Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Tuesday 7th March 2017 commencing at 1000

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

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
		1000	**BOARD FIRE SAFETY TRAINING, STEVE COMBER**			
		1015	**RESPONSIBILITIES UNDER THE MENTAL HEALTH ACT, HILL DICKINSON SOLICITORS**			
Board Business						
1.	**16/17/254**	**1030**	**Apologies**	Chair		--
2.	**16/17/255**	**1031**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**16/17/256**	**1032**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on: **7th February 2017**	Read Minutes
4.	**16/17/257**	**1035**	**Matters Arising and Action log**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate	Enclosure
5.	**16/17/258**	**1040**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	**16/17/259**	**1050**	**External Environment** - **Review of outputs from the Board Strategy Day held on 10/02/17** - **STP Governance** **Progress against strategic themes**	L Shepherd All L Shepherd	To update the Board with regard to ongoing processes with the local health economy To present the findings from the Board Strategy Day. To provide an update on progress To update the Board on progress on items for	Verbal Presentation Enclosure Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			- **Neonatal Reconfiguration Options** - **Global Health** - **Transfer of Community Services**	D Herring L Dunn D Herring	discussion.	
Inspiring Quality – Are we safe, are we caring and are we effective?						
7.	**16/17/260**	**1110**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
8.	**16/17/261**	**1120**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the minutes from the meeting held: January 2017	Read report
9.	**16/17/262**	**1125**	**Complaints report Quarter 3**	A Hyson	To receive Quarter 3 report	Read report
10.	**16/17/263**	**1135**	**Infection Prevention and Control**	R Cooke	To receive Quarter 3 report	Read report
11.	**16/17/264**	**1145**	**Nurse Staffing**	H Gwilliams	To update the board on the front line nurse staffing position	Read report
Great Talented Teams						
12.	**16/17/265**	**1155**	**People Strategy Update** - **Staff Survey** - **Workforce and Organisational Development Key issues report February 2017**	M Swindell M Swindell C Dove	To provide an update on the strategy and staff survey To present the findings to the Board. To receive an update from the last meeting.	Read reports
13.	**16/17/266**	**1205**	**Listening into Action** - **CAMHS Self- referral**	K Turner Lorraine Cummins/ Jo Potier	Clinical teams for first and second cohort to present findings to the Board	Presentation

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			- **Cardiac Surgical Pathway**	Rafael Guerrero/ Helen Walker		
14.	**16/17/267**	**1220**	**Freedom to speak up**	E Saunders/ S Igoe	To receive progress update	Read report
1230 – 1300 LUNCH						
Financial Growth, Safeguarding Core Business and Governance						
15.	**16/17/268**	**1300**	**Corporate Report**	C Liddy/ M Barnaby/ H Gwilliams/ M Swindell	To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of December 2016	Read report
16.	**16/17/269**	**1310**	**Programme Assurance update** • **CIP 16/17 planned v. actual delivery and lessons** • **CIP 17/18 progress towards assurance** • **Change Programme 17/18 Scope**	J Gibson	To receive an update on programme assurance.	Read report
17.	**16/17/270**	**1315**	**New NAO / FRC Auditor Regulations Covering Provision of Non-Audit Services**	S Igoe/ C Liddy	To report on the new regulations to be implemented from 1st April 2017.	Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
18.	**16/17/271**	**1317**	**Board Assurance Framework**	E Saunders	To receive the monthly BAF update.	Read report
19.	**16/17/272**	**1320**	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the minutes from the meeting held on: 25th January 2017.	Read minutes
20.	**16/17/273**	**1321**	**Liaison committee minutes**	D Powell	To receive and review the minutes from the meeting held on: 17th January 2017.	Read minutes
21.	**16/17/274**	**1322**	**Board Work-plan**	E Saunders	To receive and approve the work-plan for 2017-18.	Read report
Patient Centred Services						
22.	**16/17/275**	**1328**	**Alder Hey in the Park update**	D Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
Any Other Business						
23.	**16/17/276**	**1330**	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
Date And Time Of Next Meeting: Tuesday 4th April 2017 At **10:00am, Institute In The Park, Large Meeting Room**						

REGISTER OF TRUST SEAL
The Trust Seal was not used during the month of **February 2017.**

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 7th February 2017, at 10am,**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs C Liddy	Acting Director of Finance	(CL)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr R Turnock	Medical Director	(RT)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mrs M Swindell	Director of HR & OD	(MS)
In Attendance:			
	Dr U Das	Acting CBU Director item 240 onwards	(UD)
	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 CBU	
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr D Powell	Development Director	(DP)
	Mr C Duncan	CBU Director	CD)
	Mrs J Tsao	Committee Administrator	(JT)
Agenda item:	Ms L Baker	Information Governance Manager (Mandatory training item)	(LB)
	Dr J Grice	Emergency Department Consultant/ Chair of HMRG	(JG)
Apologies:	Prof M Beresford	Assoc. Director of the Board	
	Ms L Dunn	Director of Marketing and Communications	(LD)
	Mr J Gibson	Programme Director	(JG)
	Mr S Igoe	Non-Executive Director	(SI)
	Dame J Williams	Non-Executive Director	(JW)

Patient Story:
The Chairman welcomed back patient Max and Mum Sarah to the Board. Max and Sarah last attended a Board meeting July 2016, when Max had an operation on his right foot. Max had recently been readmitted to have surgery on his left foot. Max was hoping to be discharged today and would be back on Thursday for further check-ups. Both Max and Sarah said they had always been impressed with the care at Alder Hey and hadn't encountered any issues.

The Board thanked Max and Sarah for sharing their experiences with them.

Mandatory training
Melissa Swindell went through a paper outlining a proposal for managing the Board's mandatory training compliance. Liz Baker had been invited to the Board today to deliver Information Governance training.

A session on fire safety training would be delivered at the March Board. Workbooks had been made available for the remaining outstanding areas:

- Health and Safety
- Safeguarding Level 1
- Moving and Handling
- Equality and Diversity

Resolved:
Board members agreed to sign and submit the form to Julie Tsao confirming an up to date compliance of training no later than March 2017.

16/17/227 Declarations of Interest
None declared.

16/17/228 Minutes of the previous meetings held on 10th January 2017
Resolved:
The Board received and approved the minutes from the meeting held on 10th January 2017.

16/17/229 Matters Arising
There were no matters arising.

16/17/230 Key Issues/Reflections:
All items for discussion had been listed as an agenda item.

16/17/231 External Environment/STP/Progress against Strategic Themes
STP
Louise Shepherd provided an update on the review of acute services across Cheshire and Merseyside to create a high level blueprint for emergency care and women's and children's services.

Debbie Herring, reported on a review held last Friday by KPMG on the former Vanguard project. The main areas of focus were:

- Obstetrics
- Gynaecology
- Paediatrics
- Neonatal services

KPMG had scoped stakeholders for their opinion on how they see the services being delivered in the future. The majority responded with the services would be delivered by one provider across a number of sites reduced from the current number.

The next session would be held at Alder Hey on 14th February 2017. Adrian Hughes newly appointed Director of Medicine would be invited.

Transfer of Community Services
Discussions continued to be held with NHS Improvement and Liverpool Community Health on the transfer of the 'lift and shift' element of paediatric community services to Alder Hey on 1st April 2017.

Claire Liddy was in discussions with the Director of Finance at Sefton CCG to agree a cash offer later today.

Liverpool Women's NHS Foundation Trust
The pre-public consultation document had been re-circulated for comments. This version did not include Rick Turnock's signature as approval of this being published had not been given.

A discussion was held on the position of the Neonatal Network. Debbie Herring agreed to provide the Chair with a written update prior to the next Board. The network is due to publish their findings in March 2017.

16/17/232 Serious Incidents Report
Hilda Gwilliams presented the report for December 2016. There had been one new SIRI reported, two ongoing and two closed.

Following the close of the SIRI on the suboptimal care of a deteriorating patient, CQC had requested a follow up meeting due to a lack of assurances from the report. The challenge given to the Trust related to being able to demonstrate that the systems and processes in place for the identification and treatment of the deteriorating child using PEWS were effective. Following the meeting held on 1st February, Ann Ford had indicated that she felt more assured but further evidence was required in a number of areas:

- Plans for the implementation of the Trust's strategy for sepsis
- Audits of PEWS and escalation processes
- Information relating to the sepsis CQUIN
- Antimicrobial stewardship

This evidence further supporting information had been submitted on 3rd February and a response was now awaited. Dr David Porter, Consultant in Infectious Diseases had been appointed as the Trust's lead for sepsis supported by Gerri Sefton, Clinical Nurse Specialist with a high level of expertise in this area. They were now leading the sepsis steering group which has representation from across the organisation including the Chief Nurse and Medical Director. The roll out would continue to be monitored via CQAC and training for the first cohort of ward staff would commence shortly.

Resolved
The Board received the Serious Incident Report for November noting:

- One new SIRI, two ongoing, two closed and no new safeguarding matters, ongoing or closed.
- The actions being taken to provide assurance with regard to the deteriorating child, using both new and existing tools.

16/17/233 Hospital Mortality Review Group
The Board welcomed Dr Julie Grice to the meeting.

Julie Grice presented the Mortality report for Quarter 3 and the findings from the Hospital Mortality Review Group (HMRG). The report indicated an increase over the last two years of both in hospital and out of hospital deaths.

The HMRG had reviewed 61% of the deaths within 6 months. These deaths would have previously received a review from a service group within the two month target; all deaths at Alder Hey are reviewed twice.

The difficulties for reviewers posed by scanned copies of notes in ImageNow were discussed, and would be resolved going forward by Medical Records agreeing to supply reconstituted hard copies of relevant notes for reviewers. Rick Turnock reported that the other reason that the four month HMRG review target had fallen behind related to not having enough reviewers to keep pace with the number of reviews required. He clarified that reviews were undertaken on a voluntary basis and the sessions were unpaid. It had been suggested that CBU Directors look at using SPA time to fund additional reviewers. Julie Grice also reminded the Board that the four month target for the second review by the HMRG was an internal one and did not relate to a national standard; she was committed however to recovering the position and agreed to come back to the Board to provide a further update for Quarter 4.

Resolved
Board:
a) Received assurances on progress to date.
b) A further update would be received with the Quarter 4 report.

16/17/234 Clinical Quality Assurance Committee: Chair's Update

The Board received and noted the Minutes from the CQAC meeting held on 13th December 2016.

Anita Marsland Chair of CQAC agreed to take a review of progress against Sepsis at the February CQAC.

Resolved
The Board received a verbal update.

16/17/235 People Strategy

The Board received the people strategy report for December 2016.

The employee temperature check results for December had improved from the previous month, with 73% of staff responding that they would recommend Alder Hey as a place to work and 93% would recommend Alder Hey as a place to receive treatment.

Following discussions from the last Board a review of Key Performance Indicators was taking place with CBUs.

Resolved
The Board:
a) Received the People Strategy report December 2016

16/17/236 Corporate Report

Performance

As anticipated, ED performance for December was not achieved. Given that tariff received relating to this target is for annual performance a tariff deduction was not expected. January's ED performance is expected to over perform targets and the year would be achieved.

Outpatient productivity for December had improved and Cardiac activity was close to plan. Due to the embedded winter plan no elective surgery had been cancelled.

Finance

For the month of December the Trust is reporting a trading deficit of £0.6m which is ahead of budget. The CBU forecast for month 9 provided at month 8, was £0.9m deficit in the month, therefore the Trust exceeded by £0.3m.

Income is ahead of plan by £1.0m but is offset by expenditure. The year to date deficit is £3.4m which is £0.1m ahead of plan (control total).

Resolved:

The Board noted the Corporate Report for Month 9.

16/17/237 Programme Assurance Update

The Programme office had now commenced a formal close down of 2016, the assurance ratings will be frozen at this point to allow planning for 2017. The only exception, is where the following work streams will be formally be carried over to the new financial year: 'Developing Park and Estate' and 'Transition of community services'.

Resolved:

The Board received an update on Programme Assurance.

16/17/238 Integrated Assurance Report – Board Assurance Framework

The Board received the assurance report from the last Integrated Governance Committee meeting held in January 2017. Deep dives into the risk registers for both Medicine and Surgery CBUs had taken place. A similar exercise for Community CBU would be reported at the March meeting. Louise Shepherd highlighted the importance of each area critically reviewing their risks and re-grading when improved controls were in place.

The Board received the latest BAF. Erica Saunders highlighted the changes since last month, including the actions to improve controls in relation to sepsis and the reduction in scoring of the financial risk given the work undertaken to achieve the control total.

Resolved:

Board received the Integrated Governance assurance and BAF report.

16/17/239 Resources and Business Development Committee

Resolved:

Board received RABD minutes from the meeting held on 21st December 2016.

16/17/240 Research, Education and Innovation Committee

Resolved:

Board received REIC minutes from the meeting held on 10th November 2016.

Ian Quinlan, Chair of REIC provided a verbal update from the January meeting noting the change to the agenda to go through the research items prior to innovation was more balanced.

16/17/241 Audit Committee

Resolved:

Board received Audit Committee minutes from the meeting held on 24th November 2016.

16/17/242 Alder Hey in the Park

Resolved:

Board received an update on Alder Hey in the park.

16/17/243 CAMHS update

Following on from the report of the former Chief Nurse in April 2016 and the approval of the CAMHS restructure by the Board in September 2016, Andrew Williams, CAMHS Director presented a report on progress to date.

A meeting had recently been held with the CQC on CAMHS. Feedback from the CQC had been positive noting good evidence of assurances especially with regard to the sustainability of the waiting times position.

Resolved:

The Board noted the significant progress made over the last 10 months with improved responsiveness, clearer reporting structures and greater staff engagement.

16/17/244 Any Other Business

No further business was discussed.

Date and Time of next meeting: Tuesday 7th March, at 10:00am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS Foundation Trust
Board
Action Log April 2016 - March 2017

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
10.01.17	16/17/236	Corporate Report	Mags Barnaby agreed to draft a letter acknowledging the surplus for Month 7 and 8 thanking staff and noting that the Trust is required to continue to over perform.	Mags Barnaby	Jan-17	Completed	

Cheshire and Merseyside 5YFV Membership Group

Cheshire & Merseyside
Delivering the Five Year Forward View:

‘Better Care, Better Health, Better Value’

Memorandum of Understanding

DRAFT V0.9 12 Jan 2017

Contents

Appendices

1 Introduction

The purpose of the Cheshire & Merseyside (C&M) 'Memorandum of Understanding' (MOU) to deliver the Five Year Forward View (5YFV), is to enable, on behalf of all our communities and staff, the closure of the three gaps defined in the 5 Year Forward View (5YFV)[1] namely: health and wellbeing, quality of care and financial sustainability. This requires a more integrated approach to the use of the existing health and care resources as well as transformational changes in the way in which services are delivered across C&M. Our aspiration is: **Better Care, Better Health, Better Value.**

To facilitate this, the MOU creates a framework for achieving the development and delivery of a five year Plan for C&M. The MOU sets out the process for collaborative working across C&M that will be critical to realising our ambitions. It signposts the programmes of that will deliver the medium and longer term outputs and outcomes anticipated from this process.

The local, statutory architecture for health and care remains, as do the existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs[2]. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and help deliver the Five Year Forward View (5YFV) – improving the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's Plan. As such, there is no delegation of powers to the C&M 5YFV framework and any financial commitments will need to be agreed through collaborative agreement and change programme structures.

All parties agree to act in good faith to support the objectives and principles of this MOU for the benefit of all patients/service users/clients and citizens of C&M. To demonstrate this collaborative sprit all parties to the MoU will be asked to sign the Charter at **Appendix A.**

2 Parties

The Parties to the agreement are:

- All Clinical Commissioning Groups in C&M
- All NHS Trusts and NHS Foundation Trusts in C&M
- All local authorities in C&M
- NHS England Regional Specialised Team (North)

While not parties to the agreement the following regulatory organisations will have a close interest in the MoU and a role to play in facilitating the changes:

- NHS England (NHSE)
- NHS Improvement

[1] NHS 5YFV dated 2014
[2] NHSE Website, 5YFV Pages

The parties are described individually at **Appendix B.**

The MoU, in establishing the agreement, sets out:

- Agreement: **how** we will work together
- Context: **why** we are doing this
- Scope: **what** we want to deliver
- Commitment: **aim** to implement the changes

3 How - The Membership Agreement including Governance

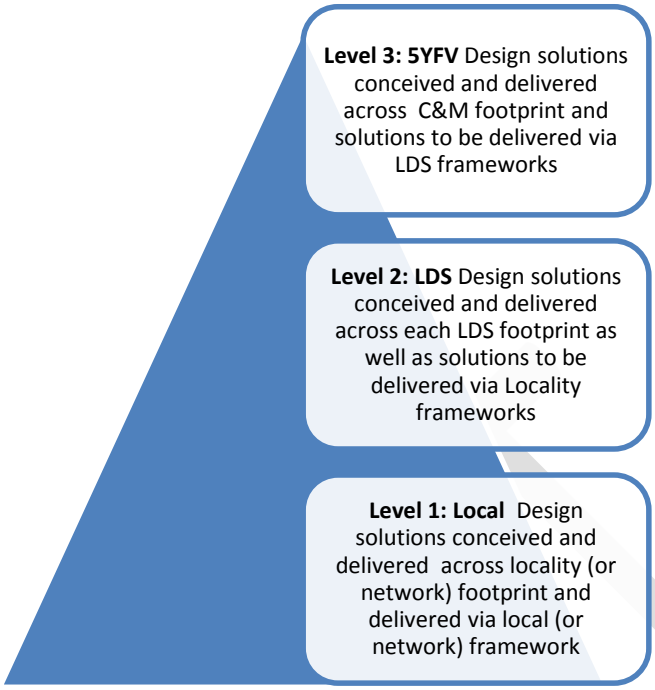
This MoU incorporates the Membership Agreement, **Appendix C**, that describes the approach to governance, decision making, assurance and risk handling. The governance function is also described pictorially at **Appendix D**.

The Cheshire and Merseyside membership recognises that building the relationships and collective leadership needed to make the C&M 5YFV real will take dedicated time, effort and resource. Each footprint will need to set out governance arrangements for agreeing and implementing a plan[3]. The aim should be to produce a 5YFV that is based upon strong analysis and insight rather than a glossy brochure. The process of exposing these issues and having real conversations about the potential benefits for patients is as least as important as the final product itself. A robust process will enable 5YFVs to set out the actions that will make a difference for local people rather than abstract principles or vision statements[4].

The Membership Agreement sets out how the Cheshire and Merseyside 5YFV will work in practice; emphasising the primacy of delivering programmes of change on the ground and explaining how the 'function' of delivering that change will lead, with the 'form' of the governance and decision making tailored to support and facilitate that function. The Terms of reference of the C&M 5YFV Membership Group and C&M 5YFV Working Group are at **Appendices E and F** respectively.

Decisions will be made at the appropriate level of the 5YFV framework, Appendix E refers, recognizing that the majority of decisions will be made at Organisational and Local Delivery System (LDS) levels and be based around the content of specific programmes that stakeholders agree to deliver together (or individually). This principle of subsidiarity means that decisions around the delivery of the closure of the three gaps - health & wellbeing, quality of care and financial sustainability – are decisions that will be taken at the lowest possible level or closest to where they will have their effect, for example in a local area rather than for the whole C&M footprint (or an individual organisation rather than a locality) whenever that is most appropriate. It follows that programme decisions at the C&M level will be the exception rather than the rule. The diagram below illustrates the principle:

[3] Letter Stevens et al, Annex A, p1, dated 16 Feb 16
[4] Letter Stevens et al, Annex A, p4, dated 16 Feb 16



NHSE will engage with C&M in developing any further requirements of the 5YFV as the NHS Five Year Forward View evolves. These will be subject to the governance arrangements of the 5YFV and will be under the auspices of further evolution of the MoU by the consent of the parties.

4 Why - Context and Objectives

The NHS Constitution sets out clearly what patients, the public and staff can expect from the NHS. Delivery of the Five Year Forward View, on behalf of all our communities and staff, aims to close the three gaps defined in the 5 Year Forward View (5YFV)[5] namely: health and wellbeing, quality of care and financial sustainability. This requires a more integrated approach to the use of the existing health and care resources as well as transformational changes in the way in which services are delivered across C&M. Our aspiration is: **Better Care, Better Health, Better Value.** The parties to the C&M 5YFV therefore share the following objectives:

- To improve the health and wellbeing of the population of C&M,
- To move from having some of the worst health outcomes to having some of the best;
- To close the health inequalities gap within C&M and between C&M and the rest of the UK faster;
- To create a health system that is able to deliver these outcomes within the financial envelope available.

[5] NHS 5YFV dated October 2014

The parties believe this will be best achieved by:

- having a clear focus on prevention of ill health and the promotion of wellbeing;
- reducing clinical variation across C&M;
- delivering effective integrated health and social care across C&M; and
- redress of the balance of care to move it closer to home where appropriate.

It is recognised that integrating health and social care is vitally important for improving the efficiency of our public services and delivering improved health and wellbeing for our population. A digitally integrated health economy with strong partnerships with research institutions and industry can support C&M's general economic growth.

C&M wants to build upon the rights and pledges of the constitution and provide further opportunities for patients and the public to be involved in the future of their NHS.

The NHS Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Furthermore, it sets out the development of new organisational models. C&M is keen to be an early implementer and a test bed for new, innovative approaches of delivering new models of integrated health and social care which reflect the needs of local populations.

5 What - Scope

The scope is comprehensive and will involve the whole health and care system:

- Hospital (acute) care (including specialised services);
- Primary care (including management of GP contracts);
- Community services;
- Mental health services(including specialised services);
- Social care;
- Public Health;
- Health and Wellbeing; 1 x CHAMPS representative
- Health Education;
- Research and Development;

The key enablers of transformation will include changes to:

- Governance and regulation;
- Resources and Finance;
- Capital and Estate;
- Workforce;
- Communication and Engagement;
- Information sharing and systems, including the potential for digital integration across C&M.

A road map will be developed which sets out the key changes to be delivered by C&M and its national partners. This will be supported by robust governance arrangements and a clear delivery plan. By working together, NHS England and C&M will be able to fully understand and manage risk together.

A programme of work will be agreed by the parties, see **Appendix G**. This will include, programme by programme, consideration of the governance framework and ensuring the work programme as a whole is fully aligned with the 5YFV.

6 Aim – Designing and Implementing the Changes

In support of implementation, NHSE will actively lead and facilitate the links to other national bodies/ALBs (e.g. DH, NHSI and HEE) to help all key bodies align to achieve the intent of this MoU. In this context, NHSE is committed to working with C&M in pursuit of the aims of the portfolio of programmes.

All programmes should be subject to a gateway process, either as part of their own governance regime or as invoked on behalf of the 5YFV assurance framework. This will allow all stakeholders to understand at exactly which point in the programme cycle each programme has attained and the next steps.

Prior to implementation, all programme design processes will need to show evidence that they have been fully and transparently consulted with all stakeholders – and where necessary publicly consulted – and feedback completed before options are selected and implementation commences.

To this end, all parties acknowledge their various requirements to engage with patients, service users, carers and members of the public at relevant points and will cooperate to do so in a co-ordinated way. The C&M 5YFV Communications and Engagement Strategy will be agreed, and its delivery monitored, by the 5YFV Working Group.

7 Resources and Appointments

The C&M 5YFV requires a minimum level of resource to build the leadership and management capacity to govern, administer, assure and direct the actions required to assure and underpin delivery of the portfolio of programmes. In the first year of operation, with the emerging scope and priorities of 5YFVs being set by NHSE and ALBs, it was necessary to raise modest funds from NHS organisations on an ad-hoc basis. In future years, FY17/18 onwards, the C&M 5YFV (including PMO) budget will be planned and agreed before the commencement of each financial year.

In line with best practice, appointments to all senior positions of the C&M 5YFV/LDS structure will be appointed by the 5YFV Membership Group, 5YFV Lead and LDS memberships. The following positions in the 5YFV and LDS leadership, governance and programme roles will be recruited to under the auspices of the 5YFV Membership Group and 5YFV Lead:

- Membership Group will appoint:
    - Chair of the C&M 5YFV Membership Group

    - 5YFV Lead
- 5YFV Lead (with Working Group colleagues) will appoint:
    - 5YFV Finance Director
    - 5YFV Portfolio Director
    - 5YFV Communications and Engagement Director
- LDS Memberships (Alliance, Cheshire & The Wirral, North Mersey) will appoint:
    - LDS Lead

Appendix H describes these 5YFV budget and recruitment processes.

8 Ratification

C&M partners will be requested to formally ratify this C&M 5YFV MoU through Boards and Councils and consult on its content with stakeholders as appropriate.

Each organisation commits to fully engage in and support the work of the C&M 5YFV, and to effectively manage the balance between the sustainability of their organisation and that of the C&M health economy.

Appendix A: C&M 5YFV Charter

Working DRAFT v0.4 12 Jan 17

Cheshire and Merseyside 5YFV Membership Group

Charter

This charter is entered into by the membership of the Cheshire and Merseyside Five Year Forward View footprint No.8 Northern Region.

The Charter enshrines the following principles, which will support the objective of implementing the 5YFV for C&M, with all members:

1. Acting in good faith to mutually support all transformational efforts across the 5YFV footprint and maintain and promote the potential of the C&M footprint

2. Bringing all issues into the 5YFV forums in an open and transparent way to ensure that all of the collaborative partners have an opportunity to discuss

3. Showing consistency of purpose in enacting all planning agreements both within and outside the 5YFV governance structures

4. Upholding the standards set out in national guidance and those of the NHS Constitution underpinning the delivery of social care and public health services

5. Making timely decisions that are 'programme-led' and focussed on the interests and outcomes for patients and people

6. Communicating and engaging with patients, carers and the public during the different stages of development and implementation

7. Applying the principle of subsidiarity, ensuring that place based decisions are made at the most appropriate level

8. Sharing all data, information and knowledge that will benefit the sponsorship and establishment of new programmes of change

9. Aligning and phasing the portfolio of programmes to underpin delivery of the NHS Five Year Forward View (2014) including a financially sustainable landscape

10. Working expeditiously to access any new or additional health and/or social care funding streams that become available

Appendix B: Parties to the C&M 5YFV MoU

The local, statutory architecture for health and care remains, as do the existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs[6]. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's Plan. As such, there is no delegation of powers to the (C&M Five Year Forward View) framework and any financial commitments will need to be agreed through collaborative agreement and change programme structures.

Local Authorities

Cheshire East Council
Cheshire West and Chester Council
Halton Borough Council
Knowsley Borough Council
Liverpool City Council
Sefton Council
St Helens Council
Warrington Borough Council
Wirral Council

Clinical Commissioning Groups

NHS Eastern Cheshire CCG
NHS Halton CCG
NHS Knowsley CCG
NHS Liverpool CCG
NHS South Sefton CCG
NHS Southport and Formby CCG
NHS South Cheshire CCG
NHS St Helens CCG
NHS Vale Royal CCG
NHS Warrington CCG
NHS West Cheshire CCG
NHS Wirral CCG

Specialised Commissioning
NHS England Regional Specialised Team (North)

NHS Providers
Aintree University Hospital NHS Foundation Trust
Alder Hey Childrens NHS Foundation Trust
5 Boroughs Partnership NHS Foundation Trust
Bridgewater Community Healthcare NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
The Clatterbridge Cancer Centre NHS Foundation Trust
Countess of Chester Hospital NHS Foundation Trust
East Cheshire NHS Trust
Liverpool Heart and Chest NHS Foundation Trust
Liverpool Women's NHS Foundation Trust
Mersey Care NHS Foundation Trust
The Mid Cheshire Hospitals NHS Foundation Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust
Southport and Ormskirk Hospital NHS Trust
The Walton Centre NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust

[6] NHSE Website, 5YFV Pages

Appendix C: Membership Agreement

Working DRAFT v0.4 12 Jan 17

Cheshire and Merseyside 5YFV Membership Group

Membership Agreement

Introduction

This agreement is entered into by the membership of the Cheshire and Merseyside Five Year Forward View (5YFV) footprint No.8 Northern Region.

The NHS Shared Planning Guidance asked every health and care system to come together to create their own ambitious local blueprint for **accelerating implementation of the Five Year Forward View (5YFV)**. The 5YFVs will be place-based, multi-year plans built around the needs of local populations[7]. The guidance went on to state that this will require a different type of planning process – one that releases energy and ambition and that focusses the right conversations and decisions. It will require the NHS, at both the local and national level, to work in partnership across organisational boundaries and sectors[8].

The Cheshire and Merseyside membership recognises that building the relationships and collective leadership needed to make 5YFVs real will take dedicated time, effort and resource. Each footprint will need to set out governance arrangements for agreeing and implementing a plan[9]. The aim should be to produce a 5YFV that is based upon strong analysis and insight rather than a glossy brochure. The process of exposing these issues and having real conversations about the potential benefits for patients is as least as important as the final product itself. A robust process will enable 5YFVs to set out the actions that will make a difference for local people rather than abstract principles or vision statements[10].

This document sets out how the Cheshire and Merseyside 5YFV will work in practice; emphasising the primacy of delivering programmes of change on the ground and explaining how the 'function' of delivering that change will lead, with the 'form' of the governance and decision making tailored to support and facilitate that function.

Governance

The footprints do not replace other local NHS governance structures. NHSE is clear on this point: the local, statutory architecture for health and care remains, as do the existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their

[7] Letter Stevens et al, p1, dated 16 Feb 16
[8] Letter Stevens et al, p2, dated 16 Feb 16
[9] Letter Stevens et al, Annex A, p1, dated 16 Feb 16
[10] Letter Stevens et al, Annex A, p4, dated 16 Feb 16

population, and help deliver the Five Year Forward View – improving the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's 5YFV[11].

Therefore, the Cheshire and Merseyside 5YFV relies upon the collaborative spirit that the members bring to the joint planning effort, the behaviours that allow new levels of insight and open up new opportunities across the wider footprint. To enable these conversations to be all inclusive, a Membership Group has been established to represents the interests of all NHS bodies through the offices of Chief Executives of provider organisations and Accountable Officers of CCGs, as well as the interests of all Local Authorities as represented by Chief Executives. To streamline the effort and make meeting time more efficient, the smaller Cheshire and Merseyside 5YFV Working Group acts of behalf of the Membership Group to steer the planning process thought the design phase.

In scope: the governance will include the sponsorship of programmes of work in so far as this extends to developing ideas – of strategic value - into designs that can then be 'endorsed' for consideration and implementation by LDSs and/or individual Trusts. It will monitor the decision making processes across LDSs/Trusts with a view to monitoring the progress of the portfolio of programmes through 'gated' checkpoints (while the responsibility for driving the programmes remains with the teams at LDS/Trust level). The governance will also include, as it has from the inception of the 5YFV, interaction with NHSE/NHSI and ALBs in terms of the aggregate reporting of progress and assurance to these highest level sponsors of the 5YFV; this will include management of the overall financial sustainability picture through management of the 5YFV template. Finally, the strategic communications and engagement planning will be overseen at this level of the 5YFV but with the maximum flow-down of communications products to LDS/Trust level for them to engage at locality level.

Out of scope: Simply put, the governance will not make any decisions concerning programme design 'sign-off' nor implementation; these decisions are for the LDS(s) and Trusts who are party to those programmes. Thus, it is 100% of decision making that will be based around the delivery and benefits on a programme by programme basis. This simple logic follows the principle at the heart of the collaboration that the 5YFV is no more than the sum (and strength) of its parts and that it will be led by the 'function' of delivering programmes (place based) to close the 3 gaps that lie at the centre of the 5YFV.

Decision Making

It follows, given the scale of the Cheshire and Merseyside 5YFV footprint, that a large proportion of the programmes of work that comprise the 5YFV will be decided by individual organisations. In these cases the role of the 5YFV is to highlight any further opportunities that those Trusts may consider by making those programmes of work coherent across a wider geography. However, these would be proposals offered by the Working Group for the consideration of the organisations concerned.

[11] 'Frequently asked questions – 5YFVs' page of the NHS England website visited 14 Nov 16 https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/5YFV/faqs/

At another level there will be a significant number of larger programmes initiated, designed and implemented by groups of organisations within Local Delivery Systems (LDS). Again, the role of the 5YFV will be to highlight any further opportunities that the LDS(s) may wish to consider by making those programmes of work coherent across a wider geography. Again, these would be proposals offered by the Working Group for the consideration of the LDS(s) concerned.

Finally, where a programme arises from design work sponsored by the 5YFV Working Group, and where that involves a Cheshire and Merseyside wide solution to be implemented, then there will need to be a decision referred to every organisation (with a clear stake/interest in that programme) for them to agree to the design proposal and the plans for implementation.

At all stages of programmes, and at each of the 3 levels described above, all current policy and protocols regarding best practice engagement and, where appropriate, public consultation will be adhered to by all organisations.

Thus, the decisions making will be 'programme-led' and always default to the single or multi-organisational authority to agree the design and implementation of solutions and lead any consultation.

Assurance

The Cheshire and Merseyside Five Year Forward View, No.8 Northern Region, is being requested to assure the conception and delivery of the entire range of programmes (in 5YFV scope) to close the 3 gaps highlighted in the 5YFV. Therefore, the 5YFV Working Group will agree with NHSE Regional authorities how an 5YFV programme assurance framework can be woven into the existing assurance mechanisms. This will avoid the need for any parallel assurance vehicle and place the assurance authority within the usual regulatory framework.

The framework will be based upon the principles of the recognised public sector programme management standard 'Managing Successful Programmes' and seek evidence to assure the collaboration that each programme has: an effective team; scope clearly defined; benefits defined and measurable; milestone plan tracked; stakeholders mapped and engaged; risks identified and managed; and equality assessments and quality impact assessments completed.

A commonly held and robust approach to the key tenets of sound programme management is an essential (but not sufficient) component of successful delivery. Holding to the assurance framework will provide the collaborative with leading indicators of the level of confidence in delivery.

Risk

The balance of risk and reward for each programme, as part of the normal benefits planning process, will be calculated and made transparent within the programme documentation. The organisations involved in each programme – whether individual organisation, LDS collaboration or 5YFV wide – will need to sign off on the risk profile which should include any arrangements for specific financial flows that would be related to implementation. As described in the assurance process, the

programme will be expected to run a dynamic risk management and mitigation process throughout the lifecycle of the programme.

Resource

The Membership and Working Group will commit such human and financial resources as are required to ensure that the governance, assurance and decision making at the top level of the C&M 5YFV is fairly and reasonably supported and able to discharge it responsibilities without detriment to any particular Commissioning Group, Local Authority, NHS Trust or individual office.

As previously stated, there is no delegation of powers to the C&M 5YFV framework and any such financial commitments will need to be agreed through collaborative agreement and change programme structures.

Annex D: Governance Diagram

See PowerPoint slides enclosed, labelled as Annex D

Annex E: C&M 5YFV Membership Group ToRs

Cheshire and Merseyside 5YFV Membership Group
Terms of Reference

Constitution: The members of the Cheshire & Merseyside (C&M) Five Year Forward View (5YFV) hereby resolve to establish a committee of the membership to be known as the 5YFV Membership Group.

Purpose: The purpose of the Membership Group is to maintain the overall 5YFV leadership and governance for Cheshire and Merseyside. This will include:

- Enabling the C&M system to manage and resolve key issues relating to the delivery of the Five Year Forward View (5YFV) for the NHS (2014).
- Establishing an effective and joined up approach from the C&M Health and Social Care economy organisations to the co-ordination and delivery of the 5YFV.
- Enhancing the ability of C&M organisations to speak with one voice to national, regional and local bodies.
- Continue and enhance collaboration on areas that are of benefit to the effective and efficient commissioning of health services in C&M.

These Terms of reference should be read in conjunction with the 5YFV Membership Agreement and 5YFV Charter.

Membership: The 5YFV Membership Group shall consist of:

- Chair – Appointed by the Membership Group
- 5YFV Lead
- Chief Executive or Chief Officer or Chair of each of the 40 member organisations.
- 1 x Specialised Commissioner

Members are expected to attend each meeting of the Membership Group; members who cannot attend should ensure that their nominated deputy is in attendance.

Attendance: Each 5YFV Membership Group meeting will require the attendance of:

- NHSE DCO
- NHSI Delivery & Improvement Director
- 1 x CHAMPS representative
- 5YFV Programme Director
- 5YFV Finance Director
- 5YFV Communications Director

Quorate: A quorum shall be 21 members and include at least three from each LDS.

Wider Attendance: Invitees to the 5YFV Membership Group on an 'as required basis' would include, but not be limited to, the following:

- SROs of the 5YFV 'Cross-cutting themes' (including 5YFV representing primary care)
- Leads of the 5YFV 'Enabling Themes'
- Chair of the C&M Clinical Senate
- HEE
- NWLA
- NWAHSN

The Chair of the 5YFV Membership Group reserves the right to invite other colleagues from local government/NHS to attend for particular items.

Frequency: Meetings shall be held every 3 months unless advised otherwise.

Authority and Decision Making: The 'authority' of the 5YFV Membership Group is derived directly from the MoU and 5YFV Membership Agreement, as follows:

In scope: the governance will include delegation to the 5YFV Working Group the authority to sponsor programmes of work in so far as this extends to developing ideas - of strategic value - into designs that can then be 'endorsed' for consideration and implementation by LDSs and/or individual Trusts.

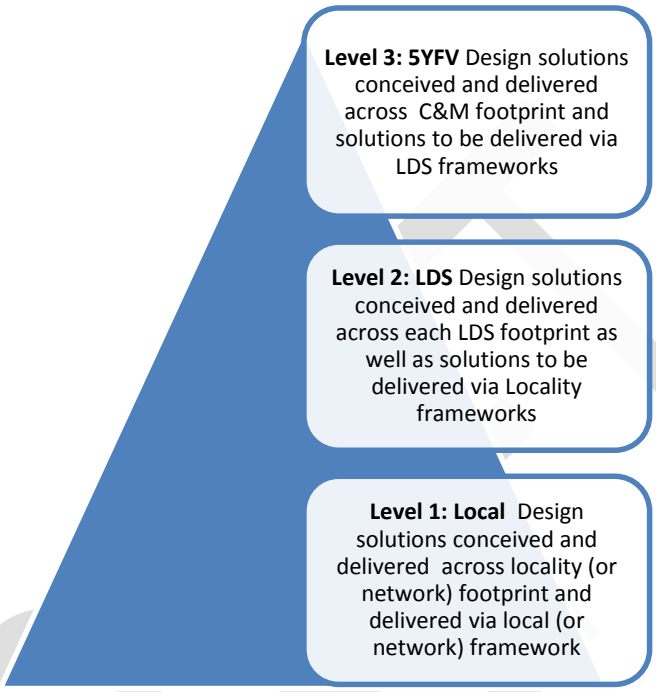
The governance will also include, as it has from the inception of the 5YFV, delegation to the Working Group responsibility for the frequent interaction with NHSE/NHSI and ALBs in terms of the aggregate reporting of progress and assurance to these highest level sponsors of the 5YFV; this will include management of the overall financial sustainability picture through management of the 5YFV template.

Finally, the delegation to the Working Group of the strategic communications and engagement planning with the maximum flow-down of communications products to LDS/Trust level for them to engage at locality level.

Out of scope: Simply put, the governance will not make any decisions concerning programme design 'sign-off' nor implementation; these decisions are for the LDS(s) and Trusts who are party to those programmes. Thus, it is 100% of decision making that will be based around the delivery and benefits on a programme by programme basis. This simple logic follows the principle at the heart of the collaboration that the 5YFV is no more than the sum (and strength) of its parts and that it will be led by the 'function' of delivering programmes (place based) to close the 3 gaps that lie at the centre of the 5YFV.

Decisions will be made at the appropriate level of the '5YFV' framework recognizing that the majority of decisions will be made at Trust and LDS Levels and be based around the content of specific programmes that stakeholders agree to deliver together (or individually). This principle of subsidiarity means that decisions around the delivery of the closure of the

three gaps - health & wellbeing, quality of care and financial sustainability – are decisions that will be taken at the lowest possible level or closest to where they will have their effect, for example in a local area rather than for the whole C&M footprint (or an individual organisation rather than a locality) whenever that is most appropriate. It follows that programme decisions at the C&M level will be the exception rather than the rule. The diagram below illustrates the principle:



In terms of decisions concerning the agreement of, and recruitment to, the 5YFV management & leadership and programme structures – with the exception of the Chair of the Membership Group and 5YFV Lead – all collaborative decisions will be delegated to the 5YFV Working Group/LDSs.

Duty: The duty of the 5YFV Membership Group is to ensure that organisations are able to work together at scale and across communities to plan for the needs of their population, and help deliver the Five Year Forward View – improving the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's 5YFV[12].

Reporting: The notes of the 5YFV Membership Group shall be recorded; moreover, specific items for information/action will form part of communications bulletins to the membership.

Approved by: 5YFV Membership Group
Version: Issue 7.0
Date: January 2017
Review Date: March 2018

[12] 'Frequently asked questions – 5YFVs' page of the NHS England website visited 14 Nov 16 https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/5YFV/faqs/

Cheshire and Merseyside 5YFV Working Group
Terms of Reference

Constitution: The Cheshire & Merseyside (C&M) Five Year Forward View (5YFV) Membership Group hereby resolves to establish a representative committee to be known as the 5YFV Working Group.

Purpose: The purpose of the Working Group is to maintain the overall 5YFV documents and financial model for Cheshire and Merseyside. It will initiate and sponsor programmes of design work at the 5YFV level for implementation by the Local Delivery Systems. It will establish the governance (both what is in and out of scope) of the C&M 5YFV construct and be explicit about how the 5YFV works. It will work with NHSE to develop an assurance mechanism to generate confidence in delivery by use of a dashboard showing leading indicators of programme progress. It will work with the membership to secure the resources to maintain the necessary 5YFV level capabilities on behalf of the membership (in a lean model).

These Terms of Reference should be read in conjunction with the 5YFV Membership Agreement and 5YFV Charter.

Membership: The 5YFV Working Group shall consist of:

- Chair – 5YFV Executive Lead for C&M
- Alliance LDS: Senior Responsible Owner, NHS provider rep, NHS commissioner rep, LA rep
- C&W LDS: Senior Responsible Owner, NHS provider rep, NHS commissioner rep, LA rep
- North Mersey LDS: Senior Responsible Owner, NHS provider rep, NHS commissioner rep, LA rep
- 4 x Work Stream Leads for the 5YFV 'Strategic Aims'
- 1 x Specialist Commissioner
- 1 x CHAMPS representative.
- The Chair of the C&M Membership Group

Members are expected to attend each meeting of the Working Group; members who cannot attend should ensure that their nominated deputy is in attendance.

Attendance: Each 5YFV Working Group meeting will require the attendance of:

- NHSE DCO
- NHSI Delivery & Improvement Director
- 5YFV Programme Director

- 5YFV Finance Director
- 5YFV Communications Director
- LDS PMO Leads

Quorate: A quorum shall be 10 members and include at least one from each LDS.

Wider Attendance: Invitees to the 5YFV Working Group on an as required basis would include, but not be limited to, the following:

- SROs of the 5YFV 'Cross-cutting themes' (including 5YFV representing primary care)
- Leads of the 5YFV 'Enabling Themes'
- Chair of the C&M Clinical Senate
- HEE
- NWLA
- NWAHSN

The Chair of the 5YFV Working Group reserves the right to invite other colleagues from local government/NHS to attend for particular items.

Frequency: Meetings shall be held every two weeks unless advised otherwise.

Authority: The 'authority' of the 5YFV Working Group is derived directly from the 5YFV Membership Agreement, as follows:

In scope: the governance will include the sponsorship of programmes of work in so far as this extends to developing ideas – of strategic value - into designs that can then be 'endorsed' for consideration and implementation by LDSs and/or individual Trusts. It will monitor the decision making processes across LDSs/Trusts with a view to monitoring the progress of the portfolio of programmes through 'gated' checkpoints (while the responsibility for driving the programmes remains with the teams at LDS/Trust level). The governance will also include, as it has from the inception of the 5YFV, interaction with NHSE/NHSI and ALBs in terms of the aggregate reporting of progress and assurance to these highest level sponsors of the 5YFV; this will include management of the overall financial sustainability picture through management of the 5YFV template. Finally, the strategic communications and engagement planning will be overseen at this level of the 5YFV but with the maximum flow-down of communications products to LDS/Trust level for them to engage at locality level.

Out of scope: Simply put, the governance will not make any decisions concerning programme design 'sign-off' nor implementation; these decisions are for the LDS(s) and Trusts who are party to those programmes. Thus, it is 100% of decision making that will be based around the delivery and benefits on a programme by programme basis. This simple logic follows the principle at the heart of the collaboration that the 5YFV is no more than the sum (and strength) of its parts and that it will be led by the 'function' of delivering programmes (place based) to close the 3 gaps that lie at the centre of the 5YFV.

Duty: The duty of the 5YFV Working Group is to ensure that organisations are able to work together at scale and across communities to plan for the needs of their population, and help deliver the Five Year Forward View – improving

the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's 5YFV[13]

The 5YFV Working Group will from an 'Executive Group' from its members – comprising the 5YFV Lead, 3 LDS Leads, and Chair of the Membership Group, to address such decisions, risks and issues that may need to be addressed outside the Working Group or which the Working Group is unable to resolve in the first instance. Any issues not resolved by the Executive Group will need to be referred to the wider 5YFV Membership for resolution.

Reporting: The notes 5YFV Working Group shall be recorded. The notes would not normally be reported to the 5YFV Membership Group; however, specific items for information/action will form part of communications bulletins to the wider membership.

Approved by: 5YFV Membership Group
Version: Issue 7.0
Date: January 2017
Review Date: April 2018

[13] 'Frequently asked questions – 5YFVs' page of the NHS England website visited 14 Nov 16 https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/5YFV/faqs/

Annex G: Programme of Work

See PowerPoint slides enclosed, labelled as Annex G

Annex H: Process – 5YFV Budget and Recruitment

Budget

The Cheshire & Merseyside 5YFV comprises a significant number of programmes. Programmes are about managing change, with a strategic vision and a route map of how to get there; they are able to deal with uncertainty about achieving the desired outcomes. A programme approach should be flexible and capable of accommodating changing circumstances, such as opportunities or risks materialising. It co-ordinates delivery of the range of work – including projects – needed to achieve outcomes, and benefits, throughout the life of the programme.

For a portfolio of this size and complexity, the illustrative model below indicates successful delivery is wholly dependent upon having the right set of capabilities in place. Any significant weaknesses in the capability generated to deliver projects, at any level of the programme, are likely to impact negatively upon delivery.

The aim is to ensure that the right people are in a team and a clear and transparent project resourcing process is in place; this will mean that ways of working are understood.

At the 5YFV level there will need to be a Portfolio Management Office to support the 5YFV Lead, administer the Membership Group and Working Group, and deliver the strategic functions and deliverables in terms of the Financial Planning, Programme Assurance and Communications and Engagement strategy.

There may also need to be allocations decided at the C&M 5YFV Level for any of the C&M cross-cutting themes, design processes, for which human resource is not committed by the member organisations.

From FY17/18 the C&M 5YFV will work to an annual budget defined before the start of the financial year. The annual budget for the management & leadership of the 5YFV will be prepared by the 5YFV Working Group and submitted to sign-off by the 5YFV Membership Group.

Recruitment

In line with best practice, appointments to all senior positions of the C&M 5YFV/LDS structure will be appointed by the 5YFV Membership Group, 5YFV Lead and LDS memberships. The following positions in the 5YFV and LDS leadership, governance and programme roles will be recruited to under the auspices of the 5YFV Membership Group and 5YFV Lead:

- Membership Group will appoint:
  - Chair of the C&M 5YFV Membership Group
  - 5YFV Lead
- 5YFV Lead (with Working Group colleagues) will appoint:
  - 5YFV Finance Director

    - 5YFV Portfolio Director
    - 5YFV Communications and Engagement Director
- LDS Memberships (Alliance, Cheshire & The Wirral, North Mersey) will appoint:
    - LDS Lead

Description

5YFV Governance_Working Draft-v0.4_12 Jan 17

- **Context**
  - The Cheshire and Merseyside (C&M) Five Year Forward View (5YFV) framework 5YFV comprises: 9 local authorities, 12 clinical commissioning groups, 19 NHS providers and NHS England Regional Specialised Team (North)
  - It is the 2nd largest 5YFV countrywide and building the C&M 5YFV framework and governing consensus has been time consuming
  - Time has also been needed to understand the full scope of the 5YFV with particular emphasis on mapping LDS level programmes
  - A Membership Group represents the entire collaboration comprising the Chief Officers/Chairs of all Trust and Local Authorities
  - A Working Group is drawn from the Membership Group to drive the full scope of the work streams forward at tempo
  - An Executive Group (of the Working Group) meets on a by exception basis to address issues around governance and risk
  - The rationale for the C&M 5YFV is to accelerate the implementation of the 5YFV for the NHS issued in October 2014

- **Scope**
  - The scope of the C&M 5YFV must close the 3 gaps – Health & Wellbeing, Quality of Care, Financial Sustainability – by 2020/21
  - The 'Financial Sustainability' gap is quantitative while the 'Health' and 'Quality' gaps are both qualitative and quantitative
  - C&M 5YFV scope includes 4 strategic aims, 8 cross-cutting themes, 4 enabling work streams as well as the extant LDS programmes
  - In order to accelerate the design phase and underpin closure of the gaps the 5YFV will be assuring benefits-led programmes
  - It will be the work of programme teams, assisted by the programme support/PMOs, to describe interdependencies
  - As well as the delivery (gap closing) programmes, financial reporting and comms/engagement are critical functions of the 5YFV

- **Delivery**
  - The Working Group defines the programmes that will close the residual gap (after organisational/LDS action is accounted for)
  - **Initiation** of a programme includes the approval of a high quality Programme Initiation Document with precise benefits defined
  - The **design** process will require sufficient capability (capacity x skills) to deliver options/solutions/plans by agreed dates
  - Decision on final designs/options will not defer to the C&M 5YFV level but will be taken by organisations that will **implement**
  - The outcomes of these deliberations may be facilitated and assisted by the Working Group but authority remains with Trusts/LAs
  - Minutes of all '5YFV decisions' taken by Organisational Boards should be made available to the 5YFV Working Group via the PMO

- **Governance**
  - 5YFVs are about ensuring that organisations are able to work together at scale and across communities to help deliver the 5YFV
  - It follows that the form of the governance should follow the aims of the programmes to close the C&M 5YFV gaps
  - In the following two slides the elements of governance are laid out in terms of the primacy of delivery and relationships
  - The proposal is for the governance to remain as simple as possible, focussed upon promoting pace/coherence/timely decisions
  - Programmes to be supported by: clarity of the measures of success; attainability of those goals; and the robustness of plans
  - A high level C&M 5YFV Plan should show the dates, sponsored by the programmes, at which each programmes enters each phase

Process

1. C&M 5YFV Membership Group

1. Agrees and monitors the 5YFV process for C&M

2. C&M 5YFV Executive Group

2. Mediates 5YFV/LDS relationships and decisions

3. C&M 5YFV Working Group

3. Initiates joint programmes to close the 5YFV gaps

4. C&M 5YFV Communications & Engagement sub-Group

4. Communication/Engagement Planning on behalf of Working Group

1-4. NB. 5YFV Groups are based on the governance ceded to them by Member organisations through the MoU.

10. C&M Finance sub-Group

10. Maintains the C&M 5YFV Model

11. C&M Clinical Senate

11. Reference Group for 5YFV Programmes and Advisory to Working Group

Initiate → Design → Implement → Sustain & Review

5. C&M 5YFV Programmes follow this four phase cycle

6. C&M 5YFV Programmes

a. **Demand management and prevention at scale**
b. **Reduce variation and improve quality in acute sector**
c. **Corporate Support Services productivity**
d. **Clinical Support Services productivity**
e. Cancer
f. CVD
g. Neurosciences
h. Maternity & Childrens
i. Urgent Care
j. GP 5YFV
k. Learning Disabilities
l. Mental Health & Wellbeing
m. **Workforce**
n. **Technology**
o. **Estates**

Each programme will have its governing group (programme board or other) and is responsible for mapping the linkages and interdependencies to all other programmes and projects. Report into PMO and 5YFV Working Group.

6. The design phase identifies all NHS, Local Government and Stakeholder organisations that will be required to approve and implement the new model

6a. In the event that an emerging design(s) require a public consultation an additional phase will be introduced into the programme cycle.

8. C&M LDS 5YFV Programmes

Alliance

Cheshire & The Wirral

North Mersey

8. Where the three LDS footprints that comprise the C&M 5YFV have discrete programmes (distinct from the scope of the 5YFV Programmes (6)) they will follow similar processes to above (5). It is also recognised that LDSs will, for certain programmes, form the implementation vehicle. LDS finance and programme leads will feed 5YFV Finance and PMO.

7. C&M 5YFV PMO

7. Assurance and direction to 5YFV progs.

9. LDS PMOs

9. Assurance and direction to LDS progs.

Relationships

Arrow indicates the principle direction of flow for reporting/information/guidance

1. C&M 5YFV Membership Group

1. The collaborative forum of all members; receives briefings (at least quarterly of progress, risks and issues

2. C&M 5YFV Executive Group

2. A sub-Set of the Working Group designed to address the highest level of 5YFV/LDS risks and issues

11. C&M Clinical Senate

11. Clinical Reference Group

The 5YFV is built upon the 3 LDS areas at every level and delivered in those places

- Alliance
- Cheshire & The Wirral
- North Mersey

3. C&M 5YFV Working Group

3. The primary forum to agree the scope, and drive the tempo of, the 5YFV portfolio of programmes. Receiving reports from all programme groups/teams through SROs/Sponsors

10. C&M Finance sub-Group

10. Maintains the C&M 5YFV Model with input from all NHS member Trusts and CCGs though both LDS sub-Group and directly. Reports to Working Group.

4. C&M 5YFV Communications & Engagement sub-Group

4. Communication/Engagement Planning, both Proactively and reactively, on behalf of the 5YFV Membership. on behalf of Working Group

7. C&M 5YFV PMO

5YFV Programme Teams/Boards

9. LDS PMOs

6. C&M 5YFV Programmes

6 & 7. All programmes within the scope of the C&M 5YFV, whether nationally or locally conceived, will report assurance information to the 5YFV PMO.

8. C&M LDS 5YFV Programmes

8 & 9. All LDS programmes cited as contributing to the closure of the 3 gaps (5TFV) across the 5YFV will report assurance information to the 5YFV PMO.

Finance: Each NHS Trust will remain responsible for delivery of local plans and report into the 5YFV sub-Group so that the 'gap' is always known.

Communication & Engagement: Each NHS Trust will remain responsible for contextualising the content and impact of 5YFV for local communities. This will also happen at LDS/LA level where numerous longstanding relationships are managed.

5. The Working Group **Initiates** (or includes) programmes into the 5YFV Scope by decision. An SRO/Sponsor is agreed to manage the **Design** Phase including full stakeholder mapping. Any **Consultation** will be managed by those stakeholders with decision points before and after the consultation. **Implementing** and **Sustaining** the new model falls to the stakeholders involved.

5. C&M 5YFV Programmes follow this four (or five including consultation) phase cycle

Description

5YFV Governance_Working Draft-v0.4_12 Jan 17

- **Context**
  - The Cheshire and Merseyside (C&M) Five Year Forward View (5YFV) framework 5YFV comprises: 9 local authorities, 12 clinical commissioning groups, 19 NHS providers and NHS England Regional Specialised Team (North)
  - It is the 2nd largest 5YFV countrywide and building the C&M 5YFV framework and governing consensus has been time consuming
  - Time has also been needed to understand the full scope of the 5YFV with particular emphasis on mapping LDS level programmes
  - A Membership Group represents the entire collaboration comprising the Chief Officers/Chairs of all Trust and Local Authorities
  - A Working Group is drawn from the Membership Group to drive the full scope of the work streams forward at tempo
  - An Executive Group (of the Working Group) meets on a by exception basis to address issues around governance and risk
  - The rationale for the C&M 5YFV is to accelerate the implementation of the 5YFV for the NHS issued in October 2014

- **Scope**
  - The scope of the C&M 5YFV must close the 3 gaps – Health & Wellbeing, Quality of Care, Financial Sustainability – by 2020/21
  - The 'Financial Sustainability' gap is quantitative while the 'Health' and 'Quality' gaps are both qualitative and quantitative
  - C&M 5YFV scope includes 4 strategic aims, 8 cross-cutting themes, 4 enabling work streams as well as the extant LDS programmes
  - In order to accelerate the design phase and underpin closure of the gaps the 5YFV will be assuring benefits-led programmes
  - It will be the work of programme teams, assisted by the programme support/PMOs, to describe interdependencies
  - As well as the delivery (gap closing) programmes, financial reporting and comms/engagement are critical functions of the 5YFV

- **Delivery**
  - The Working Group defines the programmes that will close the residual gap (after organisational/LDS action is accounted for)
  - **Initiation** of a programme includes the approval of a high quality Programme Initiation Document with precise benefits defined
  - The **design** process will require sufficient capability (capacity x skills) to deliver options/solutions/plans by agreed dates
  - Decision on final designs/options will not defer to the C&M 5YFV level but will be taken by organisations that will **implement**
  - The outcomes of these deliberations may be facilitated and assisted by the Working Group but authority remains with Trusts/LAs
  - Minutes of all '5YFV decisions' taken by Organisational Boards should be made available to the 5YFV Working Group via the PMO

- **Governance**
  - 5YFVs are about ensuring that organisations are able to work together at scale and across communities to help deliver the 5YFV
  - It follows that the form of the governance should follow the aims of the programmes to close the C&M 5YFV gaps
  - In the following two slides the elements of governance are laid out in terms of the primacy of delivery and relationships
  - The proposal is for the governance to remain as simple as possible, focussed upon promoting pace/coherence/timely decisions
  - Programmes to be supported by: clarity of the measures of success; attainability of those goals; and the robustness of plans
  - A high level C&M 5YFV Plan should show the dates, sponsored by the programmes, at which each programmes enters each phase

Process

1. C&M 5YFV Membership Group

1. Agrees and monitors the 5YFV process for C&M

2. C&M 5YFV Executive Group

2. Mediates 5YFV/LDS relationships and decisions

3. C&M 5YFV Working Group

3. Initiates joint programmes to close the 5YFV gaps

4. C&M 5YFV Communications & Engagement sub-Group

4. Communication/Engagement Planning on behalf of Working Group

1-4. NB. 5YFV Groups are based on the governance ceded to them by Member organisations through the MoU.

10. C&M Finance sub-Group

10. Maintains the C&M 5YFV Model

11. C&M Clinical Senate

11. Reference Group for 5YFV Programmes and Advisory to Working Group

Initiate → Design → Implement → Sustain & Review

5. C&M 5YFV Programmes follow this four phase cycle

6. C&M 5YFV Programmes

a. **Demand management and prevention at scale**
b. **Reduce variation and improve quality in acute sector**
c. **Corporate Support Services productivity**
d. **Clinical Support Services productivity**
e. Cancer
f. CVD
g. Neurosciences
h. Maternity & Childrens
i. Urgent Care
j. GP 5YFV
k. Learning Disabilities
l. Mental Health & Wellbeing
m. **Workforce**
n. **Technology**
o. **Estates**

Each programme will have its governing group (programme board or other) and is responsible for mapping the linkages and interdependencies to all other programmes and projects. Report into PMO and 5YFV Working Group.

6. The design phase identifies all NHS, Local Government and Stakeholder organisations that will be required to approve and implement the new model

6a. In the event that an emerging design(s) require a public consultation an additional phase will be introduced into the programme cycle.

8. C&M LDS 5YFV Programmes

Alliance

Cheshire & The Wirral

North Mersey

8. Where the three LDS footprints that comprise the C&M 5YFV have discrete programmes (distinct from the scope of the 5YFV Programmes (6)) they will follow similar processes to above (5). It is also recognised that LDSs will, for certain programmes, form the implementation vehicle. LDS finance and programme leads will feed 5YFV Finance and PMO.

7. C&M 5YFV PMO

7. Assurance and direction to 5YFV progs.

9. LDS PMOs

9. Assurance and direction to LDS progs.

Relationships

Arrow indicates the principle direction of flow for reporting/information/guidance

1. C&M 5YFV Membership Group

1. The collaborative forum of all members; receives briefings (at least quarterly of progress, risks and issues

2. C&M 5YFV Executive Group

2. A sub-Set of the Working Group designed to address the highest level of 5YFV/LDS risks and issues

11. C&M Clinical Senate

11. Clinical Reference Group

The 5YFV is built upon the 3 LDS areas at every level and delivered in those places

- Alliance
- Cheshire & The Wirral
- North Mersey

3. C&M 5YFV Working Group

3. The primary forum to agree the scope, and drive the tempo of, the 5YFV portfolio of programmes. Receiving reports from all programme groups/teams through SROs/Sponsors

10. C&M Finance sub-Group

10. Maintains the C&M 5YFV Model with input from all NHS member Trusts and CCGs though both LDS sub-Group and directly. Reports to Working Group.

4. C&M 5YFV Communications & Engagement sub-Group

4. Communication/Engagement Planning, both Proactively and reactively, on behalf of the 5YFV Membership. on behalf of Working Group

7. C&M 5YFV PMO

5YFV Programme Teams/Boards

9. LDS PMOs

6. C&M 5YFV Programmes

6 & 7. All programmes within the scope of the C&M 5YFV, whether nationally or locally conceived, will report assurance information to the 5YFV PMO.

8. C&M LDS 5YFV Programmes

8 & 9. All LDS programmes cited as contributing to the closure of the 3 gaps (5TFV) across the 5YFV will report assurance information to the 5YFV PMO.

Finance: Each NHS Trust will remain responsible for delivery of local plans and report into the 5YFV sub-Group so that the 'gap' is always known.

Communication & Engagement: Each NHS Trust will remain responsible for contextualising the content and impact of 5YFV for local communities. This will also happen at LDS/LA level where numerous longstanding relationships are managed.

5. The Working Group **Initiates** (or includes) programmes into the 5YFV Scope by decision. An SRO/Sponsor is agreed to manage the **Design** Phase including full stakeholder mapping. Any **Consultation** will be managed by those stakeholders with decision points before and after the consultation. **Implementing** and **Sustaining** the new model falls to the stakeholders involved.

Initiate → Design → Public Consultation → Implement → Sustain & Review

5. C&M 5YFV Programmes follow this four (or five including consultation) phase cycle

Cheshire and Merseyside 5YFV

North Region No.8

The Five Year Forward View (5YFV)
'Better Care, Better Health, Better Value'

WORKING DRAFT: Portfolio Management Approach
version 28.0 12 Jan 17

"*Confidence to Conviction,*
Concepts to Plans.."

