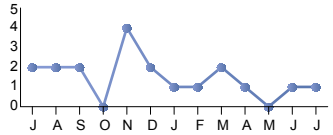
Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
15.2%	13.5%	13.2%	11.6%	16.2%

CAMHS: DNA Rate - Follow Up 12.1 % ▼ *(goal: 14.0 %)*

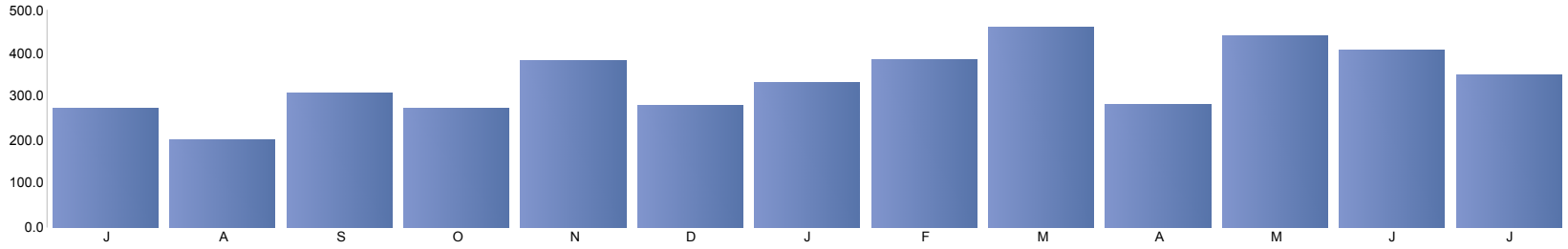
Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
15.6%	16.0%	17.5%	15.4%	12.1%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 1 –



CAMHS: Referrals Received



External Regulation

Jul 2017

Alder Hey Children's NHS Foundation Trust

Summary

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

Monitor - Governance Concern

Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
N	N	N	N	N	N	N	N	N	N	N	N

Monitor - Risk Rating

Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
2	2	3	3	3	3	3	2	3	3	3	3

Monitor Jul 2017

Metric Name	Goal	Jun 17	Jul 17	Trend
ED: 95% Treated within 4 Hours	95.0 %	96.0 %	93.1 %	▼
RTT: 90% Admitted within 18 weeks		88.8 %	89.1 %	▲
RTT: 95% Non-Admitted within 18 weeks		88.7 %	88.6 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.0 %	▼
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 %	100.0 %	–
All Cancers: 31 day wait referral to treament	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	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
87.6%	88.5%	88.0%	89.5%	89.1%

RTT: 95% Non-Admitted within 18 weeks

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
87.9%	86.6%	88.9%	89.1%	88.6%

RTT: 92% Waiting within 18 weeks (open Pathways)

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
92.1%	92.1%	92.2%	92.1%	92.0%

Monitor - All Cancers

Cancer: 2 week wait from referral to date 1st seen - all urgent referrals

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	94.4%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	100.0%	100.0%	96.4%	100.0%

All Cancers: 31 day wait until subsequent treatments

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
100.0%	100.0%	100.0%	100.0%	100.0%

Monitor - A&E 4 Hour Target

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
96.7%	93.1%	96.7%	96.0%	93.1%

Monitor - C difficile

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
0	1	0	0	0

Monitor - Data Completeness

No Data Available

Workforce

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Summary

The Trust position on sickness absence increased slightly in the month of July to 5.08%. The number of PDR's completed rose from 48.3% to 69.69% at the end of July. The PDR window closed 31/07/17. Medical Appraisals increased to 79.21%. Mandatory Training compliance dipped slightly to 75.31%, work is continuing on the OLM data cleanse and the roll out of the ESR portal.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Last 12 Months
Add Prof Scientific and Technic	3.9%	5.5%	5.0%	5.8%	5.2%	5.0%	5.9%	4.9%	3.6%	3.6%	3.9%	4.5%	
Additional Clinical Services	5.2%	6.1%	7.0%	6.9%	7.0%	6.6%	5.2%	5.5%	6.9%	7.2%	7.2%	7.2%	
Administrative and Clerical	4.6%	5.0%	5.2%	4.5%	4.7%	4.6%	5.0%	3.3%	2.9%	2.3%	2.4%	3.4%	
Allied Health Professionals	2.2%	3.4%	3.1%	3.3%	4.3%	2.3%	2.2%	3.5%	3.2%	3.5%	4.1%	3.1%	
Estates and Ancillary	9.0%	7.9%	8.4%	8.6%	10.9%	9.1%	7.3%	8.9%	10.7%	9.2%	9.0%	10.8%	
Healthcare Scientists	1.4%	2.8%	2.2%	1.9%	2.0%	1.7%	3.7%	2.3%	0.8%	3.1%	4.0%	5.2%	
Medical and Dental	3.0%	2.7%	2.7%	2.0%	1.6%	2.3%	2.4%	1.4%	1.0%	1.3%	1.3%	1.9%	
Nursing and Midwifery Registered	5.4%	5.1%	5.7%	6.2%	6.1%	6.4%	6.1%	5.5%	5.1%	5.5%	5.4%	5.3%	
Trust	4.8%	5.0%	5.4%	5.4%	5.6%	5.4%	5.2%	4.6%	4.5%	4.6%	4.6%	5.0%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Last 12 Months
Add Prof Scientific and Technic	193	196	200	199	198	198	197	201	197	199	201	200	
Additional Clinical Services	360	369	365	368	367	370	373	376	391	393	392	400	
Administrative and Clerical	551	560	568	574	573	586	588	585	610	620	616	620	
Allied Health Professionals	126	125	126	126	130	132	132	131	208	209	212	214	
Estates and Ancillary	191	192	192	190	190	189	190	190	187	186	185	185	
Healthcare Scientists	103	105	105	106	108	107	107	107	107	107	109	110	
Medical and Dental	240	248	245	246	245	245	246	243	243	242	246	241	
Nursing and Midwifery Registered	938	975	973	971	970	972	981	970	968	971	972	965	

Staff in Post Headcount (rolling 12 Months)

Staff Group	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Last 12 Months
Add Prof Scientific and Technic	214	217	221	220	218	218	217	221	218	220	223	223	
Additional Clinical Services	422	431	430	431	430	434	439	442	469	470	468	477	
Administrative and Clerical	646	658	666	671	670	677	678	672	699	708	706	709	
Allied Health Professionals	155	154	155	155	161	163	163	161	257	258	261	263	
Estates and Ancillary	240	241	241	238	238	236	237	237	234	232	232	231	
Healthcare Scientists	112	114	114	116	118	117	117	117	117	117	119	119	
Medical and Dental	277	286	283	285	284	284	287	284	285	285	288	283	
Nursing and Midwifery Registered	1,063	1,099	1,099	1,097	1,093	1,095	1,105	1,094	1,093	1,095	1,096	1,090	

Finance

Temporary Spend ('000s) 1092 ▲

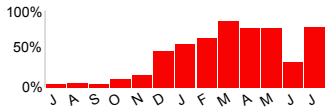
Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
3	2	3	3	1

Actual vs Planned Establishment (%) 97.4 % ▲

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
90.9%	88.8%	92.2%	94.8%	97.4%

Appraisals

Medical Appraisal 79.2 % ▲ *(goal: 100.0 %)*



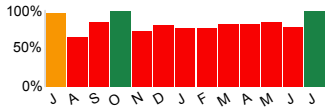
Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
5.2%	25.5%	68.5%	76.9%	79.2%

PDR 78.7 % ▲ *(goal: 90.0 %)*

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
62.7%	72.3%	67.2%	21.0%	78.7%

Training

Corporate Induction 100.0 % ▲ *(goal: 100.0 %)*



Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
81.5%	84.0%	79.5%	82.6%	100.0%

Mandatory Training 78.2 % ▲ *(goal: 90.0 %)*

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
76.1%	75.6%	77.1%	76.1%	78.2%

Health and Safety

RIDDOR 2 ▲

Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
3	1	3	2	2

Performance by CBU

Jul 2017

Alder Hey Children's NHS Foundation Trust

Operational

Metric name	COMMUNITY	MEDICINE	SURGERY
Clinic Session Utilisation	71.9%	86.7%	86.3%
Convenience and Choice: Slot Availability		100.0%	99.0%
DNA Rate (Followup Appts)	10.9%	9.9%	9.3%
DNA Rate (New Appts)	14.8%	12.8%	9.5%
Referrals Received (GP)	316	732	1,029
Temporary Spend ('000s)	146	323	511
Theatre Utilisation - % of Session Utilised		76.9%	87.7%
Trading Surplus/(Deficit)	224	-390	2,980

Patient

Metric name	COMMUNITY	MEDICINE	SURGERY
Average LoS - Elective (Days)		3.0	3.1
Average LoS - Non-Elective (Days)		1.6	2.9
Cancelled Operations - Non Clinical - On Same Day	0	2	28
Daycases (K1/SDCPREOP)	1	69	472
Diagnostics: % Completed Within 6 Weeks		100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	5	17	35
OP Appointments Cancelled by Hospital %	14.4%	14.8%	12.0%
RTT: 90% Admitted within 18 weeks		90.5%	88.8%
RTT: 92% Waiting within 18 weeks (open Pathways)	94.6%	93.6%	91.2%
RTT: 95% Non-Admitted within 18 weeks	91.4%	89.1%	88.1%

Quality

Metric name	COMMUNITY	MEDICINE	SURGERY
Cleanliness Scores			
Hospital Acquired Organisms - C.difficile	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0
Medication Errors (Incidents)	10	109	187

Workforce

Metric name	COMMUNITY	MEDICINE	SURGERY
Corporate Induction	100.0%	100.0%	100.0%
Mandatory Training	74.5%	79.0%	79.1%
PDR	71.0%	73.8%	87.6%
Sickness	5.7%	4.6%	5.0%

CBU Performance - Community

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Generic Community clinics remain within an 18 week RTT.

ASD the team continue to work with commissioners to manage the wait for ASD and migrate the service onto meditech.

Support Required

na

Operational

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	75.4%	75.8%	73.8%	79.2%	80.8%	73.8%	75.7%	80.4%	83.2%	79.3%	81.4%	79.2%	71.9%	
DNA Rate (New Appts)	15.9%	15.8%	12.9%	15.6%	12.8%	19.0%	15.1%	11.8%	11.8%	15.8%	13.9%	13.6%	14.8%	
DNA Rate (Followup Appts)	13.8%	16.7%	15.8%	14.0%	12.3%	17.8%	16.5%	15.7%	13.3%	15.2%	13.1%	11.7%	10.9%	
Convenience and Choice: Slot Availability		92.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
Referrals Received (GP)	264	200	313	307	393	298	268	336	385	229	387	322	316	
Temporary Spend ('000s)	85	149	144	37	60	47	77	72	150	67	103	116	146	
Trading Surplus/(Deficit)	280	371	244	355	341	415	410	256	442	343	414	299	224	

Patient

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	77.1%	80.9%	87.5%	77.4%	78.0%	80.2%	75.3%	73.1%	88.4%	87.9%	85.4%	91.8%	91.4%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.5%	89.6%	88.5%	82.5%	85.9%	92.3%	92.8%	93.1%	94.4%	94.0%	97.4%	94.3%	94.6%	
Average LoS - Elective (Days)					22.00									
Average LoS - Non-Elective (Days)														
Hospital Initiated Clinic Cancellations < 6 weeks notice	12	18	29	23	29	1	9	19	8	15	3	12	5	
Daycases (K1/SDCPREOP)	0	2	0	0	0	3	0	0	0	0	2	0	1	
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 %	17.9%	23.2%	22.9%	22.3%	17.0%	15.4%	14.2%	20.3%	20.8%	23.1%	14.9%	19.5%	14.4%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%												

Quality

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Medication Errors (Incidents)	12	19	20	24	26	27	29	30	31	3	5	8	10	
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	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Corporate Induction	100.0%	60.0%	86.7%	100.0%	72.7%	87.5%	87.5%	87.5%	100.0%	82.9%		88.9%	100.0%	
PDR	62.8%	68.3%	77.1%	82.1%	81.4%	75.4%	77.2%	76.4%	67.0%	0.0%	5.7%	26.5%	71.0%	
Sickness	5.9%	5.5%	6.2%	7.6%	8.8%	7.1%	7.1%	6.9%	5.9%	5.3%	5.7%	5.7%	5.7%	
Mandatory Training	76.0%	75.4%	73.2%	71.1%	70.9%	72.1%	75.8%	78.0%	57.1%	57.1%	56.1%	55.2%	74.5%	

CBU Performance - Medicine (Part 1)

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Clinic Session has increased in July, but still not to 90%; New DNA rate is contributing to this at 12.7%, but seen a continuation of a Follow Up DNA rate under 10%. The Division has had a challenging financial position in Month 4, and we are looking at ways we can improve this in line with ensuring we are capturing all activity. We have seen a deterioration in our RTT position over the last 3 months, with two specialties contributing to this with position, Rheumatology and Gastro.

Support Required

The Division has some challenges with sickness in key management positions and some gaps between replacing some key positions. This is creating additional problems within the Division when there are number of key clinical and financial challenges within the Division. These issues have been escalated up to the Executive Team. Division to enter financial turnaround on 21/8/17.

Operational

Metric Name	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
Theatre Utilisation - % of Session Utilised	78.0%	75.8%	85.0%	80.1%	79.1%	80.1%	82.9%	79.1%	85.4%	81.1%	83.6%	84.6%	76.9%	
Clinic Session Utilisation	83.0%	81.0%	84.0%	86.6%	86.9%	83.8%	85.4%	86.9%	89.6%	86.8%	86.7%	84.6%	86.7%	
DNA Rate (New Appts)	14.7%	17.5%	14.6%	14.8%	12.5%	14.6%	14.1%	12.4%	10.0%	15.0%	12.5%	12.5%	12.8%	
DNA Rate (Followup Appts)	16.1%	18.7%	15.4%	13.6%	16.1%	18.5%	16.3%	16.8%	13.0%	16.6%	13.6%	10.0%	9.9%	
Convenience and Choice: Slot Availability	93.6%	93.7%	99.4%	98.1%	100.0%	99.6%	96.1%	86.5%	99.4%	98.0%	96.3%	100.0%	100.0%	
Referrals Received (GP)	605	566	627	653	733	563	681	594	820	577	747	791	732	
Temporary Spend ('000s)	246	272	272	230	229	164	499	333	310	290	321	222	323	
Trading Surplus/(Deficit)	-690	-307	525	321	491	212	74	-101	1,001	-299	110	-152	-390	

Patient

Metric Name	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
RTT: 90% Admitted within 18 weeks	96.7%	95.8%	100.0%	89.6%	93.1%	87.6%	92.6%	100.0%	91.5%	96.4%		95.7%	90.5%	
RTT: 95% Non-Admitted within 18 weeks	86.8%	86.4%	85.4%	88.6%	83.2%	84.7%	92.4%	89.3%	90.9%	90.9%	86.2%	88.8%	89.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	94.3%	93.3%	93.2%	95.1%	96.0%	96.7%	96.9%	96.0%	94.8%	94.9%	94.5%	94.0%	93.6%	
Average LoS - Elective (Days)	2.53	3.01	2.72	3.27	3.25	3.66	3.64	3.22	3.20	3.50	3.40	2.94	3.05	
Average LoS - Non-Elective (Days)	1.29	1.28	1.34	1.29	1.54	1.53	1.44	1.69	1.57	1.62	1.60	1.51	1.64	
Hospital Initiated Clinic Cancellations < 6 weeks notice	32	14	27	22	41	29	41	37	27	20	18	23	17	
Daycases (K1/SDCPREOP)	56	68	86	52	46	65	68	63	70	58	70	103	69	
Cancelled Operations - Non Clinical - On Same Day	1	1	4	1	8	4	6	6	3	1	3	1	2	
OP Appointments Cancelled by Hospital %	15.0%	14.6%	13.4%	14.7%	13.6%	14.2%	14.6%	15.0%	14.1%	17.4%	11.3%	13.5%	14.8%	
Diagnostics: % Completed Within 6 Weeks	100.0%	99.5%	100.0%	76.9%	99.1%	99.5%	100.0%	99.7%	99.6%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
Medication Errors (Incidents)	92	114	146	168	198	228	251	270	305	25	58	84	109	
Cleanliness Scores	94.2%	95.0%	96.5%	95.8%	97.5%	97.0%	96.8%	96.8%	99.0%					
Hospital Acquired Organisms - MRSA (BSI)	0	0	1	0	0	0	1	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	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Last 12 Months
Corporate Induction	100.0%	69.2%	80.0%	100.0%	85.0%	83.3%	75.0%	75.0%	68.8%		81.8%	61.5%	100.0%	
PDR	75.1%	78.9%	81.6%	79.7%	79.4%	77.6%	76.7%	75.7%	69.7%	2.9%	15.4%	41.3%	73.8%	
Sickness	4.5%	4.5%	4.7%	4.9%	4.6%	4.8%	4.9%	5.2%	4.4%	3.9%	4.6%	4.2%	4.6%	
Mandatory Training	83.1%	80.1%	76.6%	76.9%	76.3%	76.4%	77.3%	79.2%	79.7%	80.1%	80.0%	80.5%	79.0%	

CBU Performance - Medicine (Part 2)

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues
Encouraging improvement / green status for all Pathology, Radiology and Pharmacy metrics.

Support Required
N/A

Patient

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	99.0%	91.0%	89.0%	96.0%	95.0%	93.0%	96.0%	97.0%	87.0%	96.0%	91.0%	92.0%	90.0%	
Imaging - % Reporting Turnaround Times - ED	93.0%	89.0%	89.0%	88.0%	87.0%	88.0%	88.0%	93.0%	90.0%	80.0%	64.0%	76.0%	83.0%	
Imaging - % Reporting Turnaround Times - Inpatients	90.0%	84.0%	85.0%	87.0%	76.0%	80.0%	86.0%	89.0%	90.0%	78.0%	74.0%	79.0%	85.0%	
Imaging - % Reporting Turnaround Times - Outpatients	97.0%	97.0%	89.0%	93.0%	93.0%	94.0%	97.0%	98.0%	94.0%	92.0%	90.0%	92.0%	98.0%	
Imaging - Waiting Times - MRI % under 6 weeks	95.0%	94.0%	90.0%	88.0%	90.0%	92.0%	92.0%	86.0%	85.0%	71.0%	81.0%	67.0%	68.0%	
Imaging - Waiting Times - CT % under 1 week	90.0%	92.0%	90.0%	86.0%	84.0%	81.0%	81.0%	77.0%	87.0%	95.0%	89.0%	87.0%	87.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	90.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	92.0%	93.0%	93.0%	94.0%	93.0%	94.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	90.0%	89.0%	88.0%	86.0%	85.0%	83.0%	83.0%	81.0%	87.0%	84.0%	88.0%	90.0%	91.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	95.0%	81.0%	91.0%	85.0%	100.0%	88.0%	88.0%	84.0%	93.0%	88.0%	95.0%	89.0%	100.0%	
BME - High Risk Equipment PPM Compliance	89.7%	90.0%	90.0%	90.4%	89.7%	93.0%	91.0%	91.1%	88.0%	80.2%	91.7%	91.6%	91.2%	
BME - Low Risk Equipment PPM Compliance	77.0%	80.0%	78.0%	77.0%	79.0%	80.0%	81.0%	80.8%	79.0%	100.0%	82.0%	81.9%	80.4%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	99.8%	100.0%	100.0%	91.4%	99.8%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	66.0%	64.0%	44.0%	45.0%	50.0%	51.0%	55.0%	50.0%	45.0%	57.0%	37.0%	60.0%	65.0%	
Pharmacy - Dispensing for Out Patients - Complex	100.0%	100.0%	100.0%	100.0%	97.7%	98.0%	100.0%	98.0%	98.0%	98.0%	100.0%	100.0%	96.0%	
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%	63.0%	63.0%	63.0%	54.3%	54.5%	

Quality

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Pathology - % Turnaround times for urgent requests < 1 hr	90.5%	90.0%	91.3%	90.2%	89.0%	87.9%	87.5%	88.7%	87.9%	89.7%	89.9%	91.0%	88.1%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	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%	
Reporting times for perinatal autopsies in 56 Calendar Days	82.0%	83.0%	100.0%	94.7%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Blood Traceability Compliance	98.4%	100.0%	99.5%	100.0%	99.6%	99.8%	99.7%	98.8%	99.6%	99.4%	100.0%	100.0%	99.5%	

CBU Performance - Surgery

Jul 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

PDR's- 87.6% significant increase for July, huge push in August to achieve target.
RTT- Just below target, problem areas (ENT, Spine), have both seen an increase in position for July.
Theatre utilisation- slightly behind target at 87.7%, piece of work underway to improve the admissions process and ring fence day case beds to allow earlier booking for patients.
Clinic utilisation- improved since June, problem areas are under review and other specialities are moving towards hybrid booking system which will improve slot utilisation and appropriate booking of patients.