5YFV Portfolio Management of Change

Scope

Cross Cutting Themes → **Strategic Work Streams** → **Local Delivery Systems**

- **Programme Board** — ***Neuroscience*** Chris Harrop
- **Programme Board** — ***CVD*** Jane Tomkinson
- **Programme Board** — ***Learning Disabilities*** Dianne Johnson
- **Steering Group** — ***Urgent Care System*** Andrew Davies
- **Steering Group** — ***GP 5YFV*** Glen Coleman
- **Cancer Alliance** — ***Cancer*** Andrew Cannell
- **Steering Group** — ***Mental Health*** Sheena Cumiskey
- **Programme Board** — ***Maternity & Childrens*** Simon Banks

1. *Demand management* *and prevention at scale*
Sponsor: Jerry Hawker

2. *High Quality Hospital Care*
Sponsor: Simon Constable

3a. *Reducing cost through* ***corporate*** *support services* ***collaborative productivity***
Sponsor: Nikhil Khashu

3b. *Reducing cost through* ***clinical*** *support services* ***collaborative productivity***
Sponsor: Tracy Bullock

The Alliance LDS
PMO
SRO Simon Banks

Cheshire & The Wirral LDS
PMO
SRO Jon Develing

North Mersey LDS
PMO
SRO Katherine Sheerin

Enablers

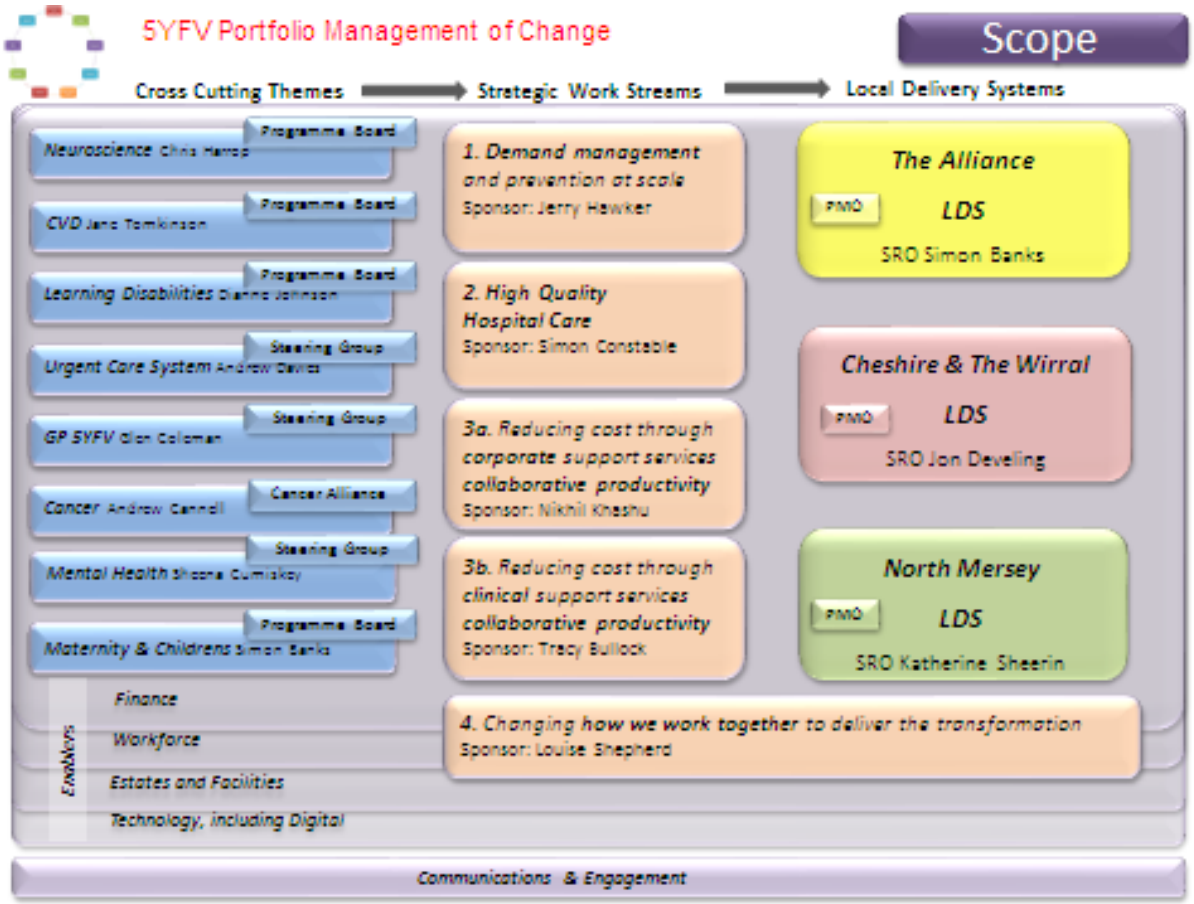
- ***Finance***
- ***Workforce***
- ***Estates and Facilities***
- ***Technology, including Digital***

4. *Changing* ***how we work together*** *to deliver the transformation*
Sponsor: Louise Shepherd

Communications & Engagement

5YFV Portfolio Management of Change

Teams



- The **programme structure** consists of 5 core work streams that will deliver the transformation strategy.
- However there are further 'work streams' (enablers, cross cutting themes and the LDS plans) that have to be co-ordinated so that the dependencies.
- Key to success will be understanding and managing the interdependencies between these work streams and across the LDSs.
- **Leadership -** The programmes will all be supported by a clinical lead, an SRO (for clear accountability) and a PM (for delivery).

5YFV Portfolio Management of Change

The Portfolio Management Office will assist in coordinating planning for the 4 'Critical Decisions'. Each LDS is required to nominate a member and local government partners are invited to nominate members. Any wider membership will be a matter for the Sponsor of the 'Critical Decisions'.

Teams

Critical Decisions Workstreams

Demand management *and prevention at scale*

Sponsor: **Jerry Hawker**
Members: Eileen O'Meara (CHAMPS WG DPH Lead)
Alliance - Leigh Thompson/Colin Scales
Cheshire & Wirral - Jerry Hawker
North Mersey – Tony Woods
Local Gov't - **TBD**
Andrew Davies, Urgent Care CCT

Reducing cost through corporate and clinical support services ***collaborative productivity***

Back Office: **Nikhil Khashu**
Members: Alliance – Andrea Chadwick, WHH
Cheshire & Wirral – Tony Chambers
North Mersey – Aidan Kehoe
Local Gov't - **TBD**
Middle Office: **Tracy Bullock**
Member: David Anwyl, AD Ops CSS, STHK
Pharmacy: Karen Thomas, Prof. Alison Ewing
Pathology: Dr Dave White
Radiology: Dr Dave White

High Quality Hospital Care

Sponsor: **Mel Pickup**
Members: Medical Director – **Simon Constable**
Alliance - Ann Marr
Cheshire & Wirral - David Allison
N Mersey - Steve Warburton/Fiona Lemmens
Local Gov't - **TBD**
Andrew Davies, Urgent Care CCT
Simon Banks, Womens' & Childrens' CCT

Changing ***how we work together*** *to deliver the transformation*

Sponsor: **Louise Shepherd**
Members: Alliance – Dianne Johnson
Cheshire & Wirral – C&W SRO **(TBN)**
North Mersey – Katherine Sheerin
Local Gov't - **TBD**

5YFV Portfolio Management of Change

The Portfolio Management Office will receive (evidenced based) assurance from the 8 Cross-Cutting Themes. At C&M 5YFV Level there is an interest in knowing that LDS Leads are recognised for each theme. The wider membership is clearly a matter for the Sponsor/SRO.

Themes

Cross Cutting Theme	Sponsor/SRO	Governing Body	Alliance 'Lead'	Cheshire and The Wirral 'Lead'	North Mersey 'Lead'
Neurology	Chris Harrop	Programme Board	Mel Pickup	**TBD** Mr Tony Mayer, Div. General Manager	Chris Harrop
CVD	Jane Tomkinson	Programme Board	Dr Mick O'Connor and Dr Ifeoma Onyia	**TBD** Dr Paul Mann, Consultant Cardiologist	Jane Tomkinson
Learning Disabilities	Dianne Johnson	Programme Board	Dianne Johnson	**TBD**	Jane Lunt
Urgent Care System	Andrew Davies	Steering Group	Andrew Davies	**TBD** Dr Doug Robertson, Assoc. Med. Director	Dr Fiona Lemmens
GP 5YFV	Glen Coleman	Steering Group	Mark Pilling	**TBD** Dr Doug Robertson, Assoc. Med. Director	Cheryl Mould
Cancer	Andrew Cannell	Cancer Alliance	Dr Paul Morris	**TBD** Miss Ann Dingle, ENT Surgeon, Cancer Lead	Andrew Cannell
Mental Health & Wellbeing	Sheena Cumiskey	Steering Group	Simon Barber	Sheena Cumiskey	Neil Smith / Joe Rafferty
Maternity & Childrens'	Simon Banks	Programme Board	Steve Tatham, Mel Pickup, Rob Gillies and Eileen O'Meara	TBD Mrs Tracy Bullock (CEO) & Ms Alison Lynch (DoN)	Jeff Johnson Jonathan Stephens

N.B. C&W nominations marked with **'TBD'** are, at present, for/from MCHFT - LDS may wish to consider which of these might be 'LDS Leads'

5YFV Portfolio Management of Change

The Portfolio Management Office will assist in the development of sub-Groups (of the C&M 5YFV Working Group) that will take ownership of core areas of work and enabling work streams.

Sub-Groups

Working Group sub-Groups

Finance

Lead: Claire Wilson, DoF, LHCH
Members: Alliance – David Cooper
Cheshire & Wirral – David Jago
North Mersey - Tom Jackson
Local Gov't - **TBD**

Workforce

Lead: Kathy Thomson (requested to nominate)
Members: Alliance - Roger Wilson
Cheshire & Wirral – Rachel Charlton
North Mersey – Kathy Thomson
Local Gov't - **TBD**

Commissioning

Lead: N/A (liaison group between LDSs/PMO)
Members: Alliance - Nicola Bunce
Cheshire & Wirral - Phil Meakin
North Mersey - Carole Hill
Local Gov't - **TBD**

Technology (incl. IM&T)

Lead: **TBN**
Members: Alliance - Jason Da Costa (infra., pop.health, access) and Christine Walters (systems)
Cheshire & Wirral – Jon Glover
North Mersey – Kate Warriner
Local Gov't - **TBD**

Communications & Engagement

Lead: Anna Donaldson (requested to agree)
Members: Alliance – Maria Austin
Cheshire & Wirral – Mike Chantler
North Mersey – Helen Shaw
Local Gov't - **TBD**

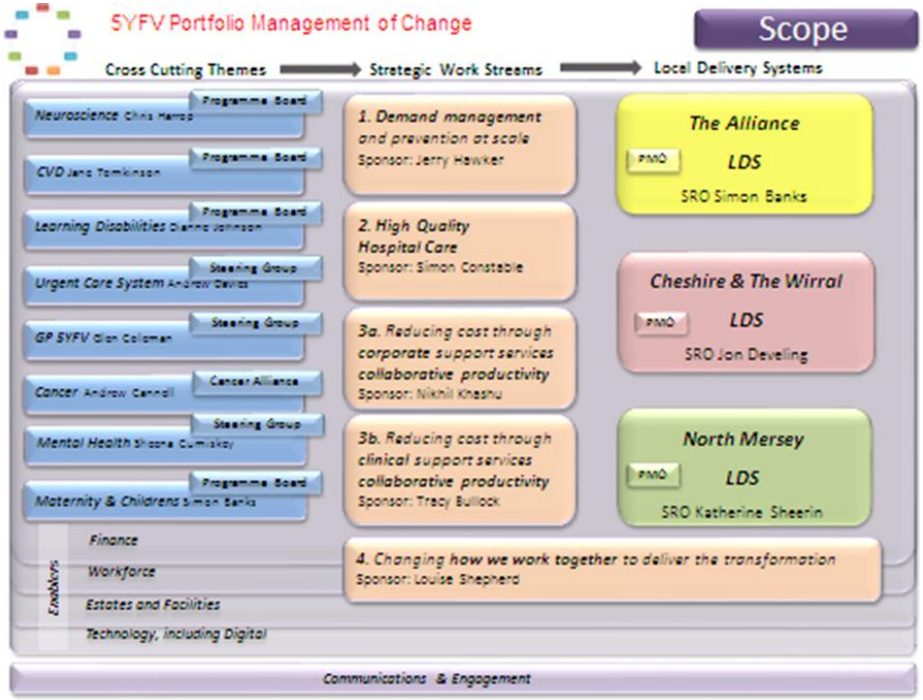
Estates and Facilities

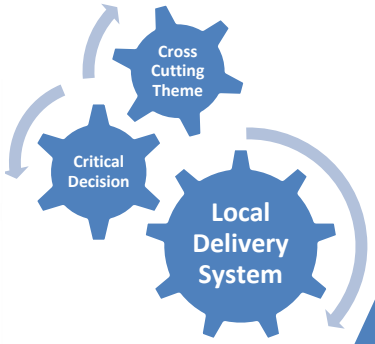
Lead: Paul Fitzpatrick
Members: Alliance – David Sweeney
Cheshire & Wirral – Kevin Eccles
North Mersey - **TBD**
Local Gov't – Catherine Jones and Nick Flanagan

5YFV Portfolio Management of Change

The C&M 5YFV portfolio design processes will involve working through the 'LDS' footprints, delivery vehicle for some 80% (indicatively) of the financial gap, in a matrix with the 'Critical Decisions' and 'Cross Cutting Themes'

Design





Level 3: 5YFV Design solutions conceived and delivered across C&M footprint and solutions to be delivered via LDS frameworks

Level 2: LDS Design solutions conceived and delivered across each LDS footprint as well as solutions to be delivered via Locality frameworks

Level 1: Local Design solutions conceived and delivered across locality (or network) footprint and delivered via local (or network) framework

Organising: The 4 'Critical Decision' work streams will involve representation from each of the 3 LDSs and therefore the designs will remain relevant to, and be informed by, the LDS context. The LDS Plans will continue to be managed as before. The Cross-Cutting themes 'opportunities' will need to be integrated, and highlighted, in both 'Critical Decision' and LDS schemes.

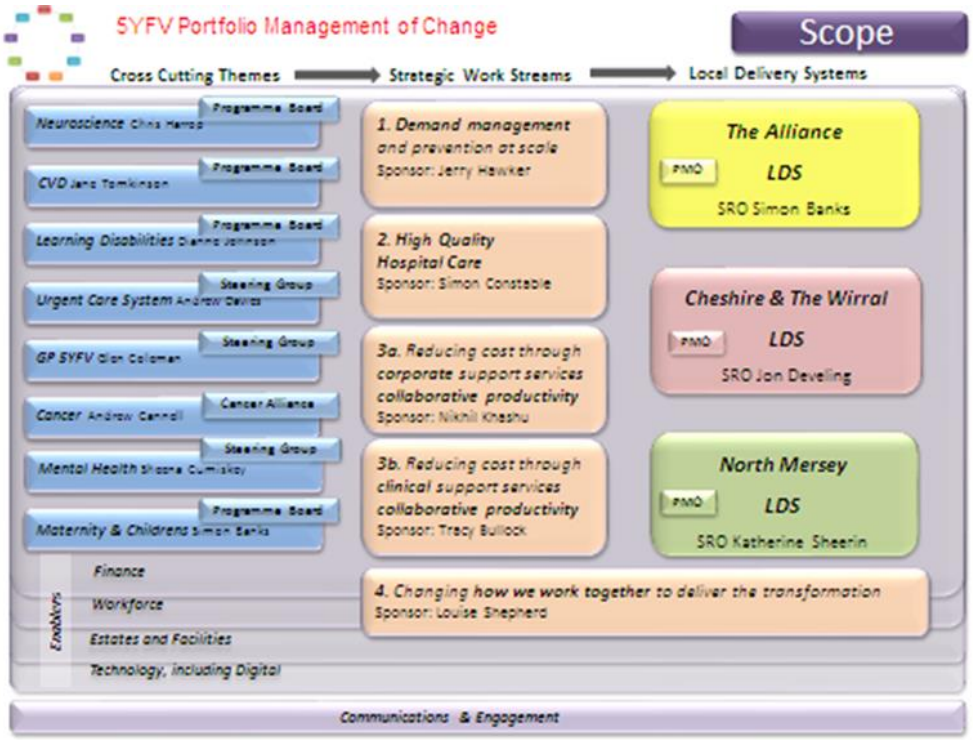
Working: The work streams will have to cross-pollinate, matrix style, so as to avoid duplication of effort and double count of benefits.

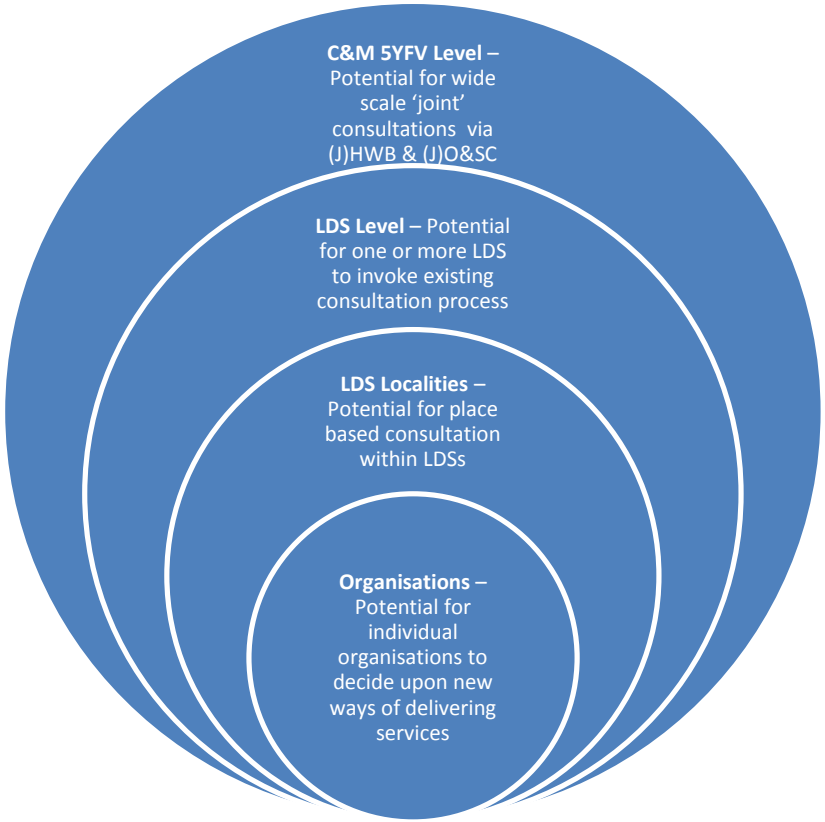
Delivering: The Plans will need to be clear in terms of the optimum level at which to deliver and where benefits will be measured.

5YFV Portfolio Management of Change

The C&M 5YFV portfolio decision making processes will respect the policy and guidance for the reconfiguration of health services provided by the regulatory and departmental frameworks; thus, designs may take one of several possible routes for consideration and consultation.

Decisions



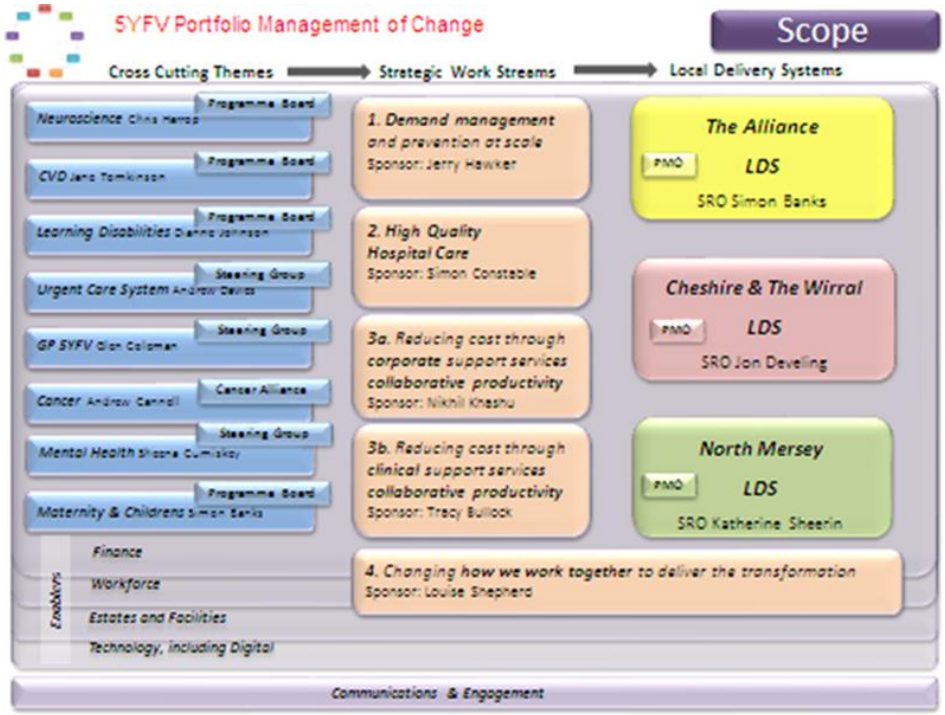


'Frequently asked questions – 5YFVs' page of the NHS England website:
Will the footprints replace other local NHS governance structures?
No – the local, statutory architecture for health and care remains, as do the existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and help deliver the Five Year Forward View – improving the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's 5YFV.

5YFV Portfolio Management of Change

The C&M 5YFV Portfolio Management Office will be an assuring, not directing, function. It will use a simple and pragmatic set of assurance standards agreed with the Working Group. Work streams will be assurance checked by sharing existing project documentation, as evidence, with the PMO; there will be no requirement for additional reporting.

Assurance



Strategic Work Streams:
PIDs, Design Milestones, Engagement Strategy, Plans, Benefits, Risks, EA/QIA into PMO

LDS Work Streams:
PIDs, Delivery Milestones, Engagement Strategy, Plans, Benefits, Risks into PMO

Cross-cutting Themes:
PIDs, Delivery Milestones, Engagement Strategy, Plans, Benefits, Risks into PMO

5YFV Portfolio Management Office

"we need to have reviewed our Programme arrangements to ensure we have a clear line of sight across all the programmes up to C&M 5YFV level; that they inter-relate appropriately and have the right leadership in place"

Louise Shepherd, C&M 5YFV Lead, following 20 July 16 meeting with NHSE

Cheshire and Merseyside 5YFV

North Region No.8

The Five Year Forward View (5YFV)
'Better Care, Better Health, Better Value'

WORKING DRAFT: Portfolio Management Approach
version 28.0 12 Jan 17

"*Confidence to Conviction,*
Concepts to Plans.."

5YFV Portfolio Management of Change

Scope

Cross Cutting Themes → **Strategic Work Streams** → **Local Delivery Systems**

Cross Cutting Themes	Strategic Work Streams	Local Delivery Systems
Programme Board — ***Neuroscience*** Chris Harrop	***1. Demand management*** *and prevention at scale* Sponsor: Jerry Hawker	***The Alliance*** PMO ***LDS*** SRO Simon Banks
Programme Board — ***CVD*** Jane Tomkinson		
Programme Board — ***Learning Disabilities*** Dianne Johnson	***2. High Quality Hospital Care*** Sponsor: Simon Constable	
Steering Group — ***Urgent Care System*** Andrew Davies		***Cheshire & The Wirral*** PMO ***LDS*** SRO Jon Develing
Steering Group — ***GP 5YFV*** Glen Coleman	***3a.*** *Reducing cost through* ***corporate*** *support services* ***collaborative productivity*** Sponsor: Nikhil Khashu	
Cancer Alliance — ***Cancer*** Andrew Cannell		
Steering Group — ***Mental Health*** Sheena Cumiskey	***3b.*** *Reducing cost through* ***clinical*** *support services* ***collaborative productivity*** Sponsor: Tracy Bullock	***North Mersey*** PMO ***LDS*** SRO Katherine Sheerin
Programme Board — ***Maternity & Childrens*** Simon Banks		

Enablers

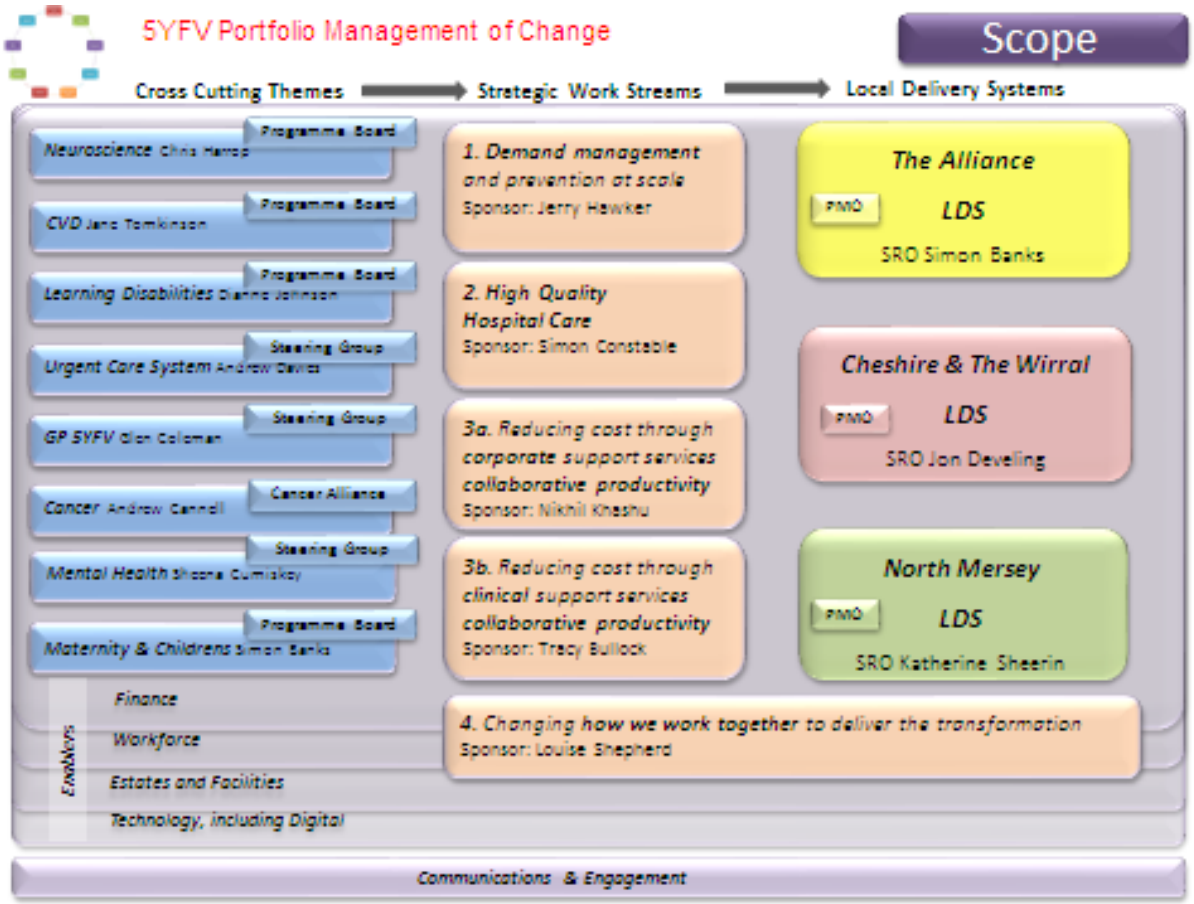
- ***Finance***
- ***Workforce***
- ***Estates and Facilities***
- ***Technology, including Digital***

4. *Changing* ***how we work together*** *to deliver the transformation* Sponsor: Louise Shepherd

Communications & Engagement

5YFV Portfolio Management of Change

Teams



- The **programme structure** consists of 5 core work streams that will deliver the transformation strategy.
- However there are further 'work streams' (enablers, cross cutting themes and the LDS plans) that have to be co-ordinated so that the dependencies.
- Key to success will be understanding and managing the interdependencies between these work streams and across the LDSs.
- **Leadership -** The programmes will all be supported by a clinical lead, an SRO (for clear accountability) and a PM (for delivery).

5YFV Portfolio Management of Change

The Portfolio Management Office will assist in coordinating planning for the 4 'Critical Decisions'. Each LDS is required to nominate a member and local government partners are invited to nominate members. Any wider membership will be a matter for the Sponsor of the 'Critical Decisions'.

Teams

Critical Decisions Workstreams

Demand management *and prevention at scale*

Sponsor: **Jerry Hawker**
Members: Eileen O'Meara (CHAMPS WG DPH Lead)
Alliance - Leigh Thompson/Colin Scales
Cheshire & Wirral - Jerry Hawker
North Mersey – Tony Woods
Local Gov't - **TBD**
Andrew Davies, Urgent Care CCT

Reducing cost through corporate and clinical support services ***collaborative productivity***

Back Office: **Nikhil Khashu**
Members: Alliance – Andrea Chadwick, WHH
Cheshire & Wirral – Tony Chambers
North Mersey – Aidan Kehoe
Local Gov't - **TBD**
Middle Office: **Tracy Bullock**
Member: David Anwyl, AD Ops CSS, STHK
Pharmacy: Karen Thomas, Prof. Alison Ewing
Pathology: Dr Dave White
Radiology: Dr Dave White

High Quality Hospital Care

Sponsor: **Mel Pickup**
Members: Medical Director – **Simon Constable**
Alliance - Ann Marr
Cheshire & Wirral - David Allison
N Mersey - Steve Warburton/Fiona Lemmens
Local Gov't - **TBD**
Andrew Davies, Urgent Care CCT
Simon Banks, Womens' & Childrens' CCT

Changing ***how we work together*** *to deliver the transformation*

Sponsor: **Louise Shepherd**
Members: Alliance – Dianne Johnson
Cheshire & Wirral – C&W SRO **(TBN)**
North Mersey – Katherine Sheerin
Local Gov't - **TBD**

5YFV Portfolio Management of Change

The Portfolio Management Office will receive (evidenced based) assurance from the 8 Cross-Cutting Themes. At C&M 5YFV Level there is an interest in knowing that LDS Leads are recognised for each theme. The wider membership is clearly a matter for the Sponsor/SRO.

Themes

Cross Cutting Theme	Sponsor/SRO	Governing Body	Alliance 'Lead'	Cheshire and The Wirral 'Lead'	North Mersey 'Lead'
Neurology	Chris Harrop	Programme Board	Mel Pickup	**TBD** Mr Tony Mayer, Div. General Manager	Chris Harrop
CVD	Jane Tomkinson	Programme Board	Dr Mick O'Connor and Dr Ifeoma Onyia	**TBD** Dr Paul Mann, Consultant Cardiologist	Jane Tomkinson
Learning Disabilities	Dianne Johnson	Programme Board	Dianne Johnson	**TBD**	Jane Lunt
Urgent Care System	Andrew Davies	Steering Group	Andrew Davies	**TBD** Dr Doug Robertson, Assoc. Med. Director	Dr Fiona Lemmens
GP 5YFV	Glen Coleman	Steering Group	Mark Pilling	**TBD** Dr Doug Robertson, Assoc. Med. Director	Cheryl Mould
Cancer	Andrew Cannell	Cancer Alliance	Dr Paul Morris	**TBD** Miss Ann Dingle, ENT Surgeon, Cancer Lead	Andrew Cannell
Mental Health & Wellbeing	Sheena Cumiskey	Steering Group	Simon Barber	Sheena Cumiskey	Neil Smith / Joe Rafferty
Maternity & Childrens'	Simon Banks	Programme Board	Steve Tatham, Mel Pickup, Rob Gillies and Eileen O'Meara	TBD Mrs Tracy Bullock (CEO) & Ms Alison Lynch (DoN)	Jeff Johnson Jonathan Stephens

N.B. C&W nominations marked with **'TBD'** are, at present, for/from MCHFT - LDS may wish to consider which of these might be 'LDS Leads'

5YFV Portfolio Management of Change

The Portfolio Management Office will assist in the development of sub-Groups (of the C&M 5YFV Working Group) that will take ownership of core areas of work and enabling work streams.

Sub-Groups

Working Group sub-Groups

Finance

Lead: Claire Wilson, DoF, LHCH
Members: Alliance – David Cooper
Cheshire & Wirral – David Jago
North Mersey - Tom Jackson
Local Gov't - **TBD**

Workforce

Lead: Kathy Thomson (requested to nominate)
Members: Alliance - Roger Wilson
Cheshire & Wirral – Rachel Charlton
North Mersey – Kathy Thomson
Local Gov't - **TBD**

Commissioning

Lead: N/A (liaison group between LDSs/PMO)
Members: Alliance - Nicola Bunce
Cheshire & Wirral - Phil Meakin
North Mersey - Carole Hill
Local Gov't - **TBD**

Technology (incl. IM&T)

Lead: **TBN**
Members: Alliance - Jason Da Costa (infra., pop.health, access) and Christine Walters (systems)
Cheshire & Wirral – Jon Glover
North Mersey – Kate Warriner
Local Gov't - **TBD**

Communications & Engagement

Lead: Anna Donaldson (requested to agree)
Members: Alliance – Maria Austin
Cheshire & Wirral – Mike Chantler
North Mersey – Helen Shaw
Local Gov't - **TBD**

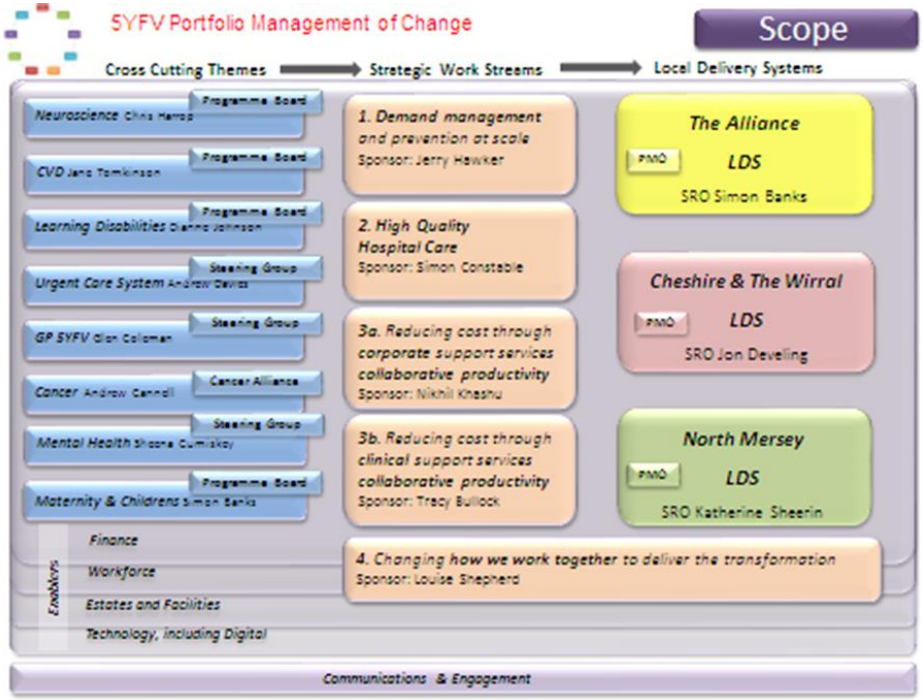
Estates and Facilities

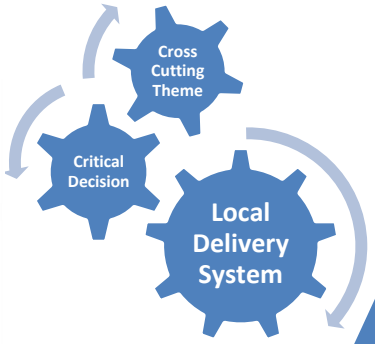
Lead: Paul Fitzpatrick
Members: Alliance – David Sweeney
Cheshire & Wirral – Kevin Eccles
North Mersey - **TBD**
Local Gov't – Catherine Jones and Nick Flanagan

5YFV Portfolio Management of Change

The C&M 5YFV portfolio design processes will involve working through the 'LDS' footprints, delivery vehicle for some 80% (indicatively) of the financial gap, in a matrix with the 'Critical Decisions' and 'Cross Cutting Themes'

Design





Level 3: 5YFV Design solutions conceived and delivered across C&M footprint and solutions to be delivered via LDS frameworks

Level 2: LDS Design solutions conceived and delivered across each LDS footprint as well as solutions to be delivered via Locality frameworks

Level 1: Local Design solutions conceived and delivered across locality (or network) footprint and delivered via local (or network) framework

Organising: The 4 'Critical Decision' work streams will involve representation from each of the 3 LDSs and therefore the designs will remain relevant to, and be informed by, the LDS context. The LDS Plans will continue to be managed as before. The Cross-Cutting themes 'opportunities' will need to be integrated, and highlighted, in both 'Critical Decision' and LDS schemes.

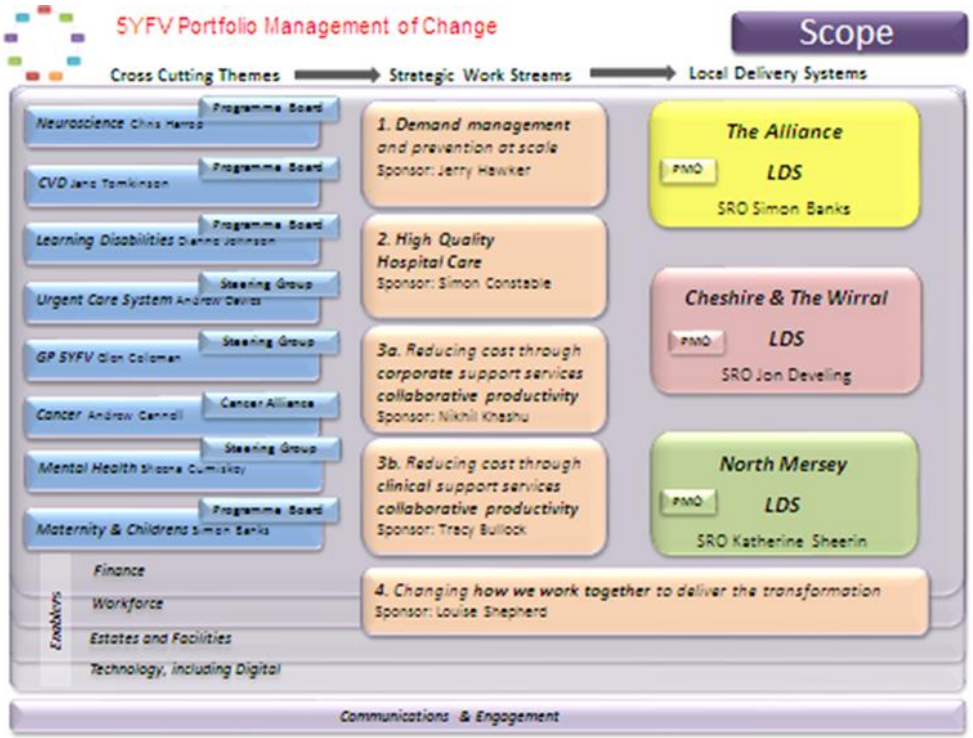
Working: The work streams will have to cross-pollinate, matrix style, so as to avoid duplication of effort and double count of benefits.

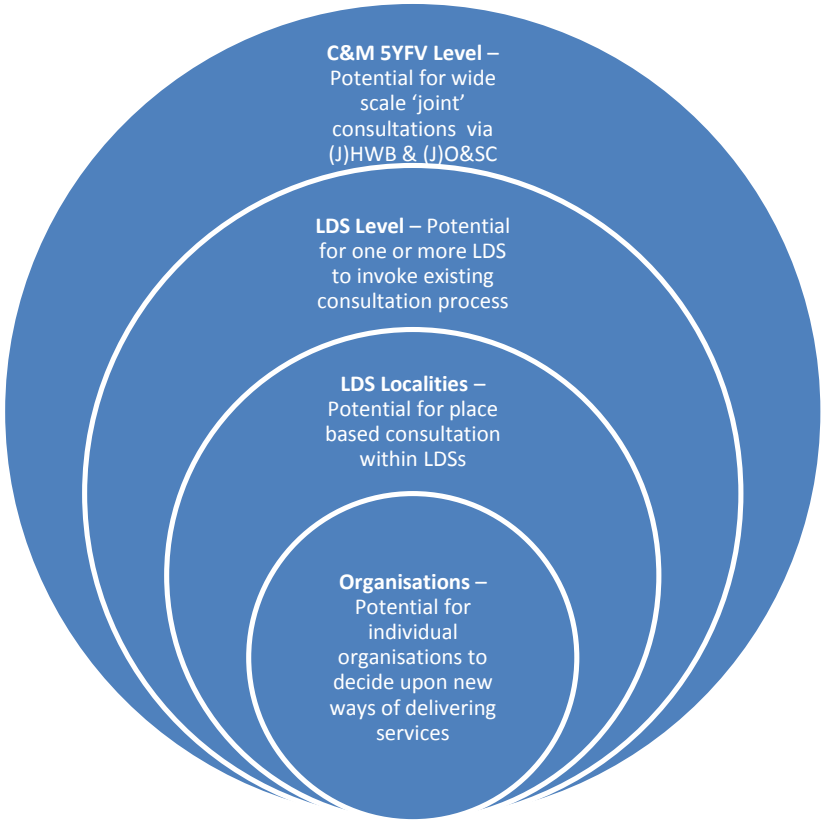
Delivering: The Plans will need to be clear in terms of the optimum level at which to deliver and where benefits will be measured.

5YFV Portfolio Management of Change

The C&M 5YFV portfolio decision making processes will respect the policy and guidance for the reconfiguration of health services provided by the regulatory and departmental frameworks; thus, designs may take one of several possible routes for consideration and consultation.

Decisions



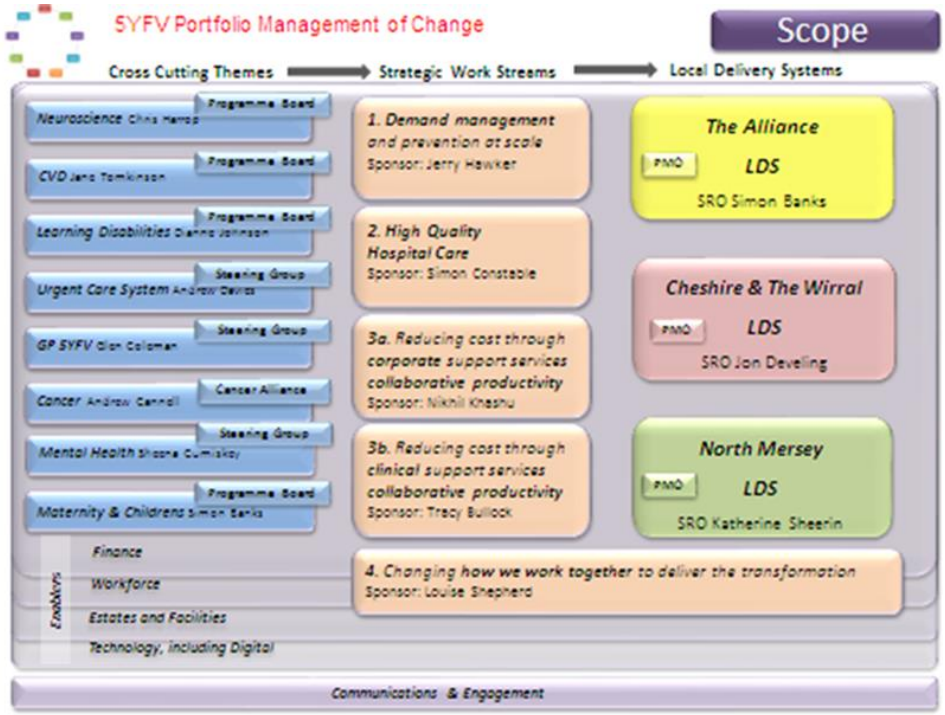


'Frequently asked questions – 5YFVs' page of the NHS England website:
Will the footprints replace other local NHS governance structures?
No – the local, statutory architecture for health and care remains, as do the existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and help deliver the Five Year Forward View – improving the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's 5YFV.

5YFV Portfolio Management of Change

The C&M 5YFV Portfolio Management Office will be an assuring, not directing, function. It will use a simple and pragmatic set of assurance standards agreed with the Working Group. Work streams will be assurance checked by sharing existing project documentation, as evidence, with the PMO; there will be no requirement for additional reporting.

Assurance



Strategic Work Streams:
PIDs, Design Milestones, Engagement Strategy, Plans, Benefits, Risks, EA/QIA into PMO

LDS Work Streams:
PIDs, Delivery Milestones, Engagement Strategy, Plans, Benefits, Risks into PMO

Cross-cutting Themes:
PIDs, Delivery Milestones, Engagement Strategy, Plans, Benefits, Risks into PMO

5YFV Portfolio Management Office

"we need to have reviewed our Programme arrangements to ensure we have a clear line of sight across all the programmes up to C&M 5YFV level; that they inter-relate appropriately and have the right leadership in place"

Louise Shepherd, C&M 5YFV Lead, following 20 July 16 meeting with NHSE

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 7th March 2017

Report of:	Chief Nurse
Paper Prepared by:	Director of Nursing and Clinical Risk Advisor
Subject/Title:	Serious Incidents Requiring Investigation
Background Papers:	n/a
Purpose of Paper:	This report summarises all the open serious incidents in the Trust and identifies new serious incidents arising in the last calendar month.
Action/Decision Required:	For information regarding the notification and management of SIRI's.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	• **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	

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

1. Background:

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

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

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

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

2. SIRI performance data:

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

3. Recommendations:

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

New SIRI Incidents reported between the period 01/01/2017 to 31/01/2017:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
Nil							

New Safeguarding investigations reported 01/01/2017 to 31/01/2017: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2017/1578	17/01/2017	Integrated Community	SUDI - Patient was found unresponsive at home by parents early hours of 14/01/17 - CPR given by mum, taken by ambulance to Arrowe Park Hospital, transferred to the Trust by NEWTS, patient sadly passed away on PICU that afternoon.	Safeguarding Team	For information only	Yes	Yes

On-going SIRI incident investigations (including those above)							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour/ Being Open policy implemented**
RCA 208 2016/17 **Internal**	29/10/2016	Surgery	Patient intubated on ward during resuscitation, delay in emergency alarm being raised and in following resuscitation protocol.	Pete Murphy, Consultant Anaesthetist	RCA panel meeting held 14/02/2017, report being written.	Internal	N/A (no patient harm).

On-going Safeguarding investigations							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
Nil							

SIRI incidents closed since last report						
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Outcome**	**Duty of Candour/Being open policy Implemented**
RCA 217 2016/17 StEIS 2016/32413	12/12/2016	Surgery	Grade 3 Pressure Ulcer under hub of central venous line.	Sue Tickle, Clinical Nurse Manager, Paediatric Intensive Care	Following investigation; pressure ulcer deemed unavoidable due to clinical condition of patient. Final report sent to CCG and shared with family.	Yes
RCA 215 2016/17 StEIS 2016/29121	09/11/2016	Surgery	Never Event – Retained foreign object post procedure (K Wire).	Rachael Hanger, Theatre Matron	RCA report completed and sent to CCG and family.	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 18th January 2017
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland	(Chair), Non-Executive Director	AM
	Pauline Brown	Director of Nursing	PB
	Jeannie France-Hayhurst	Non-Executive Director	JFH
	Mags Barnaby	Interim Chief Operating Officer	MB
	Christian Duncan	Director of Surgery CBU	CD
	Hilda Gwilliams	Chief Nurse	HG
	Steve Igoe	Non-Executive Director	SI
	Laurence Murphy	Head of Contracting	LM
	Phil O'Connor	Deputy Director of Nursing	POC
	Paul Newland	CD, Clinical Support CBU, /Co Biochemistry	PN
	Matthew Peak	Director of Research	MP
	Mark Peers	Public Governor	MP
	Tony Rigby	General Manager, Quality Strategy	TR
	Erica Saunders	Director of Corporate Affairs	ES
	Glenna Smith	Interim General Manager, Medicine CBU	GS
	Lachlan Stark	Head of Planning & Performance	LS
	Melissa Swindell	Interim Director of HR	MS
	Will Weston	ACD Medicine	WW
	Julie Williams	Appointed Governor	JW
In Attendance:-	Joe Gibson	External Programme	JG
	Richard Cooke	Director of Infection Prevention Control	RC
	Julie Creevy	EA, Executive Team	JC

Agenda item:

16/17/136:	Joe Gibson	External Programme	JG
16/17/137:	Richard Cooke	DIPC	RC

16/17/131 **Apologies:**

Urmi Das		UD
Claire Liddy	Acting Director of Finance	CL
Rick Turnock	Medical Director	RT

16/17/132 Declarations of Interest
None declared.

16/17/133 Minutes of the previous meeting held on 13th December 2016
Resolved:
CQAC approved the minutes of the last meeting held on 13th December 2016.

16/17/134 Matters Arising and Action list:-
SEPSIS update – HG reported that several key meetings had previously taken place to discuss this issue, a detailed briefing paper is currently being developed, ahead of producing a detailed business case, with internal process being followed.

Action: Briefing paper/position statement to be produced in advance of business case.

Clinical Utilisation
MB indicated that following completed work to date, aim is to deliver by the end of March 2017, Lesley Robinson and Glenna Smith are working closely with teams to undertake key deliverables, with the need for a project plan to track progress.

CQAC Walkabout programme proposal
HG and ES had reviewed other comparator Trusts walkabout schedules with regards to the walkabout programme. The new walkabout proposal will align with Trust requirements , and will allow services to showcase each CBU, whilst also highlighting and addressing key challenges, and ensuring Board to Ward focus. Walkabout will be shortly finalised, following an off line discussion with AM, HG & ES to further progress.

Action: CQAC walkabout update to be provided at February CQAC meeting, with proposed walkabout programme reviewed at March 2017 CQAC meeting.

Review of clinical investigation results and notices
ES reported that she had been in discussions with Nik Barnes. Nik Barnes had written to Rob Johnson, Chair of Clinical Records Group, a simple solution had not been sought to date, Nik Barnes is continuing to address issue.

Action: ES to request NB to provide an update at March 2017 CQAC meeting, to ascertain whether a resolution had been agreed, or agree whether further support is required from other clinicians.

SIRI position statement
CQAC noted that the Outpatients Task and Finish Group meetings had concluded on 12th January 2017. At the final T&F group meeting T Rigby provided detailed presentation detailing recommendations. Tash and Finish Group actions are to be submitted on 17th January. MB reported that the data had been cleansed.

EPFF had gone live on 16th January 2017, with performance being reviewed at every CBU meeting.

Next steps include further challenges regarding the out of hospital booking and scheduling/tracking and IT capabilities. Kate Brizell is leading on 5/6 week Task and Finish Group which will encompass learning from RCA. Task &Finish Group is planned to commence w/c 23rd January 2017.

MB informed the committee that MB/HG/RT would meet with outpatient team on a monthly basis to provide additional support and to ensure that there are no blockages, to ensure that implementation and progress is maintained.

Action: MB to invite appropriate outpatient members to February CQAC meeting to provide update/present.

AM highlighted the importance of the timing/sequencing of updates to CQAC prior to presentation at Board meetings.

16/17/135 Programme Assurance Update – G Smith, Interim Associate Chief of Operations

- PID had been previously developed, however the PID had not been approved, therefore no progress had been made.
- Financially CBU is in a strong position.
- External Radiology Reporting – a significant amount of work had been completed regarding undertaking of SLA's, which is ongoing and SLA's will be in place for 17/18.
- Radiology Benchmarking has not taken place with Civil Eyes.

- Liverpool Women's hospital tender process – the Trust had submitted 4 tenders, resulting in the Trust being successful with 2 tenders, with the loss of 2 tenders. The LWH Point of Care tender which was issued to LCL, can now not be delivered by LCL so we are negotiating for AH to deliver for a 12 month period. The other tender we lost was the Placenta testing, but we are now negotiating to deliver the same service for Belfast.
- Ongoing work is taking place regarding PAN Mersey footprint and STP
- Pharmacy/Radiology – Clinical Lead had been identified, CBU had received enquiries from the Walton Centre with regards to services (EOS machine) and also interest had been received from RLBUHT. CBU are continuing to review working across Trust partners to support growth going forward.
- Work continuing regarding the AHP Review, to aid the development of growth in this service. CD emphasised the importance of the review being hospital wide.
- With main focus on STP/AHP/Orthotics/Community Physio and working alongside CBU's.

MB highlighted the excellent work that PN and his team had completed, and shared with the committee the report highlighting quality.

Action: GS to provide closure report for February CQAC meeting, with Medicine report to be presented at March CQAC meeting

The Chair thanked GS and her team for the update.

16/17/136 Progress Assurance/Progress Update - J Gibson provided a programme assurance update as follows:-

.

It was noted that a number of work streams are to be closed down. Plans for 2018 require comprehensive process to define process. Information will not be shared at Exec Team in 2017, and information is now presented at committee meeting to understand the realisation benefits.

Following a discussion with JG/C Liddy and Janette Richardson it was agreed to suspend assurance ratings for Implementing New Quality Strategy and Improving Plan as they stand at present. JG highlighted that the Trust is currently not where they should be on the dashboard.

In respect of improving Outpatients, the team are working on a report, which will provide an update on which work stream has been closed, which will be presented to February CQAC meeting.

Action: Nursing representation to be included at the sub Group to review PIDS. Further separate meeting off line to progress further.

Deadline for PIDS 31st January 2017, however there are still a number of gaps.

Our Patients at the Centre Update – M Barnaby

Good progress continues in all work streams, except complex care made simple. During January review of benefits and closure of some work stream is underway, and will be reported to CQAC in February 2017, with a clear view on work programmes for 2017-18 ahead. Financial gap attributable to complex care made simple.

Action: Update at February 2017 CQAC meeting

The Chair thanked JG & MB for update.

16/17/137 Quarter 3 DIPC Report

The Committee received and noted the Q3 DIPC report (October-December 2017) and noted that the team are continuing to work with teams to mitigate any risks and provide assurance. CQAC noted the Infection Prevention and Control Delivery Plan.

Discussion took place regarding clarity regarding recommendations from the Water Safety Group, which had been challenging.

Action: RC to liaise with D Powell to provide an assurance summary for the next CQAC meeting.

Discussion took place regarding SEPSIS, the committee noted that a great deal of work had taken place to recognise SEPSIS/Rise on PEWS score/middle grade/registrar review, with a trail on 3C to commence shortly to review documentation.

Action: CQAC Committee to receive a SEPSIS position statement for February 2017 CQAC meeting.

M Peak, Enitan Carrol & Stefan Spinty involved in NIHR study, however currently experiencing problems rearding funding, working with commissions to obtain funding to support study, which will offer significant improvement and delivery

Action: Programme/methodology/workplan to be shared with CQAC – February 2017 meeting

HG highlighted that the fundamental issue is patient safety and executive support had been agreed with regards to the importance of not delaying issues involving patient safety.

IPCC Service Development – Asseptic non touch technique, it was noted that a Senior DIPC nurse had been appointed on 13th January 2017, this will allow improvements for the Vascular team.

RC highlighted that mandatory training compliance needed further improvement.
Action: MS to liaise with RC to address this issue.

Medical Devices/endoscopy – Ongoing discussions taking place, discussed at Liaison committee on 17th January 2017, MB had requested the Trust's technical expert to present evidence to ensure best outcome, with a further update provided at the next Water Safety Committee.

The Chair thanked RC for his report.

16/17/138 Clinical Claims Report

The Committee received the 6 monthly claims report. The Committee reviewed and noted the contents of the report.

Action: The next report to include any trends from frequent solicitors who are recurrently submitting claims, report to also include focus on severity, effects and episodes.

The Chair thanked MP for her report.

16/17/139 CQC – Learning, candour and accountability – A review of the way NHS Trusts review and investigate the deaths of patients in England

The Committee received the above report which had been discussed at Board level. ES indicated that L Shepherd had brought this issue to the local team's attention on 19th December 2016.

Action: ES & RT to meet to discuss further to ensure any gaps could be closed and to ensure timelines are adhered to.

The Trust is currently awaiting any further data.
Action: Julie Grice/Kerry Morgan & Kent Thorburn to attend February Trust Board.

The Chair thanked ES for her update.

16/17/140 Corporate Report – Quality Metrics, HG provided an update as follows:-

Patient Safety

Medication errors resulting in harm continue to be lower than last year. Pressures ulcers of a grade 2 or above are higher in comparison to last year, but that is related to improved reporting and the impact of our Tissue Viability Nurse. Lead Nurses had recently met as a group to address this issue.

Action: HG to continue to provide verbal updates, with a development plan to be presented at March/April CQAC meeting.

Clinical incidents resulting in harm have seen an increase during November, HG requested Medicine Management Committee to advise if any themes/trends.

Patient Experience

The Team have continued to see an increase in the amount of responses regarding Friends and Family Test and Inpatient surveys.

The amended format for gaining feedback regarding play and learning, in place from January 2017 should provide a more accurate reflection on patient experience.

Clinical Effectiveness

HDU-CDifficile infection - hospital acquired infection – 1 patient, investigation taken place and action plan will be in place shortly.

Emergency Care – MB reported that the Trust had received a tribute letter from Jim Mackey from NHS Improvement with regards to the Trust's Emergency Care, which is a tribute to Alder Hey's Patient Flow and AED teams.
CQAC extended thanks to those teams.

The Chair thanked Hilda Gwilliams for her update.

16/17/141 Clinical Quality Steering Group – key issues report

Key issues report December 2016

POC presented Clinical Quality Key issues report:-

The Committee received and noted key issues report.

The Committee noted the continuing challenges regarding policy update/renewal, to ensure that the Trust has improved assurance and ownership around policy compliance across the Trust.

Action: HG to ensure that Policy renewal will be placed on the Agenda for Executive Team meeting on 26th January 2017.

Action: HG to ensure that the newly appointed Director of Governance present action plan/briefing statement at April Audit Committee meeting.

PN updated the committee on a Quality management automated system, which would prompt generic report reminders/prompts, which could be included on all terminals, which would assist staff in following up policy deadlines.

Action: HG would discuss off line with P Newland to explore this issue further.

The Chair thanked Phil O'Connor for his report.

16/17/142 Any other business

ES updated the Committee regarding a request for potential of setting up a free legal clinic for patients and families, which would be provided by the University of Liverpool to provide legal advice.

Proposal had been shared with A Hyson, Head of Quality, and proposal would need to link with PALs and Safeguarding Team. JFH expressed concern regarding assurance regarding person providing advice, and whether they would be suitably qualified, especially during a time when families are in distress.

Action: The Committee agreed that ES would explore this issue further and JFF to provide advice to Erica if required.

Action: ES to provide progress report/update at February CQAC meeting.

Date and Time of next meeting: - Wednesday 15th February 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 3 2016 – 2017 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

Complaints & PALS (Patient Advice & Liaison Service) report

Quarter 3; October – December 2016

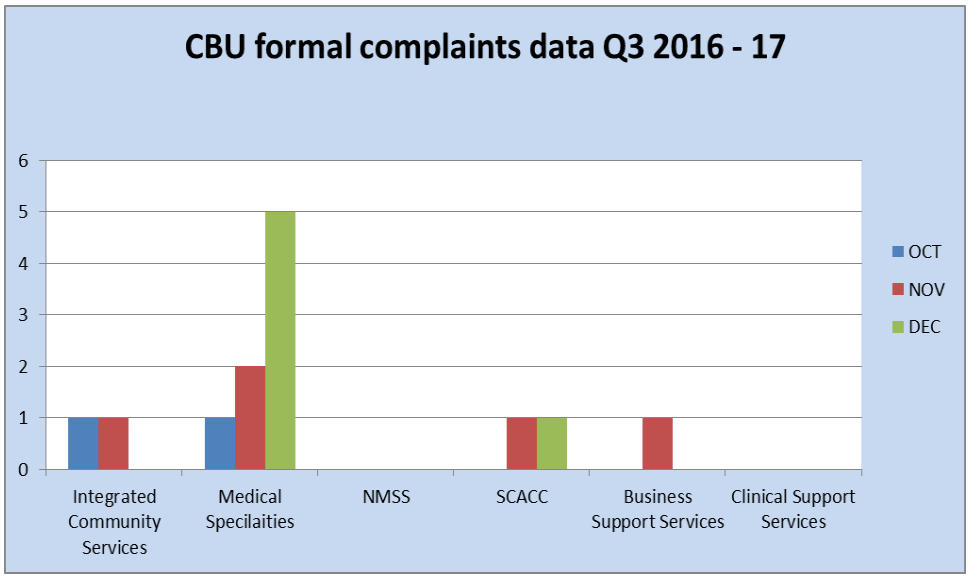
Complaints summary

The Trust received 13 formal complaints during this period. Two complaints from this quarter where reopened at a second stage as complainant dissatisfied with the response they had previously received. No complaints started as informal concerns/PALS and progressed to a formal complaint during this quarter. The number of formal complaints this month was 0.017% of the Trusts quarterly activity.

In Q3 2015/16 the Trust received 18 formal complaints in Q3 2014/15 the Trust received 32 formal complaints and Q3 2013/14 it was 43. This demonstrates continued and sustained reduction in formal complaints. The main subject of the formal complaints continues to be relating specifically to the treatment/procedure delivered to the child.

Complaints by CBU in Quarter 3

The following graph demonstrates the amount of complaints received within each CBU during Quarter 3 2016 – 17. Due to the devolved Governance model and CBU restructure it is not appropriate to display comparison data for the CBUs from this time period last year. Medicine CBU appear to have had a significant rise in formal complaints in Q3 however the Emergency Department now sits within Medicine and five out of the eight complaints received relate to this area.



Themes/ Categories

The table above demonstrates the continued challenge faced through complaint regarding the diagnosis and treatment pathway made for children yet queried by parents/carers. This

quarter we can also see individual complaints across a diverse group of themeS, none that are repeated and can be used as an early warning indicator.

Complaint outcome

7 complaints where upheld within this quarter and 4 where not upheld, clarification regarding the outcome of one complaint is still being agreed.

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.

Medical Specialities (CBU) – 8 complaints

Allergy 1	Attitude of staff - Medical
ED 4	Attitude of staff – Nursing Alleged failure in medical care
Gastroenterology 2	Alleged failure in medical care Waiting time for appointment
Neurology 1	Communication Failure - medical

Integrated Community services - 2 complaints

Community Paeds 1	Alleged failure in medical care - ongoing
ED 1	Alleged failure in medical care

Surgery/Cardiac /Critical Care CBU/Anaesthetic – 2 complaints

Cardiology 1	Alleged failure in medical care
General Surgery 1	Appointment delay

Neurosciences/Musculoskeletal & Specialist Surgery–

n/a in Q3

Clinical support -

n/a in Q3	

Business Support Unit – 1 complaint

Facilities Management 1	Lack of Respect

Timescales for response

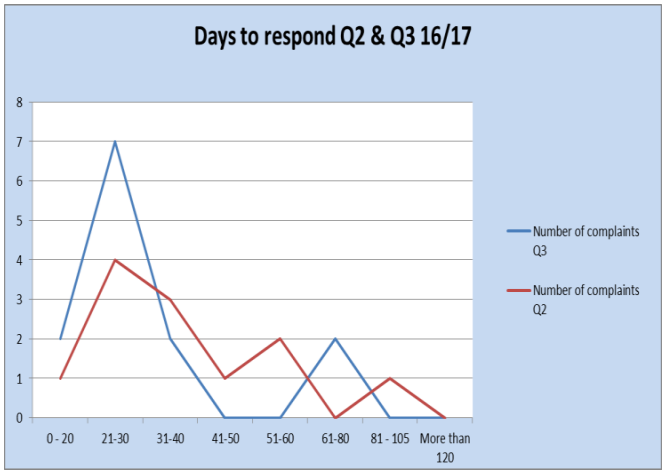
The Trust endeavours to respond to complaints within 25 working days or a timescale negotiated with the complainant.

In Q3 seven complaints responded to were outside of the trust timescale and the agreed timeframe negotiated with the complainants.

The remainder of complaints where responded to within 25 days or within the agreed timeframe negotiated directly with the complainant at the start of the process or during the process as it became clear the issues within the complaint where more complex and would need more to investigate.

The following table indicates the amount of working days taken for the investigation response to be completed and sent to the complainant.

Days taken to respond	Number of complaints Q2	Number of complaints Q3
0 - 20	1	2
21-30	4	7
31-40	3	2
41-50	1	0
51-60	2	0
61-80	0	2
81 - 105	1	0
More than 120	0	0



All complainants are notified of any potential / anticipated delays in receiving a response. Most common causes of a prolonged response time is

- Delay receiving details from CBU teams
- Complex complaint
- Cross boundary / Joint complaint
- Delay in receiving details from complainant
- Further information required by CBU, causing a more lengthy quality review process

Referrals to Parliamentary & Health Service Ombudsman

No cases have been opened or closed from the PHSO in Q3

For discussion – the PHSO have advised that they would recommend all complaints are thoroughly investigated and responded to and that the complainant is then signposted to the PHSO for an independent assessment and investigation of the complaint if warranted. This would mean we will not accept any complaint back to the Trust for re investigation. Agreement from the Board is sought.

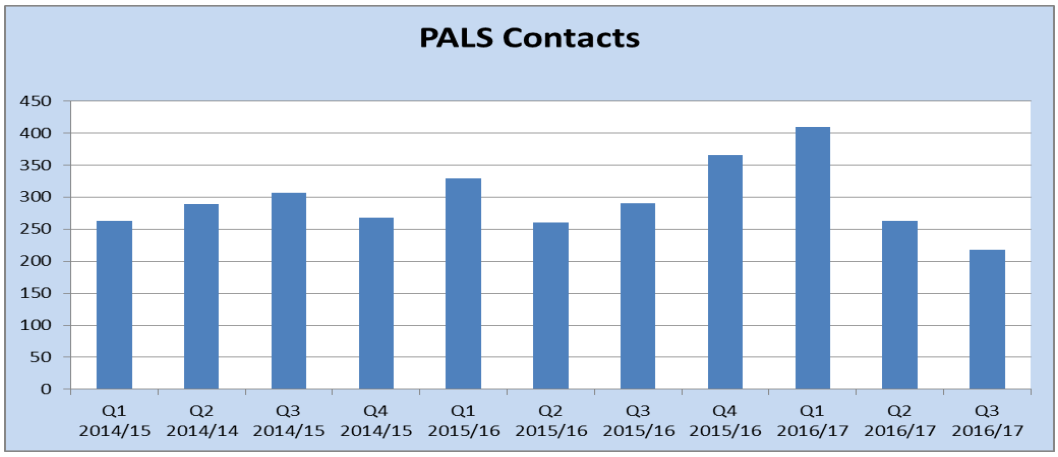
PALS summary

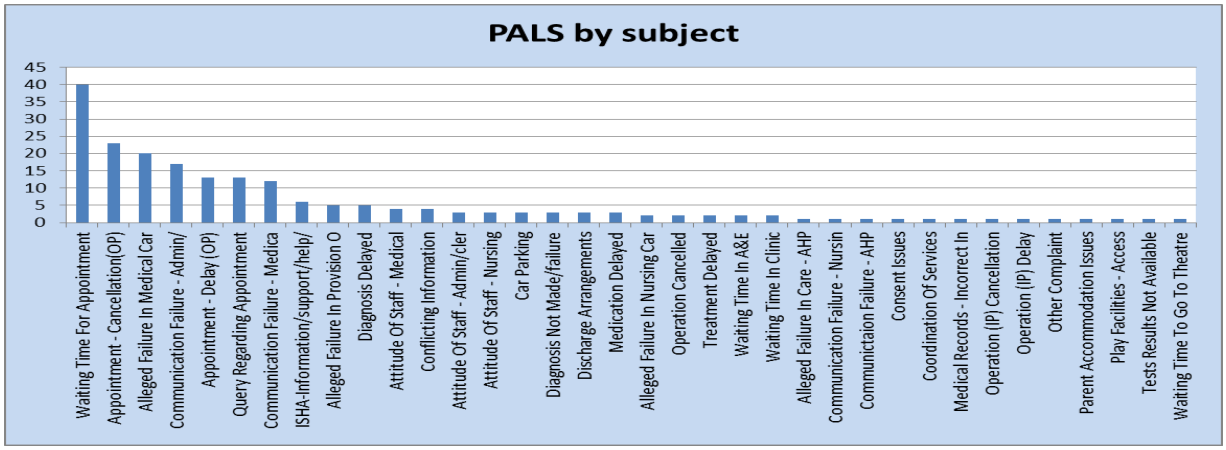
The PALS team received 218 enquiries during this period, which is the lowest quarterly figure since Q4 2013/14.

Many of the contacts into the PALS office currently is to seek advice, talk through issues and find a way forward (or to simply off load). These issues are time consuming to deal with and the team do not always log these contacts due to capacity. The decrease in activity also included a quieter period of time over Christmas and New Year. The main area of repeated concern identified during this period was relating to Appointments- (including waits and cancellations) – 30% .

Fig 3- PALS contacts from 2014/15 – Q3 2016/17

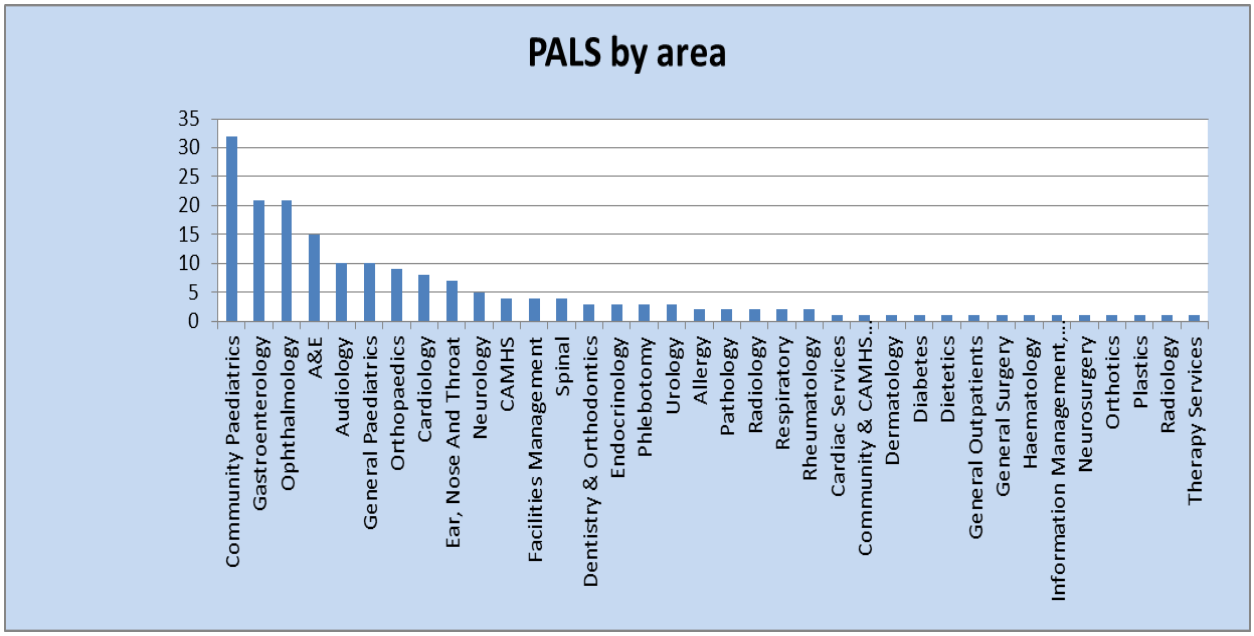
Q3 shows the lowest number of PALS since Q4 2013/14.





PALS by area

The areas receiving numbers of concerns are detailed in the table below – this should be not be looked at in isolation however in correlation to activity within these areas. Overall PALS contacts accounted for 0.28% of the Trusts activity in Q3.



Key actions & lessons learnt from PALS during Quarter 3

The most issues identified within Q3 feedback relate to Community Paediatrics. The main areas of concern relate to waiting time for appointments, appointment cancellations and communication failure (admin/medical)

PALS and complaints are communicated and fed back to senior staff at Community CBU Risk & Governance meeting to ensure appreciation of current trends are fully disseminated and actions can be taken to look at specific areas of concern.

Alder Hey Children's NHS
NHS Foundation Trust

DIPC REPORT QUARTER 3 (Oct-Dec) 2016-17

KEY MESSAGES – Exception Reporting

This report provides the Board with current challenges for delivery of the Infection Prevention & Control Strategy & Delivery Plan 2016-17. Please note that a further 10 objectives have been added to the delivery plan following discussions with the CCG (total of 89 objectives).

24% (21/89) of the objectives have not yet been achieved in Q3 being red or amber.

It is important to note that out of a total of 89 delivery plan objectives 19/40 (47%) objectives due by the end of Q3 have been actioned.

The remaining objectives 56% (46/89) are due end of Q4 with many actions in progress. Please see tables below.

Further in depth information on actions is available in the DIPC Delivery plan

Table 1: Objectives RAG rating Q3

No. of objectives Q3	Red Q3	Amber Q3	Green Q3	Blue (due by Q4)
89	11% (10)	12% (11)	21% (19)	56% (49)

Therefore, CQAC are asked on behalf of the Trust Board to note the following areas of concern that require action **or are currently not on track/ challenging to deliver** within agreed timescales:

Table 2: Infection Prevention & Control Strategy & Delivery Plan 2016-17 exception reporting Q3

Objectives No:	Current situation	Action required/progress	Risk Reg No
No 1 - Responsive cleaning service	The current cleaning service is non- compliant with Health & Social Act due to lack of robust cleaning schedules, policy and Standard operating procedures	Domestic Services Manager now in place as of 03/01/2017. She will begin to look at policies, SOPs etc.	638
No - 2 Implementation of water safety plan	Risk of Pseudomonas HAI from water in augmented care areas still remains as does the risk of Legionella infection due to inability to control cold water temperature	Water Safety Group in process of resolving, FM meeting with Interserve. Independent external review undertaken and plans in place to resolve once cause identified actions agreed. Mitigation in place to reduce risks. Trust corporate risk register has been amended moving risk of pseudomonas from red to amber due to improved surveillance and use of filters.	640
No 3 – Improve Antibiotic stewardship and compliance	Our current e-prescribing system has been built to ensure that it is mandatory to document the dose and indication for antibiotics. It was considered a risk to patient safety to include a mandatory stop date on antibiotic prescriptions, and it is not possible for Meditech to have a mandatory "review date."	The Trust is achieving the CQUIN target for reviewing antibiotics within 72 hrs despite this. Plan to meet with IT to explore how Meditech could be used to improve antimicrobial prescribing, and points for discussion will include: prompts for review at 48-72hrs, decision support for dosing and treatment guidelines.	658
No 4 – Implementation of	Sepsis recognition Establishment of a steering group and developments to improve sepsis recognition on	Documentation has been produced with a plan to trial on 3C. No progress with audit data for CQUIN.	NICE NG5

Objectives No:	Current situation	Action required/progress	Risk Reg No
the SEPSIS 6	1C (neonatal surgical unit)		1 July 2016 CQUIN
No 5 - IPC service development Sub objective 14 Sub objective 10 & 11	Insufficient quality control audits on ANTT	To be addressed by Vascular Access Team	
	Audit of practice NICE CG 139 (baseline review of urinary catheter care) and CAUTI surveillance 1 quarter of each year not yet commenced	Urology nursing team has advised IPCT that they do not have the capacity to undertake the audit of practice or participate in surveillance. The IPC team have limited capacity therefore surveillance has not commenced. IPC Lead nurse will be discussing this further with CBU leads and quality leads.	
No 6 - Reduction in Health Care associated infection Sub objective 10	Improvement in compliance (with CPE screening for internal hospital transfers / hospital in previous 12 months	Training and education continued. Compliance was (81%) in November 2016.	969
	Inadequate assurance on IPC Mandatory Training compliance	Awaiting information from L&D. Planned meeting with Joanne Downes, Mandatory Training Lead and Fleur Flannigan, HR Advisor has not taken place.	639
Sub objective 21 -23	Submission for hand hygiene audits from patient areas are low. Compliance from areas who have submitted audits are generally above 85% but action plans are not being submitted for those areas not achieving the 85% compliance.	Hand hygiene working group established to look at promoting hand hygiene and driving improvement in compliance within critical care in the hope that improvements will be rolled out Trust wide.	
No 8 - Reducing the risk of Infection due SSI	Currently issues with assurance in relation to IPC practices within Theatres. Risk assessment prepared by Rob Griffiths which has particularly identified a lack of planned preventative maintenance.	Working with new Theatre Matron and IPC Link Practitioner. Improvements have been identified in theatre cleanliness over the last quarter.	970 NICE QS 49 Quality Contract
No 9 Decontamination	Incomplete assurance on the decontamination of reusable medical devices.	Decontamination Lead and Medical Devices Safety Officer working with IPCT to resolve a number of issues. A solution to high bacterial rinse water counts in endoscope washer disinfectors has been identified. A full endoscopy has been re-established but awaiting remedial actions.	641 656
No 10- Staff engagement in IPC	Improved signage in critical care and on 1C.	Pull up signs now in use. Hotpockets for all ward areas required to display IPC and cleanliness information. Cost for 12 boards would be £3588+VAT.	
No 11- Reducing the risk of HAI due to infectious disease Sub objective 1-3	Immunisation strategy within the Trust needs addressing in particular in relation to long term conditions and flu campaign.	Progress made with immunisation report will be presented to CQPG meeting shortly.	635

Objectives No:	Current situation	Action required/progress	Risk Reg No
Additional objective Identified as part of external review	Lack of DIPC representation on Trust board	This has been discussed at Trust Board and has been agreed that the DIPC will attend a Trust Board Meeting and will then be co-opted as required.	

INCIDENTS QTR 3 – Minutes available on request.

Date	Meeting Subject
18/10/2016	Cardiac SSI
24/10/2016	AER results Meeting
27/10/2016	D&V Outbreak meeting HDU
01/11/2016	Hospital acquired MRSA meeting
10/11/2016	Hospital acquired CDIff meeting
14/11/2016	Death of a septic child
17/11/2016	CLABSI rates for TPN patients
29/11/2016	Staph Aureus Bacteraemia (Portacath)
01/12/2016	Cubicle 5 Oncology

SUPPORTING INFORMATION

- DIPC Delivery plan 2016-17
- Agenda & Minutes from IPCC October 2016 AND December 2016.

QTR3 update DIPC strategy and delivery

IPCC Draft Minutes 12.10.16.docx

IPCC Minutes 05.12.16.docx

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 7th March 2017

Report of:	Chief Nurse
Paper Prepared By:	Chief Nurse, Director of Nursing, Deputy Director of Nursing and Associate Chief Nurses
Subject/Title:	Nursing Workforce Report
Background Papers:	• Clinical Quality Assurance Committee (CQAC) presentation: Nurse Staffing Update: September 2016 • Resources and Business Development (R&BD) Committee paper: 2016/17 Post Occupation Review of Hospital Ward Staffing Establishments: December 2016 • How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time: NHS Quality Board, November 2013 • Hard Truths: The Journey to Putting Patients First: Department of Health, 2013 • Defining staffing levels for children and young people's services: RCN standards for clinical professionals and service managers: Royal College of Nursing, 2013 • Quality Standards for the Care of Critically Ill Children: Paediatric Intensive Care Society, December 2015 • Categories of Care: British Association for Perinatal Medicine 2011 • Safe staffing for nursing in adult inpatient wards in acute hospitals: National Institute for Clinical Excellence July 2014 • Safer Staffing: A Guide to Care Contact Time: NHS England 2014 • Single Oversight Framework: NHS Improvement September 2016 • Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18
Purpose of Paper:	• To update the board on the front line nurse staffing position
Action/Decision Required:	Recognition of position re recruitment and retention. Support for the planned developments.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	• Provider of 1st choice • Deliver clinical excellence
Resource Impact:	

CONTENTS

1. EXECUTIVE SUMMARY

The aim of this paper is to provide the Trust Board of Directors with a report on nurse staffing across the wards within the Trust. This paper excludes Theatre department, Community Children's Nursing Team, Dewi Jones Unit and Specialist Nurses.

Since the previous Nurse Staffing Board report in Q3 2015/16, the senior nursing leadership team have continued work on the recommendations that were agreed. This report contains an updated position with regard to the nursing workforce and makes further recommendations for continued improvement.

Through effective implementation of the recruitment action plan, considerable improvement to staffing levels has been sustained. Alder Hey has demonstrated significant success in this highly competitive regional and national market. In the past 12 months 104.4 WTE registered nurses have been recruited as a result of local, national and international campaigns.

There are no RSCN vacancies currently, with an effective system of allocating nurses from within the Nurse Pool as they arise. However, with continuing high levels of maternity leave and sickness – albeit reducing, there is a finite level of resilience in the Nurse Pool (outlined in section 5.5).

Following the restructuring of the CBU's in November 2016 to three larger CBU's, the Chief Nurse supported by the triumvirate leads proposed the reintroduction of Matrons across the medical and surgical CBU's from within existing funding. It is expected the new structure will be in place by Q1 2017. Review of the Community structure will take place in the new financial year.

A review of the standards for paediatric nursing (RCN, 2013; PICS, 2015) also describe the requirements for education, training, skill and expertise. An additional paper with an updated position on education; is scheduled to be presented at the RABD Committee in April 2017. The Trust receives a sum of monies from Health Education England for providing practice placement for student nurses and any financial investment is expected to be covered from this source.

The Nursing and Midwifery Council implemented Nurse Revalidation from April 2016, which requires all registered nurses to revalidate every 3 years to maintain their professional registration. The purpose of revalidation is to improve public protection ensuring nurses remain fit to practise throughout their careers. The Trust is performing well against the new standard achieving 100% compliance.

A previous audit against the (RCN, 2013; PICS, 2015) core standards conducted in July 2013 showed overall Trust compliance with 9 out of 16 standards as shown in the thermometer below:

The latest audit of compliance against the core standards undertaken in February 2017 demonstrated overall improvement with compliance against 12 standards, partial compliance with 3 standards, and none compliance with 1 standard as shown in the thermometer below:

The outstanding area of non-compliance relates to a senior children's nurse (minimum band 8a) should be accessible 24 hours a day. The plan is to address this standard when developing the Trust's strategy for out of hours and weekend clinical support team.

The financial nurse staffing position early in 2016 was of significant concern (see section 6). Based on the financial year up to and including July (financial month 4), spend on agency nursing and NHSP bank staff was projected to top £3m by the end of the year.

A comprehensive review by the senior nursing leadership team with representation from finance, identified multifactorial issues attributed to the overspend and identified the associated financial value.

Robust micromanagement of new turnaround processes within the nursing sphere circle of influence has delivered a significant reduction in overspend, most notable agency spend which also enabled the Trust to deliver the Monitor capped target on agency usage. There has also been a significant reduction in the numbers of inpatient beds closed due to staffing issues in addition to fewer cancelled operations.

Table 11: Financial impact of improvements	
Original projected ward pay overspend @ M4	£2,300,000
Impact of restricted agency use and recruitment drives	-£300,000
Reduced HCA use on the Burns Unit	-£110,000
Reduced HCA use on Ward 4C	-£55,000
Improved sickness management	-£400,000
Remove 1:2 staffing for ENT patients on Ward 3A	-£170,000
Neuro neonates nursed on NNSU not on 4A	-£170,000
Contract income to formally establish spinal beds 4A as HDU	-£170,000
Income for individual patient 3C to offset nursing costs of 1:1 care	-£170,000
Close the 2 additional cardiac HDU beds once general HDU increases capacity	-£170,000
1C Neonatal co-ordinator available on every shift – funded from LWH NNS proposal	-£75,000
Other workforce re-alignments	-£40,000
Revised FYE Forecast ward pay overspend	**£470,000**

Key: Nursing sphere of influence
Wider organisational support required

The residual funding gap of £470,000 relates to the following two issues; funding of the Pool Nurses, approximate financial value of £250,000. A case was presented to the RABD Committee and funding was agreed to be provided utilising the 60% government funding and 40% by the Trust.

The remaining £220,000 gap is associated with additional support for patients requiring 1:1 specialling primarily HCA's and the RABD Committee agreed to re-review this element following the implementation of the improvement plan in the table above.

RECOMMENDATIONS

a) Support the introduction of the Matron role across the CBU's at Alder Hey.
b) Following the implementation of the improvement actions outlined in section 6.2, re-evaluate the demand for 1:1 Health Care support worker care provision for those patients who meet the criteria, current financial overspend cost £220,000.
c) Develop a plan to achieve compliance with RCN core standard 14, regarding access to senior children's nurse (minimum 8a) at all times.
d) Continue to work with medical colleagues to identify the impact and plan to address reduction of junior medical staff numbers/changes to medical staff roles e.g. Advanced Nurse Practitioner.
e) Implement Care Contact Time reporting, releasing time to care.

2. NATIONAL CONTEXT AND REGULATION

Specific guidance for safe staffing levels in neonatal and paediatric settings is predominantly set by the Royal College of Nursing (2013). The revised standards issued in 2013 provide a greater challenge to achieve than the previous standards (2003), most notably as there is no longer a differentiation between staffing levels in the day and night. An audit of the Trust's compliance against the 16 core standards can be found in section 4.2, with the Trust fully compliant with 12, partially compliant with 3 and not compliant with 1.

Additional specialised guidance for staffing in paediatric intensive care and high dependency settings is set out by the Paediatric Intensive Care Society, with new guidelines produced in 2015. The new guidance includes a comprehensive self-assessment for Trusts to undertake. An initial self-assessment was undertaken in May 2015, however it is planned to repeat this in 2017.

The British Association for Perinatal Medicine outlines standards for the care of neonates (BAPM, 2011).

The National Institute of Health Care Excellence (NICE) was commissioned to publish guidance relating to nursing staffing levels in 2014, and within this identified organisational and managerial factors that are required to support safe staffing for nursing patients over the age of 18. While the Trust has taken into consideration the recommendations within this guidance, and utilised them to establish our own safe levels of staff, it has done so mindful that the NICE guidance relates to adult nursing in general. The only NICE guidance pertaining to children's nursing relates to children's cancer services and was published in 2005. Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that there are enough suitably qualified, competent and experienced staff to meet the needs of the patients at all times. Having the right staff in the right place at the right time ensures Trust wide workforce resilience to deliver high quality care to patients all of the time.

In line with Department of Health Hard Truths Commitments (2013), all Trusts are required to submit monthly staffing data. The Trust is compliant with submitting data to the public through NHS Choices and on the Alder Hey website (Appendix 1).

In 2014, NHS England published Safer Staffing: A Guide to Care Contact Time, describing that the focus on delivering safe staffing has been in response to reports that suggest nurses are not visible enough and are often too busy with administrative tasks to deliver direct care to patients. NICE guidelines recommend monitoring and action to ensure patients are receiving 'the nursing care and contact time they need' with the emphasis on 'safe patient care, not the number of available staff'. There has been much debate regarding the need to go beyond the numbers to determine 'safe' staffing levels. The measurement and understanding of actual care contact time can be used to drive local improvement and to support the determinant of a robust nursing establishment and effective deployment of staff. The Trust supports the need to understand the number of staff required and utilises a patient dependency score tool (SCAMP) to identify increased nursing intervention.

In 2000, the Department of Health proposed that every hospital should have Matrons who are accountable for a group of wards and are easily identifiable to patients, in order to improve the delivery of patient care and patient experience, and to provide strong clinical leadership and authority at ward and departmental level. Following the restructuring of the CBU's in November 2016 to three larger CBU's, the Chief Nurse supported by the triumvirate leads proposed the reintroduction of Matrons across the medical and surgical CBU's from within existing funding. It is expected the new structure will be in place by Q1 2017.

The National Quality Board (2013) issued requirements relating to the optimisation of staffing capacity and capability for registered nurses and nursing assistants in How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time. Standards for paediatric nursing (RCN, 2013; PICS, 2015) also describe the requirements for education, training, skill and expertise. An additional paper with an updated position on education; is scheduled to be presented at the RABD Committee in April 2017.

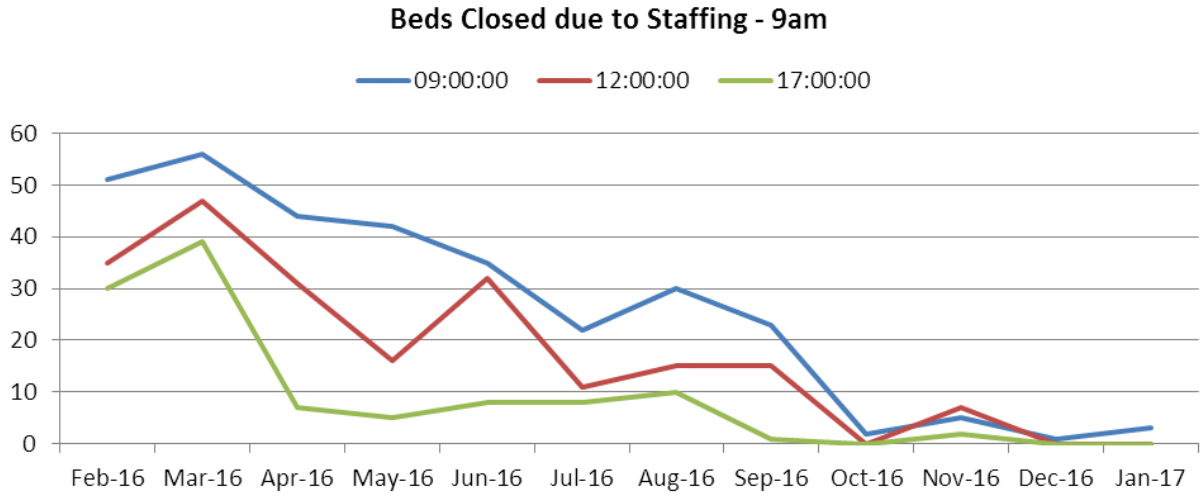
NHS Improvement launched the Single Oversight Framework in September 2016, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. The Single Oversight Framework is designed to help NHS providers attain and maintain CQC ratings of 'Good' or 'Outstanding'. The framework includes 39 indicators that supplement CQC information in relation to quality of care monitoring metrics. This paper identifies numerous improvements that will demonstrate assurance in relation to acute provider compliance.

The Nursing and Midwifery Council implemented Nurse Revalidation from April 2016, which requires all registered nurses to revalidate every 3 years to maintain their professional registration. The purpose of revalidation is to improve public protection ensuring nurses remain fit to practise throughout their careers. The Trust holds regular workshops to support and assist nurses to prepare for their revalidation. To date, all registered nurses due to revalidate have done so successfully.

3. SUMMARY OF ACHIEVEMENTS

The overall impact of the success of the recruitment, reduction in vacancies and other developments to support safe nurse staffing is as follows:

i. 104.4 WTE front line nursing staff recruited in the last 12 months.
ii. Significant reduction month on month in the closure of beds to admissions due to nurse staffing levels as shown in the graph below:



iii. Reduction in cancelled operations for "staffing unavailable".
iv. Reduction in use of "agency rate" payment leading to significant savings (as outlined in section 6.1).
v. Partnership working with HEI to run the first national non commissioned cohort of student nurses ahead of the changes requiring student nurses to pay tuition fees from August 2017. Cohort of 5 students commenced in the Trust in September 2016.
vi. Partnership working with HEI to run a new training programme for individuals educated to Masters level to undertake a shortened course to become a registered Children's Nurse.

vii. The development of a responsive recruitment culture with evidence of strong partnership between senior nurses and human resource staff, notably working together on two successful national recruitment days.
viii. Successful forerunner bid secured to support the role of a Pharmacy Technician at ward level to prepare and administer medications.
ix. Partnership working between senior nursing team and finance team to successfully undertake a comprehensive post occupation review of ward establishments resulting in a number of actions (outlined in section 6).
x. Review of nurse staffing in Outpatients department undertaken (concludes April 2017).

4. HOSPITAL NURSE STAFFING MODEL

4.1: Ward establishments

The Trust moved into the new Children's Health Park in October 2015 and the methodology adopted to set ward nursing establishments was a 'lift and shift' model in line with the acute bed reconfiguration. Although it was acknowledged by the senior nursing team that the larger wards would potentially afford economies of scale, these were offset by the increase of individual side rooms children are nursed in creating a challenge to the nursing model.

The staffing model is fundamentally based on achieving compliance with the national requirements as described in section 2. An audit of compliance against the RCN paediatric staffing standards is outlined in section 4.2.

Extensive work has been undertaken both pre and post move to achieve a planned safe staffing model and the agreement of individual ward establishments. A paper was presented to RABD Committee in November 2016, regarding the ward nurse staffing establishments following occupation of the new hospital, and the findings of this paper are outlined in section 6.

4.2: Safe staffing levels and compliance with RCN guidelines

A post occupation audit against the RCN standards has been undertaken involving the Ward Managers and Associate Chief Nurses for all inpatient and day case wards (Appendix 3).

A previous audit against the core standards conducted in July 2013 showed overall Trust compliance with 9 out of 16 standards as shown in the thermometer below:

The audit of compliance against the core standards in February 2017 demonstrated overall Trust compliance with 12 standards, partial compliance with 3 standards, and none compliance with 1 standard as shown in the thermometer below:

Table 1 below provides analysis against the standards, identifies existing challenges to compliance, and identifies actions to improve compliance:

Table 1: Core standards to be applied in services providing health care for children and young people		
Standard		**Compliance**
1	The shift supervisor in each clinical area will be supernumerary to	**Partial**

	ensure effective management, training and supervision of staff	
	All wards aim to have a nurse in charge who co-ordinates the shift. Only PICU, HDU, Ward 4A and Ward 1C Neonatal (day only) have funded establishment above the baseline bedside funded establishment for a supernumerary shift co-ordinator. During 2017/18 inpatient area's will continue to identify resource to achieve this standard	
2	Nurse specialists and advanced practitioners will not be included in the bedside establishment, except periodically where required to maintain skills, to teach and share expertise with ward and department-based staff	**Compliant**
	Fully compliant. Specialist Nurse review currently underway (40 specialist teams). Associate Chief Nurses working with Specialist Nurses to ensure dedicated support, advice and education is provided to the ward(s) aligned to their specialism	
3	At least one nurse per shift in each clinical area (ward/department) will be trained in APLS/EPLS depending on the service need	**Partial**
	The Trust has seen an increase in natural retirement which has impacted on the availability of staff who are APLS trained. Ward Managers of areas that are partially compliant or non compliant have identified in their local Training Needs Analysis that all Band 6 staff will be trained in the first instance followed by senior Band 5 nurses to improve / achieve compliance	
4	There will be a minimum of 70:30 per cent registered to unregistered staff	**Compliant**
	Fully compliant. Ward 4B has a ratio of 50: 50 however that is a deliberate workforce configuration as the support staff are trained to care for children requiring long term ventilation	
5	A 25 per cent increase to the minimum establishment is required to cover annual leave, sickness and study leave	**Partial**
	An improvement was made to increase from 21% uplift to 23% uplift in 2012/13 following the introduction of the 2 shift system for inpatient areas Alder Hey provision is capped at 23% from 2013/14. The impact of this will continue to be monitored and evaluated between nursing and finance staff In 2016/17 a post occupation staffing review of OPD has identified there is no staffing uplift, the report is due to be completed by April 2017 with recommendations	
6	There should be a minimum of two registered children's nurses at all times in all inpatient and day care areas	**Compliant**
	Fully compliant	
7	Nurses working with children and young people should be trained in children's nursing with additional training for specialist services or roles	**Compliant**
	Fully compliant	
8	Seventy per cent of nurses should have the specific training required for the speciality, for example, children's intensive care, children's oncology, children's neurosurgery	**Compliant**
	Fully compliant. Specialist wards have locally or regionally delivered programmes to support staff development and expertise in their field as identified in their local Training Needs Analysis	
9	Support roles should be used to ensure that registered nurses are used effectively. Support roles are defined in the standards as a minimum of	**Compliant**

	the following:	
	Supernumerary Ward Manager: All Wards have a supernumerary Ward Manager at Band 7 or Band 8A. This has been achieved during the establishment review prior to moving into the new Children's Hospital	
	Ward receptionist / ward clerk / admin support for ward staff: Fully compliant	
	Play Specialist: Fully compliant however business case approved to increase play provision 2016/17	
	Housekeeper: Fully compliant	
10	Unregistered staff must have completed a course of training specific to the setting, and in the care of infants, children and young people and have undergone a period of competence assessment before carrying out care and delegated tasks	**Compliant**
	All new Health Care Assistants signed up to NHSP undertake Advanced Clinical Skills training. All HCA's on wards have assessment of competency in assigned skills. Plan to review competencies more widely for all levels of staff	
11	The number of students on a shift should not exceed that agreed with the university for individual clinical areas	**Compliant**
	Fully compliant	
12	Patient dependency scoring should be used to provide an evidence base for daily adjustments in staffing levels	**Compliant**
	SCAMPS tool in place and adjustment to PEWS trigger made in November 2016 to provide earlier detection and review of deteriorating clinical picture	
13	Quality indicators should be monitored to provide an evidence base for adjustments in staffing levels	**Compliant**
	Ward Managers / CBU representative attend daily Bed Meetings to inform of ward level patient acuity and requirement for additional staff. Data collected on bed meeting sitrep PEWS audits and Infection Control audit regularly conducted and corporate dashboard completed. Ward Accreditation tool developed and incorporates all ward quality indicators, monitoring in place In line with Hard Truths Commitments daily staffing information will be displayed electronically to the public via screens. Plan in place to install screens April 2017	
14	Where services are provided to children there should be access to a senior children's nurse for advice at all times throughout the 24 hour period. The expectation is that this post would be at a minimum of band 8a dependent on the full scope and remit of the position in which case the post may be graded higher where the remit is greater. All post holders of matron positions in children's services must hold a registered children's nursing qualification	**Non compliant out of hours**
	The development of a business case to achieve compliance is currently underway and will be presented to the RABD Committee by Q2 2017	
15	All staff working with babies, children and young people must comply with the Safeguarding children and young people: roles and competences for health care staff (2010). All staff must be able to access a named or designated safeguarding professional for advice at all times 24 hours a day	**Compliant**
	Fully compliant. Nursing and Medical staff on call	
16	Children, young people and young adults must receive age appropriate	**Compliant**

	care from an appropriately skilled workforce in dedicated environments that meet their specific needs	
	Staff appropriately trained. Hospital school and new hospital has designated areas in some wards for learning	

Additional analysis has taken place to audit front line staffing against specific staffing guidance sections of the RCN guidelines not captured within the core principles.

The audit of compliance against the specific standards in February 2017 demonstrated overall Trust compliance with 1 standard and partial compliance with 3 standards as shown in the thermometer below:

Table 2 below provides analysis against the standards, identifies existing challenges to compliance, and identifies actions to mitigate and improve compliance:

Table 2: Staffing principles within "Defining staffing levels for children and young people's services"		
Section		**Compliance**
Section 5: Neonatal services	Bedside, deliverable hands-on care: Special care 1:4 nurse: infant High dependency care 1:2 nurse: infant Intensive care 1:1 nurse: infant	**Compliant**
	Fully compliant. Neonates requiring intensive care are nursed on PICU, surgical and cardiac neonates requiring high dependency care are nursed on Ward 1C. Neonates on other wards are nursed 1:3 in line with standards in Section 7 below	
Section 6: Designated children's intensive care and children's high dependency services	PICU 6.7-7.06 WTE per bed dependent upon maternity leave included in calculation Bedside, deliverable hands-on care: Level 1: HDU 1:2 nurse: child Level 2: PICU or HDU cubicle patient: 1:1 nurse: child Level 3: PICU: 1:1.5 nurse: patient Level 4: 2:1 PICU: nurse: patient (ECMO)	**Partial**
	Current ratio is 6.4 WTE per PICU bed. Self assessment against PICS standards (2015) took place in 2015 and plan to review again following changes in configuration of critical care beds All patients are nursed as per ratios set above unless not required for example a patient who is being transferred from PICU to a ward	
Section 7: General children's wards	Bedside, deliverable hands-on care: Children < 2 years of age 1:3 registered nurse: child, day and night Children > 2 years of age 1:4 registered nurse: child, day and night	**Partial**
	RCN standards no longer differentiate between the staffing ratio day and night. The senior nurse leadership in conjunction with the ward managers and team leaders have agreed that there is reduction on "off ward" activity e.g. journeys to; radiology, theatre throughout the night and as such have proposed and agreed that the night staffing levels would be -1 to daytime	

	This staffing plan continues to be monitored and evaluated following implementation of the new staffing model in the new hospital. Ward 1C is compliant	
Section 8: Specialist children's wards	At least a third of patients on specialist wards (such as oncology, cardiac, neurosurgery) should be classed as requiring high dependency care, although in some ward areas this may be as high as 50 per cent. The relevant standards must be followed (1:2 registered nurse: child). The minimum standard for other children being 1:3 registered nurse: child	**Partial**
	There is a case to say that almost all of the inpatient wards at Alder Hey are specialist in nature Wards with dedicated HDU beds (Ward 1C and Ward 4A) are established for 1:2 ratio for commissioned HDU beds, and in addition Ward 4A provides 1:2 ratio for orthopaedic patients requiring a higher intensity of care Wards are not established for 1:3 ratio for the remainder of patients. Achieving compliance with this standard would require significant additional financial investment Following implementation of the recommendations from the workforce review 2016/17, a further review will be undertaken	

4.3: Recruitment update

The senior nursing team have continued to undertake recruitment activities throughout 2016 and have recruited 104.4 WTE nurses since February 2016 as shown in Table 3 following successful local, national and international recruitment. A number of areas have worked tirelessly to undertake specific targeted recruitment where there has been significant gaps or in areas that are known to be hard to recruit to. Of particular note are the Critical Care and Accident and Emergency departments.

Table 3: Actual starters in WTE

	Q1 2016/17			Q2 2016/17			Q3 2016/17			Total
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Recruited		20 (EH cohort) 5 (Crit Care)	2 (4A) 3.8 (AED / EDU)	2 (Internatl) 4 (national)		30 (EH cohort) 25 (national) 10.6 (Crit Care)		2 AED		104.4
Total		**25**	**5.8**	**6**		**65.6**		**2**		

There are no RSCN vacancies currently, with an effective system of allocating nurses from within the Nurse Pool as they arise. However, with continuing high levels of maternity leave and sickness – albeit reducing, there is a finite level of resilience in the Nurse Pool (outlined in section 5.5).

4.4: Workforce developments

i. **Theatre Matron:** Following the restructuring of the CBU's in November 2016 to three larger CBU's, the Chief Nurse supported by the triumvirate leads proposed the reintroduction of Matrons across the medical and surgical CBU's from within existing funding. It is expected the new structure will be in place by Q1 2017.

ii. **Ward based Pharmacy Technician:** Successful forerunner bid secured from Health Education North West to support the role of a Pharmacy Technician at ward level to prepare and administer medications. The Pharmacy Technician commenced on Ward 4B in September 2016 and moved to Ward 3C in January 2017. A research project is underway to understand the impact of the role on patient experience, medication safety, and the impact of the role on nursing time by releasing time to care.

iii. **HEI non commissioned cohort:** In collaboration with Edge Hill University, Alder Hey commissioned and commenced the first national non commissioned cohort of student nurses ahead of the changes requiring student nurses to pay tuition fees from August 2017. A cohort of 5 students commenced in the Trust in September 2016. Whilst it is acknowledged that this is a small cohort, this has served as an effective forerunner to the non commissioned cohorts from August 2017. This also demonstrated that future nurses want to work at Alder Hey as this cohort chose to pay for their place as opposed to enrolling on the last free places in April 2017.

iv. **HEI Masters student nurses:** A cohort of 10 students commenced in the organisation in February 2016 taking part in a new training programme for individuals educated to Masters level to undertake a shortened course to become a registered Children's nurse.

v. **Nursing Associate role:** The nursing associate is a new health care role introduced by the DoH with 11 early implementer sites live from September 2016. The role is designed to bridge the gap between health care assistants and registered nurses by providing a route into nursing, enhancing the quality of hands-on care offered by the support workforce through defined and funded training and development, and strengthening the support available to nursing staff, releasing them to focus on higher level skills. Alder Hey is part of a pan Merseyside bid for the Nursing Associate fast follower due to commence in April 2017.

5. WORKFORCE CHALLENGES

5.1: Leavers

As anticipated, the Trust saw an increase in voluntary leavers in the period before and after the move. The average number of voluntary leavers in the six months before the move (April to September 2015) was 2.52 WTE per month. This average rose to 5.81 WTE in the 6 months after the move (October 2015 to March 2016), and reduced back down to an average of 3.42 WTE between April and September 2016. There has been a notable increase in voluntary leavers in Q3 to 6.51 WTE average per month. With the support of the HR department, electronic exit interviews have been implemented to provide information regarding why staff are leaving. Teams are also conducting local face to face exit interviews, particularly in areas where the leaver rate is high, such as Critical Care. To support the health and wellbeing of staff, a number of areas, such as Theatre, have introduced staff wellbeing committees. A clear and comprehensive training strategy is also key to successful staff retention and the senior nurse team is setting out a clear training needs analysis in each area to support staff development. Unfortunately, a number of nursing staff no

longer work within the Trust due to sensitive circumstances (death in service, dismissal, termination of contract on ill health grounds). Table 4 shows actual leavers for Q1 to Q3 2016/17:

Table 4: Actual leavers in WTE per Quarter in last 12 months									
	Q4 2015/16		Q1 2016/17		Q2 2016/17		Q3 2016/17		Total
	Actual	Mean per month	Actual	Mean per month	Actual	Mean per month	Actual	Mean per month	
Voluntary	18.17	6.09	9.13	3.04	11.65	3.8	19.53	6.51	
Involuntary	Not known		11.52		0.69		3		
Total	**18.17**		**20.65**		**12.34**		**22.53**		**73.69**

5.2: Age profile of nursing staff

Age profiling and the potential for retirement is an integral part of effective workforce planning, thus enabling predicted future requirements to be identified and factored into the Trust's recruitment strategy.

Any registered nurse in the pre-1995 NHS pension scheme is eligible for full retirement at the age of 55 and actuarially reduced retirement from the age of 50. The nursing age profile in Table 5 identifies 59 front line nursing staff aged 55 and over who could retire with immediate effect followed by a further 69 (aged 51-55) achieving retirement age in the next 5 years. Information relating to retirement intention is only available through staff sharing information voluntarily, therefore this poses a risk to the organisation. In order to impact assess and mitigate the risk of future gaps in the nursing workforce, work will continue to seek staff intentions over the coming years.

Table 5: Age profile of front line nursing staff										
Age range	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66-70**
Number of staff	117	147	154	128	68	78	69	42	16	1

Succession planning is key, and there has been successful internal promotion to front line Band 6 and Band 7 nursing roles.

5.3: Maternity leave

Maternity leave cover is not currently included within the calculated ward establishments for any of the wards. Previously the nursing teams at ward level would close beds as a result of nurse staff shortage, impacting on elective activity and financial performance. In 2015/16 the Trust Board acknowledged the significant maternity leave issue and the challenges upon the nursing workforce and agreed to establish a nursing pool of 20 WTE in order to improve resilience and optimise bed occupancy.

An analysis of ward staffing forecast templates illustrated that in April 2015 the total number of nurses on maternity leave stood at 34.75 WTE and followed an upward trend until March 2016 when the figure reached approximately 48 WTE. This predicted trend is demonstrated in Table 1 showing the actual maternity leave rate per quarter. The current maternity leave rate at January 2017 is 51.16 WTE (Appendix 2).

Table 6: Maternity leave in WTE

Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17
36.77	42.6	41.61	44.34

The mean average of approximately 40 WTE represents a "normal" level of maternity leave at any one time across the ward nursing teams. Normally 60% of costs are recovered from central government across the duration of a period of maternity leave absence, the remaining 40% is the Trust's internal challenge, which is valued in the region of £480,000 per annum.

5.4: Sickness

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

Table 7: Sickness in WTE				
	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17
LTS	39.12	30.91	21.12	27.05
STS		20.81	12.48	14.18

Long term sickness reduced significantly in Q2 2016/17 compared to Q4 2015/16 and Q1 2016/17. This was due to robust sickness management by the senior nursing team, and sadly due to death in service. There was an increase in Q3 2016/17 however the position at January 2017 is 20.9 WTE (Appendix 2). A recent initiative has identified that the Alder Hey spiritual team may be able to provide additional help and support to staff on long term sick to support other strategies such as Occupational Health reviews and counselling, and as such the Spiritual Team have met with senior nurses to raise awareness of the availability of this support.

Short term sickness has reduced over 2015/16, and of note that this was at its lowest in the Q3 winter months when sickness levels are often at their highest. It is understood that this is in part due to the successful recruitment campaign, associated improved staffing levels, and in turn increased individual resilience of staff.

5.5: Resilience

Based on the information regarding recruitment, leavers, and staff temporarily unavailable to work due to maternity leave and 2.5% unfunded sickness, Table 8 displays the overall front line nursing position.

Table 8: Overall front line nursing position in WTE	
	Jan 2016-December 2016
Recruited January to December (substantive):	+104.4
Leavers January to December 2016 (substantive):	-73.69
Nurse Pool:	+30.71
ML at Q3 (staff temporarily unavailable for work):	- Mean 44.34
2.5% LTS and STS unfunded at Q3 (staff temporarily unavailable for	-Mean 15.75

work):	
Variance :	**-29.38**

This demonstrates improved resilience to previous years in that the variance is linked to staff availability to work and not vacancies. The data demonstrates the need to continue with robust recruitment drives and management of sickness absence in order to ensure sustainability.

5.6 Attrition rates of recruited staff

134 WTE nurses were recruited to the Nurse Pool following sign up of all 3rd year students through local HEI's, and local, national and international recruitment. However the Trust experienced a 25% attrition rate amongst new recruits with 30 nurses subsequently taking up employment elsewhere. This attrition rate compares with a reported figure of 50% attrition as the national average. The intelligence demonstrates the need to recruit over and above the number of staff known to be required at any given time.

5.7: Increasing patient acuity

Specialling refers to patients' acuity requiring 1:1 nurse to patient ratio of care, which is over and above all acute inpatient ward normal rostered shift pattern and funded establishment (excluding PICU and HDU). The vast majority of special shifts are utilised on surgical wards (3A and 4A), and medical wards (3C and 4B). An example of a typical patient requiring "special" 1:1 care for a period of time would be a child with complex health needs and a learning disability with a compromised airway requiring tracheostomy and the child frequently attempting to remove the tube therefore requiring 1:1 supervision. Based upon the volume of "specialling" shifts used so far this year, the annual cost would be in the region of £250,000.

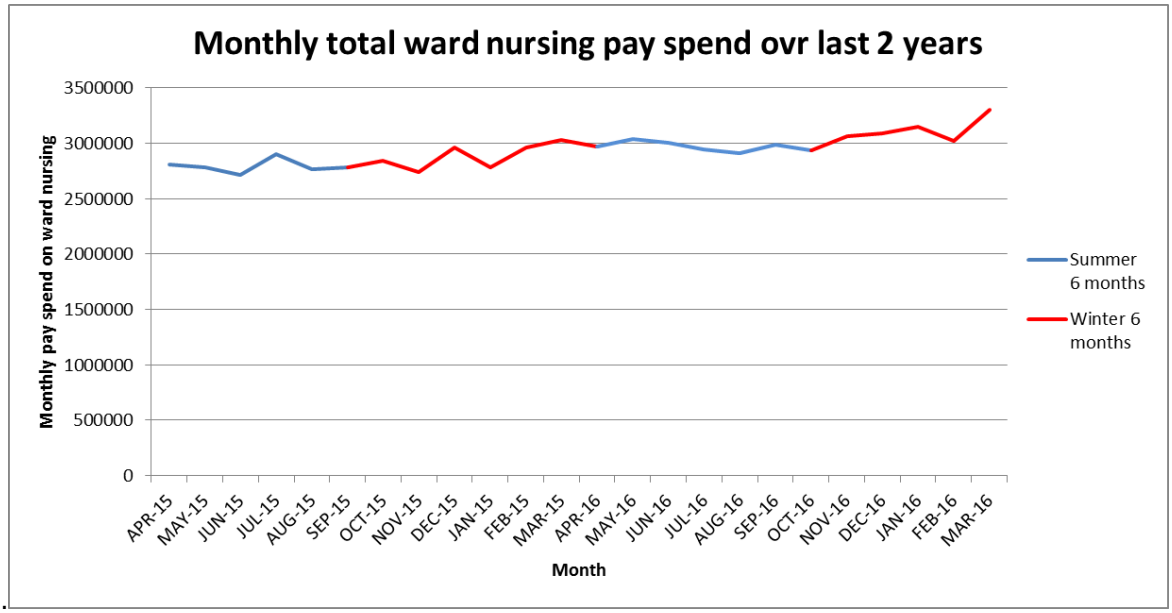
5.8: Change to student nurse funding

In July 2016, the Government confirmed the decision to replace NHS bursaries for nursing with student loans, and student nurses will be charged tuition fees from August 2017.

The full impact of this is not yet understood however there is a widely held view amongst senior nurses in the organisation, and at regional and national level, that the number of applicants to registered nurse training may decrease resulting in a reduced number of newly qualified staff to recruit from in three years time.

6. FINANCIAL STAFFING POSITION

Based on the financial year up to and including July 2016 (financial month 4), spend on agency nursing and NHSP bank staff was projected to top £3m by the end of the year. At the end of month 4 the pay budget overspends across all hospital ward areas totalled over £560,000. A straight forward extrapolation of this figure suggested the ward pay budget overspend could reach £1.7m by month 12. However for the last 2 years, intelligence demonstrated ward staffing increased by over 3% in the last 6 months of the year as demonstrated in the graph below. Had this trend continued in 2016/17, the actual unmitigated position at the end of the year could have hit £2.3m over budget.



Nationally, the trend on agency overspend has been recognised and regulators set each Trust a reduction target based on previous years spend, for our Trust this amounted to a 3.5% (£3.7m) ceiling for 2016/17.

During the month of September 2016, each Ward Manager along with their associated Lead Nurse and accountant met to gain a greater understanding of the key drivers behind the financial position. The outcome of the reviews identified 4 main issues:

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

b) **Maternity leave cover:** As section 5.3

c) **Sickness leave across ward staff:** As section 5.4

d) **Specialling:** As outlined in section 5.7, patient acuity is increasing across the wards. Specialling refers to patients' acuity requiring 1:1 nurse to patient ratio of care, which is over and above all acute inpatient ward normal rostered shift pattern and funded establishment (excluding PICU and HDU). The vast majority of special shifts are utilised on surgical wards (3A and 4A), and medical wards (3C and 4B). An example of a typical patient requiring "special" 1:1 care for a period of time would be a child with complex health needs and a learning disability with a compromised airway requiring tracheostomy and the child frequently attempting to remove the tube therefore requiring 1:1 supervision. Based upon

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

Table 9 below shows the breakdown of the projected year end budget overspend of £2.3m:

Table 9: Breakdown of projected year end budget overspend of £2.3m	
Issue	**Value (in millions)**
Rostered staffing above ward establishments (34.65 WTE)	-0.95
Maternity leave cover (40% of 40 WTE)	-0.48
Increase sickness cover (2.5%)	-0.40
Specialling	-0.25
Other cost drivers	-0.22
Total	**2.3m**

In order to mitigate the above nursing workforce challenges, protect the elective programme and optimise bed availability, agency and bank staff has been utilised in order to maintain safe staffing levels on the wards. Forecast spend on agency nursing and NHSP bank staffing was estimated to be around £3m by the end of the financial year of which approximately £700,000 is covered within baseline funded establishments.

6.1: Actions completed to improve financial forecast

The senior nursing team and finance team completed a comprehensive review identifying a number of actions of which have been completed and embedded:

a) Agency:

i. Turned off agency at a local level and introduced an escalation process known as the "Golden Key" enabling robust monitoring and scrutiny of each individual shift request.

ii. The Trust in liaison with NHSP served notice on Pulse agency that was known to be outside the NHSI capped framework.

iii. Successful migration of known Pulse agency workers to NHSP bank or agency within the NHSI framework enabling a reduction in premium rates.

iv. Recruitment across the Trust – recruited 60 WTE qualified (mainly newly qualified) nurses since the end of July 2016 converting agency spend into standard NHS substantive costs.

The table demonstrates the reduction in budget overspend on agency nursing from an average of £76k per month between months 1 and 4, down to an average of £23k per month between months 5 and 7:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	YTD Total	Trend
Substantive Ward Pay Variance	-£43,030	-£51,055	-£146,055	-£127,004	-£117,477	-£52,056	-£116,200	**-£652,878**	
Agency Variance	£64,002	£94,579	£74,008	£70,933	£15,939	£35,177	£16,478	**£371,115**	
Bank Variance	£127,649	£202,602	£147,320	£182,456	£181,136	£175,571	£238,031	**£1,254,765**	
	£148,620	**£246,125**	**£75,273**	**£126,385**	**£79,598**	**£158,692**	**£138,309**	**£973,002**	

The robust micromanagement of the new process has delivered a significant reduction against the nursing agency spend, although it should be noted that substantive pay costs and NHSP bank

spend would be expected to increase alongside this as we move to convert previous agency usage into lower cost bank and substantive pay costs.

The net impact of the restricted use of agency and recent recruitment drive has been to reduce the average monthly ward pay overspend down by around £25,000 per month equating to £300,000 per annum.

b) Actual staffing vs approved funded establishments variation

Actions taken by Senior Nursing Team to reduce the forecast overspend by challenging some of the staffing decisions taken by Ward Managers:

i. Burns Unit: 1 HCA was being utilised on every shift to support qualified nurse staffing. This has now been removed and will only be deployed depending upon patient acuity in future. Impact: reduction of 5.2 WTE Band 2 - £110,000.
ii. Ward 4C: 1 additional HCA was being utilised on every night shift. This has now been removed. Impact: reduction of 2.6 WTE Band 2 - £55,000.
iii. As outlined in section 5.4, robust management of sickness absence utilising the new policy and health and wellbeing services. The senior nursing team has not requested any additional funding to bridge the gap of 2.5% with an estimated cost of £400,000, as the expectation is that sickness absence will continue to be managed effectively to achieve the Trust target of 4%.

Table 10 below summarises the FYE financial impact of the improvements already put in place by the senior nursing team:

Table 10: Financial impact of improvements	
Original projected ward pay overspend at M4	**£2,300,000**
Impact of restricted agency use and recruitment drive	-£300,000
Reduced HCA on Burns Unit	-£110,000
Reduced HCA on Ward 4C	-£55,000
Improved sickness management	-£400,000
Revised FYE forecast ward pay overspend	**£1,435,000**

6.2: Further improvements and mitigations to improve financial forecast

a) Nursing: During the course of the review it was been identified that the “lift and shift” model aligned to the reconfiguration of acute beds created other workforce issues that are currently being addressed (in confidence).

b) Wider organisation: The following improvements were not within the circle of influence for nurses to deliver in isolation of support from the wider organisation. These challenges now form an action plan which is now addressed through the weekly Financial Turnaround meetings:

i. In 2015/16 the Trust recognised high cancellation rates for specialist ENT patients requiring access to a high dependency bed post operatively. At this time a clinical decision was made to increase nurse staffing patient ratio to 1:2 (HDU standard). The uplift enabled this cohort of patients to return post procedure to an acute bed, thus reducing the risk of cancellation. The impact of the change continues to contributes to the nursing staffing overspend on Ward 3A to the cost of £170,000. In addition, the Trust

receives a lower tariff payment due to being nursed outside of HDU. Recommendation made to reverse the decision and care for these patients in HDU.

ii. Ward 4A cares for neonatal neurosurgical babies with increased dependency levels requiring additional unfunded nurse staffing (2.6 WTE band 5). Recommendation made that the speciality supports the patient in the dedicated neonatal surgical unit where nursing skill mix meets the national standards associated with high dependency. Analysis of the bed occupancy figures for NNSU demonstrates underutilisation.

iii. Ward 4A nursing workforce is overspent in relation to the complex Orthopaedic spinal patients with high dependency levels requiring 1:2 nurse to patient ratio post operatively. Recommendation made to develop a case to denote 2-4 Orthopaedic increased dependency beds as HDU, thus generating income to support increased nurse to patient ratio. This increase equates to an additional 5.2 WTE Band 5 nurses at a cost of £170,000 or scope capacity in general HDU.

It has been agreed through the Financial Turnaround group that the Trust will charge Commissioners for the complex orthopaedic / spinal patients from November 2017. The development of an internal business case has been requested to demonstrate that the additional income covers the cost of nursing required.

iv. A case of need in relation to a complex patient on Ward 3C requiring 1:1 continues care has been supported and agreed by Commissioners (£160,000) enabling the nursing workforce to increase by 5.2 WTE. The agreed next step is the development of a business case to formally complete process for funding in budget setting in 2017/18.

v. Ward 1C Cardiac overspend attributed to having 8 HDU beds open against a funded establishment of 6.

Surgical CBU have reviewed the configuration of cardiac high dependency beds across Critical Care and Ward 1C and reduced General HDU bed capacity to 17 from 19, in order to maintain 8 Cardiac HDU beds on Ward 1C. The funded establishment has been realigned accordingly from April 2017.

vi. Ward 1C Neonatal new single service model with LWH will help cover gap in relation to neonatal co-ordinator role.

Assuming all of the actions above were agreed and implemented in full, the impact on the FYE forecast ward pay overspend would be as follows in Table 11:

Table 11: Financial impact of improvements	
Original projected ward pay overspend @ M4	£2,300,000
Impact of restricted agency use and recruitment drives	-£300,000
Reduced HCA use on the Burns Unit	-£110,000
Reduced HCA use on Ward 4C	-£55,000
Improved sickness management	-£400,000
Remove 1:2 staffing for ENT patients on Ward 3A	-£170,000
Neuro neonates nursed on NNSU not on 4A	-£170,000
Contract income to formally establish spinal beds 4A as HDU	-£170,000

Income for individual patient 3C to offset nursing costs of 1:1 care	-£170,000
Close the 2 additional cardiac HDU beds once general HDU increases capacity	-£170,000
1C Neonatal co-ordinator available on every shift – funded from LWH NNS proposal	-£75,000
Other workforce re-alignments	-£40,000
Revised FYE Forecast ward pay overspend	**£470,000**

As demonstrated above, the culmination of all the actions taken to date and further actions required to be taken would leave a residual FYE forecast ward pay overspend of around £470,000 per annum. This is essentially the net additional funding required in order to maintain safe levels of staffing across all ward areas in the new hospital. This figure is broken down in more detail in section 6.3 below.

6.3: Residual funding gap

a) Funded establishment for 20 WTE supernumerary Pool Nurses to be managed by the senior nursing team and deployed on a day to day/week to week basis to backfill maternity leave on the wards where deemed appropriate.

   20 WTE x band 5 Nurses = approximately £620,000 less 60% funding from maternity leave savings = **£250,000**.

   It has been agreed through the Financial Turnaround group that funding £240k will be included in budget setting for the Nurse Pool

b) Funded establishment for 10 WTE supernumerary HCA's to be managed by the senior nursing team and deployed on a day to day basis to provide additional support for patients requiring 1:1 specialling (subject to robust protocol / risk assessment process).

   10 WTE x Band 2 HCA's = approximately **£220,000**.

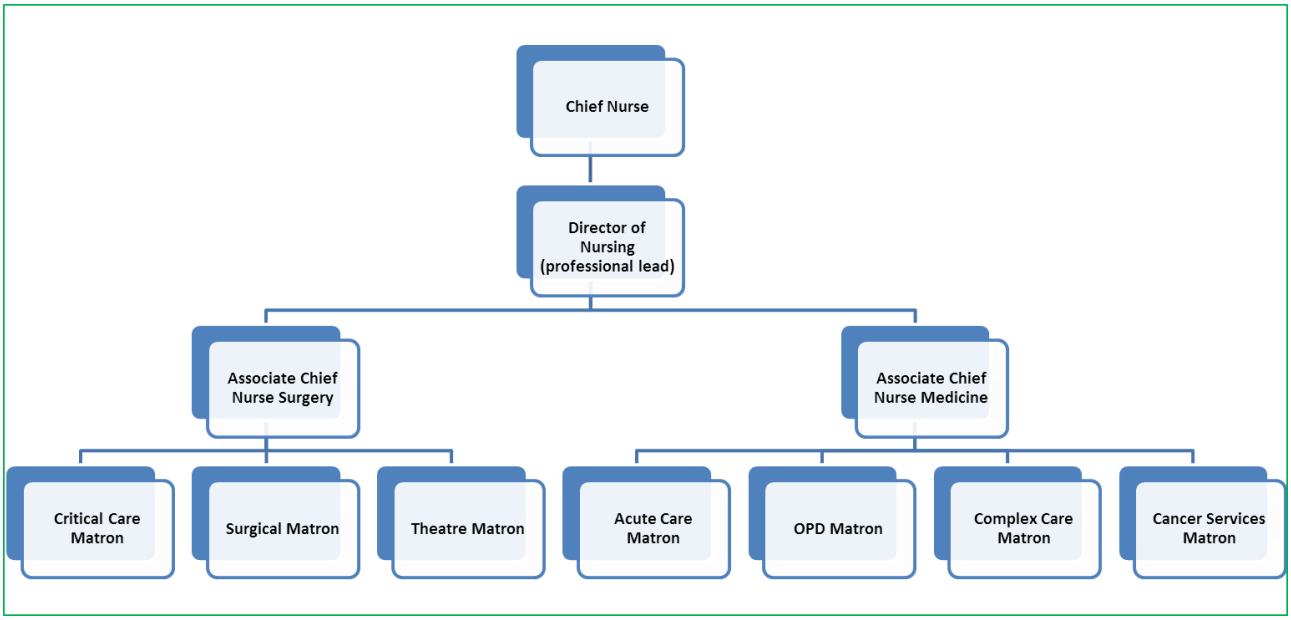
   This was not agreed at R&BD.