Support Required

Support required following the feedback from the VR rollout in Orthopaedics to ensure that the issues are addressed prior to go live with other specialities. There is a concern that the typing turnaround has increased again due to a backlog of letters and a VR impact on staff retention. Critical care require support in managing their sickness, previously this has worked well and we would like to get back to the same level of support.

Operational

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Theatre Utilisation - % of Session Utilised	85.7%	87.6%	88.3%	86.0%	86.1%	84.8%	87.2%	88.5%	87.1%	88.3%	87.9%	88.9%	87.7%	
Clinic Session Utilisation	84.9%	84.3%	84.0%	86.6%	87.9%	84.2%	85.4%	85.3%	88.0%	87.7%	86.1%	85.9%	86.3%	
DNA Rate (New Appts)	10.9%	12.1%	11.3%	10.1%	11.7%	13.2%	12.4%	11.9%	9.8%	10.3%	11.4%	11.3%	9.5%	
DNA Rate (Followup Appts)	11.3%	11.8%	10.5%	8.7%	9.0%	11.1%	8.7%	9.4%	8.3%	9.9%	9.9%	8.7%	9.3%	
Convenience and Choice: Slot Availability	95.4%	99.6%	99.1%	97.4%	100.0%	98.7%	100.0%	99.8%	95.3%	98.2%	99.5%	96.0%	99.0%	
Referrals Received (GP)	1,030	971	1,055	1,002	1,041	876	1,072	1,046	1,280	976	1,150	1,214	1,029	
Temporary Spend ('000s)	529	436	453	529	426	331	504	475	443	516	402	456	511	
Trading Surplus/(Deficit)	2,704	1,992	1,921	1,806	2,721	1,539	2,008	2,181	2,821	1,826	2,930	3,321	2,980	

Patient

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
RTT: 90% Admitted within 18 weeks	86.2%	85.4%	87.7%	87.9%	88.9%	88.1%	86.8%	87.0%	87.2%	86.9%	90.3%	87.8%	88.8%	
RTT: 95% Non-Admitted within 18 weeks	88.8%	90.8%	88.7%	87.0%	88.6%	89.7%	92.8%	88.1%	89.1%	90.1%	89.8%	88.2%	88.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.2%	91.9%	92.0%	92.1%	91.3%	90.4%	90.6%	90.6%	90.9%	90.9%	90.8%	91.3%	91.2%	
Average LoS - Elective (Days)	3.06	2.93	2.43	2.87	2.88	2.73	2.17	3.03	2.62	2.58	3.57	2.57	3.10	
Average LoS - Non-Elective (Days)	2.83	2.58	2.27	2.65	2.64	2.55	3.02	2.78	2.64	2.83	3.06	2.57	2.87	
Hospital Initiated Clinic Cancellations < 6 weeks notice	24	45	56	34	72	20	30	54	22	19	23	28	35	
Daycases (K1/SDCPREOP)	518	463	515	442	570	471	562	461	582	426	540	609	472	
Cancelled Operations - Non Clinical - On Same Day	19	13	12	21	20	8	11	23	28	6	54	18	28	
OP Appointments Cancelled by Hospital %	14.2%	14.4%	13.8%	14.8%	14.6%	13.8%	14.0%	14.2%	13.7%	13.1%	11.2%	12.7%	12.0%	
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	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Medication Errors (Incidents)	184	233	264	295	336	367	396	430	477	40	97	145	187	
Cleanliness Scores	95.1%	96.6%	96.6%	95.1%	97.9%	96.0%	96.1%	96.2%	97.7%					
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	1	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Last 12 Months
Corporate Induction	100.0%	64.0%	85.7%	100.0%	65.2%	71.4%	71.4%	71.4%	94.1%		90.0%	100.0%	100.0%	
PDR	48.4%	51.4%	64.2%	63.4%	63.3%	61.1%	63.4%	64.2%	45.1%	1.9%	11.2%	63.0%	87.6%	
Sickness	4.7%	5.2%	5.7%	5.7%	5.9%	5.5%	5.6%	4.9%	4.3%	4.5%	4.5%	4.9%	5.0%	
Mandatory Training	83.7%	78.5%	75.0%	75.3%	75.7%	77.0%	77.5%	78.7%	79.3%	80.6%	80.7%	81.5%	79.1%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended July 2017

	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	4,219	3,797	(422)	16,093	15,100	(993)	48,331	48,331	0
Non Elective	2,572	2,958	385	9,810	11,079	1,269	29,184	29,184	0
Outpatients	2,532	2,323	(210)	9,479	9,350	(128)	28,568	28,568	0
A&E	499	506	7	2,085	1,957	(127)	6,036	6,036	0
Critical Care	2,104	2,117	12	8,311	8,737	425	25,222	25,222	0
Non PbR Drugs & Devices	1,796	1,495	(301)	7,096	7,441	345	21,243	21,243	0
Excess Bed Days	388	256	(133)	1,553	1,631	78	4,658	4,658	0
CQUIN	261	292	31	1,045	1,129	85	3,134	3,134	0
Contract Sanctions	(10)	(7)	3	(42)	(32)	10	(125)	(125)	0
Private Patients	15	49	34	59	68	10	176	176	0
Other Clinical Income	3,010	3,153	144	11,948	12,515	567	37,849	37,849	0
Non Clinical Income									
Other Non Clinical Income	2,153	2,189	36	7,848	8,415	567	25,181	25,181	0
Total Income	19,540	19,128	(412)	75,283	77,390	2,107	229,458	229,458	0
Expenditure									
Pay Costs	(12,332)	(12,534)	(202)	(48,869)	(49,492)	(624)	(144,726)	(144,726)	0
Drugs	(1,714)	(1,503)	210	(6,473)	(7,373)	(900)	(19,368)	(19,368)	0
Clinical Supplies	(1,702)	(1,684)	18	(6,405)	(6,481)	(75)	(18,541)	(18,541)	0
Other Non Pay	(2,163)	(2,039)	124	(9,154)	(9,997)	(843)	(25,597)	(25,597)	0
PFI service costs	(329)	(268)	61	(1,316)	(1,194)	122	(3,948)	(3,948)	0
Total Expenditure	(18,240)	(18,029)	212	(72,216)	(74,537)	(2,321)	(212,180)	(212,180)	0
EBITDA	1,299	1,099	(200)	3,067	2,853	(214)	17,277	17,277	0
PDC Dividend	(114)	(114)	0	(455)	(455)	0	(1,365)	(1,365)	0
Depreciation	(548)	(495)	53	(2,129)	(1,980)	149	(6,409)	(6,409)	0
Finance Income	0	2	1	2	6	5	5	5	0
Interest Expense (non-PFI/LIFT)	(91)	(89)	1	(354)	(352)	2	(1,087)	(1,087)	0
Interest Expense (PFI/LIFT)	(675)	(675)	0	(2,699)	(2,699)	0	(8,098)	(8,098)	0
MASS/Restructuring	0	0	0	(185)	(222)	(37)	(185)	(185)	0
Gains/(Losses) on asset disposals	0	4	4	0	7	7	0	0	0
Control Total Surplus / (Deficit)	(127)	(268)	(141)	(2,754)	(2,842)	(88)	138	138	0
One-off normalising items									
STF Funding	0	0	0	0	93	93	0	93	93
Government Grants/Donated Income	671	698	27	4,389	1,775	(2,614)	12,750	12,750	0
Depreciation on Donated Assets	(176)	(172)	4	(695)	(681)	14	(2,089)	(2,089)	0
Fixed Asset Impairment	0	0	0	0	0	0	(1,536)	(1,536)	0
Reported Surplus/(Deficit)	368	257	(110)	941	(1,656)	(2,596)	9,263	9,356	93

Key Metrics	In Month			Year to Date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	19,540	19,128	(412)	75,283	77,390	2,107	229,458	229,458	0
Expenditure £000	(19,667)	(19,396)	271	(78,037)	(80,232)	(2,195)	(229,320)	(229,320)	0
Control Total Surplus/(Deficit) £000	(127)	(268)	(141)	(2,754)	(2,842)	(88)	138	138	0
WTE	3,194	3,130	(64)	3,194	3,130	(64)			
CIP £000	427	355	(72)	1,268	1,374	106	8,000	6,089	(1,911)
Cash £000	2,821	11,263	8,442	2,821	11,263	8,442			
CAPEX FCT £000	1,303	1,595	(292)	7,888	3,457	4,431	29,092	29,092	0
Use of Resources Risk Rating	3	3	0	3	3	0	3	3	0

Activity Volumes	In Month			Year to Date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Elective	2,548	2,234	(314)	9,788	8,979	(809)	29,307	29,307	0
Non Elective	1,161	1,300	139	4,557	4,981	424	13,769	13,769	0
Outpatients	17,973	16,738	(1,235)	69,047	70,197	1,150	206,735	206,735	0
A&E	4,668	5,001	333	19,500	19,634	134	56,463	56,463	0

In-Month

Division	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (case-mix)	Income Variance (volume)
Surgery	Anaesthetics	Outpatient New	134	5	-129	£7,079	£3,690	-£3,389	£3,425	-£6,814
		Outpatient Follow-up	102	38	-64	£12,487	£8,228	-£4,259	£4,928	-£9,187
	Anaesthetics Total		**236**	**43**	**-193**	**£19,565**	**£11,918**	**-£7,647**	**£8,353**	**-£16,001**
	Audiology	Daycase	3	5	2	£2,930	£5,427	£2,497	£1,031	£1,465
		Outpatient New	518	554	36	£49,157	£52,578	£3,421	£42	£3,379
		Outpatient Follow-up	382	306	-76	£36,115	£28,949	-£7,166	£27	-£7,194
		OP Procedure	1	1	0	£130	£105	-£25	£5	-£30
	Audiology Total		**905**	**866**	**-39**	**£88,332**	**£87,059**	**-£1,274**	**£1,106**	**-£2,380**
	Burns Care	Daycase	5	5	0	£5,740	£7,335	£1,595	£1,837	-£242
		Elective	2	1	-1	£5,944	£1,318	-£4,626	-£2,002	-£2,624
		Non Elective	26	22	-4	£173,997	£121,028	-£52,969	-£23,662	-£29,307
		Outpatient New	15	16	1	£3,031	£3,173	£142	£3	£139
		Outpatient Follow-up	71	81	10	£14,094	£15,867	£1,773	-£185	£1,957
		Ward Attender	32	35	3	£6,387	£6,942	£555	£6	£549
		Ward Based Outpatient	4	10	6	£706	£1,983	£1,278	£2	£1,276
		OP Procedure	0	4	4	£5	£492	£486	-£7	£494
	Burns Care Total		**156**	**174**	**18**	**£209,905**	**£158,139**	**-£51,766**	**-£24,008**	**-£27,758**
	Cardiac Surgery	Elective	27	27	0	£434,946	£416,771	-£18,175	-£17,083	-£1,092
		Non Elective	12	17	5	£321,070	£452,135	£131,064	-£12,797	£143,861
		Excess Bed Days	75	0	-75	£38,217	£0	-£38,217	-£0	-£38,217
		Outpatient New	9	9	0	£6,700	£6,486	-£213	£6	-£219
		Outpatient Follow-up	47	42	-5	£33,787	£30,270	-£3,517	£27	-£3,544
		Ward Attender	0	7	7	£0	£5,045	£5,045	£0	£5,045
	Cardiac Surgery Total		**170**	**102**	**-68**	**£834,719**	**£910,706**	**£75,987**	**-£29,847**	**£105,834**
	Cardiology	Daycase	22	20	-2	£58,044	£60,450	£2,406	£6,842	-£4,436
		Elective	22	15	-7	£71,931	£64,292	-£7,639	£15,832	-£23,471
		Non Elective	11	13	2	£43,627	£33,950	-£9,677	-£17,611	£7,934
		Excess Bed Days	20	7	-13	£9,256	£2,708	-£6,548	-£559	-£5,989
		Outpatient New	190	179	-11	£38,631	£36,296	-£2,335	-£41	-£2,294
		Outpatient Follow-up	547	609	62	£68,508	£75,993	£7,486	-£250	£7,736
		Ward Attender	52	32	-20	£6,747	£3,993	-£2,754	-£133	-£2,621
		Ward Based Outpatient	9	4	-5	£1,116	£499	-£617	-£0	-£617
		OP Imaging	610	622	12	£54,409	£55,498	£1,089	£18	£1,070
	Cardiology Total		**1,484**	**1,501**	**17**	**£352,270**	**£333,680**	**-£18,590**	**£4,098**	**-£22,688**
	Dentistry	Daycase	130	82	-48	£78,364	£51,930	-£26,434	£2,356	-£28,789
		Elective	3	0	-3	£3,267	£0	-£3,267	£0	-£3,267
		Non Elective	1	2	1	£993	£3,541	£2,548	£1,802	£746
		Outpatient New	0	117	117	£0	£4,166	£4,166	£0	£4,166
		Outpatient Follow-up	121	87	-34	£4,308	£3,098	-£1,210	-£2	-£1,208
		OP Procedure	33	28	-5	£4,340	£3,772	-£568	£45	-£613
	Dentistry Total		**287**	**316**	**29**	**£91,271**	**£66,506**	**-£24,765**	**£4,201**	**-£28,966**
	ENT	Daycase	132	120	-12	£136,811	£126,157	-£10,654	£1,765	-£12,419
		Elective	99	73	-26	£132,767	£102,759	-£30,008	£4,757	-£34,766
		Non Elective	24	23	-1	£32,745	£28,631	-£4,114	-£3,388	-£726
		Excess Bed Days	28	4	-24	£11,330	£2,366	-£8,964	£733	-£9,697
		Outpatient New	428	323	-105	£52,362	£40,335	-£12,026	£788	-£12,814
		Outpatient Follow-up	398	389	-9	£25,045	£24,741	-£303	£285	-£588
		OP Procedure	273	357	84	£33,668	£45,127	£11,459	£1,162	£10,296
	ENT Total		**1,382**	**1,289**	**-93**	**£424,728**	**£370,117**	**-£54,611**	**£6,103**	**-£60,714**
	Gynaecology	Daycase	2	2	0	£1,200	£1,617	£417	£430	-£12
		Elective	1	1	0	£1,438	£2,140	£702	£1,075	-£373
		Outpatient New	38	37	-1	£6,270	£6,118	-£152	-£0	-£152
		Outpatient Follow-up	53	49	-4	£3,717	£3,465	-£253	£0	-£253
	Gynaecology Total		**94**	**89**	**-5**	**£12,625**	**£13,340**	**£715**	**£1,505**	**-£790**
	Intensive Care	Elective	0	1	1	£0	£13,922	£13,922	£0	£13,922
		Non Elective	17	19	2	£92,871	£105,766	£12,896	£1,236	£11,660
		Excess Bed Days	22	0	-22	£13,424	£0	-£13,424	£0	-£13,424
		PICU	554	549	-5	£977,430	£965,607	-£11,823	£0	-£11,823
		HDU	382	424	42	£454,931	£491,426	£36,495	£0	£36,495
		Cardiac HDU	247	254	7	£238,388	£237,635	-£753	£0	-£753
		Cardiac ECMO	13	14	2	£45,104	£43,961	-£1,143	£0	-£1,143
		Respiratory ECMO	8	0	-8	£49,790	£21,943	-£27,847	£0	-£27,847
	Intensive Care Total		**1,241**	**1,261**	**20**	**£1,871,936**	**£1,880,261**	**£8,325**	**£1,236**	**£7,089**
	Maxillo-Facial	Outpatient New	59	77	18	£9,024	£11,733	£2,709	-£71	£2,780
		Outpatient Follow-up	63	91	28	£11,430	£17,761	£6,331	£1,344	£4,988
		Ward Attender	0	0	0	£6	£0	-£6	£0	-£6
		OP Procedure	1	0	-1	£131	£0	-£131	-£0	-£131
	Maxillo-Facial Total		**123**	**168**	**45**	**£20,590**	**£29,494**	**£8,903**	**£1,272**	**£7,631**
	Neurosurgery	Daycase	1	2	1	£1,961	£13,461	£11,500	£9,922	£1,578
		Elective	24	38	14	£223,595	£322,005	£98,410	-£26,676	£125,086
		Non Elective	25	34	9	£212,292	£228,567	£16,275	-£55,551	£71,827
		Excess Bed Days	25	41	16	£14,978	£16,212	£1,234	-£7,949	£9,183
		Outpatient New	69	72	3	£6,164	£6,413	£249	£5	£244
		Outpatient Follow-up	179	180	1	£15,958	£16,033	£75	£13	£62
		Ward Attender	52	11	-41	£4,613	£980	-£3,633	£1	-£3,634
		Ward Based Outpatient	2	0	-2	£159	£0	-£159	-£0	-£159
		Neuro HDU	217	226	9	£195,356	£189,233	-£6,123	£0	-£6,123
	Neurosurgery Total		**596**	**604**	**8**	**£675,075**	**£792,904**	**£117,829**	**-£80,236**	**£198,064**
	Ophthalmology	Daycase	36	22	-14	£44,560	£34,320	-£10,240	£7,416	-£17,656
		Elective	5	5	0	£10,016	£12,894	£2,878	£2,162	£715
		Non Elective	2	0	-2	£3,291	£0	-£3,291	£0	-£3,291
		Outpatient New	320	342	22	£53,780	£49,433	-£4,347	-£8,050	£3,703
		Outpatient Follow-up	1,167	1,189	22	£92,849	£77,893	-£14,956	-£16,739	£1,783
		OP Procedure	21	90	69	£6,052	£16,295	£10,243	-£9,738	£19,980
	Ophthalmology Total		**1,550**	**1,648**	**98**	**£210,549**	**£190,834**	**-£19,715**	**-£24,949**	**£5,235**
	Oral Surgery	Daycase	27	27	0	£23,402	£19,974	-£3,428	-£3,438	£10
		Elective	16	17	1	£57,300	£56,539	-£761	-£4,571	£3,810
		Non Elective	10	6	-4	£10,351	£5,962	-£4,390	-£401	-£3,988
	Oral Surgery Total		**53**	**50**	**-3**	**£91,053**	**£82,474**	**-£8,579**	**-£8,411**	**-£168**
	Orthodontics	Outpatient New	6	8	2	£973	£1,298	£324	-£0	£324
		Outpatient Follow-up	31	58	27	£2,205	£4,203	£1,999	£27	£1,972
		OP Procedure	23	19	-4	£2,551	£2,091	-£460	-£36	-£424