7. RECOMMENDATIONS

A positive foundation has been built to support ongoing workforce management and further development. The senior nursing team will continue to implement planned developments, recruitment strategies, workforce reviews, and educational strategies. In addition, the team will respond to national and local developments and changes, and identify opportunities to transform and enable effective new ways of working.

The Trust Board is asked to support the following recommendations for further development:

a) Support the introduction of the Matron role across the CBU's at Alder Hey as shown below:



b) Following the implementation of the improvement actions outlined in section 6.2 re-evaluate the demand for 1:1 Health Care support worker care provision for those patients who meet the criteria, current financial overspend cost **£220,000**

c) Develop a plan to achieve compliance with RCN core standard 14, regarding access to senior children's nurse (minimum 8a) at all times

d) Continue to work with medical colleagues to identify the impact and plan to address reduction on junior medical staff numbers / changes to medical staff roles e.g. Advanced Nurse Practitioner

e) Implement Care Contact Time reporting

Appendix 1: Staffing Availability Report: January 2017

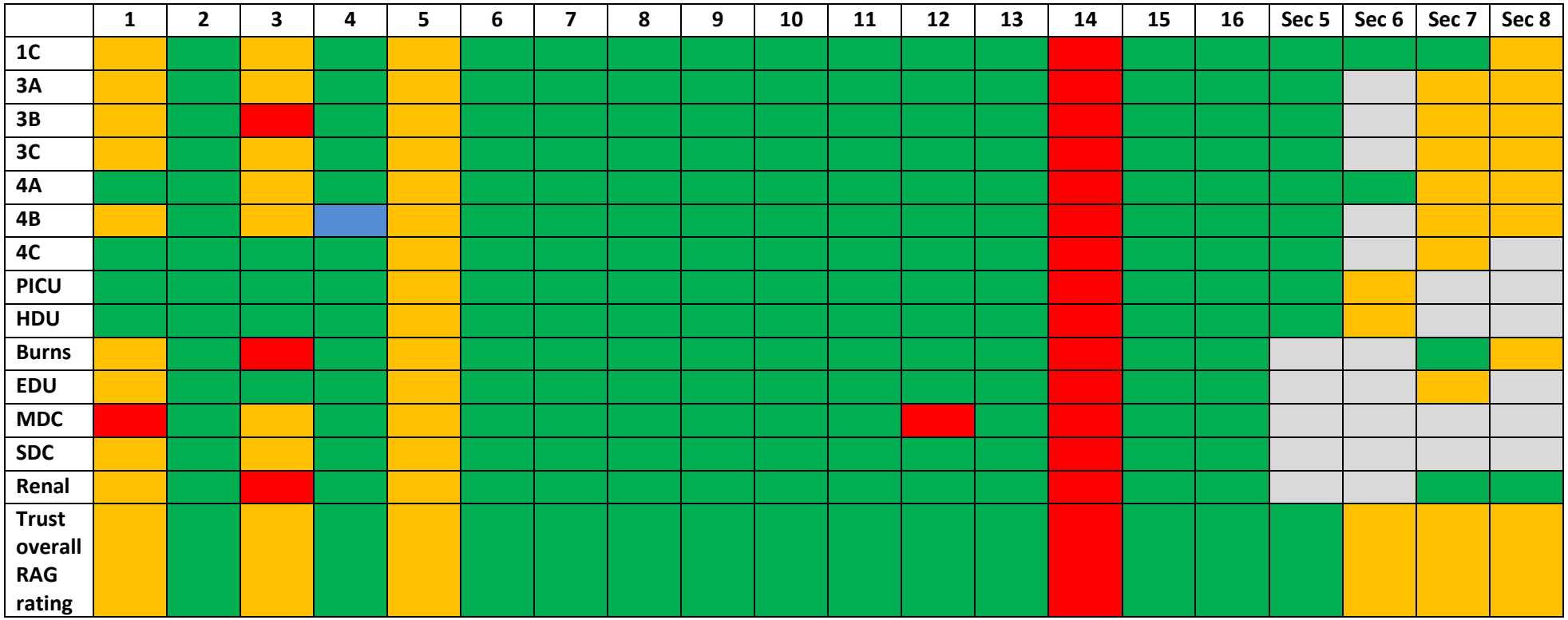
January 2017 Staffing levels

Ward	Specialty	Day Registered			Day HCA			Night registered			Night HCA			Overall Staffing		
		Planned	Actual	% Staffing	Planned	Actual	% Staffing	Planned	Actual	% Staffing	Planned	Actual	% Staffing	Req'd Hours	Actual Hours	% Staffing
Burns Unit	Burns	1069.5	1035	97%	0	0	#DIV/0!	713	667	94%	0	0	#DIV/0!	1782.5	1702	95%
DJU	Child & Adolescent Psychiatry	1417.5	1393.5	98%	1395	1387.5	99%	589	579.5	98%	294.5	285	97%	3696	3645.5	99%
1B	Critical Care ICU	8912.5	8556	96%	356.5	356.5	100%	8912.5	8728.5	98%	356.5	310.5	87%	18538	17951.5	97%
1B	Critical Care HDU	5347.5	4358.5	82%	356.5	356.5	100%	5347.5	4347	81%	356.5	345	97%	11408	9407	82%
1C	Cardiac & Neonatology	5347.5	4726.5	88%	356.5	356.5	100%	4278	3795	89%	356.5	356.5	100%	10338.5	9234.5	89%
3A	Surgical	3208.5	3036	95%	1069.5	1000.5	94%	2852	2691	94%	356.5	552	155%	7486.5	7279.5	97%
3B	Haematology & Oncology	2139	2116	99%	356.5	529	148%	2139	2127.5	99%	0	264.5	#DIV/0!	4634.5	5037	109%
3C	Specialist Medical	3208.5	2898	90%	713	713	100%	3208.5	2944	92%	713	805	113%	7843	7360	94%
4A	Specialist Surgical	4634.5	4393	95%	713	1023.5	144%	4278	3910	91%	356.5	701.5	197%	9982	10028	100%
4B	Neurology, Rehabilitation & TCU	1782.5	1736.5	97%	2139	2024	95%	1782.5	1552.5	87%	2495.5	2357.5	94%	8199.5	7670.5	94%
4C	General Paediatrics	3208.5	3162.5	99%	713	713	100%	3208.5	3093.5	96%	713	713	100%	7843	7682	98%
Total		40276	37411.5	93%	8168.5	8460	104%	37308.5	34435.5	92%	5998.5	6690.5	112%	91751.5	86997.5	95%

Appendix 2: Trust Front-line Nursing Workforce January 2017

	Total funded estab B5 & B6	Actual B5 & B6 in post	Variance between funded and actual	ML	LTS	Leavers	Secondments	Nurses on Pool	Vacancies
1C	62.1	65.71	+3.61	1.92	.92		1.95	0.61	
3A	44.04	47.1	+3.06	2.84	1.31			8	
3B	33.11	37.52	+4.41	2.71	2	1	0.6	3.92	
3C	48.95	50.32	+1.37	4.53	5.93			6.22	
4A	59.36	57.66	-1.7	5.53				3	
4B	32.32	31.36	-0.96	1			1	3.92	
4C	47.19	50.02	+2.83	5.72				4.92	
PICU	143.62	158.06	+14.44	13.74	6.25	1.38		5	
HDU	75.39	72.89	-2.51	5.37	3.99	3		5.92	
Burns	16.04	15.4	-0.64			0.6 retire	0.4		
EDU & AED	48.3	47.82	-0.48	4		0.4	3.58	2	
MDC	5.63	3.52		2			1		
SDC	14.35	13.83	-0.52	2.8					
Renal	4.22	3.6	-0.62	1	0.5				
Total	**634.62**	**654.81**	**20.19**	**51.16**	**20.9**	**6.38**	**8.53**	**44.51**	

Appendix 3: RCN audit compliance by ward February 2017



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Sec 5	Sec 6	Sec 7	Sec 8
1C																				
3A																				
3B																				
3C																				
4A																				
4B																				
4C																				
PICU																				
HDU																				
Burns																				
EDU																				
MDC																				
SDC																				
Renal																				
Trust overall RAG rating																				

Key

Green:	Compliant
Amber:	Partial compliance
Red:	Non compliant
Blue:	Agreed workforce change
Grey:	Not applicable

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
6th March 2017

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update for March 2017
Background Papers:	Staff Survey 2016
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	The Committee is asked to note the contents of the report.
Link to: **Trust's Strategic Direction Strategic Objectives**	Great Talented Teams
Resource Impact:	None

Section 1 - Engagement

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

Development of Leaders

Leadership & Management Induction

Following the launch of the Leadership & Management Induction in November 16, an evaluation in relation to the delivery format has prompted an early review and informed a new "enhanced support" approach which will provide an opportunity for new managers to have one to one induction support meetings with OD & HR Partners with a further option to access a coach from the workplace coaching pool.

The first newly formatted sessions will commence from March 17 onwards, which are anticipated to be a better fit in supporting new managers at every level who come to us with a huge variation in relation to skills levels and support requirements.

Leading by Values 12 module programme (Team Leader and Middle manager levels)

The "Leading by values" Cohort 1 programme is now in its 7th month with 13 middle managers from across the Trust currently meeting monthly to update the corresponding module and take part in discussion and action learning activities.

Cohort 2 which has 9 team leaders and middle managers enrolled, commenced in October 2016. The cohort is now working on the 4th module.

Workplace Coaching

The development of the workplace coaching framework is currently work in progress; this framework will not only support the 11 newly developed coaches within the Trust but also ensure a consistent approach in the undertaking of coaching activities. The framework will include supporting templates, tools and guidelines such as quality measures, impact measures, coaching contract and recording documents, along with the planned group supervision activity the framework will ensure the appropriate implementation of the Leadership & management strategy.

Improving communication and hearing the employee voice

The Staff Survey 2016 has been shared with the Trust, embargoed until 7th March 2017. Please see report and separate presentation for an overview of the results, and actions we are going to take in response to the survey results.

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.

TUPE Transfer of services from Liverpool Community Health (LCH)

It has now been confirmed that the following services will transfer from LCH to Alder Hey with effect from 1st April 2017.

- Paediatric Speech and Language Therapy (Liverpool)
- Paediatric Community Matrons (Liverpool)
- Paediatric Occupational Therapy (Sefton)
- Paediatric Physiotherapy (Sefton)
- Paediatric Speech and Language Therapy (Sefton)
- Paediatric Complex Needs (Sefton)
- Children's Dietetics (Sefton)
- Cochlear Implants

These services comprise of a head count of 135 staff due to transfer to the community CBU on 1st April 2017.

HR representatives from Alder Hey are in attendance at weekly workforce mobilisation meetings with LCH to plan for the smooth transition of staff into the Trust, addressing any issues/concerns. An initial engagement meeting between Alder Hey and those staff transferring took place on 23rd January, with the second event scheduled for 8th March 2017.

The Employee Liability Information has been shared with our HR team, which is currently being reviewed in readiness for the Transfer of staff to Alder Hey.

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 4th January 2017 for 30 days and concluded on 3rd 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 12th May 2017. All attempts will be made in the intervening period to redeploy these individuals to suitable roles, if available. In parallel the review of domestics' processes has continue involving trials of technology, which may potentially result in an organisational change process for this group of staff in the first quarter of 2017. A Patient Services Manager (Domestics) has been appointed and commenced duties from beginning of January 2017.

Change to NHSi/HMRC rules - Personal Services Companies

As a result of pending taxation changes from 6th April 2017, which places the liability of making relevant deductions (Tax/NI) on the Trust for those workers engaged directly via PSCs (Limited Company), assessments are currently taking place to identify any relevant liabilities and to take appropriate actions whilst taking account of potential of associated risks including those to service and patient support. There is also a potential liability via those workers on PSC arrangements engaged indirectly via Agencies, and discussions are taking place with Framework providers to understand and consider appropriate actions to mitigate any risks.

Education, Learning and Development

The first draft of the Education, Learning and Development Strategy has been presented to the Education Governance Board for discussion and further consultation. Preparations are underway for apprenticeship week (w/c 6th March) during which our apprenticeship offer will be launched to staff. A managers' readiness toolkit has been developed to ensure managers across all CBU's are conversant with the apprenticeship qualifications and the benefits to staff and service.

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

There are currently 3 formal disciplinary cases ongoing and 3 final appeal hearings, continuing the descending movement experienced in formal case management. The HR team are working with staff side colleagues, the LIA team and Team Prevent to review training and coaching opportunities in relation to Mediation, Investigations, Stress and Bullying and Harassment issues.

The HR team continue to focus resources with Investigating Officers to ensure that investigations are concluded in a timely manner. In addition to formal cases, HR continues to advise managers on managing behaviours within their teams on an informal basis, to minimise formal processes.

An Employment Tribunal Claim relating to concerns of non-payment of expected income (pre- Employment Tribunal) has been received in respect of a former Agency worker (joint claim against the Trust and the Agency provider) following a rejection of a proposed settlement via ACAS The claim is being defended and the Trust submission papers have now been issued to the Tribunal offices, with a preliminary hearing on 28th February 2017.

Corporate Report

The HR KPIs in the January Corporate Report are:

- Sickness is at 5.5%, slightly reduced from last month
- Corporate Induction compliance has declined slightly to 77.8%
- PDR rates are at 71.3%
- Mandatory training is up slightly to 77.2%

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

Section 4 - Health & Wellbeing

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

Supporting Resilience

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

Leading in Equality & Diversity

The Task and Finish Group continues to meet to develop actions to address under-representation of BME staff in the workforce. Alder Hey has set a target of a **1%** increase per year over the next 5 years. Initiatives to support this include:

- Review of recruitment and selection processes to identify unconscious bias
- Revised 2-day management induction training which focuses on E&D;
- Monthly spot checks at interview panels with BME candidates (links with sector-wide Streamlining project and the drive for values-based recruitment and improved job description design).
- Wider marketing of the apprenticeship scheme
- Monitoring of key data on the above initiatives to be presented at WOD
- Trust Annual Report on the Workforce Equality data produced by W/Force team Report contains new information regarding CPD /non mandatory training equality themes.

We continue to work closely and visit the different local communities through the community leaders to promote Alder Hey as an employer of choice, and working with our own BME staff and trade union colleagues to promote opportunities, an update report on progress will be presented to the next WOD Committee.

Alder Hey Children's NHS
NHS Foundation Trust

Alder Hey Staff Survey Results 2016

Alder Hey Children's NHS
NHS Foundation Trust

Staff Survey 2016 High Level Overview:

- Response rate 39% (up from 36% in 2015) from an 'all staff' survey, against a national response rate of 43%. Not all Trusts survey all of their staff, many use a sample.
- Our comparator is all Acute Specialist Trusts.
- The report is clustered into 32 Key Findings*. Of these:
  - 4 are 'better than average' (experiencing discrimination, reporting errors, working extra hours, experiencing physical violence from staff)
  - 25 are 'below average'
  - 3 are 'average'
  - 4 Key Findings have improved since last year
  - No Key Findings have deteriorated since 2015
  - Our overall engagement score has remained the same, and is still 'below average' when compared to all acute specialist Trusts

*individual questions from the Quality Health survey are clustered into 32 Key Findings

Top 5 Ranking Scores:

- KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- KF23. Percentage of staff experiencing physical violence from staff in last 12 months
- KF20. Percentage of staff experiencing discrimination at work in the last 12 months
- KF16. Percentage of staff working extra hours
- KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Bottom 5 Ranking Scores:

- KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- KF3. Percentage of staff agreeing that their role makes a difference to patients / service users
- KF19. Organisation and management interest in and action on health and wellbeing
- KF4. Staff motivation at work
- KF32. Effective use of patient / service user feedback

Where staff experience has improved:

- KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months
- KF11. Percentage of staff appraised in last 12 months
- KF2. Staff satisfaction with the quality of work and care they are able to deliver
- KF14. Staff satisfaction with resourcing and support

Where we have seen improvements in individual questions:

- More staff suggesting they can make improvements to the work of the team
- More staff reporting they can make improvements happen
- More staff saying they have adequate materials to do their work
- More staff saying there are enough staff within the organisation
- More staff reporting that their teams meet regularly to discuss performance
- More staff saying they had a PDR/appraisal
- Less staff saying they have experienced work-related stress within the previous 12 months
- Friends and family test (recommend for treatment) above national average

Alder Hey Children's NHS
NHS Foundation Trust

Where we have seen a deterioration in individual questions:

- Less staff reporting that communication between senior managers and staff is effective
- Less staff reporting that they know who the senior managers are.
- Staff reporting that they had experienced discrimination is generally very low, however, of those staff who reported that they had experienced discrimination, more staff reported gender and sexual orientation as the reason, whilst significantly less staff reported ethnicity and religion as the reason.
- Friends and family test (friend) static, but lower that national average, and lower than our monthly 'Temperature Check' results, where we ask the same question.

Alder Hey Children's NHS
NHS Foundation Trust

Next steps:

1. Quality Health to visit Alder Hey to provide a detailed feedback session and recommendations, to senior managers.

2. We will provide all departments with their local results in February 2017 (where applicable)

3. We will mandate all departments to have a conversation, using the principles of Listening into Action, about their local staff survey results

4. Each department to identify 3 things they are going to focus on for the year ahead, identified from the survey results.

5. Progress to be monitored via CBU performance meetings

6. In addition, a Trust-wide action plan will be developed, picking up the key corporate areas which we will need to focus on.

2016 National NHS staff survey

Results from Alder Hey Children's NHS Foundation Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2016 national NHS staff survey conducted in Alder Hey Children's NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3, 4, 6 and 7 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

In section 5 of this report, the data required for the Workforce Race Equality Standard (WRES) is presented.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

Responses to the individual survey questions can be found in Appendix 3 of this report, along with details of which survey questions were used to calculate the Key Findings.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

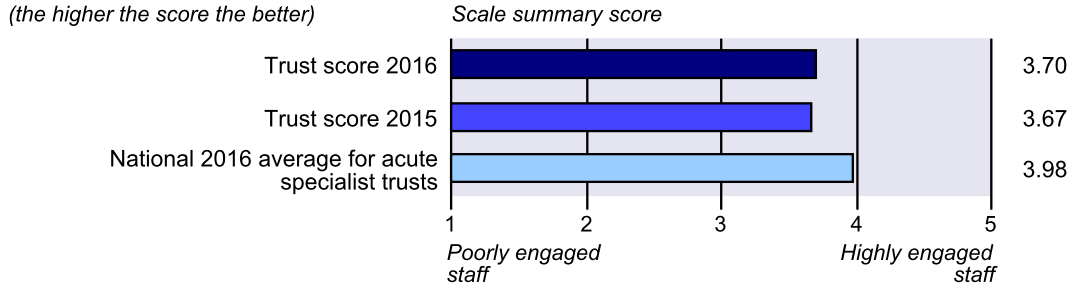
Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
Q21a	"Care of patients / service users is my organisation's top priority"	72%	86%	72%
Q21b	"My organisation acts on concerns raised by patients / service users"	69%	81%	68%
Q21c	"I would recommend my organisation as a place to work"	53%	72%	54%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	81%	90%	82%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.76	4.12	3.76

2. Overall indicator of staff engagement for Alder Hey Children's NHS Foundation Trust

The figure below shows how Alder Hey Children's NHS Foundation Trust compares with other acute specialist trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.70 was below (worse than) average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Alder Hey Children's NHS Foundation Trust compares with other acute specialist trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2015 survey.

	Change since 2015 survey	Ranking, compared with all acute specialist trusts
OVERALL STAFF ENGAGEMENT	• No change	! Below (worse than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	• No change	! Below (worse than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	! Below (worse than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	! Below (worse than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

3. Summary of 2016 Key Findings for Alder Hey Children's NHS Foundation Trust

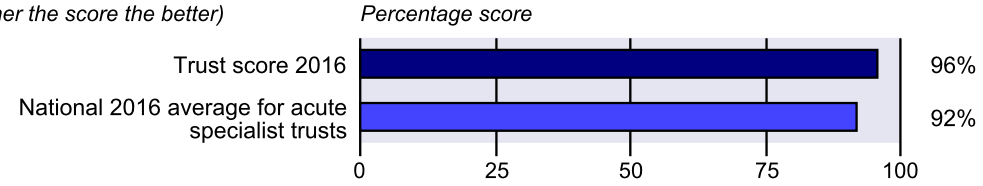
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Alder Hey Children's NHS Foundation Trust compares most favourably with other acute specialist trusts in England.

TOP FIVE RANKING SCORES

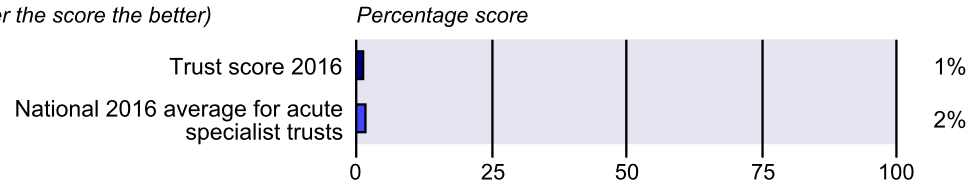
✓KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



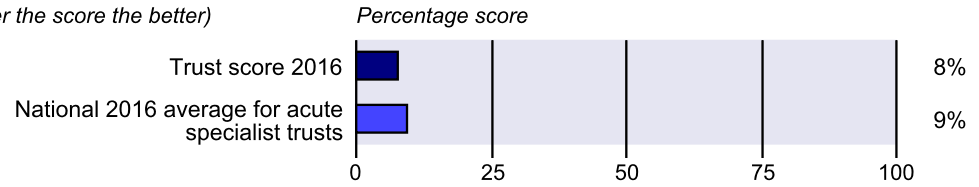
✓KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



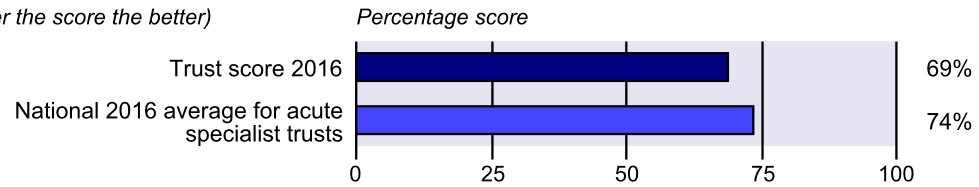
✓KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



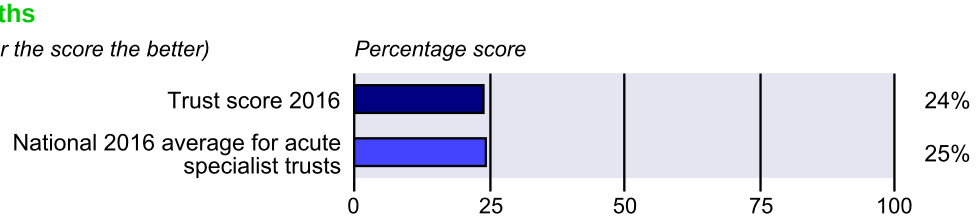
✓KF16. Percentage of staff working extra hours

(the lower the score the better)



✓KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



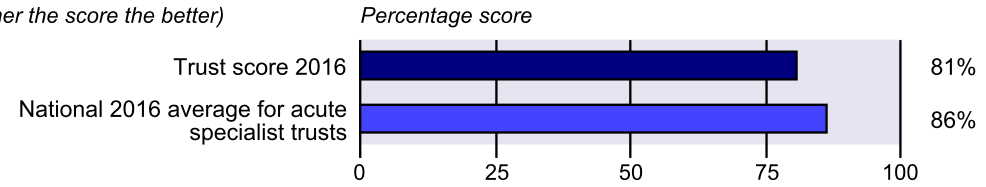
For each of the 32 Key Findings, the acute specialist trusts in England were placed in order from 1 (the top ranking score) to 17 (the bottom ranking score). Alder Hey Children's NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which Alder Hey Children's NHS Foundation Trust compares least favourably with other acute specialist trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

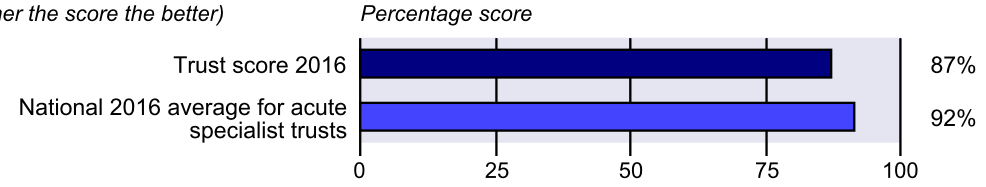
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



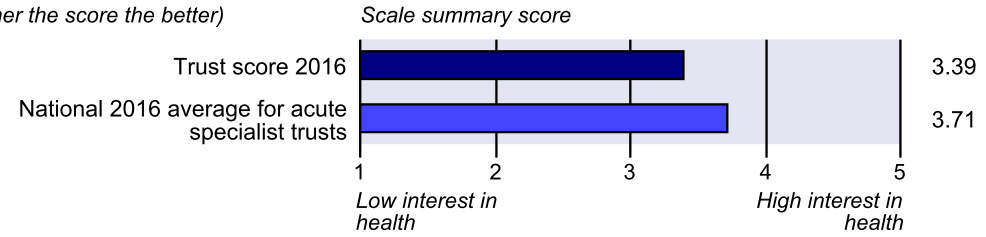
! KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



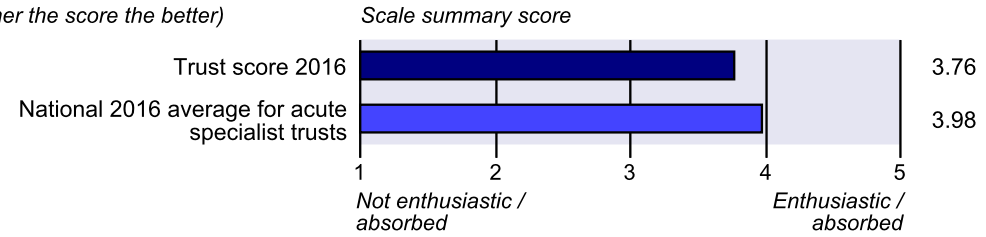
! KF19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)



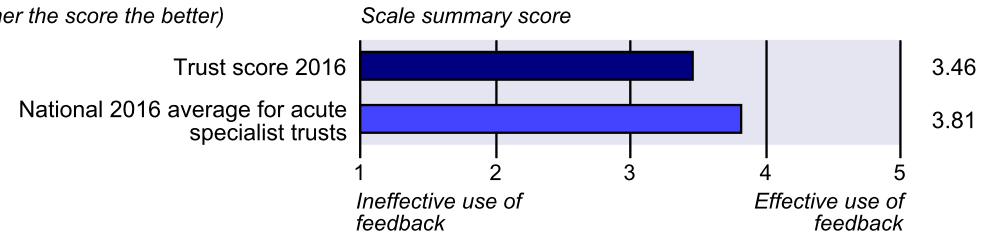
! KF4. Staff motivation at work

(the higher the score the better)



! KF32. Effective use of patient / service user feedback

(the higher the score the better)



For each of the 32 Key Findings, the acute specialist trusts in England were placed in order from 1 (the top ranking score) to 17 (the bottom ranking score). Alder Hey Children's NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 17. Further details about this can be found in the document ***Making sense of your staff survey data***.

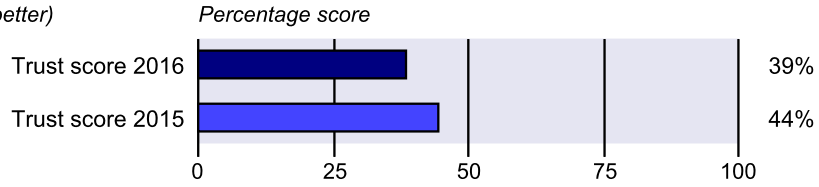
3.2 Largest Local Changes since the 2015 Survey

This page highlights the four Key Findings where staff experiences have improved the most at Alder Hey Children's NHS Foundation Trust since the 2015 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute specialist trusts in England, the scores for Key findings KF2, KF11, KF14, and KF17 are worse than average).

WHERE STAFF EXPERIENCE HAS IMPROVED

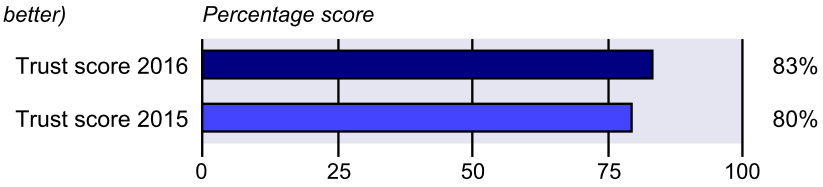
✓KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



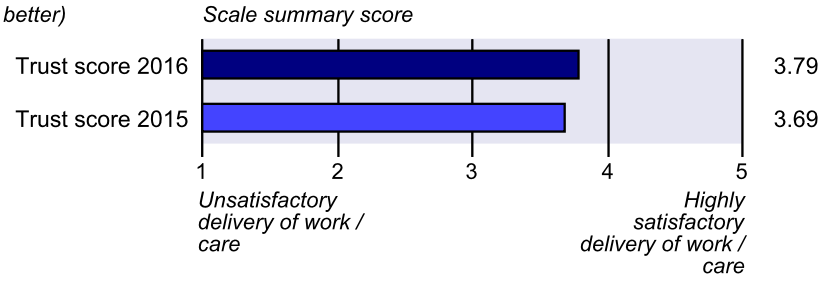
✓KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



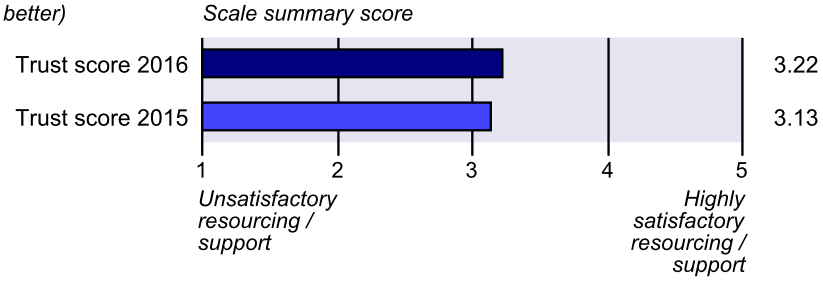
✓KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



✓KF14. Staff satisfaction with resourcing and support

(the higher the score the better)



Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have improved the most. Rather, the extent of 10-11 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data***.

3.2. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

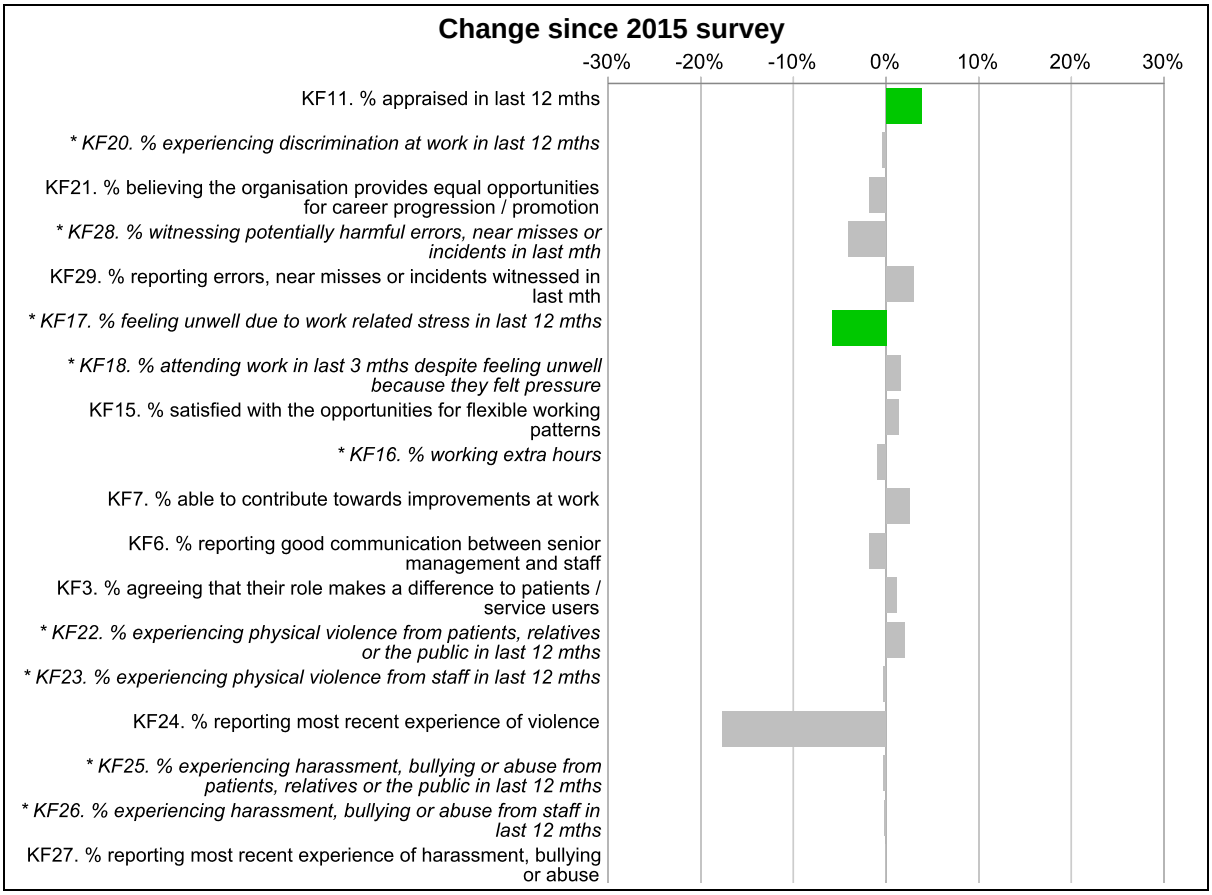
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.2. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

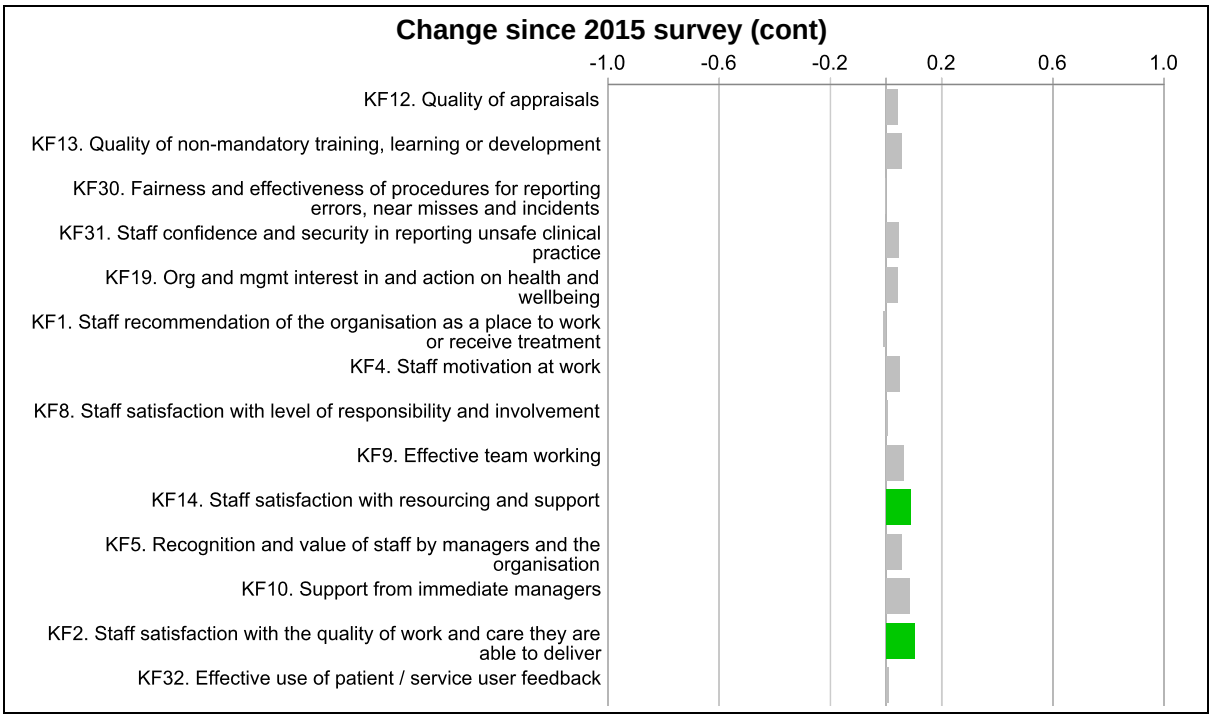
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.2. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

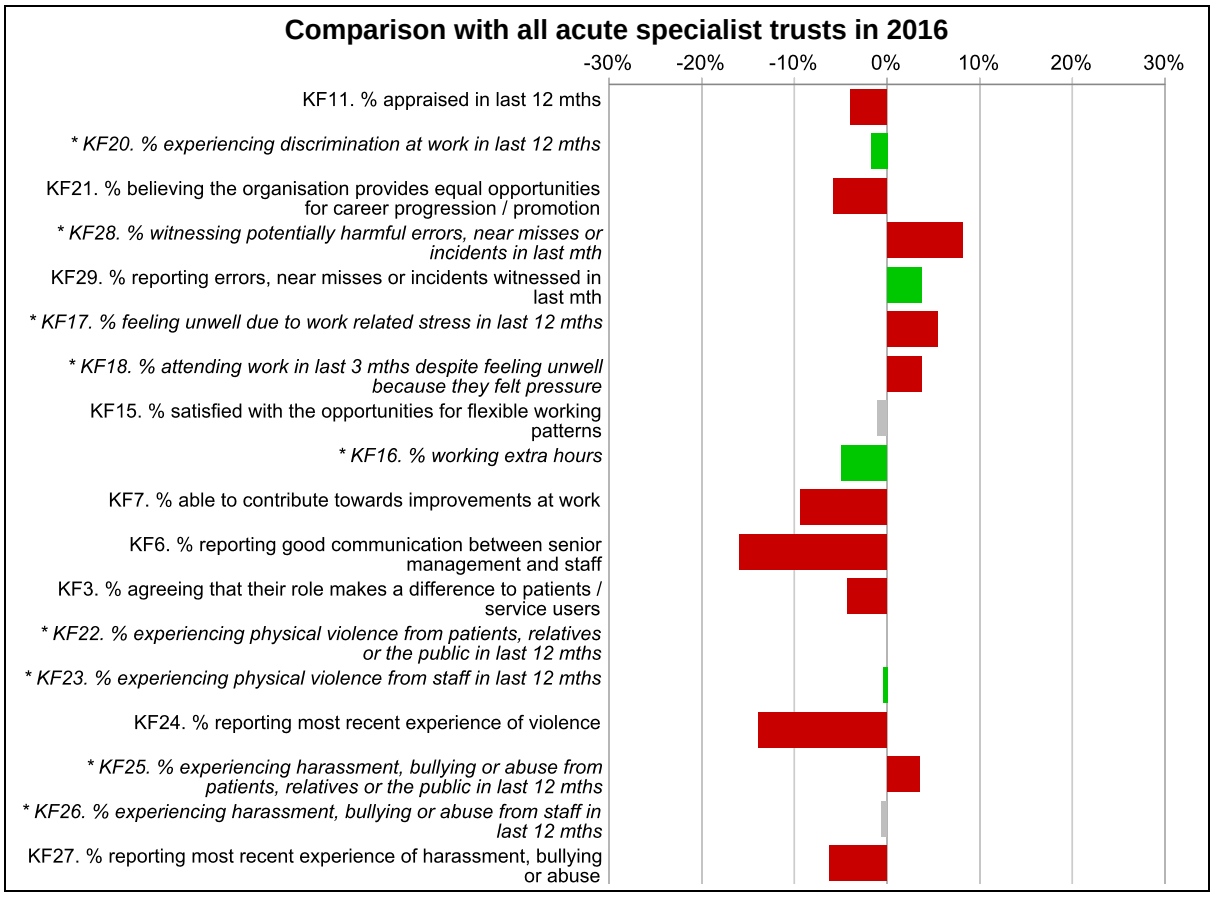
KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.2. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

KEY

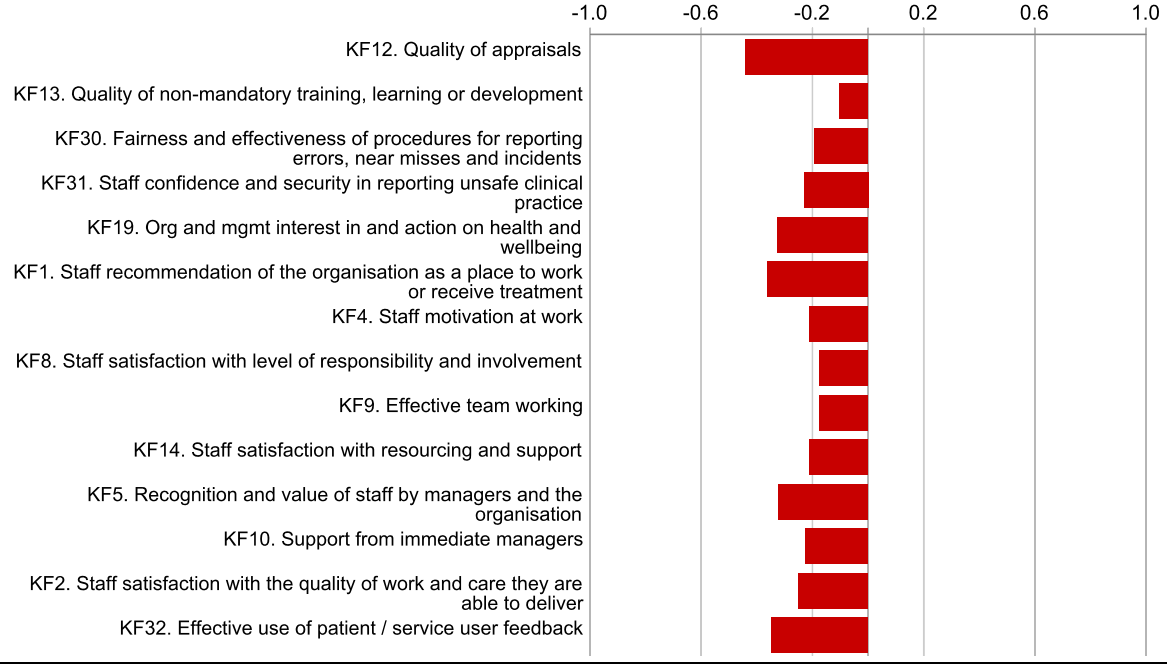
Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute specialist trusts in 2016 (cont)



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2015.

! Red = Negative finding, e.g. worse than average, worse than 2015.

'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all acute specialist trusts in 2016
Appraisals & support for development		
KF11. % appraised in last 12 mths	✓ Increase (better than 15)	! Below (worse than) average
KF12. Quality of appraisals	• No change	! Below (worse than) average
KF13. Quality of non-mandatory training, learning or development	• No change	! Below (worse than) average
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	✓ Below (better than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	! Below (worse than) average
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	! Above (worse than) average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	✓ Above (better than) average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	! Below (worse than) average
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	✓ Decrease (better than 15)	! Above (worse than) average
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	• No change	! Above (worse than) average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	! Below (worse than) average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	• Average
* *KF16. % working extra hours*	• No change	✓ Below (better than) average

3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust (cont)

	Change since 2015 survey	Ranking, compared with all acute specialist trusts in 2016
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	! Below (worse than) average
KF4. Staff motivation at work	• No change	! Below (worse than) average
KF7. % able to contribute towards improvements at work	• No change	! Below (worse than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	! Below (worse than) average
KF9. Effective team working	• No change	! Below (worse than) average
KF14. Staff satisfaction with resourcing and support	✓ Increase (better than 15)	! Below (worse than) average
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	! Below (worse than) average
KF6. % reporting good communication between senior management and staff	• No change	! Below (worse than) average
KF10. Support from immediate managers	• No change	! Below (worse than) average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	✓ Increase (better than 15)	! Below (worse than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	! Below (worse than) average
KF32. Effective use of patient / service user feedback	• No change	! Below (worse than) average
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	✓ Below (better than) average
KF24. % reporting most recent experience of violence	• No change	! Below (worse than) average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	• Average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	! Below (worse than) average

4. Key Findings for Alder Hey Children's NHS Foundation Trust

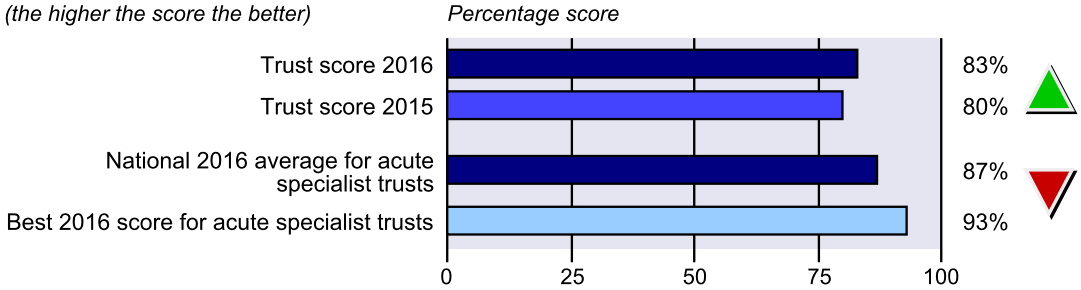
Alder Hey Children's NHS Foundation Trust had 1138 staff take part in this survey. This is a response rate of 39%[1] which is below average for acute specialist trusts in England, and compares with a response rate of 35% in this trust in the 2015 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2016 survey, and compares these to other acute specialist trusts in England and to the trust's performance in the 2015 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

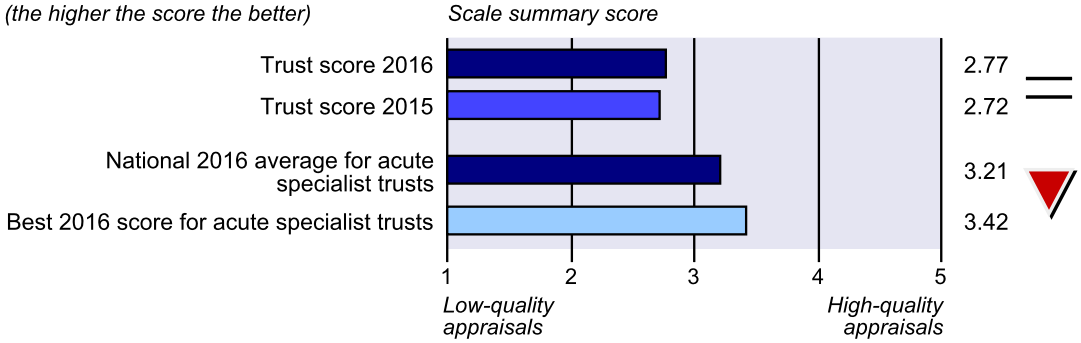
Positive findings are indicated with a green arrow (e.g. where the trust is better than average, or where the score has improved since 2015). Negative findings are highlighted with a red arrow (e.g. where the trust's score is worse than average, or where the score is not as good as 2015). An equals sign indicates that there has been no change.

Appraisals & support for development

KEY FINDING 11. Percentage of staff appraised in last 12 months

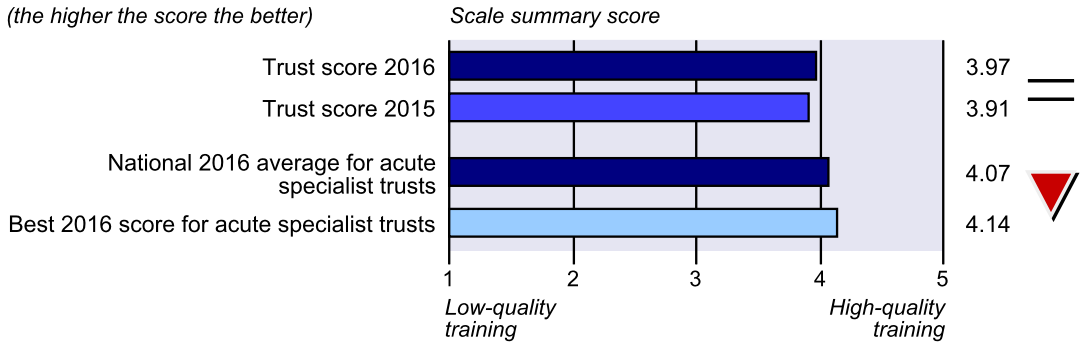


KEY FINDING 12. Quality of appraisals



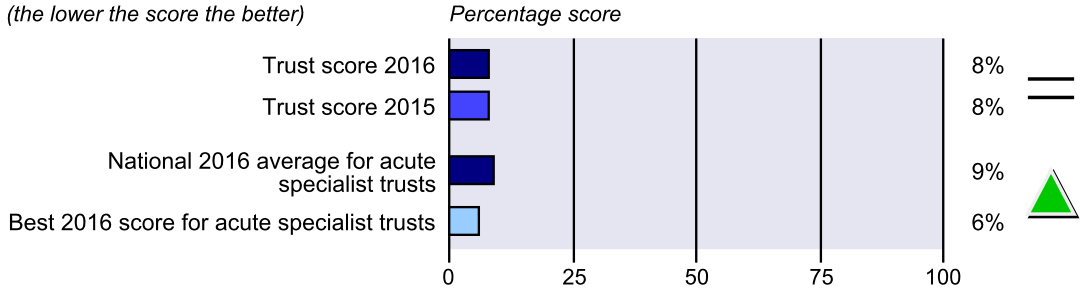
[1]Questionnaires were sent to all 2916 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

KEY FINDING 13. Quality of non-mandatory training, learning or development

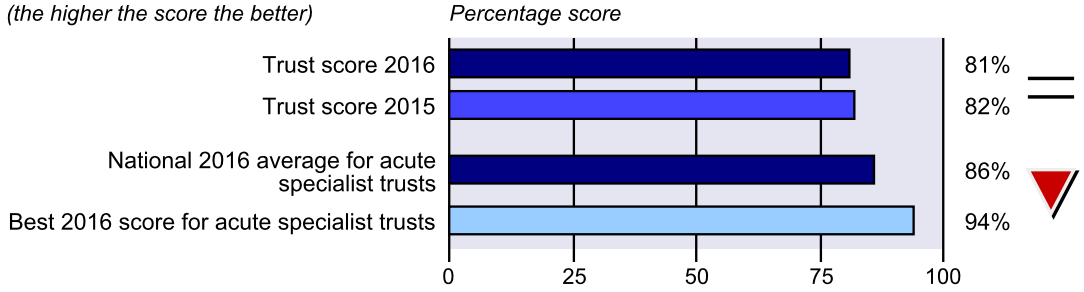


Equality & diversity

KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

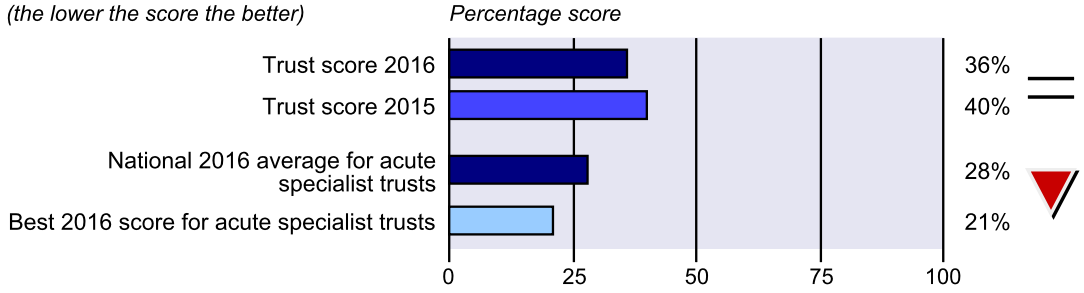


KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



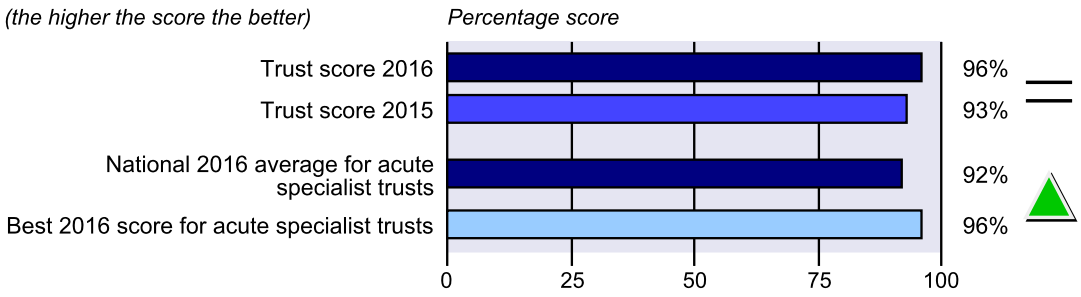
Errors & incidents

KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month



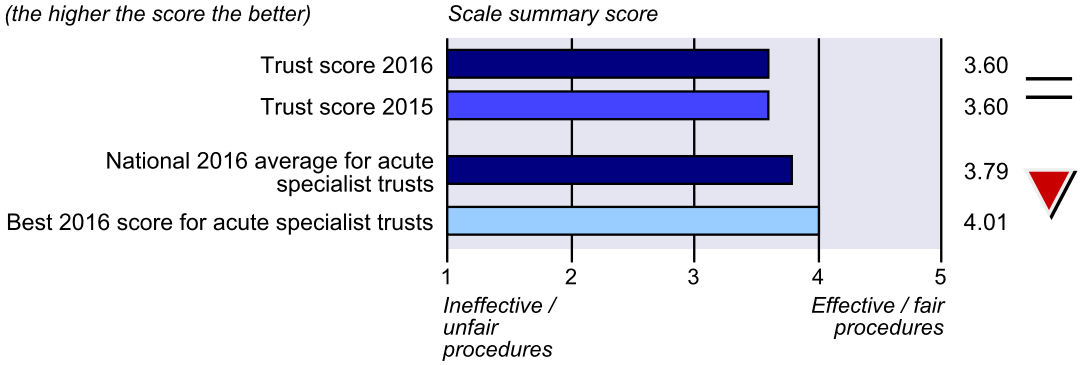
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



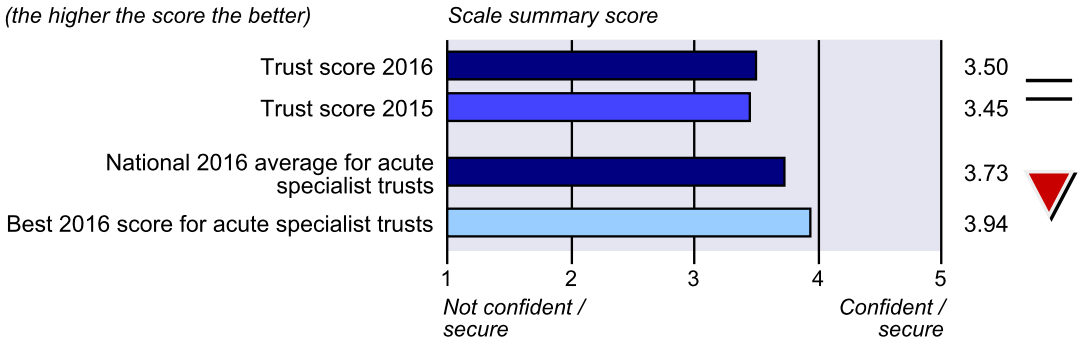
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

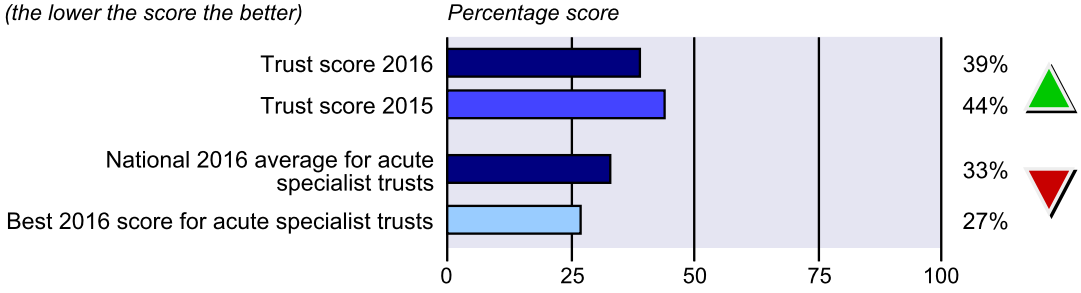
(the higher the score the better)



Health and wellbeing

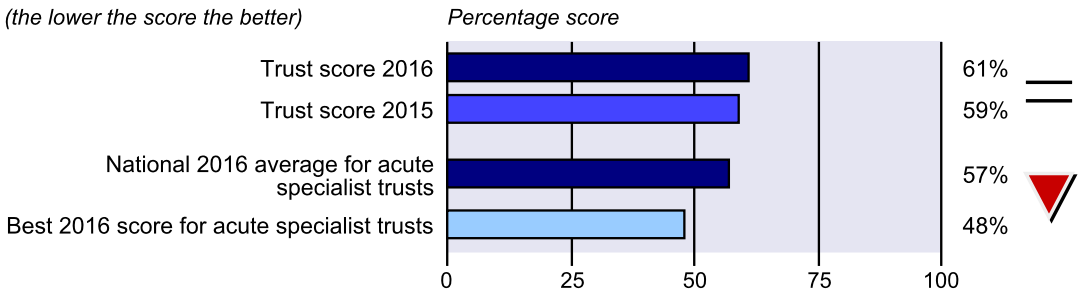
KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



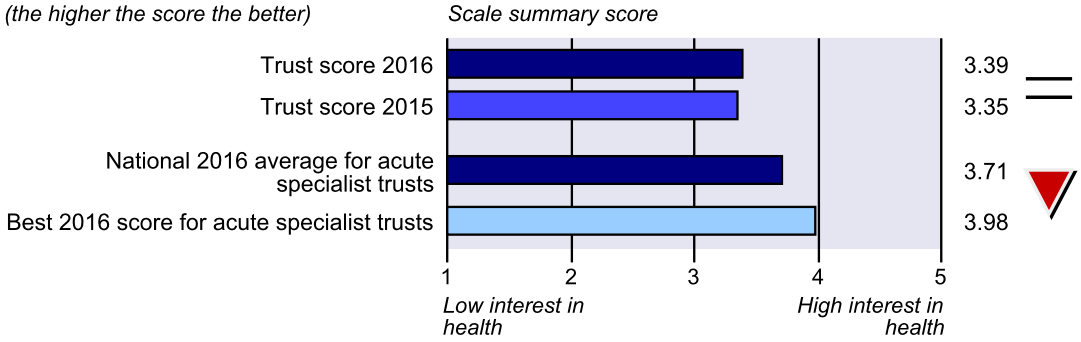
KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

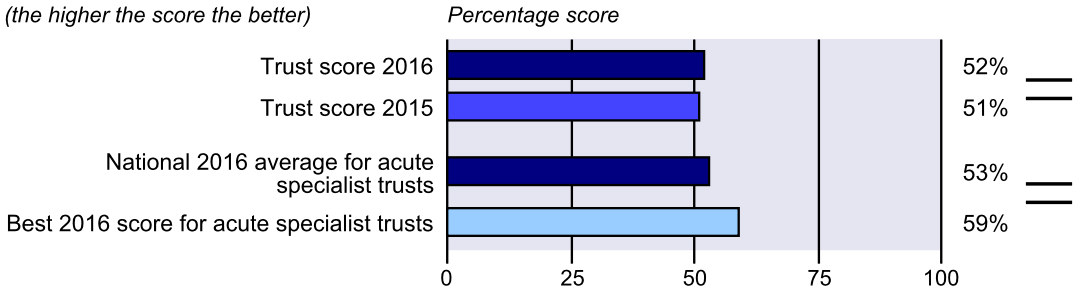
(the higher the score the better)



Working patterns

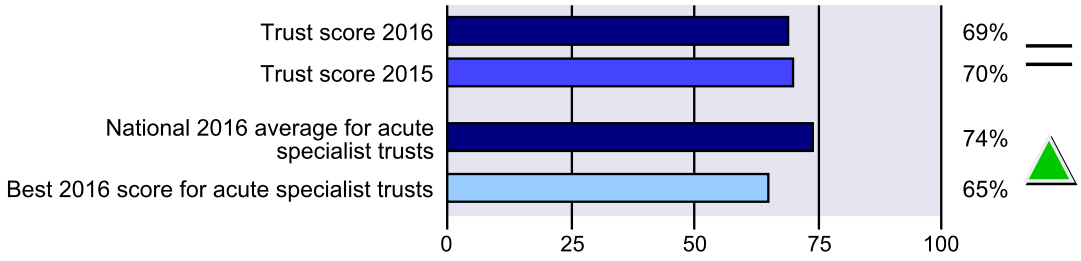
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



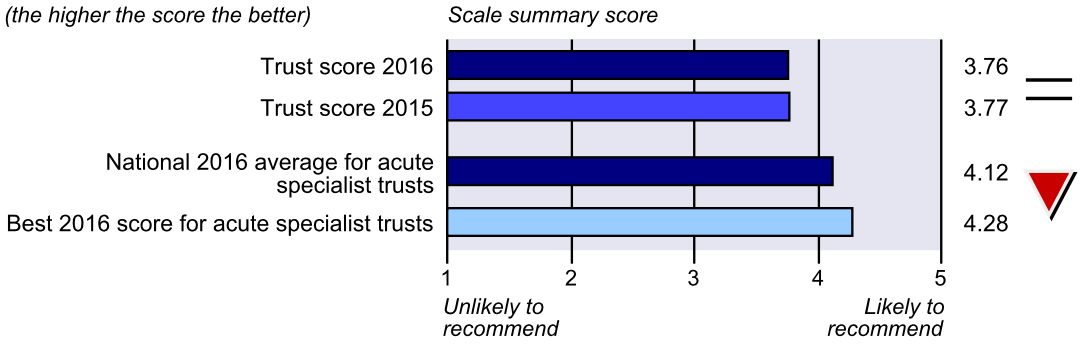
KEY FINDING 16. Percentage of staff working extra hours

(the lower the score the better)