In-Month

	Orthodontics Total		**59**	**85**	**26**	**£5,729**	**£7,592**	**£1,863**	**-£10**	**£1,872**
	Paediatric Surgery	Daycase	148	139	-9	£160,754	£150,764	-£9,990	-£269	-£9,721
		Elective	43	47	4	£147,002	£201,652	£54,650	£42,207	£12,443
		Non Elective	126	142	16	£351,650	£426,596	£74,946	£30,897	£44,049
		Excess Bed Days	126	116	-10	£57,431	£51,795	-£5,636	-£1,279	-£4,358
		Outpatient New	195	157	-38	£33,198	£26,778	-£6,420	£1	-£6,422
		Outpatient Follow-up	305	255	-50	£35,171	£29,355	-£5,816	-£13	-£5,803
		Ward Attender	85	80	-5	£9,760	£9,151	-£609	-£6	-£603
		Ward Based Outpatient	11	0	-11	£1,282	£0	-£1,282	£0	-£1,282
		OP Procedure	0	1	1	-£0	£229	£229	£230	-£1
		Neonatal HDU	11	73	62	£132,920	£166,976	£34,056	£0	£34,056
	Paediatric Surgery Total		**1,050**	**1,010**	**-40**	**£929,169**	**£1,063,296**	**£134,127**	**£71,769**	**£62,359**
	Plastic Surgery	Daycase	87	124	37	£96,350	£158,512	£62,161	£21,414	£40,748
		Elective	12	8	-4	£16,855	£19,703	£2,847	£8,052	-£5,204
		Non Elective	86	109	23	£141,159	£197,047	£55,888	£18,967	£36,921
		Excess Bed Days	11	0	-11	£6,344	£0	-£6,344	£0	-£6,344
		Outpatient New	256	320	64	£34,842	£42,926	£8,084	-£662	£8,745
		Outpatient Follow-up	437	399	-38	£46,385	£42,320	-£4,065	-£2	-£4,063
		Ward Attender	10	13	3	£1,098	£1,379	£281	-£0	£281
		Ward Based Outpatient	2	6	4	£226	£636	£411	-£0	£411
		OP Procedure	127	209	82	£15,854	£26,562	£10,709	£523	£10,186
	Plastic Surgery Total		**1,028**	**1,188**	**160**	**£359,113**	**£489,086**	**£129,973**	**£48,292**	**£81,681**
	Spinal Surgery	Daycase	1	2	1	£700	£2,026	£1,326	£112	£1,213
		Elective	14	14	0	£396,386	£309,932	-£86,453	-£100,427	£13,973
		Non Elective	0	1	1	£0	£11,564	£11,564	£0	£11,564
		Outpatient New	38	51	13	£7,891	£10,501	£2,610	-£0	£2,610
		Outpatient Follow-up	83	96	13	£6,326	£7,287	£961	-£14	£976
	Spinal Surgery Total		**136**	**164**	**28**	**£411,303**	**£341,309**	**-£69,993**	**-£100,329**	**£30,336**
	Trauma And Orthopaedics	Daycase	45	50	5	£86,499	£97,984	£11,484	£2,036	£9,448
		Elective	64	59	-5	£269,428	£202,955	-£66,473	-£45,431	-£21,042
		Non Elective	85	75	-10	£231,521	£212,393	-£19,128	£7,286	-£26,414
		Excess Bed Days	31	46	15	£14,423	£17,628	£3,205	-£3,832	£7,037
		Outpatient New	753	757	4	£119,978	£118,948	-£1,030	-£1,702	£672
		Outpatient Follow-up	1,605	1,214	-391	£150,198	£111,694	-£38,505	-£1,937	-£36,568
		Gait New	32	28	-4	£37,054	£32,819	-£4,235	£0	-£4,235
		Gait Follow-Up	27	25	-2	£32,060	£29,303	-£2,757	£0	-£2,757
		Ward Attender	2	0	-2	£171	£0	-£171	-£0	-£171
		OP Procedure	229	359	130	£28,285	£45,341	£17,056	£1,008	£16,048
	Trauma And Orthopaedics Total		**2,872**	**2,613**	**-259**	**£969,619**	**£869,066**	**-£100,553**	**-£42,570**	**-£57,983**
	Urology	Daycase	204	230	26	£184,147	£243,552	£59,405	£36,227	£23,178
		Elective	13	15	2	£40,950	£41,380	£431	-£5,688	£6,119
		Non Elective	3	12	9	£7,808	£25,411	£17,603	-£4,122	£21,725
		Excess Bed Days	13	70	57	£6,748	£30,074	£23,326	-£7,466	£30,791
		Outpatient New	104	93	-11	£15,287	£13,732	-£1,554	-£1	-£1,553
		Outpatient Follow-up	210	187	-23	£20,527	£18,279	-£2,248	-£1	-£2,247
		Ward Attender	4	9	5	£395	£880	£484	-£0	£484
		Ward Based Outpatient	7	9	2	£719	£880	£161	£0	£161
		OP Procedure	18	43	25	£4,029	£9,837	£5,808	-£45	£5,853
	Urology Total		**576**	**668**	**92**	**£280,609**	**£384,025**	**£103,416**	**£18,904**	**£84,511**
Surgery Total			**13,998**	**13,839**	**-159**	**£7,858,160**	**£8,081,804**	**£223,644**	**-£143,518**	**£367,162**
Medicine	Accident & Emergency	Daycase	0	0	0	£196	£0	-£196	£0	-£196
		Elective	0	0	0	£118	£0	-£118	£0	-£118
		Non Elective	303	298	-5	£210,606	£221,085	£10,479	£14,294	-£3,815
		Excess Bed Days	3	0	-3	£1,161	£0	-£1,161	£0	-£1,161
		Outpatient New	221	185	-36	£74,481	£62,526	-£11,955	£57	-£12,012
		Outpatient Follow-up	23	10	-13	£7,810	£3,380	-£4,431	£3	-£4,434
		Ward Based Outpatient	1	0	-1	£197	£0	-£197	-£0	-£197
		A&E Attendance	4,668	5,001	333	£498,985	£498,600	-£386	-£36,031	£35,645
	Accident & Emergency Total		**5,219**	**5,494**	**275**	**£793,555**	**£785,590**	**-£7,964**	**-£21,677**	**£13,713**
	Allergy	Daycase	34	22	-12	£18,689	£10,143	-£8,545	-£1,949	-£6,596
		Outpatient New	78	70	-8	£16,857	£14,880	-£1,977	-£188	-£1,789
		Outpatient Follow-up	105	83	-22	£14,258	£11,326	-£2,932	£19	-£2,951
		Ward Based Outpatient	0	2	2	£43	£272	£230	£0	£230
		OP Procedure	0	2	2	£49	£343	£294	£94	£201
	Allergy Total		**218**	**179**	**-39**	**£49,895**	**£36,965**	**-£12,930**	**-£2,025**	**-£10,905**
	Anaesthetics	Outpatient Follow-up	0	1	1	£0	£136	£136	£0	£136
	Anaesthetics Total		**0**	**1**	**1**	**£0**	**£136**	**£136**	**£0**	**£136**
	Dermatology	Daycase	2	9	7	£1,604	£5,865	£4,260	-£1,333	£5,593
		Outpatient New	172	122	-50	£23,729	£16,873	-£6,856	-£1	-£6,855
		Outpatient Follow-up	380	258	-122	£34,013	£23,072	-£10,940	-£26	-£10,914
		Ward Attender	0	0	0	£4	£0	-£4	-£0	-£4
		Ward Based Outpatient	5	2	-3	£424	£179	-£245	£0	-£245
		OP Procedure	306	421	115	£35,685	£46,096	£10,411	-£3,039	£13,450
	Dermatology Total		**864**	**812**	**-52**	**£95,459**	**£92,085**	**-£3,374**	**-£4,399**	**£1,025**
	Diabetes	Outpatient New	32	0	-32	£6,376	£0	-£6,376	-£0	-£6,376
		Outpatient Follow-up	3	9	6	£553	£1,591	£1,038	-£0	£1,038
		Ward Attender	0	2	2	£0	£354	£354	£0	£354
		Ward Based Outpatient	0	0	0	£7	£0	-£7	-£0	-£7
	Diabetes Total		**35**	**11**	**-24**	**£6,937**	**£1,945**	**-£4,992**	**-£0**	**-£4,992**
	Endocrinology	Daycase	98	98	0	£75,316	£74,334	-£983	-£1,039	£57
		Elective	8	3	-5	£9,415	£2,380	-£7,035	-£1,185	-£5,849
		Non Elective	2	1	-1	£5,816	£812	-£5,004	-£2,630	-£2,374
		Excess Bed Days	27	13	-14	£11,830	£5,029	-£6,801	-£685	-£6,117
		Outpatient New	69	58	-11	£21,064	£17,671	-£3,392	-£1	-£3,391
		Outpatient Follow-up	306	308	2	£46,719	£46,758	£39	-£264	£303
		Ward Attender	20	13	-7	£3,009	£1,960	-£1,049	-£0	-£1,049
		Ward Based Outpatient	112	67	-45	£16,907	£10,103	-£6,805	-£0	-£6,804
	Endocrinology Total		**642**	**561**	**-81**	**£190,077**	**£159,047**	**-£31,030**	**-£5,805**	**-£25,225**
	Epilepsy	Outpatient New	12	12	0	£3,056	£3,045	-£11	-£0	-£11
		Outpatient Follow-up	28	10	-18	£5,553	£1,986	-£3,567	-£0	-£3,567
	Epilepsy Total		**40**	**22**	**-18**	**£8,609**	**£5,031**	**-£3,578**	**-£0**	**-£3,578**
	Gastroenterology	Daycase	152	155	3	£108,910	£117,788	£8,879	£6,919	£1,960
		Elective	43	10	-33	£59,747	£9,207	-£50,540	-£4,543	-£45,997
		Non Elective	9	6	-3	£28,119	£25,292	-£2,827	£7,235	-£10,062
		Excess Bed Days	104	4	-100	£48,527	£1,651	-£46,876	-£214	-£46,662
		Outpatient New	108	97	-11	£25,221	£22,564	-£2,657	£5	-£2,662
		Outpatient Follow-up	339	204	-135	£49,363	£29,698	-£19,665	-£2	-£19,663

In-Month

	Gastroenterology	Ward Attender	27	2	-25	£3,907	£291	-£3,616	-£0	-£3,616
		Ward Based Outpatient	93	82	-11	£13,575	£11,938	-£1,637	-£0	-£1,636
	Gastroenterology Total		**877**	**560**	**-317**	**£337,368**	**£218,430**	**-£118,938**	**£9,399**	**-£128,337**
	Haematology	Daycase	25	33	8	£19,851	£23,307	£3,457	-£2,677	£6,134
		Elective	3	4	1	£14,471	£12,761	-£1,710	-£5,522	£3,812
		Non Elective	11	25	14	£14,147	£49,531	£35,384	£18,041	£17,343
		Excess Bed Days	3	0	-3	£879	£0	-£879	£0	-£879
		Outpatient New	23	25	2	£10,435	£11,257	£822	-£0	£822
		Outpatient Follow-up	64	40	-24	£13,445	£8,444	-£5,001	-£0	-£5,001
		Ward Attender	181	182	1	£38,238	£38,420	£182	-£0	£183
		Ward Based Outpatient	0	0	0	£64	£0	-£64	£0	-£64
		OP Procedure	0	0	0	£27	£0	-£27	£0	-£27
	Haematology Total		**311**	**309**	**-2**	**£111,556**	**£143,719**	**£32,163**	**£9,840**	**£22,323**
	Immunology	Daycase	4	9	6	£1,924	£6,488	£4,564	£1,540	£3,023
		Non Elective	0	1	1	£0	£1,043	£1,043	£0	£1,043
		Outpatient New	14	22	8	£2,920	£4,790	£1,870	£54	£1,816
		Outpatient Follow-up	10	50	40	£1,399	£7,280	£5,881	£468	£5,413
		Ward Attender	5	13	8	£702	£1,771	£1,069	-£0	£1,069
		Ward Based Outpatient	16	43	27	£2,242	£5,858	£3,616	£0	£3,615
	Immunology Total		**49**	**138**	**89**	**£9,187**	**£27,229**	**£18,042**	**£2,063**	**£15,980**
	LTV	Outpatient New	10	5	-5	£6,736	£3,690	-£3,046	£145	-£3,191
		Outpatient Follow-up	42	63	21	£29,119	£46,491	£17,372	£2,463	£14,909
	LTV Total		**51**	**68**	**17**	**£35,855**	**£50,181**	**£14,326**	**£2,608**	**£11,718**
	Metabolic Disease	Outpatient New	5	3	-2	£2,037	£1,153	-£884	£1	-£885
		Outpatient Follow-up	29	25	-4	£11,187	£9,610	-£1,577	£9	-£1,586
		Ward Based Outpatient	3	0	-3	£1,056	£0	-£1,056	£0	-£1,056
	Metabolic Disease Total		**37**	**28**	**-9**	**£14,280**	**£10,763**	**-£3,517**	**£10**	**-£3,527**
	Nephrology	Daycase	144	144	0	£256,671	£149,410	-£107,262	-£107,677	£415
		Elective	33	4	-29	£35,165	£11,208	-£23,956	£6,967	-£30,923
		Non Elective	4	16	12	£12,484	£43,175	£30,691	-£6,014	£36,705
		Excess Bed Days	17	52	35	£8,513	£18,902	£10,388	-£7,528	£17,916
		Outpatient New	17	30	13	£1,976	£3,545	£1,569	£3	£1,565
		Outpatient Follow-up	150	201	51	£17,755	£23,750	£5,995	£22	£5,973
		Ward Attender	71	23	-48	£8,427	£2,600	-£5,827	-£116	-£5,712
		Ward Based Outpatient	56	8	-48	£6,636	£945	-£5,691	£1	-£5,692
	Nephrology Total		**492**	**478**	**-14**	**£347,627**	**£253,534**	**-£94,093**	**-£114,341**	**£20,247**
	Neurology	Daycase	28	20	-8	£30,498	£23,170	-£7,329	£1,189	-£8,517
		Elective	6	13	7	£11,813	£33,891	£22,078	£10,159	£11,919
		Non Elective	9	11	2	£46,877	£58,461	£11,584	-£1,295	£12,879
		Excess Bed Days	81	33	-48	£49,084	£20,054	-£29,029	£78	-£29,107
		Outpatient New	96	88	-8	£26,484	£24,421	-£2,063	£24	-£2,086
		Outpatient Follow-up	252	205	-47	£69,953	£56,890	-£13,064	£52	-£13,115
		Ward Attender	15	32	17	£4,076	£8,880	£4,804	£9	£4,796
		Ward Based Outpatient	19	14	-5	£5,255	£3,885	-£1,369	£4	-£1,373
	Neurology Total		**505**	**416**	**-89**	**£244,040**	**£229,652**	**-£14,388**	**£10,218**	**-£24,606**
	Oncology	Daycase	192	69	-123	£182,394	£51,030	-£131,364	-£14,579	-£116,786
		Elective	31	29	-2	£118,057	£115,392	-£2,665	£5,595	-£8,260
		Non Elective	51	46	-5	£103,012	£105,710	£2,698	£12,080	-£9,382
		Excess Bed Days	58	15	-43	£26,779	£6,854	-£19,925	-£111	-£19,814
		Outpatient New	11	11	0	£2,781	£2,851	£70	£3	£68
		Outpatient Follow-up	237	262	25	£61,462	£67,910	£6,448	£24	£6,424
		Ward Attender	53	48	-5	£13,753	£12,442	-£1,311	£11	-£1,322
		Ward Based Outpatient	10	7	-3	£2,543	£1,814	-£729	£2	-£731
		DCHEMO	147	147	0	£48,800	£48,879	£79	£0	£79
	Oncology Total		**789**	**634**	**-155**	**£559,583**	**£412,883**	**-£146,700**	**£3,024**	**-£149,724**
	Paediatrics	Daycase	16	3	-13	£8,843	£1,814	-£7,029	£165	-£7,194
		Elective	1	4	3	£747	£14,656	£13,909	£11,325	£2,584
		Non Elective	307	408	101	£356,375	£470,626	£114,251	-£2,785	£117,035
		Excess Bed Days	88	74	-14	£35,852	£29,748	-£6,104	-£565	-£5,539
		Outpatient New	328	257	-71	£70,563	£55,320	-£15,243	-£2	-£15,241
		Outpatient Follow-up	539	393	-146	£73,426	£53,535	-£19,890	-£3	-£19,887
		Ward Attender	10	4	-6	£1,344	£545	-£799	-£0	-£799
		Ward Based Outpatient	44	0	-44	£5,979	£0	-£5,979	-£0	-£5,979
		OP Procedure	0	0	0	£33	£0	-£33	£0	-£33
	Paediatrics Total		**1,332**	**1,143**	**-189**	**£553,161**	**£626,244**	**£73,082**	**£8,135**	**£64,947**
	Radiology	Daycase	120	129	9	£155,999	£159,595	£3,596	-£8,135	£11,731
		Elective	20	9	-11	£37,611	£13,274	-£24,337	-£3,511	-£20,826
		Non Elective	2	2	0	£25,525	£2,911	-£22,614	-£17,555	-£5,059
		Excess Bed Days	24	0	-24	£11,551	£0	-£11,551	-£0	-£11,551
		OP Imaging	942	960	19	£124,966	£127,465	£2,499	£43	£2,456
	Radiology Total		**1,108**	**1,100**	**-8**	**£355,652**	**£303,244**	**-£52,408**	**-£29,158**	**-£23,250**
	Respiratory Medicine	Daycase	10	28	18	£13,722	£33,891	£20,169	-£2,722	£22,891
		Elective	12	8	-4	£19,245	£17,506	-£1,739	£4,129	-£5,868
		Non Elective	33	9	-24	£69,381	£30,934	-£38,447	£11,986	-£50,433
		Excess Bed Days	23	95	72	£13,351	£65,127	£51,776	£10,963	£40,813
		Outpatient New	79	100	21	£20,662	£25,893	£5,231	-£146	£5,377
		Outpatient Follow-up	263	304	41	£37,765	£43,624	£5,860	-£3	£5,862
		Ward Attender	4	5	1	£556	£718	£162	-£0	£162
		Ward Based Outpatient	146	1	-145	£20,928	£144	-£20,784	-£0	-£20,784
		OP Procedure	63	0	-63	£13,352	£0	-£13,352	-£0	-£13,351
	Respiratory Medicine Total		**633**	**550**	**-83**	**£208,960**	**£217,837**	**£8,877**	**£24,207**	**-£15,331**
	Rheumatology	Daycase	182	110	-72	£115,648	£71,877	-£43,772	£2,015	-£45,786
		Elective	21	1	-20	£27,743	£833	-£26,910	-£476	-£26,434
		Non Elective	2	2	0	£2,642	£1,502	-£1,140	-£1,967	£827
		Excess Bed Days	26	33	8	£10,695	£14,476	£3,781	£635	£3,146
		Outpatient New	59	74	15	£8,829	£11,140	£2,311	£10	£2,301
		Outpatient Follow-up	208	196	-12	£31,197	£29,506	-£1,692	£82	-£1,773
		Ward Attender	16	8	-8	£2,465	£1,204	-£1,260	£1	-£1,261
		Ward Based Outpatient	11	9	-2	£1,674	£1,355	-£319	£1	-£320
		OP Procedure	0	0	0	£17	£0	-£17	£0	-£17
	Rheumatology Total		**524**	**433**	**-91**	**£200,910**	**£131,892**	**-£69,018**	**£300**	**-£69,318**
	Sleep Studies	Elective	26	22	-4	£31,978	£26,933	-£5,045	-£22	-£5,023
	Sleep Studies Total		**26**	**22**	**-4**	**£31,978**	**£26,933**	**-£5,045**	**-£22**	**-£5,023**
Medicine Total			**13,754**	**12,959**	**-795**	**£4,154,689**	**£3,733,340**	**-£421,349**	**-£107,622**	**-£313,726**
Community	CAMHS	Elective	0	0	0	£313	£0	-£313	£0	-£313
		Outpatient New	205	135	-70	£0	£0	£0	£0	£0
		Outpatient Follow-up	1,022	1,288	266	£13,724	£4,776	-£8,948	-£12,515	£3,567

In-Month

Community	CAMHS	Ward Based Outpatient	0	1	1	£0	£0	£0	£0	£0
	CAMHS Total		**1,228**	**1,424**	**196**	**£14,037**	**£4,776**	**-£9,261**	**-£12,515**	**£3,254**
	Community Medicine	Outpatient New	389	234	-155	£31,513	£18,302	-£13,211	-£652	-£12,559
		Outpatient Follow-up	764	538	-226	£3,856	£1,724	-£2,133	-£992	-£1,140
		Ward Attender	2	4	2	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£15	£0	-£15	£0	-£15
	Community Medicine Total		**1,155**	**776**	**-379**	**£35,384**	**£20,026**	**-£15,358**	**-£1,644**	**-£13,714**
Community Total			**2,383**	**2,200**	**-183**	**£49,421**	**£24,802**	**-£24,619**	**-£14,159**	**-£10,460**
Grand Total			**30,135**	**28,998**	**-1,137**	**£12,062,270**	**£11,839,946**	**-£222,324**	**-£265,300**	**£42,976**

Year to Date

Division	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (case-mix)	Income Variance (volume)
Surgery	Anaesthetics	Outpatient New	13	19	6	£9,722	£13,408	£3,686	£12	£3,674
		Outpatient Follow-up	410	165	-245	£49,947	£38,661	-£11,286	£24,024	-£35,310
	Anaesthetics Total		**423**	**184**	**-239**	**£59,669**	**£52,069**	**-£7,600**	**£24,036**	**-£31,636**
	Audiology	Daycase	13	12	-1	£11,720	£10,429	-£1,291	-£119	-£1,172
		Outpatient New	1,990	2,839	849	£188,718	£269,439	£80,721	£216	£80,505
		Outpatient Follow-up	1,467	1,192	-275	£138,650	£112,769	-£25,881	£106	-£25,987
		OP Procedure	5	5	0	£499	£486	-£14	-£13	-£1
	Audiology Total		**3,475**	**4,048**	**573**	**£339,587**	**£393,122**	**£53,536**	**£191**	**£53,345**
	Burns Care	Daycase	20	11	-9	£22,035	£12,920	-£9,115	£825	-£9,940
		Elective	7	5	-2	£22,819	£8,770	-£14,048	-£7,828	-£6,220
		Non Elective	107	70	-37	£701,462	£426,986	-£274,476	-£33,391	-£241,085
		Outpatient New	59	50	-9	£11,637	£9,917	-£1,720	£8	-£1,729
		Outpatient Follow-up	273	232	-41	£54,110	£45,817	-£8,293	-£159	-£8,134
		Ward Attender	124	146	22	£24,521	£28,958	£4,436	£25	£4,412
		Ward Based Outpatient	14	56	42	£2,709	£11,107	£8,398	£10	£8,388
		OP Procedure	0	31	31	£21	£3,809	£3,788	-£60	£3,848
	Burns Care Total		**603**	**601**	**-2**	**£839,314**	**£548,284**	**-£291,031**	**-£40,570**	**-£250,461**
	Cardiac Surgery	Elective	104	113	9	£1,669,792	£1,872,941	£203,149	£57,184	£145,965
		Non Elective	46	47	1	£1,263,861	£1,341,339	£77,478	£55,940	£21,538
		Excess Bed Days	301	80	-221	£152,866	£57,270	-£95,596	£16,686	-£112,282
		Outpatient New	36	44	8	£25,721	£31,711	£5,990	£29	£5,962
		Outpatient Follow-up	180	188	8	£129,710	£135,493	£5,784	£122	£5,662
		Ward Attender	0	16	16	£0	£11,531	£11,531	£0	£11,531
	Cardiac Surgery Total		**667**	**488**	**-179**	**£3,241,949**	**£3,450,286**	**£208,336**	**£129,961**	**£78,375**
	Cardiology	Daycase	83	67	-16	£222,834	£185,401	-£37,433	£5,817	-£43,250
		Elective	85	69	-16	£276,150	£227,744	-£48,405	£4,827	-£53,233
		Non Elective	43	56	13	£171,735	£247,057	£75,322	£24,946	£50,376
		Excess Bed Days	79	36	-43	£37,024	£16,209	-£20,815	-£592	-£20,223
		Outpatient New	731	635	-96	£148,307	£128,761	-£19,546	-£145	-£19,402
		Outpatient Follow-up	2,101	2,356	255	£263,006	£293,990	£30,984	-£968	£31,952
		Ward Attender	201	139	-62	£25,903	£17,346	-£8,557	-£578	-£7,979
		Ward Based Outpatient	34	36	2	£4,286	£4,492	£207	-£0	£207
		OP Procedure	0	1	1	£0	£185	£185	£0	£185
		OP Imaging	2,440	2,709	269	£217,637	£231,180	£13,542	-£10,451	£23,994
	Cardiology Total		**5,798**	**6,104**	**306**	**£1,366,882**	**£1,352,365**	**-£14,517**	**£22,857**	**-£37,374**
	Dentistry	Daycase	498	399	-99	£300,844	£249,872	-£50,972	£8,652	-£59,624
		Elective	12	5	-7	£12,543	£5,301	-£7,242	-£6	-£7,236
		Non Elective	4	4	0	£3,908	£11,164	£7,257	£7,687	-£430
		Outpatient New	501	428	-73	£17,844	£15,239	-£2,605	-£6	-£2,599
		Outpatient Follow-up	464	396	-68	£16,538	£14,100	-£2,438	-£10	-£2,428
		OP Procedure	125	142	17	£16,661	£18,188	£1,527	-£711	£2,238
	Dentistry Total		**1,604**	**1,374**	**-230**	**£368,337**	**£313,865**	**-£54,473**	**£15,606**	**-£70,079**
	ENT	Daycase	507	439	-68	£525,227	£466,896	-£58,331	£11,831	-£70,162
		Elective	380	291	-89	£509,705	£399,078	-£110,626	£8,414	-£119,040
		Non Elective	93	100	7	£128,897	£168,164	£39,268	£28,952	£10,315
		Excess Bed Days	111	136	25	£45,321	£56,729	£11,408	£1,200	£10,208
		Outpatient New	1,642	1,217	-425	£201,021	£151,922	-£49,099	£2,915	-£52,014
		Outpatient Follow-up	1,529	1,484	-45	£96,149	£94,249	-£1,900	£949	-£2,848
		OP Procedure	1,050	1,299	249	£129,256	£160,944	£31,688	£972	£30,716
	ENT Total		**5,311**	**4,966**	**-345**	**£1,635,574**	**£1,497,983**	**-£137,592**	**£55,233**	**-£192,825**
	Gynaecology	Daycase	8	10	2	£4,606	£5,592	£986	-£345	£1,330
		Elective	5	5	0	£5,522	£7,240	£1,718	£1,914	-£196
		Outpatient New	146	123	-23	£24,070	£20,337	-£3,733	-£0	-£3,733
		Outpatient Follow-up	202	183	-19	£14,271	£12,940	-£1,331	£0	-£1,331
	Gynaecology Total		**360**	**321**	**-39**	**£48,468**	**£46,108**	**-£2,361**	**£1,569**	**-£3,929**
	Intensive Care	Elective	0	3	3	£0	£15,696	£15,696	£0	£15,696
		Non Elective	66	59	-7	£365,575	£376,598	£11,023	£52,004	-£40,981
		Excess Bed Days	83	242	159	£51,534	£101,425	£49,891	-£49,135	£99,026
		Outpatient Follow-up	0	5	5	£0	£3,690	£3,690	£0	£3,690
		PICU	2,215	2,289	74	£3,909,721	£4,012,120	£102,399	£0	£102,399
		HDU	1,528	1,681	153	£1,819,722	£1,940,206	£120,484	£0	£120,484
		Cardiac HDU	987	978	-9	£953,550	£961,563	£8,013	£0	£8,013
		Cardiac ECMO	50	40	-10	£180,414	£206,444	£26,030	£0	£26,030
		Respiratory ECMO	30	47	17	£199,159	£264,717	£65,558	£0	£65,558
	Intensive Care Total		**4,959**	**5,344**	**385**	**£7,479,676**	**£7,882,459**	**£402,783**	**£2,869**	**£399,915**
	Maxillo-Facial	Outpatient New	226	241	15	£34,643	£38,732	£4,089	£1,786	£2,302
		Outpatient Follow-up	243	348	105	£43,879	£67,550	£23,671	£4,767	£18,904
		Ward Attender	0	1	1	£24	£146	£121	-£0	£121
		OP Procedure	4	1	-3	£502	£105	-£397	-£10	-£386
	Maxillo-Facial Total		**474**	**591**	**117**	**£79,048**	**£106,532**	**£27,484**	**£6,543**	**£20,941**
	Neurosurgery	Daycase	4	14	10	£7,529	£30,745	£23,216	£5,973	£17,243
		Elective	94	110	16	£858,399	£921,033	£62,634	-£88,308	£150,942
		Non Elective	100	116	16	£835,665	£697,061	-£138,603	-£272,284	£133,680
		Excess Bed Days	102	128	26	£59,911	£47,008	-£12,903	-£28,421	£15,518
		Outpatient New	266	279	13	£23,665	£24,851	£1,185	£20	£1,166
		Outpatient Follow-up	688	731	43	£61,264	£65,110	£3,846	£51	£3,795
		Ward Attender	199	111	-88	£17,710	£9,887	-£7,823	£8	-£7,831
		Ward Based Outpatient	7	0	-7	£609	£0	-£609	£0	-£609
		Neuro HDU	868	757	-111	£781,422	£724,574	-£56,848	£0	-£56,848
	Neurosurgery Total		**2,328**	**2,246**	**-82**	**£2,646,175**	**£2,520,270**	**-£125,905**	**-£382,961**	**£257,056**
	Ophthalmology	Daycase	140	135	-5	£171,070	£177,769	£6,699	£12,678	-£5,979
		Elective	18	12	-6	£38,453	£30,847	-£7,606	£5,091	-£12,697
		Non Elective	6	3	-3	£12,956	£2,524	-£10,432	-£3,462	-£6,970
		Excess Bed Days	0	1	1	£0	£574	£574	£0	£574
		Outpatient New	1,228	1,132	-96	£206,466	£163,620	-£42,845	-£26,646	-£16,199
		Outpatient Follow-up	4,479	4,903	424	£356,456	£322,348	-£34,108	-£67,882	£33,773
		OP Procedure	80	299	219	£23,234	£52,796	£29,562	-£33,690	£63,251
	Ophthalmology Total		**5,952**	**6,485**	**533**	**£808,635**	**£750,478**	**-£58,157**	**-£113,911**	**£55,754**
	Oral Surgery	Daycase	104	107	3	£89,841	£78,774	-£11,067	-£14,007	£2,939
		Elective	61	49	-12	£219,979	£155,333	-£64,646	-£20,807	-£43,839
		Non Elective	38	33	-5	£40,748	£39,588	-£1,160	£4,591	-£5,751
	Oral Surgery Total		**203**	**189**	**-14**	**£350,568**	**£273,695**	**-£76,873**	**-£30,223**	**-£46,651**
	Orthodontics	Elective	0	1	1	£0	£1,314	£1,314	£0	£1,314

Year to Date

Surgery	Orthodontics	Outpatient New	23	29	6	£3,737	£4,704	£968	-£0	£968
		Outpatient Follow-up	118	249	131	£8,464	£17,970	£9,506	£39	£9,467
		OP Procedure	87	55	-32	£9,794	£6,051	-£3,743	-£107	-£3,637
	Orthodontics Total		**228**	**334**	**106**	**£21,995**	**£30,040**	**£8,045**	**-£68**	**£8,112**
	Paediatric Surgery	Daycase	568	560	-8	£617,149	£602,837	-£14,312	-£5,640	-£8,671
		Elective	166	185	19	£564,352	£736,834	£172,481	£109,230	£63,251
		Non Elective	497	538	41	£1,384,235	£1,895,761	£511,525	£396,563	£114,963
		Excess Bed Days	502	567	65	£229,725	£251,766	£22,041	-£7,654	£29,695
		Outpatient New	747	669	-78	£127,449	£114,093	-£13,357	-£5	-£13,351
		Outpatient Follow-up	1,172	1,007	-165	£135,025	£116,184	-£18,841	£208	-£19,048
		Ward Attender	327	269	-58	£37,468	£30,771	-£6,697	-£20	-£6,678
		Ward Based Outpatient	43	22	-21	£4,921	£2,517	-£2,405	-£0	-£2,405
		OP Procedure	0	1	1	-£0	£229	£229	£230	-£1
		Neonatal HDU	44	245	201	£531,682	£648,565	£116,883	£0	£116,883
	Paediatric Surgery Total		**4,067**	**4,063**	**-4**	**£3,632,006**	**£4,399,555**	**£767,549**	**£492,912**	**£274,638**
	Plastic Surgery	Daycase	335	410	75	£369,897	£517,627	£147,730	£64,319	£83,411
		Elective	44	28	-16	£64,709	£65,905	£1,196	£25,126	-£23,931
		Non Elective	340	420	80	£555,659	£811,678	£256,020	£125,496	£130,524
		Excess Bed Days	42	30	-12	£25,376	£15,272	-£10,103	-£2,853	-£7,250
		Outpatient New	982	1,203	221	£133,760	£161,579	£27,819	-£2,282	£30,100
		Outpatient Follow-up	1,679	1,722	43	£178,076	£182,646	£4,570	-£7	£4,577
		Ward Attender	40	95	55	£4,215	£10,077	£5,861	-£0	£5,861
		Ward Based Outpatient	8	38	30	£866	£3,819	£2,953	-£212	£3,165
		OP Procedure	489	913	424	£60,864	£116,209	£55,345	£2,458	£52,887
	Plastic Surgery Total		**3,958**	**4,859**	**901**	**£1,393,421**	**£1,884,811**	**£491,390**	**£212,045**	**£279,345**
	Spinal Surgery	Daycase	3	31	28	£2,687	£240,290	£237,603	£210,636	£26,967
		Elective	52	54	2	£1,521,758	£1,201,610	-£320,148	-£381,205	£61,057
		Non Elective	0	2	2	£0	£33,888	£33,888	£0	£33,888
		Excess Bed Days	0	10	10	£0	£5,014	£5,014	£0	£5,014
		Outpatient New	153	200	47	£31,563	£41,179	£9,616	-£1	£9,617
		Outpatient Follow-up	333	349	16	£25,304	£26,689	£1,385	£144	£1,241
		Ward Attender	0	5	5	£0	£380	£380	£0	£380
	Spinal Surgery Total		**541**	**651**	**110**	**£1,581,311**	**£1,549,049**	**-£32,262**	**-£170,426**	**£138,164**
	Trauma And Orthopaedics	Daycase	173	163	-10	£332,078	£306,037	-£26,042	-£6,752	-£19,289
		Elective	246	249	3	£1,034,356	£959,554	-£74,802	-£88,721	£13,919
		Non Elective	271	256	-15	£740,627	£793,175	£52,549	£93,077	-£40,528
		Excess Bed Days	124	151	27	£57,692	£67,296	£9,604	-£3,147	£12,751
		Outpatient New	2,890	3,120	230	£460,603	£490,331	£29,727	-£6,930	£36,657
		Outpatient Follow-up	6,161	5,282	-879	£576,623	£484,672	-£91,952	-£9,724	-£82,228
		Gait New	121	117	-4	£142,255	£137,138	-£5,117	£1	-£5,118
		Gait Follow-Up	105	92	-13	£123,081	£107,835	-£15,246	£1	-£15,247
		Ward Attender	7	1	-6	£657	£0	-£657	-£89	-£568
		Ward Based Outpatient	0	1	1	£0	£0	£0	£0	£0
		OP Procedure	879	1,373	494	£108,589	£172,155	£63,565	£2,603	£60,962
	Trauma And Orthopaedics Total		**10,977**	**10,805**	**-172**	**£3,576,562**	**£3,518,192**	**-£58,370**	**-£19,683**	**-£38,688**
	Urology	Daycase	784	868	84	£706,954	£795,427	£88,473	£13,003	£75,470
		Elective	50	52	2	£157,209	£249,948	£92,740	£86,777	£5,962
		Non Elective	12	27	15	£30,737	£49,856	£19,119	-£16,595	£35,713
		Excess Bed Days	50	72	22	£26,993	£31,270	£4,277	-£7,342	£11,619
		Outpatient New	397	379	-18	£58,687	£55,963	-£2,724	-£4	-£2,720
		Outpatient Follow-up	806	719	-87	£78,804	£70,280	-£8,524	-£2	-£8,522
		Ward Attender	16	64	48	£1,517	£6,256	£4,739	£0	£4,738
		Ward Based Outpatient	28	20	-8	£2,759	£1,955	-£804	£0	-£804
		OP Procedure	67	173	106	£15,467	£39,577	£24,110	-£182	£24,292
	Urology Total		**2,212**	**2,374**	**162**	**£1,079,126**	**£1,300,533**	**£221,406**	**£75,657**	**£145,750**
Surgery Total			**54,140**	**56,027**	**1,887**	**£30,548,304**	**£31,869,694**	**£1,321,390**	**£281,638**	**£1,039,752**
Medicine	Accident & Emergency	Daycase	1	0	-1	£754	£0	-£754	£0	-£754
		Elective	1	1	0	£453	£947	£494	£269	£225
		Non Elective	1,195	1,190	-5	£829,028	£850,957	£21,929	£25,180	-£3,251
		Excess Bed Days	12	0	-12	£4,642	£0	-£4,642	£0	-£4,642
		Outpatient New	847	646	-201	£285,939	£218,334	-£67,605	£199	-£67,804
		Outpatient Follow-up	89	37	-52	£29,985	£12,505	-£17,480	£11	-£17,491
		Ward Based Outpatient	2	0	-2	£788	£0	-£788	£0	-£788
		A&E Attendance	19,500	19,634	134	£2,084,637	£1,957,424	-£127,213	-£141,544	£14,331
	Accident & Emergency Total		**21,646**	**21,508**	**-138**	**£3,236,225**	**£3,040,166**	**-£196,060**	**-£115,885**	**-£80,174**
	Allergy	Daycase	136	71	-65	£74,755	£30,115	-£44,640	-£8,912	-£35,729
		Outpatient New	301	287	-14	£64,716	£61,650	-£3,066	-£130	-£2,936
		Outpatient Follow-up	402	369	-33	£54,737	£50,595	-£4,142	£327	-£4,469
		Ward Based Outpatient	1	2	1	£163	£272	£109	-£0	£109
		OP Procedure	2	5	3	£187	£733	£546	£109	£436
	Allergy Total		**841**	**734**	**-107**	**£194,559**	**£143,366**	**-£51,193**	**-£8,606**	**-£42,587**
	Anaesthetics	Outpatient Follow-up	0	4	4	£0	£541	£541	£0	£541
	Anaesthetics Total		**0**	**4**	**4**	**£0**	**£541**	**£541**	**£0**	**£541**
	Dermatology	Daycase	8	34	26	£6,159	£22,557	£16,398	-£4,632	£21,030
		Outpatient New	659	572	-87	£91,097	£79,109	-£11,989	-£5	-£11,984
		Outpatient Follow-up	1,458	1,192	-266	£130,578	£106,775	-£23,802	£55	-£23,858
		Ward Attender	0	0	0	£15	£0	-£15	£0	-£15
		Ward Based Outpatient	18	35	17	£1,626	£3,130	£1,504	£0	£1,504
		OP Procedure	1,174	1,518	344	£136,998	£167,620	£30,622	-£9,546	£40,168
	Dermatology Total		**3,317**	**3,351**	**34**	**£366,473**	**£379,191**	**£12,718**	**-£14,127**	**£26,845**
	Diabetes	Outpatient New	121	5	-116	£24,477	£1,009	-£23,469	-£0	-£23,469
		Outpatient Follow-up	12	16	4	£2,125	£2,828	£704	-£0	£704
		Ward Attender	0	5	5	£0	£884	£884	£0	£884
		Ward Based Outpatient	0	0	0	£28	£0	-£28	£0	-£28
	Diabetes Total		**134**	**26**	**-108**	**£26,630**	**£4,721**	**-£21,909**	**-£0**	**-£21,909**
	Endocrinology	Daycase	376	398	22	£289,145	£299,757	£10,612	-£6,349	£16,961
		Elective	30	16	-14	£36,145	£16,702	-£19,442	-£2,315	-£17,128
		Non Elective	7	7	0	£22,895	£26,848	£3,953	£2,750	£1,203
		Excess Bed Days	108	206	98	£47,321	£91,194	£43,873	£655	£43,218
		Outpatient New	265	206	-59	£80,865	£62,764	-£18,100	-£2	-£18,098
		Outpatient Follow-up	1,175	1,294	119	£179,360	£196,261	£16,901	-£1,294	£18,195
		Ward Attender	77	31	-46	£11,553	£4,674	-£6,879	-£0	-£6,879
		Ward Based Outpatient	430	273	-157	£64,909	£41,164	-£23,744	-£1	-£23,743
	Endocrinology Total		**2,468**	**2,431**	**-37**	**£732,191**	**£739,364**	**£7,173**	**-£6,557**	**£13,729**
	Epilepsy	Outpatient New	46	37	-9	£11,732	£9,388	-£2,344	-£0	-£2,344
		Outpatient Follow-up	107	39	-68	£21,318	£7,746	-£13,572	-£0	-£13,571
	Epilepsy Total		**154**	**76**	**-78**	**£33,050**	**£17,134**	**-£15,916**	**-£1**	**-£15,915**
	Gastroenterology	Daycase	585	594	9	£418,113	£461,757	£43,645	£36,876	£6,769