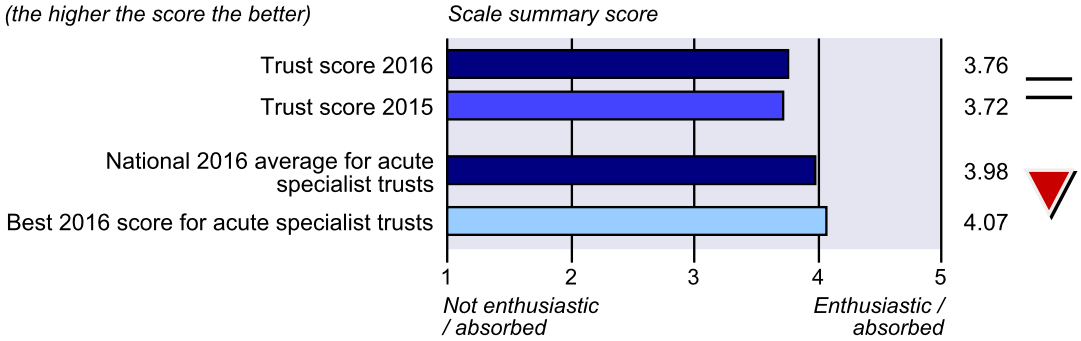


Job satisfaction

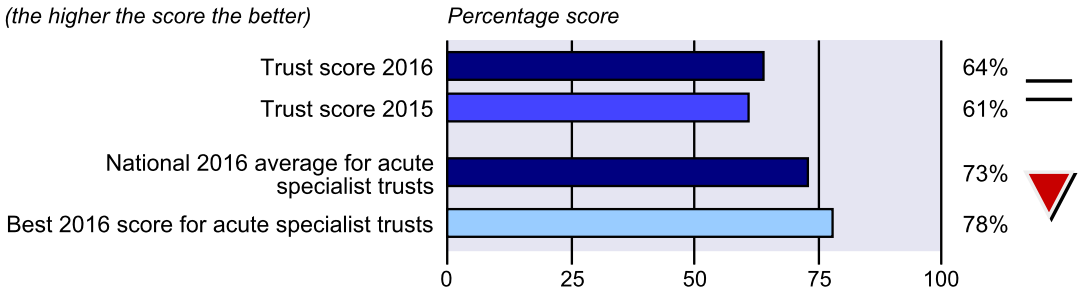
KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment



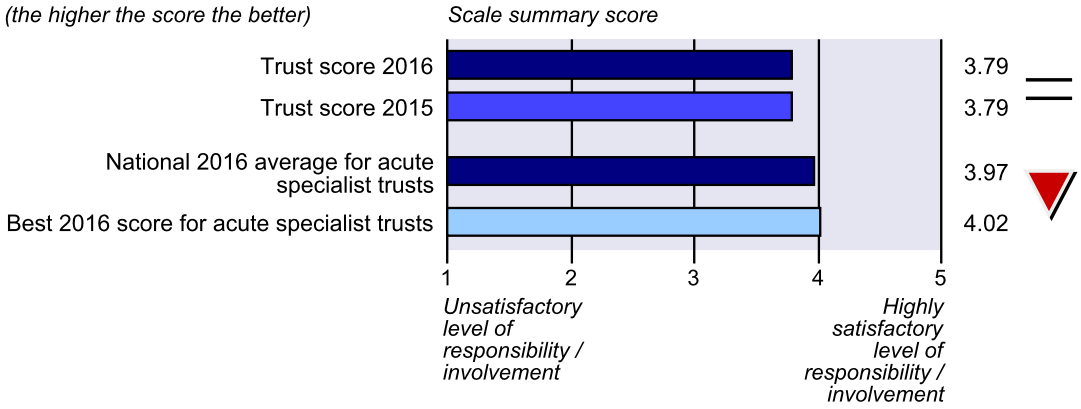
KEY FINDING 4. Staff motivation at work



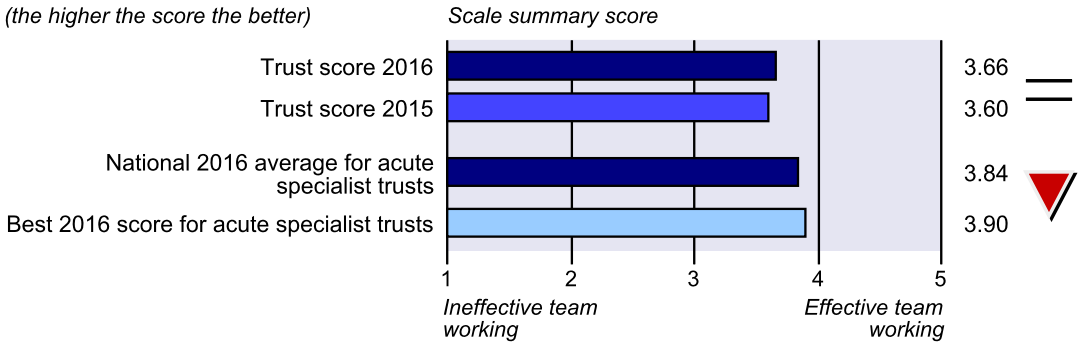
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work



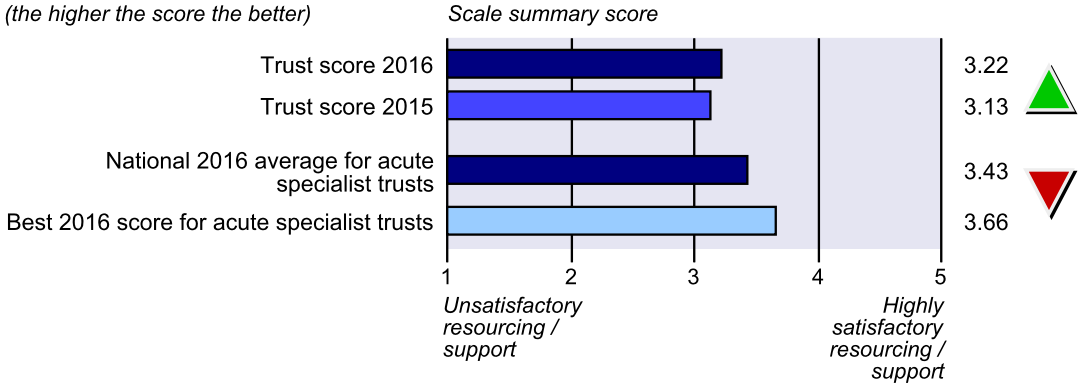
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement



KEY FINDING 9. Effective team working

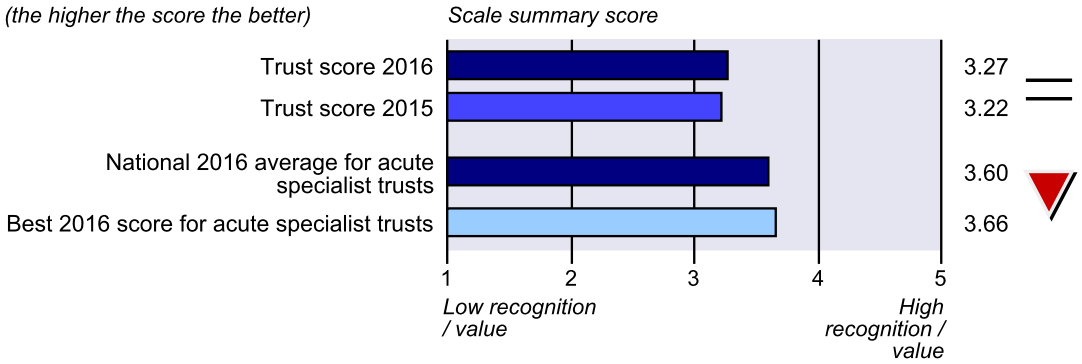


KEY FINDING 14. Staff satisfaction with resourcing and support

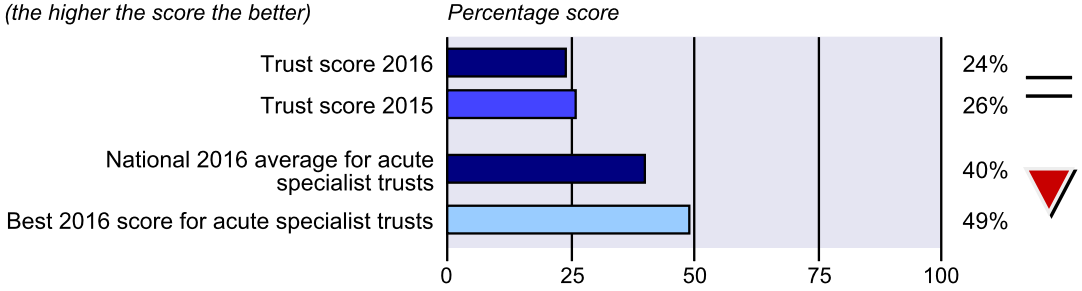


Managers

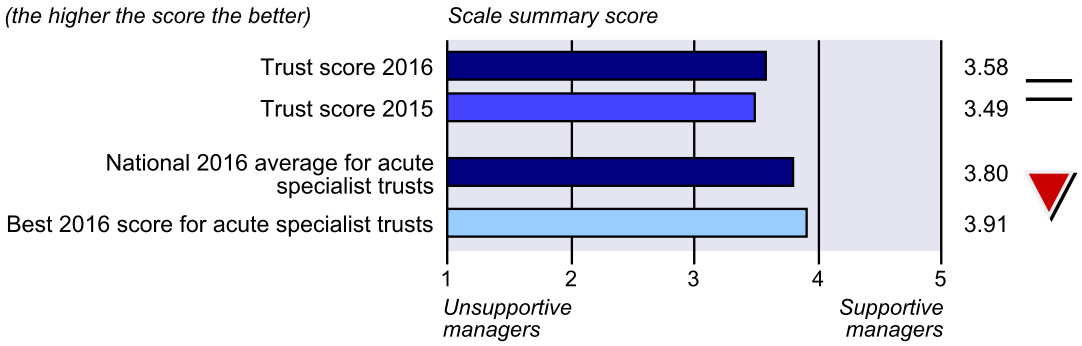
KEY FINDING 5. Recognition and value of staff by managers and the organisation



KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

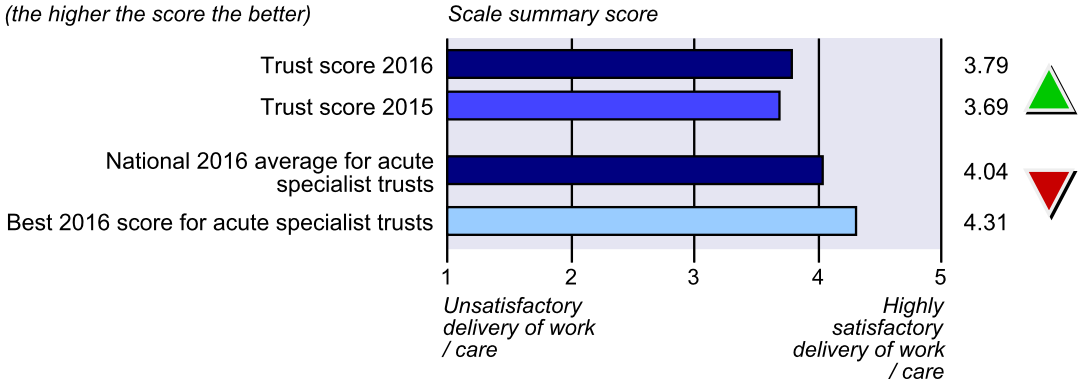


KEY FINDING 10. Support from immediate managers

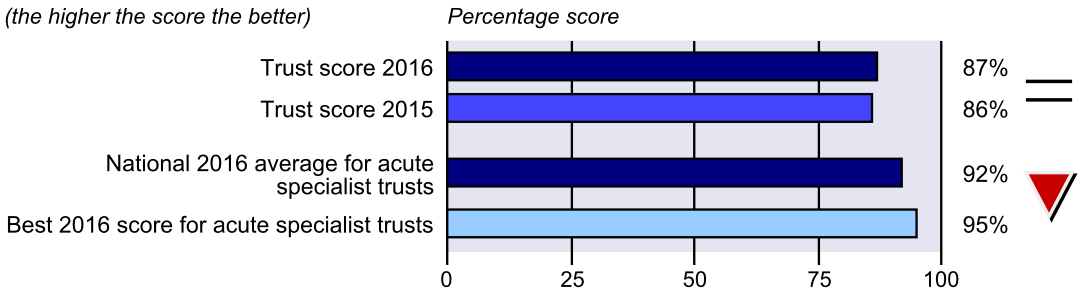


Patient care & experience

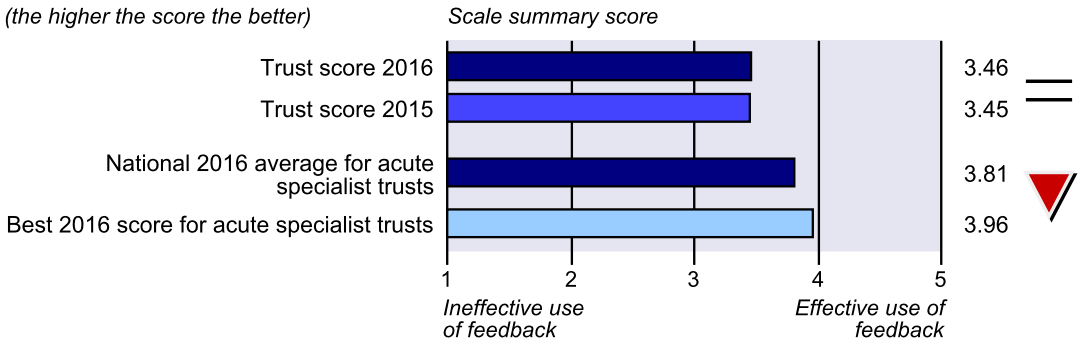
KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver



KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

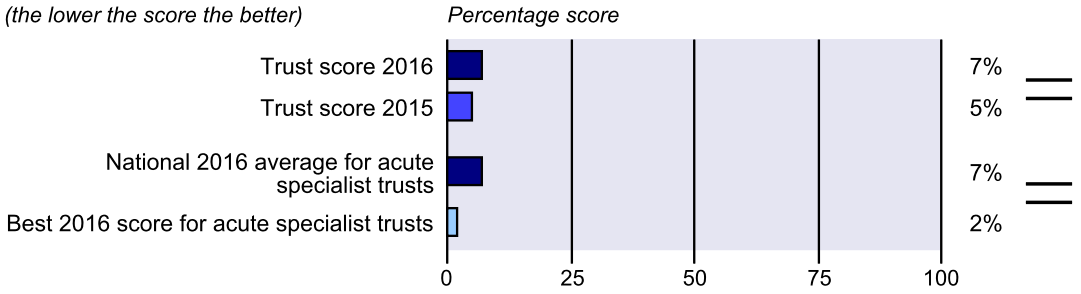


KEY FINDING 32. Effective use of patient / service user feedback

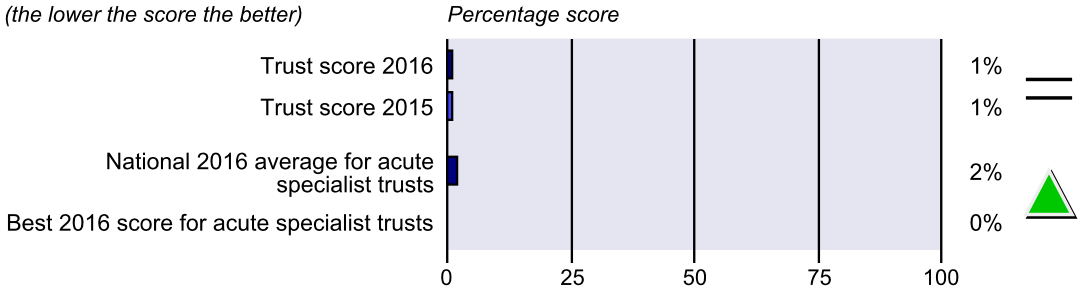


Violence, harassment & bullying

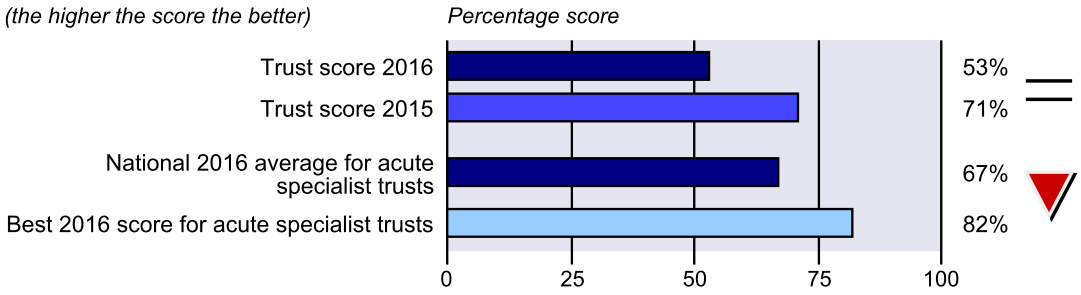
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



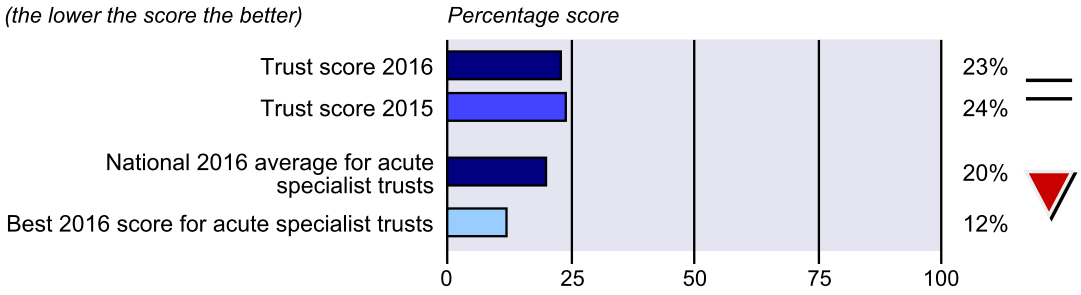
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months



KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

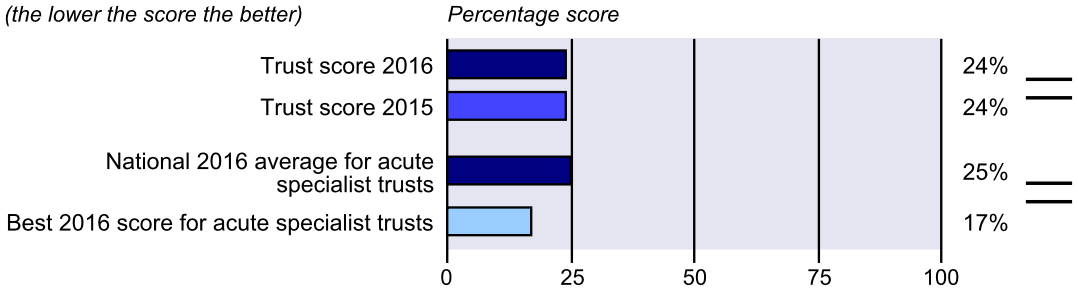


KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



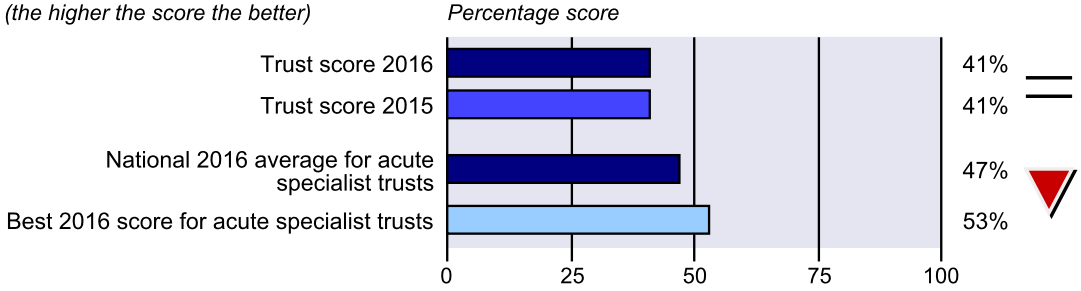
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	24%	21%	26%
		BME	30%	18%	13%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	24%	24%
		BME	30%	28%	28%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	81%	89%	85%
		BME	64%	75%	67%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	5%	6%
		BME	18%	12%	19%

6. Key Findings by work group characteristics

Tables 6.1 to 6.4 show the Key Findings at Alder Hey Children's NHS Foundation Trust broken down by work group characteristics: occupational groups, business units, staff groups and full time/part time staff.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 6.1 to 6.4, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Table 6.1: Key Findings for different occupational groups

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
Appraisals & support for development												
KF11. % appraised in last 12 mths	71	80	91	94	96	87	83	78	95	83	85	49
KF12. Quality of appraisals	3.00	2.83	3.12	2.81	3.23	3.21	2.86	3.19	2.44	2.41	3.02	2.15
KF13. Quality of non-mandatory training, learning or development	4.21	4.03	4.28	3.91	4.17	3.91	4.03	4.03	3.91	3.73	3.78	-
Equality & diversity												
* *KF20. % experiencing discrimination at work in last 12 mths*	11	7	8	12	0	7	13	2	6	9	3	3
KF21. % believing the organisation provides equal opportunities for career progression / promotion	58	85	79	85	91	100	78	71	86	75	85	64
Errors & incidents												
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	50	51	26	53	22	40	30	37	60	14	16	23
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	99	100	93	100	-	93	100	97	86	100	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	4.15	3.75	3.80	3.46	3.77	3.92	3.36	3.80	3.56	3.37	3.70	3.22
KF31. Staff confidence and security in reporting unsafe clinical practice	4.06	3.53	3.73	3.46	3.69	3.79	3.33	3.85	3.30	3.40	3.55	3.29
Health and wellbeing												
* *KF17. % feeling unwell due to work related stress in last 12 mths*	35	43	39	41	27	67	46	27	38	35	32	43
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	56	71	69	45	68	71	76	46	61	59	46	63
KF19. Org and mgmt interest in and action on health and wellbeing	3.31	3.32	3.59	3.24	3.52	3.47	3.24	3.64	3.27	3.41	3.83	2.91
Working patterns												
KF15. % satisfied with the opportunities for flexible working patterns	71	51	51	37	45	50	57	76	39	56	66	38
* *KF16. % working extra hours*	65	72	56	94	69	86	84	83	74	52	68	57
Number of respondents	18	269	75	107	51	15	92	41	104	161	73	40

Due to low numbers of respondents, no scores are shown for the following occupational groups: Mental Health Nurses, Occupational Therapy, Social Care Staff, Public Health / Health Improvement and Commissioning Staff.

Table 6.1: Key Findings for different occupational groups (cont)

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
Job satisfaction												
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.13	3.64	3.89	3.74	4.03	4.20	3.65	4.09	3.61	3.72	4.01	3.72
KF4. Staff motivation at work	4.07	3.78	3.88	4.09	4.03	4.00	3.84	4.01	3.48	3.50	3.78	3.65
KF7. % able to contribute towards improvements at work	89	62	59	75	88	80	67	88	62	57	73	33
KF8. Staff satisfaction with level of responsibility and involvement	3.79	3.83	3.93	4.02	4.22	3.88	3.74	4.01	3.60	3.65	3.74	3.41
KF9. Effective team working	4.04	3.58	3.63	3.92	4.05	3.58	3.52	4.09	3.70	3.60	3.67	3.15
KF14. Staff satisfaction with resourcing and support	3.56	3.14	3.53	3.07	3.33	3.23	2.91	3.20	3.07	3.33	3.30	3.04
Managers												
KF5. Recognition and value of staff by managers and the organisation	3.36	3.13	3.47	3.36	3.51	3.49	3.23	3.63	3.12	3.24	3.63	2.84
KF6. % reporting good communication between senior management and staff	44	18	29	28	41	27	18	34	20	20	36	18
KF10. Support from immediate managers	3.30	3.52	3.67	3.61	3.84	3.41	3.50	3.78	3.46	3.57	3.94	2.92
Patient care & experience												
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.12	3.66	4.41	3.63	3.86	3.91	3.69	3.71	3.66	3.87	3.90	3.78
KF3. % agreeing that their role makes a difference to patients / service users	100	91	95	93	98	100	94	86	84	76	91	70
KF32. Effective use of patient / service user feedback	-	3.36	3.47	3.58	3.75	3.75	3.25	3.52	3.54	3.44	3.76	-
Violence, harassment & bullying												
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	24	13	14	4	10	20	4	2	3	2	0	0
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	2	3	1	2	0	0	0	1	0	0	5
KF24. % reporting most recent experience of violence	-	57	-	-	-	-	-	-	-	-	-	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	12	34	18	37	24	47	26	20	14	21	6	13
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	28	28	18	25	14	33	24	37	24	20	26	16
KF27. % reporting most recent experience of harassment, bullying or abuse	-	45	56	24	25	-	39	40	32	50	39	-
Overall staff engagement	4.09	3.65	3.76	3.82	4.05	4.01	3.67	4.07	3.53	3.56	3.85	3.40
Number of respondents	18	269	75	107	51	15	92	41	104	161	73	40

Due to low numbers of respondents, no scores are shown for the following occupational groups: Mental Health Nurses, Occupational Therapy, Social Care Staff, Public Health / Health Improvement and Commissioning Staff.

Table 6.2: Key Findings for different business units

	Alder Hey in the Park	Community	Corporate Other Department	Facilities	Finance & IMT	Human Resources	Medicine	Nursing & Quality	Research & Development	Surgery
Appraisals & support for development										
KF11. % appraised in last 12 mths	75	89	54	36	89	92	93	71	52	78
KF12. Quality of appraisals	2.71	2.88	-	2.17	2.89	3.00	2.77	2.53	2.64	2.70
KF13. Quality of non-mandatory training, learning or development	-	4.12	-	-	3.89	3.98	3.99	3.89	4.05	3.95
Equality & diversity										
* *KF20. % experiencing discrimination at work in last 12 mths*	5	11	0	6	11	5	7	5	4	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	79	82	-	55	75	86	87	61	79	78
Errors & incidents										
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	38	22	0	29	11	15	41	21	36	50
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	93	-	-	-	-	96	-	-	97
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.59	3.60	-	3.26	3.47	3.85	3.60	3.71	3.53	3.61
KF31. Staff confidence and security in reporting unsafe clinical practice	3.38	3.57	4.04	3.22	3.36	3.50	3.52	3.78	3.68	3.43
Health and wellbeing										
* *KF17. % feeling unwell due to work related stress in last 12 mths*	24	40	36	53	34	31	41	29	32	39
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	52	59	54	65	52	50	65	49	46	64
KF19. Org and mgmt interest in and action on health and wellbeing	3.43	3.29	4.12	2.99	3.69	3.91	3.39	3.54	3.63	3.24
Working patterns										
KF15. % satisfied with the opportunities for flexible working patterns	52	49	77	29	68	56	47	70	80	52
* *KF16. % working extra hours*	57	70	86	56	55	76	72	58	64	73
Number of respondents	22	136	14	36	58	39	449	38	25	305

Please note that the business units classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.2: Key Findings for different business units (cont)

	Alder Hey in the Park	Community	Corporate Other Department	Facilities	Finance & IMT	Human Resources	Medicine	Nursing & Quality	Research & Development	Surgery
Job satisfaction										
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.92	3.71	4.36	3.77	3.84	3.76	3.75	3.77	3.84	3.71
KF4. Staff motivation at work	3.68	3.89	3.90	3.55	3.69	3.91	3.74	3.73	3.76	3.80
KF7. % able to contribute towards improvements at work	59	61	86	31	68	77	67	74	60	64
KF8. Staff satisfaction with level of responsibility and involvement	3.60	3.85	4.02	3.49	3.91	3.80	3.84	3.71	3.50	3.78
KF9. Effective team working	3.58	3.78	4.13	3.04	3.67	3.65	3.68	3.66	3.75	3.64
KF14. Staff satisfaction with resourcing and support	3.24	3.25	3.56	3.08	3.37	3.24	3.17	3.51	2.99	3.18
Managers										
KF5. Recognition and value of staff by managers and the organisation	3.47	3.26	3.95	2.78	3.54	3.54	3.31	3.43	3.23	3.13
KF6. % reporting good communication between senior management and staff	27	23	79	19	29	46	22	21	24	21
KF10. Support from immediate managers	3.56	3.51	4.23	2.90	3.80	3.85	3.67	3.47	3.44	3.45
Patient care & experience										
KF2. Staff satisfaction with the quality of work and care they are able to deliver	-	3.83	-	3.64	3.92	4.12	3.78	3.96	3.83	3.71
KF3. % agreeing that their role makes a difference to patients / service users	87	92	-	64	73	97	89	92	83	89
KF32. Effective use of patient / service user feedback	-	3.47	-	-	-	3.58	3.49	3.58	3.36	3.40
Violence, harassment & bullying										
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	5	11	0	0	2	3	7	3	0	9
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	1	0	9	0	0	1	0	0	1
KF24. % reporting most recent experience of violence	-	64	-	-	-	-	58	-	-	36
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	5	31	7	21	5	5	27	8	12	28
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	19	21	21	24	27	19	25	16	28	26
KF27. % reporting most recent experience of harassment, bullying or abuse	-	54	-	62	36	-	38	-	-	35
Overall staff engagement	3.69	3.71	4.14	3.43	3.76	3.84	3.70	3.79	3.68	3.68
Number of respondents	22	136	14	36	58	39	449	38	25	305

Please note that the business units classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.3: Key Findings for different staff groups

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Appraisals & support for development								
KF11. % appraised in last 12 mths	93	91	82	90	45	88	94	80
KF12. Quality of appraisals	2.62	3.05	2.68	3.06	2.29	2.29	2.82	2.88
KF13. Quality of non-mandatory training, learning or development	3.89	4.18	3.83	4.08	3.55	3.82	3.91	4.05
Equality & diversity								
* *KF20. % experiencing discrimination at work in last 12 mths*	7	6	7	6	5	9	12	7
KF21. % believing the organisation provides equal opportunities for career progression / promotion	80	83	75	90	61	82	85	85
Errors & incidents								
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	59	21	18	34	25	54	54	52
KF29. % reporting errors, near misses or incidents witnessed in last mth	93	96	95	100	-	97	93	98
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.59	3.79	3.52	3.51	3.29	3.44	3.46	3.77
KF31. Staff confidence and security in reporting unsafe clinical practice	3.52	3.67	3.51	3.45	3.17	3.25	3.47	3.54
Health and wellbeing								
* *KF17. % feeling unwell due to work related stress in last 12 mths*	48	34	35	37	49	38	40	43
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	74	64	54	74	54	62	45	70
KF19. Org and mgmt interest in and action on health and wellbeing	3.11	3.64	3.53	3.40	2.94	3.22	3.24	3.31
Working patterns								
KF15. % satisfied with the opportunities for flexible working patterns	51	52	62	54	37	33	36	51
* *KF16. % working extra hours*	86	50	61	88	55	78	94	72
Number of respondents	74	137	342	82	42	67	107	287

Please note that the staff groups classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.3: Key Findings for different staff groups (cont)

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Job satisfaction								
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.51	3.95	3.84	3.88	3.63	3.59	3.73	3.65
KF4. Staff motivation at work	3.62	3.93	3.69	3.87	3.62	3.53	4.09	3.80
KF7. % able to contribute towards improvements at work	64	63	64	79	31	60	74	64
KF8. Staff satisfaction with level of responsibility and involvement	3.65	3.89	3.74	3.99	3.49	3.59	4.03	3.84
KF9. Effective team working	3.58	3.65	3.70	3.80	3.03	3.75	3.92	3.60
KF14. Staff satisfaction with resourcing and support	2.87	3.43	3.34	3.11	3.12	3.12	3.07	3.15
Managers								
KF5. Recognition and value of staff by managers and the organisation	3.20	3.46	3.38	3.38	2.84	3.02	3.36	3.14
KF6. % reporting good communication between senior management and staff	23	32	28	24	17	15	28	18
KF10. Support from immediate managers	3.41	3.74	3.69	3.63	2.89	3.46	3.62	3.52
Patient care & experience								
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.32	4.37	3.86	3.64	3.75	3.82	3.62	3.69
KF3. % agreeing that their role makes a difference to patients / service users	91	96	80	96	69	80	92	91
KF32. Effective use of patient / service user feedback	3.21	3.60	3.46	3.49	-	3.50	3.58	3.42
Violence, harassment & bullying								
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	6	11	1	9	3	3	4	14
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	2	0	0	8	0	1	1
KF24. % reporting most recent experience of violence	-	54	-	-	-	-	-	59
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	29	14	16	33	13	11	37	34
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	27	16	25	18	16	29	25	28
KF27. % reporting most recent experience of harassment, bullying or abuse	40	52	46	23	-	19	25	47
Overall staff engagement	3.55	3.82	3.72	3.86	3.38	3.52	3.82	3.68
Number of respondents	74	137	342	82	42	67	107	287

Please note that the staff groups classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.4: Key Findings for different work groups

	Full time / part time[a]	
	Full time	Part time
Appraisals & support for development		
KF11. % appraised in last 12 mths	85	81
KF12. Quality of appraisals	2.80	2.72
KF13. Quality of non-mandatory training, learning or development	3.98	3.95
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	8	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	81	83
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	38	30
KF29. % reporting errors, near misses or incidents witnessed in last mth	96	94
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.62	3.55
KF31. Staff confidence and security in reporting unsafe clinical practice	3.52	3.43
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	36
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	62	57
KF19. Org and mgmt interest in and action on health and wellbeing	3.37	3.42
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	50	59
* *KF16. % working extra hours*	73	57
Number of respondents	901	216

[a] Full time is defined as staff contracted to work 30 hours or more a week

Table 6.4: Key Findings for different work groups (cont)

	Full time / part time[a]	
	Full time	Part time
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.74	3.79
KF4. Staff motivation at work	3.78	3.74
KF7. % able to contribute towards improvements at work	66	58
KF8. Staff satisfaction with level of responsibility and involvement	3.80	3.81
KF9. Effective team working	3.68	3.64
KF14. Staff satisfaction with resourcing and support	3.18	3.31
Managers		
KF5. Recognition and value of staff by managers and the organisation	3.29	3.21
KF6. % reporting good communication between senior management and staff	25	20
KF10. Support from immediate managers	3.59	3.54
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.78	3.82
KF3. % agreeing that their role makes a difference to patients / service users	89	84
KF32. Effective use of patient / service user feedback	3.45	3.54
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	7	6
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1
KF24. % reporting most recent experience of violence	52	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	25	19
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	25	22
KF27. % reporting most recent experience of harassment, bullying or abuse	41	37
Overall staff engagement	3.71	3.68
Number of respondents	901	216

[a] Full time is defined as staff contracted to work 30 hours or more a week

7. Key Findings by demographic groups

Tables 7.1 and 7.2 show the Key Findings at Alder Hey Children's NHS Foundation Trust broken down by different demographic groups: age group, gender, disability and ethnic background.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 7.1 and 7.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score.

Table 7.1: Key Findings for different age groups

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Appraisals & support for development				
KF11. % appraised in last 12 mths	82	86	87	81
KF12. Quality of appraisals	3.30	2.92	2.71	2.55
KF13. Quality of non-mandatory training, learning or development	4.15	3.99	3.97	3.92
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	8	5	9	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	86	84	80	77
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	39	40	36	35
KF29. % reporting errors, near misses or incidents witnessed in last mth	94	98	96	94
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.86	3.63	3.53	3.57
KF31. Staff confidence and security in reporting unsafe clinical practice	3.63	3.47	3.47	3.51
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	26	37	40	44
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	61	62	62	60
KF19. Org and mgmt interest in and action on health and wellbeing	3.52	3.36	3.35	3.35
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	56	51	54	47
* *KF16. % working extra hours*	67	72	74	67
Number of respondents	134	262	311	402

Table 7.1: Key Findings for different age groups (cont)

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.93	3.70	3.68	3.80
KF4. Staff motivation at work	3.77	3.74	3.77	3.80
KF7. % able to contribute towards improvements at work	71	70	63	60
KF8. Staff satisfaction with level of responsibility and involvement	3.87	3.81	3.81	3.76
KF9. Effective team working	3.77	3.68	3.68	3.63
KF14. Staff satisfaction with resourcing and support	3.43	3.17	3.19	3.18
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.35	3.32	3.28	3.20
KF6. % reporting good communication between senior management and staff	38	21	23	22
KF10. Support from immediate managers	3.62	3.60	3.64	3.49
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.99	3.70	3.79	3.79
KF3. % agreeing that their role makes a difference to patients / service users	90	91	88	86
KF32. Effective use of patient / service user feedback	3.48	3.38	3.48	3.52
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	7	8	6	7
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	0	1	2
KF24. % reporting most recent experience of violence	-	50	44	60
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	22	22	24	26
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	18	23	27	26
KF27. % reporting most recent experience of harassment, bullying or abuse	41	38	44	38
Overall staff engagement	3.80	3.69	3.69	3.69
Number of respondents	134	262	311	402

Table 7.2: Key Findings for other demographic groups

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
Appraisals & support for development						
KF11. % appraised in last 12 mths	82	84	85	83	83	86
KF12. Quality of appraisals	2.80	2.77	2.43	2.85	2.77	3.14
KF13. Quality of non-mandatory training, learning or development	3.87	4.01	3.86	4.00	3.98	3.98
Equality & diversity						
* *KF20. % experiencing discrimination at work in last 12 mths*	9	7	11	7	7	21
KF21. % believing the organisation provides equal opportunities for career progression / promotion	73	84	75	82	81	64
Errors & incidents						
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	41	36	41	36	36	43
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	98	92	97	95	100
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.47	3.64	3.47	3.63	3.61	3.50
KF31. Staff confidence and security in reporting unsafe clinical practice	3.42	3.53	3.34	3.54	3.52	3.36
Health and wellbeing						
* *KF17. % feeling unwell due to work related stress in last 12 mths*	36	39	56	35	39	38
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	54	63	71	59	62	63
KF19. Org and mgmt interest in and action on health and wellbeing	3.19	3.42	3.18	3.42	3.38	3.22
Working patterns						
KF15. % satisfied with the opportunities for flexible working patterns	40	54	43	53	51	50
* *KF16. % working extra hours*	79	68	67	71	70	71
Number of respondents	220	872	192	896	1042	58

Table 7.2: Key Findings for other demographic groups (cont)

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
Job satisfaction						
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.67	3.77	3.61	3.79	3.76	3.79
KF4. Staff motivation at work	3.70	3.79	3.62	3.80	3.75	4.10
KF7. % able to contribute towards improvements at work	65	64	56	66	65	60
KF8. Staff satisfaction with level of responsibility and involvement	3.76	3.82	3.58	3.85	3.81	3.78
KF9. Effective team working	3.66	3.67	3.48	3.71	3.66	3.88
KF14. Staff satisfaction with resourcing and support	3.12	3.23	3.05	3.24	3.21	3.21
Managers						
KF5. Recognition and value of staff by managers and the organisation	3.20	3.29	3.01	3.33	3.28	3.24
KF6. % reporting good communication between senior management and staff	25	23	18	25	25	16
KF10. Support from immediate managers	3.43	3.61	3.35	3.62	3.58	3.51
Patient care & experience						
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.66	3.82	3.74	3.78	3.78	3.90
KF3. % agreeing that their role makes a difference to patients / service users	82	89	84	88	88	91
KF32. Effective use of patient / service user feedback	3.34	3.49	3.39	3.48	3.48	3.22
Violence, harassment & bullying						
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	7	7	10	6	7	9
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1	3	1	1	4
KF24. % reporting most recent experience of violence	53	54	50	56	55	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	19	25	33	22	24	30
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	21	25	35	22	24	30
KF27. % reporting most recent experience of harassment, bullying or abuse	28	43	42	39	40	50
Overall staff engagement	3.63	3.72	3.52	3.74	3.70	3.79
Number of respondents	220	872	192	896	1042	58

8. Work and demographic profile of the survey respondents

The occupational group of the staff survey respondents is shown in table 8.1, other work characteristics are shown in table 8.2, and demographic characteristics are shown in table 8.3.

Table 8.1: Occupational group of respondents

Occupational group	Number questionnaires returned	Percentage of survey respondents
Allied Health Professionals		
Occupational Therapy	4	0%
Physiotherapy	51	5%
Radiography	15	1%
Clinical Psychology	19	2%
Psychotherapy	11	1%
Arts Therapy	2	0%
Other qualified Allied Health Professionals	48	4%
Support to Allied Health Professionals	12	1%
Scientific and Technical / Healthcare Scientists		
Pharmacy	32	3%
Other qualified Scientific and Technical / Healthcare Scientists	64	6%
Support to Scientific and Technical / Healthcare Scientists	8	1%
Medical and Dental		
Medical / Dental - Consultant	93	9%
Medical / Dental - In Training	2	0%
Medical / Dental - Other	12	1%
Nurses, Midwives and Nursing Assistants		
Registered Nurses - Adult / General	18	2%
Registered Nurses - Mental Health	7	1%
Registered Nurses - Learning Disabilities	5	0%
Registered Nurses - Children	255	23%
Registered Nurses - District / Community	2	0%
Other Registered Nurses	7	1%
Nursing auxiliary / Nursing assistant / Healthcare assistant	75	7%
Social Care Staff		
Approved social workers / Social workers / Residential social workers	1	0%
Other groups		
Public Health / Health Improvement	1	0%
Commissioning managers / support staff	2	0%
Admin and Clerical	161	15%
Central Functions / Corporate Services	73	7%
Maintenance / Ancillary	40	4%
General Management	41	4%
Other	33	3%
Did not specify	44	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 8.2: Work characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Full time / part time		
Full time	901	81%
Part time	216	19%
Did not specify	21	
Length of time in organisation		
Less than a year	78	7%
Between 1 to 2 years	144	13%
Between 3 to 5 years	113	10%
Between 6 to 10 years	205	18%
Between 11 to 15 years	200	18%
Over 15 years	370	33%
Did not specify	28	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 8.3: Demographic characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Age group		
Between 16 and 30	134	12%
Between 31 and 40	262	24%
Between 41 and 50	311	28%
51 and over	402	36%
Did not specify	29	
Gender		
Male	220	20%
Female	872	80%
Did not specify	46	
Ethnic background		
White	1042	95%
Black and minority ethnic	58	5%
Did not specify	38	
Disability		
Disabled	192	18%
Not disabled	896	82%
Did not specify	50	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Appendix 1

Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts

Technical notes:

- The first column in table A1 shows the trust's scores for each of the Key Findings. The same data are displayed in section 3 and 4 of this report.
- The second column in table A1 shows the 95% confidence intervals around the trust's scores for each of the Key Findings.
- The third column in table A1 shows the average (median) score for each of the Key Findings for acute specialist trusts. The same data are displayed in section 3 and 4 of this report.
- The fourth and fifth columns in table A1 show the thresholds for below and above average scores for each of the Key Findings for acute specialist trusts. The data are used to describe comparisons with other trusts as displayed in section 3 and 4 of this report.
- The sixth column in table A1 shows the lowest score attained for each of the Key Findings by an acute specialist trust.
- The seventh column in table A1 shows the highest score attained for each of the Key Findings by an acute specialist trust.
- For most of the Key Findings presented in table A1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative score. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Please note that the data presented in table A1 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

Table A1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts

	Your trust		National scores for acute specialist trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for below average	Threshold for above average	Lowest score attained	Highest score attained
Response rate	39	-	49	46	55	39	69
Appraisals & support for development							
KF11. % appraised in last 12 mths	83	[81, 86]	87	84	88	80	93
KF12. Quality of appraisals	2.77	[2.69, 2.85]	3.21	3.13	3.26	2.77	3.42
KF13. Quality of non-mandatory training, learning or development	3.97	[3.92, 4.02]	4.07	3.99	4.10	3.89	4.14
Equality & diversity							
* *KF20. % experiencing discrimination at work in last 12 mths*	8	[6, 9]	9	8	11	6	15
KF21. % believing the organisation provides equal opportunities for career progression / promotion	81	[78, 84]	86	85	88	81	94
Errors & incidents							
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	36	[33, 38]	28	25	31	21	36
KF29. % reporting errors, near misses or incidents witnessed in last mth	96	[94, 98]	92	90	93	87	96
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.60	[3.56, 3.65]	3.79	3.73	3.91	3.60	4.01
KF31. Staff confidence and security in reporting unsafe clinical practice	3.50	[3.45, 3.55]	3.73	3.64	3.84	3.50	3.94
Health and wellbeing							
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	[36, 41]	33	32	34	27	40
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	61	[58, 64]	57	51	61	48	70
KF19. Org and mgmt interest in and action on health and wellbeing	3.39	[3.33, 3.44]	3.71	3.67	3.80	3.39	3.98
Working patterns							
KF15. % satisfied with the opportunities for flexible working patterns	52	[49, 55]	53	52	55	49	59
* *KF16. % working extra hours*	69	[66, 72]	74	70	75	65	78

Table A1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts (cont)

	Your trust		National scores for acute specialist trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for below average	Threshold for above average	Lowest score attained	Highest score attained
Job satisfaction							
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.76	[3.71, 3.81]	4.12	4.04	4.19	3.74	4.28
KF4. Staff motivation at work	3.76	[3.72, 3.81]	3.98	3.92	3.99	3.76	4.07
KF7. % able to contribute towards improvements at work	64	[61, 67]	73	72	76	64	78
KF8. Staff satisfaction with level of responsibility and involvement	3.79	[3.75, 3.83]	3.97	3.91	3.98	3.79	4.02
KF9. Effective team working	3.66	[3.61, 3.71]	3.84	3.80	3.87	3.65	3.90
KF14. Staff satisfaction with resourcing and support	3.22	[3.17, 3.26]	3.43	3.39	3.53	3.13	3.66
Managers							
KF5. Recognition and value of staff by managers and the organisation	3.27	[3.22, 3.33]	3.60	3.46	3.62	3.25	3.66
KF6. % reporting good communication between senior management and staff	24	[22, 27]	40	30	43	24	49
KF10. Support from immediate managers	3.58	[3.52, 3.64]	3.80	3.77	3.85	3.58	3.91
Patient care & experience							
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.79	[3.73, 3.85]	4.04	4.00	4.11	3.77	4.31
KF3. % agreeing that their role makes a difference to patients / service users	87	[85, 89]	92	90	92	87	95
KF32. Effective use of patient / service user feedback	3.46	[3.39, 3.54]	3.81	3.75	3.89	3.46	3.96
Violence, harassment & bullying							
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	7	[5, 8]	7	5	8	2	21
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	[0, 2]	2	1	2	0	3
KF24. % reporting most recent experience of violence	53	[41, 65]	67	65	73	52	82
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	23	[21, 26]	20	18	23	12	29
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	[21, 26]	25	23	25	17	30
KF27. % reporting most recent experience of harassment, bullying or abuse	41	[36, 46]	47	43	48	36	53

Appendix 2

Changes to the Key Findings since the 2014 and 2015 staff surveys

Technical notes:

- For most of the Key Findings presented in tables A2.1 and A2.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- It is likely that we would see some small change simply due to sample differences between the two years. The final column of the tables shows whether the change in your trust is statistically significant or not. If a change is not significant, then there is no evidence of a real change in the trust score.
- Please note that the trust scores and change scores presented in tables A2.1 and A2.2 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.
- All percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In certain cases a dash (-) appears in Table A2.2. This is either because the Key Finding was not calculated in previous years, or there have been changes in how the Key Finding has been calculated this year.

To enable comparison between years, scores from 2015 and 2014 have been re-calculated and re-weighted using the 2016 formulae, so may appear slightly different from figures in previous feedback reports. More details about these changes can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

Table A2.1: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2015 survey

	Alder Hey Children's NHS Foundation Trust			
	2016 score	**2015 score**	**Change**	**Statistically significant?**
Response rate	39	35	4	N/A
Appraisals & support for development				
KF11. % appraised in last 12 mths	83	80	4	Yes
KF12. Quality of appraisals	2.77	2.72	0.04	No
KF13. Quality of non-mandatory training, learning or development	3.97	3.91	0.06	No
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	8	8	0	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	81	82	-2	No
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	36	40	-4	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	96	93	3	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.60	3.60	0.00	No
KF31. Staff confidence and security in reporting unsafe clinical practice	3.50	3.45	0.04	No
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	44	-6	Yes
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	61	59	2	No
KF19. Org and mgmt interest in and action on health and wellbeing	3.39	3.35	0.04	No
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	52	51	1	No
* *KF16. % working extra hours*	69	70	-1	No

Table A2.1: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2015 survey (cont)

	Alder Hey Children's NHS Foundation Trust			
	2016 score	**2015 score**	**Change**	**Statistically significant?**
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.76	3.77	-0.01	No
KF4. Staff motivation at work	3.76	3.72	0.05	No
KF7. % able to contribute towards improvements at work	64	61	3	No
KF8. Staff satisfaction with level of responsibility and involvement	3.79	3.79	0.00	No
KF9. Effective team working	3.66	3.60	0.06	No
KF14. Staff satisfaction with resourcing and support	3.22	3.13	0.09	Yes
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.27	3.22	0.05	No
KF6. % reporting good communication between senior management and staff	24	26	-2	No
KF10. Support from immediate managers	3.58	3.49	0.09	No
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.79	3.69	0.10	Yes
KF3. % agreeing that their role makes a difference to patients / service users	87	86	1	No
KF32. Effective use of patient / service user feedback	3.46	3.45	0.01	No
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	7	5	2	No
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1	0	No
KF24. % reporting most recent experience of violence	53	71	-18	No
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	23	24	0	No
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	24	0	No
KF27. % reporting most recent experience of harassment, bullying or abuse	41	41	0	No

Table A2.2: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2014 survey

	Alder Hey Children's NHS Foundation Trust			
	2016 score	**2014 score**	**Change**	**Statistically significant?**
Response rate	39	44	-5	-
Appraisals & support for development				
KF11. % appraised in last 12 mths	83	78	5	Yes
KF12. Quality of appraisals	2.77	-	-	-
KF13. Quality of non-mandatory training, learning or development	3.97	-	-	-
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	8	8	0	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	81	87	-7	Yes
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	36	34	2	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	96	93	3	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.60	-	-	-
KF31. Staff confidence and security in reporting unsafe clinical practice	3.50	3.53	-0.03	No
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	38	0	No
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	61	63	-2	No
KF19. Org and mgmt interest in and action on health and wellbeing	3.39	-	-	-
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	52	-	-	-
* *KF16. % working extra hours*	69	72	-3	No

Table A2.2: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2014 survey (cont)

	Alder Hey Children's NHS Foundation Trust			
	2016 score	**2014 score**	**Change**	**Statistically significant?**
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.76	3.77	-0.01	No
KF4. Staff motivation at work	3.76	3.73	0.03	No
KF7. % able to contribute towards improvements at work	64	66	-3	No
KF8. Staff satisfaction with level of responsibility and involvement	3.79	3.85	-0.06	No
KF9. Effective team working	3.66	-	-	-
KF14. Staff satisfaction with resourcing and support	3.22	-	-	-
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.27	-	-	-
KF6. % reporting good communication between senior management and staff	24	25	-1	No
KF10. Support from immediate managers	3.58	3.59	-0.01	No
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.79	-	-	-
KF3. % agreeing that their role makes a difference to patients / service users	87	-	-	-
KF32. Effective use of patient / service user feedback	3.46	3.56	-0.10	No
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	7	7	0	No
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1	0	No
KF24. % reporting most recent experience of violence	53	59	-6	No
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	23	26	-2	No
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	24	0	No
KF27. % reporting most recent experience of harassment, bullying or abuse	41	44	-3	No

Appendix 3

Data tables: 2016 Key Findings and the responses to all survey questions

For each of the 32 Key Findings (Table A3.1) and each individual survey question in the core version of the questionnaire (Table A3.2), this appendix presents your trust's 2016 survey response, the average (median) 2016 response for acute specialist trusts, and your trust's 2015 survey response (where applicable).

In Table A3.1, the question numbers used to calculate the 32 Key Findings are also listed in the first column.

In Table A3.2, the responses to the survey questions are presented in the order that they appear within the core version of the 2016 questionnaire.

Technical notes:

- In certain cases a dash (-) appears in Tables A3.1 or A3.2. This is in order to preserve anonymity of individual staff, where there were fewer than 11 responses to a survey question or Key Finding.
- Please note that the figures reported in tables A3.1 and A3.2 are un-weighted, and, as a consequence there may be some slight differences between these figures and the figures reported in sections 3 and 4 and Appendix 2 of this report, which are weighted according to the occupational group profile of a typical acute specialist trust.
- More details about the calculation of Key Findings and the weighting of data can be found in the document ***Making sense of your staff survey data***, which can be downloaded from: www.nhsstaffsurveys.com

Table A3.1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts

	Question number(s)	Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
Appraisals & support for development				
KF11. % appraised in last 12 mths	Q20a	84	88	81
KF12. Quality of appraisals	Q20b-d	2.78	3.21	2.72
KF13. Quality of non-mandatory training, learning or development	Q18b-d	3.97	4.05	3.92
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	Q17a-b	8	9	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	Q16	81	86	83
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	Q11a-b	37	28	42
KF29. % reporting errors, near misses or incidents witnessed in last mth	Q11c	96	92	94
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Q12a-d	3.61	3.79	3.61
KF31. Staff confidence and security in reporting unsafe clinical practice	Q13b-c	3.50	3.72	3.46
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	Q9c	39	33	44
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	Q9d-g	61	58	59
KF19. Org and mgmt interest in and action on health and wellbeing	Q7f, 9a	3.38	3.70	3.34
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	Q5h	52	54	50
* *KF16. % working extra hours*	Q10b-c	70	73	71

Table A3.1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts (cont)

	Question number(s)	Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	Q21a, 21c-d	3.76	4.12	3.76
KF4. Staff motivation at work	Q2a-c	3.78	3.94	3.74
KF7. % able to contribute towards improvements at work	Q4a-b, 4d	65	73	62
KF8. Staff satisfaction with level of responsibility and involvement	Q3a-b, 4c, 5d-e	3.80	3.96	3.81
KF9. Effective team working	Q4h-j	3.67	3.84	3.61
KF14. Staff satisfaction with resourcing and support	Q4e-g, 5c	3.21	3.42	3.12
Managers				
KF5. Recognition and value of staff by managers and the organisation	Q5a, 5f, 7g	3.28	3.59	3.22
KF6. % reporting good communication between senior management and staff	Q8a-d	24	39	26
KF10. Support from immediate managers	Q5b, 7a-e	3.58	3.79	3.49
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	Q3c, 6a, 6c	3.79	4.03	3.68
KF3. % agreeing that their role makes a difference to patients / service users	Q6b	88	91	88
KF32. Effective use of patient / service user feedback	Q21b, 22b-c	3.47	3.80	3.44
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	Q14a	7	6	5
* *KF23. % experiencing physical violence from staff in last 12 mths*	Q14b-c	1	2	1
KF24. % reporting most recent experience of violence	Q14d	53	68	71
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	Q15a	24	20	25
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	Q15b-c	24	24	24
KF27. % reporting most recent experience of harassment, bullying or abuse	Q15d	40	47	41

Table A3.2: Survey questions benchmarked against other acute specialist trusts

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	Contact with patients			
Q1	% saying they have face-to-face contact with patients / service users as part of their job	83	85	85
	Staff motivation at work			
	% saying often or always to the following statements:			
Q2a	"I look forward to going to work"	50	59	47
Q2b	"I am enthusiastic about my job"	66	75	67
Q2c	"Time passes quickly when I am working"	73	79	73
	Job design			
	% agreeing / strongly agreeing with the following statements:			
Q3a	"I always know what my work responsibilities are"	84	88	84
Q3b	"I am trusted to do my job"	90	92	91
Q3c	"I am able to do my job to a standard I am personally pleased with"	73	82	71
	Opportunities to develop potential at work			
	% agreeing / strongly agreeing with the following statements:			
Q4a	"There are frequent opportunities for me to show initiative in my role"	68	75	67
Q4b	"I am able to make suggestions to improve the work of my team / department"	70	77	66
Q4c	"I am involved in deciding on changes introduced that affect my work area / team / department"	50	55	49
Q4d	"I am able to make improvements happen in my area of work"	50	61	48
Q4e	"I am able to meet all the conflicting demands on my time at work"	38	47	36
Q4f	"I have adequate materials, supplies and equipment to do my work"	49	62	43
Q4g	"There are enough staff at this organisation for me to do my job properly"	27	37	24
Q4h	"The team I work in has a set of shared objectives"	70	75	67
Q4i	"The team I work in often meets to discuss the team's effectiveness"	57	63	50
Q4j	"Team members have to communicate closely with each other to achieve the team's objectives"	76	80	77
	Staff job satisfaction			
	% satisfied or very satisfied with the following aspects of their job:			
Q5a	"The recognition I get for good work"	44	56	43
Q5b	"The support I get from my immediate manager"	59	70	57
Q5c	"The support I get from my work colleagues"	81	81	82
Q5d	"The amount of responsibility I am given"	72	76	71
Q5e	"The opportunities I have to use my skills"	66	73	68
Q5f	"The extent to which my organisation values my work"	34	50	34
Q5g	"My level of pay"	35	36	37
Q5h	"The opportunities for flexible working patterns"	52	54	50

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	Contribution to patient care			
	% agreeing / strongly agreeing with the following statements:			
Q6a	"I am satisfied with the quality of care I give to patients / service users"	79	87	75
Q6b	"I feel that my role makes a difference to patients / service users"	88	91	88
Q6c	"I am able to deliver the patient care I aspire to"	62	74	58
	Your managers			
	% agreeing / strongly agreeing with the following statements:			
Q7a	"My immediate manager encourages those who work for her/him to work as a team"	66	76	66
Q7b	"My immediate manager can be counted on to help me with a difficult task at work"	64	72	62
Q7c	"My immediate manager gives me clear feedback on my work"	51	64	48
Q7d	"My immediate manager asks for my opinion before making decisions that affect my work"	47	57	46
Q7e	"My immediate manager is supportive in a personal crisis"	71	75	69
Q7f	"My immediate manager takes a positive interest in my health and well-being"	62	70	60
Q7g	"My immediate manager values my work"	65	73	62
Q8a	"I know who the senior managers are here"	72	87	76
Q8b	"Communication between senior management and staff is effective"	28	44	31
Q8c	"Senior managers here try to involve staff in important decisions"	26	39	25
Q8d	"Senior managers act on staff feedback"	24	36	25
	Health and well-being			
Q9a	% saying their organisation definitely takes positive action on health and well-being	20	37	20
Q9b	% saying they have have experienced musculoskeletal problems (MSK) in the last 12 months as a result of work activities	23	22	24
Q9c	% saying they have have felt unwell in the last 12 months as a result of work related stress	39	33	44
Q9d	% saying in the last three months they had gone to work despite not feeling well enough to perform their duties	65	63	62
	If attended work despite not feeling well enough (YES to Q9d), % saying they...			
Q9e	...had felt pressure from their manager to come to work	26	25	26
Q9f	...had felt pressure from their colleagues to come to work	22	22	24
Q9g	...had put themselves under pressure to come to work	94	93	95
	Working hours			
Q10a	% working part time (up to 29 hours a week)	19	15	20
Q10b	% working additional PAID hours	30	34	31
Q10c	% working additional UNPAID hours	59	61	62
	Witnessing and reporting errors, near misses and incidents			
Q11a	% witnessing errors, near misses or incidents in the last month that could have hurt staff	19	15	25
Q11b	% witnessing errors, near misses or incidents in the last month that could have hurt patients / service users	32	25	37
Q11c	If they witnessed an error, near miss or incident that could have hurt staff or patients / service users (YES to Q11a or YES to Q11b), % saying the last time this happened, either they or a colleague had reported it	98	95	95

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	Fairness and effectiveness of procedures for reporting errors, near misses or incidents			
	% agreeing / strongly agreeing with the following statements:			
Q12a	"My organisation treats staff who are involved in an error, near miss or incident fairly"	48	58	51
Q12b	"My organisation encourages us to report errors, near misses or incidents"	85	91	88
Q12c	"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again"	58	74	60
Q12d	"We are given feedback about changes made in response to reported errors, near misses and incidents"	51	62	49
	Raising concerns about unsafe clinical practice			
Q13a	% saying if they were concerned about unsafe clinical practice they would know how to report it	91	95	91
	% agreeing / strongly agreeing with the following statements:			
Q13b	"I would feel secure raising concerns about unsafe clinical practice"	62	71	62
Q13c	"I am confident that the organisation would address my concern"	50	62	46
	Experiencing and reporting physical violence at work			
	% experiencing physical violence at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q14a	Never	93	94	95
Q14a	1 to 2 times	5	5	4
Q14a	3 to 5 times	1	1	1
Q14a	6 to 10 times	1	0	0
Q14a	More than 10 times	1	0	1
	% experiencing physical violence at work from managers in last 12 months...			
Q14b	Never	100	99	100
Q14b	1 to 2 times	0	0	0
Q14b	3 to 5 times	0	0	0
Q14b	6 to 10 times	0	0	0
Q14b	More than 10 times	0	0	0
	% experiencing physical violence at work from other colleagues in last 12 months...			
Q14c	Never	99	98	99
Q14c	1 to 2 times	1	1	1
Q14c	3 to 5 times	0	0	0
Q14c	6 to 10 times	0	0	0
Q14c	More than 10 times	0	0	0
Q14d	(If YES to Q14a, Q14b or Q14c) % saying the last time they experienced an incident of physical violence, either they or a colleague had reported it	53	68	71
	Experiencing and reporting harassment, bullying and abuse at work			
	% experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q15a	Never	76	80	75
Q15a	1 to 2 times	15	14	16
Q15a	3 to 5 times	5	4	5
Q15a	6 to 10 times	2	1	1
Q15a	More than 10 times	2	1	3

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	% experiencing harassment, bullying or abuse at work from managers in last 12 months...			
Q15b	Never	88	88	87
Q15b	1 to 2 times	8	8	9
Q15b	3 to 5 times	3	2	3
Q15b	6 to 10 times	0	1	1
Q15b	More than 10 times	1	1	1
	% experiencing harassment, bullying or abuse at work from other colleagues in last 12 months...			
Q15c	Never	81	82	82
Q15c	1 to 2 times	12	12	12
Q15c	3 to 5 times	5	4	4
Q15c	6 to 10 times	1	1	0
Q15c	More than 10 times	1	1	2
Q15d	(If YES to Q15a, Q15b or Q15c) % saying the last time they experienced an incident of harassment, bullying or abuse, either they or a colleague had reported it	40	47	41
	Equal opportunities			
Q16	% saying the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	81	86	83
	Discrimination			
Q17a	% saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	2	4	2
Q17b	% saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	6	7	7
	% saying they had experienced discrimination on the grounds of:			
Q17c	Ethnic background	1	3	2
Q17c	Gender	2	2	1
Q17c	Religion	0	0	1
Q17c	Sexual orientation	0	0	0
Q17c	Disability	0	1	0
Q17c	Age	1	2	1
Q17c	Other reason(s)	4	3	3
	Job-relevant training, learning and development			
Q18a	% having received non-mandatory training, learning or development in the last 12 months	66	74	66
	% who had received training, learning and development in the last 12 months (YES to Q18a) agreeing / strongly agreeing with the following statements:			
Q18b	"It has helped me to do my job more effectively"	82	84	78
Q18c	"It has helped me stay up-to-date with professional requirements"	86	87	84
Q18d	"It has helped me to deliver a better patient / service user experience"	78	83	76
Q19	% who had received mandatory training in the last 12 months	82	97	90
	Appraisals			
Q20a	% saying they had received an appraisal or performance development review in the last 12 months	84	88	81

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	If (YES to Q20a) had received an appraisal or performance development review in the last 12 months:			
Q20b	% saying their appraisal or development review definitely helped them to improve how they do their job	15	24	12
Q20c	% saying their appraisal or development review definitely helped them agree clear objectives for their work	25	38	24
Q20d	% saying their appraisal or development review definitely made them feel their work was valued by the organisation	21	34	20
Q20e	% saying the values of their organisation were definitely discussed as part of the appraisal	31	33	32
Q20f	% saying their appraisal or development review had identified training, learning or development needs	64	66	66
	If (YES to Q20a) had received an appraisal or performance development review AND (YES to Q20f) training, learning or development needs identified as part of their appraisal or development review:			
Q20g	% saying their manager definitely supported them to receive training, learning or development	38	54	42
	Your organisation			
	% agreeing / strongly agreeing with the following statements:			
Q21a	"Care of patients / service users is my organisation's top priority"	72	86	72
Q21b	"My organisation acts on concerns raised by patients / service users"	69	81	68
Q21c	"I would recommend my organisation as a place to work"	53	72	54
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	81	90	82
	Patient / service user experience measures			
	% saying 'Yes'			
Q22a	"Is patient / service user experience feedback collected within your directorate / department?"	88	91	85
	If patient / service user feedback collected (YES to Q22a), % agreeing or strongly agreeing with the following statements:			
Q22b	"I receive regular updates on patient / service user experience feedback in my directorate / department"	47	64	41
Q22c	"Feedback from patients / service users is used to make informed decisions within my directorate / department"	46	59	43
	BACKGROUND DETAILS			
	Gender			
Q23a	Male	20	22	19
Q23a	Female	80	78	81
	Age group			
Q23b	Between 16 and 30	12	17	12
Q23b	Between 31 and 40	24	23	25
Q23b	Between 41 and 50	28	27	28
Q23b	51 and over	36	33	36
	Ethnic background			
Q24	White	95	87	95
Q24	Mixed	1	2	1
Q24	Asian / Asian British	3	9	3
Q24	Black / Black British	0	2	1
Q24	Chinese	0	1	0
Q24	Other	0	1	0

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	Sexuality			
Q25	Heterosexual (straight)	93	91	93
Q25	Gay Man	1	1	1
Q25	Gay Woman (lesbian)	1	1	1
Q25	Bisexual	0	1	0
Q25	Other	0	0	0
Q25	Preferred not to say	5	5	5
	Religion			
Q26	No religion	28	30	25
Q26	Christian	64	55	67
Q26	Buddhist	1	1	0
Q26	Hindu	1	2	1
Q26	Jewish	0	0	0
Q26	Muslim	1	2	1
Q26	Sikh	0	0	0
Q26	Other	1	1	1
Q26	Preferred not to say	4	5	5
	Disability			
Q27a	% saying they have a long-standing illness, health problem or disability	18	14	18
Q27b	If long-standing disability (YES to Q27a and if adjustments felt necessary), % saying their employer has made adequate adjustment(s) to enable them to carry out their work	58	77	62
	Length of time at the organisation (or its predecessors)			
Q28	Less than 1 year	7	11	7
Q28	1 to 2 years	13	17	10
Q28	3 to 5 years	10	19	9
Q28	6 to 10 years	18	20	23
Q28	11 to 15 years	18	14	21
Q28	More than 15 years	33	19	30

		Your Trust in 2016	Average (median) for acute specialist trusts	Your Trust in 2015
	Occupational group			
Q29	Registered Nurses and Midwives	27	26	32
Q29	Nursing or Healthcare Assistants	7	5	5
Q29	Medical and Dental	10	8	10
Q29	Allied Health Professionals	15	14	16
Q29	Scientific and Technical / Healthcare Scientists	10	10	8
Q29	Social Care staff	0	0	0
Q29	Emergency Care Practitioner	0	0	0
Q29	Paramedic	0	0	0
Q29	Emergency Care Assistant	0	0	0
Q29	Ambulance Technician	0	0	0
Q29	Ambulance Control Staff	0	0	0
Q29	Patient Transport Service	0	0	0
Q29	Public Health / Health Improvement	0	0	0
Q29	Commissioning staff	0	0	0
Q29	Admin and Clerical	15	18	13
Q29	Central Functions / Corporate Services	7	7	5
Q29	Maintenance / Ancillary	4	3	4
Q29	General Management	4	4	3
Q29	Other	3	3	3
	Team working			
Q30a	% working in a team	97	97	97
	(If YES to Q30a): Number of core members in their team			
Q30b	2-5	19	25	15
Q30b	6-9	22	23	22
Q30b	10-15	20	19	20
Q30b	More than 15	39	33	43

Appendix 4

Other NHS staff survey 2016 documentation

This report is one of several ways in which we present the results of the 2016 national NHS staff survey:

1) A separate summary report of the main 2016 survey results for Alder Hey Children's NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. The summary report is a shorter version of this feedback report, which may be useful for wider circulation within the trust.