Year to Date

Medicine	Gastroenterology	Elective	167	78	-89	£229,372	£106,205	-£123,167	-£1,045	-£122,122
		Non Elective	37	31	-6	£110,688	£117,721	£7,032	£24,424	-£17,391
		Excess Bed Days	416	139	-277	£194,107	£64,866	-£129,241	£60	-£129,301
		Outpatient New	416	325	-91	£96,825	£75,735	-£21,089	£150	-£21,239
		Outpatient Follow-up	1,302	934	-368	£189,510	£135,972	-£53,537	-£9	-£53,529
		Ward Attender	103	22	-81	£15,000	£3,203	-£11,797	-£0	-£11,797
		Ward Based Outpatient	358	361	3	£52,115	£52,557	£442	-£1	£443
	Gastroenterology Total		**3,383**	**2,484**	**-899**	**£1,305,730**	**£1,018,017**	**-£287,713**	**£60,455**	**-£348,168**
	Haematology	Daycase	97	191	94	£76,208	£142,769	£66,561	-£7,626	£74,187
		Elective	12	23	11	£55,554	£107,547	£51,993	£2,420	£49,573
		Non Elective	44	68	24	£55,689	£166,259	£110,570	£80,605	£29,964
		Excess Bed Days	12	2	-10	£3,517	£955	-£2,562	£353	-£2,914
		Outpatient New	89	94	5	£40,060	£42,325	£2,264	-£2	£2,266
		Outpatient Follow-up	245	228	-17	£51,615	£48,129	-£3,486	-£2	-£3,484
		Ward Attender	695	778	83	£146,798	£164,236	£17,438	-£0	£17,438
		Ward Based Outpatient	1	1	0	£247	£211	-£36	£0	-£36
		OP Procedure	1	0	-1	£104	£0	-£104	£0	-£104
	Haematology Total		**1,196**	**1,385**	**189**	**£429,791**	**£672,431**	**£242,640**	**£75,748**	**£166,891**
	Immunology	Daycase	14	17	3	£7,695	£9,452	£1,757	£108	£1,649
		Non Elective	0	1	1	£0	£1,043	£1,043	£0	£1,043
		Outpatient New	52	85	33	£11,210	£18,459	£7,249	£162	£7,087
		Outpatient Follow-up	39	172	133	£5,369	£23,911	£18,542	£479	£18,062
		Ward Attender	20	41	21	£2,694	£5,585	£2,891	£0	£2,891
		Ward Based Outpatient	63	193	130	£8,609	£26,292	£17,684	-£0	£17,684
	Immunology Total		**188**	**509**	**321**	**£35,578**	**£84,744**	**£49,166**	**£749**	**£48,416**
	LTV	Outpatient New	38	36	-2	£26,943	£26,567	-£376	£1,042	-£1,418
		Outpatient Follow-up	167	251	84	£116,477	£185,228	£68,751	£9,814	£58,937
	LTV Total		**205**	**287**	**82**	**£143,420**	**£211,795**	**£68,375**	**£10,856**	**£57,519**
	Metabolic Disease	Outpatient New	20	9	-11	£7,821	£3,459	-£4,361	£3	-£4,364
		Outpatient Follow-up	112	94	-18	£42,947	£36,132	-£6,815	£32	-£6,847
		Ward Attender	0	1	1	£0	£384	£384	£0	£384
		Ward Based Outpatient	11	5	-6	£4,224	£1,922	-£2,303	£2	-£2,304
	Metabolic Disease Total		**143**	**109**	**-34**	**£54,992**	**£41,897**	**-£13,095**	**£37**	**-£13,131**
	Nephrology	Daycase	552	650	98	£985,381	£862,135	-£123,246	-£298,323	£175,077
		Elective	127	22	-105	£135,000	£32,569	-£102,431	£9,242	-£111,672
		Non Elective	16	26	10	£49,142	£75,276	£26,134	-£4,655	£30,790
		Excess Bed Days	67	57	-10	£34,053	£20,836	-£13,218	-£8,135	-£5,083
		Outpatient New	64	138	74	£7,586	£16,306	£8,720	£15	£8,705
		Outpatient Follow-up	577	759	182	£68,163	£89,683	£21,521	£83	£21,437
		Ward Attender	274	41	-233	£32,352	£4,608	-£27,744	-£232	-£27,512
		Ward Based Outpatient	216	202	-14	£25,477	£23,868	-£1,609	£22	-£1,631
	Nephrology Total		**1,894**	**1,895**	**1**	**£1,337,154**	**£1,125,283**	**-£211,872**	**-£301,982**	**£90,111**
	Neurology	Daycase	107	64	-43	£117,086	£85,776	-£31,310	£15,436	-£46,746
		Elective	25	41	16	£45,352	£107,504	£62,152	£32,657	£29,495
		Non Elective	34	30	-4	£184,527	£134,042	-£50,485	-£28,929	-£21,556
		Excess Bed Days	324	214	-110	£196,335	£124,536	-£71,799	-£5,009	-£66,790
		Outpatient New	367	360	-7	£101,673	£99,904	-£1,769	£97	-£1,866
		Outpatient Follow-up	969	927	-42	£268,556	£257,252	-£11,304	£234	-£11,538
		Ward Attender	56	57	1	£15,648	£15,818	£170	£15	£155
		Ward Based Outpatient	73	94	21	£20,173	£26,086	£5,913	£25	£5,888
	Neurology Total		**1,954**	**1,787**	**-167**	**£949,348**	**£850,917**	**-£98,431**	**£14,527**	**-£112,959**
	Oncology	Daycase	736	263	-473	£700,227	£207,194	-£493,033	-£42,880	-£450,153
		Elective	120	91	-29	£453,230	£405,203	-£48,027	£60,669	-£108,696
		Non Elective	199	192	-7	£405,498	£454,080	£48,582	£63,275	-£14,693
		Excess Bed Days	231	38	-193	£107,117	£17,225	-£89,892	-£421	-£89,471
		Outpatient New	41	34	-7	£10,677	£8,813	-£1,864	£8	-£1,872
		Outpatient Follow-up	911	1,027	116	£235,959	£266,198	£30,240	£92	£30,147
		Ward Attender	204	290	86	£52,798	£75,168	£22,370	£67	£22,303
		Ward Based Outpatient	38	50	12	£9,764	£12,960	£3,196	£11	£3,184
		DCHEMO	563	678	115	£187,349	£225,442	£38,093	-£0	£38,093
	Oncology Total		**3,043**	**2,663**	**-380**	**£2,162,619**	**£1,672,283**	**-£490,336**	**£80,822**	**-£571,158**
	Paediatrics	Daycase	62	12	-50	£33,812	£7,599	-£26,212	£1,003	-£27,216
		Elective	3	19	16	£2,858	£34,405	£31,547	£18,581	£12,966
		Non Elective	1,228	1,659	431	£1,425,068	£2,067,761	£642,693	£142,790	£499,903
		Excess Bed Days	336	412	76	£137,637	£205,388	£67,751	£36,621	£31,130
		Outpatient New	1,258	1,078	-180	£270,896	£232,041	-£38,855	-£9	-£38,846
		Outpatient Follow-up	2,069	1,676	-393	£281,887	£228,308	-£53,579	-£13	-£53,565
		Ward Attender	38	11	-27	£5,159	£1,499	-£3,661	-£0	-£3,661
		Ward Based Outpatient	169	77	-92	£22,956	£10,489	-£12,466	-£0	-£12,466
		OP Procedure	1	0	-1	£125	£0	-£125	£0	-£125
	Paediatrics Total		**5,164**	**4,944**	**-220**	**£2,180,397**	**£2,787,491**	**£607,094**	**£198,972**	**£408,121**
	Radiology	Daycase	461	501	40	£598,893	£656,372	£57,479	£4,957	£52,522
		Elective	77	32	-45	£144,392	£59,977	-£84,414	£297	-£84,711
		Non Elective	10	6	-4	£100,476	£37,068	-£63,408	-£24,330	-£39,078
		Excess Bed Days	97	47	-50	£46,204	£26,856	-£19,349	£4,545	-£23,893
		OP Imaging	3,766	4,291	525	£499,865	£446,874	-£52,990	-£122,674	£69,684
	Radiology Total		**4,411**	**4,877**	**466**	**£1,389,830**	**£1,227,147**	**-£162,682**	**-£137,206**	**-£25,476**
	Respiratory Medicine	Daycase	40	90	50	£52,679	£108,278	£55,598	-£9,406	£65,005
		Elective	44	18	-26	£73,882	£39,099	-£34,783	£9,001	-£43,784
		Non Elective	157	30	-127	£329,561	£227,549	-£102,012	£164,388	-£266,400
		Excess Bed Days	94	738	644	£53,404	£361,839	£308,435	-£58,931	£367,367
		Outpatient New	305	313	8	£79,322	£81,082	£1,760	-£420	£2,180
		Outpatient Follow-up	1,010	1,124	114	£144,982	£161,295	£16,313	-£10	£16,323
		Ward Attender	15	6	-9	£2,133	£861	-£1,272	-£0	-£1,272
		Ward Based Outpatient	560	158	-402	£80,343	£22,674	-£57,669	-£1	-£57,668
		OP Procedure	241	2	-239	£51,257	£375	-£50,882	-£50	-£50,832
	Respiratory Medicine Total		**2,465**	**2,479**	**14**	**£867,564**	**£1,003,053**	**£135,489**	**£104,571**	**£30,918**
	Rheumatology	Daycase	699	530	-169	£443,983	£341,533	-£102,451	£4,924	-£107,375
		Elective	81	15	-66	£106,506	£22,977	-£83,529	£3,351	-£86,880
		Non Elective	6	10	4	£10,398	£24,676	£14,277	£7,332	£6,945
		Excess Bed Days	102	174	72	£42,781	£67,164	£24,384	-£5,815	£30,198
		Outpatient New	225	273	48	£33,895	£41,097	£7,202	£35	£7,167
		Outpatient Follow-up	798	860	62	£119,770	£129,464	£9,695	£358	£9,337
		Ward Attender	63	26	-37	£9,462	£3,914	-£5,548	£3	-£5,551
		Ward Based Outpatient	43	32	-11	£6,427	£4,817	-£1,609	£4	-£1,613
		OP Procedure	1	0	-1	£66	£0	-£66	£0	-£66
	Rheumatology Total		**2,018**	**1,920**	**-98**	**£773,288**	**£635,643**	**-£137,644**	**£10,194**	**-£147,839**
	Sleep Studies	Elective	100	73	-27	£122,766	£87,123	-£35,643	-£2,317	-£33,326

Year to Date

Medicine	**Sleep Studies Total**		**100**	**73**	**-27**	**£122,766**	**£87,123**	**-£35,643**	**-£2,317**	**-£33,326**
Medicine Total			**54,724**	**53,542**	**-1,182**	**£16,341,605**	**£15,742,307**	**-£599,298**	**-£29,749**	**-£569,549**
Community	CAMHS	Elective	1	0	-1	£1,202	£0	-£1,202	£0	-£1,202
		Outpatient New	788	655	-133	£0	£0	£0	£0	£0
		Outpatient Follow-up	3,925	6,000	2,075	£52,688	£27,920	-£24,768	-£52,629	£27,860
		Ward Based Outpatient	0	1	1	£0	£0	£0	£0	£0
	CAMHS Total		**4,713**	**6,656**	**1,943**	**£53,890**	**£27,920**	**-£25,970**	**-£52,629**	**£26,659**
	Community Medicine	Outpatient New	1,494	1,156	-338	£120,981	£94,715	-£26,266	£1,079	-£27,345
		Outpatient Follow-up	2,933	2,923	-10	£14,804	£12,641	-£2,164	-£2,115	-£49
		Ward Attender	9	4	-5	£0	£0	£0	£0	£0
		OP Procedure	1	0	-1	£57	£0	-£57	£0	-£57
	Community Medicine Total		**4,436**	**4,083**	**-353**	**£135,842**	**£107,356**	**-£28,487**	**-£1,035**	**-£27,452**
Community Total			**9,149**	**10,739**	**1,590**	**£189,732**	**£135,275**	**-£54,457**	**-£53,664**	**-£793**
Grand Total			**118,013**	**120,308**	**2,295**	**£47,079,642**	**£47,747,276**	**£667,635**	**£198,225**	**£469,410**

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday, 5th September 2017

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, and Quality Assurance Officer
Subject/Title	2017/18 BAF Report
Background papers	Monthly BAF updates/reports
Purpose of Paper	To provide the Board with the BAF August report
Action/Decision required	The Board is asked to note the June position relating to the Board Assurance Framework
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	By 2020, we will: ➢ be internationally recognised for the quality of our care ***(Excellence in Quality)*** ➢ be recognised for the exceptional care we provide to our children, that is technologically enabled and matched by exceptional facilities ***(Patient Centred Services)*** ➢ have a fully engaged workforce that is actively driving quality improvement ***(Great Talented Teams)*** ➢ be a world class, child focussed centre of research & innovation expertise to improve the health and wellbeing outcomes for babies, children & young people ***(International Research, Innovation & Education)*** ➢ have secured sustainable long term financial and service growth supported by a strong international business ***(Growing our Services and Safeguarding Core Business)***
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Alder Hey Children's NHS
NHS Foundation Trust

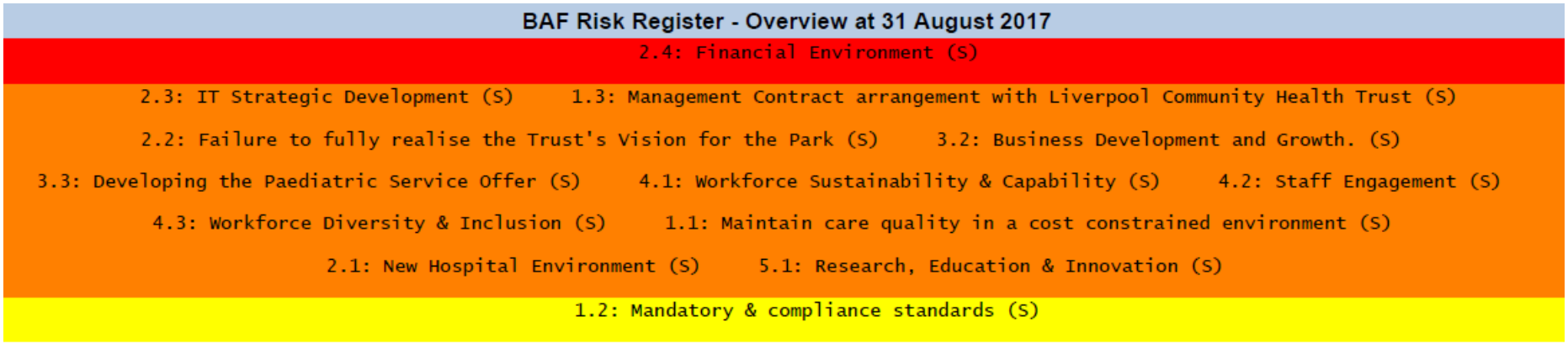
Board Assurance Framework 2017/18

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
STRATEGIC PILLAR: Delivery of Outstanding Care					
1.1 HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 ES	**Mandatory & Compliance Standards**	5-1	3-1	STATIC	STATIC
1.3 LS	**Management Contract Arrangement with LCH Trust**	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: Strong Foundations					
2.1 DP	**New Hospital Environment**	4-2	4-1	STATIC	STATIC
2.2 DP	**Failure to fully realise the Trust's Vision for the Park**	4-3	4-2	STATIC	STATIC
2.3 JG	**IT Strategic Development**	3-4	3-3	STATIC	STATIC
2.4 JG	**Financial Environment**	5-4	3-4	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships					
3.2 MB	**Business Development & Growth**	4-3	4-2	STATIC	STATIC
3.3 MB	**Developing the Paediatric Service Offer**	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: The Best People Doing Their Best Work					
4.1 MS	**Workforce Sustainability & Capability**	4-3	4-2	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: Game-Changing Research And Innovation					
5.1 DP	**Research, Education & Innovation**	4-2	4-1	STATIC	STATIC

Changes since 30 May 2017 Board meeting

The diagram above shows that the majority of the risks on the BAF remained broadly static.

External risks

- ***Business development and growth (MB)***
  1) AH were awarded the Management Contract for Liverpool Community Health, (Liverpool Bundle) for May 2017. Future organisational structure being developed with NHSi, the 3 Acute Trusts, local authority, LCCG and local GP's. Opportunities for all to rationalise patient pathways.
  2) Partnership with Al Jalia now entering Phase 2. Specific deliverables identified and agreed. Work due to commence in Q2. Non NHS patient stretch target agreed and Q1 activity delivered.
  3) MOUs signed with two hospitals in China and work in progress to identifying workstreams and benefits.
  4) AH awarded contract for Design and Build Consultancy for Children's Hospital in Xian.

- ***Mandatory and compliance standards (ES)***
  Complaint with all national targets in month. Registration of community services with CQC is resolved.

- ***Developing the Paediatric Service Offer (MB)***
  Work commencing on the Implementation of the single service, two site model;
  1) Neonatal service model with NHS England and LWH on 6/7/17
  2) CHD Public Consultation closes in July. Results not expected to be released until January 2018. In the meantime AHCH and LCH are providing support to deliver services for patients due to the collapse of the Manchester service following the departure of their last remaining surgeon in June.
  3) Out of Hours group has been merged with the other workstreams to design a sustainable 24/7 paediatric service in light of further reductions and gaps in rotation. This workstream is named best in Acute Care and is led by the MD and Chief Nurse.

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  All nursing staff now trained in Sepsis triggers; medical staff training to take place in August & September. Re-introduction of matron role across the Trust over next three months.

- ***Management Contract arrangement with Liverpool Community Health Trust (LS)***

Stock take report compiled for NHS I. Plans in place to ensure services at both AH & LCH are managed safely and effectively. Senior Roles and associated back fill confirmed and communicated to all AH staff.

- ***New Hospital Environment (DP)***
  Probation period ended. Main outstanding issue – energy.

- ***Financial Environment (JG)***
  £0.3m behind control total at month 2. Residual Forecast financial risk of circa £5m identified by Divisions. Action Plan Produced and delivery tracked via Internal Recovery and RABD.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Consultation strategy presented at July board.

- ***IT Strategic Development (JG)***
  GDE funding confirmed and agreements signed / returned by DoF. Cash not received 27.06.17. Overall GDE programme milestones have slipped but on track to deliver objectives.

- ***Workforce Sustainability & Capability (MS)***
  Temporary Staffing Project initiated

- ***Staff Engagement (MS)***
  Launch of the Big Conversations with staff from across the Trust. Executive Visibility Programme commenced

- ***Workforce Diversity & Inclusion (MS)***
  First BME Network meeting. HRD as Exec sponsor.

- ***Research, Education & Innovation (DP)***
  Academy model agreed.

Erica Saunders
Director of Corporate Affairs
August 2017

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Delivery Of Outstanding Care		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

• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality section of Corporate Report scrutinised at CQAC and Board.	• CBU and Corporate Dashboards in place and are part of updated Performance Framework.
• Weekly Meeting of Harm	• Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMoH quarterly report.
• Refresh of CQAC to provide a more performance focussed approach	• Changes to ESR to underpin workforce information -
• New Change Programme established - associated workstreams subject to sub-committee assurance reporting	• Robust risk & governance processes from Ward to Board, linked to NHSI Single Oversight Framework
• Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign	• External review on IPCC resulted in action plan to address issues identified and track improvements.
• "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC)	• Quarterly 'themes' report from Weekly Meeting of Harm shared within meeting & CQSG as multidisciplinary engagement and cross-organisational learning.

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 Ongoing national open recruitment exercise in Spring 2017 PEWS audit scores on improvement trajectory Sepsis implementation plan underway, overseen by project team; audit data showing improvement in recognition and escalation.	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Meditech issues identified as key challenge to obtaining accurate Sepsis audit data without extensive manual analysis by clinical lead. Nursing maternity leave continues to rise - currently at 50 WTE per month.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Develop and build audit programme within Meditech to ensure continuous monitoring in place and deliver CQUIN	Key stakeholders working with IM&T to build audit programme
Heads of Quality to take forward Quality Ward Accreditation Programme in 17/18 (as part of devolved governance)	Revised framework agreed. On-going work in progress. Electronic sharing of information with the public - completed programme July.
Successfully implement all Change Programme workstreams to improve efficiency and flow	16/17 year-end reports to CQAC. Actions to carry forwards into 17/18 change programme in association with PIDs and milestone trackers.
Roll out PFCC model for all appropriate services	PFCC model now forms part of transformation toolkit
Continue to maintain nurse staffing pool	Recruitment on-going. Further analysis of maternity leave factors to be undertaken (July 2017)
Clinical lead for Sepsis in dialogue with Meditech team to develop solution to systems issues re data.	

Executive Lead's Assessment

APR 2017: no change in-month
MAY 2017: the Trust continues to maintain appropriate workforce levels ensuring care quality in a cost constrained environment. Achieving Monitor capped nursing agency targets
JUNE 2017: All nursing staff now trained in Sepsis triggers; medical staff training to take place in August & September. Re-introduction of matron role across the Trust over next three months.
JULY 2017: Staffing requirements for winter assessed as part of refresh of successful winter plan from 2016/17; also early consideration of flexing beds and surgical capacity. Trust has agreed support for development of an additional four ANPs as part of overall workforce plan.
August 2017: Measures being taken to address unexpected gaps in senior nursing leadership due to sickness and other personal issues. Preparatory work underway for new cohort of newly qualified nurses commencing September.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Delivery Of Outstanding Care	Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective				
Exec Lead: Erica Saunders	**Type:** Internal, Known	Current IxL: 5-1	Target IxL: 3-1	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

• New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD	• Emergency Planning & Resilience meetings in pace
• CBU Executive Review Meetings - now strengthened as of May 2016 and meeting regularly each month	• Regulatory status with: NHSI, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and CBU Dashboards.	• Risks to delivery addressed through RBD, CQAC, WOD & CQSG and then through to Board
• Early Warning indicators now in place	• Weekly performance meetings in place to track progress
• 6 weekly meetings with commissioners (CQPG)	• Revised CBU leadership structure to implement clinically led leadership team for CBU
• Weekly Performance meetings	

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 Compliance assessment against Monitor Provider Licence to go to Board CBU / Executive performance reviews Exceptions discussed / resolved at Ops Board Quarterly Report to NHSI	Critical Care bed capacity Some areas remain fragile e.g. IG toolkit, 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 Junior Doctor Rotas

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Ensure divisional governance embedded and working effectively to reflect ward to board reporting	Awaiting the implementation of the Matron roles in each CBU
Plans to ensure performance sustained across the year need to be embedded and maintained	
Review bed capacity and staffing model for seasonal variation	The Winter Plan was effective. Planning for next winter to commence early

Executive Lead's Assessment

APR 2017: All access targets achieved at 31/3. Letter of congrats received from SoS for most improved ED 4 hour performance.
MAY 2017: Need to maintain grip on activity plan and ensure community waiting times are a focus in the short term especially CAMHS and SALT
JUNE 2017 Compliant with all national targets in month. Registration of community services with CQC is resolved.
JULY 2017: A&E performance slipped to 93% for the month due to unseasonal levels of activity and gaps in medical cover; this has been recovered in August. All other national standards on track/on plan.
AUGUST 2017: Month end position not known at time of writing but no significant issues reported in-month.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.3	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Management Contract arrangement with Liverpool Community Health Trust		
Related CQC Themes: Well Led, Responsive, Safe				
Exec Lead: Louise Shepherd	**Type:** External, New	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

- Risk to senior leadership team visibility & capacity
- Risk to operational delivery at Alder Hey (quality & performance standards)
- Financial risk to achieving the AH control total
- Risk to delivery of AH strategic plan and associated brand and reputation
- Impact on staff morale at AH

Existing Control Measures

• Backfill arrangements for some key members of Exec Team in place & gaps actively being backfilled	• MIAA due diligence process undertaken at LCH
• Cross agency Transition Board place at LCH to oversee safe transfer of remaining services	• Interim Provider Group in place to retain oversight of the Management Contract

Assurance Evidence	Gaps in Controls/Assurance
Interim governance arrangements in place including Exec Team meetings	Financial package not yet agreed with NHSI & Liverpool CCG Some senior and support posts not yet filled Potential for further quality risks to emerge Staff engagement & motivation across the two sites
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Develop plans to ensure services at both AH & LCH are managed safely and effectively	

Executive Lead's Assessment

MAY 2017: Plans continue to be developed to ensure services at both AH & LCH are managed safely and effectively
JUNE 2017: Stock take report compiled for NHS I. Plans in place to ensure services at both AH & LCH are managed safely and effectively. Senior Roles and associated back fill confirmed and communicated to all AH staff.
JULY 2017: Sustained levels of performance across majority of areas; assurance committees continue to have oversight of all key KPIs and plans including change programme
AUGUST 2017: A&E trajectory back on track following unseasonal levels of activity and concerted work by team. All corporate risks being validated through a structured process agreed by IGC at its meeting in July, led by Associate Director of Nursing and Governance. New Quality Ward round process to commence early September.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** Strong Foundations		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

• Regular Fix-It Team reports to Execs, CQAC & IGC	• Interserve Reports & representation at Health & Safety Committee
• Monitoring & Fix-It Team in place responsible for day to day management of PFI Contractor ensuring services are delivering the required standards	• Fix-It Team governed by a Steering Group (meets monthly)
• Joint Energy Committee to monitor performance & compliance	• Joint Water Committee to monitor performance & compliance
• Survey of all departmental users to assess quality of service	• Review of Charter compliance or liaison committee

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 Partnership Charter Liaison Committee - meeting minutes	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
Reviewing Health & Safety interface with Estates and Building Services Team	Recommendation issued to Dir. of HR fro consideration
review of probation items	Review postponed due to issues with energy
conduct series of surveys (1 per quarter) to assess progress.	Second survey results received
Implement recommendations in external H&S Review	
Assess issues with energy and agree action plan.	Interim report received at Energy Committee.

Executive Lead's Assessment

APR 2017: Review of progress at Liaison Committee
MAY 2017: Review and agree actions from H&S Report
JUNE 2017: Probation period ended. Main outstanding issue - energy
JULY 2017: Review of outstanding issues
AUGUST 2017: Agreement on Deed of variation to correct retrospective faults e.g. theatre floors

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Strong Foundations		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: 4-3	Target IxL: 4-2	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**
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	dependent upon residential scheme (target date no Sept 2017)
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available	Draft Business Case prepared. Final requirement will depend upon contribution from residential scheme
Develop a Planning Process Communication Strategy	Strategy to be presented at July board
Confirm arrangements for the CIC to run the Park.	Awaiting discussions with LCC Mayor
Executive Lead's Assessment	
APR 2017: Shortlisted - first step as preferred bidder MAY 2017: Compile draft Consultation Strategy. Consultation process held for purdah. JUNE 2017: Consultation strategy presented at July board JULY 2017: Pre planning process considered with LCC AUGUST 2017: Evaluation of options with LCC Mayor	

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** Strong Foundations	Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: John Grinnell	**Type:** Internal, Known	Current IxL: 3-4	Target IxL: 3-3	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	
• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO 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**
Link to innovation partnerships in paediatric healthcare	
Conclude the review of IM&T Infrastructure	currently being reviewed in relation to GDE bid and business case
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	

Executive Lead's Assessment
APR 2017: email confirmation from NHSE highlighting treasury approval - awaiting final confirmation MAY 2017: escalated NHSE funding for GDE by FD as impacting on programme delivery JUNE 2017: GDE funding confirmed and agreements signed / returned by DoF. Cash not received 27.06.17. Overall GDE programme milestones have slipped but on track to deliver objectives. JULY 2017: £2.5m capital funding received 10th July. AUGUST 2017: £0.8m revenue funding invoiced. Not yet paid as at 24th Aug. Overall GDE programme milestones have slipped but remain on track to deliver objectives.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.4	**Strategic Objective:** Strong Foundations	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: John Grinnell	**Type:** Internal, Known	Current IxL: 5-4	Target IxL: 3-4	Trend: STATIC

Risk Description

Failure to deliver Trust control total and Risk rating 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 & specialty 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 outsome 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

APR 2017: 16/17 control overachieved. 17/18 risks remain as CIP £4m, Activity run rate £3m, pay cost pressures (ward related) £3m
MAY 2017: key risks highlighted: pay, activity & CIP. Individual Exec Leads in place. Tracking of internal improvements through Internal Recovery Team
JUNE 2017: £0.3m behind control total at month 2. Residual Forecast financial risk of circa £5m identified by Divisions. Action Plan Produced and delivery tracked via Internal Recovery and RABD.
JULY 2017: Achieved Q1 control total of (£2.6m) deficit. Forecast financial risk of circa £6m identified by the Divisions.
AUGUST 2017: £0.1m behind year to date control total at month 4. Forecast financial risk now £6.3m. Delivery of the action plan continues to be tracked at the Internal Delivery Group and RABD.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Margaret Barnaby	**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 identofy 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. Duscussions with surgical teams and Stoke to accelerate increase in cardiac cases

Executive Lead's Assessment

APR 2017: No change in-month.
MAY 2017: No change
JUNE 2017: 1) AH were awarded the Management Contract for Liverpool Community Health, (Liverpool Bundle) for May 2017. Future organisational structure being developed with NHSi, the 3 Acute Trusts, local authority, LCCG and local GP's. Opportunities for all to rationalise patient pathways.
2) Partnership with Al Jalia now entering Phase 2. Specific deliverables identified and agreed. Work due to commence in Q2. Non NHS patient stretch target agreed and Q1 activity delivered.
3) MOUs signed with two hospitals in China and work in progress to identifying workstreams and benefits.
4) AH awarded contract for Design and Build Consultancy for Children's Hospital in Xian.
JULY 2017: Indication to bid to acquire LCH services NHS Trust.
AUGUST 2017: Bid to go to Trust Board on 5th September 2017.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Margaret Barnaby	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maximise opportunities with regard to service reconfiguration and potential loss of accreditation of key specialist services

Existing Control Measures

• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Current derogations secured in relation to specialist service specs.
• Growing Through External Partnerships - Change Programme Workstream (All Projects)	• Change Programme - 7 Day Working Project
• The 'Out Of Hours' Group will steer a 6-month review of the shape of general paediatrics	

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
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
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
Develop a strong Community Service offering for Children in Liverpool.	Alder Hey has been awarded a Management Contract for 6 months to deliver the LCH Community Services
Strengthening the paediatric workforce	Now part of Change Programme and 7 day service as Best in Acute Care led by Steve Ryan.

Executive Lead's Assessment

APR 2017: The ODN recommendation single service, single workforce, two site model has been accepted by NHS England and AH and LWH are now working on an implementation plan together with Alder Hey leading. There will be a need for some Capital funding to support the reconfiguration of the ICU and the number of cots required. This is a key work stream of the Trusts Change Programme for 2017/18.
Alder Hey has been awarded a Management Contract for 6 months to deliver the LCH Community Services.
MAY 2017:
JUNE 2017:
JULY 2017:
AUGUST 2017: Agreement that Liverpool Heart & Chest NHS Trust and Alder Hey provide Cardiac Services for Liverpool patients. This has not yet resulted in a change to the flow of cardiac patients to Liverpool.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** The Best People Doing Thier Best Work	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: 4-2	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	• Performance Review Group
• CBU Performance Meetings.	• Mandatory Training reviewed in February 2017.
• Mandatory training records available online and mapped to Core Skills Framework	• Permanent nurse staffing pool
• 'Best People Doing our Best Work' Steering Group 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	Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas. Not meeting compliance target in relation to mandatory training in specific areas No proactive assessment of impact on clinical practice Sickness Absence levels higher than target. No formalised Education Strategy

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Sickness Policy refreshed	Training for managers on Sickness Absence Policy ongoing
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support
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	Apprenticeship Strategy ratified and under implementation. Corporate objective agreed to support a succession planning process for business critical roles by end Dec 17

Executive Lead's Assessment

APRIL 2017: planning underway to support apprenticeship roll out. successful Recruitment Day for nursing, resulting in over 40 nurses being appointed.
MAY 2017: Task & Finish Group with staff side reviewing approach and sickness absence
June 2017: Temporary Staffing Project initiated
JULY 2017: Plans in place to increase support for development of ANP's
AUGUST 2017: Apprenticeship activity increased, with over 30 learners now registered for an apprenticeship.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** The Best People Doing Thier Best Work	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 (quarterly)
• Values based PDR process	• People Strategy 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 Quarterly Engagement Temperature Check reported to the Board. Quarterly Engagement Temperature Check local data now sent to CBUs on a quarterly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	Reward & Recognition schemes embedded

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
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

Executive Lead's Assessment

APR 2017: Progress continues with LiA and development of C&E Project. Quarterly Temperature Check launched.
MAY 2017: Local staff survey conversations continue
JUNE 2017: Launch of the Big Conversations with staff from across the Trust. Executive Visibility Programme commenced
JULY 2017: Local staff survey conversations continue
AUGUST 2017: launch of the monthly 'Star Awards'. Preparation for the Staff Survey underway.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** The Best People Doing Thier Best Work		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

• Equality, Diversity & Human Rights Group	• Workforce Committee re-enforced and includes recruitment and education
• Workforce Plan established	• Staff Survey results
• Workforce Planning Poilcy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights 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 EDS Publication	Recruitment Strategy to focus on specific groups

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
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

APR 2017: scoping apprenticeship opportunities for local communities as part of our strategy development.
MAY 2017: Recruitment Policy reviewed. EDS2 scoring agreed and equality objectives approved
JUNE 2017: First BME Network meeting. HRD as Exec sponsor.
JULY 2017: BME Network meetings continue with some success, bespoke work undertaken in ICU
AUGUST 2017: Disability network in development. Apprenticeship recruitment planning underway.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** Game-Changing Research And Innovation		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
• Digital Exemplar budget completed and reconciled	• Innovation Co budget in place

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 agreed at execs
Develop a robust Academy Business Model	Agreed
Establish pipeline structure for sensors including finances	Proposal agreed in principle
Appoint Academy Leadership Team	Appointment made
Launch Innovation Co. and secure funding	Funding plan agreed at Innovation Board
Execute plan to increase research portfolio	Outline plan develped
Execute contract for RIE with back to back arrangements with the Charity and HEIs	

Executive Lead's Assessment

APR 2017: Issue around charitable commitment now resolved - letter of intent to be re-issued.
MAY 2017: Institute Phase 2 building commenced
JUNE 2017: Academy model agreed
JULY 2017: Agreed funding plan for Innovation
AUGUST 2017: Approved Head of Academy

Resource and Business Development Committee
Minutes of the meeting held on: **Monday 28th June 2017**, **at 0930**
Room 5, Level 1, Mezzanine

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Claire Dove	Non-Executive Director	CD
	John Grinnell	Director of Finance	JGr
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Joe Gibson	External Programme	JGi
	Rob Griffiths	Service Manager Theatres	RG
	Debbie Herring	Director of Strategy	DH
	Claire Liddy	Deputy Director of Finance	CLi
	Erica Saunders	Director of Corporate Affairs	ES
	Lachlan Stark	Head of Planning and Performance	LS
	Steve Ryan	Medical Director	SR
	Steve Begley	Head of Procurement	SB
	Julie Tsao	Executive PA	JT
Agenda item: 39	Will Weston	Associate Chief of Operations, Medicine	WW
39	Glenna Smith	General Manager, Medicine	GS
42	Cathy Fox	Associate Director of Informatics	CF
43	Steve Begley	Procurement Manager	SB
46	Colin Beaver	Internal Communications Manager	CB
48	Christopher Gildea	Building Services Operational Lead	CG
Apologies:	Graham Dixon	He ad of Building	GD
	Melissa Swindell	Director of HR	MS

17/18/37 Minutes of the previous meeting held on 5th June 2017
Resolved:
It was agreed agenda item 25 would be amended to include Operational Productivity Theatre.

Subject to the above amendment RABD received and approved the minutes of the previous meeting.

17/18/38 Matters Arising and Action log
All actions were either an item on the agenda or in progress.

17/18/39 Performance
Lachlan Stark reported on performance for Month 2. Concerns had been raised around data capturing. There were uncertainties around whether all performance was being captured and assigned to correct codes. The division was working through this however it was agreed this would be an item at the Operational Board tomorrow morning. Will Weston agreed to provide an update to John Grinnell on Friday.
Action: WW

An agreement has been reached to invest in further coders to identify further data capture and accuracy opportunities.

It was unlikely that data not been captured would have an effect on patients however Lachlan Stark and Rob Griffiths agreed to look into.
Action: LS/RG

Surgery – Due high emergency demand and the incident at a concert in Manchester elective surgery had been compromised with a higher than normal level of surgical cancellations..

Medicine Performance
The Chair welcomed Will Weston and Glenna Smith to RABD.

Following review of 17/18 activity for the whole of the Division, the associated adverse income position has improved from (£2.7m) to (£0.6m).

Performance challenges for this financial year are:

- Gastroenterology
  - Service not at full consultant staffing numbers till October 2017.
- General Paediatrics
  - Junior Doctor shortages on out of hours rota causing challenges on delivery of OPD plan.
- Rheumatology
  - Improved models of care, IP converted to D/C and care repatriated to local areas where appropriate.
- Theatre Capacity
  - Improvements in utilisation have negatively impacted Neurology in accessing ad-hoc capacity for day cases

Glenna Smith went through opportunities being looked into for 17/18 recognising that the Division need to ensure historical investments in clinical capacity deliver the planned benefits.

Resolved:
RABD received a performance update on month 2 and detailed presentation from Medicine.

17/18/40 Finance report

For the month of May the Trust is reporting a trading deficit of £0.4m which was ahead of plan by £0.1m. Income is ahead of plan by £1m but expenditure is higher than budgeted by £0.9m. Payment had been received for a patient who had been an inpatient for over 3 years, the payment was for around £300k. Discussions are being held to see if long term cases can be paid in stages.

The year to date position is a deficit of £2.4m which is behind plan by £0.3m. The Use of Resources risk rating is 3 which is in line with plan and cash in the bank of £5.2m.

The total Sustainability & Transformation funding (STF) for the year is £4.4m. 75%, now 70% of STF is paid on achievement of financial control total on a quarterly year to date basis. 18 weeks will no longer be included in this.

Contracts
It was agreed contracts would now be reported as part of the Finance report.

CCG Contract
The Merseyside *Acting as One* agenda means that in 17/18 £25m more of our local CCG contract is commissioned on a block basis. All activity (with the exception of drugs & devices) for Liverpool CCG, South Sefton CCG, Southport & Formby CCG and Knowsley CCG is now under block, meaning that overall £40.7m (76%) of the contract is now commissioned on a block basis.

The agreement is for two years and includes 1% growth (over and above 16/17 outturn) for 17/18 and another 1% growth in 18/19.

Welsh (WHSSC) Contract
The 17/18 contract is yet to be agreed with Wales. Welsh commissioners are in dispute with all English hospitals over the implications of the new Payment by Results grouper (HRG4+). The new grouper, which among other things aims to group similarly resourced activity more accurately, has increased the overall value of Welsh activity which Welsh commissioners maintain has not been reflected in central allocations. Ironically, under the new grouper, Welsh activity at Alder Hey marginally reduces in value.

The 17/18 contract will therefore not be signed with Wales until this wider national issue has been resolved.

Year to Date contracts are significantly over performing.

Control Total
The Trust Control Total is a surplus of £0.1m and it is imperative that all Divisions meet their financial objectives, so that the Trust achieves agreed Control Total, and secures the full £4.4m STF funding which is cash-backed. The Divisions have prepared a forecast which totals a £9.4m deficit and none of the forecasts have been accepted. The expectation is that all divisions and departments will:

- Deliver activity plans
- Control Pay Expenditure
- Achieve full CIP target
- Break even against budget control totals

Plans in progress came to a total of around £5m. Claire Liddy presented 20 actions totalling around £8km.

Capital
Month 2 saw an in month underspend against the submitted NHSi plan of £833k, underspend YTD £2,696k. The main areas of variance to budget relate to delayed commencement / changes in the forecast profile to R&E2 and corporate office scheme progress, although preparation and groundworks for R&E2 have now commenced following significant progress in demolition works.

GDE was scheduled to commence 1st April, but due to Treasury delays in approving funding the project has now slipped. Profiled medical equipment spend YTD has not been fully delivered.

Expected costs for non-medical equipment (new car parking system, audiology booths) are slightly behind plan.

YTD overspend in Estates relates to higher than forecast YTD spend on Demolition.

Resolved RABD:
Received and noted the content of the Finance report for month 2.

Corporate report
A CAMHS patient had made a choice to stay in a room in A&E as there was no CAMHS bed available. As the patient had stayed in A&E for over 20 hours this had been recorded as a breach.

Resolved RABD:
Received and noted the contents of the CR report for March month 2.

17/18/41 CIP

Claire Liddy noted the current risk at £2.4m and the plans in place to reduce the risk.

Resolved RABD:
Received and noted the contents of the CIP update.

17/18/42 Global Digital Excellence

The Trust received confirmation of the first tranche of PDC funding on Friday 16th June (approximately £2.5million), it is anticipated that this will be available for draw down by the end of June. The remaining milestone one revenue funding (approx. £800k) will be made available via the CCG imminently.

The voice recognition project is going live in Orthopaedics the first week in July.

Resolved:
RABD noted the Trust's approval for participation for the GDE Programme and ongoing work to progress this programme.

17/18/43 Procurement

Steve Begley updated RABD on work in progress with Trusts across the North West on collaborations as identifying opportunities to reduce prices was becoming more of a challenge. A report on savings identified will be with Claire Liddy on 10th July 2017.

A joint meeting with the three top suppliers was being held with Trust's across the North West including Johnson and Johnson.

Focus internally would remain on clinical engagement.

It was agreed an update would be received at the next RABD to demonstrate further progress in identifying improved savings opportunities.
Action: SB

Resolved:
RABD received an update on procurement, top 5 targeted areas and planned activities/priorities for 2017/18. .

17/18/44 Programme Assurance

Joe Gibson reported the Programme Board had been reinitiated, the first meeting was held on Friday and reviewed project resource.

RABD went through the three workstreams below. It was agreed an update on the estates strategy would be received at the next Board meeting on 4th July 2017.
Action: SB/DP
Growing through External Partnerships
Solid Foundations
Park, Community Estate and Facilities

Resolved:
RABD noted the report and the work being undertaken to increase pace and benefit opportunities

17/18/45 Weekly waiting times update

All core access standards have been achieved for May. It has been a turbulent month with 2 bank holidays and the Manchester terrorist incident to manage which has contributed to high levels of cancelled operations. This will create a challenge for the months of June and

July as our patients need a binding date for re-admission within 28 days to prevent contractual penalties.

Mags Barnaby reported on a CAMHS patient breach as there was no CAMHS bed available. Due to this the patient had chosen to stay in a room on A&E and was comfortable. The team were just going through a process to identity if this case would be marked as a breach.