2) A national briefing document, describing the national Key Findings from the 2016 survey and making comparisons with previous years, will be available from www.nhsstaffsurveys.com in March 2017.

3) The document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com. This includes details about the calculation of Key Findings and the data weighting method used.

4) A series of detailed spreadsheets are available on request from www.nhsstaffsurveys.com. In these detailed spreadsheets you can find:
    - responses of staff in your trust to every core survey question
    - responses in every trust in England
    - the average responses for each major trust type (e.g. all acute trusts, all ambulance trusts)
    - the average trust responses within each strategic health authority
    - the average responses for each major occupational and demographic group within the major trust types

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 7th March 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 February 2017.

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 15th February 2017; the minutes of the meeting will be submitted to the April 2017 Board for noting.

- The Committee **noted** the recommendations for Developing Our Workforce – Programme Assurance for financial year 2017/2018.
- The Committee received the People Strategy Board Update and **noted** the content.
- The Committee received a Staff Survey Progress report and **noted** the content.
- The Committee received a Temperature Check for December 2016 and **noted** the content.
- The Committee received the Apprenticeship Project Initiation Document and **approved** the content for progression.
- The Committee received a progress report on latest development of Listening into Action and **noted** the development of the scheme.
- The Committee received Equality & Diversity Workforce Profile Report and **agreed** the content prior to publication.
- The Committee received an update of the Workforce Leading Indicators and **noted** the content.
- The Committee received an update on the BME Task & Finish Group and **noted** progress.

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 15th February 2017.

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 7th March 2017

Report of:	Director of Corporate Affairs
Paper Prepared by:	Director of Corporate Affairs LiA Lead
Subject/Title:	*Freedom to Speak Up* Report – Updated position statement and proposed Guardian arrangements
Background Papers:	Report from the Mid Staffordshire NHS Foundation Trust Public Inquiry *Freedom to Speak Up* Inquiry Report
Purpose of Paper:	To provide the Board with an update in relation to the self-assessment of the Trust's position against the actions recommended by Sir Robert Francis in the report arising from the *Freedom to Speak Up* Review with specific reference to the Freedom to Speak Up Guardian
Action/Decision Required:	The Board is asked to: • Note the Trust's position; • Discuss and approve the proposed approach to the Freedom to Speak Up Guardian role
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	**Excellence in Quality** **Great Talented Teams**
Resource Impact:	Not yet identified

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 7th March 2017

Freedom to Speak Up Framework – Progress Update

1. Purpose of the Report

The purpose of this paper is to provide a progress update with regard to implementation of the framework to support the prescribed *Freedom to Speak Up* Guardian role at the Trust.

2. Recommendation

The Board is asked to note the updated position and to endorse the planned direction of travel to integrate this initiative with the Trust's existing arrangements for raising concerns.

3. Background

The Secretary of State for Health commissioned the *Freedom to Speak Up* review in June 2014 in response to publicly expressed disquiet that NHS organizations had not done enough to address the cultural issues identified by the Mid Staffs and other inquiries, eg. Morecambe Bay. A national Guardian's office has been established by CQC as a resource for NHS organisations to support arrangements at local level. All trusts were required to nominate a FTSU Guardian by October 2016.

At the meeting in September 2016, the Board agreed with the proposal to integrate the FTSU Guardian role into the suite of mechanisms that staff are familiar with rather than launch a new and separate initiative. The Senior Independent Director was named as the Trust's Guardian, given his fit with the CQC's job description and existing role under the Whistleblowing Policy.

4. Progress to date

Following the September meeting a small working group was established to take forward FTSU at Alder Hey. The initial task was to undertake a fact finding review of the national and local picture and identify any significant gaps in Alder Hey's approach. The Board can be assured that at this stage the Trust's stance is consistent with many others, the exceptions being those organisations that have had specific and high profile challenges to address.

Actions to date are set out in the project plan below.

5. Next Steps

The working group will continue to work towards the 'soft launch' of the new raising concerns 'universe' within the Trust in line with the new intranet platform which will facilitate the various processes.

Erica Saunders
Director of Corporate Affairs
March 2017

Kerry Turner
LiA Lead

FTSU Implementation Plan

Area	Progress	Action/next steps
Understand national and local position	• Attendance at the national FTSU conference • Link to local FTSU network established	• FTSU Champion to attend national conference 8th March – focus on learning re measuring effectiveness and visibility and reach. Output will be fed back to working group • Continue to participate in local network meetings
Identification of FTSU 'Champions'	Two identified - the Trust LiA lead and Deputy Director of Nursing, more now coming forward	Aim to recruit at least one Champion per CBU and corporate functions by end March
Identification of resources to support FTSU roles	Scoped position within other organisations – not yet addressed internally	Discussion required to finalise shape of this by end March
Training	Participation in national training programme by LiA lead and Deputy Director of Nursing	Awaiting decision by national Guardian's office re training; potential for cascade training to be factored into resource discussions internally
Mapping exercise undertaken to set out existing framework for raising concerns;	Complete and shared with working group to form basis of communications plan	Develop single piece of signposting material to describe mechanisms available to staff for raising concerns
Communications plan	• FTSU communications materials commissioned in readiness for 'soft launch' in April; • Revised raising concerns comms and work flow to be facilitated by new intranet	Latest position – work flow platform to support FTSU will be ready by end April

Corporate Report

Jan 2017

Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

Table of Contents

Executive Summary

Jan 2017

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

Activity has significantly improved against the same period last year and for month 10 following ongoing implementation of winter plan. RTT, cancer & diagnostic standards achieved despite pressures, volume of longest waiting patients has not deteriorated. DQ group established to target key areas of concern that skew data. 4 hour standard achieved for M10. Productivity has increased across all indicators despite ongoing NEL pressures within hospital.

Challenges

Maintaining ED 4 hour standard will require ongoing surgical support with IP to DC conversion . IP long-waiting backlog increased slightly as predicted as we are drawing down on patient type rather than chronological waits for routine. ED attendances have reduced from Q3 which was running at circa +500 per month. EDU now open to 11 beds. Diagnostic standard achieved as specialties have sourced extra/alternative capacity to manage demand. Activity levels have over-achieved; challenge remains to maintain this level through winter and into peak M11 & M12. Cancellations on the day have increased slightly. DQ issues continue to skew OP DNA rates but being addressed through DQ group.

Patient Centred Services

Improved position from M9 to 10 with overall achievement of metrics. Main areas to note are increase with NEL LOS which is expected following implementation of the winter plan with increased levels of day case activity, reduced overnight elective and increased NEL admission. Cancellation on the day have increased: no 1 single issue accounted for this increase as it was spread across range of challenges. this will be picked up by the surgical CBU. Improvements noted with 4 hour standard, RTT, theatre utilisation and EL LOS which were predicted through our winter plan work.

Excellence in Quality

There were 3 registered complaints in month with the overall total being significantly lower than 15/16. PALS enquiries were significantly up in month and are greater than 15/16. This reflects seasonal variation and winter pressures. Hand hygiene compliance is 84% with some particular challenges in critical care and Theatre recovery that are being addressed with monitored action plans via Departmental leads and Heads of Quality. Ward cleanliness is at 96.4%. The key messages around clinical effectiveness are the reduction in the total number of infections compared to last year and the improvements in surgical patients going home on their planned date of discharge. In terms of patient safety we have had one clinical incident resulting in a death that is under investigation, but overall the number of clinical incidents resulting in moderate, severe harm or death is lower than 15/16.

Financial, Growth & Mandatory Framework

For the month of January the Trust is reporting a trading surplus of £0.5m, which is in line with plan. Year to date the trading deficit is £2.9m which is an improvement of £0.1m against plan.
Income is ahead of plan by £3.7m to date. Elective and non-elective activity are both on plan with outpatient activity ahead of plan by 2%.
Pay budgets are £2.1m overspent to date relating to use of agency staffing and CiP slippage. The Trust is behind with the CIP target to date by £0.214m. Cash in the Bank is £5.2m. Monitor Use of Resources rating of 3 in line with plan.
The Trust is forecasting a trading deficit of £0.2m in line with plan at the end of the financial year. This forecast relates to the position as at month 9, as approved by the Board and submitted to NHS Improvement.

Great Talented Teams

In the previous month rates for medical appraisal have increased to 57% whilst PDR compliance for other staff has increased to 71.3%. Rates of sickness absence have decreased to 5.5%, and mandatory training compliance has increased to 77%. Compliance with corporate induction attendance has decreased to 77.8%. Work continues to improve all KPIs.

Leading Metrics

Jan 2017

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Dec 2016	Jan 2017	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	92.3 %	97.3 %	▲	
RTT: 90% Admitted within 18 weeks		88.0 %	87.5 %	▼	
RTT: 95% Non-Admitted within 18 weeks		87.2 %	90.5 %	▲	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.4 %	▲	
Diagnostics: Numbers waiting over 6 weeks		2	0	▼	
Average LoS - Elective (Days)		2.9	2.5	▼	
Average LoS - Non-Elective (Days)		1.9	2.0	▲	
Daycase Rate	0.0 %	70.0 %	70.1 %	▲	
Theatre Utilisation - % of Session Utilised	90.0 %	84.3 %	86.2 %	▲	
28 Day Breaches	0.0	3	2	▼	
Clinic Session Utilisation	90.0 %	83.0 %	84.0 %	▲	
DNA Rate	12.0 %	12.5 %	10.9 %	▼	
Cancelled Operations - Non Clinical - On Same Day		12	17	▲	

Excellence in Quality

Metric Name	Goal	Dec 2016	Jan 2017	Trend	Last 12 Months
Never Events	0.0	0	0	–	
IP Survey: % Received information enabling choices about their care	90.0 %	96.3 %	98.7 %	▲	
IP Survey: % Treated with respect	90.0 %	100.0 %	98.7 %	▼	
IP Survey: % Know their planned date of discharge	60.0 %	73.1 %	78.7 %	▲	
IP Survey: % Know who is in charge of their care	90.0 %	93.2 %	93.0 %	▼	
IP Survey: % Patients involved in play and learning	65.0 %	56.1 %	55.6 %	▼	
Pressure Ulcers (Grade 2 and above)	14.0	26	28	▼	
Total Infections (YTD)	92.0	75	87	▲	
Medication errors resulting in harm (YTD)	64.0	48	56	▲	
Clinical Incidents resulting in harm (YTD)	562.0	513	575	–	

Great and Talented Teams

Metric Name	Goal	Dec 2016	Jan 2017	Trend	Last 12 Months
Corporate Induction	100.0 %	81.5 %	77.8 %	▼	
PDR	90.0 %	70.5 %	71.3 %	▲	
Medical Appraisal	100.0 %	48.4 %	57.2 %	▲	
Sickness	4.5 %	5.6 %	5.5 %	▼	
Mandatory Training	90.0 %	76.1 %	77.2 %	▲	
Staff Survey (Recommend Place to Work)		73.2 %	TBC		
Actual vs Planned Establishment (%)		87.7 %	89.0 %	▲	
Temporary Spend ('000s)		550	1442	▲	

Financial, Growth and Mandatory Framework

Metric Name	Dec 2016	Jan 2017	Last 12 Months
CIP In Month Variance ('000s)	78	-373	
Monitor Risk Ratings (YTD)	3	3	
Trading Surplus/(Deficit)	-776	535	
Capital Expenditure YTD % Variance	-32.0 %	-32.9 %	
Cash in Bank (£M)	6.2	5.2	

Exceptions

Jan 2017

Alder Hey Children's NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
RTT: 95% Non-Admitted within 18 weeks	86.6%	84.9%	85.7%	89.6%	87.8%	87.9%	87.3%	88.8%	87.5%	86.7%	85.8%	87.2%	90.5%	
Average LoS - Elective (Days)	2.8	2.8	3.0	2.8	3.1	2.8	2.9	3.0	2.5	3.0	2.9	2.9	2.5	
Daycase Rate	74.1%	74.6%	75.0%	70.0%	66.6%	67.4%	67.7%	66.2%	65.7%	66.7%	68.2%	70.0%	70.1%	
Cancelled Operations - Non Clinical - On Same Day	19	24	47	30	28	16	20	14	16	22	28	12	17	
IP Survey: % Know their planned date of discharge	40.0%	35.3%	44.2%	62.0%	59.3%	54.3%	53.9%	69.0%	71.2%	71.6%	73.5%	73.1%	78.7%	

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

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
RTT: 90% Admitted within 18 weeks	85.2%	84.7%	88.3%	88.3%	87.4%	88.2%	87.5%	86.3%	88.9%	88.1%	89.2%	88.0%	87.5%	
Average LoS - Non-Elective (Days)	2.2	2.4	2.6	2.0	2.0	1.8	1.8	1.8	1.7	1.7	1.9	1.9	2.0	
DNA Rate	11.9%	12.6%	14.5%	12.9%	12.6%	12.8%	13.1%	14.6%	12.9%	11.5%	10.7%	12.5%	10.9%	
IP Survey: % Treated with respect	99.0%	98.0%	98.4%	99.3%	98.7%	99.1%	199.0%	99.7%	100.0%	99.7%	99.4%	100.0%	98.7%	
IP Survey: % Know who is in charge of their care	85.0%	90.2%	84.9%	85.5%	82.7%	84.6%	91.3%	94.9%	92.7%	92.4%	94.0%	93.2%	93.0%	

Challenge (Top 5 based on % change)

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
Clinic Session Utilisation	77.4%	75.5%	82.8%	84.8%	84.8%	85.3%	83.9%	83.4%	83.8%	86.4%	86.8%	83.0%	84.0%	
PDR	90.1%	90.1%	90.1%	2.8%	11.5%	32.2%	54.7%	58.5%	69.3%	73.3%	73.0%	70.5%	71.3%	
Sickness	5.7%	5.8%	5.4%	5.3%	4.8%	4.6%	4.9%	4.8%	5.0%	5.4%	5.4%	5.6%	5.5%	
IP Survey: % Patients involved in play and learning	59.0%	73.5%	52.4%	60.4%	54.1%	60.6%	28.2%	30.7%	31.0%	55.9%	55.1%	56.1%	55.6%	
Mandatory Training	83.4%	82.7%	82.3%	81.2%	81.8%	81.2%	79.6%	76.6%	74.1%	75.4%	75.3%	76.1%	77.2%	

Patient Safety

Jan 2017

Alder Hey Children's NHS Foundation Trust

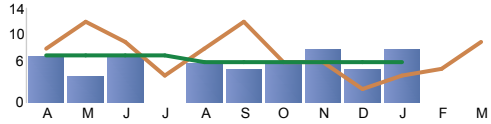
Summary

Medication errors resulting in harm continue to be significantly lower than 15/16. There were 2 pressure ulcers grade 2 or above in month and reporting remains higher since the recruitment of the Tissue Viability Nurse specialist . There were no never events in month but there was one incident reported that resulted in moderate, severe harm or death. This related to a complex child who died following orthopaedic surgery and this is currently being investigated and had been reported appropriately

16/17 15/16 Threshold

Medication Errors

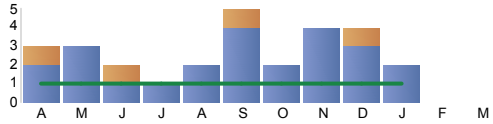
Medication errors resulting in harm (YTD) 56 (goal: 64.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	7	11	18	18	24	29	35	43	48	56		
15/16	8	20	29	33	41	53	59	65	67	71	76	85

Pressure Ulcers

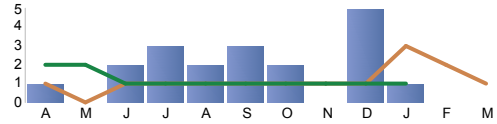
Pressure Ulcers (Grade 2 and above) 28 (goal: 14.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	3	6	8	9	11	16	18	22	26	28		
15/16	2	3	5	7	8	8	11	13	13	15	22	24

Readmissions to PICU within 48 hrs

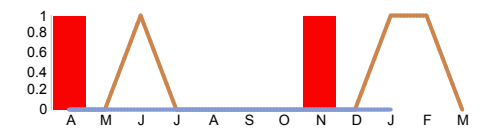
Readmissions to PICU within 48 hrs (YTD) 19 (goal: 12.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	1	1	3	6	8	11	13	13	18	19		
15/16	1	1	2	3	4	5	6	7	8	11	13	14

Never Events

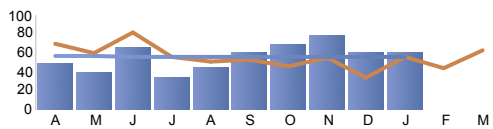
Never Events 0 (goal: 0.0)



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

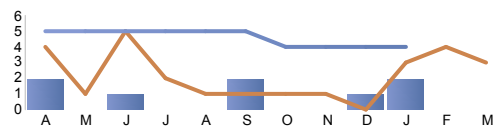
Incidents

Clinical Incidents resulting in harm (YTD) 575 (goal: 562.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	50	91	158	193	239	301	371	451	513	575		
15/16	70	130	212	268	319	372	418	473	507	563	607	670

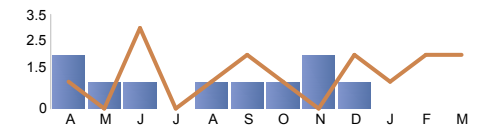
Clinical Incidents resulting in moderate, severe harm or death (YTD) 8 (goal: 46.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	2	3	3	3	5	5	5	6	8		
15/16	4	5	10	12	13	14	15	16	16	19	23	26

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 0



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	3	4	4	5	6	7	9	10	10		
15/16	1	1	4	4	5	7	8	8	10	11	13	15

Patient Experience

Jan 2017

Alder Hey Children's NHS Foundation Trust

Summary

In January we received three formal complaints which is an increase of one for the same time period last year.
The complaints relate to dissatisfaction with care and treatment provided.
PALS concerns for this period have increased by 16%

There has been an increase in the amount of inpatient / FFT data collected. the amended question regarding play and learning is now active and will provide a more accurate assessment of experiences relating to this issue.

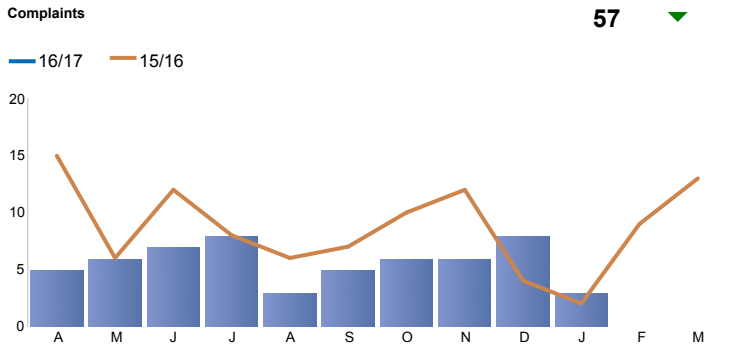
Inpatient Survey

Metric Name	Goal	Dec 2016	Jan 2017	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	93.2 %	93.0 %	▼	
% Patients involved in play and learning	65.0 %	56.1 %	55.6 %	▼	
% Know their planned date of discharge	60.0 %	73.1 %	78.7 %	▲	
% Received information enabling choices about their care	90.0 %	96.3 %	98.7 %	▲	
% Treated with respect	90.0 %	100.0 %	98.7 %	▼	

Friends and Family

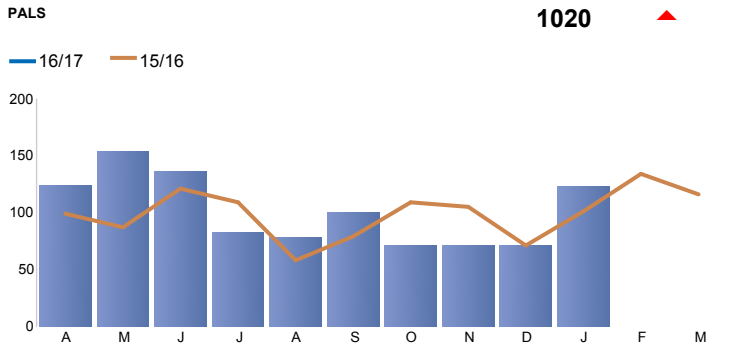
Metric Name	Required Responses	Number of Responses	Dec 2016	Jan 2017	Trend	Last 12 Months
A&E - % Recommend the Trust	250	67	100.0 %	88.1 %	▼	
Community - % Recommend the Trust	29	2	100.0 %	50.0 %	▼	
Inpatients - % Recommend the Trust	300	467	97.4 %	97.4 %	▼	
Mental Health - % Recommend the Trust	27	3	TBC	100.0 %		
Outpatients - % Recommend the Trust	400	295	91.2 %	89.8 %	▼	

Complaints



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5	11	18	26	29	34	40	46	54	57		
15/16	15	21	33	41	47	54	64	76	80	82	91	104

PALS



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	125	280	417	500	579	680	752	824	896	1,020		
15/16	99	186	307	416	474	553	662	767	838	939	1,073	1,189

Clinical Effectiveness

Jan 2017

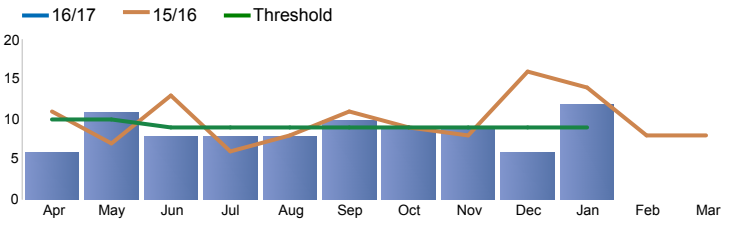
Alder Hey Children's NHS Foundation Trust

Summary

The total number of reported infections continues to be considerably lower than 15/16. All other clinical effectiveness targets were achieved for January. Of particular note was the continued improved performance of surgical patients with a later than planned discharge date where performance continues to be much improved 4.9% compared to 6.3% last year.

Infections

Total Infections (YTD) 87 (goal: 92.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	6	17	25	33	41	51	60	69	75	87		
15/16	11	18	31	37	45	56	65	73	89	103	111	119

Total Infections (YTD) 87 (goal: 92.0)

Hospital Acquired Organisms - MRSA (BSI) (YTD) 2 (goal: 0.0)

Hospital Acquired Organisms - C.difficile (YTD) 1 (goal: 0.0)

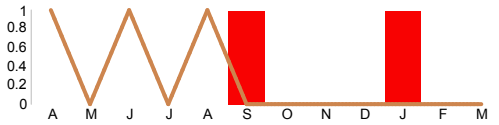
Outbreak Infections (YTD) 9

Cluster Infections (YTD) 0

Legend

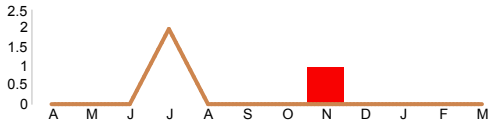
16/17
15/16
Threshold

Hospital Acquired Organisms - MRSA (BSI) 1 (goal: 0.0)



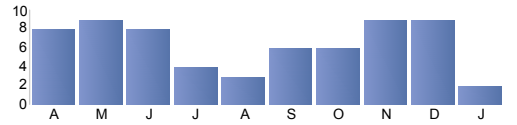
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0	0	1	1	1	1	2		
15/16	1	1	2	2	3	3	3	3	3	3	3	3

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



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

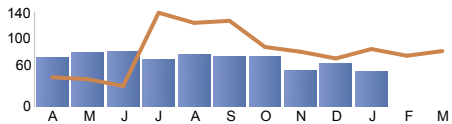
Acute readmissions of patients with long term conditions within 28 days 64 (Est. Baseline)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
16/17	8	17	25	29	32	38	44	53	62	64

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical) 710 (Est. Baseline)



% of patients with an estimated discharge date discharge later than planned (only surgical) 5.0 % (Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	74	155	238	309	387	462	538	592	657	710		
15/16	43	83	113	252	376	503	591	672	743	828	903	985

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5.4%	5.6%	5.6%	5.4%	5.5%	5.4%	5.4%	5.2%	5.1%	5.0%		
15/16	3.2%	3.2%	2.9%	4.7%	5.6%	6.2%	6.5%	6.4%	6.4%	6.4%	6.3%	6.3%

Access

Jan 2017

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete pathway, diagnostic & cancer standards achieved. ED standard passed for January. Bed occupancy increasing as activity levels increase post festive period. GP referrals increasing and at same level as last year; Choose & Book availability is robust and has matched demand. No patients have been waitng greater than 52 weeks in line with national guidance. Admissions & discharges increased from previous month and above position 12 months ago; daycase rates increasing as per winter plan.

18 Weeks

RTT: 90% Admitted within 18 weeks 87.5 %

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
86.0%	88.1%	87.6%	88.5%	87.5%

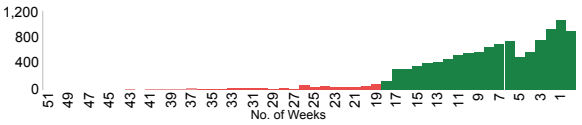
RTT: 95% Non-Admitted within 18 weeks 90.5 %

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
85.7%	88.4%	87.9%	86.6%	90.5%

RTT: 92% Waiting within 18 weeks (open Pathways) 92.4 % (goal: 92.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
92.3%	92.1%	92.1%	92.1%	92.4%

Open Pathways Weekly Profile Jan 2017



0-18 Wks	19-36 Wks	36-51 Wks
11,065	709	114

Cancer

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	100.0%	100.0%	94.4%	100.0%

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
96.3%	100.0%	100.0%	100.0%	100.0%

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
99.9%	100.0%	99.9%	99.3%	100.0%

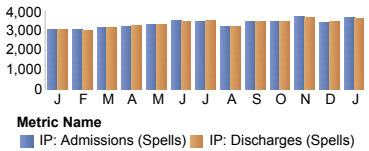
Waiting Times Failed 0

Waiting Times Passed 8

Number of Diagnostics

443

Admissions and Discharges



Bed Occupancy

Bed Occupancy (Funded Beds) 82.4 %

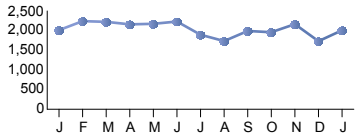
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
79.8%	81.0%	76.6%	80.2%	82.4%

Provider

Convenience and Choice: Slot Availability 98.6 % (goal: 96.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
93.7%	96.9%	97.5%	99.2%	98.6%

Referrals Received (GP)



Emergency Department

Jan 2017

Alder Hey Children's NHS
NHS Foundation Trust

Summary

All waiting times within the department improved in January. The Trust achieved 97.3% compliance with regard to the 4 hour waiting time target. This result was as predicted and keeps the Trust on target to achieve 95.1% compliance for the year.
The time to treat decision in January was 65 minutes, this breaches the target by 5 minutes. However, this is an improvement of 14 minutes from December.
These improvements are in part attributable to the increased EDU capacity from 8 to 11 beds. This is possible due to the recruitment of additional nurses and prioritising by EDU staffing.

ED

ED: 95% Treated within 4 Hours — 97.3 % ▲ (goal: 95.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
84.5%	95.0%	96.6%	93.1%	97.3%

ED: Total Time in ED (95th Percentile) — 237.0 mins ▼ (goal: 240.0 mins)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1,046.0	754.0	705.0	838.8	237.0

ED: Longest Wait Time (Hrs) — 9.1 ▼ (goal: 0.0)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
35.7	31.8	27.6	36.0	9.0

ED: Number Treated Over 4 Hours

131

ED to Inpatient Conversion Rate

18.1 %

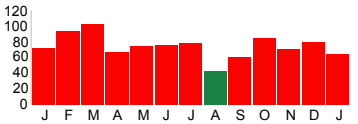
Jan 2017

ED

ED: 15 minute 'Time to Initial Assessment' (95th Percentile) — 0 –

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

ED: 60 minute 'Time to Treat Decision' (Median) — 65.0 mins ▼ (goal: 60.0 mins)



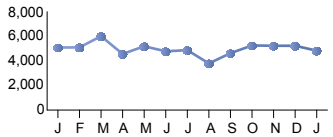
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
270.0	221.0	184.0	239.0	65.0

ED: Percentage Left without being seen — 1.6 % ▼

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
5.9%	3.1%	2.2%	3.0%	1.6%

ED: Number of Attendances

4830 Jan 2017

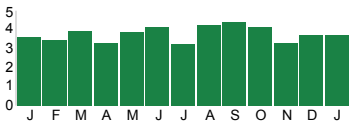


Ambulance Services

Ambulance: Acute Compliance — 88.0 % ▲ (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
85.9%	88.9%	86.5%	83.3%	88.0%

Ambulance: Average Notification to Handover Time (mins) — 3.8 mins ▲ (goal: 15.0 mins)



Ambulance: Patients Waiting between 30 and 45 minutes — 5 ▲

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
16.0	14.0	16.0	5.0	5.0

Ambulance: Patients Waiting between 45 and 60 minutes — 1 –

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0.0	3.0	3.0	4.0	1.0

Productivity & Efficiency

Jan 2017

Alder Hey Children's NHS Foundation Trust

Summary

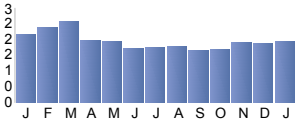
Winter plan continues; NHSI 85% utilisation directive in play until 16th Jan. IP to DC conversion continues. Increased DC rates and reduced elective LOS now evident, list utilisation improving as planning new regime develops. Plan to maintain through to the end of March to offset increased NEL activity and achieve EL plan. Bed utilisation increasing in line with increased activity. OP utilisation has increased post festive period and DNA rates have decreased (being validated).

Length of Stay

Average LoS - Elective (Days) 2.5

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
2.9	2.9	2.8	2.9	2.5

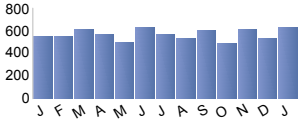
Average LoS - Non-Elective (Days) 2.0



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
2.4	1.9	1.8	1.9	2.0

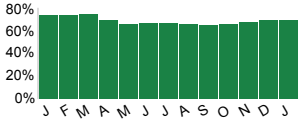
Day Case Rate

Daycases (K1/SDCPREOP) 637



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1,738	1,717	1,721	1,652	637

Daycase Rate 70.1 % (goal: 0.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
74.6%	68.0%	66.5%	68.3%	70.1%

Bed Refusals

Bed Refusals 0 (goal: 0.0)

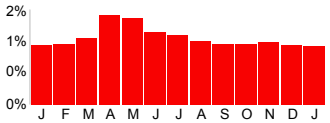
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0	1	0	0	0

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 86.2 % (goal: 90.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
81.4%	85.8%	86.0%	84.8%	86.2%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 0.9 % (goal: 0.8 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1.3%	1.2%	0.8%	0.9%	0.7%

Cancelled Operations - Non Clinical - On Same Day 17

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
90	74	50	62	17

28 Day Breaches 2 (goal: 0.0)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
16	21	12	11	2

Outpatients

Clinic Session Utilisation * 84.0 % (goal: 90.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
78.5%	85.0%	83.7%	85.5%	84.0%

OP Appointments Cancelled by Hospital % 13.7 % (goal: 5.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
15.0%	14.0%	13.9%	14.0%	13.7%

DNA Rate 10.9 % (goal: 12.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
13.1%	12.8%	13.5%	11.5%	10.9%

OP: New/Follow Up 2.7

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
2.4	2.3	2.3	2.5	2.7

Facilities

Jan 2017

Alder Hey Children's NHS Foundation Trust

Summary

Audit compliance did not reach 100% this month due to one out of a two person Audit Team being absent from work for part of the month. All very high risk audits were completed and these areas scored 97% which is slightly below the National Standard but has increased from the previous month. High risk areas scored 94% which is slightly below the National Standards. No audits for significant or low risk areas were carried out.

Facilities

Cleanliness Performance VH

97.0 % (goal: 98.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
96.5%	96.8%	97.5%	96.7%	97.0%

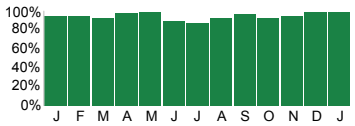
Cleanliness Performance H

94.0 % (goal: 95.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
94.8%	94.4%	94.4%	95.7%	94.0%

Cleanliness Performance S

100.0 % (goal: 85.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
94.6%	96.2%	93.0%	96.3%	100.0%

Cleanliness Performance L

100.0 % (goal: 75.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	88.2%	98.2%	100.0%	100.0%

Facilities

Audit Compliance

95.0 % (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
98.4%	68.0%	100.0%	77.0%	95.0%

Facilities - Other

Routine Maintenance Resolution

99.3 % (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
67.3%	98.8%	97.4%	99.7%	99.3%

PPM%

94.6 % (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
92.6%	89.4%	97.8%	94.4%	94.6%

CAMHS

Jan 2017

Alder Hey Children's NHS Foundation Trust

Summary

On-going weekly monitoring and scrutiny of CAMHS waiting times. Capacity issues throughout December have impacted slightly on waiting times but confident that this can be rectified throughout January and with the additional resource from additional resilience funding.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 0.0

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
18.8	0.0	6.0	0.0	0.0

CAMHS: Avg Wait to Partnership Appt (Weeks) 0.0

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
26.9	25.9	6.0	0.0	0.0

DNA Rates

CAMHS: DNA Rate - New 11.1 % (goal: 10.0 %)

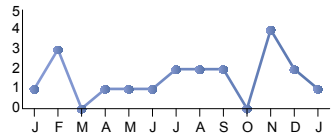
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
20.2%	15.2%	14.8%	11.6%	11.1%

CAMHS: DNA Rate - Follow Up 11.3 % (goal: 14.0 %)

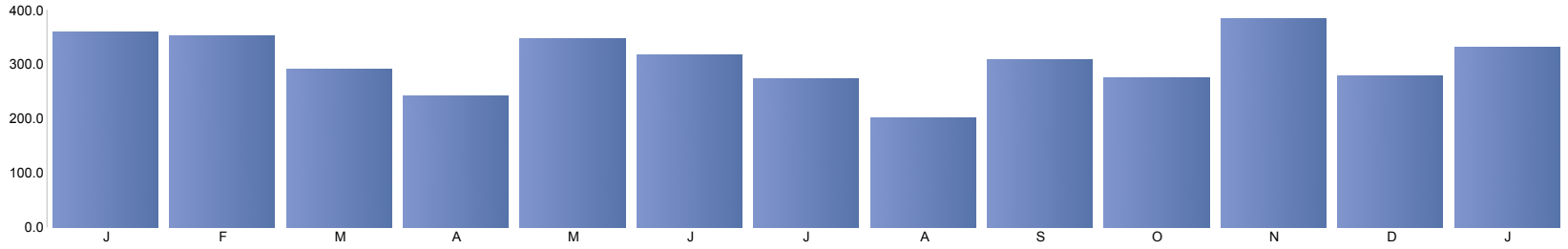
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
14.3%	15.5%	15.5%	13.0%	11.3%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 1



CAMHS: Referrals Received



External Regulation

Jan 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 as at the end of November have been placed in segment 2 under the new NHS Improvement Single Oversight framework.

Monitor - Governance Concern

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

Monitor - Risk Rating

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

Monitor Jan 2017

Metric Name	Goal	Dec 16	Jan 17	Trend
ED: 95% Treated within 4 Hours	95.0 %	92.3 %	97.3 %	▲
RTT: 90% Admitted within 18 weeks		88.0 %	87.5 %	▼
RTT: 95% Non-Admitted within 18 weeks		87.2 %	90.5 %	▲
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.4 %	▲
Monitor Risk Ratings (YTD)	3.0	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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
86.0%	88.1%	87.6%	88.5%	87.5%

RTT: 95% Non-Admitted within 18 weeks

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
85.7%	88.4%	87.9%	86.6%	90.5%

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
92.3%	92.1%	92.1%	92.1%	92.4%

Monitor - All Cancers

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	100.0%	100.0%	94.4%	100.0%

All Cancers: 31 day wait referral to treament

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
96.3%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait until subsequent treatments

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	100.0%	100.0%	100.0%	100.0%

Monitor - A&E 4 Hour Target

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
84.5%	95.0%	96.6%	93.1%	97.3%

Monitor - C difficile

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0	0	0	1	0

Monitor - Data Completeness

No Data Available

Workforce

Jan 2017

Alder Hey Children's NHS Foundation Trust

Summary

In the previous month rates for medical appraisal have increased to 57% whilst PDR compliance for other staff has increased to 71.3%. Rates of sickness absence have decreased to 5.5%, and mandatory training compliance has increased to 77%. Compliance with corporate induction attendance has decreased to 77.8%. Work continues to improve all KPIs.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Last 12 Months
Add Prof Scientific and Technic	4.2%	2.0%	2.4%	2.9%	2.2%	4.1%	3.9%	5.5%	5.0%	5.9%	5.2%	4.9%	
Additional Clinical Services	6.7%	7.6%	7.0%	6.4%	5.8%	4.8%	5.1%	6.1%	7.0%	6.7%	7.0%	6.8%	
Administrative and Clerical	4.6%	4.0%	4.5%	4.1%	4.3%	4.9%	4.6%	5.0%	5.3%	4.5%	4.5%	4.3%	
Allied Health Professionals	2.4%	2.7%	2.6%	1.8%	3.0%	3.6%	2.2%	3.4%	3.1%	3.3%	4.3%	2.8%	
Estates and Ancillary	9.6%	8.1%	8.2%	10.5%	10.0%	10.8%	9.0%	7.9%	8.4%	8.6%	10.9%	9.1%	
Healthcare Scientists	2.2%	1.6%	2.3%	4.0%	2.2%	1.9%	1.4%	2.8%	2.2%	1.8%	2.0%	1.7%	
Medical and Dental	1.9%	2.0%	1.5%	1.4%	1.9%	2.6%	3.0%	2.7%	2.7%	2.0%	1.6%	2.3%	
Nursing and Midwifery Registered	7.6%	7.1%	6.7%	5.3%	4.7%	4.8%	5.4%	5.1%	5.7%	6.2%	6.2%	6.7%	
Trust	5.8%	5.4%	5.3%	4.8%	4.6%	4.9%	4.8%	5.0%	5.4%	5.4%	5.6%	5.5%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Last 12 Months
Add Prof Scientific and Technic	179	180	185	189	190	191	193	196	200	199	197	197	
Additional Clinical Services	360	360	355	354	353	354	361	370	366	369	368	373	
Administrative and Clerical	531	524	535	535	542	544	548	557	565	570	568	583	
Allied Health Professionals	126	127	126	126	126	127	126	125	126	126	129	131	
Estates and Ancillary	173	172	188	190	190	191	191	192	192	190	190	189	
Healthcare Scientists	99	100	101	100	103	104	103	105	105	106	108	107	
Medical and Dental	230	235	235	237	237	234	240	248	245	246	245	245	
Nursing and Midwifery Registered	952	947	937	944	943	938	938	975	974	972	974	976	

Staff in Post Headcount (rolling 12 Months)

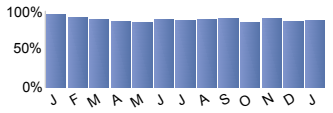
Staff Group	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Last 12 Months
Add Prof Scientific and Technic	198	200	205	209	210	211	214	217	221	220	217	217	
Additional Clinical Services	423	425	420	420	417	416	423	432	431	432	431	437	
Administrative and Clerical	623	614	626	626	635	637	643	655	662	666	665	672	
Allied Health Professionals	155	156	155	156	155	156	155	154	155	155	160	162	
Estates and Ancillary	211	210	237	239	239	240	240	241	241	238	238	236	
Healthcare Scientists	110	111	111	110	113	114	112	114	114	116	118	117	
Medical and Dental	269	275	274	276	274	272	277	287	284	286	285	285	
Nursing and Midwifery Registered	1,077	1,070	1,060	1,066	1,067	1,063	1,063	1,099	1,100	1,098	1,096	1,098	

Finance

Temporary Spend ('000s) 1442 ▲

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
3	3	3	2	1

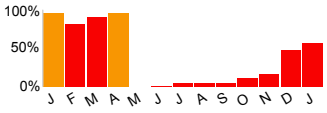
Actual vs Planned Establishment (%) 89.0 % ▲



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
93.4%	88.7%	90.9%	88.8%	89.0%

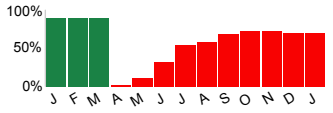
Appraisals

Medical Appraisal 57.2 % (goal: 100.0 %) ▲



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
90.5%	32.7%	5.2%	25.5%	57.2%

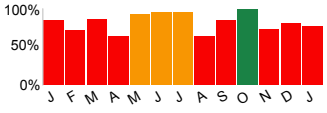
PDR 71.3 % (goal: 90.0 %) ▲



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
90.1%	14.8%	62.7%	72.3%	71.3%

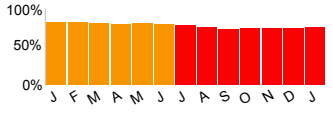
Training

Corporate Induction 77.8 % (goal: 100.0 %) ▼



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
83.5%	86.8%	81.5%	84.0%	77.8%

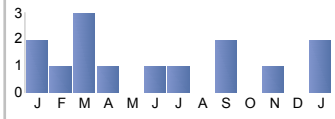
Mandatory Training 77.2 % (goal: 90.0 %) ▲



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
82.8%	81.4%	76.1%	75.6%	77.2%

Health and Safety

RIDDOR 2 ▲



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
6	2	3	1	2

Performance by CBU

Jan 2017

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	COMMUNITY	MEDICINE	SURGERY
Clinic Session Utilisation	74.8%	83.7%	86.2%
Convenience and Choice: Slot Availability	100.0%	96.1%	100.0%
DNA Rate (Followup Appts)	12.0%	10.9%	8.7%
DNA Rate (New Appts)	14.1%	13.9%	12.8%
Referrals Received (GP)	269	679	1,060
Temporary Spend ('000s)	77	499	504
Theatre Utilisation - % of Session Utilised		82.9%	86.8%
Trading Surplus/(Deficit)	410	74	2,008

Patient

Metric name	COMMUNITY	MEDICINE	SURGERY
Average LoS - Elective (Days)		4.2	2.1
Average LoS - Non-Elective (Days)		1.4	3.1
Cancelled Operations - Non Clinical - On Same Day	0	6	11
Daycases (K1/SDCPREOP)	0	68	561
Diagnostics: % Completed Within 6 Weeks		100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	9	41	30
OP Appointments Cancelled by Hospital %	11.1%	14.8%	14.0%
RTT: 90% Admitted within 18 weeks		92.6%	86.8%
RTT: 92% Waiting within 18 weeks (open Pathways)	92.8%	96.9%	90.6%
RTT: 95% Non-Admitted within 18 weeks	75.3%	92.4%	92.8%

Quality

Metric name	COMMUNITY	MEDICINE	SURGERY
Cleanliness Scores		96.8%	96.1%
Hospital Acquired Organisms - C.difficile	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	1	0
Medication Errors (Incidents)	30	252	401

Workforce

Metric name	COMMUNITY	MEDICINE	SURGERY
Corporate Induction	87.5%	75.0%	71.4%
Mandatory Training	75.8%	77.3%	77.5%
PDR	77.2%	76.7%	63.4%
Sickness	7.2%	4.9%	5.8%

CBU Performance - Community

Jan 2017

Alder Hey Children's NHS Foundation Trust

Key Issues

Waiting times for Liverpool are within an 12 week RTT and for Sefton 13 weeks. Capacity issues are due to short term sickness which the team continue to monitor.

A full deep dive of the Community PTL has taken place, a number of WLI have been scheduled for Feb to bring forward patients that are allocated an appointment beyond 18 weeks.

The referral proforma has been signed off by CCG. To commence March 2017

Support Required

Difficultly in recruiting fixed term contracts to utilise CCG monies to support training and waiting lists

Operational

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	77.7%	63.7%	78.1%	76.5%	75.4%	75.0%	76.3%	76.9%	73.8%	79.2%	80.3%	73.8%	74.8%	
DNA Rate (New Appts)	18.3%	17.9%	17.3%	16.3%	14.1%	15.3%	15.7%	15.8%	12.6%	15.6%	11.9%	17.5%	14.0%	
DNA Rate (Followup Appts)	13.8%	14.5%	14.9%	13.8%	17.0%	15.0%	13.7%	16.8%	15.9%	14.0%	10.1%	12.7%	12.0%	
Convenience and Choice: Slot Availability	100.0%	98.8%	87.2%	85.3%	95.7%			92.1%	100.0%	100.0%	100.0%	100.0%	100.0%	
Referrals Received (GP)	307	350	313	282	344	316	261	201	312	306	393	297	269	
Temporary Spend ('000s)	92	196	106	117	116	88	85	149	144	37	60	47	77	
Trading Surplus/(Deficit)	454	625	383	233	200	317	280	371	244	355	341	415	410	

Patient

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	74.1%	83.0%	64.1%	77.0%	61.1%	74.2%	77.1%	80.9%	87.5%	77.4%	78.0%	80.2%	75.3%	
RTT: 92% Waiting within 18 weeks (open Pathways)	89.6%	87.3%	88.0%	87.2%	88.9%	87.1%	91.5%	89.6%	88.5%	82.5%	85.9%	92.3%	92.8%	
Average LoS - Elective (Days)											22.00			
Average LoS - Non-Elective (Days)														
Hospital Initiated Clinic Cancellations < 6 weeks notice	3	0	6	1	1	3	12	18	29	23	29	1	9	
Daycases (K1/SDCPREOP)	0	0	1	0	0	2	0	2	0	0	0	3	0	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	12.1%	12.5%	13.5%	15.1%	11.9%	13.8%	11.4%	13.2%	12.8%	14.1%	12.1%	10.3%	11.1%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%						

Quality

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Medication Errors (Incidents)	19	21	22	5	6	12	13	20	21	25	27	28	30	
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	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Corporate Induction	93.8%	75.0%	50.0%	60.0%	88.9%	100.0%	100.0%	60.0%	86.7%	100.0%	72.7%	87.5%	87.5%	
PDR	92.2%	92.2%	92.2%	0.9%	7.0%	38.3%	62.8%	68.3%	77.1%	82.1%	81.4%	75.4%	77.2%	
Sickness	4.9%	5.4%	5.0%	5.1%	4.9%	5.7%	5.9%	5.5%	6.2%	7.6%	8.9%	7.1%	7.2%	
Mandatory Training	77.3%	76.8%	75.0%	75.0%	75.8%	77.1%	76.0%	75.4%	73.2%	71.1%	70.9%	72.1%	75.8%	

CBU Performance - Medicine (Part 1)

Jan 2017

Alder Hey Children's NHS Foundation Trust

Key Issues

Finance: Underachievement against income plan. Largely down to 2Areas of OP underperformance: 1- Gen Paeds. Explained by 6 weeks consultant sickness and departure of clinical fellow in Dec. Arranging as much cover as possible. 2- Endocrine: Plan may be overstated - requires analysis by Finance. Overperformance of WBOs may explain underperformance in clinic.
Clinic Utilisation: Improving steadily. OP improvement group to be given renewed focus and accountability structure.
Mand Training: To be reported through renewed Performance Management structure with more granular detail.

Support Required

Operational

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
Theatre Utilisation - % of Session Utilised	72.2%	74.1%	75.6%	80.0%	77.2%	78.5%	78.0%	77.0%	85.0%	80.1%	79.1%	80.1%	82.9%	
Clinic Session Utilisation	79.1%	75.3%	81.8%	81.8%	81.3%	83.8%	82.9%	81.6%	84.2%	86.2%	86.1%	81.9%	83.7%	
DNA Rate (New Appts)	11.6%	13.9%	14.2%	11.7%	12.9%	13.6%	14.5%	17.6%	14.5%	14.8%	11.8%	14.2%	13.9%	
DNA Rate (Followup Appts)	13.5%	15.4%	17.2%	16.8%	15.3%	14.6%	15.6%	18.7%	15.4%	13.2%	12.9%	12.7%	10.9%	
Convenience and Choice: Slot Availability	93.7%	89.2%	86.2%	95.5%	96.3%	99.5%	93.6%	93.7%	99.4%	98.1%	100.0%	99.6%	96.1%	
Referrals Received (GP)	702	761	768	731	739	756	605	566	625	653	731	563	679	
Temporary Spend ('000s)	220	201	307	243	393	231	246	272	272	230	229	164	499	
Trading Surplus/(Deficit)	304	-195	-48	-389	-13	556	-690	-307	525	321	491	212	74	

Patient

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	100.0%	98.2%	95.2%	96.7%	95.8%	100.0%	89.6%	93.1%	87.6%	92.6%	
RTT: 95% Non-Admitted within 18 weeks	88.4%	89.3%	88.5%	91.3%	88.7%	88.4%	86.8%	86.4%	85.4%	88.6%	83.2%	84.7%	92.4%	
RTT: 92% Waiting within 18 weeks (open Pathways)	97.1%	97.5%	98.0%	97.2%	96.6%	95.6%	94.3%	93.3%	93.2%	95.1%	95.9%	96.6%	96.9%	
Average LoS - Elective (Days)	4.16	3.04	3.58	2.95	3.22	2.31	2.84	3.32	2.94	3.76	3.75	3.92	4.16	
Average LoS - Non-Elective (Days)	1.99	1.82	2.22	1.39	1.47	1.25	1.28	1.28	1.29	1.27	1.52	1.47	1.39	
Hospital Initiated Clinic Cancellations < 6 weeks notice	0	3	6	4	2	0	32	14	27	22	41	29	41	
Daycases (K1/SDCPREOP)	76	76	73	78	52	89	56	68	86	52	46	65	68	
Cancelled Operations - Non Clinical - On Same Day	1	3	3	4	0	1	1	1	4	1	8	4	6	
OP Appointments Cancelled by Hospital %	12.0%	13.6%	13.4%	14.8%	12.9%	12.6%	15.1%	14.8%	13.5%	14.8%	13.8%	14.4%	14.8%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	76.9%	99.1%	99.5%	100.0%	

Quality

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
Medication Errors (Incidents)	265	300	349	31	55	77	93	115	147	169	199	229	252	
Cleanliness Scores	94.5%	97.0%	96.0%	97.8%	98.3%	95.0%	94.2%	95.0%	96.5%	95.8%	97.5%	97.0%	96.8%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	1	0	0	0	1	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Last 12 Months
Corporate Induction	70.0%	50.0%	83.3%	83.3%	85.7%	100.0%	100.0%	69.2%	80.0%	100.0%	85.0%	83.3%	75.0%	
PDR	91.7%	91.7%	91.7%	1.7%	15.2%	37.3%	75.1%	78.9%	81.6%	79.7%	79.4%	77.6%	76.7%	
Sickness	5.4%	5.7%	5.5%	5.5%	5.0%	4.4%	4.5%	4.5%	4.7%	4.9%	4.6%	4.8%	4.9%	
Mandatory Training	87.0%	86.0%	85.9%	85.5%	86.2%	85.0%	83.1%	80.1%	76.6%	76.9%	76.3%	76.4%	77.3%	

CBU Performance - Medicine (Part 2)

Jan 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Radiology TAT metrics for ED and Inpatients remain relatively low. Waiting times for MRI, CT, Ultrasound and Nuclear Medicine relatively poor. TAY in Pathology within 1 hour has dropped to 87.5%. Working on opportunities, including business case, to carry out increased GA MRIs to support waiting times and diagnostic targets. Need to investigate issues around emergency pathology testing/ED Imaging/reporting given the challenges around early discharges and A&E waiting times. Reporting times for perinatal autopsies in 56 calendar days has dropped to 80% from 100%. To be investigated at CBU level.

Support Required

..

Patient

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	91.6%	98.0%	95.0%	85.0%	93.0%	89.0%	99.0%	91.0%	89.0%	96.0%	95.0%	93.0%	96.0%	
Imaging - % Reporting Turnaround Times - ED	91.0%	92.0%	91.0%	83.0%	65.0%	88.0%	93.0%	89.0%	89.0%	88.0%	87.0%	88.0%	88.0%	
Imaging - % Reporting Turnaround Times - Inpatients	93.0%	89.0%	83.0%	83.0%	75.0%	85.0%	90.0%	84.0%	85.0%	87.0%	76.0%	80.0%	86.0%	
Imaging - % Reporting Turnaround Times - Outpatients	98.0%	96.0%	97.0%	93.0%	89.0%	97.0%	97.0%	97.0%	89.0%	93.0%	93.0%	94.0%	97.0%	
Imaging - Waiting Times - MRI % under 6 weeks	85.0%	91.0%	90.0%	90.0%	92.0%	90.0%	95.0%	94.0%	90.0%	88.0%	90.0%	92.0%	92.0%	
Imaging - Waiting Times - CT % under 1 week	88.0%	88.0%	86.0%	94.0%	88.0%	85.0%	90.0%	92.0%	90.0%	86.0%	84.0%	81.0%	81.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	90.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	85.0%	85.0%	91.0%	92.0%	89.0%	87.0%	90.0%	89.0%	88.0%	86.0%	85.0%	83.0%	83.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	86.0%	95.0%	76.0%	96.0%	100.0%	89.0%	95.0%	81.0%	91.0%	85.0%	100.0%	88.0%	88.0%	
BME - High Risk Equipment PPM Compliance	89.0%	90.0%	88.0%	89.0%	90.0%	90.0%	89.7%	90.0%	90.0%	90.4%	89.7%	93.0%	91.0%	
BME - Low Risk Equipment PPM Compliance	78.0%	78.0%	78.0%	80.0%	80.0%	79.0%	77.0%	80.0%	78.0%	77.0%	79.0%	80.0%	81.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	99.8%	
Pharmacy - Dispensing for Out Patients - Routine	84.0%	85.0%	76.0%	74.0%	64.0%	56.0%	66.0%	64.0%	44.0%	45.0%	50.0%	51.0%	55.0%	
Pharmacy - Dispensing for Out Patients - Complex	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	98.0%	100.0%	
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%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Pathology - % Turnaround times for urgent requests < 1 hr	79.2%	82.9%	87.0%	84.3%	86.6%	86.6%	90.5%	90.0%	91.3%	90.2%	89.0%	87.9%	87.5%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	95.1%	98.0%	99.0%	98.7%	99.3%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	68.8%	81.0%	88.9%	84.6%	90.0%	100.0%	82.0%	83.0%	100.0%	94.7%	100.0%	100.0%	80.0%	

CBU Performance - Surgery

Jan 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

RTT- capacity issues in ophthalmology and ENT are being addressed through workforce plans that. Business case for ENT to be taken to IRG in Feb 17. Audiology capacity gap partly mitigated by use of interim clinical staff.
PDRs- renewed focus on delivering this standard has been commenced with a focus on supporting areas with low rates of PDRs (4A and critical care) and 6 monthly reviews.
Theatre utilisation- the winter plan which sees a cap on the number of IPs booked has had an adverse effect on utilisation. Conversely, number of patients experiencing cancelled operation is reduced.