Weekly Performance Group Terms of Reference
Main changes included the title and the wider attendance. RABD will continue to receive monthly reports.

Resolved:
RABD received the weekly waiting time report and the Weekly Performance Group Terms of Reference.

17/18/46 Marketing and Communication Activity report
For the month of May Colin Beaver reported:
Mark Flannagan new Director of Communications starts in post on Monday 17th July 2017.

Resolved:
RABD received and noted the contents of the May report.

17/18/29 Board Assurance Framework
Erica Saunders agreed to:
- ensure 6 key risk areas here reflected in the BAF.
- Ratings of risks were being reviewed.

Action: ES/Jill Preece
Resolved:
RABD received and noted the content of the BAF update.

17/18/47 Monthly Debt Write Off
RABD received the June write off for £17,690.97.

The overpayment for:
£12,157.15 was a Capita overpayment to a doctor who is no longer in the country.
£5,122.00 international patient who had not paid, RABD noted the stronger processes in place so this doesn't happen going forward, however the hospital are required to treat international patients.

Resolved:
RABD approved June's write off for £17,690.97.

17/18/35 PFI Contract Monitoring report
Christopher Gildea went through the highlights from the monthly report:

- New Theatre floors are due to be refitted by December 2017. Rob Griffiths queried the timings for when the new floor would be fitted and whether the whole floor would be replaced or part of it. Chris Glidea agreed to look into this and update Rob Griffiths.

- NHS Improvement had requested a Fire Assurance report. Due to the recent fire incident to the Grenfell tower block of flats in London the Fire Service in Liverpool are currently in-undated with checking safety of tower blocks. RABD was assured the hospital is low risk due to the building being new and no cladding was used. A date for an inspection is awaited.

An update on fire drills and exits is to be presented at the Delivery Board tomorrow morning. Mags Barnaby advised a working group are reviewing the external barriers.

A discussion was held on visibility of security. It was noted the security services would be going out to tender, a request was made for uniforms to be included.

Reference was made to the Institute in the park being surrounded by timber and ensuring this was included with the Trust's insurers.

- Defects on areas of the roof without grass have been logged and are being processed.

Resolved:
RABD received an update on the PFI monitoring report.

Any Other Business
No other business was reported.

Date and Time of the next meeting: Tuesday 1st August 2017 at 13:30, Room 5, Level 1 Mezzanine.

Alder Hey Children's NHS
NHS Foundation Trust

INTEGRATED GOVERNANCE COMMITTEE
Minutes from the Meeting held on 24 May 2017

Present:	Mr S Igoe	Non-Executive Director **(Chair)**	(SI)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs P Brown	Director of Nursing *(deputising for Chief Nurse)*	(PB)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs M Swindell	Director of HR & OD	(MS)
	Mr S Ryan	Medical Director	(SR)
In Attendance:	Mrs S Brown	Strategic Project Manager & Decontamination Lead	(SB)
	Mrs L Edwards	Head of Quality (Surgery)	(LE)
	Mrs A Hyson	Head of Quality (Medicine)	(AH)
	Mrs A Kinsella	Health & Safety Manager	(AK)
	Mrs E Menarry	EP and Business Continuity Manager	(EM)
	Miss J Preece	Quality Assurance Officer *(minutes)*	(JP)
	Mr T Rigby	Deputy Director of Risk & Governance	(TR)
	Ms S Stephenson	Head of Quality (Community)	(SS)
	Mrs C Umbers	Assoc. Dir. Nursing & Governance	(CU)
	Mr W Weston	Assoc. Chief of Operations (Medicine)	(WW)
Item 17/18-02	Mr D Roberts		(DR)
	L J Chamberlain	Commercial Manager Interserve	(XX)
	Mr O Hannan	HCP	(OH)
Observing:	Mr S Hooker	Public Governor (North Wales)	
Apologies:	Mrs H Gwilliams	Chief Nurse	(HG)
	Mrs R Greer	Interim Assoc. Chief of Operations (Community)	(RG)
	Mrs B Doyle	Assoc. Chief Nurse (Community)	(BD)

Item No	Item	Key Discussion Points	Action	Owner	Time Scale
Housekeeping					
17/18-01	**Minutes of the Last Meeting & Action**	The Committee considered the minutes of the previous meeting of the Integrated Governance Committee held on 15 March 2017.			

	List	The Committee **APPROVED** the minutes as a correct record. The action list was updated accordingly.			
17/18-02	**Matters Arising**	**16/17-46 Fire Safety Training (Ulysses Ref: 1118)** The Committee received an update on the risk relating to fire safety arrangements in the CHP and retained estate. ○ Evacuation drills: DR reported that five practice drills had been carried out which had focussed on non-clinical areas; a rolling plan was underway. Walk-through type drills were yet to be undertaken for clinical areas. ○ The Committee was updated on the issue regarding the 'break-glass' fail safe mechanisms; previously reported as being located on the outside of fire escapes only. (see report). BST have reviewed and quotation awaited as need to account for security & safeguarding. AK was clear of the need to reference the derogation in the Fire Strategy. MB raised the point re the need to quantify the risks & mitigation and suggested set up a T&F Group assess. A solution would be brought to the July meeting. ○ Substantive Fire Safety Advisor being recruited to ○ Storage of cots issue – RC – need to know where these are for decontamination purposes. MD to take forward.	Update to July on clinical area drills Update to July		
17/18-03	**Matters arising**	**16/17-102 PFI Contract Risk – chillers for all MRI Units** WW updated – maintenance contract in place; risk still stands but progress being made. Two issues require resolution: 1. Electrical work needed for switch (timescale 2 weeks) 2. Negotiation of a breakdown contract (timescale 6 weeks) Update to July meeting. Discussion ensued regarding further additional risks to single point of failure to a service i.e. equipment. HoQ undertook to work with estates to proactively identify within CBUs.	Update to July		

		SI alluded to warranties that were in place following the move and sought assurance this. BL to undertake a schedule of warranties.			
17/18-04	**2016/17 IGC Annual Report**	The Committee received the Integrated Governance Committee Annual Report for 2016/17 for consideration. MB questioned how effectively linked the Committee was with the organisation. SI stated that this was an evolving process and referred to the devolved governance model which would act as a mechanism for greater exposure throughout the Trust. MIAAs review of devolved governance and sustainability of risk management arrangements to provide assurance that this was happening. TR commented that the outcome and recommendations from this would also inform agendas going forward. ES alluded to the new Governance Strategy which would also be key in shaping the agenda going forward along with further devolution of the risk agenda into the organisation. **Resolved** that: the Committee noted and APPROVED the contents of the Annual Report for onward submission to the Board of Directors.			
Corporate / CBU Risk Register Review					
17/18-05	**Exceptions report: risks for escalation/ de-escalation.** **Review of all corporate risks in order of highest current risk rating.**	The Committee considered the Corporate Risk Register (CRR) Exception Report. Following due challenge and consideration, the following risks were discussed: - **Risks for escalation:** Five risks were received for escalation from medicines management *Risk 941: Lack of appropriate maintenance of environmental temperature for storage of medicines both at ambient (room) and fridge temp.* DP reported that this was a systemic issue trust wide and that Project Co. Had introduced devices to reduce temperatures. A strategy had been agreed with pharmacy to agree interventions (timescale July)			

		Risk 812: Safe & secure storage of medicines *Risk 868: Reduced near patient pharmacy service* *Risk 1191: Warfarin prescribing on Meditech* *Risk 865: Meditech 6 EPMA prescribing* MB – need to agree a method for dealing with and reporting risks impacting on many services. AH stated that the escalation process within Medicine required looking at and that a survey would be undertaken to gain baseline. HoQ to agree a process with help of MB. Risk to be centrally owned. **Action:** the Committee agreed that the five medicines management risks **did not require escalation** at this stage and needed to be centrally owned Reservoir Kits – not escalated **Risks for de-escalation** *Risk XXX: RTT* Talked about current position and mitigations in place – now felt to be a low risk. **Action:** agreed to **de-escalate.** Need to reflect divisionally *Risk XXX: 4 hour target* Discussion ensued regarding this risk always being there. Criteria to change soon also. **Action:** agreed for this risk to remain on the register at local level. **Risks getting worse:** Mandatory training – worsened position noted. MS did not agree with this and undertook to see why			

		Sepsis – again, this risk had not worsened. Needs to updated at project group. Mental Health Standards – incorrect – updated twice **<u>Risk movements since the last meeting (not reflected on the CRR Heliview):</u>** *<u>Risk 3: Shortfall of Junior Doctor Medical Staff</u>* Risk merged with 720 (Junior Doctors – Staffing Levels) and **closed**. WW provided an update on Jr Dr staffing risk and stated that he was working closely with the Medical Director to address this issue. Risk being mitigated daily at present but long term programme needed to address. National recruitment was down 8% this year. **The Chair thanked the Committee for the report.**			
17/18-06	**New Hospital Occupation Risk Register**	IGC were reminded of the five remaining risks associated post the move into the new hospital and that an external reviewer had been appointed to conduct a health and safety review. ES introduced the summary from the independent review and highlighted the findings, recommendations and associated costs. DP alluded to the biggest risk of the CHP RR being the internal balconies. SI – recommendations based on legislation – welcomed views on taking forward. ES – legal aspects to be considered. MS reported that further work had been undertaken on the services yard and balustrades with significant cost. Full discussion needed at Executive level. **Resolved** that: recommendations noted – Execs to provide a close-off report to July meeting.			
Committee / Sub Group Reports					

17/18-07	**Emergency Preparedness Assurance Report**	EM presented the Emergency Preparedness assurance report from the 7th March 2017 meeting and provided a brief overview of the report. ○ Evacuation procedure of whole hospital – EP Group to look at ○ EP Annual programme required. ○ Loss of heat incident – Interserve to look at and provide feedback ○ Cyber incident – formal thanks to IT Team and divisional support in response to incident. JG – CF to report to RBD re learning. SI – vital to ensure latest software updates. ○ Manchester terrorist incident – MS – formal thanks to EM. Country now on critical alert – will be enhancing hospital security as a result of guidance received. PB – very concerned workforce – willing to help in any way possible. **Resolved** that: the Committee NOTED the contents of the report.			
17/18-08	**Health and Safety Assurance Report**	AK presented the assurance report of the Health & Safety Committee. Main issues from the report were highlighted as follows:- ○ COSHH – not compliant, trial ongoing for a system – medicine to pilot. ○ RCA – still to follow ○ Control of contractors remains a concern ○ Water safety audits now underway ○ Access to pantries / kitchens issue **Timescales to be added to report** **Resolved** that: the Committee NOTED the contents of the report.			
17/18-09	**Infection Control**	RC presented the assurance report of the Infection Prevention Control Committee Meeting (15 March 2017) and highlighted key issues and assurances:- ○ Cleanliness review underway. SB – recruitment now undertaken, SOPs new practices & audits to be in place in the next few months.			

		○ Talked about IPC Risks **Resolved** that the Committee: NOTED the contents of the report.			
17/18-10	**Information Governance Assurance Report**	The Committee received and considered the assurance report on behalf of the Information Governance Committee (meeting 3rd March 2017). ES highlighted the following key issue detailed within the report:- ○ HG & PB now trained guardians ○ two issues 1) retrieve – access due to technical issues 2) retained estate materials. **Resolved** that: the Committee NOTED the contents of the report.			
17/18-11	**Clinical Records**	The Committee received the Clinical Records assurance report. A number of positive assurances were highlighted in the report including: ○ See report ○ KPIs – progress re scanning **Resolved** that: the Committee NOTED the contents of the report.			
17/18-12	**Data Quality**	SR presented the Data Quality assurance report from the meeting held on xxx. ○ Ethnicity now improving ○ Solution re demographics being sought ○ Consultant tracking – solution being sought **Resolved** that: the Committee NOTED the contents of the report.			
17/18-13	**Building Services Team**	The IGC received the list of issues currently being addressed by the Building Services Team (BST). ○ Residual commissioning issues almost to conclusion – follow audit to July ○ Red button mechanism worked well for escalating major issues ○ PPMs – schedules still outstanding			

		○ Pressure vessels – ongoing requests to Interserve. XX Agreed to provide. **Resolved** that: the Committee NOTED progress to date.			
Board Assurance Framework (BAF)					
17/18-14	**2017/18 BAF**	The Committee considered the first BAF Report for 2017/18 ES invited committee members to identify any further internal control gaps or assurance. Discussions continue to link to local risk registers. **Resolved** that: the Committee NOTED the contents of the report.			
Policies & Equality Analyses to be Ratified					
17/18-15	**Asbestos Policy**	Minor changes to reflect move to CHP			
17/18-16	**Medical Gas Policy**	Minor changes to reflect move to CHP			
17/18-17	**Fire**	Continually updated to reflect changes in fire procedures			
17/18-18	**Diagnostic Testing**	No solution in Meditech 6 – are working on a notification system. GDE programme to look at. Departmental procedures in place but overarching policy needed. ES – are sighted on the issue at CQAC and discussed at clinical records cttee, policy therefore welcomed. SI agreed that this would reduce risk			
Any other business, documentations for information					
17/18-19	**Any Other Business**	**No further business was discussed.**			

Date and Time of Next Meeting	The next meeting of the IGC will be held on Wednesday July 2017, 1:00pm. Inst. Large Meeting Room

INTEGRATED GOVERNANCE COMMITTEE
ACTION LIST – MAY 2017

No	Item	Owner	When	Status
~~16/17-05~~ ~~16/17-68~~ ~~16/17-86~~ ~~16/17-103~~ 17/18-06	Resolution regarding five remaining high level risks on CHP Post Occ. Risk Register	D Powell	~~Update to Nov~~ ~~Update to Jan~~ ~~Update to Mar~~ ~~Report to May~~ **Report to July**	Recommendations presented to May meeting; Execs to agree way forward – close-off report to July.
16/17-08	Full list of all pressure vessels to be requested.	D Powell	**Update to July**	Interserve to provide to David Powell
~~16/17-19~~ ~~16/17-79~~ 17/18-02	Fire Safety Plan • Evacuation of clinical areas • Break glass fail safe mechanisms	MW / AK / EM	~~Update to Jan~~ ~~Update to Mar~~ ~~Update to May~~ **Update to July**	Further report to July
16/17-70	Electrical Isolation Incident RCA	A Kinsella	~~Jan meeting~~ ~~Mar meeting~~ ~~May meting~~ **July meeting**	~~Full report to May meeting~~ Full report to July meeting
16/17-81	1. Develop KPIs for the management of risk across CBUs and corporate areas in line with risk maturity model 2. Develop Ulysses form for H&S Risk Assessments.	Heads of Quality J Preece / A Kinsella	Commence March 2017 Immediate	To be picked up in MIAA Risk Maturity follow up review – ongoing Ongoing – in development with Ulysses and H&S
16/17-102	Update re resolution of PFI contract risk – chillers for all MRI units to May meeting	L Robinson / W Weston	~~24 May~~ July	Further update to July meeting
17/18-05	Method for dealing with and reporting risks impacting on many services to be agreed	HoQ / M Barnaby	Immediate	

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board of Directors

05 September 2017

Subject/Title	Global Digital Excellence (GDE) Programme Update
Paper prepared by	Peter Young, Chief Information Officer Jenny Wood, GDE Programme Manager
Action/Decision required	The Trust Board is asked to note the updated progress towards participation in NHS England's GDE Programme and subsequent initiation of the Programme.
Background papers	N/A
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	IM&CT Strategy Significant contribution to the strategic objectives for:- - Clinical Excellence - Positive patient experience - Improving financial strength - World class facility

Summary of progress in last month

Funding

The Trust received confirmation of the first tranche of PDC funding on Friday 16th June (approximately £2.5million), this was received and we were available to drawn down from on the 10th July.

The invoice request has been completed for the remaining revenue funding (approx. £800k) will also be made available via the CCG imminently.

Fast Follower

The Alder Hey *Fast Follower* Trust, Clatterbridge, are currently undergoing 'due diligence' and a site visit has been arranged there for the 20th September 2017.

At the next Board update an overview of the Site Visit, copy of the Funding Agreement and Letter of intent will be circulated for formal agreement and sign off

Programme Assurance

NHS Digital are attending Alder Hey on the morning of the 19th September 2017 to complete their first assurance inspection.

Project documentation has been finalised and forwarded to NHS Digital to provide a platform of evidence for the inspection to take place.

There is confidence the second funding milestone will be met.

The final assurance report will be provided to the Board for overview.

Programme Delivery

Work remains underway in preparations for the achievement of the phase 2 milestones and looking forward to phase 3:-

- Recruitment to all approved posts. It is anticipated the full team will be in place by the end of September.
- Revision of milestones has now been completed to take into account the delays to the funding at national level.
- GDE Benefits Lead is working towards completing the baseline assessment of benefits as a priority.
- Internal organisational engagement work ongoing with good progress.
- Programme documentation finalised for Programme assurance.
- Successful upgrade to Meditech 6.08.
- System development has been completed for two speciality packages, with development commencing/on-going on six "specialty packages"
- A recent "speciality package launch" saw the start of an additional six speciality packages.
- The Voice Recognition project has completed an initial pilot with the Orthopaedic team. General Paediatrics and Nephrology are due to go live on the 30th August.

- The voice recognition project is on-going. The August rotation of Junior Doctors have been trained alongside thirty three champions
- A significant risk was raised around the lack of a voice recording for the use of voice recognition, this has now been addressed and a voice recording is in place.
- Scoping and development of the Paediatric Portal is underway with a launch being planned for key stakeholders
- IMO Clinical Terminology software implementation underway.

A copy of the GDE Programme Dashboard which summarises the status of all individual workstreams is attached.

Next Steps

- Continue working towards the delivery of milestones two and three (September 2017 and March 2018) respectively.

- Assurance testing to be completed by NHS Digital around milestone two on the 19th September 2017.

Recommendation

The Trust Board is asked to:-

1. Note the progress with the GDE Programme and ongoing work to progress towards the second milestone due on 30th September 2017.

Peter Young

Chief Information Officer 22th August 2017

GDE Programme Dashboard - Assurance

Version 0.1 10/04/17

Project Ref	GDE?	Project Title	Project Description	Delivery Date	PROJECT RAG: OVERALL PROJECT RAG status	% Progress	Comments for attention of the Project Team, Steering Group and sub-Committee
Workstream 1 - HIMSS level 7 EPR - System wide projects							
1A	GDE	Meditech 6.08 Upgrade	Upgrade to MEDITECH system to provide enhanced functionality	Saturday, September 30, 2017	Completed	100%	Go live plan finalised. All in place for go-live on 09.08.17.
1B(a)	GDE	Voice recognition deployment	Deploy voice recognition solution in MEDITECH	Saturday, September 30, 2017		80%	VR Champions are currently being trained. Awareness sessions are in place with up-coming specialties. Junior Doctors have now been trained. Gen Paeds due to go live on the 30th Aug. Options paper developed for review on the App.
1B(b)	GDE	Voice recognition deployment	Deploy voice recognition solution in Medisec	Saturday, September 30, 2017		70%	VR Champions are currently being trained. Awareness sessions are in place with up-coming specialties. Junior Doctors have now been trained. Gen Paeds due to go live on the 30th Aug. Options paper developed for review on the App.
1C(a)	IM&T	Prescribing and Medicines Administration Enhancements	Warfarin	Thursday, March 1, 2018		75%	Meeting booked to ensure SOP's are in place. GR to progress this.
1C(b)	IM&T	Prescribing and Medicines Administration Enhancements	Antimicrobial	Thursday, March 1, 2018		35%	This will be rolled out with Sepsis. The techinical team are currently building
1C(c)	IM&T	Prescribing and Medicines Administration Enhancements	Bedside medication verification	Thursday, March 1, 2018			
1C(d)	GDE	Prescribing and Medicines Administration Enhancements	Continuous infusions	Saturday, March 31, 2018			
1C(e)	GDE	Prescribing and Medicines Administration Enhancements	Dose range checking	Saturday, March 31, 2018			
1Da	GDE	IMAGENOW	Upgrade	Saturday, September 30, 2017	Completed	100%	Upgrade completed
1Db	GDE	IMAGENOW - Workflow enhancement	API deployment	Saturday, September 30, 2017	Completed	100%	Discussion to be held in relation to finalisation
1E	GDE	MEDISEC enhancements	Tertiary letter improvements	Saturday, March 31, 2018			Scoping discussion required with associate COO's, Nik to faciliate
1E(b)	GDE	MEDISEC enhancements	Inclusion of letters into ImageNOW	Saturday, September 30, 2017		40%	Testing to be completed.
1F	GDE	POCT device integration	Integration of POCT devices into the MEDITECH system	Saturday, March 31, 2018			1H to be completed first
1G	GDE	GS1 Barcodes	Enable technical solution for use of GS1 barcodes where appropriate	Wednesday, October 31, 2018			Harvey Livingstone as clinical lead. This needs to be put to the GS1 Working Group. Agree scope with organisation. Project Manager required. Next Wednesday. Survey - Send wristbands to see if GS1 complaint. Request ID numbers from GS1 for locations. Meeting required in relation to approach.
1H	GDE	Vital Sign device integration	Integration of Welch Alyn vital signs monitors into MEDITECH	30 September 2017 Pilot December 2017 Roll out			
1J(a)	GDE	Theatre improvements - Emergency List. Plan around pilot	Emergency list solution	Page 1 of 5 Saturday, September 30, 2017		90%	Pilot on-going.

GDE Programme Dashboard - Assurance

Version 0.1 10/04/17

					PROJECT RAG		
Project Ref	GDE?	Project Title	Project Description	Delivery Date	OVERALL PROJECT RAG status	% Progress	Comments for attention of the Project Team, Steering Group and sub-Committee
1J(b)	GDE	Theatre improvements TCI to Theatre	TCI to Theatre improvements	Saturday, March 31, 2018		75%	Contact KH re business case - board.
1K(a)	GDE	Internal interfaces Haemonetics	Haemonetics	Saturday, March 31, 2018			
1K(b)	GDE	Internal interfaces ECM	ECM file import	Saturday, September 30, 2017			
1K(c)	IM&T	Internal interfaces Self Check In	Self check in	Friday, September 1, 2017	Completed		
1L	GDE	IMO implementation	Implementation of Clinical interface terminology software	Saturday, September 30, 2017		25%	Stat req group set up to ensure ECDS delivered by Oct 2017. All dictionaries sent. Demo has been given, delivery date to be confirmed.
1M	GDE	Day Forward Scanning	Automate the production and scanning of records	Saturday, September 30, 2017		15%	Scoping underway. Format of documents to be agreed. Pilot in outpatient clinic.
1N	GDE	Historic data migration	Complete migration of historical data from MEDITECH 5	Saturday, September 30, 2017		30%	T&F Group required with Clinical Leads in order to establish scope and sign off of migration.
1O(a)	GDE	PACS Other Ologies	Medical Photography - Consolidation of all clinical images into the PACS system	Saturday, September 30, 2017	Completed		
1Oa(b)	GDE	PACS Other Ologies	EEG - Consolidation of all clinical images into the PACS system	Thursday, May 31, 2018			
1O(c)	GDE	PACS Other Ologies	Gait Lab - Consolidation of all clinical images into the PACS system	Saturday, March 31, 2018			Gait lab procurement to be chased.
1P	GDE	Encoder implementation	Implement integrated encoding software for the Clinical Coding team	Saturday, September 30, 2017			Order to be placed.
1R	GDE	Mobile Phlebotomy solution	Adaptation of COWs to allow sample labels to be printed at the point of care	Saturday, March 31, 2018			Discussion with Hilda for Operation support. Upgrade of Meditech
1S	GDE	Infrastructure	Provision of additional hardware (subject to approval) to suppport clinical processes including fast user switching	Saturday, September 30, 2017			
1T	IM&T	Booking and Scheduling Enhancements	Develop an enhanced solution to support improvements to booking and scheduling processes	Saturday, September 1, 2018		5%	Project plan to be approved.
Workstream 2 - Speciality Packages							
2A	GDE	Emergency Department	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Friday, September 1, 2017	Completed	100%	Completed and archived for Gateway 3
2B	GDE	Gynaecology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Page 2 of 5 Friday, September 1, 2017	Completed	100%	Completed and archived for Gateway 4

GDE Programme Dashboard - Assurance

Version 0.1 10/04/17

					PROJECT RAG		
Project Ref	GDE?	Project Title	Project Description	Delivery Date	OVERALL PROJECT RAG status	% Progress	Comments for attention of the Project Team, Steering Group and sub-Committee
2C	GDE	Rheumatology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Saturday, September 30, 2017		60%	Development on-going. Estimated delivery date of 01 September and live 30th September.
2D	GDE	Gastroenterology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Thursday, November 30, 2017			Travelling towards Gateway 1
2E	GDE	Neurosurgery	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Friday, November 3, 2017			Meeting arranged to progress towards Gateway 1.
2F	GDE	Respiratory	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Friday, November 3, 2017			Away day September 15th Working towards Gateway 1.
2G	GDE	CAMHS	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Thursday, October 19, 2017		20%	Request for a 2 week extension.
2H	GDE	Community Paeds	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Tuesday, October 24, 2017		5%	Gateway 1 almost completed - MDT Meeting booked.
2I	GDE	Dietetics	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Tuesday, October 31, 2017		30%	All requirements received.
Workstream 3: Paediatric Clinical Portal							
3A	GDE	Paediatric Clinical Portal	Provide secure access to multiple aspects of a pateint record in one place	31 March 2018 (GP Pilot)			Scope/plan being developed by Forcare. T&F Group required with Clinical Leads. Install dats agreed
Workstream 4 - Patient Portal							
4A	GDE	Patient Portal	To allow patients/families/carers secure access to patient records	31 March 2018 - Pilot			
Workstream 5: Interoperability & APIs							
5A	GDE	MESH	Implementation of MESH standard for message exchange	Saturday, September 30, 2017		75%	Ready to pilot with a GP. On-hold post 6.08.
5B	GDE	EMIS to MEDITECH interface	Electronic access to primary care records	Saturday, September 30, 2017		10%	Interface ordered but commercial debate.
5C	GDE	GP Ordering for Diagnostics	To provide the ability for GPs to order Path / Rad investigations direct	Saturday, March 31, 2018		50%	Testing on-going. Patient match issue to work through.
Workstream 6: Improving Patient Experience							
6A	GDE	PET App	Development of an App to improve patient experience	31 March 2018 - Phase One		20%	On track
Workstream 7: National Requirements							

GDE Programme Dashboard - Assurance

Version 0.1 10/04/17

Project Ref	GDE?	Project Title	Project Description	Delivery Date	PROJECT RAG: OVERALL PROJECT RAG status	% Progress	Comments for attention of the Project Team, Steering Group and sub-Committee
7A	IM&T	e-Referrals	e-Referral paper switch off programme	Monday, October 1, 2018			e-Referrals on track for delivery.
7B	IM&T	Emergency Care Data Set	Emergency Care data set to be added as part of IMO	Sunday, October 1, 2017			Workaround to be put in place.
Workstream 8: Other							
8A	IM&T	Chemocare HL7 Interface	HL7 ADT Interface for Chemocare	Thursday, March 1, 2018			Testing 16.08.17
8B	IM&T	R&E 2	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard	Friday, June 1, 2018			Uni's to finalise requirements. Additional meetings scheduled. Costings. Occupancy June 18, staff / students Sept 18
8C	IM&T	Outpatient Coding	Outpatient Coding	Friday, September 1, 2017			Raised with reporting sub-group. Indication septe milestones delivery, october. To be chased. Build in test - 3 specialities to be reviewed.
8D	IM&T	Sepsis Management	Review of Sepsis Pathway	Friday, September 1, 2017			MD consolidating requirements following Sepsis meeting. Initial developments completed and passed back for review. Reporting functionality to be reviewed by BI.
8D	IM&T	Data Centre back on site	Move of the Data Centre back onto site	Sunday, January 1, 2017			Awaiting data power provision in data rooms. ID space to decommission.

r o j e c	**Black** - Failed/ Gap **Red** - Project team/workbook requiring significant assistance/management Amber - Project team and workbook have issues and these are resolvable at the project level Green - Project team in place with workbook overall in good order and proceeding to plan

Workstream 2 - Speciality Packages				Overall RAG Status	Initial Meeting	Gateway 1	Gateway 2	Gateway 3	Gateway 4
2A	Emergency Department	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		Completed	Compelted	Compelted	Compelted	30.09.17
2B	Gynaecology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		Completed	Completed	Completed	Completed	23.09.17
2C	Rheumatology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		Completed	Completed	Ongoing		
2D	Gastroenterology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		05.07.17	19.09.17			
2E	Neurosurgery	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		05.07.17	?			
2F	Respiratory	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		05.07.17	16.08.17			
2G	CAMHS	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		Compelted	07.07.17			
2H	Community Paeds Phase 1	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		Compelted	04.08.17			
2I	Dietetics	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		Compelted	30.06.17			
2J	Physio & OT	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2K	Immunology/Infectious Diseases	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2L	Neurology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2M	Diabetes	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2N	Chronic Pain	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2O	Dermatology	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2P	Allergy	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			
2Q	Community Paeds Phase 2	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	##########		23.08.17	11.10.17			

Research, Education and Innovation Committee
Minutes of the meeting held on **Thursday 19th January 2017,**
Room 6 Mezzanine, Level 1 Alder Hey Children's NHS Foundation Trust

Present:	Mr Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Prof Michael Beresford	Brough Chair, University of Liverpool	(MB)
	Ms Louise Dunn	Director of Marketing and Communications	(LD)
	Mr Iain Hennessey	Director of Innovation	(IH)
	Prof Matthew Peak	Director of Research	(MP)
	Mr David Powell	Development Director	(DP)
	Ms Erica Saunders	Director of Corporate Affairs	(ES)
	Mrs Claire Liddy	Acting Director of Finance	(CL)
	Mrs Melissa Swindell	Director of HR	(MS)
In Attendance:	Mr Tim Andrews	External Commercial Advisor	(TA)
	Mr Joe Gibson	External Programme Lead	(JG)
	Mrs Catherine Kilcoyne	Commercial Project Manager	(CK)
	Dr Charlie Orton	Clinical Research Unit Senior Manager	(CO)
	Mr Jason Taylor	Innovation Service General Manager	(JT)
	Mrs Julie Tsao	Committee Administrator	(JT)
Agenda item: 46	Amanda Rees	NIHR Alder Hey CRF Manager	(AR)
51	Katie Cawthorne	Innovation Consultant, Acorn	(KC)
Apologies:	Miss Abbey Gore	Innovation Coordinator	(AG)
	Mr Rafael Guerrero	Consultant Cardiac Services	(RG)
	Sir David Henshaw	Chairman	(DH)
	Mr G Lamont	Director of Medical Education	(GL)
	Mrs Janette Richardson	Programme Manager	(JR)
	Mr Rick Turnock	Medical Director	(RT)

16/17/42 **Declarations of Interest**
No declarations were declared.

16/17/43 **Minutes of the previous meeting held on Thursday 11th November 2017**
Resolved:
Subject to a number of amendments on page 1 and page 2 the minutes were approved.

16/17/44 **Matters Arising**
All items for discussion were listed on the agenda.

16/17/45 **Committee Work-plan**
Resolved:
REIC approved the work-plan for 2017/18.

16/17/46 **Programme Assurance - Research, Education and Innovation**
Resolved:
The programme assurance for RE&I project was presented. Joe Gibson and Claire Liddy agreed to ensure that the Research, Education and Innovation work stream was identified in the FY17/18 CIP programme.

16/17/47 **Board Assurance Framework**

Resolved:
REIC reviewed the BAF and agreed to contact Erica Saunders with comments.

16/17/48 **Research Business Model and Commercial Research**
Clinical Research Facility: Business Case for Sustainability and Growth
Matthew Peak presented a summary of the Integrated Research Strategy for Child Health which was agreed at the Trust Board in September 2015. This included the fundamental principles for a research business model, including:

1. The model is not based on overhead charges directly proportionate to the cost base which currently serves to linearly increase the overhead deficit.
2. The model takes account of the cost neutral position with respect to non-commercial research.
3. The model allows for re-investment of a proportion of research income into capacity building and essential infrastructure posts.
4. The model enables incentivisation for investigators and support services to deliver commercial contract research.
5. The model enables a contribution to Trust overheads which has a relationship to overall research income, but not necessarily in direct proportion to it, whilst allowing re-investment in research annually.

Michael Beresford presented the renewal award (£2m over 5 years, compared to £2m over 4.5 years currently) for the NIHR Alder Hey Clinical Research Facility for Experimental Medicine from April 2017 - March 2022. This is conditional by NIHR that the budget shifts from resources supporting trial delivery to resources supporting research growth, in particular, new, joint appointments with the CRF at the Royal to achieve this. This requires some existing CRF posts funded by NIHR (until March 2017) being funded through alternative sources or staff redeployed or made redundant (which would impact significantly and detrimentally on the Trust's current research activity and commercial income). There is still a requirement to fund delivery staff to implement the CRF strategy agreed with NIHR, and the expectation from NIHR is that CRF delivery staff are funded through income associated with the delivery of clinical trials.

A detailed business plan was presented which described a construct which allowed maintenance of the current Clinical Research Business Unit (CRBU) annual contribution, a cost pressure of £115k p.a. to support CRF delivery staff, and a distribution model for surplus commercial research income (as defined by NIHR) going forward. Models, based on different rates of recruitment into commercial trials, were presented and quantified (using externally validated financial constructs) with respect to meeting the cost pressure and future income distribution.

The specific features are:

- Over the next five years, the CRBU annual contribution remains at £477k
- Any in-year income in excess of £477k will contribute to meeting the £115k cost pressure each year between 2017-2022
- Any surplus income over and above the annual contribution and annual CRF cost pressure will be redistributed each year in line with the NIHR costing template as follows:
    - 'Base costs' (a nominal '100 units') per delivery requirements for PI, study support, nurse and key delivery services distributed accordingly to Clinical Business Units (including CRBU) – 53%
    - CIP (a nominal '70 units') – 36%
    - Capacity Building (a nominal '20 units', for delivering research strategy) – 11%

It was noted that surplus income is the only source of CIP from the CRBU.

Resolved:
The agreed approach was to support the NIHR Alder Hey CRF strategy based on sustainability as well as growth, as per submitted budget, and agreement that support for the CRF was a key priority in order to deliver the Trust's Research ambitions to be word leading in better, safer medicines for children, as well as the Trust's commercial (and non-commercial) research goals.

Charlie Orton presented a strategy for increasing contract commercial research studies and associated income.

Resolved:
A number of options were presented specifically with respect to the CRF sustainability and growth model. Options 2 and 3 in the business case paper were the only options which do not result in the NIHR CRF award being rejected and/or current CRF staff being redeployed or contracts terminated. Professor Beresford (CRF Clinical Director) affirmed that any other option would result in the Trust having to decline the NIHR CRF award, as it would be impossible to deliver NIHR's expectations of the award.

The preferred option (Option 3) involved taking forward £115k of surplus from 2016/17 into 2017/18 thereby removing the cost pressure for the CRF in its first year of the new NIHR contract. In order to support the Trust in meeting its controls target for 2016/17, the CRBU team withdrew this option.

Option 2 was supported and agreed. This will require a minimum £578k (£115k p.a.) over the lifetime of the NIHR CRF award (above a recurrent, stable contribution of £477k) to be generated and prioritised to provide sustainability, and implementation of the revised distribution model (in line with CRN costing template, and as outlined above) for, and only when there is, any surplus income over and above this threshold. This option includes the specific features outlined above.

16/17/49 **Standard Operating Procedure (SOP)**
Jason Taylor gave a presentation on a SOP for overseas partnerships. A review of company characteristics was to take place before agreement of partnership working. The Department of International trade guidance had also been adopted by the Trust.

Resolved:
REIC received the SOP on overseas partnerships noting agreement of a case by case approach.

16/17/50 **Alder Hey Innovation Enterprise**
The Innovation Team at Alder Hey has been established for over 2 years and has operated as a virtual business unit within the Development Directorate during that period with financial support being provided by the Trust and the Charity during this initial phase.

Going forward Innovation Company are to develop partnerships in 3D printing and sensor equipment. Meetings are to take place with investors and charities to support projects.

REIC requested for the Business Case to be presented once completed.

Resolved:

REIC received an update on Innovation Company.

16/17/51 **The Apps Hopper-Acorn**

Katie Cawthorne from Acorn reported on the partnership with Alder Hey to solve issues faced by NHS Trust's. 8 projects were currently in place and an update was given on Fresh Air and Hours.

Fresh Air is a mobile application developed by the Children's and Adolescent Mental Health group to provide support to teenagers with mental health anxieties. The application is due to be trailed in schools in March 2017. Matthew Peak provided contacts for Katie so trails could also be carried out at Alder Hey.

h:ours is an application developed for use by Junior Doctors to log their time at work.

Going forward included recruiting more entrepreneurs and getting products to buyers.

Resolved:
REIC received an update on the Apps Hopper-Acorn.

16/17/52 **European Regional Development Fund (ERDF) Bid**

The Liverpool City Region Health Enterprise Hub funded by ERDF to develop innovative products and services was in progress.

Resolved:
An update on the ERDF Bid was received.

16/17/53 **Virtual World**

Resolved:
REIC received a verbal update on developing a virtual walkthrough of a patient's journey using engineering technologies used at Bentley.

16/17/54 **Digital Application**

The Digital App funded by the charity will enhance the way Alder Hey communicates with children and young people who are accessing services at the hospital. The main areas of focus will be familiarisation, reward and distraction.

Resolved:
REIC received an update on the digital app.

16/17/55 **Artificial Intelligence**

Iain Hennessey is working with the Hartree Centre and IBM to explore applications of Artificial Intelligence in the NHS. Initially this will be related to the use of natural language processing for the Digital Hospital app and then will extend to other areas.

Resolved:
Update received.

16/17/56 **University of Liverpool Strategic Partnership**

A partnership between Alder Hey and University of Liverpool had been agreed. Once there had been further progress an update would be received.

Resolved:
REIC received notification of a partnership between Alder Hey and University of Liverpool.

16/17/57 **Alder Hey Academy**
The Alder Hey Academy had been developed to offer accreditations and apprenticeships in partnership with local provides. The draft Business Case was due to be presented at the Executive Committee.

Resolved:
REIC received an update on the Alder Hey Academy.

16/17/58 **Any Other Business**
No other business was reported.

Date and Time of next meeting:
Thursday 23rd March 2017, 1300, Room 7, Level 1 Mezzanine, Alder Hey Children's NHS FT.

NB: Date changed to: Thursday 6th April, 1300, Room 8, Level 1 Mezzanine, Alder Hey Children's NHS FT.

Alder Hey Children's NHS
NHS Foundation Trust

CORPORATE MEETINGS CALENDAR 2018/19

Day	TUE	WED	WED	WED	THUR	THUR	Please see below	TUE/WED	THUR
Meeting	**Trust Board**	**CQAC**	**IGC**	**RABD**	**REIC**	**Audit**	**Council of Governors**	**WOD**	**Executive Team**
Room	**Institute in the Park Large Meeting Room**	**Institute in the Park Large Meeting Room**	**T.B.C**	**T.B.C**	**Room 7, Mez, Level 1**	**Room 7, Mez, Level 1**	**Institute in the Park Large Meeting Room**	**T.B.C**	**Executive Meeting Room**
PA Support	**Julie Tsao, Committee Admin**	**Julie Creevy , PA to Medical Director & Chief Nurse**	**Lesley Calder, PA Governance and Quality Assurance**	**Julie Tsao, Committee Admin**	**Julie Tsao, Committee Admin**	**Julie Tsao, Committee Admin**	**Julie Tsao, Committee Admin**	**Jackie Friday PA to Director of HR**	**Karen Critchley PA Chief Executive**
Time	**10:00-16:00**	**10:00-12:30**	**T.B.C**	**09:30-13:00**	**13:00-16:00**	**14:00-16:00**	**17:00-19:00**	**14:00-16.00**	**9:30-13:00**
April	17th	18th		25th		19th		Tuesday 24th	5, 12, 19 26
May	1st 22nd	16th	25th	23rd	10th	16th			3, 10, 17, 24, 31
June	-	20th		27th			Monday 18th	Tuesday 26th	7, 14, 21, 28
July	3rd	18th	11th	25th	14th				5, 12, 19, 26
August	-	15th		22nd					2, 9, 16, 23, 30
September	4th	19th	12th	26th	13th	20th	Tuesday 18th	Wednesday 5th	6, 13, 20, 27
October	2nd	17th		24th				Tuesday 23rd	4, 11, 18, 25
November	6th	21st	21st	28th	15th	22nd			1, 8, 15, 22, 29
December	4th	Tuesday 11th		12th			Wednesday 5th	Wednesday 12th	6, 13, 20,
January	8th	16th	16th	23rd	17th	24th			3,10,17,24,31
February	5th	20th		27th				Wednesday 27th	7,14,21,28
March	5th	20th	13th	27th	14th		Tuesday 13th		7,14,21,28

*CEO to attend (AGS)
**Trust Board to approve the Annual Accounts
*Hold Board and Governor Away Day

Friday, September 01, 2017