Support Required

Operational

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Theatre Utilisation - % of Session Utilised	79.9%	83.2%	85.0%	85.7%	86.1%	89.1%	85.5%	87.3%	88.0%	86.0%	85.8%	85.1%	86.8%	
Clinic Session Utilisation	76.5%	77.3%	84.2%	87.5%	88.4%	87.4%	85.7%	85.1%	85.1%	87.6%	88.6%	85.4%	86.2%	
DNA Rate (New Appts)	11.2%	10.4%	12.7%	10.8%	10.3%	10.9%	11.0%	12.1%	11.3%	10.1%	11.7%	13.2%	12.8%	
DNA Rate (Followup Appts)	9.1%	10.1%	13.1%	11.0%	9.9%	11.2%	11.7%	12.0%	10.6%	8.9%	8.9%	11.3%	8.7%	
Convenience and Choice: Slot Availability	96.9%	93.2%	95.3%	97.4%	96.7%	98.3%	95.4%	99.6%	99.1%	97.4%	100.0%	98.7%	100.0%	
Referrals Received (GP)	1,003	1,130	1,142	1,146	1,090	1,159	1,029	967	1,054	1,000	1,040	871	1,060	
Temporary Spend ('000s)	450	419	625	502	520	474	529	436	453	529	426	331	504	
Trading Surplus/(Deficit)	1,506	1,527	2,951	1,252	1,888	2,106	2,704	1,992	1,921	1,806	2,721	1,539	2,008	

Patient

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
RTT: 90% Admitted within 18 weeks	84.5%	82.6%	87.6%	87.5%	85.5%	87.0%	86.2%	85.4%	87.7%	87.9%	88.9%	88.1%	86.8%	
RTT: 95% Non-Admitted within 18 weeks	87.9%	82.6%	85.7%	90.1%	90.3%	89.5%	88.8%	90.8%	88.7%	87.0%	88.6%	89.7%	92.8%	
RTT: 92% Waiting within 18 weeks (open Pathways)	90.9%	91.4%	90.7%	90.7%	90.9%	91.3%	91.2%	91.9%	92.0%	92.1%	91.3%	90.4%	90.6%	
Average LoS - Elective (Days)	2.49	2.64	2.75	2.72	3.04	2.91	2.88	2.86	2.36	2.71	2.74	2.56	2.10	
Average LoS - Non-Elective (Days)	2.34	3.30	3.10	2.91	2.81	2.85	2.85	2.58	2.37	2.68	2.71	2.64	3.09	
Hospital Initiated Clinic Cancellations < 6 weeks notice	39	65	25	30	11	27	24	45	56	34	72	20	30	
Daycases (K1/SDCPREOP)	473	483	532	494	447	540	518	463	515	442	570	469	561	
Cancelled Operations - Non Clinical - On Same Day	18	21	21	26	28	15	19	13	12	16	20	8	11	
OP Appointments Cancelled by Hospital %	18.1%	16.4%	17.2%	16.8%	14.0%	13.0%	14.1%	14.3%	13.7%	14.7%	14.4%	13.7%	14.0%	
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	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Medication Errors (Incidents)	314	354	396	54	94	151	188	237	269	300	341	372	401	
Cleanliness Scores	95.8%	93.1%	96.3%	96.6%	95.6%	93.7%	95.1%	96.6%	96.6%	95.1%	97.9%	96.0%	96.1%	
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	1	0	0	

Workforce

Metric Name	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Last 12 Months
Corporate Induction	92.9%	57.1%	100.0%	60.0%	100.0%	88.9%	100.0%	64.0%	85.7%	100.0%	65.2%	71.4%	71.4%	
PDR	87.9%	87.9%	87.9%	5.6%	16.1%	38.4%	48.4%	51.4%	64.2%	63.4%	63.3%	61.1%	63.4%	
Sickness	6.6%	6.1%	5.9%	5.3%	4.4%	4.0%	4.7%	5.2%	5.7%	5.7%	5.8%	5.6%	5.8%	
Mandatory Training	87.2%	86.5%	86.3%	86.4%	87.5%	87.3%	83.7%	78.5%	75.0%	75.3%	75.7%	77.0%	77.5%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended January 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	3,382	3,586	204	34,956	34,557	(399)	42,982	41,645	(1,337)
Non Elective	2,240	2,116	(124)	22,316	22,279	(37)	26,512	26,635	123
Outpatients	2,248	2,303	55	22,887	23,565	679	28,190	28,809	619
A&E	451	428	(23)	4,452	4,212	(240)	5,310	5,129	(181)
Critical Care	2,085	2,189	104	19,759	20,734	975	23,739	24,731	992
Non PbR Drugs & Devices	1,558	1,907	348	15,563	16,659	1,096	18,665	19,920	1,255
Excess Bed Days	404	483	78	3,993	4,220	227	4,765	4,980	215
CQUIN	245	246	1	2,452	2,543	91	2,942	3,077	134
Contract Sanctions	0	60	60	0	(92)	(92)	0	(203)	(203)
Private Patients	15	2	(12)	147	204	57	176	234	58
Other Clinical Income	3,039	3,159	120	27,747	30,151	2,404	33,824	36,386	2,562
Non Clinical Income									
Other Non Clinical Income	2,290	2,379	90	20,834	19,773	(1,061)	25,361	23,955	(1,406)
Total Income	**17,956**	**18,858**	**901**	**175,105**	**178,804**	**3,699**	**212,465**	**215,295**	**2,830**
Expenditure									
Pay Costs	(10,987)	(11,626)	(639)	(112,843)	(114,992)	(2,148)	(134,781)	(137,237)	(2,456)
Drugs	(1,409)	(1,758)	(348)	(13,768)	(16,451)	(2,682)	(16,424)	(19,370)	(2,946)
Clinical Supplies	(1,396)	(1,466)	(70)	(13,852)	(14,469)	(617)	(16,596)	(17,107)	(511)
Other Non Pay	(1,967)	(1,906)	62	(20,975)	(20,166)	809	(24,861)	(22,874)	1,987
PFI service costs	(299)	(201)	98	(2,956)	(2,286)	670	(3,526)	(2,780)	746
Total Expenditure	**(16,060)**	**(16,957)**	**(897)**	**(164,395)**	**(168,364)**	**(3,969)**	**(196,188)**	**(199,368)**	**(3,180)**
EBITDA	**1,896**	**1,901**	**4**	**10,710**	**10,440**	**(270)**	**16,277**	**15,927**	**(350)**
PDC Dividend	(97)	(91)	6	(968)	(906)	62	(1,161)	(1,087)	74
Depreciation	(533)	(469)	64	(5,266)	(4,639)	627	(6,333)	(5,698)	634
Finance Income	2	2	(0)	11	24	13	15	24	9
Interest Expense (non-PFI/LIFT)	(94)	(102)	(8)	(860)	(910)	(49)	(1,042)	(1,108)	(66)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(6,663)	(6,874)	(212)	(7,995)	(8,249)	(254)
MASS/Restructuring	0	0	0	0	(48)	(48)	0	(48)	(48)
Trading Surplus / (Deficit)	**508**	**552**	**44**	**(3,036)**	**(2,912)**	**124**	**(240)**	**(240)**	**(0)**
One-off normalising items									
Government Grants/Donated Income	73	(178)	(251)	2,068	1,822	(245)	2,352	3,136	784
Depreciation on Donated Assets	(172)	(166)	7	(1,646)	(1,500)	146	(1,990)	(1,812)	178
Normalised Surplus/(Deficit)	**409**	**209**	**(200)**	**(2,614)**	**(2,590)**	**24**	**122**	**1,084**	**962**
Fixed Asset Impairment	0	0	0	0	0	0	(1,920)	(2,704)	(784)
Gains/(Losses) on asset disposals	0	0	0	0	431	431	0	431	431
Reported Surplus/(Deficit)	**409**	**209**	**(200)**	**(2,614)**	**(2,159)**	**455**	**(1,798)**	**(1,189)**	**609**

Key Metrics	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	17,956	18,858	901	175,105	178,804	3,699	212,465	215,295	2,830
Expenditure £000	(17,448)	(18,305)	(857)	(178,141)	(181,668)	(3,528)	(196,188)	(199,368)	(2,782)
Trading Surplus/(Deficit) £000**	508	552	44	(3,036)	(2,912)	124	(240)	(240)	()
Normalised Surplus/(Deficit) £000	409	209	(200)	(2,614)	(2,590)	24	122	1,084	962
** Control Total									
WTE	2,963	2,923	40	2,963	2,923	40			
CIP £000	978	605	(373)	5,108	4,894	(214)	7,200	6,486	(714)
Cash £000	5,203	5,225	22	5,203	5,225	22			
CAPEX FCT £000	1,152	709	443	7,888	5,290	2,597	10,689	9,954	735
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	2,165	2,199	34	21,858	20,873	(985)	26,950	24,907	(2,043)
Non Elective	1,368	1,340	(28)	13,477	13,079	(398)	16,071	14,657	(1,414)
Outpatients	15,886	17,318	1,432	161,695	164,261	2,566	199,463	187,056	(12,407)
A&E	4,746	4,830	84	46,854	48,366	1,512	55,899	59,152	3,253

Alder Hey Children's NHS Foundation Trust
CAPITAL PROGRAMME 2016/17

POTENTIAL

	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VARIANCE	ADJUSTED FROM REVENUE	NORMALISED FORECAST VARIANCE
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	**190**	**549**	**(359)**	**1,889**	**1,173**	**186**	**2,270**	**2,792**	**2,390**	**402**	**621**	**1,023**
RESEARCH & EDUCATION	**0**	**116**	**(116)**	**0**	**445**	**(445)**	**0**	**0**	**529**	**(529)**	**24**	**(505)**
ESTATES TOTAL CAPITAL	**190**	**665**	**(475)**	**1,889**	**1,618**	**(259)**	**2,270**	**2,792**	**2,919**	**(127)**	**645**	**518**
NETWORKING, INFRASTRUCTURE & OTHER IT	0	291	(291)	440	598	(158)	440	440	2,473	(2,033)	193	**(1,840)**
ELECTRONIC PATIENT RECORD	58	0	58	583	471	112	700	700	714	(14)	410	**396**
IM & T TOTAL CAPITAL	**58**	**291**	**(233)**	**1,023**	**1,069**	**(46)**	**1,140**	**1,140**	**3,187**	**(2,047)**	**603**	**(1,444)**
NON-MEDICAL EQUIPMENT	0	210	(210)	0	193	(193)	0	0	406	(406)	0	**(406)**
ALDER HEY IN THE PARK TOTAL	**863**	**(228)**	**1,090**	**4,573**	**2,423**	**2,680**	**6,275**	**6,275**	**3,470**	**2,805**	**57**	**2,862**
OTHER	**40**	**(20)**	**60**	**402**	**180**	**221**	**482**	**482**	**377**	**105**	**112**	**217**
CAPITAL PROGRAMME 16/17	***1,152***	***709***	***443***	***7,888***	***5,290***	***2,597***	***10,167***	***10,689***	***9,954***	***735***	***1,417***	***2,152***

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
Surgery CBU	Audiology	Outpatient New	685	674	-11	£65,008	£63,945	-£1,063	£3	-£1,066	
		Outpatient Follow-up	235	312	77	£22,175	£29,487	£7,312	-£0	£7,312	
		OP Procedure	1	0	-1	£139	£0	-£139	£0	-£139	
	Audiology Total		**921**	**986**	**65**	**£87,322**	**£93,432**	**£6,110**	**£3**	**£6,107**	
	Burns Care	Daycase	0	7	7	£138	£18,365	£18,227	£6,381	£11,846	
		Elective	6	1	-5	£16,279	£1,037	-£15,242	-£1,501	-£13,741	
		Non Elective	28	37	9	£71,518	£101,647	£30,129	£7,841	£22,288	
		Outpatient New	30	12	-18	£5,990	£2,378	-£3,613	£5	-£3,617	
		Outpatient Follow-up	84	74	-10	£9,572	£8,345	-£1,227	-£101	-£1,126	
		Ward Attender	4	47	43	£456	£5,373	£4,917	£0	£4,917	
		Ward Based Outpatient	11	22	11	£1,271	£2,515	£1,244	£0	£1,244	
		OP Procedure	0	0	0	£15	£0	-£15	£0	-£15	
	Burns Care Total		**164**	**200**	**36**	**£105,239**	**£139,659**	**£34,420**	**£12,624**	**£21,796**	
	Cardiac Surgery	Elective	18	26	8	£230,504	£307,042	£76,538	-£26,552	£103,089	Includes £16k estimated flex/freeze benefit
		Non Elective	9	11	2	£168,596	£193,565	£24,969	-£19,434	£44,402	Includes £72k estimated flex/freeze benefit
		Excess Bed Days	66	89	23	£29,397	£38,861	£9,463	-£914	£10,377	
		Outpatient New	8	15	7	£5,867	£10,800	£4,932	-£0	£4,932	
		Outpatient Follow-up	25	53	28	£18,299	£38,159	£19,860	-£0	£19,860	
	Cardiac Surgery Total		**126**	**194**	**68**	**£452,663**	**£588,426**	**£135,762**	**-£46,899**	**£182,661**	
	Cardiology	Daycase	20	15	-5	£53,363	£54,867	£1,504	£13,905	-£12,401	
		Elective	21	18	-3	£83,196	£71,138	-£12,058	£212	-£12,270	
		Non Elective	17	16	-1	£78,889	£78,929	£40	£3,930	-£3,890	
		Excess Bed Days	18	0	-18	£7,131	£0	-£7,131	£0	-£7,131	
		Outpatient New	129	134	5	£30,841	£31,909	£1,068	-£36	£1,104	
		Outpatient Follow-up	252	501	249	£33,233	£65,121	£31,889	-£1,065	£32,954	
		Ward Attender	7	36	29	£886	£4,680	£3,794	-£75	£3,869	
		Ward Based Outpatient	18	3	-15	£2,382	£390	-£1,992	-£6	-£1,985	
	Cardiology Total		**481**	**723**	**242**	**£289,920**	**£307,035**	**£17,114**	**£16,865**	**£250**	
	Dentistry	Daycase	97	146	49	£55,941	£83,644	£27,703	-£948	£28,651	
		Elective	11	1	-10	£6,789	£563	-£6,227	-£60	-£6,167	
		Non Elective	1	0	-1	£1,239	£0	-£1,239	£0	-£1,239	
		Excess Bed Days	1	0	-1	£334	£0	-£334	£0	-£334	
		Outpatient New	113	135	22	£4,042	£4,802	£760	-£34	£794	
		Outpatient Follow-up	144	149	5	£5,138	£5,300	£162	-£8	£169	
		OP Procedure	30	0	-30	£4,872	£1,408	-£3,464	£1,408	-£4,872	
	Dentistry Total		**397**	**431**	**34**	**£78,355**	**£95,716**	**£17,361**	**£359**	**£17,002**	
	ENT	Daycase	109	105	-4	£123,299	£119,991	-£3,308	£746	-£4,054	
		Elective	92	57	-35	£129,515	£87,075	-£42,439	£6,501	-£48,940	
		Non Elective	24	22	-2	£36,705	£41,888	£5,182	£7,557	-£2,374	
		Excess Bed Days	29	0	-29	£11,551	£0	-£11,551	£0	-£11,551	
		Outpatient New	342	490	148	£37,869	£54,520	£16,651	£270	£16,382	
		Outpatient Follow-up	493	481	-12	£33,642	£33,011	-£631	£173	-£803	
		Ward Attender	0	0	0	£16	£0	-£16	£0	-£16	
		Ward Based Outpatient	5	0	-5	£322	£0	-£322	£0	-£322	
		OP Procedure	169	37	-132	£22,171	£14,553	-£7,618	£9,707	-£17,326	
	ENT Total		**1,262**	**1,192**	**-70**	**£395,090**	**£351,038**	**-£44,052**	**£24,953**	**-£69,005**	
	Gynaecology	Daycase	1	6	5	£1,001	£3,814	£2,813	-£1,424	£4,237	
		Elective	1	4	3	£629	£6,038	£5,410	£1,253	£4,156	
		Non Elective	0	2	2	£0	£3,185	£3,185	£0	£3,185	
		Outpatient New	23	33	10	£3,310	£4,736	£1,426	-£5	£1,431	
		Outpatient Follow-up	38	45	7	£3,570	£4,165	£594	-£65	£659	
		Ward Attender	0	0	0	£11	£0	-£11	£0	-£11	
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14	
	Gynaecology Total		**63**	**90**	**27**	**£8,536**	**£21,938**	**£13,402**	**-£241**	**£13,643**	
	Intensive Care	Elective	0	3	3	£802	£3,670	£2,868	-£2,413	£5,280	
		Non Elective	16	16	0	£37,159	£48,089	£10,930	£11,960	-£1,030	
		Excess Bed Days	29	6	-23	£10,999	£2,588	-£8,412	£311	-£8,723	
		Outpatient New	9	23	14	£6,339	£16,956	£10,617	-£19	£10,636	
		Outpatient Follow-up	33	118	85	£23,368	£86,992	£63,624	£4,085	£59,539	
		Ward Based Outpatient	4	0	-4	£3,017	£0	-£3,017	£0	-£3,017	
		OP Procedure	0	0	0	£54	£0	-£54	£0	-£54	
		PICU	508	615	107	£908,529	£1,017,904	£109,375	£0	£109,375	
		HDU	416	424	8	£500,086	£550,958	£50,872	£0	£50,872	
		Cardiac HDU	256	246	-10	£250,398	£194,149	-£56,249	£0	-£56,249	
		Cardiac ECMO	5	24	19	£16,824	£53,678	£36,854	£0	£36,854	
		Respiratory ECMO	8	0	-8	£49,740	£21,943	-£27,797	£0	-£27,797	
	Intensive Care Total		**1,285**	**1,475**	**190**	**£1,807,315**	**£1,996,927**	**£189,612**	**£13,924**	**£175,688**	
	Maxillo-Facial	Outpatient New	71	47	-24	£10,149	£6,518	-£3,631	-£226	-£3,405	
		Outpatient Follow-up	140	81	-59	£20,254	£12,965	-£7,289	£1,228	-£8,517	
		Ward Attender	0	0	0	£18	£0	-£18	£0	-£18	
		OP Procedure	0	0	0	£42	£0	-£42	£0	-£42	
	Maxillo-Facial Total		**211**	**128**	**-83**	**£30,462**	**£19,483**	**-£10,980**	**£1,002**	**-£11,982**	
	Neurosurgery	Daycase	1	3	2	£700	£1,698	£998	-£348	£1,345	
		Elective	17	31	14	£104,268	£151,454	£47,187	-£39,431	£86,617	
		Non Elective	31	16	-15	£196,402	£96,124	-£100,278	-£4,941	-£95,336	
		Excess Bed Days	74	24	-50	£24,675	£7,936	-£16,739	-£105	-£16,634	
		Outpatient New	64	72	8	£5,768	£6,407	£639	-£65	£704	
		Outpatient Follow-up	177	218	41	£15,468	£19,400	£3,932	£348	£3,584	
		Ward Attender	38	11	-27	£3,420	£979	-£2,441	£0	-£2,441	
		Ward Based Outpatient	0	1	1	£11	£89	£78	£0	£78	
		OP Procedure	0	0	0	£28	£0	-£28	£0	-£28	
		Neuro HDU	146	199	53	£142,626	£180,344	£37,718	£0	£37,718	
	Neurosurgery Total		**549**	**575**	**26**	**£493,366**	**£464,432**	**-£28,934**	**-£44,542**	**£15,608**	
	Ophthalmology	Daycase	41	44	3	£35,985	£42,598	£6,613	£3,530	£3,083	
		Elective	9	3	-6	£12,345	£6,264	-£6,081	£2,073	-£8,154	
		Non Elective	2	1	-1	£2,357	£831	-£1,526	-£598	-£928	
		Excess Bed Days	7	0	-7	£2,405	£0	-£2,405	£0	-£2,405	
		Outpatient New	296	286	-10	£45,030	£43,192	-£1,838	-£254	-£1,584	
		Outpatient Follow-up	1,104	1,313	209	£110,165	£122,650	£12,485	-£8,324	£20,809	
		Ward Attender	0	1	1	£0	£85	£85	£0	£85	
		Ward Based Outpatient	2	0	-2	£217	£0	-£217	£0	-£217	
		OP Procedure	0	0	0	£63	£701	£638	£701	-£63	
	Ophthalmology Total		**1,461**	**1,648**	**187**	**£208,566**	**£216,321**	**£7,755**	**-£2,871**	**£10,625**	
	Oral Surgery	Daycase	33	30	-3	£28,285	£30,861	£2,576	£5,196	-£2,620	
		Elective	15	9	-6	£32,181	£21,119	-£11,062	£1,506	-£12,569	
		Non Elective	13	10	-3	£13,912	£10,929	-£2,983	£75	-£3,058	
		Excess Bed Days	2	3	1	£1,167	£1,473	£307	-£175	£482	
	Oral Surgery Total		**63**	**52**	**-11**	**£75,545**	**£64,383**	**-£11,162**	**£6,603**	**-£17,765**	
	Orthodontics	Daycase	0	1	1	£87	£563	£476	-£514	£990	
		Outpatient New	5	4	-1	£833	£645	-£189	-£2	-£187	
		Outpatient Follow-up	16	57	41	£1,354	£4,623	£3,269	-£120	£3,389	
		OP Procedure	13	0	-13	£1,665	£1,003	-£662	£1,003	-£1,665	
	Orthodontics Total		**35**	**62**	**27**	**£3,939**	**£6,834**	**£2,894**	**£367**	**£2,527**	
	Paediatric Surgery	Daycase	114	122	8	£133,702	£155,882	£22,180	£12,610	£9,570	
		Elective	46	48	2	£195,121	£145,161	-£49,960	-£58,675	£8,716	
		Non Elective	126	151	25	£492,142	£340,577	-£151,564	-£248,310	£96,746	
		Excess Bed Days	256	82	-174	£101,059	£33,480	-£67,579	£1,093	-£68,671	
		Outpatient New	184	204	20	£32,492	£36,062	£3,570	-£48	£3,619	
		Outpatient Follow-up	289	335	46	£33,414	£38,363	£4,948	-£397	£5,345	
		Ward Attender	70	54	-16	£8,151	£6,177	-£1,974	-£71	-£1,903	
		Ward Based Outpatient	31	0	-31	£3,551	£0	-£3,551	£0	-£3,551	
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14	
		Neonatal HDU	155	240	85	£110,046	£110,046	-£0	£0	-£0	
	Paediatric Surgery Total		**1,271**	**1,236**	**-35**	**£1,109,692**	**£865,749**	**-£243,943**	**-£293,799**	**£49,856**	
	Plastic Surgery	Daycase	63	86	23	£65,197	£94,219	£29,022	£5,789	£23,233	
		Elective	24	5	-19	£36,431	£12,928	-£23,503	£5,345	-£28,848	
		Non Elective	105	63	-42	£129,354	£70,365	-£58,989	-£7,315	-£51,674	
		Excess Bed Days	4	0	-4	£862	£0	-£862	£0	-£862	
		Outpatient New	228	218	-10	£32,385	£31,234	-£1,151	£208	-£1,359	
		Outpatient Follow-up	429	374	-55	£47,502	£40,835	-£6,666	-£561	-£6,105	
		Ward Attender	2	15	13	£269	£1,638	£1,369	-£31	£1,400	
		Ward Based Outpatient	10	5	-5	£1,089	£546	-£543	-£10	-£533	
		OP Procedure	64	117	53	£7,599	£14,684	£7,084	£695	£6,389	
	Plastic Surgery Total		**929**	**883**	**-46**	**£320,688**	**£266,450**	**-£54,238**	**£4,121**	**-£58,359**	
	Spinal Surgery	Daycase	0	0	0	£589	£0	-£589	£0	-£589	
		Elective	13	14	1	£339,404	£334,274	-£5,130	-£35,480	£30,350	
		Non Elective	0	1	1	£0	£15,743	£15,743	£0	£15,743	
		Outpatient New	21	63	42	£3,537	£10,613	£7,075	-£27	£7,102	
		Outpatient Follow-up	72	101	29	£7,695	£10,398	£2,702	-£340	£3,042	
	Spinal Surgery Total		**107**	**179**	**72**	**£351,226**	**£371,028**	**£19,801**	**-£35,847**	**£55,648**	
	Trauma And Orthopaedics	Daycase	42	39	-3	£61,251	£64,919	£3,668	£7,717	-£4,049	
		Elective	61	39	-22	£229,836	£150,153	-£79,684	£3,939	-£83,623	
		Non Elective	66	32	-34	£165,205	£77,766	-£87,438	-£2,389	-£85,049	

In-Month

	Trauma And Orthopaedics	Excess Bed Days	37	25	-12	£12,705	£7,667	-£5,038	-£827	-£4,212	
		Outpatient New	715	688	-27	£107,718	£103,737	-£3,981	£25	-£4,006	
		Outpatient Follow-up	1,062	1,585	523	£107,248	£157,955	£50,707	-£2,055	£52,762	Activity high due to physio activity recorded under this spec
		Ward Attender	0	2	2	£24	£196	£171	-£6	£178	
		OP Procedure	41	23	-18	£7,212	£24,219	£17,008	£20,182	-£3,175	Activity high due to fracture clinic coding
		Gait Follow-Up	17	30	13	£20,016	£35,160	£15,144	£84	£15,060	
		Gait New	21	27	6	£24,626	£31,644	£7,018	-£39	£7,057	
	Trauma And Orthopaedics Total		**2,063**	**2,490**	**427**	**£735,840**	**£653,415**	**-£82,425**	**£26,632**	**-£109,056**	
	Urology	Daycase	139	232	93	£130,067	£220,656	£90,589	£3,511	£87,078	
		Elective	12	10	-2	£47,236	£24,672	-£22,564	-£14,398	-£8,166	
		Non Elective	3	4	1	£11,153	£3,534	-£7,619	-£10,527	£2,908	
		Excess Bed Days	6	0	-6	£2,403	£0	-£2,403	£0	-£2,403	
		Outpatient New	102	64	-38	£18,303	£11,513	-£6,789	-£13	-£6,777	
		Outpatient Follow-up	212	221	9	£32,275	£33,093	£817	-£573	£1,390	
		Ward Attender	3	5	2	£497	£749	£252	-£13	£265	
		Ward Based Outpatient	0	1	1	£55	£150	£95	-£3	£97	
		OP Procedure	0	0	0	£21	£0	-£21	£0	-£21	
	Urology Total		**477**	**537**	**60**	**£242,011**	**£294,367**	**£52,356**	**-£22,016**	**£74,372**	
Surgery CBU Total			**11,862**	**13,081**	**1,219**	**£6,795,776**	**£6,816,631**	**£20,855**	**-£338,762**	**£359,616**	
Medicine CBU	Accident & Emergency	Daycase	0	0	0	£142	£0	-£142	£0	-£142	
		Elective	0	0	0	£157	£0	-£157	£0	-£157	
		Non Elective	493	391	-102	£226,461	£285,895	£59,434	£106,348	-£46,915	
		Excess Bed Days	7	0	-7	£2,394	£0	-£2,394	£0	-£2,394	
		Outpatient New	204	147	-57	£68,869	£49,633	-£19,236	£91	-£19,327	
		Outpatient Follow-up	22	11	-11	£7,262	£3,714	-£3,548	-£0	-£3,548	
		Ward Attender	0	0	0	£163	£0	-£163	£0	-£163	
		A&E Attendance	4,746	4,830	84	£450,845	£424,083	-£26,762	-£34,759	£7,997	
	Accident & Emergency Total		**5,472**	**5,379**	**-93**	**£756,295**	**£763,325**	**£7,031**	**£71,681**	**-£64,650**	
	Allergy	Outpatient New	62	51	-11	£14,164	£11,828	-£2,336	£84	-£2,420	
		Outpatient Follow-up	69	78	9	£9,725	£11,038	£1,313	£30	£1,282	
		Ward Attender	0	0	0	£44	£0	-£44	£0	-£44	
		Ward Based Outpatient	0	3	3	£29	£421	£392	-£2	£394	
		OP Procedure	0	0	0	£46	£0	-£46	£0	-£46	
	Allergy Total		**131**	**132**	**1**	**£24,008**	**£23,287**	**-£721**	**£112**	**-£833**	
	Dermatology	Daycase	2	3	1	£1,175	£1,897	£722	£1	£721	
		Non Elective	0	1	1	£0	£626	£626	£0	£626	
		Outpatient New	164	160	-4	£22,219	£21,629	-£590	-£24	-£566	
		Outpatient Follow-up	538	636	98	£53,060	£62,167	£9,107	-£504	£9,611	
		Ward Attender	1	0	-1	£60	£0	-£60	£0	-£60	
		Ward Based Outpatient	8	14	6	£774	£1,369	£595	-£11	£606	
		OP Procedure	87	97	10	£10,058	£11,078	£1,020	-£74	£1,094	
	Dermatology Total		**800**	**911**	**111**	**£87,345**	**£98,765**	**£11,420**	**-£612**	**£12,032**	
	Diabetes	Outpatient New	29	2	-27	£6,222	£422	-£5,800	-£3	-£5,797	
		Outpatient Follow-up	3	16	13	£281	£1,581	£1,300	-£163	£1,462	
		Ward Based Outpatient	0	0	0	£39	£0	-£39	£0	-£39	
	Diabetes Total		**32**	**18**	**-14**	**£6,542**	**£2,003**	**-£4,540**	**-£165**	**-£4,374**	
	Endocrinology	Daycase	91	107	16	£94,664	£114,763	£20,099	£3,114	£16,985	
		Elective	7	3	-4	£10,503	£4,120	-£6,383	-£174	-£6,210	
		Non Elective	3	8	5	£4,010	£10,669	£6,659	-£1,967	£8,626	
		Excess Bed Days	14	20	6	£5,166	£8,625	£3,459	£1,253	£2,206	
		Outpatient New	64	75	11	£25,708	£30,026	£4,318	-£79	£4,397	
		Outpatient Follow-up	357	335	-22	£69,121	£65,333	-£3,789	£546	-£4,335	
		Ward Attender	16	14	-2	£3,108	£2,708	-£400	£0	-£401	
		Ward Based Outpatient	32	62	30	£6,263	£11,992	£5,729	£2	£5,727	
	Endocrinology Total		**585**	**624**	**39**	**£218,543**	**£248,236**	**£29,693**	**£2,696**	**£26,996**	
	Epilepsy	Outpatient New	11	13	2	£2,477	£2,879	£402	-£7	£409	
		Outpatient Follow-up	26	10	-16	£4,736	£1,768	-£2,968	-£61	-£2,907	
	Epilepsy Total		**37**	**23**	**-14**	**£7,213**	**£4,647**	**-£2,566**	**-£68**	**-£2,498**	
	Gastroenterology	Daycase	128	127	-1	£139,994	£150,565	£10,571	£11,140	-£569	
		Elective	40	21	-19	£77,129	£30,397	-£46,732	-£9,839	-£36,893	
		Non Elective	11	6	-5	£29,593	£17,456	-£12,136	£1,619	-£13,755	
		Excess Bed Days	187	123	-64	£73,993	£53,044	-£20,949	£4,444	-£25,393	
		Outpatient New	100	83	-17	£26,648	£22,181	-£4,467	£166	-£4,633	
		Outpatient Follow-up	270	256	-14	£42,833	£39,931	-£2,902	-£738	-£2,164	
		Ward Attender	6	17	11	£938	£2,652	£1,714	-£40	£1,754	
		Ward Based Outpatient	205	97	-108	£32,492	£15,131	-£17,361	-£229	-£17,131	
	Gastroenterology Total		**947**	**730**	**-217**	**£423,619**	**£331,357**	**-£92,261**	**£6,523**	**-£98,784**	
	Haematology	Daycase	23	79	56	£28,132	£89,376	£61,244	-£5,779	£67,024	
		Elective	3	4	1	£20,467	£10,919	-£9,548	-£16,994	£7,446	
		Non Elective	17	30	13	£51,829	£74,022	£22,193	-£16,067	£38,260	
		Excess Bed Days	4	0	-4	£1,799	£0	-£1,799	£0	-£1,799	
		Outpatient New	21	24	3	£9,834	£10,663	£829	-£331	£1,159	
		Outpatient Follow-up	149	73	-76	£32,544	£15,793	-£16,750	-£139	-£16,612	
		Ward Attender	78	204	126	£17,012	£43,701	£26,689	-£824	£27,514	
		Ward Based Outpatient	0	0	0	£26	£0	-£26	£0	-£26	
		OP Procedure	0	0	0	£15	£0	-£15	£0	-£15	
	Haematology Total		**296**	**414**	**118**	**£161,657**	**£244,474**	**£82,816**	**-£40,133**	**£122,950**	
	Immunology	Outpatient New	13	15	2	£2,894	£3,476	£582	£22	£560	
		Outpatient Follow-up	9	54	45	£1,297	£8,061	£6,765	£441	£6,324	
		Ward Attender	4	12	8	£583	£1,685	£1,102	-£9	£1,111	
		Ward Based Outpatient	16	42	26	£2,289	£5,896	£3,608	-£31	£3,639	
	Immunology Total		**42**	**123**	**81**	**£7,062**	**£19,119**	**£12,057**	**£424**	**£11,633**	
	Metabolic Disease	Outpatient New	5	6	1	£1,887	£2,304	£417	£0	£417	
		Outpatient Follow-up	30	28	-2	£11,384	£10,368	-£1,016	-£384	-£632	
		Ward Based Outpatient	0	16	16	£0	£6,144	£6,144	£0	£6,144	
	Metabolic Disease Total		**35**	**50**	**15**	**£13,271**	**£18,816**	**£5,545**	**-£384**	**£5,929**	
	Nephrology	Daycase	93	121	28	£60,189	£98,244	£38,055	£20,205	£17,850	
		Elective	31	3	-28	£19,560	£6,369	-£13,191	£4,459	-£17,650	
		Non Elective	4	14	10	£7,629	£42,671	£35,042	£16,368	£18,674	
		Excess Bed Days	18	19	1	£6,676	£7,314	£638	£179	£458	
		Outpatient New	16	29	13	£1,831	£3,423	£1,593	£0	£1,593	
		Outpatient Follow-up	124	156	32	£14,583	£18,414	£3,831	-£0	£3,832	
		Ward Attender	78	65	-13	£9,243	£7,673	-£1,570	-£0	-£1,570	
		Ward Based Outpatient	56	56	0	£6,576	£6,610	£35	£0	£35	
	Nephrology Total		**419**	**463**	**44**	**£126,287**	**£190,718**	**£64,431**	**£41,211**	**£23,221**	
	Neurology	Daycase	8	14	6	£9,540	£16,116	£6,576	£21	£6,554	
		Elective	6	7	1	£12,655	£12,969	£314	-£1,808	£2,121	
		Non Elective	9	13	4	£17,123	£24,173	£7,050	-£1,623	£8,673	
		Excess Bed Days	56	63	7	£22,676	£27,288	£4,612	£1,755	£2,857	
		Outpatient New	88	76	-12	£24,620	£21,068	-£3,552	-£75	-£3,477	
		Outpatient Follow-up	257	221	-36	£70,176	£61,263	-£8,913	£850	-£9,763	
		Ward Attender	2	16	14	£603	£4,435	£3,832	£0	£3,832	
		Ward Based Outpatient	23	4	-19	£6,499	£1,109	-£5,390	£0	-£5,390	
	Neurology Total		**450**	**414**	**-36**	**£163,893**	**£168,421**	**£4,528**	**-£880**	**£5,409**	
	Oncology	Daycase	175	105	-70	£133,101	£75,942	-£57,159	-£4,069	-£53,090	
		Elective	26	21	-5	£158,058	£161,057	£3,000	£33,233	-£30,233	
		Non Elective	37	36	-1	£94,274	£96,904	£2,630	£5,940	-£3,310	
		Excess Bed Days	31	0	-31	£14,097	£0	-£14,097	£0	-£14,097	
		Outpatient New	10	10	0	£2,576	£2,589	£13	-£0	£13	
		Outpatient Follow-up	247	276	29	£63,667	£71,467	£7,800	£185	£7,615	
		Ward Attender	14	64	50	£3,527	£16,572	£13,046	£43	£13,003	
		Ward Based Outpatient	18	10	-8	£4,619	£2,589	-£2,030	£7	-£2,036	
		DCHEMO	136	136	0	£45,361	£45,176	-£185	-£112	-£73	
	Oncology Total		**693**	**658**	**-35**	**£519,281**	**£472,298**	**-£46,983**	**£35,227**	**-£82,210**	
	Paediatrics	Daycase	31	42	11	£25,761	£21,242	-£4,519	-£13,873	£9,354	
		Elective	13	1	-12	£14,481	£2,120	-£12,361	£999	-£13,360	
		Non Elective	282	365	83	£320,226	£404,211	£83,985	-£9,657	£93,642	
		Excess Bed Days	64	22	-42	£23,746	£8,220	-£15,526	£47	-£15,572	
		Outpatient New	304	278	-26	£69,932	£64,176	-£5,756	£160	-£5,915	
		Outpatient Follow-up	416	351	-65	£58,726	£49,274	-£9,452	-£258	-£9,194	
		Ward Attender	18	14	-4	£2,473	£1,965	-£507	-£10	-£497	
		Ward Based Outpatient	160	9	-151	£22,561	£1,264	-£21,297	-£7	-£21,291	
		OP Procedure	0	0	0	£31	£0	-£31	£0	-£31	
	Paediatrics Total		**1,288**	**1,082**	**-206**	**£537,936**	**£552,473**	**£14,536**	**-£22,600**	**£37,136**	
	Radiology	Daycase	106	134	28	£107,913	£219,655	£111,741	£83,641	£28,100	
		Elective	14	2	-12	£23,043	£4,409	-£18,634	£1,081	-£19,715	
		Non Elective	3	0	-3	£19,421	£0	-£19,421	£0	-£19,421	
		Excess Bed Days	64	0	-64	£26,237	£0	-£26,237	£0	-£26,237	
	Radiology Total		**187**	**136**	**-51**	**£176,615**	**£224,063**	**£47,449**	**£84,722**	**-£37,273**	
	Respiratory Medicine	Daycase	10	22	12	£9,620	£18,865	£9,245	-£2,904	£12,149	
		Elective	5	4	-1	£11,552	£9,485	-£2,067	-£24	-£2,043	
		Non Elective	67	93	26	£62,580	£124,332	£61,751	£36,919	£24,833	
		Excess Bed Days	52	230	178	£16,353	£103,392	£87,039	£30,448	£56,591	
		Outpatient New	74	71	-3	£22,045	£21,042	-£1,004	-£88	-£916	
		Outpatient Follow-up	250	314	64	£37,535	£49,758	£12,224	£2,600	£9,624	
		Ward Attender	1	0	-1	£127	£0	-£127	£0	-£127	
		Ward Based Outpatient	134	70	-64	£20,149	£10,991	-£9,158	£495	-£9,653	

In-Month

	Respiratory Medicine	OP Procedure	136	0	-136	£19,682	£4,955	-£14,727	£4,955	-£19,682
	Respiratory Medicine Total		**728**	**804**	**76**	**£199,644**	**£342,821**	**£143,177**	**£72,400**	**£70,776**
	Rheumatology	Daycase	169	122	-47	£141,371	£92,678	-£48,693	-£9,561	-£39,133
		Elective	20	3	-17	£19,965	£3,724	-£16,241	£675	-£16,916
		Non Elective	2	0	-2	£1,530	£0	-£1,530	£0	-£1,530
		Excess Bed Days	11	6	-5	£4,323	£2,588	-£1,735	£285	-£2,020
		Outpatient New	54	50	-4	£8,187	£7,520	-£668	-£8	-£660
		Outpatient Follow-up	165	194	29	£24,799	£29,176	£4,377	-£32	£4,409
		Ward Attender	25	25	0	£3,725	£3,760	£34	-£0	£34
		Ward Based Outpatient	12	1	-11	£1,817	£150	-£1,667	£0	-£1,667
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14
	Rheumatology Total		**457**	**401**	**-56**	**£205,732**	**£139,594**	**-£66,138**	**-£8,641**	**-£57,496**
	Sleep Studies	Elective	24	13	-11	£44,137	£23,840	-£20,297	£110	-£20,407
		Non Elective	0	1	1	£0	£4,908	£4,908	£0	£4,908
		Excess Bed Days	0	118	118	£0	£59,163	£59,163	£0	£59,163
	Sleep Studies Total		**24**	**132**	**108**	**£44,137**	**£87,911**	**£43,774**	**£110**	**£43,664**
Medicine CBU Total			**12,624**	**12,494**	**-130**	**£3,679,080**	**£3,932,328**	**£253,249**	**£241,623**	**£11,626**
Community CBU	CAMHS	Elective	0	0	0	£235	£0	-£235	£0	-£235
		Outpatient New	190	211	21	£0	£0	£0	£0	£0
		Outpatient Follow-up	947	1,444	497	£13,220	£13,212	-£8	-£6,944	£6,936
	CAMHS Total		**1,137**	**1,655**	**518**	**£13,455**	**£13,212**	**-£243**	**-£6,944**	**£6,701**
	Community Medicine	Outpatient New	360	343	-17	£29,104	£21,351	-£7,753	-£6,346	-£1,408
		Outpatient Follow-up	709	692	-17	£4,329	£3,157	-£1,172	-£1,067	-£104
		Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14
	Community Medicine Total		**1,070**	**1,035**	**-35**	**£33,447**	**£24,508**	**-£8,939**	**-£7,413**	**-£1,526**
Community CBU Total			**2,208**	**2,690**	**482**	**£46,902**	**£37,720**	**-£9,182**	**-£14,357**	**£5,175**
Grand Total			**26,694**	**28,265**	**1,571**	**£10,521,758**	**£10,786,679**	**£264,921**	**-£111,496**	**£376,417**

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

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
Surgery CBU	Audiology	Outpatient New	6,890	5,492	-1,398	£653,630	£520,938	-£132,691	-£83	-£132,608	
		Outpatient Follow-up	2,359	3,042	683	£222,961	£287,499	£64,538	-£0	£64,538	
		Ward Based Outpatient	0	1	1	£0	£95	£95	£0	£95	
		OP Procedure	12	25	13	£1,398	£3,305	£1,906	£427	£1,479	
	Audiology Total		**9,261**	**8,560**	**-701**	**£877,989**	**£811,837**	**-£66,152**	**£344**	**-£66,497**	
	Burns Care	Daycase	1	62	61	£1,387	£128,789	£127,402	£22,645	£104,757	
		Elective	64	12	-52	£163,677	£34,783	-£128,894	£4,327	-£133,221	
		Non Elective	279	250	-29	£706,087	£669,856	-£36,231	£36,027	-£72,257	
		Outpatient New	305	159	-146	£60,232	£31,087	-£29,145	-£358	-£28,787	
		Outpatient Follow-up	843	706	-137	£96,239	£80,589	-£15,650	£12	-£15,662	
		Ward Attender	40	350	310	£4,583	£40,009	£35,425	£0	£35,425	
		Ward Based Outpatient	112	71	-41	£12,777	£8,116	-£4,661	£0	-£4,661	
		OP Procedure	1	1	0	£152	£112	-£39	-£13	-£27	
	Burns Care Total		**1,645**	**1,611**	**-34**	**£1,045,134**	**£993,340**	**-£51,794**	**£62,640**	**-£114,434**	
	Cardiac Surgery	Elective	256	230	-26	£3,278,458	£2,763,911	-£514,547	-£187,105	-£327,442	Includes £16k estimated flex/freeze benefit
		Non Elective	110	121	11	£2,127,240	£2,070,347	-£56,893	-£272,633	£215,739	Includes £72k estimated flex/freeze benefit
		Excess Bed Days	658	1,257	599	£293,973	£543,671	£249,699	-£18,085	£267,784	
		Outpatient New	86	111	25	£61,609	£79,919	£18,310	-£0	£18,310	
		Outpatient Follow-up	274	280	6	£197,310	£201,597	£4,287	-£0	£4,287	
		Ward Attender	0	17	17	£0	£12,240	£12,240	£0	£12,240	
		OP Procedure	0	3	3	£0	£515	£515	£0	£515	
	Cardiac Surgery Total		**1,383**	**2,019**	**636**	**£5,958,588**	**£5,672,199**	**-£286,389**	**-£477,822**	**£191,433**	
	Cardiology	Daycase	199	176	-23	£542,822	£570,058	£27,236	£89,438	-£62,203	
		Elective	224	181	-43	£881,523	£697,500	-£184,023	-£15,698	-£168,325	
		Non Elective	111	121	10	£520,458	£456,304	-£64,154	-£110,874	£46,720	
		Excess Bed Days	174	386	212	£70,402	£153,005	£82,603	-£3,256	£85,858	
		Outpatient New	1,658	1,505	-153	£395,234	£358,384	-£36,851	-£407	-£36,444	
		Outpatient Follow-up	3,975	4,965	990	£525,195	£645,365	£120,170	-£10,559	£130,729	
		Ward Attender	106	175	69	£13,994	£22,748	£8,754	-£366	£9,120	
		Ward Based Outpatient	285	77	-208	£37,639	£10,009	-£27,630	-£161	-£27,469	
		OP Procedure	0	3	3	£0	£501	£501	£0	£501	
	Cardiology Total		**6,732**	**7,589**	**857**	**£2,987,268**	**£2,913,875**	**-£73,394**	**-£51,882**	**-£21,512**	
	Dentistry	Daycase	971	1,036	65	£562,459	£595,009	£32,550	-£5,244	£37,794	
		Elective	110	16	-94	£68,262	£15,300	-£52,962	£5,345	-£58,307	
		Non Elective	11	3	-8	£12,233	£2,993	-£9,240	-£263	-£8,978	
		Excess Bed Days	11	1	-10	£3,301	£299	-£3,001	£0	-£3,001	
		Outpatient New	1,134	1,078	-56	£40,637	£38,344	-£2,293	-£271	-£2,022	
		Outpatient Follow-up	1,450	1,070	-380	£51,663	£38,060	-£13,603	-£55	-£13,549	
		Ward Attender	0	1	1	£0	£36	£36	£0	£36	
		OP Procedure	304	265	-39	£48,988	£44,030	-£4,959	£1,291	-£6,249	
	Dentistry Total		**3,991**	**3,470**	**-521**	**£787,544**	**£734,071**	**-£53,473**	**£804**	**-£54,277**	
	ENT	Daycase	1,092	1,041	-51	£1,239,717	£1,152,938	-£86,779	-£29,286	-£57,493	
		Elective	921	709	-212	£1,302,219	£1,047,847	-£254,372	£45,612	-£299,984	
		Non Elective	232	258	26	£362,384	£372,010	£9,625	-£30,599	£40,225	
		Excess Bed Days	285	243	-42	£114,038	£111,304	-£2,734	£14,062	-£16,796	
		Outpatient New	3,439	2,877	-562	£380,753	£320,364	-£60,389	£1,837	-£62,226	
		Outpatient Follow-up	4,955	3,606	-1,349	£338,258	£247,591	-£90,666	£1,404	-£92,070	
		Ward Attender	2	6	4	£166	£412	£246	£2	£244	
		Ward Based Outpatient	47	0	-47	£3,235	£0	-£3,235	£0	-£3,235	
		OP Procedure	1,702	2,646	944	£222,921	£347,220	£124,300	£700	£123,599	
	ENT Total		**12,676**	**11,386**	**-1,290**	**£3,963,691**	**£3,599,687**	**-£364,004**	**£3,732**	**-£367,736**	
	Gynaecology	Daycase	12	24	12	£10,068	£17,443	£7,376	-£3,509	£10,885	
		Elective	5	15	10	£6,321	£21,994	£15,673	£4,051	£11,623	
		Non Elective	0	2	2	£0	£3,185	£3,185	£0	£3,185	
		Outpatient New	232	256	24	£33,278	£36,736	£3,458	-£38	£3,496	
		Outpatient Follow-up	382	429	47	£35,899	£39,703	£3,804	-£622	£4,426	
		Ward Attender	1	0	-1	£114	£0	-£114	£0	-£114	
		Ward Based Outpatient	0	1	1	£0	£93	£93	£0	£93	
		OP Procedure	1	0	-1	£145	£0	-£145	£0	-£145	
	Gynaecology Total		**633**	**727**	**94**	**£85,825**	**£119,154**	**£33,330**	**-£118**	**£33,448**	
	Intensive Care	Elective	4	13	9	£8,068	£19,466	£11,398	-£6,893	£18,291	
		Non Elective	162	156	-6	£366,864	£591,780	£224,916	£239,522	-£14,606	
		Excess Bed Days	291	269	-22	£110,594	£103,509	-£7,086	£1,431	-£8,517	
		Outpatient New	86	162	76	£63,734	£119,430	£55,696	-£133	£55,828	
		Outpatient Follow-up	334	925	591	£234,953	£681,191	£446,238	£31,283	£414,955	
		Ward Based Outpatient	44	47	3	£30,332	£34,649	£4,318	£2,057	£2,261	
		OP Procedure	5	23	18	£545	£3,566	£3,021	£987	£2,033	
		PICU	5,081	5,639	558	£9,085,287	£9,676,614	£591,327	£0	£591,327	
		HDU	4,158	3,820	-338	£5,000,861	£5,161,647	£160,786	£0	£160,786	
		Cardiac HDU	2,560	2,372	-188	£2,503,980	£1,888,062	-£615,918	£0	-£615,918	
		Cardiac ECMO	47	208	161	£168,241	£477,634	£309,393	£0	£309,393	
		Respiratory ECMO	75	74	-1	£497,400	£497,748	£348	£0	£348	
	Intensive Care Total		**12,847**	**13,708**	**861**	**£18,070,857**	**£19,255,296**	**£1,184,439**	**£268,255**	**£916,184**	
	Maxillo-Facial	Outpatient New	711	607	-104	£102,041	£83,414	-£18,627	-£3,677	-£14,950	
		Outpatient Follow-up	1,405	594	-811	£203,650	£90,855	-£112,795	£4,780	-£117,576	
		Ward Attender	1	1	0	£177	£133	-£44	-£13	-£31	
		OP Procedure	2	11	9	£419	£1,379	£960	-£519	£1,478	
	Maxillo-Facial Total		**2,120**	**1,213**	**-907**	**£306,287**	**£175,781**	**-£130,507**	**£573**	**-£131,079**	
	Neurosurgery	Daycase	10	16	6	£7,040	£12,303	£5,263	£1,393	£3,870	
		Elective	170	241	71	£1,048,372	£1,227,590	£179,218	-£256,388	£435,606	
		Non Elective	307	236	-71	£1,939,035	£1,458,523	-£480,513	-£32,198	-£448,315	
		Excess Bed Days	727	548	-179	£243,612	£183,772	-£59,840	£161	-£60,002	
		Outpatient New	645	635	-10	£57,996	£56,509	-£1,488	-£573	-£915	
		Outpatient Follow-up	1,780	1,696	-84	£155,527	£150,927	-£4,600	£2,706	-£7,306	
		Ward Attender	386	296	-90	£34,383	£26,341	-£8,042	£0	-£8,042	
		Ward Based Outpatient	1	34	33	£108	£3,026	£2,918	£0	£2,918	
		OP Procedure	2	0	-2	£277	£0	-£277	£0	-£277	
		Neuro HDU	1,460	1,850	390	£1,426,265	£1,727,770	£301,505	£0	£301,505	
	Neurosurgery Total		**5,489**	**5,552**	**63**	**£4,912,614**	**£4,846,759**	**-£65,855**	**-£284,898**	**£219,043**	
	Ophthalmology	Daycase	407	279	-128	£361,817	£239,950	-£121,867	-£7,777	-£114,090	
		Elective	89	46	-43	£124,127	£69,868	-£54,259	£5,606	-£59,865	
		Non Elective	16	9	-7	£23,269	£12,196	-£11,073	-£663	-£10,410	
		Excess Bed Days	66	0	-66	£23,746	£0	-£23,746	£0	-£23,746	
		Outpatient New	2,980	2,775	-205	£452,755	£431,938	-£20,817	£10,396	-£31,212	
		Outpatient Follow-up	11,104	9,536	-1,568	£1,107,660	£958,450	-£149,209	£7,223	-£156,432	
		Ward Attender	0	2	2	£0	£171	£171	£0	£171	
		Ward Based Outpatient	22	3	-19	£2,180	£256	-£1,924	-£43	-£1,881	
		OP Procedure	4	183	179	£630	£21,927	£21,297	-£9,709	£31,005	
	Ophthalmology Total		**14,688**	**12,833**	**-1,855**	**£2,096,183**	**£1,734,755**	**-£361,428**	**£5,033**	**-£366,461**	
	Oral Surgery	Daycase	332	293	-39	£284,397	£270,776	-£13,621	£20,115	-£33,736	
		Elective	148	122	-26	£323,570	£389,187	£65,617	£123,325	-£57,708	
		Non Elective	127	82	-45	£137,351	£99,452	-£37,899	£10,448	-£48,347	
		Excess Bed Days	21	11	-10	£11,517	£5,536	-£5,980	-£507	-£5,474	
	Oral Surgery Total		**628**	**508**	**-120**	**£756,835**	**£764,951**	**£8,116**	**£153,381**	**-£145,265**	
	Orthodontics	Daycase	1	2	1	£873	£1,085	£212	-£1,069	£1,281	
		Non Elective	0	1	1	£0	£980	£980	£0	£980	
		Outpatient New	52	46	-6	£8,378	£7,576	-£802	£142	-£944	
		Outpatient Follow-up	164	326	162	£13,615	£26,743	£13,128	-£384	£13,512	
		OP Procedure	131	229	98	£16,740	£31,476	£14,737	£2,263	£12,474	
	Orthodontics Total		**347**	**604**	**257**	**£39,606**	**£67,860**	**£28,254**	**£952**	**£27,303**	
	Paediatric Surgery	Daycase	1,145	1,144	-1	£1,344,321	£1,377,435	£33,115	£33,963	-£848	
		Elective	462	430	-32	£1,961,859	£1,716,711	-£245,147	-£109,321	-£135,826	
		Non Elective	1,246	1,414	168	£4,858,811	£4,198,469	-£660,342	-£1,316,017	£655,675	
		Excess Bed Days	2,526	976	-1,550	£997,734	£389,028	-£608,705	£3,536	-£612,242	
		Outpatient New	1,846	1,784	-62	£326,694	£315,370	-£11,324	-£422	-£10,902	
		Outpatient Follow-up	2,904	2,924	20	£335,967	£334,789	-£1,178	-£3,515	£2,338	
		Ward Attender	708	777	69	£81,955	£88,881	£6,926	-£1,018	£7,944	
		Ward Based Outpatient	309	72	-237	£35,706	£8,236	-£27,470	-£94	-£27,376	
		OP Procedure	1	10	9	£138	£1,708	£1,570	£570	£1,000	
		Neonatal HDU	1,551	2,401	850	£1,100,465	£1,100,464	-£1	£0	-£1	
	Paediatric Surgery Total		**12,697**	**11,932**	**-765**	**£11,043,649**	**£9,531,093**	**-£1,512,556**	**-£1,392,319**	**-£120,237**	
	Plastic Surgery	Daycase	638	785	147	£655,533	£802,587	£147,054	-£4,596	£151,650	
		Elective	242	72	-170	£366,299	£136,513	-£229,785	£27,317	-£257,102	
		Non Elective	1,036	735	-301	£1,277,082	£978,631	-£298,451	£72,372	-£370,823	
		Excess Bed Days	38	36	-2	£8,512	£12,154	£3,642	£3,995	-£353	
		Outpatient New	2,288	2,203	-85	£325,620	£316,272	-£9,348	£2,734	-£12,082	
		Outpatient Follow-up	4,315	3,925	-390	£477,609	£428,554	-£49,055	-£5,890	-£43,165	
		Ward Attender	24	141	117	£2,703	£15,396	£12,693	-£288	£12,981	
		Ward Based Outpatient	98	37	-61	£10,947	£4,040	-£6,907	-£75	-£6,831	
		OP Procedure	639	1,148	509	£76,409	£144,100	£67,691	£6,845	£60,846	
	Plastic Surgery Total		**9,317**	**9,082**	**-235**	**£3,200,712**	**£2,838,247**	**-£362,466**	**£102,414**	**-£464,880**	
	Spinal Surgery	Daycase	4	5	1	£5,923	£11,689	£5,765	£3,402	£2,364	
		Elective	129	109	-20	£3,412,572	£3,284,533	-£128,039	£405,732	-£533,771	
		Non Elective	0	5	5	£0	£45,138	£45,138	£0	£45,138	
		Excess Bed Days	0	197	197	£0	£60,795	£60,795	£0	£60,795	
		Outpatient New	211	461	250	£35,567	£77,659	£42,092	-£197	£42,289	

Year-to-date

	Spinal Surgery	Outpatient Follow-up	728	801	73	£77,374	£82,460	£5,086	-£2,697	£7,783	
		OP Procedure	0	8	8	£0	£1,373	£1,373	£0	£1,373	
	Spinal Surgery Total		**1,071**	**1,586**	**515**	**£3,531,436**	**£3,563,646**	**£32,210**	**£406,240**	**-£374,030**	
	Trauma And Orthopaedics	Daycase	420	426	6	£615,852	£661,162	£45,310	£36,341	£8,970	
		Elective	616	519	-97	£2,310,912	£2,386,138	£75,226	£440,378	-£365,152	
		Non Elective	651	521	-130	£1,631,032	£1,340,817	-£290,215	£35,786	-£326,001	
		Excess Bed Days	369	268	-101	£125,433	£98,128	-£27,305	£7,079	-£34,385	
		Outpatient New	7,185	6,404	-781	£1,083,057	£965,596	-£117,461	£233	-£117,694	
		Outpatient Follow-up	10,682	13,647	2,965	£1,078,335	£1,361,423	£283,088	-£16,281	£299,369	Activity high due to physio activity recorded under this spec
		Ward Attender	2	15	13	£245	£1,466	£1,221	-£48	£1,269	
		Ward Based Outpatient	0	10	10	£0	£978	£978	£0	£978	
		OP Procedure	413	2,586	2,173	£72,511	£675,056	£602,545	£221,135	£381,410	Activity high due to fracture clinic coding
		Gait Follow-Up	172	226	54	£201,249	£264,872	£63,623	£633	£62,990	
		Gait New	211	242	31	£247,600	£283,624	£36,024	-£346	£36,370	
	Trauma And Orthopaedics Total		**20,722**	**24,864**	**4,142**	**£7,366,226**	**£8,039,260**	**£673,034**	**£724,910**	**-£51,876**	
	Urology	Daycase	1,397	2,109	712	£1,307,773	£2,032,005	£724,232	£58,039	£666,192	
		Elective	122	173	51	£474,940	£603,890	£128,950	-£72,028	£200,978	
		Non Elective	31	35	4	£110,109	£96,632	-£13,477	-£26,401	£12,924	
		Excess Bed Days	57	16	-41	£23,728	£6,696	-£17,031	£50	-£17,082	
		Outpatient New	1,022	987	-35	£184,027	£177,558	-£6,469	-£199	-£6,270	
		Outpatient Follow-up	2,130	2,353	223	£324,513	£352,339	£27,826	-£6,098	£33,924	
		Ward Attender	33	41	8	£4,997	£6,140	£1,142	-£106	£1,248	
		Ward Based Outpatient	4	47	43	£555	£7,038	£6,483	-£122	£6,605	
		OP Procedure	1	0	-1	£210	£0	-£210	£0	-£210	
	Urology Total		**4,797**	**5,761**	**964**	**£2,430,853**	**£3,282,298**	**£851,445**	**-£46,865**	**£898,310**	
Surgery CBU Total			**121,045**	**123,005**	**1,960**	**£69,461,299**	**£68,944,108**	**-£517,191**	**-£524,628**	**£7,436**	
Medicine CBU	Accident & Emergency	Daycase	2	1	-1	£1,432	£1,294	-£138	£579	-£716	
		Elective	2	1	-1	£1,575	£23,276	£21,701	£22,304	-£603	
		Non Elective	4,869	3,869	-1,000	£2,235,807	£2,730,988	£495,181	£954,346	-£459,164	
		Excess Bed Days	65	38	-27	£23,639	£15,465	-£8,174	£1,678	-£9,852	
		Outpatient New	2,055	1,627	-428	£692,453	£549,340	-£143,112	£1,008	-£144,120	
		Outpatient Follow-up	216	102	-114	£73,021	£34,439	-£38,582	-£0	-£38,582	
		Ward Attender	5	0	-5	£1,641	£0	-£1,641	£0	-£1,641	
		Ward Based Outpatient	0	1	1	£0	£338	£338	£0	£338	
		OP Procedure	0	1	1	£0	£134	£134	£0	£134	
		A&E Attendance	46,854	48,366	1,512	£4,451,096	£4,233,484	-£217,612	-£361,204	£143,592	
	Accident & Emergency Total		**54,068**	**54,006**	**-62**	**£7,480,664**	**£7,588,759**	**£108,094**	**£618,710**	**-£510,616**	
	Allergy	Outpatient New	618	558	-60	£142,410	£129,158	-£13,252	£664	-£13,916	
		Outpatient Follow-up	693	752	59	£97,781	£106,599	£8,818	£477	£8,341	
		Ward Attender	3	6	3	£444	£842	£399	-£4	£403	
		Ward Based Outpatient	2	4	2	£296	£562	£266	-£3	£269	
		OP Procedure	4	29	25	£462	£3,899	£3,438	£227	£3,211	
	Allergy Total		**1,320**	**1,349**	**29**	**£241,392**	**£241,061**	**-£332**	**£1,360**	**-£1,691**	
	Dermatology	Daycase	19	9	-10	£11,810	£5,649	-£6,162	-£39	-£6,122	
		Non Elective	0	1	1	£0	£626	£626	£0	£626	
		Outpatient New	1,651	1,555	-96	£223,402	£210,282	-£13,119	-£158	-£12,962	
		Outpatient Follow-up	5,414	5,786	372	£533,497	£566,451	£32,954	-£3,699	£36,653	
		Ward Attender	6	0	-6	£599	£0	-£599	£0	-£599	
		Ward Based Outpatient	79	67	-12	£7,782	£6,549	-£1,233	-£53	-£1,180	
		OP Procedure	880	821	-59	£101,128	£94,255	-£6,873	-£130	-£6,743	
	Dermatology Total		**8,048**	**8,239**	**191**	**£878,218**	**£883,812**	**£5,594**	**-£4,079**	**£9,672**	
	Diabetes	Outpatient New	294	83	-211	£62,560	£17,521	-£45,039	-£117	-£44,922	
		Outpatient Follow-up	26	185	159	£2,824	£18,276	£15,451	-£1,881	£17,332	
		Ward Based Outpatient	4	0	-4	£397	£0	-£397	£0	-£397	
	Diabetes Total		**324**	**268**	**-56**	**£65,781**	**£35,796**	**-£29,985**	**-£1,998**	**-£27,987**	
	Endocrinology	Daycase	912	901	-11	£951,810	£970,822	£19,012	£30,676	-£11,664	
		Elective	74	48	-26	£105,608	£65,648	-£39,960	-£3,052	-£36,908	
		Non Elective	25	21	-4	£39,585	£48,637	£9,052	£15,468	-£6,416	
		Excess Bed Days	138	282	144	£51,001	£100,801	£49,800	-£3,139	£52,940	
		Outpatient New	644	590	-54	£258,482	£236,205	-£22,277	-£621	-£21,656	
		Outpatient Follow-up	3,594	2,952	-642	£694,985	£580,728	-£114,257	£9,834	-£124,091	
		Ward Attender	162	168	6	£31,251	£32,495	£1,243	£4	£1,239	
		Ward Based Outpatient	326	836	510	£62,973	£161,699	£98,727	£22	£98,705	
		OP Procedure	0	1	1	£0	£172	£172	£0	£172	
	Endocrinology Total		**5,874**	**5,799**	**-75**	**£2,195,695**	**£2,197,207**	**£1,512**	**£49,192**	**-£47,680**	
	Epilepsy	Outpatient New	112	89	-23	£24,907	£19,713	-£5,195	-£47	-£5,148	
		Outpatient Follow-up	260	161	-99	£47,619	£28,461	-£19,158	-£979	-£18,179	
	Epilepsy Total		**373**	**250**	**-123**	**£72,527**	**£48,174**	**-£24,353**	**-£1,026**	**-£23,327**	
	Gastroenterology	Daycase	1,282	1,173	-109	£1,407,580	£1,340,343	-£67,237	£52,583	-£119,820	
		Elective	405	288	-117	£775,497	£521,858	-£253,639	-£29,942	-£223,698	
		Non Elective	111	79	-32	£292,161	£237,255	-£54,907	£28,727	-£83,634	
		Excess Bed Days	1,849	816	-1,033	£730,521	£328,321	-£402,200	£5,900	-£408,100	
		Outpatient New	1,010	853	-157	£267,938	£227,960	-£39,978	£1,705	-£41,683	
		Outpatient Follow-up	2,711	2,115	-596	£430,669	£329,897	-£100,773	-£6,098	-£94,675	
		Ward Attender	60	184	124	£9,427	£28,702	£19,275	-£435	£19,709	
		Ward Based Outpatient	2,063	892	-1,171	£326,689	£139,143	-£187,546	-£2,107	-£185,439	
	Gastroenterology Total		**9,490**	**6,400**	**-3,090**	**£4,240,483**	**£3,153,478**	**-£1,087,005**	**£50,334**	**-£1,137,339**	
	Haematology	Daycase	235	320	85	£282,851	£346,009	£63,157	-£39,430	£102,587	
		Elective	29	32	3	£205,792	£143,121	-£62,671	-£80,183	£17,512	
		Non Elective	170	190	20	£511,694	£314,011	-£197,684	-£256,548	£58,865	
		Excess Bed Days	41	110	69	£17,760	£35,911	£18,151	-£11,790	£29,941	
		Outpatient New	216	229	13	£98,878	£106,158	£7,279	£1,263	£6,016	
		Outpatient Follow-up	1,499	520	-979	£327,214	£114,437	-£212,777	£948	-£213,725	
		Ward Attender	784	1,788	1,004	£171,044	£382,811	£211,767	-£7,438	£219,205	
		Ward Based Outpatient	1	17	16	£265	£3,642	£3,377	-£69	£3,445	
		OP Procedure	1	0	-1	£152	£0	-£152	£0	-£152	
	Haematology Total		**2,977**	**3,206**	**229**	**£1,615,650**	**£1,446,098**	**-£169,552**	**-£393,248**	**£223,696**	
	Immunology	Outpatient New	126	182	56	£29,098	£42,111	£13,014	£201	£12,813	
		Outpatient Follow-up	92	343	251	£13,038	£49,791	£36,754	£1,387	£35,367	
		Ward Attender	42	177	135	£5,857	£24,849	£18,992	-£129	£19,121	
		Ward Based Outpatient	163	462	299	£23,010	£64,860	£41,850	-£337	£42,188	
	Immunology Total		**423**	**1,164**	**741**	**£71,002**	**£181,611**	**£110,609**	**£1,121**	**£109,489**	
	Metabolic Disease	Outpatient New	49	44	-5	£18,973	£16,896	-£2,077	£0	-£2,077	
		Outpatient Follow-up	298	280	-18	£114,460	£107,136	-£7,324	-£381	-£6,943	
		Ward Based Outpatient	0	39	39	£0	£14,976	£14,976	£0	£14,976	
	Metabolic Disease Total		**347**	**363**	**16**	**£133,433**	**£139,008**	**£5,574**	**-£381**	**£5,955**	
	Nephrology	Daycase	938	901	-37	£605,180	£767,990	£162,810	£186,886	-£24,076	
		Elective	309	77	-232	£196,665	£121,200	-£75,465	£72,180	-£147,645	
		Non Elective	40	63	23	£75,323	£166,701	£91,378	£48,337	£43,041	
		Excess Bed Days	176	122	-54	£65,912	£51,471	-£14,441	£5,661	-£20,102	
		Outpatient New	156	245	89	£18,405	£28,802	£10,396	-£118	£10,514	
		Outpatient Follow-up	1,242	1,386	144	£146,625	£163,603	£16,979	-£2	£16,981	
		Ward Attender	787	736	-51	£92,935	£86,877	-£6,057	-£0	-£6,057	
		Ward Based Outpatient	560	675	115	£66,116	£79,559	£13,443	-£118	£13,561	
		OP Procedure	0	1	1	£0	£172	£172	£0	£172	
	Nephrology Total		**4,208**	**4,206**	**-2**	**£1,267,160**	**£1,466,375**	**£199,215**	**£312,826**	**-£113,611**	
	Neurology	Daycase	83	104	21	£95,921	£119,625	£23,704	£67	£23,637	
		Elective	60	83	23	£127,243	£154,975	£27,732	-£20,234	£47,966	
		Non Elective	85	91	6	£169,054	£270,115	£101,061	£89,542	£11,520	
		Excess Bed Days	552	1,917	1,365	£223,878	£722,430	£498,552	-£54,522	£553,074	
		Outpatient New	890	952	62	£247,544	£263,904	£16,360	-£940	£17,299	
		Outpatient Follow-up	2,581	2,310	-271	£705,596	£640,355	-£65,241	£8,884	-£74,125	
		Ward Attender	22	132	110	£6,063	£36,592	£30,529	£0	£30,529	
		Ward Based Outpatient	236	91	-145	£65,341	£25,226	-£40,115	£0	-£40,115	
	Neurology Total		**4,510**	**5,680**	**1,170**	**£1,640,640**	**£2,233,222**	**£592,583**	**£22,797**	**£569,786**	
	Oncology	Daycase	1,756	895	-861	£1,338,276	£989,263	-£349,014	£307,268	-£656,282	
		Elective	261	290	29	£1,589,205	£1,706,372	£117,167	-£58,826	£175,993	
		Non Elective	368	508	140	£930,752	£1,137,378	£206,626	-£146,225	£352,851	
		Excess Bed Days	306	458	152	£139,181	£193,239	£54,058	-£14,826	£68,884	
		Outpatient New	100	68	-32	£25,903	£17,608	-£8,295	-£0	-£8,295	
		Outpatient Follow-up	2,479	2,774	295	£640,146	£718,300	£78,154	£1,864	£76,290	
		Ward Attender	137	516	379	£35,459	£133,613	£98,154	£347	£97,808	
		Ward Based Outpatient	180	117	-63	£46,442	£30,296	-£16,146	£79	-£16,224	
		DCHEMO	1,367	1,670	303	£456,090	£554,741	£98,651	-£1,870	£100,521	
	Oncology Total		**6,955**	**7,296**	**341**	**£5,201,454**	**£5,480,809**	**£279,355**	**£87,810**	**£191,545**	
	Paediatrics	Daycase	310	271	-39	£259,018	£154,819	-£104,199	-£71,759	-£32,440	
		Elective	130	117	-13	£145,600	£212,356	£66,756	£81,206	-£14,450	
		Non Elective	2,788	3,365	577	£3,161,521	£3,712,955	£551,435	-£102,565	£653,999	
		Excess Bed Days	643	1,062	419	£238,758	£390,657	£151,899	-£3,915	£155,814	
		Outpatient New	3,053	3,048	-5	£703,138	£703,630	£492	£1,749	-£1,257	
		Outpatient Follow-up	4,184	3,942	-242	£590,467	£552,963	-£37,504	-£3,318	-£34,187	
		Ward Attender	176	83	-93	£24,862	£11,652	-£13,209	-£61	-£13,149	
		Ward Based Outpatient	1,607	470	-1,137	£226,841	£65,983	-£160,858	-£343	-£160,515	
		OP Procedure	2	15	13	£308	£2,574	£2,266	£674	£1,592	
	Paediatrics Total		**12,894**	**12,373**	**-521**	**£5,350,512**	**£5,807,589**	**£457,077**	**-£98,332**	**£555,408**	
	Radiology	Daycase	1,069	1,225	156	£1,085,026	£1,948,384	£863,357	£704,978	£158,380	
		Elective	139	52	-87	£231,685	£129,443	-£102,242	£42,910	-£145,153	
		Non Elective	29	16	-13	£191,741	£144,129	-£47,612	£37,670	-£85,282	
		Excess Bed Days	636	318	-318	£259,036	£129,102	-£129,934	-£492	-£129,441	
	Radiology Total		**1,873**	**1,611**	**-262**	**£1,767,488**	**£2,351,057**	**£583,569**	**£785,066**	**-£201,496**	

Year-to-date

	Respiratory Medicine	Daycase	98	232	134	£96,723	£200,184	£103,461	-£29,377	£132,839
		Elective	49	98	49	£116,151	£162,369	£46,218	-£70,603	£116,821
		Non Elective	657	914	257	£617,844	£1,092,131	£474,287	£233,039	£241,248
		Excess Bed Days	509	1,211	702	£161,454	£448,874	£287,420	£64,808	£222,612
		Outpatient New	745	584	-161	£221,658	£173,290	-£48,368	-£511	-£47,857
		Outpatient Follow-up	2,513	2,265	-248	£377,395	£359,452	-£17,944	£19,277	-£37,221
		Ward Attender	9	38	29	£1,275	£5,967	£4,691	£269	£4,423
		Ward Based Outpatient	1,351	1,148	-203	£202,595	£180,259	-£22,336	£8,115	-£30,451
		OP Procedure	1,368	875	-493	£197,893	£155,129	-£42,764	£28,509	-£71,273
	Respiratory Medicine Total		**7,298**	**7,365**	**67**	**£1,992,987**	**£2,777,654**	**£784,667**	**£253,526**	**£531,141**
	Rheumatology	Daycase	1,696	1,745	49	£1,421,426	£1,369,684	-£51,742	-£92,658	£40,916
		Elective	198	41	-157	£200,739	£90,958	-£109,780	£49,288	-£159,069
		Non Elective	15	12	-3	£15,105	£22,329	£7,224	£10,275	-£3,051
		Excess Bed Days	111	196	85	£42,675	£76,353	£33,678	£1,126	£32,552
		Outpatient New	547	565	18	£82,320	£84,820	£2,500	-£243	£2,743
		Outpatient Follow-up	1,656	1,659	3	£249,344	£249,497	£153	-£274	£427
		Ward Attender	249	177	-72	£37,458	£26,168	-£11,290	-£451	-£10,839
		Ward Based Outpatient	121	157	36	£18,272	£23,611	£5,339	£0	£5,339
		OP Procedure	1	11	10	£145	£1,651	£1,506	£338	£1,168
	Rheumatology Total		**4,595**	**4,563**	**-32**	**£2,067,485**	**£1,945,072**	**-£122,412**	**-£32,599**	**-£89,813**
	Sleep Studies	Elective	243	13	-230	£443,780	£23,840	-£419,940	£110	-£420,050
		Non Elective	0	1	1	£0	£4,908	£4,908	£0	£4,908
		Excess Bed Days	0	118	118	£0	£59,163	£59,163	£0	£59,163
	Sleep Studies Total		**243**	**132**	**-111**	**£443,780**	**£87,911**	**-£355,869**	**£110**	**-£355,979**
Medicine CBU Total			**125,821**	**124,270**	**-1,551**	**£36,726,351**	**£38,064,693**	**£1,338,342**	**£1,651,190**	**-£312,848**
Community CBU	CAMHS	Elective	2	0	-2	£2,363	£0	-£2,363	£0	-£2,363
		Outpatient New	1,911	2,330	419	£0	£427	£427	£427	£0
		Outpatient Follow-up	9,523	15,200	5,677	£132,921	£118,174	-£14,747	-£93,993	£79,246
		Ward Attender	0	3	3	£0	£0	£0	£0	£0
	CAMHS Total		**11,436**	**17,533**	**6,097**	**£135,284**	**£118,601**	**-£16,683**	**-£93,566**	**£76,882**
	Community Medicine	Outpatient New	3,624	2,983	-641	£292,633	£165,684	-£126,949	-£75,190	-£51,759
		Outpatient Follow-up	7,130	5,992	-1,138	£43,523	£38,745	-£4,778	£2,167	-£6,944
		Ward Attender	0	16	16	£0	£0	£0	£0	£0
		Ward Based Outpatient	9	0	-9	£0	£0	£0	£0	£0
		OP Procedure	1	0	-1	£138	£0	-£138	£0	-£138
	Community Medicine Total		**10,763**	**8,991**	**-1,772**	**£336,294**	**£204,429**	**-£131,865**	**-£73,023**	**-£58,842**
Community CBU Total			**22,199**	**26,524**	**4,325**	**£471,578**	**£323,030**	**-£148,548**	**-£166,589**	**£18,040**
Grand Total			**269,065**	**273,799**	**4,734**	**£106,659,228**	**£107,331,830**	**£672,602**	**£959,973**	**-£287,371**

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

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Change Programme

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

1. This assurance report is a change in format this month, as agreed with external programme assessment, to focus upon the pivot point of closure of the 16/17 and the launch of the 17/18 programme of change at Alder Hey, with some key (multi-year) programmes continuing from one year into the next.
2. Key learning from 16/17 is that some plans didn't come to fruition and, of those that did, a significant proportion under achieved on the benefits delivered. However, this position was offset by noteworthy, and sizeable, overachievement on the projects related to procurement and coding. Thus, there was a bias towards the transactional as opposed to the transformational.
3. Therefore, as agreed at Operational Board on 23 Feb 17, the Executive Team and CBUs are in the process of re-balancing the 17/18 programme to increase the number of transformational projects.

C Liddy 23 Feb 17

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

1. This Board reports integrates, at **slides 2-4**, the analysis (16/17) and planning (17/18) that was considered at the Operation Board on 23 Feb 17; Executive Sponsors and CBUs took actions to accelerate the definition of the 17/18 programme and supporting plans.
2. The comparison, **see slide 2**, of the plans and actual delivery of the 16/17 CIP shows that some schemes underperformed while others significantly over performed; on complex CIP programmes those work streams achieving upwards of 66% of the planned efficiencies can be said to have achieved a measure of success (this highlights the importance of contingency planning, over and above target).
3. As stated in the February Assurance report to Trust Board: The planning process for FY17/18 is underway but now needs to be accelerated, **see slide 3**, to fully scope all programmes before the start of the new financial year; given the size of the efficiency challenge, Executive Sponsors of all programmes **(see slide 4)** need to focus on how they will drive the programme in FY 2017/18.

J Gibson 23 Feb 17

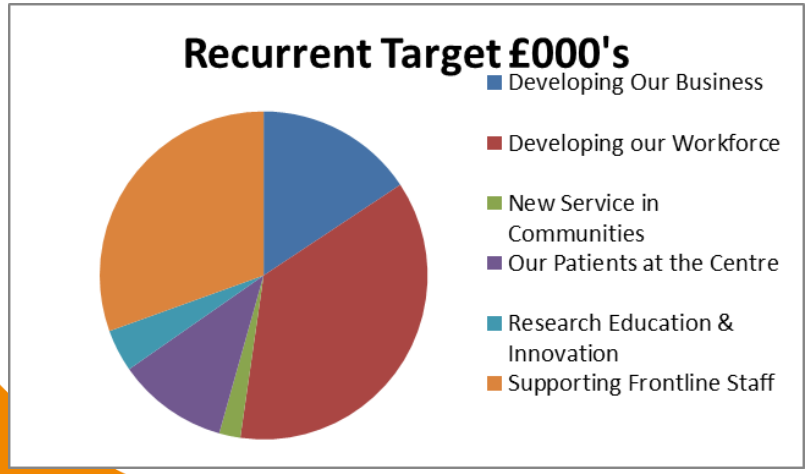
CIP Summary (to be completed by **Programme Assurance Framework**)

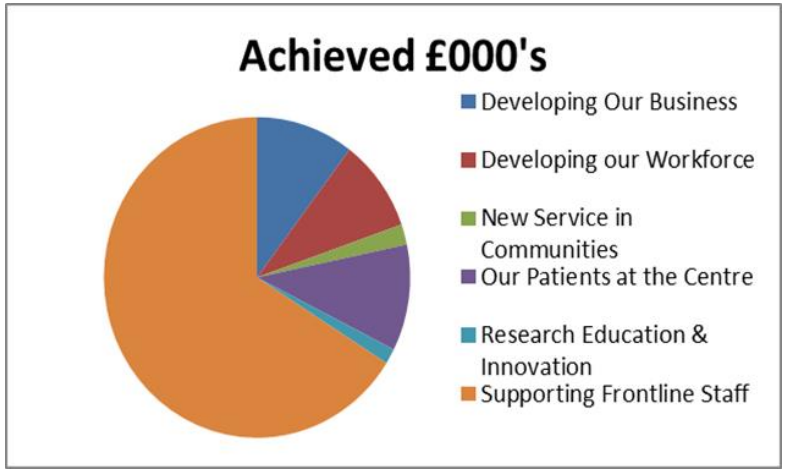
The Month 10 CIP performance across the Trust showed an underachievement of £0.4m. The largest variances to date are in Surgery (NMSS £0.7m ahead of target), Facilities (£0.4m behind target) and Surgery (SCACC £0.2m behind target). The full year forecast is £6.5m, a gap of £0.7m. The Trust needs to plan to £7.2m recurrently. There is currently a recurrent gap of £0.5m which needs to be closed in the last two months of the year, and work is underway to identified deliverable schemes to achieve this.

Alder Hey Children's NHS
NHS Foundation Trust

2016/17 plans and actual

2016/17 CIP	Recurrent Target £000's	Achieved £000's	Achieved %
Developing Our Business	1,500,000	665,942	44%
Developing our Workforce	3,500,000	601,802	17%
New Service in Communities	200,000	133,193	67%
Our Patients at the Centre	1,046,875	692,103	66%
Research Education & Innovation	400,000	100,000	25%
Supporting Frontline Staff	2,918,004	4,261,382	146%





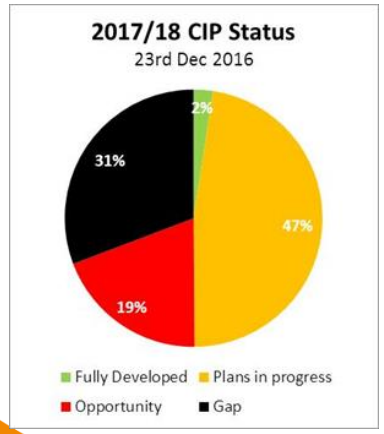
Inspired by Children

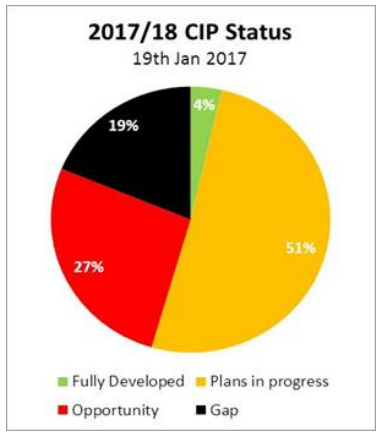
Alder Hey Children's NHS
NHS Foundation Trust

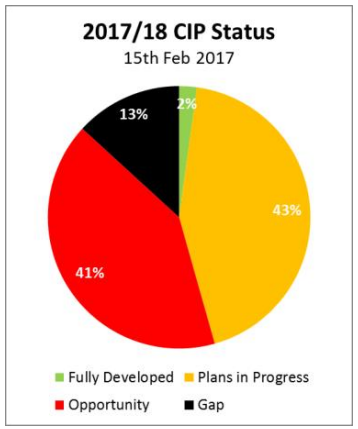
2017/18 CBU CIP Plans as at 17th Feb 2017

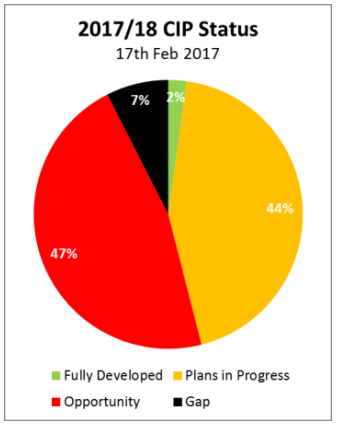
Business Unit	Director	Fully Developed £000's	Plans in Progress £000's	Opportunity £000's	Gap £000's	Target £000's
Community	Catherine McLaughlin		69	630		699
Medicine	Urmi Das / Bimal Mehta		1,847	1,166		3,013
Surgery	Christian Duncan	95	1,322	1,473		2,890
Subtotal		**95**	**3,238**	**3,269**	**0**	**6,602**
Alder Hey in the Park	David Powell			100	306	406
Facilities	Hilda Gwilliams		147	100	51	298
Nursing & Quality	Hilda Gwilliams				97	97
Finance & IMT	Claire Liddy (John Grinnell)	75	15	117	37	244
Human Resources	Melissa Swindell	5	107			112
Other Corporate Departments	Erica Saunders / Louise Dunn / Debbie Herring			5	107	112
Research & Development	Michael Beresford			130		130
Grand Total		**175**	**3,507**	**3,720**	**598**	**8,000**

Progress since December 2016 NHSI Submission









Inspired by Children

Change Programme
Outline 27.2.17 v4

Trust Board

Alder Hey Children's NHS
NHS Foundation Trust

CQAC | R&BD | WOD | RE&I | R&BD

SLT ⟷ **Programme Assurance Framework** ⟷ **Execs**

Internal Delivery Group (role definition) **£ indicated projects** 23/43 projects

Deliver Outstanding Care
Hilda / Rick

1. **Deteriorating Patient**
2. **Reduce Variation by Developing Pathways** SG
3. **Experience in Outpatients £** SG
4. **Best in Operative Care £**
5. **7 Day Services**
6. **Clinical Effectiveness Standards**
7. **IMERSE**
8. **Reduce Infections**
9. **Shared Learning**

Sustainability Through External Partnerships
Debbie

1. **STP AH @ C&M Children's Services**
   a) Acute & Emergency
   b) Clinical Support
   c) Tertiary (Surgical and Neo)
   d) Public Health Community / MH
2. **International Health & Private Patients £** SG
3. **Strategic Model Future Tier 4 CAMHS**
4. **Implement Rehab Pathway**

The Best People Doing Their Best Work
Melissa

1. **Workforce Review**
   a) Specialist Nurse Review **£**
   b) AHP – Medicine CBU **£**
   c) AHP – ICS CBU **£**
   d) Job Planning **£**
   e) Patient Admin
   f) Portering **£**
   g) Domestics **£**
2. **Improve Staff Development & Engagement**
   a) Apprenticeships **£**
   b) Staff Recognition
   c) Embed 2 Year LiA
   d) Talent Management
3. **Agile Working**
4. **Implement Carter**

Steering Group

Game Changing Research and Innovation
David

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

Solid Foundations
John

SG

1. **GDE**
2. **Strategic Estate Review**
3. **STP Corporate Services**

Park, Community Estate & Facilities
David

1. **Decommission & Demolition**
2. **R&E 2**
3. **Alder Centre**
4. **Community / CAHMS**
5. **Park**
6. **Residential Development**

Steering Group

Inspired by Children

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday, 7 March 2017

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, and Quality Assurance Officer
Subject/Title	2016/17 BAF- February position
Background papers	Monthly BAF updates/reports
Purpose of Paper	To provide the Board with the BAF update report
Action/Decision required	The Board is asked to note the February 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

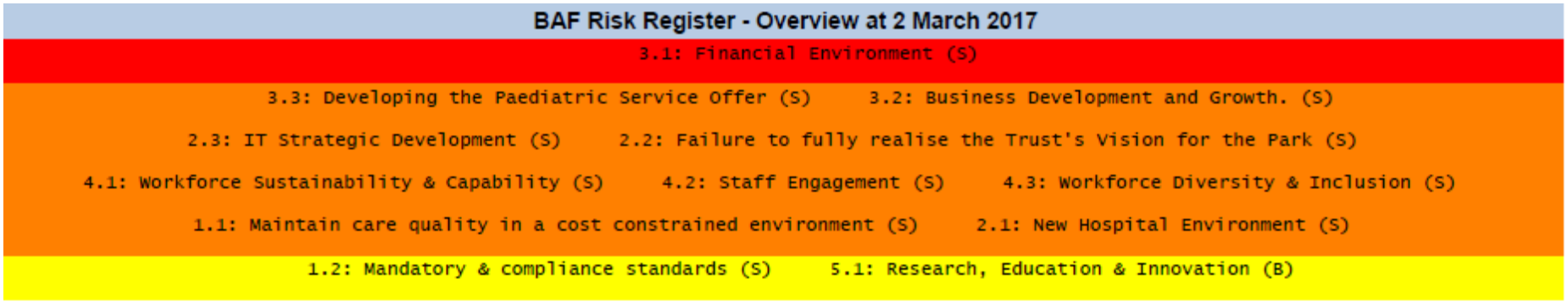
Board Assurance Framework 2016/17

1. Purpose

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

2. Review of the BAF

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



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

Changes since February 2017 Board meeting

The diagram above shows that the majority of the risks on the BAF remained broadly static, in line with the expected month 11 position.

External risks

- ***Business development and growth (CL)***
  No change in-month.

- ***Mandatory and compliance standards (MB)***
  ED Performance at 97.3%. All other national reporting waiting times targets met. Activity delivered above forecast. Winter Plan enabling elective activity to be completed.

- ***Developing the Paediatric Service Offer (RT)***
  Liverpool Community Health – Bridgewater acquisition of services has been 'paused' due to unsatisfactory CQC report. AH offered their support to Bridgewater but also to NHSI and CCG re leading on an alternative delivery model for the children's community services.
  Neonatal Surgical Review – ODN Preferred Option - Single Service Two Site model (AH and LWH) recommendation going to ODN Board on 9/3/17 then to NHS England
  North West Neonatal Intensive Care Reconfiguration – ODN Preferred Option - Single service two site model (fixed sites for tertiary maternity: LWH & neonatal surgery/ tertiary paediatric services: AHCH) recommendation going to ODN Board on 9/3/17 then to NHS England

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  PEWS Policy approved and training programme commenced (ward 3C) for nursing and medical teams. Monthly monitoring in place.

- ***New Hospital Environment (DP)***
  External H&S Review concluded - awaiting report. Case study and lessons learned senses with Proj. Co. Partnership Charter between Alder Hey and Proj. Co. Survey of users completed.

- ***Financial Environment (CL)***
  Month 10 (January): results ahead of plan by £44k, residual risk to control total for full year of £1m best -£1.5m worst case. Emerging risk of activity run rate than requires close management. RR of a 3. Additional measures including technical review to close gap likely.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Planning application withdrawn. Bidders asked to re-present schemes with additional 0.6 hectares of parkland.

- ***IT Strategic Development (CL)***
  Funding agreement yet to achieve final stage of DH approval there is a risk the funding may not flow in 2016/17 financial year, which could result in sunk costs. This has been escalated to NHS I.

- ***Workforce Sustainability & Capability (MS)***
  Apprenticeship PID approved at WOD. Draft Education Strategy presented to Education Governance Committee.

- ***Staff Engagement (MS)***
  Official Staff Survey results received to be presented at Board in March 17. Year 2 LiA commitment agreed with senior management.

- ***Workforce Diversity & Inclusion (MS)***
  Access to work programme launched, supporting members of the community to access work experience. volunteers supported to actively apply for posts within the Trust.

- ***Research, Education & Innovation (DP)***
  Academy proposals firmed up for presentation at Execs. Commercial Research / Research expansion paper presented at REIC.

Erica Saunders
Director of Corporate Affairs
March 2017

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Excellence In Quality		Risk Title: Maintain care quality in a cost constrained environment		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Hilda Gwilliams		**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maintain appropriate levels of care quality in a cost constrained environment

Existing Control Measures

• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality Report performance against quality aims 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 issues to eradicate reportable HAIs
• "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 45 new nurses recruited, commenced in September 2016 Further national open recruitment exercise in September 2016 PEWS audit scores on improvement trajectory	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ended in July 2016 (new CQC style ward accreditation (Journey to the Stars) has remained static. Roll out of support structure for Sepsis 6 yet to be fully implemented

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Successfully implement all Change Programme workstreams to improve efficiency and flow	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	Co-director of transformation and patient experience now appointed - will embed PFCC in all projects.
Continue to maintain nurse staffing pool	Ongoing
Support structure for Sepsis to be fully implemented	Leadership Team for Sepsis in place and on-going support for delivery of Strategy.

Executive Lead's Assessment

NOV 2016: On-going recruitment in place & confirmation from CCG funding for complex patient requiring 1:1 care approved resulting in additional 5.2WTE registered nurses. Sepsis 6 to be key focus in the next month to ensure full roll out completed.
DEC 2016: Additional staff taken on to enable EDU winter beds to fully open.
JAN 2017: Sepsis roll out plan in place to be monitored by Sepsis Steering Group; new PEWS policy out for consultation; comms to staff re sepsis recognition reinforced.
FEB 2017: PEWS Policy approved and training programme commenced (ward 3C) for nursing and medical teams. Monthly monitoring in place.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Excellence In Quality		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Margaret Barnaby	**Type:** Internal, Known		Current IxL: 5-1	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver on all mandatory and compliance standards due to lack of engagement with internal throughput plans and targets

Existing Control Measures

• New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD	• Performance Review Group meeting monthly with CBU Dashboards - now in place
• CBU Performance Meetings - now strengthened as of May 2016 and meeting regularly each month	• Regulatory status with: Monitor, 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
• Activity to year end re-forecast from Q3 and is on track into Q4. Winter Plan is supporting continued good performance. Weekly Delivery Group in place to track progress.	• Early Warning indicators now in place
• Due to sickness absence of a consultant in Gastroenterology and the recent resignation of another consultant in the same specialty, maintenance of the RTT waiting times standard is at increased risk. Continued positive efforts of the Gastroenterology team has resulted in RTT being met. We have also received four applications for current consultant vacancy.	

Assurance Evidence	**Gaps in Controls/Assurance**
Regular reporting of delivery against compliance targets through CQSG, CQAC & Board. Monthly reporting to the Board via the Corporate Report. Monitor / NHSI governance risk rating Operational effectiveness measures (key risks with early warning measures) to RABD CQC Action plan reviewed at Execs and Operational Delivery Group Compliance assessment against Monitor Provider Licence to go to Board A&E Target Recovery Plan	Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances - discussions on-going with commissioners. Quarter 1 Performance delivered, Quarter 2 Performance on track. Q3 Performance off track. Q4 Performance on track for Jan and Feb. High levels of elective and non-elective activity in March 2017 which will be challenging. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance relating to learning disabilities declaration Assurance required to underpin CBU reporting on CQC standards 'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting Work with CCG to manage demand & develop / fully utilise existing capacity across PC

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Review bed capacity and staffing model for seasonal variation	As at January 2017, the Winter Plan is effective.
Implement devolved governance structure (quality governance teams within CBUs)	1 December 2016 implementation
March end of year financial position, delivery of higher levels of elective and non elective activity and delivery of performance targets for Q4 is challenging and is under weekly monitoring and tracking.	

Executive Lead's Assessment

DEC 2016. ED performance will fail quarter 3 (predicted 92.5%). Year to date 94.5%. Recovery Trajectory being finalised for quarter 4, in order to deliver year to date 95%. High level of confidence.
JAN 2017: ED performance for the month was 97.12%. For many days in the month Alder Hey was in the top 3 reporting Trust's in the country.
FEB 2017: ED Performance at 97.3%. All other national reporting waiting times targets met. Activity delivered above forecast. Winter Plan enabling elective activity to be completed.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** Patient Centred Services		Risk Title: New Hospital Environment		
Related CQC Themes: Safe, Effective, Well Led					
Exec Lead: David Powell	**Type:** Internal, Known		Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to deliver world class healthcare due to constraints of new environment

Existing Control Measures

• 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**
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues	Action being taken forward following BIG conversations
Finalisation of external (wider) review	On-site review conducted 24 Jan 2017
Closure of legacy commissioning issues	Case study review session with Project Co. and service users scheduled 8 Feb 2017
Reviewing Health & Safety interface with Estates and Building Services Team	

Executive Lead's Assessment

DEC 2016: Still awaiting initial results from water temperature review. Plan agreed for theatre floors. Review of performance planned with Project Co. for February 2017.
JAN 2017: Teams main focus is clearing legacy defect issues with LOR.
FEB 2017: External H&S Review concluded - awaiting report. Case study and lessons learned senses with Proj. Co. Partnership Charter between Alder Hey and Proj. Co. Survey of users completed.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Patient Centred Services		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell	**Type:** Internal, Known		Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures

• Business Cases developed for various elements of the Park & Campus	• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions
• Heads of Terms agreed with LCC for joint venture approved	• Redeveloped Steering Group
• Monthly reports to Board & RABD	

Assurance Evidence	Gaps in Controls/Assurance
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group	Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Broaden stakeholder engagement	Produced & circulated newsletter. Held 3 meetings of Shadow Board
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	Meeting held with LCC Team. Heads of Terms under review
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available	Review of income opportunities under way
Agree a way forward on planning with LCC	

Executive Lead's Assessment

DEC 2016: Outline planning for houses submitted - negative response on social media etc. Outline planning for Park to be submitted. Comms plan agreed with comms team. Shortlist interviews with developers completed.
JAN 2017: Risk increased due to poor reception of planning application. Now need to reassess process and approach.
FEB 2017: Planning application withdrawn. Bidders asked to re-present schemes with additional 0.6 hectares of parkland.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** Patient Centred Services		Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Claire Liddy	**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
IM&T Strategy development & approval	Trust GDE bid submitted and approved by Board and NHSE Nov / Dec 2016. NHSE undertaking due diligence review pre sign off and approval of funding agreement. Full I&MT strategy to be updated Q4 2016/17
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	changes to software tracked by and reported to the Clinical Informatics Steering Group
Engage with iLinks programme to progress interoperability	
Link to innovation partnerships in paediatric healthcare	
Conclude the review of IM&T Infrastructure	currently being reviewed in relation to GDE bid and business case

Executive Lead's Assessment

DEC 2016: Trust formally approved as GDE centre and pending due diligence and funding agreement will be awarded £10m funding to deliver proposal over next 3 1/2 years. Formal approval of funding due January 2017 - first phase funding to be received Q4 2016/17. Risk score in future to reflect progress against agreed GDE business case milestones.
JAN 17: Funding Agreement received and approved by Trust Board. PiD and milestones to be formalised as part of programme assurance.
FEB 2017:Funding agreement yet to achieve final stage of DH approval there is a risk the funding may not flow in 2016/17 financial year, which could result in sunk costs. This has been escalated to NHS I.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Claire Liddy	**Type:** Internal, Known		Current IxL: 5-4	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver 2016/17 Income and Expenditure plan and planned Continuity of Service Risk Rating

Existing Control Measures

• Organisation-wide financial plan.	• Monitor financial regime and financial risk ratings.
• Financial systems, budgetary control and financial reporting processes.	• Capital Planning Review Group
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Weekly meeting with CBUs to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	• COO Task & Finish Group targeted at increasing activity in line with planned levels
• CIP subject to programme assessment and sub-committee performance management	

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & 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

DEC 2016: Month 8 (November) results in line with plan but residual risk to delivery of year end control circa £2m. CBUs required to deliver against notified control totals to support achievement of financial plan and progress monitored weekly. As previously reported, review of forecast post Q3 actual results. To - date £0.4m behind plan (net of STF funding). No change to risk rating.
JAN 17: month 9 (December): results ahead of plan by £80k, residual risk to control total for full year of £1m best -£1.8m worst case. RR of a 3. CBU working towards control totals and additional measures including technical review to close gap under review.
FEB 2017:month 10 (January): results ahead of plan by £44k, residual risk to control total for full year of £1m best -£1.5m worst case. Emerging risk of activity run rate than requires close management. RR of a 3. Additional measures including technical review to close gap likely.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Growing Our Services & Safeguarding Core Business	Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Claire Liddy	**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

DEC 2016: No material changes - but note that 2017/18 and 2018/19 contracts with CCGs and Specialist commissioners have been signed off and agreed. All contracts reflect forecast outturn and consolidate current over performance trends. New Director of Strategy starts early January will help accelerate relationship with Stoke and other network opportunities. CBU's finalising local business development plans as part of the 1718 business planning round.
JAN 17: Director of strategy commenced. Work underway to agree priorities for 2017 as part of programme development.
FEB 2017:no change

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Richard Turnock		**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maximise opportunities with regard to service reconfiguration

Existing Control Measures

• 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.	• Derogations secured in relation to specialist service specs.

Assurance Evidence	Gaps in Controls/Assurance
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RABD & Board Compliance with final national specifications	Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date. Potential elective underperformance due to cancelled sessions. Awaiting final results re. CHD service at national level.Working with partners including CMFT to progress transfer of adult CHD services and to support partners during transition

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
Pursue the community tender incorporating the public health offer	
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
progress neonatal T&F group under Spec Comm leadership	T & F group scheduled to report recommendations by end March 2017

Executive Lead's Assessment

DEC 2016: Neonatal T & T Group scheduled to report back by end March 2017
JAN 2017: No change in-month
FEB 2017: Liverpool Community Health - Bridgewater acquisition of services has been 'paused' due to unsatisfactory CQC report. AH offered their support to Bridgewater but also to NHSI and CCG re leading on an alternative delivery model for the children's community services.
Neonatal Surgical Review - ODN Preferred Option - Single Service Two Site model (AH and LWH) recommendation going to ODN Board on 9/3/17 then to NHS England
North West Neonatal Intensive Care Reconfiguration - ODN Preferred Option - Single service two site model (fixed sites for tertiary maternity : LWH & neonatal surgery/ tertiary paediatric services : AHCH) recommendation going to ODN Board on 9/3/17 then to NHS England

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Great Talented Teams		Risk Title: Workforce Sustainability & Capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 4-3	Target IxL: 4-2	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	• Workforce Group
• Performance Review Group	• CBU Performance Meetings.
• Mandatory training reviewed and updated in summer 2014	• All training records available online and mapped to competency framework
• Permanent nurse staffing pool	• 'Developing our Workforce' workstream implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Low compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas No proactive assessment of impact on clinical practice Education Strategy Small number of issues remain re. the interface with ESR which has slowed the progress of the action plan and reducing assurance

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges	Education Governance group to support implementation, setting up in September, reporting through WOD
Build and sustain leadership capacity and capability	Leadership and management project has commenced, but has experienced slippage due to competing priorities
Sickness Policy refreshed	Implemented 1 July 2016
Develop our Education Strategy	
Task & Finish Group to review prior action failures and identify solution	Action Plan signed off at WOD
Review mandatory training programme - July 2016	Review still underway, to conclude by end Sept 2016
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support

Executive Lead's Assessment

DEC 2016:No Change
Jan 2017: Apprenticeship Strategy now ratified, and we are now working on implementation. Resource secured for additional Manual Handling Training to support improved compliance. first Workplace Coaching programme delivered in January 17 with a positive response.
FEB 2017: Apprenticeship PID approved at WOD. Draft Education Strategy presented to Education Governance Committee.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Great Talented Teams		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures

• Internal Communications Strategy.	• Refine Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Temperature Check Reports to Board (monthly)
• Values based PDR process	• People Starategy Reports to Board (monthly)
• Listening into Action methodology	• Staff surveys analysed and followed up (shows improvement)

Assurance Evidence	Gaps in Controls/Assurance
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Monthly Engagement Temperature Check reported to the Board. Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	Overarching Engagement Strategy Reward & Recognition

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Communications Strategy published	
Analysis of Staff Survey	Survey outcomes are being actioned as evidenced via a plan to support CQUINS requirements
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology	Change programme monitors Listening into Action deliverables
Listening into Action methodology to provide the framework for organisational engagement	Remains in progress

Executive Lead's Assessment

DEC 2016: Staff Survey closed on the 2/12/16. Final response rate 39%, just below national average. Awaiting data from the survey.
JAN 2017: Initial Staff Survey Results shared with Senior Management Team. Plan agreed to ensure a staff survey conversation will take place with every department in February and March. Listening into Action continues with the teams progressing well with their improvements. communications team engagement exercise with staff around the development of the new internet and intranet going well.
FEB 2017: Official Staff Survey results received to be presented at Board in March 17. Year 2 LiA commitment agreed with senior management.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** Great Talented Teams		Risk Title: Workforce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description	
Failure to proactively develop a future workforce that reflects the diversity of the local population	
Existing Control Measures	
• 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	Proactive working with partners to promote our commitment to diversity and inclusion Recruitment Strategy to focus on specific groups
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Increase declaration rates with Equality Act 2010	Actioned, with all organisation reports reporting on protected characteristics where required
Work with partner organisations to develop effective BME recruitment strategy	Underway, and plan to be produced
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community	Currently being drafted with action plan to support
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement	Currently being refreshed with action plan to support
Executive Lead's Assessment	
DEC 2016: Apprenticeship Strategy approved at WOD, outlining the actions to engage with the local community to support inclusive recruitment. JAN 2017: a Listening into Action improvement team has been launched to support the development of a BME network for staff. BME T&F group continues their work on progressing the agenda. FEB 2017: Access to work programme launched, supporting members of the community to access work experience. volunteers supported to actively apply for posts within the Trust.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** International Innovation, Research & Education	Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-1	Target IxL: 4-1	Trend: BETTER

Risk Description	
Failure to develop a cohesive approach to research, innovation & education.	
Existing Control Measures	
• Establishment of RIEC Steering Board	• Steering Board reporting through to Trust Board
• RABD review of contractual arrangements	• Programme assurance via regular Programme Board scrutiny
Assurance Evidence	**Gaps in Controls/Assurance**
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team	Lack of integration with other academic partners Commercial research offer not quantified Education Strategy needs to be refreshed
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Work with our charity colleagues to raise the profile of our research and innovation capability.	Presentation to Board of Charity Trustees
Educational Partnerships to be cemented	Academy proposals to be discussed Feb 2017
Develop a robust commercial Education Business Model	First cut academy model completed
Finalise digital exemplar budget and reconcile with charity contribution	Budget completed & reconciled
Refine Innovation Co proposal and produce draft budget	Draft budget in place
Turn Outline Business Case for Academy into definitive action plan	drafted for discussion 9 March
Establish pipeline structure for sensors including finances	Proposal submitted to UoL and LJMU
Executive Lead's Assessment	
DEC 2016: First cut review paper of academy. Digital Global Exemplar focus agreed in principle. Approach to development of exemplar funds on Digital App. agreed with Charity. JAN 2017: General Manager appointed for HUB FEB 2017: Academy proposals firmed up for presentation at Execs. Commercial Research / Research expansion paper presented at REIC.	

Resource and Business Development Committee
Minutes of the meeting held on: **Friday 27th January 2017**, **at 1300**
Large Meeting Room, Institute in the park

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Claire Liddy	Acting Director of Finance	CL
	Melissa Swindell	Director of HR	MS
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Laurence Murphy	Head of contracting	LM
	Phil O'Connor	Deputy Director of Nursing	POC
	Erica Saunders	Director of Corporate Affairs	ES
	Ellie Johnson	Committee Administrator	EJ
	Debbie Herring	Director of Strategy	DH
	Urmi Das	Interim Director of Medicine CBU	UD
Item 13	Justine McGlynn	Community CBU Service Manager	JM
Item 7	Cathy Fox	Associate Director of IM&T	CF
Apologies:	Joe Gibson	External Programme	JG
	Claire Dove	Non-Executive Director	CD
	Janette Richardson	Programme Manager	JR
	Peter Young	External IM&T Consultant	PY
	Lachlan Stark	Head of Planning and Performance	LS
	Rick Turnock	Medical Director	RT
	Graham Dixon	Head of Building	GD
	Louise Dunn	Director of Marketing	LD

16/17/176 Minutes of the previous meeting held on 21st December 2016
Resolved: RABD received and approved the minutes of the previous meeting.

16/17/177 Matters Arising and Action log
Modular Building Contract-
CL presented a briefing note to the Committee, the purpose of which was to inform RABD of a potential legal threat (both financial and operational). Various Trust staff and External Advisors are working closely to manage the risk and ensure that everything is done to avoid the worst case scenario of having to vacate part of the modular building by 18 March 2017. An update will be presented to RABD after a round table with Modular Co.

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

16/17/178 Performance
Mags Barnaby presented the activity plan, actual activity and re-forecast plan for each of the CBUs for Month 9. All CBU's have improved on Performance and Activity in month 9 and we have overachieved against plan by £1m. ENT found a large group of patients that have not had a follow up due to lack of capacity, hopefully this will be unravelled through Elaine Menarry's review the OP demand and capacity models.

Resolved RABD: Noted the contents of the report.

16/17/179 Finance report
For the month of December the Trust is reporting a trading deficit of £0.6m which is ahead of budget. The CBU forecast for month 9 provided at month 8, was £0.9m deficit in the month, therefore the Trust exceeded by £0.3m.

Income is ahead of plan by £1.0m but is offset by expenditure. The year to date deficit is £3.4m which is £0.1m ahead of plan (control total).

The Use of Resources risk rating is 3 in line with plan and cash in the bank of £6.2m.

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

Cumulatively trading income is ahead of plan by £2.8m.

Elective income is behind plan by £0.6m, non-elective income is ahead of plan by £0.1m and outpatient income is ahead of plan by £0.6m. Additionally, other income is ahead of plan by £2.7m. Other income benefits from £2.0m contingency in respect of post move operational time-lag.

Pay is £0.1m overspent to budget in month 9 and remains behind plan cumulatively by £1.5m due to temporary staffing expenditure.

Workforce CIP
The Month 9 CIP performance across the Trust showed an overachievement of £0.1m. The largest variances to date are in surgery (NMSS £0.7m ahead of target) and Medicine (Clinical Support Services £0.2m ahead of target). The full year forecast is £6.5m a gap of £0.7m. The Trust needs to plan to £7.2m recurrently. There is currently a recurrent gap of £1.6m which needs to be closed in the last three months of the year.

MS informed the Committee she and Janette Richardson have meet to discuss the programme for 2017/18 and have found unfinished cross cutting schemes that need to be addressed and completed; some will be closed off and included in the CBU schemes, more conversation are to be had.

Cash Flow
At the end of November, cash in bank was £6.2m, £3.3m greater than plan. This positive variance relates to slippage on the capital programme and favourable variances to planned working capital balances.

The Trust has submitted the 13 week daily cash forecast to NHS Improvement and this shows a requirement for a further facility towards the end of January, which has been applied for.

There is a KPMG desktop review of cash management planned in early January.

Agency Compliance Report
Overall for month 9 agency and bank, locum and overtime costs were down. Waiting Lists Initiative has increased to £41.1k.

Resolved RABD:
Received and noted the content of the Finance report for month 9.

Internal Financial Recovery
Following the month 9 reporting process, and progress that CBU's have made in reaching their control total. NHS I have announced an incentive scheme for Trusts that achieve and

over perform against control total. Achieving Trusts will have access to a £300m STF pot resulting from failing Trusts STF not paid and a £2:£1 scheme for over performance against control total. Incentives will be cash backed.

The likely gap is £2.2m (last month £2.4) and if all identified actions are converted into validated plans the remaining gap reduces to a best case of £1.5m (last month £2m).

MS raised a conversation with a Clinician who was unaware of the Trusts effort to achieve our control total and therefore suggested the workforce would benefit from a Trust wide communication explaining the matter. RABD agreed and suggested use of CBU boards and GDR Programme Board to target staff groups.

Resolved RABD:
a) noted the current forecast gap (£1.5m to £2.2m); and
b) noted the mitigations and potential opportunity available, and therefore it is recommended that the Trust continues to report achievement of control total and identifies ways to over achieve and therefore receive the 2:1cash incentive; and
c) requested CL presents a proposal for overachieving the control total to the February RABD.
d) approved a trust wide update on were our control total is and use of CBU boards and GDR Programme Board to target staff groups.

Corporate report
RABD received the CR for month 9. MB highlighted the significant points;
1) December OP performance is worse than November so the OP dashboard is now being reviews at each monthly CBU performance reviews
2) In Oncology we have a new to follow ratio of 4:2 which is higher than the standard, we are trying to breakdown the data.
3) MB acknowledge to RABD that the Trust do not have a grip on DNA's but are completing a deep dive into the access policy to ratify the situation.
4) CL suggested we ask Civil Eyes to benchmark us against other hospitals RABD agreed.

Resolved RABD:
a) Received and noted the contents of the CR report for December Month 9.
b) Approved a benchmarking exercise from Civil Eyes.

16/17/181 Programme Assurance Agile Working PID
Resolved RABD:
It was agreed this item would be deferred until the next RABD.

16/17/182 Programme Assurance 'developing our business'
CL reported that the Programme for 16/17 is close to complete; projects are being frozen with the exception of the following three; closure reports are being written.
1) Park, Community Estates and Facilities
2) Subset communities transfer project
3) Developing IM&CT and EPR

Developing our business Work-stream
SB provided an update; assurance ratings have been frozen for the project, targets and schemes will be reset. SB is bringing back a detailed report back on each programme including milestones risk and implications. It was noted that R&E Phase 2 programme is being rewritten by David Powell and will come back to February RABD.

Developing IM&CT and EPR

CF updated the Committee, the EPR element of the project will be closed down and a new scheme will be opened for the GDE.
Our application was approved today at the NHSE Board, we have received the funding agreement and our first engagement session with AH staff has been held with positive feedback.

Supporting Front Line Staff
Work stream frozen, target of £2.9, overachieved to £3.9m.

New Services in the Community
Work steam frozen, new initiatives will open next year, PID for the lift and shift being written.

SB presented an update paper to the RABD concerning the Springfield Park Initiative, the contents was noted.

Resolved RABD:
a) An update on the Work-streams above was received.
b) Agreed to receive a detailed report on each Programme to the February RABD from Sue Brown
c) Agreed to receive a detailed report on R&E Phase 2 Programme to the February RABD from David Powell.
d) Noted the contents of the Springfield Park Initiative update report from SB.

16/17/183 Monthly Debt Write Off
Resolved RABD:
RABD APPROVED the monthly debt write offs for September for the total of £286 and January's total of £847.76.

16/17/184 Contract Income Monitoring
Laurence Murphy presented the Contract report for December 2016.

Total income cumulative to the 30th November was £142,456 which represents an over performance of £1,752k (1.2 %) compared to the profiled plan for the period of £140,705k. There was an in-month over performance of £329k which was back to the trend over the summer months after October's underperformance.

It is noted that December income over performed plan by £1046k (6.4%) largely due to higher than expected day cases & out-patient s .

The CCG's contract for –2017/2018 has been agreed at £59.2m (016/2017 initial baseline £55.4m). Key contact features include;
- £800k investment in the Community Paediatric service made recurrent (plus £112k non-recurrent funding to address residual 18 week backlog).
- £476k investment in the Eating Disorder service made recurrent

The North Mersey providers have agreed block contracts with Liverpool, South Sefton Southport & Formby CCG's as part of the 'Acting as One ' principle across the STP footprint .

Resolved:
RABD are asked to note the report, indicating an income over performance of £1,752k (1.2%) for the 1st 8 months of the year & the agreements reached regarding the 2017-2019 contracts as per the national deadline of the 23rd December.

16/17/185 PFI Contract Monitoring report

Claire Liddy presented the above report on behalf of Graeme Dixon, highlighting the following key points:

- 'Settlement Deal 3'- The Trust continues to develop 'Settlement Deal 3' with Project Co on a 'without prejudice basis', with an original completion date of the 12th December for all parties to sign off. However, this has now been extended until the 1st February to allow all parties to further review.
- Pseudomonas - The pseudomonas action in theatres and ICU is now complete and 95% of filters have been removed due to negative readings (negative is good). There are some areas still showing positive with the cause being investigated.
- A lesson's learnt workshop is scheduled for early February to discuss improvements and future Trust actions.
- Energy is still over target although an action plan and corrective course of action is in place. In essence the high usage is due to the BMS, Building Management System, and other technologies not performing in line with the theoretical model and contract, thus the Trust is able to claim the overpayments back from the SPV, Special Purpose Vehicle.

Resolved RABD:
Received an update on the PFI monitoring report.

16/17/186 Carter report

CL presented an update concerning the Trusts progress in implementing recommendations contained in Lord Carters report "*Operational productivity and performance in English NHS hospitals"*. Although Specialist Trusts like Alder Hey are excluded from the report CL has asked Steve Begley to mimic the recommendations and adopt the best practice standards and assurance.

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

16/17/187 Reference Costs

CL presented 2015/16 Reference Cost paper to the RABD Committee and asked them to approve the recommendations.

Resolved RABD:
a) Received and noted the contents of the 2015/16 Reference Cost paper; and
b) Approved the recommendations.

16/17/188 Liverpool Community Health Services Transfer

Laurence Murphy presented an update on the transfer of services from Liverpool Community Health (LCH) to Alder Hey. LM provided a summary of the current financial position in relation to the transfer of services from Liverpool Community Health to the trust in the Non-Core bundle (known as the `lift and shift` services). The total indicative value of services directly awarded is £5.3m (£2.0m Liv, £2.85m Sefton, £0.38m cochlear) recurrently as per the separation plan. The Committee were made aware of the next steps.

Resolved RABD:
Noted the current financial position and next steps set out in the LCH service transfer update.

16/17/189 NHS Improvement Quarterly Submission
Resolved:

The RABD Committee noted and received the positive Monitor Q3 feedback for 2016/17 approved by the Trust Board.

16/17/190 Weekly waiting times update

All access standards have been achieved for December with the exception of the 4 hour standard which failed for month's 8 & 9 which means that Quarter 3 has also not been achieved. Winter Plan remains in place and is also being managed under the requirement from NHSI to run down the elective programme and subsequent capacity to 85% bed occupancy.

Incomplete pathway performance for October is 92.2%. Monthly validation is still required to manage the data quality challenges however the Data Quality steering group and Out Patient Improvement group continue to tackle the current trench of issues.

Resolved:
RABD received the content of the weekly waiting times report.

16/17/191 Board Assurance Framework

Resolved:
RABD received and noted the content of the BAF update.

16/17/192 Marketing and Communication Activity report

Resolved:
RABD received and noted the contents of the December 2016 report.

16/17/193 Any Other Business

No other business was discussed.

Date and Time of the next meeting: Wednesday 1st March 2017 at 13:00, Level 1, Room 6.

ALDER HEY CHILDREN'S HEALTH PARK LIAISON COMMITTEE

Title	**Liaison Committee Meeting Minutes**	
Date / time	17 January 2017 @ 1130 hrs	
Location	Trust Executive Office, Alder Hey Children's Health Park, Liverpool, L14 5NG	
Present	**Trust Senior Management:**	Louise Shepherd (CEO) **LS** David Powell (Development Director) **DP** Margaret Barnaby (Chief Operating Officer) **MB** Graeme Dixon (Head of Building Services) **GD**
	Project Co Directors:	Alan Travis (Explore Investments Ltd) **AT** James Heath (John Laing Investments Ltd) **JH** Tristan Meredith (Interserve Dev Co No 1 Ltd) **TM**
	Other Attendees	Oliver Hannan – Project Co Representative **OH** Laura Joseph-Chamberlain– Interserve FM **LJC**

Item	**Discussion**	**Action**
1.0	**Quorum** – the meeting was quorate as defined within clause 12.1 of the PA.	Note
2.0	Dec 2016 Liaison Committee was cancelled (at Trust request).	
3.0	**Previous Minutes dated 24th Nov 2016** – The previous minutes were accepted as an accurate record of the meeting.	
3.1	Actions from the previous minutes were not reviewed due to time constraints.	Note
4.0	**Deed of Settlement Status**	
4.1	The draft Deed of Settlement (DoS) was issued to the Trust on 16th Jan 2017 for their review and comments. AT advised that the final scope must be fully agreed by all parties by the end of January 2017 with the DoS in final form.	**DP**
4.2	All agreed that the Trust Standstill Agreement letter should be extended as this expired on 16th Jan.	**DP**

5.0	**DP Proposed Action Schedule (emailed 13th Jan 2016) – Key issues discussed as follows:**	
5.1	Water / Legionella – AEC report received by the Trust. All party agreement of actions must be confirmed to Lenders by the end of January 2017 (Consortium proposed actions issued to Trust 18th Jan).	**GD**
5.2	RO Water – DP advised no technical problems – no actions required.	
5.3	Subcontractor Management – Schindler, Peacocks, Atlas, ADT and Green Cooling were noted as primary concerns. It was agreed that all parties must work on developing good relationships with key subcontractors. Re Peacocks, LS advised that a meeting with users, IFM, Trust and Peacocks is recommended. DP advised that user views would be reviewed initially based on factual evidence. Re Atlas, LJC advised that IFM had formally written to them and that they were awaiting a response. Re Schindler, LJC advised that IFM were meeting with them on 24th Jan to discuss recent poor response times. LJC advised that IFM were reviewing alternative suppliers to possibly replace Green Cooling & ADT and that they would update further in due course.	Note **DP** **LJC** **LJC** **LJC**
5.4	Aseptic Suite – Trust advised that a number of historic issues were affecting opening of the suite. OH advised that these were not considered to be associated with SPV contractual non-compliance but that solutions to issues were being investigated for discussion. It was agreed that a meeting would be set up with all parties to discuss and agree an action plan. DP to advise of dates / times for the Trust in the first instance.	**DP**
5.5	Energy – DP advised that if a target of 41.8 GJ/100m3 is not adopted by the SPV then the Trust would have a problem with this. OH advised that the contractual target (46.7GJ/100m3) was the SPV's primary focus but that the intention was to enhance energy efficiency of those installed systems as far as possible. An update on the progress made by the SPV and supply chain's action plan is expected by the end of January 2016. Any further actions required will then be established ahead of communicating to the Trust.	Note
5.6	Endoscope Washer Disinfectors (EWDs) – Expert report received by the Trust who consider it to be very thorough. Next steps are for an all party meeting to discuss and agree actions (not inc. SPV expert) along with a telephone con call between the SPV expert and the Trust's AE to talk through any points. DP agreed to provide some date and time options for these to OH.	**DP**

5.7	Drains Zone 1 – OH confirmed that LOR has advised that above ground drains have been surveyed and despite falls being within required perameters 4 no. areas were being improved. Update expected from LOR by the end of Jan 2017. GD noted that drainage issues were already much improved.	Note
5.8	Theatres – OH confirmed that LOR had advised those suggested heating issues were currently being investigated with reference to historical and commissioning data. Update expected from LOR by 1st Feb 2017.	Note
5.9	Autoclaves – DP advised that any issues with these were 95% Trust related and associated with their changing requirements.	
5.10	Atrium Temperatures – DP confirmed that a TVE would be issued to the SPV to install push bottons to car park doors next to stairs thereby allowing the sensors to be disabled.	**GD**
6.0	**Soft FM** – DP previously agreed to provide dates for a meeting to discuss issues.	**DP**
7.0	**IFM Performance** – GD confirmed that a lot of good work by IFM was going unnoticed and that of those calls reported to the Helpdesk, 99% were completed on time.	Note
8.0	**Fire Drills** – Post Meeting Note: OH provided a copy of a letter issued to the SPV from IFM advising that they were unable to implement a procedure for fire drills because the Trust had not issued their proposed schedule. MB confirmed this would be addressed quickly.	**MB**
9.0	**Any Other Business –** No additional items discussed.	
10.0	**Next Meeting –** Thursday 16th February 15:00 hrs within the Trust Executive Office	Note

ALDER HEY CHILDREN'S HEALTH PARK LIAISON COMMITTEE

AGENDA

1. Quorum
2. Previous Meeting Minutes
   - 2.1 Accuracy
   - 2.2 Actions
3. Key Issues / Hot Topics
4. Any Other Business
5. Next Meeting

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS
2017/18 ANNUAL AGENDA TIMETABLE
Papers to be with Julie Tsao 7 working days prior to the meeting

Agenda Item	4 Apr	2 May	23 May	4 July	5 Sept	3 Oct	7 Nov	5 Dec	9 JAN	6 FEB	6 MAR
	Staff Story	Patient Story	Strategy Staff Story	Away Day?	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story
Finance & Activity											
Integrated Business Plan & 2016/17 Budget	✓										
Corporate Report Karl Edwardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Recognition of the Trust as a Going Concern	✓										
Annual Report & Accounts 2016/17			✓								
Alder Hey in the Park											
AHP Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance & Risk											
Monitor Plan Erica Saunders			✓								
Committee Annual Reports		✓									
Quality Account			✓				✓				
Election results Julie Tsao/Erica Saunders					✓						
Board Assurance Framework & Operational Assurance Report / KMPG Technical Report Jill Preece	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Corporate Risk Register		✓			✓		✓				

Agenda Item	4 Apr	2 May	23 May	4 July	5 Sept	3 Oct	7 Nov	5 Dec	9 JAN	6 FEB	6 MAR
	Staff Story	Patient Story	Strategy Staff Story	Away Day?	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story
Jill Preece										✓	
Quality and Risk Profile Report Jill Preece		✓			✓		✓				
DIPC Report Jo Keward/Richard Cooke/Julie Roberts		**Q4**			**Q1**			**Q2**			**Q3**
PMO Update Joe Gibson/Janette Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Corporate Report Karl Edwardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Complaints Anne Hyson		✓			✓			✓			✓
Infection Control Annual Report Jo Keward/Richard Cooke/Julie Roberts				✓							
Quarterly Mortality Report Julie Grice / Kerry Morgan	**Q4**			**Q1**			**Q2**			**Q3**	
Winter Preparedeness Mags Barnaby						✓					
Operational Plan											
Delivery of the Corporate Plan (& CBU Presentations)	✓										
Half year review of the Corporate Plan (& CBU Presentations) / Operational Plan and Update							✓				
Operational Plan/update							✓				✓
Quality Strategy & Plans				✓							
IM&T Progress Reports	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review Annual Plan to Monitor											✓

Agenda Item	4 Apr	2 May	23 May	4 July	5 Sept	3 Oct	7 Nov	5 Dec	9 JAN	6 FEB	6 MAR
	Staff Story	Patient Story	Strategy Staff Story	Away Day?	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story
Human Resources											
Workforce Briefing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Staff Survey	✓										
Equality Act	✓										
Medical Revalidation Update					✓						✓
Minutes and Key Issues											
Clinical Quality Assurance Committee	**March**	**April**	**May**	-	**June/ July/ Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
RBD Committee	**March**	**April**	**May**	-	**June/ July/ Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Audit Committee	**Jan**				**April**	**May**			**Nov**		
Research Education and Innovation Committee		**Mar**			**May/ July**		**Sept**		**Nov**		**Jan**
Workforce, Organisational Development Committee		**Feb**			**April**	**June**	**Sept**		**Oct**		**Dec**
Liaison Committee	**March**	**April**	**May**	-	**June/ July/ Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT Site & Park Development	Date: 28/02/17									Period: February 2017															SRO: David Powell Author: Chris McCall
	Report Number:									9															
Programme 2016/17	Dec-16				Jan-17					Feb-17				Mar-17				Apr-17				May				
Week Commencing	5	12	19	26	2	9	16	23	30	6	13	20	27	6	13	20	27	3	10	17	24	1	8	15	22	19	
Temporary Moves																											**Project completed**
Decommissioning & Demolition (Phase 1 & 2)																											A&E block has now been demolished, strip of foundation/gas main still to be removed. Concern raised regarding dust levels - project team in liaison with H&S and Infection Control and will be implementing appropriate monitoring procedures.
Residential																											Outline Planning Application has now been withdrawn - full Planning Application, including detailed plans for Springfield Park, will be submitted end July after the public consultation exercise has been completed. Bidders revised plans and financial offer to be submitted on 7th March - bidders presentations and evaluation/scoring of bids to take place on 9th March.
Park																											Outline Planning Application withdrawn - continued liaison with local MP's, Councillors, Mayor's officers, etc. Woodland Walk spec, design and management plan finalised - works have commenced. CIC established and first meeting has taken place.
Corporate Offices/Clinical on-site																											Design competition deferred pending outcome of residential bid.
Research & Education Phase II																											Charity agreed funding sum and staged payment process throughout build period. Anticipate Letter of Intent will be signed off 2nd March to enable construction to commence week of 6th March
Community																											Work ongoing to identify all suitable accommodation options both on and off site, including a number of lease options. Capacity v activity audit is continuing throughout March in order to provide meaningful data and assurance that accommodation specified is required.
Agile Working																											Development of pilots is now being finalised. Pilots will involve approx. 50 people and will be carried out over the next 3-4 months. Meeting with managers of staff groups that have volunteered to take part in the pilots to appraise them of the requirements and anticipated long term benefits of agile for both staff and the Trust. Ongoing discussion with Microsoft to explore what role they will play during the pilot process and beyond.
On-site Residual																											Whole process and requirements to be reviewed in line with potential for new office block to be developed within the residential bidder offers
Alder Centre																											Design brief documentation finalised and issued via RIBA. PQQ expressions of interest due for submission 13 March.